

Sharp HealthCare Community Benefit Plan and Report

Fiscal Year 2022



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



**Sharp HealthCare
Community Benefit Plan and
Report
Fiscal Year 2022**

Submitted to:

Department of Health Care Access and Information
Healthcare Information Division – Accounting and Reporting Systems Section
400 R St., Room 250
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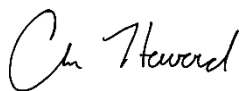
Community. It's a powerful word. It means different things to different people.

At Sharp HealthCare, the San Diego community defines our purpose and our commitment to be the best place to work, the best place to practice medicine and the best place to receive care. Since 1950, Sharp has grown to serve San Diego County with seven hospitals, three affiliated medical groups, a health plan and more than 19,000 employees. In addition, Sharp has pledged to our community an extraordinary standard of care through The Sharp Experience — bringing focus and alignment in all we do to the most basic and critical element of the health care equation: people.

This commitment shines through Sharp team members every day as they go above and beyond to provide uninterrupted care, programs and services to community members as pandemic-related challenges persist. With the continuation of our systemwide COVID-19 Community Vaccination Program, we've protected our community and workforce against COVID-19 with bivalent boosters and leveraged lessons learned against new threats, such as mpox. Since the beginning of the pandemic, Sharp has cared for more COVID-19 patients than any other health system in San Diego.

Each page of the *Sharp HealthCare Community Benefit Plan and Report, Fiscal Year 2022* details our promise to the community. This promise is represented not only by uncompensated care dollars, but also by tens of thousands of hours devoted by Sharp team members to programs and services beyond our medical facilities — including free health screenings, resources and transportation to those in need, training and career pathway programs for students, and education and support to community members.

In fiscal year 2022, Sharp's community benefit contributions totaled \$541,721,997. This support represents our commitment to the San Diego community during both ordinary and extraordinary times. As we look ahead to the challenges in health care, our dedication is only further strengthened. We will continue to go above and beyond to provide care and programs that set standards, exceed expectations, and preserve the health and well-being of our community.



Chris Howard
President and Chief Executive Officer

Preface

Sharp HealthCare prepared this Community Benefit Report for fiscal year 2022 in accordance with the requirements of California Senate Bill 697 (SB 697), community benefit legislation enacted in 1994.¹

SB 697 requires not-for-profit hospitals to file an annual report with the California Department of Health Care Access and Information about activities undertaken to address community needs within a hospital's mission and financial capacity. To the extent possible, the report must assign and report the economic value of the community benefit according to the following framework: medical care services; other benefits for vulnerable populations; other benefits for the broader community; health research, education and training programs; and non-quantifiable benefits.

¹ According to Senate Bill 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with California's Department of Health Care Access and Information (formerly known as the Office of Statewide Health Planning and Development). See California Health and Safety Code Section 127340, et seq.

Glossary of Terms and Abbreviations

2-1-1

2-1-1 San Diego — an organization that connects individuals with community services

A

A New PATH

Parents for Addiction Treatment and Healing

AACN

American Association of Critical-Care Nurses

AAHRPP

Association for the Accreditation of Human Research Protection Programs

ABASD

Asian Business Association of San Diego

ACE

Adverse Childhood Experience

ACNL

Association of California Nurse Leaders

ACP

Advance Care Planning

ACS

American Cancer Society

ACT

Acceptance and Commitment Therapy

ADA

American Diabetes Association

Advance Directives

Advance health care directives

AHA

American Heart Association

AHP

Association for Healthcare Philanthropy

AIDET

Acknowledge, Introduce, Duration, Explanation and Thank

AIDS

Acquired Immunodeficiency Syndrome

AIM

Advanced Illness Management

AIS

(County of San Diego) Aging and Independence Services

ALA

American Lung Association

AMR

American Medical Response

ANCC

American Nurses Credentialing Center

APEX

Accreditation Program for Excellence

APG

America's Physician Groups

App

A mobile application

APU

Azusa Pacific University

ASA

American Stroke Association

AWHONN

Association of Women's Health,
Obstetric and Neonatal Nurses

B**Barnhart Cancer Center**

Douglas & Nancy Barnhart Cancer
Center at SCVMC

BCCTP

Breast and Cervical Cancer Treatment
Program

BEFAST

Balance, Eyes, Face, Arm, Speech,
Time

BFCHC

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

BMI

Body Mass Index

BSW

Bachelor of Social Work

C**CAHHS**

California Association of Hospitals and
Health Systems

CalFresh

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

CAMSS

California Association Medical Staff
Services

Cancer Centers of Sharp

Cancer Centers of Sharp HealthCare
(Barnhart Cancer Center, David and
Donna Long Cancer Center and Laurel
Amtower Cancer Institute)

Caregiver Coalition

Caregiver Coalition of San Diego

CARF

Commission on Accreditation of
Rehabilitation Facilities

CBT

Cognitive behavioral therapy

CCTP

Community-based Care Transitions
Program

CDA

California Department of Aging

CDC

Centers for Disease Control and
Prevention

CDPH

California Department of Public Health

CEP

Central Energy Plant

CFHWC

California Future Health Workforce
Commission

CFR

Sharp Center for Research

CHA

California Hospital Association

CHAMPVA

Civilian Health and Medical Program of the 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

CHSU

Community Health Statistics Unit

CIE

Community Information Exchange

CME

Continuing Medical Education

CMS

County Medical Services

CNI

Community Need Index

CO₂

Carbon Dioxide

CoC

Commission on Cancer

COPD

Chronic Obstructive Pulmonary Disease

COR

Clinical Oncology Research

Covered California

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

COVID-19

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

CPR

Cardiopulmonary Resuscitation

CPS

Clinical Pharmacy Services

CSEC

Commercial Sexual Exploitation of Children

CSUSM

California State University San Marcos

CT

Computed Tomography

CTI

Care Transitions Intervention

CVD

Cardiovascular Disease

CWISH

Council of Women’s and Infants’ Specialty Hospitals

D

David and Donna Long Cancer Center

David and Donna Long Center for Cancer Treatment at SGH

DBT

Dialectical Behavioral Therapy

DEIB

Diversity, Equity, Inclusion and Belonging

DEXA Scanning

Dual-energy x-ray absorptiometry bone density scanning

DHHS

Department of Health and Human Services

DME

Durable Medical Equipment

DOI

Digital Object Identifier

E

EAP

Employee Assistance Program

EBPI

Evidence-Based Practice Institute

ECAN

East County Action Network

ECSSP

East County Senior Service Providers

ED

Emergency Department

EDD

(California) Employment Development Department

EKG

Electrocardiography

EMCC

(County of San Diego) Emergency Medical Care Committee

EMS

Emergency Medical Services

ENT

Ear, Nose and Throat

EOLOA

End of Life Option Act

EPA

U.S. Environmental Protection Agency

ES

Energy Star, an international standard for energy efficiency

EVC

Electric vehicle charger

F

FHCSD

Family Health Centers of San Diego

Food Bank

San Diego Food Bank

FPL

Federal Poverty Level

FRC

Family Resource Center

FSD

Feeding San Diego

FY

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

G**GHD**

Grossmont Healthcare District

GHG

Greenhouse gas

GUHSD

Grossmont Union High School District

GWTG

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

H**HASD&IC**

Hospital Association of San Diego and Imperial Counties

HASPI

Health and Science Pipeline Initiative

HCAI

California Department of Health Care Access and Information

HEAL

Health, Education, Advocacy, Linkage

HEI

HRC Foundation's Healthcare Equality Index

HESI

Healthcare Exploration Summer Institute

HHSA

(County of San Diego) Health and Human Services Agency

HIV

Human Immunodeficiency Virus

HOPPs RCx

San Diego Higher Opportunity Projects and Programs Retrocommissioning

Howell Foundation

The Doris A. Howell Foundation for Women's Health Research

HP2030

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

HPI

Healthy Places Index (Public Health Alliance of Southern California)

HPP

Hospital Preparedness Program

HPSA

Health Professional Shortage Area

HR

Human Resources

HRC

Human Rights Campaign

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**ICD-10**

International Classification of Diseases – 10th Revision

ICU

Intensive Care Unit

IHA

Integrated Healthcare Association

IHI

Institute for Healthcare Improvement

ILA

Independent Living Association

ILFs

Independent living facilities

INCP

Integrated Network Cancer Program

IOP

Intensive Outpatient Program at SMV

IPH

Institute for Public Health

IRB

Institutional Review Board

IT

Information Technology

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**Latinx**

Of, relating to, or marked by Latin American heritage

Laurel Amtower Cancer Institute

Laurel Amtower Cancer Institute and Neuro-Oncology Center

Lbs.

Pounds

LBW

Low Birth Weight

LCSW

Licensed Clinical Social Worker

LED

Light emitting diode (lighting)

LGBTQ+

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

LWSD

Live Well San Diego

M**MAGNET Recognition Program®**

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

Medi-Cal

California’s Medicaid program

Medicare

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

MAT

Medication-Assisted Treatment

MFT

Marriage and Family Therapy

Mpox

Mpox (i.e., monkeypox) is caused by a virus that is related to the virus that causes smallpox

MRI

Magnetic Resonance Imaging

MSW

Master of Social Work

N**NAC**

National Alliance for Caregiving

NAMI

National Alliance on Mental Illness

NBB

New Beginnings Boutique

NCHS

National Center for Health Statistics

NCI

National Cancer Institute

NCQA

National Committee for Quality Assurance

NHPCO

National Hospice and Palliative Care Organization

NICU

Neonatal Intensive Care Unit

NIH

National Institutes of Health

NRI

Neonatal Research Institute

NU

National University

O**OB-GYN**

Obstetrician – gynecologist

OD2A

Overdose Data to Action

OPP

Sharp Memorial Outpatient Pavilion

ORI

(Sharp) Outcomes Research Institute

P**PACE**

Program of All-Inclusive Care for the Elderly

PAS

Patient Access Services

PCP

Primary Care Physician

PDSA

Plan-Do-Study-Act

PEARR Tool

Provide Privacy, Educate, Ask, Respect and Respond Tool

PERT

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

PET

Positron Emission Tomography

Pharm.D.

Doctor of Pharmacy

PHS

San Diego County Public Health Services

Planetree

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

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

PLNU

Point Loma Nazarene University

PNASD

Philippine Nurses Association of San Diego County

POLST

Physician Orders for Life-Sustaining Treatment

PPD

Postpartum Depression

Project HELP

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

PTSD

Post-traumatic stress disorder

R**RD**

Registered Dietitian

RN

Registered Nurse

RTFH

San Diego Regional Task Force on Homelessness

S**SAMHSA**

Substance Abuse and Mental Health Services Administration

SANDAG

San Diego Association of Governments

SB 697

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

SBH

Sharp Best Health

SCANN

Southern California Association of Neonatal Nurses

SCHHC

Sharp Coronado Hospital and Healthcare Center

SCI

Spinal Cord Injury

SCMG

Sharp Community Medical Group

SCVMC

Sharp Chula Vista Medical Center

SDADVS

San Diego Association of Directors of Volunteer Services

SDC

San Diego County

SDCCEOLC

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

SDCCOA

San Diego County Council on Aging

SDCMS

San Diego County Medical Society

SDCOE

San Diego County Office of Education

SDG&E

San Diego Gas & Electric

SDOH

Social Determinants of Health

SDSU

San Diego State University

SDWP

San Diego Workforce Partnership

SEA

Sharp Equality Alliance

Sewall Healthy Living Center

Sewall Healthy Living Center at Sharp Coronado Hospital

SGH

Sharp Grossmont Hospital

SGHWN

Sharp Grossmont Hospital for Women & Newborns

Sharp

Sharp HealthCare

Sharp Rehab

Sharp Rehabilitation Services

SHP

Sharp Health Plan

SIOP

SMV's Senior Intensive Outpatient Program

SLAH

Sharp Lends a Hand — Sharp’s systemwide community service program

SMBHWN

Sharp Mary Birch Hospital for Women & Newborns

SMC

Sharp McDonald Center

SMH

Sharp Memorial Hospital

SMMC

Sharp Metropolitan Medical Campus, including SMH, SMBHWN, SMC, SMV and the OPP.

SMV

Sharp Mesa Vista Hospital

SNAP

Supplemental Nutrition Assistance Program

SNF

Skilled Nursing Facility

SPC

Suicide Prevention Council

Spreckels Center

John D. Spreckels Center and Bowling Green

SRSMC

Sharp Rees-Stealy Medical Centers

SRSMG

Sharp Rees-Stealy Medical Group

STEMI

ST-elevation myocardial infarction — acute heart attack

SUD

Substance Use Disorder

SWC

Southwestern College

T**TBI**

Traumatic Brain Injury

ThinkFirst

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

TIC

Trauma-Informed Care

TRICARE

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

U**UC**

University of California

UMass

University of Massachusetts

UPAC

Union of Pan Asian Communities

USD

University of San Diego

V**VA**

U.S. Department of Veterans Affairs

VIPs

Voices for Injury Prevention — Sharp ThinkFirst San Diego’s traumatic brain and spinal cord injury survivors who provide personal testimonies to prevent injury among youth and adults.

VLBW

Very Low Birth Weight

VOICe

(Southern California) Vascular Outcomes Improvement Collaborative

W

WebEOC

Web Emergency Operations Center

WHO

World Health Organization

WHV

We Honor Veterans

WIC

Women, Infants, and Children

WW

Formerly Weight Watchers®

Y

YESS

Young Enthusiastic Stroke Survivors

An Overview of Sharp HealthCare



Section

1 An Overview of Sharp HealthCare

Sharp is honored to provide the extraordinary level of care we call The Sharp Experience, not only to our patients and their families, but also to members of our community through our philanthropic efforts. As we've seen over the past few years, a strong community health partnership is vital to the health and well-being of us all. And I am proud Sharp plays a significant role in helping to ensure that San Diegans have access to the care they need and deserve.

— Chris Howard, President and Chief Executive Officer, Sharp HealthCare

Sharp HealthCare (Sharp) is an integrated, regional health care delivery system based in San Diego, California. The Sharp system includes four acute care hospitals; three specialty hospitals; three affiliated medical groups; 28 medical centers; five urgent care centers; three skilled nursing facilities (SNF); two inpatient rehabilitation centers; home health, hospice and home infusion programs; numerous outpatient facilities and programs; three charitable foundations; and a variety of other community health education programs and related services. Sharp also offers individual and group health maintenance organization coverage through Sharp Health Plan (SHP). Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2022, Sharp is licensed to operate 2,209 beds and has approximately 2,800 Sharp-affiliated physicians and 19,000 employees.

FOUR ACUTE CARE HOSPITALS:

Sharp Chula Vista Medical Center (449 licensed beds)

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

Sharp Coronado Hospital and Healthcare Center (181 licensed beds)

Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include acute, subacute and long-term care, liver care, integrative and rehabilitative therapies, orthopedics, a community fitness center and emergency services.

Sharp Grossmont Hospital (542 licensed beds)

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

Sharp Memorial Hospital (656 licensed beds)

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

THREE SPECIALTY CARE HOSPITALS:

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

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

Sharp Mesa Vista Hospital (159 licensed beds)

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

Sharp McDonald Center (16 licensed beds)²

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

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

Mission Statement

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

² As a licensed chemical dependency recovery hospital, Sharp McDonald Center (SMC) is not required to file a community benefit plan. However, SMC is committed to community programs and services and has presented community benefit information in **Section 11: SMV and SMC**.

Vision

Sharp's vision is to become the best health system in the universe. Sharp will transform the health care experience and be recognized as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health and well-being of those 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, Equity, Inclusion and Belonging (DEIB)
- Safety
 - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Maker
- Innovation
 - Continuous, Creative, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change
- Excellence
 - Quality-Focused, Compelled by Operational and Service Excellence, Cost Effective, Accountable



Culture: The Sharp Experience

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

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

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

Through this transformation, Sharp continues to live its mission to care for all people, with special concern for the underserved and San Diego’s diverse population. This is something Sharp has been doing for more than 65 years.

Pillars of Excellence

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

Each year, Sharp incorporates cycles of learning into its strategic planning process. In 2014, Sharp’s Executive Steering Committee and Board of Directors enhanced Sharp’s safety focus, further driving the organization’s emphasis on its culture of safety and incorporating the commitment to become a High Reliability Organization in all aspects of the organization. At the core of High Reliability Organizations 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 guides Sharp's transformation of the health care experience by focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner.

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



Be the leader in clinical excellence across the care continuum.



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



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



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



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



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



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

Awards

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

The logo for Forbes magazine, featuring the word "Forbes" in a white serif font on a black rectangular background.

Sharp was ranked No. 19 on Forbes' 2020 Best Employers in California list. Forbes previously recognized Sharp in 2019 as No. 31 on this list, as well as No. 58 on its list of Best Employers for Women and No. 201 on its list of Best Employers for Diversity.



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



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



Sharp was recognized in 2021 as a Best-in-Class Employer by Gallagher, a global leader in insurance, risk management and consulting services. Each year, Gallagher conducts its Benefits Strategy & Benchmarking Survey to showcase significant patterns, best practices and philosophies among high performers in workforce engagement and cost control. Organizations that receive the Best-in-Class Employer designation have demonstrated their ability to effectively support their employees' physical, emotional, career and financial well-being.



Mental Health America's Bell Seal for Workplace Mental Health is a certification that recognizes organizations that strive to improve employee mental health and create a psychologically safe workplace for all. In 2022, Mental Health America awarded Sharp the Platinum Bell Seal for Workplace Mental Health.



Sharp was named one of the nation's "Most Wired" health care systems from 2012 to 2021 by the College of Healthcare Information Management Executives' annual Most Wired Survey and Benchmark Study. "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff. In 2021, Sharp met the criteria to be designated a Level 8 Acute health system, meaning it has deployed various technologies and strategies to help analyze data and is starting to achieve meaningful clinical and efficiency outcomes.




The Foundations of Sharp HealthCare achieved High Performer: Overall status among respondents for the 2021 Association for Healthcare Philanthropy (AHP) Report on Giving. AHP recognizes high performance based on organizations that fall within the 75th percentile in net production returns, calculated by subtracting total fundraising expenses from total production returns. This is the eighth consecutive year that Sharp has been recognized as an AHP High Performer.




In 2022, SMH was recognized on *Newsweek's* fourth annual list of the top 1,000 hospitals worldwide. SMH was ranked No. 82 among all U.S. hospitals included in the ranking and No. 11 in California. SCVMC was also ranked at No. 122 in the U.S. for 2022. To distinguish the top leading hospitals for maternity care in the U.S. in 2022, *Newsweek* divided the institutions into two performance categories: five-ribbon hospitals (161 institutions) and four-ribbon hospitals (189 institutions). In 2022, SCVMC and SMBHWN were ranked as five-ribbon institutions among *Newsweek's* Best Maternity Hospitals, while SGH was ranked among top maternity hospitals in 2021. SMH was previously ranked No. 78 in 2020 and No. 89 in 2019, while SCVMC was ranked No. 137 in 2019. In 2022, SMC was recognized in *Newsweek* and Statista's third annual list of America's Best Addiction Treatment Centers. SMC was the top-ranked treatment center in San Diego and No. 13 in California.



In 2015, and from 2017 to 2022, Sharp was ranked “San Diego’s Best Hospital Group” in the annual *San Diego Union-Tribune* Readers Poll. In 2017, and from 2019 to 2022, SMH was ranked “San Diego’s Best Hospital.” In 2022, Sharp Rees-Stealy Medical Group (SRSMG) was ranked “San Diego’s Best Medical Group,” “Best Audiologist,” “Best Weight Loss Clinic/Counseling,” “Best Laser Eye Center” as well as “Best Pharmacy.” From 2017 to 2021, SRSMG was ranked “Best Hearing Aid Store.” Additionally, SHP was ranked “Best Insurance Provider” in 2022. Previously, Sharp Home Care was ranked “Best In-Home Care (Medical)” and Sharp Community Medical Group (SCMG) was ranked “San Diego’s Best Medical Group” in 2020 as well as from 2015 to 2018.

 From 2013 to 2021, the Press Ganey organization recognized multiple Sharp entities with Guardian of Excellence Awards®. Based on one year of data, this designation recognizes recipients that reach the 95th percentile for patient satisfaction, employee engagement, physician engagement or clinical quality. Sharp entities awarded in the Employee Engagement category include SCVMC, SCHHC, SGH, SMBHWN, SMH, Sharp Memorial Outpatient Pavilion (OPP), SMV, Sharp HospiceCare, SRSMG, SCMG, and Sharp Home Health, while SCHHC, SMH, OPP and SMBHWN have been awarded for Patient Experience and SCHHC, SMBHWN and SMV have received awards for Physician Engagement.

 Press Ganey also recognized multiple Sharp entities with the Pinnacle of Excellence Award® (formerly the Beacon of Excellence Award). This award recognizes the top three performing health care organizations that have maintained consistently high levels of excellence over three years in the categories of Patient Experience, Employee Engagement, Physician Engagement and Clinical Quality Performance. In 2021, Sharp was recognized for Physician Engagement. Between 2013 and 2020, Press Ganey recognized SMH six times for Patient Experience.



In 2022, SCHHC was named to the inaugural Best Hospital in America list by digital platform Money, in partnership with The Leapfrog Group. Money and the Leapfrog Group selected 148 hospitals to receive the Best Hospital Award, based on criteria including hospital infection rates, medication management, hand hygiene practices, nursing workforce and critical care.



In 2022, SMH, SMBHWN and SCHHC were named to The Leapfrog Group's Top Teaching Hospitals list, which recognizes facilities that meet the highest standards of patient safety, care quality and efficiency. SCHHC was previously recognized as a Top Hospital in 2021, SMBHWN was recognized in 2016, 2017 and 2019, and SMH was recognized in 2016.

Watson Health.

100 TOP HOSPITALS

In 2022, SMH (including SMBHWN) was named a Merative 100 Top Hospitals® winner by IBM Watson Health in the large community hospitals category. SMH was one of just six California hospitals to be recognized with this honor, and the only one in SDC. IBM Watson Health's 100 Top Hospitals analysis uses clinical, operational and patient perception-of-care measures to identify top performing hospitals and health systems.



healthgrades. Healthgrades is an organization that measures and reports hospital performance based on patient outcomes. This information helps consumers choose where they want to receive care. For a third consecutive year, SMH was recognized with the Outstanding Patient Experience Award in 2022 and earned a Patient Safety Excellence Award in 2020. In 2022, SCVMC received the Patient Safety Excellence Award from Healthgrades in Hospital Quality for the second consecutive year. Also in 2022, SCVMC received the Pulmonary Care Excellence Award under the Specialty Clinical Quality Awards for superior clinical outcomes in treating chronic obstructive pulmonary disease and pneumonia. In 2021, SCVMC was recognized with the Gastrointestinal Care Excellence Award.



WOMEN'S CHOICE AWARD
THE VOICE OF WOMEN

The Women's Choice Award® is a symbol of excellence in customer experience, awarded by the collective voice of women. In 2022, multiple Sharp entities were recognized in a variety of categories, including: Bariatrics, Best Mammogram Imaging Center, Comprehensive Breast Centers, Emergency Care, Heart Care, Minimally Invasive Surgery, Obstetrics, Outpatient Experience, Patient Experience, Patient Safety and Stroke Care. Awarded Sharp entities included SCHHC, SCVMC, SGH (including SGH Outpatient Imaging), SMH, and several SRSMC locations, including Downtown and Otay Ranch. Previously, Sharp entities were recognized for Orthopedics care and Birch Patrick Convalescent Center was recognized among America's Best Extended Care and Nursing Homes. Other Sharp entities have been recognized in past years, such as SMH OPP, SMBHWN, several SRSMC locations, including Sorrento Mesa, Rancho Bernardo, El Cajon and Sharp Rees-Stealy Breast Imaging Center in Mira Mesa.



SCVMC, SGH, SMH and SMBHWN have received MAGNET® recognition by the American Nurses Credentialing Center (ANCC). The MAGNET Recognition Program® is the highest honor bestowed by the ANCC and is recognized nationally as the gold standard in nursing excellence. SGH received the designation in 2006, 2011, 2017 and was re-designated in 2022. SMBHWN first received its designation in 2015 and received its most recent re-designation in 2020. SMH was designated in 2008, 2013, 2018 and was re-designated in 2022. SCVMC received its first designation in 2021.



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



In 2021, SGH received Gold Standard Level 1 accreditation as “Accredited Senior-Friendly Emergency Departments” by the American College of Emergency Physicians. The Geriatric Emergency Department Accreditation Program was created to recognize EDs that provide the highest standards of care for older adults. SGH is the second hospital in California to receive this status. Previously, in 2020, SMH, SCVMC, SGH and SCHHC were recognized with Bronze Standard Level 3 accreditation.



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

addition, Planetree awarded the Gold Certification for Excellence in Person-Centered Care to SGH in 2018, SMH in 2019 and SCHHC in 2020.



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



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



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



The Human Rights Campaign (HRC) Foundation's Healthcare Equality Index (HEI) is a national benchmarking tool that evaluates health care facilities' policies and practices related to the equity and inclusion of their LGBTQ+ patients, visitors and employees. In 2022, all seven Sharp hospitals were designated as LGBTQ+ Healthcare Equality Leaders. With a perfect score of 100 at every hospital, Sharp received the maximum ratings possible for nondiscrimination and staff training; patient services and support; employee benefits and policies; and patient and community engagement initiatives.



In 2022, SCVMC was recognized by The Lown Institute Hospitals Index for Social Responsibility as the No.1 hospital that received an "A" grade in patient outcomes, value of care and health equity while also experiencing a high COVID-19 (coronavirus disease 2019) burden during the first year of the pandemic. Additionally, SCVMC was ranked No. 48 in the U.S. for Social Responsibility.



In 2021 and 2022, the City of Chula Vista recognized SCVMC's staff, physicians and volunteers as a Chula Vista Champion for their contributions to the city during the COVID-19 pandemic.



In 2021, SGH was recognized by the City of El Cajon with the “Exceptional Community Service during COVID-19” honorary award in recognition of tremendous service provided to the community during the COVID-19 pandemic, including its vaccination superstation at Grossmont Center.



SHP has maintained a National Committee for Quality Assurance’s (NCQA) Private Health Insurance Plan Rating of 4 out of 5 each year since 2016, making it one of the highest-rated health plans in the nation. In 2022, the NCQA distinguished SHP as an organization with health equity accreditation, which highlights an organization’s efforts in improving culturally and linguistically appropriate services as well as reducing health care disparities. In 2021, SHP was recognized with distinction in the Electronic Clinical Data category, which recognizes organizations that collect and report structured electronic clinical data for quality measurement and improvement. SHP previously maintained the NCQA’s highest level “Excellent” accreditation status for service and clinical quality annually from 2013 to 2018. Accreditation status is based on compliance with rigorous requirements and performance on the Healthcare Effectiveness Data and Information Set, and Consumer Assessment of Healthcare Providers and Systems measures. In addition, in 2020, SHP earned a three-year Wellness & Health Promotion Accreditation from NCQA and was the only organization in the U.S. to earn a longer accreditation status than the standard one-year period.



★★★★★ Covered California is California’s official health insurance marketplace, offering individuals and small businesses the ability to purchase health coverage at federally subsidized rates. SHP earned a 5 out of 5-star overall rating in Covered California’s 2022 Coverage Year Quality Ratings, which included 5-star ratings in the categories of “Plan Services for Members” and “Members’ Care Experience,” and a four-star rating in “Getting the Right Care.” Notably, SHP was the only health plan in the state to achieve a 5-star members’ care experience rating.



Every year, Medicare uses a 5-star rating system to evaluate health plans, and in 2022, SHP earned a 5-star overall rating. A plan's star rating is based on factors that include feedback from members about their service and care, the number of members who left or stayed, the number of complaints Medicare received, and data from doctors and hospitals Medicare works with. Additionally, in 2022, SHP was the highest member-rated health plan in SDC.



SHP was named in the 2022 U.S. News and World Report list of Best Insurance Companies for Medicare Advantage in California for the second year in a row. U.S. News and World Report defines this as a company whose plans are rated at least three out of five stars by Centers for Medicare and Medicaid Services and whose plans have an average rating of 4.5 or more stars within the state.



America's Physician Groups (APG) is a professional association representing more than 300 medical groups, independent practice associations and integrated health care systems across the nation. APG has awarded its highest level of distinction — "Elite Status" — to SCMG and SRSMG each year from 2010 to 2022. In consideration of the ongoing impact of the COVID-19 pandemic, APG canceled its awards survey for 2021.



The Integrated Healthcare Association recognized SCMG in 2022 with its annual Excellence in Healthcare Award, California's top honor for provider organizations. The award recognizes provider organizations that earn strong results in clinical quality and patient experience while effectively managing costs. SCMG was one of only 27 provider organizations across California to earn this recognition in 2022, 1 of 21 in 2021, and 1 of 20 in 2020. SCMG was also among eight provider organizations honored with the Ronald P. Bangasser, M.D., Memorial Award for Quality Improvement for demonstrating the highest year-to-year relative quality improvement in the San Diego region.



In 2022, SCVMC, SGH and SMH each earned the American Heart Association's/American Stroke Association's Get With The Guidelines® — Stroke Silver Plus Quality Achievement Award, which recognizes a commitment to improving stroke care through consistently adhering to the latest scientific treatment guidelines for treating stroke and improving patient outcomes. Additionally, SCVMC, SGH and SMH were recognized on the American Heart Association's (AHA) Target: Type 2 Diabetes Honor Roll, which distinguishes participating hospitals that provide the latest, evidence-based care to type 2 diabetic patients hospitalized with cardiovascular disease (CVD) or stroke.



Sharp has been recognized by the American College of Cardiology as one of the top health systems for heart care in the U.S. Sharp is among only 89 programs — and the only health system in San Diego — to be nationally recognized by the American College of Cardiology for its leadership in providing the highest-quality care to patients with heart disease.



In 2022, SMC and SMV were designated as 2022 Evernorth Behavioral Centers of Excellence in treatment of substance use disorders, as well as child, adolescent and adult mental health. Evernorth, the health services business of Cigna Corporation, creates and connects premier health services offerings, including benefits management, pharmacy, care solutions, insights and intelligence. With an open approach to partnering across the health care landscape, Evernorth provides innovative and flexible solutions for health plans, employers and government programs. Evernorth recognized SMC and SMV for cost-savings and clinical quality measurements, including a commitment to improving length-of-stay intervals, reducing readmission rates and providing follow-up plans for patients.



SGH was recognized by the California Health and Human Services Agency and earned a spot on their 2022 Maternity Honor Roll for meeting or surpassing the statewide target aimed at reducing births via c-section in first-time mothers with low-risk pregnancies.



In 2022, SMH was designated an “Age-Friendly Health System” by the Institute for Healthcare Improvement — the first Sharp facility to receive this recognition. This designation recognizes SMH as a leader in the care of older adults and demonstrates the hospital’s commitment to providing a continuum of age-friendly care for patients in all clinical settings.



In 2022, Sharp’s Transitions Advanced Illness Management program earned the Certificate of Distinction for its exemplary program performance during an annual survey by The Joint Commission. The certification covers a three-year period. Additionally in 2021, SGH became the first hospital in SDC and 10th in the state to receive Sepsis Certification from The Joint Commission.

COVID-19 Programs and Support

Throughout the COVID-19 pandemic, Sharp has provided lifesaving vaccines to residents in a variety of convenient, safe and local settings.

From May 2021 through June 2022, SGH spearheaded Sharp efforts to partner with local schools, employers, churches, community events and cruise ships, as well as the San Diego Zoo and SeaWorld, to increase access to and promote awareness of COVID-19 vaccines. Recognizing that some community members experienced challenges related to scheduling and transportation, the Sharp mobile vaccination team — a dedicated group of vaccinators, pharmacists and documentation experts — traveled by van throughout SDC to provide COVID-19 vaccines and information to the community. In total, Sharp administered more than 20,760 doses of the COVID-19 vaccine at nearly 190 mobile pop-up events in FY 2022. In addition, SGH continued to provide community COVID-19 vaccinations at the SGH Care Clinic, and SCVMC and SCHHC provided community COVID-19 vaccinations at their respective outpatient pharmacies.

Beginning in August 2022, Sharp was also the first health system in San Diego to host mpox vaccination events, which were open to all eligible, higher-risk individuals in the community at no cost. Sharp administered over 1,000 vaccines through these events, which were led by SGH.

Within this report, details are provided on these and other efforts that Sharp implemented in FY 2022 to address the impact of COVID-19 and mpox on San Diegans. Every day, but especially during challenging times, Sharp demonstrates exceptional commitment to caring for and responding to the needs of its community.

Patient Access to Care Programs

Sharp provides financial assistance and a variety of support services to improve access to care for uninsured, underinsured and other patients who lack the ability to pay. In accordance with federal law, Sharp does not refuse any patient who requires emergency medical care.

Sharp provides services to help every uninsured patient who receives care in the ED find opportunities for health coverage through PointCare — a quick, web-based screening, enrollment and reporting platform designed by health coverage experts to provide patients with financial assistance options. At Sharp, patients use PointCare’s simple online questionnaire to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire enable Sharp staff to have informed and supportive discussions with the patient about health care coverage and empower them with options. From October 2015 to September 2022, Sharp used PointCare to assist more than 86,000 self-pay patients, while maintaining each patient’s dignity throughout the process.

In 2014, Sharp hospitals implemented an on-site process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility), making Sharp the first hospital system in SDC to provide this service. In FY 2022, Sharp secured this benefit for more than 6,150 unfunded patients in the ED.

In support of Covered California’s annual open-enrollment period, Sharp’s registration staff included 25 Certified Application Counselors to better assist both patients and the general community with navigating the Covered California website and plan enrollment.

In collaboration with San Diego-based CSI Financial Services, Sharp used the ClearBalance specialized loan program to assist patients who struggle to resolve high medical bills. The program helps both insured and uninsured patients secure small bank loans to help pay off their medical bills in low monthly installments and prevent unpaid accounts from going to collections. Since its inception in 2010, ClearBalance has assisted more than 9,560 Sharp patients.

In addition, three Sharp hospitals — SCVMC, SGH and SMH — qualify as covered entities for the 340B Drug Pricing Program administered by the U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration. Hospitals participating in the 340B Drug Pricing Program are permitted to purchase outpatient drugs at reduced prices. Savings generated by this program are used to offset patient care costs for Sharp’s most vulnerable patient populations, as well as to help patients afford medication through Sharp’s Patient Assistance Program.

Sharp’s Patient Assistance Program helps patients in need gain access to free or low-cost medications, which can help reduce hospital readmissions and the need for frequent medical services. Patients are referred by population health teams, physicians, pharmacists, case managers, social workers, nurses or other patients, or may be

identified through internal data reports. Team members research all available options for these patients, including programs offered by drug manufacturers, grant-based programs offered by foundations, co-pay assistance and other low-cost alternatives. In FY 2022, the Patient Assistance Program helped patients access more than \$11.8 million worth of prescriptions.

Sharp also assisted underinsured individuals who were unable to pay their medical bills. Through the Maximum Out of Pocket Program, team members met with patients at all Sharp hospitals to help them better understand their health insurance benefits and how to access care during their hospital stay and what options were available to help with payments. In FY 2022, the Maximum Out of Pocket Program assisted with more than \$482,000 in adjustments to patient bills.

Since FY 2016, Sharp's Patient Access Services (PAS) team has worked closely with Sharp's Care Transitions Intervention program to evaluate patients for CalFresh³ eligibility prior to hospital discharge. These consultations have dramatically increased the likelihood that patients complete CalFresh applications and receive benefits. Consultations began at SGH; by February 2017, Sharp's PAS team expanded CalFresh consults to the remainder of Sharp's acute care hospitals. As a result of this effort, more than 47,970 Sharp patients have completed applications for CalFresh benefits.

Health Professions Training

Students and recent health care graduates are valuable assets to the community. Sharp demonstrates a deep investment in new and prospective members of the health care workforce through internships and career pipeline programs. Throughout FY 2022, many student training and internship programs at Sharp remained paused or were severely limited due to the COVID-19 pandemic. Despite these challenges, more than 2,570 student interns dedicated over 396,000 hours within the Sharp system in FY 2022.

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), advanced practice provider positions (e.g., nurse practitioner, clinical nurse specialist and physician assistant) and allied health (ancillary) professions, such as rehabilitation therapies (e.g., speech, physical and occupational therapy), pharmacy, respiratory therapy, imaging, cardiovascular, dietetics, laboratory, surgical technology, paramedic, social work, psychology and business. Sharp provided training opportunities to students from local community colleges, such as Grossmont College, MiraCosta College, Palomar College, San Diego Mesa College and Southwestern College; local and national universities, such as California State University San Marcos, Point Loma Nazarene University (PLNU), San Diego State University (SDSU), University of California (UC) San Diego, University of San Diego (USD) and University of St. Augustine for Health Sciences; and vocational

³ The **CalFresh Program**, federally known as the Supplemental Nutrition Assistance Program, issues monthly electronic benefits that can be used to buy most foods at many markets and food stores.

schools, such as Concorde Career College, Phlebotomy Training Academy and Grossmont Health Occupations Center. **Table 1** presents the total number of students and student hours at each Sharp entity in FY 2022. **Figure 1** presents the distribution of students at Sharp by internship type in FY 2022.

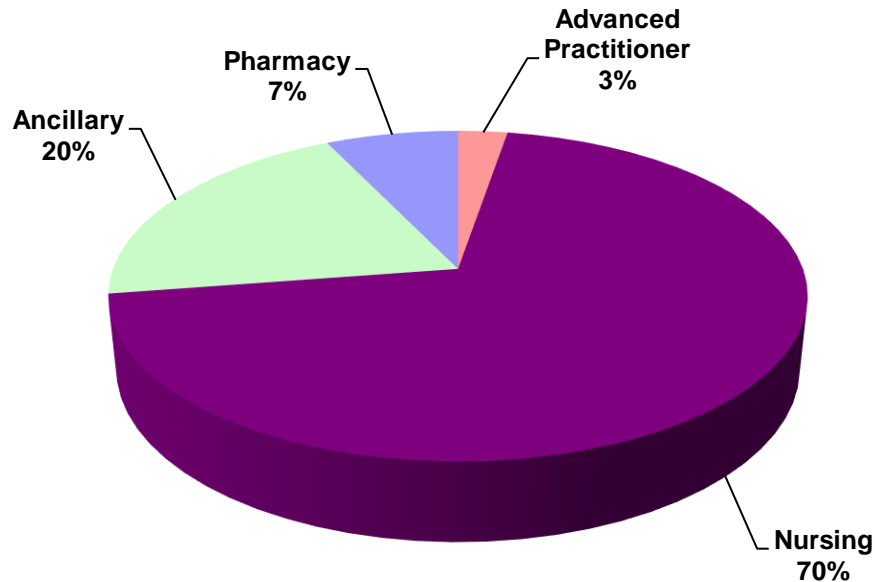
Table 1: Sharp HealthCare Internships — FY 2022

Sharp HealthCare Entity	Nursing		Advanced Practice Provider		Ancillary		Total	
	Students	Hours ⁴	Students	Hours	Students	Hours	Students	Hours
Sharp Chula Vista Medical Center	335	26,455	23	2,765	84	30,262	442	59,482
Sharp Coronado Hospital and Healthcare Center	30	3,036	-	-	23	7,220	53	10,256
Sharp Grossmont Hospital	645	50,239	25	3,140	173	53,704	843	107,083
Sharp Mary Birch Hospital for Women & Newborns	132	10,274	1	120	7	1,440	140	11,834
Sharp Memorial Hospital	245	21,825	17	2,265	235	58,072	497	82,162
Sharp Mesa Vista Hospital	309	23,208	1	235	66	52,830	376	76,273
Sharp HospiceCare	1	65	1	130	1	630	3	825
Sharp HealthCare ⁵	105	5,485	1	100	117	42,796	223	48,381
Total	1,802	140,587	69	8,755	706	246,954	2,577	396,296

⁴ Nursing hours include both group hours (groups of students with a school instructor), as well as precepted hours (single student with a Sharp HealthCare (Sharp) employee).

⁵ Sharp internship figures include students from Sharp Home Health, Sharp System Offices, Sharp Health Plan and Sharp Rees-Stealy Medical Centers.

Figure 1: Sharp HealthCare Interns by Student Type — FY 2022



Sharp also offers a graduate-level Clinical Pastoral Education program, which teaches students clinical theories and skills to provide spiritual care to patients and their families. In FY 2022, the program supervised five chaplain students on the campuses of SGH, SMBHWN, SMH and SMV. Graduates of Sharp’s Clinical Pastoral Education program serve various health care institutions and hospices in San Diego. In addition, more than 30 program graduates attended two professional chaplains’ educational events hosted by Sharp’s Spiritual Care and Education Department as part of their continued education and development. These events were held throughout the year and included Trauma Informed Tools for Chaplains and Patients and Sharing Our Spiritual Care Practices in the Age of Covid: Networking, Learning from, Consoling and Inspiring Each Other.

In FY 2022, Sharp hospitals continued to partner with the Arizona College of Osteopathic Medicine program at Midwestern University in Glendale, Arizona, to provide physician-led mentorship opportunities for medical students. In FY 2022, the partnership provided approximately 30 students with mentorship opportunities at Sharp hospitals, including SCVMC, SCHHC, SGH, SMBHWN and SMH.

In addition, Sharp provides specialized classes to prepare future preceptors for their role as a student mentor. Through the Precepting With Pride class, Sharp health professionals who are new to precepting learn about the essential components of role modeling and educating. Sharp’s Advanced Precepting With Pride class supports the continued development of experienced nurse preceptors. In addition, new nurse mentors and mentees attend an orientation designed to describe their unique roles and promote a successful precepting experience. The Precepting With Pride class and orientation for new nurse mentors and mentees were offered virtually in FY 2022, while the Advanced Precepting with Pride class was offered on-site at a Sharp System Office.

Health Sciences High and Middle College

Health Sciences High and Middle College (HSHMC) — a partnership between Sharp, a group of SDSU professors and the Grossmont-Cuyamaca Community College District — is a tuition-free, public charter high school that provides students with broad exposure to health care careers. HSHMC students use job shadowing to connect with Sharp team members and 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 SRSMC sites. As a result of the COVID-19 pandemic, traditional in-person HSHMC learning opportunities were suspended from March 2020 through August 2022. Sharp welcomed back HSHMC students in September 2022, ensuring a safe environment for students on the following campuses: SCVMC, SGH, SMH and three SRSMC sites — Genesee, La Mesa and Santee. Each student was scheduled to be on campus one day a week for five hours and had a supportive role.

All students begin their internship experience with a systemwide orientation to Sharp. This includes CPR (cardiopulmonary resuscitation), Health Insurance Portability and Accountability Act, infection prevention and AIDET (acknowledge, introduce, duration, explanation and thank) training. Students shadow providers in both patient and non-patient care areas and are placed in new assignment each semester for a variety of patient care experiences. Job shadowing activities consist of two levels of training: Level I is the entry level for all students, while Level II includes enhanced patient interaction and hands-on experience, which increases as students' skill levels increase. Meanwhile, students complete health-related coursework at a community college, such as Introduction to Health Professions, Introduction to Nutrition, Health and Social Justice, Introduction to Public Health, Health and Lifestyles, and Psychology, among other courses.

In FY 2022, 194 HSHMC students — including 33 Level I students and 161 Level II students — were supervised for approximately 2,770 hours on Sharp campuses. Students rotated through instructional pods in specialty areas, including but not limited to nursing; emergency services; maternal infant services; neonatal intensive care unit (NICU); occupational therapy; physical therapy; medical/surgical; rehabilitation; laboratory services; pharmacy; cardiac care; radiology; engineering; nutrition; pulmonary services; administration; Arts for Healing; sterile processing; Family Resource Center; and general operations. Students not only had the opportunity to

observe patient care, but also received guidance from Sharp staff on career pathway development as well as job and education requirements.

Each year, Sharp reviews and evaluates its collaboration with HSHMC, including student and graduate outcomes, to promote long-term sustainability. Seventy-one percent of HSHMC students are economically disadvantaged, and the school's free and reduced-price meal eligibility rate is higher than the averages for SDC and California. Despite these challenges, HSHMC maintains a 90% attendance rate and excels in preparing students for high school graduation, college entrance and a future career. In June 2022, 175 students graduated from HSHMC, and 90% of the graduating class went on to attend two- or four-year colleges. Further, 65% of students stated they wanted to pursue a career in health care. HSHMC has a 99% graduation rate, which is higher than the California state average (85%).

HSHMC has received numerous awards for its educational innovation, vision and impact. HSHMC received the Innovation in Education Achieve Award from the Classroom of the Future Foundation in 2019 and 2022 for programs that directly correlate to positive student outcomes. In 2020, HSHMC received the Shirley Hord Teacher Learning Team Award for excellence in professional learning, which included successfully implementing continuous improvement initiatives, resulting in increased effectiveness for teachers. In addition, in 2019, HSHMC earned the distinction of becoming a Visible Learning+™ Certified School from the Visible Learning Partnership, a collaboration between Professor John Hattie of the University of Melbourne, Australia, and Corwin — a SAGE Publishing Company — for its impact on professional development. Visible Learning+™ evidence-based research focuses on best practices in schools to accelerate student learning, including helping educators understand, measure and evaluate the impact they can have on student growth and achievement.

Sharp is honored to have partnered with HSHMC for more than a decade and will continue to monitor COVID-19 public health guidelines to support student learning as appropriate for years to come.

Lectures and Continuing Education

Sharp contributes to the academic development of students at colleges and universities throughout San Diego by providing guest lectures and presentations on health care topics. In response to ongoing in-person restrictions due to COVID-19, Sharp continued to provide both in-person and virtual options for lectures and presentations throughout FY 2022, guidelines permitting. Lecture topics included diabetes; careers in dietetics; end-of-life care (including advance care planning (ACP), Physician Orders for Life-Sustaining Treatment, End of Life Options Act, hospice, bereavement, bioethics and goals of care); ACP goals; providing a trauma-informed approach to human trafficking; and executive leadership in the health care setting. Lectures were delivered to students from a variety of graduate and undergraduate programs at USD, SDSU, PLNU and Azusa Pacific University (APU).

For more than a decade, Sharp has collaborated with SDSU to offer its Master of Public

Health students a semester-long class titled Hospital and Ambulatory Care Management. Virtual lectures were provided by Sharp executives and leaders on a variety of topics, including an overview of Sharp; strategy and the health care market; human resources (HR) (including unions and other workforce issues); health plan design management; Accountable Care Organizations; governance systems; executive function; finance; information systems; quality monitoring and continuous improvement; contract management; philanthropy; as well as nursing and physician organization and management. Typically, the class includes a tour of a hospital and a Sharp System Office, but these tours remained canceled in FY 2022 due to the COVID-19 pandemic.

Sharp's Continuing Medical Education (CME) department manages three accreditation programs. Sharp is accredited by the Accreditation Council for Continuing Medical Education, including Accreditation with Commendation; the Accreditation Council for Pharmacy Education; and by the American Board of Medical Specialties Portfolio Program. CME provides evidence-based and clinically relevant professional development opportunities to help practicing physicians and pharmacists improve patient safety and enhance clinical outcomes. In FY 2022, CME invested more than 1,400 hours in live and online CME activities for San Diego health care providers. This included an in-person conference on diabetes; a national conference for primary care physicians; and specialty conferences for Sharp medical group clinicians. Additional presentation topics included COVID-19; physician wellness and leadership; managed care; infection prevention; clinical documentation improvement; robotics; psychiatry; equity, diversity and inclusion; men's health; sleep disorders; heart disease in women; sexual health concerns; brain repair after stroke; the nutraceutical industry; obesity; and many more.

CME also develops and implements online learning modules and performance improvement projects to inspire clinicians and teams to improve their practice and optimize patient care. In FY 2022, online learning module topics included stroke review, dignity in pregnancy, men's health equity, mindful resilience, parenteral nutrition, alcohol withdrawal, human subjects research, trauma-informed care (TIC), ACP, and more. Additionally, CME partnered with Sharp University and Sharp's Lean Six Sigma team to initiate two performance improvement projects on improving communication with clinicians and physician wellness.

Each year, CME identifies and addresses a public health priority in compliance with its Accreditation with Commendation. For the past several years, CME has worked with Sharp Community Benefit and used findings from Sharp's triennial Community Health Needs Assessments (CHNA) to inform the selection of these public health priorities. In FY 2022, CME continued its collaboration with Sharp Community Benefit to continue addressing food insecurity through a four-part, CME-accredited online education series available to community physicians and providers throughout San Diego. CME also focused on developing a six-part online learning series on TIC in FY 2022. Topics covered were neurobiology of trauma; the PEARR (provide privacy, educate, ask, respect and respond) Tool, an evidence-based framework for the assessment of trafficking and other forms of interpersonal violence; vicarious trauma; the adverse childhood experience (ACE) score — a metric that represents the amount of toxic stress

endured during childhood; and TIC principles and application. Overall, approximately 275 attendees participated in the TIC series in FY 2022.

Research

Sharp Center for Research

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

Human Research Protection Program

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

Institutional Review Board

As one of the key components of the HRPP, the IRB seeks to promote a culture of safety and respect for those participating in research for the greater good of the community. All proposed entity research studies with human participants must be reviewed by the IRB to protect participant safety and maintain responsible research conduct.

In FY 2022, a dedicated, 16-person IRB committee — including physicians, nurses, pharmacists, individuals with expertise and training in non-scientific areas of research, and members of the community — devoted hundreds of hours to the review and analysis of both new and ongoing research studies. Research at Sharp is conducted on all clinical phases of drug and device development, and the populations studied span the life cycle — from newborns to older adults. These clinical trials increase scientific knowledge and enable health care providers to assess the safety and effectiveness of new treatments. At any given time, Sharp participates in approximately 160 clinical trials encompassing many therapeutic areas, including behavioral health, emergency care, gastroenterology, heart and vascular, infectious disease, kidney, liver, neurology, newborn care, oncology (comprising the largest share of Sharp's clinical trials), orthopedics and, most recently, COVID-19.

Since the onset of the pandemic in March 2020, the CFR has reacted with urgency to expedite the opening of 45 new COVID-19 clinical trials. The COVID-19 research program includes sponsor-initiated trials as well as novel studies designed by Sharp

researchers, three of which received funding from the Sharp HealthCare Foundation. In addition, CFR staff developed innovative practices to safely recruit, enroll and obtain informed consent from participants. Further, they adapted practices to comply with sponsor and regulatory requirements for remote monitoring. The CFR has accomplished many activities throughout the pandemic while maintaining other ongoing research studies. In FY 2022, this included 19 active oncology clinical trials. The team's efforts have resulted in greater access to cutting-edge COVID-19 treatments for patients at both Sharp and non-Sharp health care facilities. Since FY 2020, the CFR's research on COVID-19, including clinical drug trials and impacts on trauma patients, has been cited in multiple journals and news sources, including: *The Wall Street Journal*; *New England Journal of Medicine*; *The Lancet Respiratory Medicine*; *European Journal of Trauma and Emergency Surgery*; *Surgery*; *Journal of Trauma and Acute Care Surgery*; *Cision PR Newswire*; *Infectious Disease Therapy*; *Critical Care Explorations*; *Infection Control & Hospital Epidemiology*; *American Society of Hematology Annual Meeting and Exposition*; *PLOS ONE*; *Public Health Reports*; *CalciMedica*; and *American Journal of Health-System Pharmacy*. The CFR's COVID-19 research was also presented at several health care conferences, including the American Society of Health System Pharmacists Midyear Clinical Meeting and Exhibition and the Western States Conference.

The HRPP educates and supports Sharp researchers as well as the broader San Diego health and research communities regarding the protection of human research participants. As part of its mission, the CFR hosts quarterly meetings on relevant educational topics for community physicians, psychologists, research nurses, study coordinators and students throughout SDC. Throughout FY 2022, meetings featured a variety of presentations on COVID-19, including existing clinical trials, the impact of different therapeutics in COVID-19 treatment, the prevalence of COVID-19 among Sharp team members, COVID-19 research innovations within the CFR, research supported by the COVID-19 Emergency Response Fund, and other Sharp COVID-19 research updates. In addition, a presentation was given on Perinatal Outcomes of Subjects Enrolled in a Multicenter Trial with a Waiver of Antenatal Consent.

Outcomes Research Institute

Sharp's ORI measures long-term results of care, as well as develops and disseminates best practices for health care delivery. The ORI collaborates with Sharp team members to aid in the design of patient-centered outcomes research projects; assist with study protocol development, data collection and analysis; explore funding mechanisms for research projects; and facilitate IRB application submissions.

The ORI seeks guidance and expertise from the local and national academic communities on how to effectively conduct outcomes research to improve patient and community health. This networking has resulted in collaborative research partnerships with investigators at SDSU and the University of Arizona.

During FY 2022, the ORI engaged in several new research projects. An ORI collaboration with ophthalmology researchers plans to evaluate a smartphone application (app) — developed internally by Sharp — that is designed to improve cataract patient compliance with pre- and post-surgery care instructions. In preparation for a future research study, the ORI consulted with oncology staff who have developed a new clinical program for patients experiencing cancer-related cognitive impairment. The ORI is also leading Sharp's continuing participation as one of six national sites in the University of Arizona's five-year National Institutes of Health-awarded grant study titled *Ethnicity and Lung Cancer Survival: A Test of the Hispanic Sociocultural Hypothesis*.

Evidence-Based Practice Institute

The Evidence-Based Practice Institute (EBPI) is offered by the San Diego Consortium for Excellence in Nursing and Allied Health, which was established in 2006 to promote the use of evidence-based practices in the health care community. The EBPI offers professional development opportunities that prepare 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 consortium is a partnership between Sharp, Rady Children's Hospital – San Diego, UC San Diego Health, U.S. Department of Veterans Affairs (VA) San Diego Healthcare System, Kaiser Permanente, PLNU, SDSU, APU and USD. In 2020, the consortium formed a nonprofit corporation with formal board member roles, including team members from Sharp who serve as chairman, president and chief information officer.

In addition to board leadership, Sharp provides instructors and mentors to support the EBPI's mission. EBPI fellows and mentors partner with one another through a variety of learning strategies. Mentors facilitate and support fellows as they navigate the health care system and implement the processes of evidence-based practice change. Mentors also assist fellows in working collaboratively with key project stakeholders. Historically, the EBPI has included six in-person, full-day classes featuring group activities, self-directed learning programs outside of the classroom and structured mentorship throughout the program. Starting in 2021, the program has used an interactive, virtual platform to deliver education structured around the 8A's Evidence-Based Practice Model. Created by experts in evidence-based practice from Sharp and UC San Diego Health, the model guides the translation of evidence into practice and results in enhanced decision-making and better outcomes. The model includes the following steps: The Catalyst, Assessing, Asking, Acquiring, Appraising, Applying, Analyzing, and Advancing and Adopting.

The program culminated with a virtual conference and graduation ceremony in December 2022, during which the EBPI fellows and mentors shared their project results. Thirty-three project teams, composed of mentors and fellows, graduated from the program. Projects addressed issues in clinical practice and patient care, including decreasing psychiatric transfers to a higher level of care, improving colonoscopy care,

stroke education, hospital-acquired pressure injuries, early discharge planning, perineal protection program, de-escalation in the ED, and infant neonatal abstinence syndrome.⁶

Volunteer Service



Sharp Lends a Hand

In FY 2022, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH). SLAH uses the findings of Sharp's triennial CHNAs to identify health priorities in SDC that could be addressed through volunteer support. In FY 2022, SLAH identified nutrition insecurity as its area of focus, with a goal of collecting a minimum of 10,750 food units⁷ throughout the year.

SLAH selected several activities in FY 2022 to address nutrition insecurity in SDC, including food drives in support of the San Diego Food Bank (Food Bank) as well as volunteer events in partnership with Feeding San Diego (FSD), Mama's Kitchen and ProduceGood. Through the support of Sharp employees, family and friends,⁸ SLAH contributed nearly 16,900 food units throughout the year, surpassing its goal by over 6,100 units. SLAH also selected five additional volunteer projects for FY 2022: Wreaths Across America San Diego, Transplant Games of America, Stand Down for Homeless Veterans, Life Rolls On, and the San Diego River Park Foundation's Clean & Green River Cleanup event.

The Food Bank's mission is to provide nutritious food to people in need, advocate for the hungry and educate the public about hunger-related issues. Each month, the Food Bank collaborates with 500 nonprofit community partners to provide meals to 600,000 San Diegans. For more than a decade, Sharp has hosted holiday SuperFood Drives to support the Food Bank's tremendous efforts. During the 2021 holiday season, Sharp team members were encouraged to donate nutritious and sustaining superfoods to improve access to healthy food for San Diegans in need. Through the holiday SuperFood Drive, 11 locations throughout the Sharp system collected nearly 3,500 pounds (lbs.) of nutritious food and nearly \$4,200 for the Food Bank — a total of 7,646 food units. SLAH also collected nearly 5,000 food units during the Grossmont Spring Drive and collaborated with Sharp Best Health on two Move for Good food drive events in January and August, which collected over 4,700 food units.

As a member of the Feeding America network, FSD partners with 600 local food donors throughout SDC — including grocery stores, restaurants and retailers — to distribute

⁶ **Neonatal abstinence syndrome** is a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids, during pregnancy.

⁷ A "food unit" is defined as one pound of food, one volunteer hour to an organization that provides food assistance or one dollar to a Sharp sponsored virtual food drive.

⁸ The time associated with Sharp employees, who were compensated during their Sharp Lends a Hand 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.

more than 35 million meals to local children, families, seniors and military members each year. FSD relies on the generous support of individuals, corporations, foundations and community groups to sustain critical hunger-relief and nutrition programs throughout the region. In January, four SLAH volunteers sorted food, prepared bags for distribution and cleaned produce for FSD.

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

ProduceGood is a local organization committed to solving the problems of hunger and food waste in one step. With volunteer support, ProduceGood collects excess produce in SDC, providing healthy food for San Diego's food insecure community members while helping to keep food out of the landfill. At three events in March, eight SLAH volunteers helped pick fruit at orchards in Valley Center and Rancho Santa Fe.

In December 2021, SLAH participated in Wreaths Across America, a national event dedicated to honoring veterans, remembering fallen heroes and teaching children about the sacrifices made by veterans and their families. At Fort Rosecrans National Cemetery, more than 50 SLAH volunteers honored veterans by placing donated wreaths on their gravesites.

Several SLAH volunteers assisted with the Donate Life Transplant Games of America — a multi-sport event produced by the Transplant Life Foundation for individuals who have undergone life-saving transplant surgeries. Competition is open to organ recipients, corneal and tissue transplant recipients, bone marrow recipients, as well as living kidney and liver donors. Held at the San Diego Convention Center in July and August, the event featured over 20 sports, opening and closing ceremonies and various other activities, including a vendor fair, coffee house and a special ceremony honoring living and deceased donors.

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 three days in July, a Sharp employee volunteered in the event's pharmacy tent. Veterans Village of San Diego has served the local community since 1981, helping thousands of SDC's most vulnerable veterans to reclaim their lives through programs that offer transitional and permanent housing, mental health counseling, substance use treatment, and employment and job training services.

The Life Rolls On Foundation is dedicated to improving the quality of life for people living with various disabilities. Through the organization's award-winning program, They Will Surf Again, paraplegic and quadriplegic community members can experience

mobility through surfing with support from adaptive equipment and volunteers. At the events in October 2021 and September 2022, nearly 170 SLAH volunteers assisted They Will Surf Again with event set-up and breakdown, registration, equipment distribution, hospitality and helping surfers on land and in shallow water.

Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River. In November, 10 SLAH volunteers joined the Clean & Green River Cleanup event, where they helped remove trash and debris along Forester Creek in Santee.

In addition to these projects, the SLAH program continued to coordinate and promote Sharp's year-round blood donation effort to provide needed blood to local organizations serving the community. In FY 2022, Sharp hosted 60 blood drives at 12 Sharp locations to benefit the San Diego Blood Bank. In addition, SLAH encouraged Sharp employees to donate blood at local American Red Cross locations. Despite limitations related to the ongoing COVID-19 pandemic, SLAH helped Sharp collect approximately 1,500 units of blood.

Sharp Humanitarian Service Program

The Sharp Humanitarian Service Program provides paid leave for Sharp employees to volunteer for programs that provide health care or other supportive services to underserved or adversely affected populations throughout the world. In FY 2022, program participation was severely limited as a result of COVID-19 public health guidelines. Despite these challenges, the Sharp Humanitarian Service Program funded eight employees for various humanitarian efforts, providing service to communities across the globe. Three of these opportunities are described below.

Over two weeks in September, two Sharp ED nurses traveled to seven different cities in the Philippines with San Diego Central Seventh-day Adventist Church's Love in Action medical mission. The nurses joined a group of physicians, nurses, dentists and medical students to provide medical and dental care, acupuncture, minor operations and eyeglasses to approximately 2,500 patients in those communities.

Maximo Nivel is an organization dedicated to improving communities in Costa Rica, Guatemala and Peru through a vast array of programs, including medical and dental assistance for vulnerable individuals. For one week in May, a Sharp occupational therapist traveled to Cusco, Peru, to join a team of physical therapists, nuns and a nurse to provide occupational therapy services as well as help deliver morning meals and administer medications to elderly nursing home residents.

A Sharp registered nurse (RN) traveled to the highlands of Huehuetenango, Guatemala for 10 days in May through HELPS International, a nonprofit organization committed to addressing the root causes of poverty in Guatemala through community development, agriculture, education and health care programs. The Sharp RN, along with a Sharp-affiliated ophthalmologist and other eye specialists, provided life-saving health care and

community development services. The team restored vision to many blinded by cataracts as well as assisted patients suffering from birth defects, eyelid tumors, tear duct infections and more.

Community Walks

Heart disease is the leading cause of death in the U.S. and the second leading cause of death in SDC. Sharp proudly supports the AHA's annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of CVD and stroke. In FY 2022, nearly 100 teams across the Sharp system helped raise nearly \$180,000 for the walk, through activities such as auctions, prize drawings, and plant and garage sales. Sharp held a pre-walk event called the Move More Activity Challenge, which began 30 days prior to the walk and included a free activity tracker and various step challenges to help inspire walkers to meet their goals. In September, the walk was held at Balboa Park and included both one- and four-mile path options. More than 700 employees, family members and friends represented Sharp during the walk and enjoyed a fun, heart-healthy experience together. For the past 26 years, Sharp has maintained its position as the first-place fundraising team in San Diego and, in 2022, was the first-place team in the AHA Western States Affiliate. Sharp has raised nearly \$4 million since its support of the AHA Heart & Stroke walk began.

Sharp Volunteers

Volunteers are a critical component of Sharp's dedication to the San Diego community and help make a difference in the lives of others. Sharp provides many volunteer opportunities for individuals of all ages and skill levels to assist with a wide variety of programs, events and initiatives. This includes devoting time and compassion to patients within Sharp's hospitals; assisting with community events for the public; and supporting annual golf tournaments, galas and other activities to benefit Sharp's foundations, including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation. As a result of the COVID-19 pandemic, Sharp's in-person volunteer activities were limited throughout FY 2022. Sharp will continue to monitor COVID-19 public health guidelines to support volunteer opportunities as appropriate.

On average, more than 620 individuals actively volunteered at Sharp each month between October 2021 and September 2022.⁹ This included more than 1,150 auxiliary members, individual volunteers from the San Diego community and volunteers for Sharp's foundations. During this time, volunteers contributed over 105,200 hours of service to Sharp and its initiatives.¹⁰ More than 9,900 of these hours were dedicated to activities in the community, such as delivering meals to homebound seniors and assisting with events. See Table 2 and Figure 2 for volunteer participation at Sharp in FY 2022.

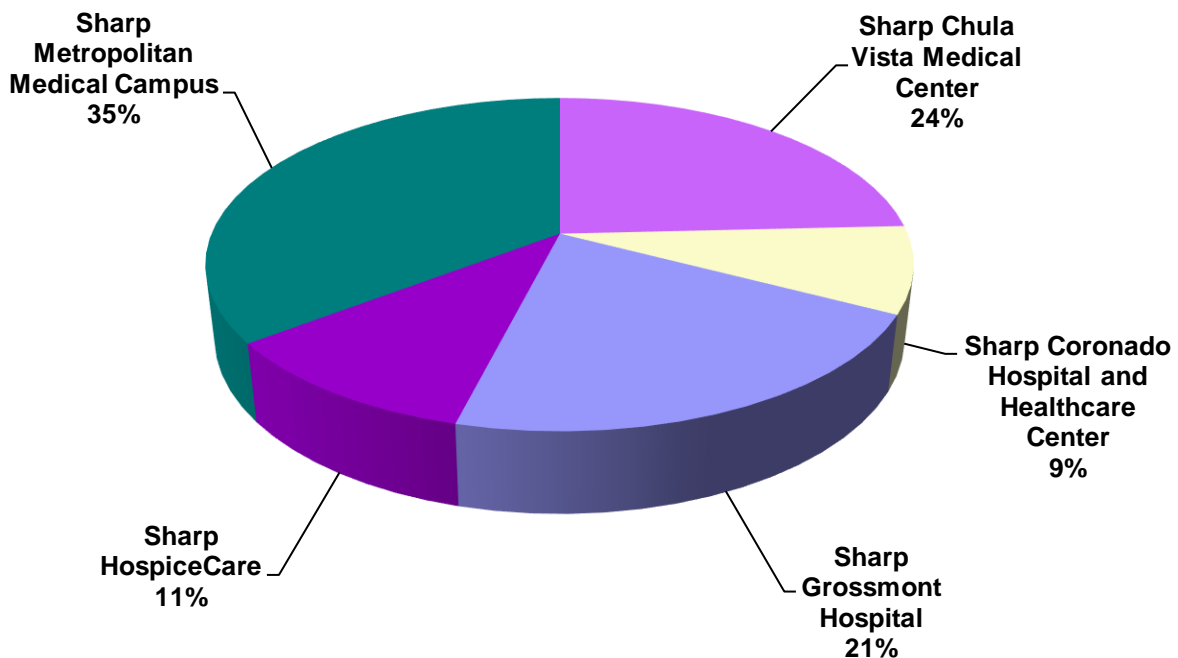
⁹ The total represents the average number of active volunteers at Sharp per month in FY 2022.

¹⁰ The total represents the number of volunteer hours at Sharp in FY 2022.

Table 2: Sharp HealthCare Volunteers and Volunteer Hours — FY 2022

Sharp HealthCare Entity	Average Active Volunteers Per Month	Total Volunteer Hours
Sharp Chula Vista Medical Center	150	19,179
Sharp Coronado Hospital and Healthcare Center	52	8,764
Sharp Grossmont Hospital	132	41,834
Sharp HospiceCare	66	3,898
Sharp Metropolitan Medical Campus	219	31,414
TOTAL	619	105,089

Figure 2: Sharp HealthCare Volunteers by Entity — FY 2022



Sharp also offers a systemwide Junior Volunteer program for high school students to give back to their communities and explore future health care careers. Participation in the program requires a minimum grade point average and a long-term commitment of at least 100 hours. The Junior Volunteer program supports workforce development by introducing students to careers in health care, including clinical and ancillary support services. Junior volunteers enhance patient-centered care through hospitality, such as greeting and escorting patients and families, answering questions and creating a welcoming and relaxing environment for guests. By volunteering in the gift shops and thrift store, students learn about merchandising, fundraising and retail sales. On the inpatient units, they assist as appropriate with clinical and non-clinical tasks. Junior

volunteers may also help raise funds for hospital programs and provide clerical support to hospital departments.

In FY 2022, more than 260 high school students contributed over 20,500 hours to the Junior Volunteer program. This included nearly 100 junior volunteers who dedicated over 6,100 hours of service at SCVMC and more than 160 junior volunteers who contributed approximately 14,400 hours of service at SGH. Due to hospital visitor restrictions due to the COVID-19 pandemic, the SMH and SMBHWN Junior Volunteer programs remained paused throughout FY 2022.

SGH junior volunteers assisted with games, giveaways and wayfinding at several of SGH's Family Nights — free social events for SGH staff and their families — including a drive-in movie featuring *Jurassic Park*. In honor of Veteran's Day in November, three SGH junior volunteers helped decorate the hospital's Brier Patch Campus with signs and flags and painted red, white, and blue stars on the lawn to show appreciation and gratitude.

SGH volunteers continued to assist with the hospital's Discharge with Dignity program. Designed for patients who may be experiencing homelessness, transferring to SNFs, or lacking friends or family to help, Discharge with Dignity provides clothing, shoes and other necessary personal items upon discharge from the hospital. In partnership with the Grossmont Healthcare District, SGH hosted a community drive-thru clothing drive in October, which collected more than 4,500 articles of clothing and shoes for the hospital's patients in need. During the event, 14 SGH junior, college and adult volunteers helped unload and sort items donated by community members.

With the return of volunteers at SCVMC and at the bedside, the Patient Activity Companion program (formerly the Community Care Partner program) resumed providing services in person. These volunteers are available to take the place of a care partner when a patient does not have one. Volunteers provided comfort and support to lonely patients at their bedside if family members or friends were not available. Volunteers also offered reading materials, arts and crafts, word puzzles and other activities. The Patient Activity Companion program included 11 junior, college student and senior volunteers who offered more than 280 hours of service in FY 2022.

Throughout FY 2022, SCVMC volunteers continued to knit, sew and crochet various items for patients in need at the hospital, including cloth face masks, lap robes, prayer and baby blankets, booties, hair bonnets and caps. The volunteers met off campus every week and worked at home independently. Completed items were sent to the hospital, where they were distributed to patients by social workers and chaplains. In addition, in December, an SCVMC volunteer provided 13 hours of service to an on-site COVID-19 vaccination clinic.

SCHHC continued to offer COVID-19 vaccines at its on-site pharmacy. More than 50 community volunteers assisted with registration and monitoring discharged vaccinated individuals, contributing more than 1,200 hours. In addition, SCHHC continued to

partner with Meals on Wheels San Diego County to offer the Sharp Coronado Hospital Auxiliary Meals on Wheels Adopt-a-Route program. This program provides meals with enhanced nutritional quality, free pet food, in-home safety and health assessments, sliding-scale payment options for those in need, a secure mobile delivery app to communicate follow-up information, and an emergency response if needed. This partnership helps promote independence, reduce social isolation, and improve participants' quality of life and health. In FY 2022, SCHHC auxiliary members and volunteers provided nearly 5,800 meals to approximately 40 community members.

Sharp employees also donated time as volunteers for the Sharp organization, including service on the Board of Directors of Coast Center for Orthopedic and Arthroscopic Surgery, San Diego Imaging – Chula Vista, San Diego Imaging – Kearny Mesa, Sharp and Children's MRI, Grossmont Imaging, and Sharp and UC San Diego Health's Joint Venture, which oversees the operations of their joint Liver Transplantation and Bone Marrow Transplant programs. In addition, Sharp's various entity boards include volunteers who provide program oversight, administration and decision-making regarding the organization's finances. In FY 2022, more than 130 volunteers contributed time to Sharp's boards.

Sharp HospiceCare Volunteer Programs

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

In FY 2022, approximately 50 individuals completed Sharp HospiceCare's volunteer training program, which included a combination of online and in-person learning experiences to affirm volunteers' understanding of and commitment to hospice care prior to beginning their duties. Volunteers provided a variety of nonmedical services at SNFs, hospitals, patient homes and Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes. This included patient companionship, caregiver relief, light housekeeping, errands, administrative support, event planning and community outreach. In addition, a volunteer hairdresser traveled more than 3,300 miles throughout SDC to provide 125 haircuts to Sharp HospiceCare patients in FY 2022. All patient and caregiver support activities were conducted using appropriate personal protective equipment and in compliance with public health guidelines. Throughout the year, volunteers contributed approximately 3,900 hours to patient care and support, including both in-person activities as well as telephone assistance depending on patient preference.

Four teenagers participated in Sharp HospiceCare's Teen Volunteer program in FY 2022. The teenagers performed activities at Sharp HospiceCare's hospice homes, including patient grooming, sitting with patients, listening to their stories and holding their hand. They also completed special projects in Sharp HospiceCare administration.

In FY 2022, three nursing and eight premedical students from SDSU and UC San Diego volunteered their time by supporting family caregivers in private homes. Ten former Sharp HospiceCare student volunteers are currently in medical school, which demonstrates the value of the hospice volunteer experience — including the enhanced understanding of death and dying — in the pursuit of a medical career.

Sharp HospiceCare's 11th Hour program ensures that no patient dies alone. Through the program, volunteers accompany patients who are in their final moments of life and do not have a family member present. This includes holding the patient's hand, reading softly to them and remaining by their side. Volunteers may also provide emotional support to family members who are present. In FY 2022, 11th Hour program volunteers served eight patients.

Since 2018, Sharp HospiceCare volunteers have helped patients enjoy one last visit to a location of their choice through the Sentimental Journey program, sponsored by American Medical Response (AMR). Through the program, an AMR ambulance crew picks up hospice patients from their residence and transports them to a special place they can no longer access on their own due to their illness progression. In FY 2022, Sharp HospiceCare volunteers accompanied two patients and their family members on their sentimental journeys, which included a Valentine's Day dinner and a trip to the beach.

Seven volunteers supported Sharp HospiceCare's partnership with We Honor Veterans (WHV) in FY 2022. WHV is a national program developed by the National Hospice and Palliative Care Organization in collaboration with the VA to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As a WHV partner, Sharp HospiceCare is equipped to provide education and training that qualifies its volunteers to identify and support veteran patients and their caregivers. This includes the Vet-to-Vet Volunteer program, which pairs volunteers who have military experience with veteran patients receiving hospice or home-based palliative care. The program also honors veteran patients through special pinning ceremonies, during which volunteers present veterans with a WHV pin and a certificate of appreciation for their service. In celebration of Veterans Day in November, volunteers recognized 63 Sharp HospiceCare veteran patients through these pinning ceremonies.

Sharp HospiceCare continued to offer the Memory Bear program to support community members who have lost a loved one. Volunteers create teddy bears out of the garments of those who have passed on, which served as special keepsakes for family members. In FY 2022, volunteers dedicated over 1,900 hours to sewing more than 480 bears for approximately 250 families.

Sharp HospiceCare recognizes volunteers' valuable impact on patients and their families and caregivers. During National Hospice and Palliative Care Month in November, Sharp HospiceCare recognized its volunteers through special award and pinning celebrations. During National Volunteer Week in April, volunteers were invited to

SGH's Volunteer Awards Open House event at the Sheraton San Diego Hotel & Marina, where they gathered to celebrate their contributions to Sharp HospiceCare and share a meal. Further, in FY 2022, Sharp HospiceCare provided six virtual continuing education and support meetings to enhance volunteers' knowledge and skills.

SMMC Volunteer Programs

Established in 2007, the Arts for Healing program at SMMC brings a variety of arts experiences to patients facing significant health challenges, their loved ones, visitors and hospital staff. The program promotes holistic comfort and an aesthetically enhanced hospital experience to help improve patients' emotional and spiritual well-being as well as reduce fear, stress, pain and feelings of isolation. Art and music experiences include painting, watercolor, clay sculpture, card making, creative writing, sound healing, singing, songwriting, storytelling and live music.

Funded solely by philanthropy — including a recent grant from Wawanesa Mutual Insurance Company — the Arts for Healing program at SMMC is led by Sharp's Spiritual Care and Education Department and facilitated by board-certified art and music therapists, as well as a team of trained volunteers. Volunteer roles include musicians, art-at-the-bedside, group arts and virtual concert facilitation, as well as two new roles added in FY 2022: sound healing and What's Your Story. Sound healing provides soothing instruments and music at the bedside and is facilitated by individuals trained in the therapeutic implementation of sound. What's Your Story volunteers support patient-centered care by facilitating a simple interview with patients involving story and identity sharing, then display a poster about the patient in their room to stimulate personal connections with others during their stay.

At SMH, Arts for Healing primarily serves patients who are receiving cancer treatment, recovering from surgery or stroke, awaiting organ transplantation, receiving palliative care or are adjusting to life with newly acquired disabilities following a catastrophic event. The program provides weekly music and art therapy groups to adults recovering from strokes, brain injuries and spinal cord injuries at the Sharp Allison deRose Rehabilitation Center. In FY 2022, Arts for Healing facilitated the donation of more than 90 blankets hand-knitted or crocheted by generous local community members to patients receiving palliative care, end-of-life care and infusion therapy services at the hospital. At SMBHWN, the program serves mothers with high-risk pregnancies who are susceptible to stress and loneliness during extended hospital stays. From October through March, the program provided music therapy to infants in the NICU and their families to promote bonding and infant development. At SMV and SMC, Arts for Healing offers several art and music therapy groups, including those for adolescents and adults receiving treatment for substance use and mood or anxiety disorders, as well as older adults receiving treatment for dementia or depression. Historically, Arts for Healing also provides arts experiences to community members at public events. However, these opportunities were not provided in FY 2022 due to the ongoing COVID-19 pandemic.

Since August 2020, Arts for Healing has partnered with Project Music Heals Us — a New York-based nonprofit that provides inspiration, education and healing through live performances and interactive programming to marginalized communities throughout the country, with a recent focus on serving hospitalized adults experiencing isolation. At SMH, this includes weekly, individualized concerts performed virtually for patients by a professional harpist. The partnership initially offered the concerts to patients with heightened isolation precautions. However, as the COVID-19-positive patient population decreased, the program began to offer concerts to patients with an extended stay, including oncology and heart transplant patients. In addition, since February 2021, virtual Project Music Heals Us concerts have included two group concerts per month for inpatients of the Sharp Allison DeRose Rehabilitation Center. Group concerts are performed by professional musicians from around the world and are facilitated by recreation therapy staff.

In FY 2022, Arts for Healing continued to respond to the stress, overwhelm and emotional and physical fatigue experienced by many Sharp staff during COVID-19 surges by providing staff — primarily at SMH — with a variety of inspirational and reflective arts experiences.

Giant coloring murals were placed in the main lobby at SMH to promote stress relief. As the murals' popularity grew throughout the year, they expanded to all nursing units as well as nearly all other hospital departments. Several murals were also provided to staff at SMBHWN and SMV, with more than 90 murals distributed at SMMC in FY 2022. Teams work together and creatively strategize to construct their unique murals. In August, Arts for Healing curated an art show at SMH displaying 55 large and vibrant murals to honor team members' creative efforts, build community, relieve stress and inspire and uplift them.

In addition, Arts for Healing provided The Wishing Wall, a community art experience on which staff contributed wishes and prayers. More than 700 wishes and prayers were made on The Wishing Wall in approximately two months. A volunteer artist with the program later transformed them into an inspirational work of art in the hospital lobby for both employees and guests to observe and reflect upon.

In January and February, Arts for Healing partnered with SMH's Integrative Healing team to provide resource stations for staff at 14 locations throughout the hospital. The stations offered vision boards, poetry, aromatherapy, supportive handouts and gratitude grams — colorful postcards on which staff write words of gratitude to their colleagues. Arts for Healing also provided sound healing and music therapy interventions at nursing stations and during staff huddles. In addition, Arts for Healing implemented a variety of individual supportive arts experiences for staff across SMMC that included mindfulness and self-reflection tools, such as inspirational gem magnets and therapy dough — a colorful sensory activity using homemade playdough and essential oils. Further, in place of the annual Valentine card-making event in February, Arts for Healing created and distributed over 1,000 Valentine card-making kits to staff.

In FY 2022, three employees and nearly 30 volunteers facilitated art and music experiences for approximately 13,000 patients, visitors and staff through the Arts for Healing program. Since its inception, the time and talent of the program's dedicated volunteers, board-certified art and music therapists, and staff have reached more than 229,000 individuals.

Other Sharp Community Efforts

In FY 2022, Sharp engaged in a variety of community service projects to improve the well-being of community members throughout San Diego. The following are just a few examples of these efforts.

According to the 2022 Point-in-Time count conducted by the San Diego Regional Task Force on Homelessness (RTFH), there are at least 8,400 individuals experiencing homelessness in SDC, nearly half of whom are unsheltered. The RTFH also found that in 2022, the number of families experiencing homelessness was up 56% from 2020. In addition, data from RTFH's 2021 Homelessness Crisis Response System report revealed that the number of individuals in SDC experiencing homelessness for the first time increased 79% from 2019 (2,326 individuals) to 2020 (4,152 individuals).

Since 2012, Sharp has sponsored the Downtown San Diego Partnership's Family Reunification Program, which serves to reduce the number of unsheltered individuals in Downtown San Diego. Through the program, homeless outreach coordinators from the Downtown San Diego Partnership's Clean & Safe Program identify unsheltered individuals who would be best served by returning home to their loved ones. The program contacts the individual's family and friends to ensure that they have the support and a place to stay to get back on their feet. The outreach team then provides the necessary transportation to reconnect the individual with their loved ones. With Sharp's help, the Family Reunification Program has reunited more than 3,500 individuals with friends and family across the nation.

For several years, Streets of Hope San Diego has served and provided hope to individuals who experience homelessness in downtown San Diego. In April, SMH's 3 North Unit Practice Council team collaborated with Streets of Hope San Diego to host an outreach and collection event in support of unhoused individuals in SDC. During the event, team members distributed clothing, food, hygiene products, blankets, and other high-need items as well as provided educational materials to teach these community members about common health issues and infection prevention.

Also in FY 2022, a group of SMV staff members organized monthly sock drives and distributed approximately 1,000 pairs of clean socks to unhoused community members in downtown San Diego. Additionally, SMV staff distributed soup and warm clothing to unhoused individuals during the 2021 winter season.

For more than 15 years, Sharp has participated in the U.S. Marine Corps Toys for Tots Program. During the 2021 holiday season, Sharp collected new, unwrapped toys for the program to distribute as holiday gifts to local children in need. Further, Sharp continued

to host a Holiday Food Drive for Pets, where bagged or canned food was collected and donated to the Food Bank.

During the 2021 holiday season, SMBHWN health education staff participated in The Boys and Girls Clubs of Greater San Diego's Adopt-a-Family program. Through this effort, SMBHWN received two families' wish lists and fulfilled them with new, wrapped gifts labeled with each family member's name. The value of gifts provided was approximately \$1,000 per family. Further, each family received a meal donation of nearly \$250 in addition to the gifts.

For the past eight 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 FY 2022, Operation Gobble served 50 patients from the Douglas & Nancy Barnhart Cancer Center at SCVMC's (Barnhart Cancer Center) Medical and Radiation Oncology departments. Additionally, the staff at the Barnhart Cancer Center chose to adopt two families during the 2021 holiday season, providing them with toys, clothing and gift cards.

For more than 30 years, SGH has held its annual Santa's Korner giving event to provide for those in need during the holidays. Through this effort, various hospital departments adopt a family that has been vetted and referred by local service agencies, including Crisis House and All Kids Academy Head Start, Inc. Using personal resources supplemented by occasional fundraisers, hospital staff purchase holiday gifts for the families, including grocery gift cards, clothing, toiletries, household items, children's toys, a holiday meal and other items requested by the families. During the 2021 holiday season, Santa's Korner served over 150 individuals from 40 families.

Since 2014, SGH nurses have collaborated with Christie's Place — a nonprofit organization that supports women, children and families affected by HIV or AIDS — for an annual backpack drive to prepare children and teens for academic success. Team members from a variety of departments help assemble backpacks with school supplies and personal notes wishing students well during the coming school year. In August, the team gathered approximately 120 backpacks at SGH and delivered them directly to Christie's Place.

In May, SGH's Obstetrics and Gynecology Unit Practice Council and Volunteer Services, along with other staff, collaborated to help underserved families with newborns through the annual Sweet Start Family donation program. Now in its fourth year, the program brings hospital units together to collect diaper bags and other baby supplies, including hand-made and knitted clothing and items. This year's effort yielded more than 65 diaper bags filled with supplies, in addition to enough supplies to fill at least another 20 bags.

The SGH Engineering Department led a variety of volunteer initiatives in FY 2022. For the past 11 years, the SGH Engineering Department has provided This Bud's for You, a special program that delivers hand-picked flowers from the hospital campus' abundant gardens to unsuspecting visitors, patients and staff. Through the program, the

landscaping team grows, cuts, bundles and delivers colorful bouquets to patient rooms along with an inspirational quote. Single-stem roses in a small bud vase are also offered to individuals passing by. In addition, for the 14th Mother’s Day in a row, approximately 30 vases of flowers were delivered to new mothers staying in the hospital. These efforts have become a natural part of the landscape team’s day — acts that are simply part of what they do to enhance the experiences of hospital visitors and community members.

In September, the New Beginnings Boutique and Gift Shop hosted a book donation drive to support the NICU’s efforts in the Babies With Books NICU Read-a-Thon event. In conjunction with the SMH Auxiliary and San Diego Neonatology, SMBHWN’s NICU provided a bag and a book to NICU families to encourage them to read to their babies, promoting language building and social-emotional skill development during a critical time.

All Ways Green Initiative



The health of the planet is integral to our health and quality of life. For more than a decade, Sharp’s All Ways Green® initiative has sought to minimize adverse environmental impacts to the communities Sharp serves. By reducing greenhouse gas (GHG) emissions — the primary source of global warming — Sharp supports its core mission to improve the health of the environment and the local population. Education, outreach and collaboration with San Diego’s earth-friendly businesses are essential strategies as Sharp works to identify and implement best practices in sustainability. Sharp’s Environmental Policy guides the identification and implementation of green practices within the health care system, while its All Ways Green initiative fosters a culture of environmental responsibility throughout the organization and the San Diego community.

In FY 2022, Sharp embarked on a comprehensive Environmental Health, Wellness and Sustainability Plan that targets systemwide improvements to reduce Sharp’s carbon footprint, with the goal of achieving carbon neutrality by 2040. Sharp’s All Ways Green Committee spearheads the organization’s sustainability plans, which are organized around eight core topics: good health and well-being; efficient energy; water conservation; green building and construction; waste minimization; sustainable purchasing; transportation; and safer chemicals. Special committees are responsible for each of these domains (see **Table 3**), while Green Teams at each Sharp entity are responsible for sustaining existing initiatives and developing new programs to educate and motivate employees to conserve natural resources.

Table 3: All Ways Green Committees/Subcommittees and Domains

Committee/Subcommittee	Domain
Natural Resource Subcommittee	Efficient energy, water conservation and green building construction
Waste Minimization Committee	Waste minimization and safer chemical use
Food and Nutrition Best Health Committee	Good health and well-being, sustainable purchasing
Commuter Solutions Subcommittee	Low- or no-carbon-emitting transportation

To monitor progress and document tangible results, All Ways Green uses a Sharp-developed report card that measures and trends each domain’s annual performance. The report card shows where Sharp has achieved desired results and helps identify opportunities for improvement to strategically plan initiatives that encourage team members to reduce the organization’s carbon footprint. Sharp’s accomplishments and goals within each All Ways Green committee/subcommittee and domain are highlighted in the following pages.

Natural Resource Conservation

According to a recent report from the U.S. House Ways and Means Committee, the U.S. health care system is responsible for nearly 10% of GHGs.¹¹ Hospitals are the third-most energy-intensive commercial buildings in the country, using more than four times the amount of energy as a typical office building.¹² Given the significant amount of energy and water required to operate today’s hospitals and health facilities, it is important to understand what drives energy consumption and how to cost-effectively implement and optimize energy efficient solutions. A decrease in energy consumption not only reduces GHGs, but also reduces the cost of providing health care.

In FY 2022, Sharp became the first health care system in San Diego to commit to San Diego Community Power’s Power100 program, which provides 100% renewable and carbon-free electricity to eligible Sharp facilities. San Diego Community Power is a nonprofit, locally managed Community Choice Aggregation program with the goal of investing in cleaner sources of electricity, such as the energy generated by wind turbines and solar panels. By committing to the Power100 program, Sharp will strive to reduce its carbon dioxide (CO₂) emissions by more than 6,500 metric tons each year, which is equivalent to the emissions generated by driving a gasoline-powered car over 16 million miles. This investment reflects Sharp’s commitment to the environment and aligns with Sharp’s goal of attaining carbon neutrality by 2040.

Sharp’s goal is to optimize the use of precious natural resources across its facilities, identify and evaluate opportunities for improvement, implement initiatives in the most cost-effective manner and track progress. Since 2009, Sharp has completed over 130 energy related projects across the system, resulting in a decrease of over 25,300 metric

¹¹ House Ways and Means Committee (2022), Health Care and Climate Crisis: Preparing America’s Health Care Infrastructure.
¹² Energy Star® Portfolio Manager (2021) *U.S. Energy Use Intensity by Property Type*.

tons of CO₂ emissions — the amount of CO₂ generated by over 2.8 million gallons of gasoline.

Natural gas and electricity are the major types of energy consumed in hospitals. Natural gas is used mainly for cooking and space and water heating, while electricity is used for cooling, lighting and the operation of clinical and administrative equipment. Approximately 70% of a hospital's energy consumption is due to lighting, heating, cooling and hot water production. Heating and cooling activities are driven by strict air quality requirements to maintain continuous safety and comfort.¹³

A 2017 World Health Organization report encouraged hospitals to proactively address the environmental footprint of the health care sector by reducing power consumption and using alternative energy sources. To address this call, Sharp's Natural Resource Subcommittee continually invests in numerous conservation initiatives, including infrastructure changes and best practices to ensure its facilities operate at optimal levels while monitoring and measuring energy and water consumption. The subcommittee also educates employees about energy-conscious practices in the workplace and at home to promote energy and water savings opportunities.

All Sharp hospitals participate in the U.S. Environmental Protection Agency's (EPA) Energy Star (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 ES-certified must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75% of similar buildings nationwide without sacrificing comfort or quality. According to the EPA, buildings that qualify for ES certification typically use 35% or less energy than buildings of similar size and function. As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC earned ES certification in 2007, 2010 to 2013, and 2017 to 2020. In addition, SCVMC earned ES certification in 2009 to 2011, 2013, 2015 to 2018, 2020 and 2021. Further, the SRSMC office building in Downtown San Diego was one of the first medical office buildings in SDC to meet Leadership in Energy and Environmental Design silver certification standards.

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

In 2018, Sharp opened the Copley building, which includes administrative space for SRSMG, as well as the highly complex, consolidated Sharp HealthCare Laboratory that

¹³ Bawaneh, K.; Ghazi Nezami, F.; Rasheduzzaman, M.; Deken, B. Energy Consumption Analysis and Characterization of Healthcare Facilities in the United States. *Energies* 2019, 12, 3775.

services the entire Sharp system. This is the first Sharp building to use a fuel cell¹⁴ designed to serve the base load of the facility to operate optimally 24 hours a day, seven days a week, providing almost 90% of the building's energy needs. The fuel cell has reduced the Copley building's CO₂ emissions by more than 90%, while generating more than 3 million kilowatt-hours (kWh) of electricity per year.

In 2019, a temperature set-point guideline (an agreed upon temperature that a building will maintain) initiative was completed throughout Sharp's facilities to standardize, optimize and enforce temperature and lighting schedules during occupied and unoccupied hours. Research indicates that increasing cooling temperature set-points and decreasing heating temperature set-points by two degrees Fahrenheit reduces energy use by approximately 1% and 5%, respectively. Sharp collaborated with its community energy partners, including San Diego Gas & Electric (SDG&E) and consulting firms Ecom-Energy and Altura Associates, to develop these guidelines based on best practices for energy-efficient temperature control in hospitals.

In 2013, Sharp launched an initiative to replace fluorescent light bulbs and lower-performance light emitting diode (LED) lights with next-generation, high-performance LED lights and fixtures. Retrofits were completed at all Sharp locations in FY 2021. The new LED lighting is rated to meet and exceed the requirements established by California's Title 24 Building Energy Efficiency Standards and the federal Occupational Safety and Health Administration. Overall, these retrofits are projected to reduce Sharp's energy use by 55%. The lighting projects completed from 2019 to 2021 are expected to save more than 6.8 million kWh in electricity per year — enough to power more than 1,700 cars — and reduce annual CO₂ emissions by approximately 1,625 metric tons. Sharp continues to seek innovative solutions to meet the lighting needs of its customers and staff in the most cost-effective, earth-friendly manner. Since 2013, Sharp has reduced its annual energy usage by 12.3 million kWh and 2,950 metric tons of CO₂ through its investment in LED projects.

In January 2020, SCVMC opened the newly constructed Ocean View Tower. This hospital was designed according to Sharp's sustainability standards and includes energy- and water-saving features, such as high-efficiency boilers; more efficient heating, ventilation and air-conditioning (HVAC) systems in non-patient care areas; and a cool roof, which saves energy by reflecting more sunlight and absorbing less heat than standard roofs. Since the opening of the new tower in 2020, SCVMC has reduced its overall energy use by 3%.

Sharp's SRSMC Santee facility opened in September 2020 and was designed with energy- and water-saving elements, including drought tolerant landscaping, 34 electric vehicle chargers (EVC), parking lot solar panels, and a battery storage unit, which optimizes energy management by storing energy generated from the solar panels. This new building earned Sharp the 2020 Zero Net Energy award by the San Diego Green Building Council — a group of building industry professionals who work to promote

¹⁴ A fuel cell uses the chemical energy of hydrogen or another fuel to cleanly and efficiently produce electricity (Office of Energy Efficiency & Renewable Energy).

sustainable building and community practices in SDC — as well as Engineering News-Record California's 2021 Sustainability Award of Merit for the Southern California region.

In 2021, Sharp committed to installing solar photovoltaic systems at three sites to produce its own clean, renewable energy. The proposed solar systems across SGH, SMMC and Sharp's Spectrum system office will total more than one megawatt of solar capacity and produce over 1.8 million kWh of electricity each year — equivalent to the amount of energy needed to power more than 160 homes annually.

SMMC participates in the San Diego Higher Opportunity Projects and Programs Retrocommissioning (HOPPs RCx), which is funded by California utility customers and administered by SDG&E. Through HOPPs RCx, qualified facilities receive a free building analysis to identify energy-saving opportunities, financial incentives to implement energy-saving measures and staff training on post-installation maintenance. HOPPs RCx projects typically reduce building energy costs by 5% to 20% with financial returns on investment seen after less than two years, on average. In FY 2020, Sharp also launched an analytics-based commissioning effort for six of its most energy-intensive hospitals, medical office buildings and corporate buildings. The effort focused on improving HVAC efficiency by identifying faulty equipment, optimizing heating and cooling operations and increasing equipment lifetime. Across the six sites, the analytics-based commissioning projects will reduce building energy use by an average of over 4.4 million kWh and save over 53,000 therms of natural gas use by FY 2023, saving Sharp nearly \$1.0 million in operating costs each year. Sharp will continue these efforts at seven additional medical office buildings between FY 2023 and FY 2024, which is projected to further reduce annual energy consumption by an average of 23%.

Sharp adopted a focused water conservation program at all sites and remains dedicated to using water wisely. Low flow fixtures, low flow irrigation systems, water tolerant landscape and water reclamation in the facility plants are the primary drivers that reduce water usage throughout Sharp's facilities. To further align with this commitment, Sharp partners with Emerald Textiles for its laundry and linen services. The company operates a state-of-the-art plant that is efficiently designed to reduce utility consumption and preserve natural resources. Each year, Emerald Textiles saves an estimated 160 million gallons of water through its water filtration system, more than 466,000 kWh of electricity using energy-efficient lighting, and over 200,000 therms of gas by using energy-efficient laundry equipment.

In FY 2022, Sharp was recognized by the San Diego Climate Action Campaign as the 100% Clean Power Champion, which is awarded to businesses, agencies and institutions that have committed to powering their organizations with 100% clean energy. Previously, in 2017, Sharp received the Environmental Stewardship Award in the large business category from the Better Business Bureau serving San Diego, Orange and Imperial counties. The award recognizes businesses that increase efforts toward a more sustainable footprint and green initiatives. Also in 2017, Sharp was named San Diego's Grand Energy Champion by SDG&E in recognition of its continuous

commitment to energy efficiency. The award noted the particular challenges faced by health care organizations trying to conserve energy, given the need to maintain a comfortable, clean and safe environment for patients, visitors and staff 24 hours a day, seven days a week. See **Table 4** for a list of Sharp’s natural resource conservation efforts.

Table 4: Natural Resource Projects by Sharp HealthCare Entity

Natural Resource Initiatives	Entity							
	SCHHC	SCVMC	SGH	System Offices	SHP	SMH/SMBHWN	SMV/SMC	SRSMC
Establish Energy and Water Use Baseline	✓	✓	✓	✓	✓	✓	✓	✓
Energy Star Participation	✓	✓	✓	✓	N/A	✓	✓	N/A
Air Handler Projects	✓	✓	✓			✓	✓	✓
Cogeneration Plant			✓					
Drip Irrigation/Landscape Water Reduction Systems	✓	✓	✓	✓	✓	✓	✓	✓
Drought-Tolerant Landscaping	✓	✓	✓	✓	✓	✓	✓	✓
EVC Stations		✓		✓		✓		✓
Electronic/Low-flow Faucets	✓	✓	✓	✓	✓	✓	✓	✓
Energy-efficient Kitchen/Café Appliances	✓	✓	✓	N/A	N/A	✓	✓	N/A
Energy-efficient Chillers/Motors	✓	✓	✓	✓		✓		✓
Faucets and Toilet Retrofits	✓	✓	✓	✓	✓	✓	✓	✓
HVAC Projects	✓	✓	✓	✓	✓	✓	✓	✓
Lighting Retrofits to LEDs	✓	✓	✓	✓	✓	✓	✓	✓
Occupancy Sensors	✓	✓	✓	✓	✓	✓	✓	✓
Mist Eliminators	✓	✓	✓	✓	✓	✓	✓	✓

Natural Resource Initiatives	Entity							
	SCHHC	SCVMC	SGH	System Offices	SHP	SMH/SMBHWN	SMV/SMC	SRSMC
Plumbing Projects to Address Water Leaks	✓	✓	✓	✓	✓	✓	✓	✓
Thermostat Control Software & Temperature Set-Point Projects	✓	✓	✓	✓	✓	✓	✓	✓
Filtered Water Dispensers to Replace Plastic Water Bottles	✓	✓	✓	✓	✓	✓	✓	✓
Water-efficient Dishwashing/Equipment Washing/Chemical Dispensing System	✓	✓	✓			✓		

Waste Minimization

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

In FY 2022, Sharp’s waste minimization initiatives — including programs focused on recycling, donating, composting, reprocessing and reusing — helped divert more than 3,270 tons of waste (nearly one-third of all waste). See **Table 5** for Sharp’s waste diversion rates in FY 2022.

Sharp’s Waste Minimization Committee provides oversight of systemwide waste minimization initiatives. See **Table 6** for specific waste minimization efforts occurring across the organization. In addition, Sharp achieved the following in waste minimization in FY 2022:

- Sharp’s single-waste stream recycling program diverted more than 6.5 million lbs. of trash from local landfills, including non-confidential paper, cardboard, exam table paper, plastic, batteries, e-Waste, aluminum cans and glass containers.
- Sharp collected, reprocessed and sterilized more than 59,000 lbs. of surgical instruments for further use. Reprocessed items included compression devices, electrophysiology cables, ultrasonic scalpels and more.
- Sharp continued to help reduce plastic water bottle waste with touchless, filtered-water refill stations at its Spectrum and Tech Way system offices, SCVMC and SRSMC sites.

- Sharp continued to significantly reduce paper waste through RightFax digital fax server, electronic bill pay, cloud-based document storage and office supply reuse and repurposing programs.
- Sharp continued to participate in SDC's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC.

In addition, drug take-back kiosks at SCHHC and SCVMC provided the community with options to properly dispose of prescription medications that are expired or no longer needed. These kiosks provide a safe, convenient and responsible means of drug disposal while providing education to the general public about the potential for prescription medication abuse. In FY 2022, more than 150 lbs. of medications were collected through these kiosks.

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

Sharp was selected by the City of San Diego's Environmental Services Department as a Recycler of the Year in the 2020 Business Waste Reduction and Recycling Awards Program. In 2017, Sharp was recognized by California Resource Recovery Association as the Outstanding Recycling Program for its innovative waste minimization initiatives.

Table 5: Sharp HealthCare Waste Diversion — FY 2022

Sharp HealthCare Entity	Total Waste Per Year (lbs.)	Diverted Waste Per Year (lbs.)	Percent Diverted
Sharp Chula Vista Medical Center	3,280,687	649,912	20%
Sharp Coronado Hospital and Healthcare Center	1,215,139	284,237	23%
Sharp Grossmont Hospital	5,480,807	2,182,523	40%
Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newborns	6,580,016	2,300,484	35%
Sharp Mesa Vista Hospital	779,040	403,840	52%
Sharp Rees-Stealy Medical Centers	1,376,120	308,840	22%
System Offices ¹⁵	1,446,647	411,080	28%
Total Sharp HealthCare	20,158,456	6,540,916	32%

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	✓	✓	✓	✓	✓	✓	✓	✓
Construction–Debris Recycling	✓	✓	✓	✓	✓	✓	✓	✓
Electronic Café Menus	✓	✓	✓	✓		✓	✓	
Electronic Patient Bills and Paperless Payroll	✓	✓	✓	✓	✓	✓	✓	✓

¹⁵ Sharp System Offices is the umbrella name for the locations that house System Services, and includes the Spectrum, Ruffin Road and Sharp Operations Center buildings. These offices provide the centralized integrated system support services to the operating entities within the system.

Waste Minimization Project	Entity							
	SCHHC	SCVMC	SGH	System Offices	SHP	SMH/SMBHWN	SMV/SMC	SRSMG
Electronic and Pharmaceutical Waste Recycling Events	✓		✓	✓	✓	✓	✓	✓
Composting and Organic Waste Recycling (Green Waste)	✓	✓	✓			✓	✓	
Recycle Bins Distribution	✓	✓	✓	✓	✓	✓	✓	✓
Repurposing of Unused Medical Supplies and Equipment	✓	✓	✓	✓		✓		✓
Reusable Sharps Containers	✓	✓	✓			✓		
Single-serve Paper Napkins and Plastic Cutlery Dispensers	✓	✓	✓	✓	✓	✓	✓	✓
Surgical Instrument Reprocessing	✓	✓	✓			✓	✓	
Replacement of Bottled Water with Spa Water	✓	✓	✓	✓	✓	✓	✓	✓

Sustainable Food Practices

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

Sharp’s Mindful food program is a key component of the organization’s effort to increase the consumption of healthy foods in its cafeterias while reducing its carbon footprint. The Mindful initiative includes the following elements: reduced meat consumption through the promotion of Meatless Mondays; increased purchases of beef and poultry

raised without the routine use of antibiotics; menus that highlight wellness options; increased use of locally sourced, fresh, organic and sustainable food; food composting; increased recycling activities; the promotion of sugarless beverages; the use of post-consumer recycled packaging solutions; and participation in Community Supported Agriculture — an alternative model of agriculture that more closely connects food producers and consumers by allowing consumers to subscribe to the harvest of a particular farm.

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

According to the U.S. Department of Agriculture, up to 40% of food produced in the U.S. goes to waste. Sodexo teams at SCVMC and SMH use the Leanpath platform, food recovery and composting partnerships to meet the goal of reducing food waste by 50% by 2030. Leanpath provides an advanced food waste tracking software system to help kitchen teams measure food prior to discarding or donating to prevent pre-consumer food waste (waste generated in the kitchen) and post-consumer food waste (food thrown away by the consumer) from entering landfills. In addition, the use of self-audit checklists helps kitchen teams across the system reduce waste between food preparation and cleanup.

In 2012, SMMC became the first hospital campus to participate in the City of San Diego’s food scraps composting program. Currently, SMMC and SGH participate in food waste composting efforts. Through these programs, food waste at these Sharp locations is processed into a rich compost product, which is provided to residents at no charge for up to two cubic yards. The compost offers several benefits, including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil’s ability to retain water and helping the environment by recycling valuable organic materials. In FY 2022, Sharp’s composting programs diverted approximately 11 tons of waste from landfills.

In FY 2022, Sharp’s use of imperfect produce in its kitchens — produce that is aesthetically less-than-perfect yet still nutritious and usable — prevented more than 8,100 lbs. of food from going to waste. SCHHC, SMH and SMV also continued to operate the first county-approved, hospital-based organic gardens. Produce from the gardens is used in the hospital cafeterias, but not served in patient rooms. In addition, Sharp is in the process of eliminating oil fryers in its kitchens, with healthier methods of

food preparation already in use at SGH and SCHHC. Further, in FY 2022, SGH and SCHHC recycled nearly 5,150 lbs. of used cooking oil.

Sharp is an active member of the Community Health Improvement Partners Farm to Institution Center’s Nutrition in Healthcare Leadership Team. The group, which represents more than a dozen SDC hospitals and health care systems, collaborates to ensure that all food and beverages served in county hospitals are healthy, fresh, affordable and produced in a manner that supports the local economy, environment and community.

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

Sharp and Sodexo remain committed to food sustainability efforts that improve both individual and environmental health. Sharp’s sustainable food initiatives are outlined in **Table 7**.

Table 7: Sustainable Food Projects by Sharp HealthCare Entity

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

Commuter Solutions

Sharp supports ride sharing, public transit programs and other transportation efforts to reduce CO₂ emissions generated by the organization and its employees. Sharp's Commuter Solutions Subcommittee develops innovative and accessible programs and marketing campaigns to educate employees about the benefits of ride sharing and other environmentally friendly modes of transportation. Sharp's ongoing efforts to promote alternative commuter choices have led to its recognition as a San Diego Association of Governments (SANDAG) iCommute Diamond Award recipient between 2001 and 2010, and from 2013 to 2022 (platinum tier). A cooperative effort between SANDAG and 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 GHG emissions.

Sharp replaced high fuel-consuming cargo vans with economy Ford transit vehicles, which save approximately five miles per gallon. In addition, Sharp's employee parking lots offer carpool and motorcycle parking spaces. Sharp was the first health care system in SDC to offer EVCs to support the creation of a national EVC infrastructure and help reduce carbon emissions and dependence on petroleum. As part of the nationwide Electric Vehicle Project, Sharp has installed 80 EVCs at its corporate office, the Copley building, SCVMC, SMMC and some SRSMC sites. Since January 2022, Sharp's EVCs have generated the energy equivalent of over 7,400 gallons of gasoline. Sharp is in the process of expanding its network of EVCs in the parking structures at its Spectrum system office, SGH and the SMMC campus.

Sharp encourages employees to participate in commuter alternatives, such as public transit, carpooling, vanpooling, biking, walking and telecommuting. Through participation in SANDAG's iCommute program, employees are offered ride-sharing matches for their commute based on work schedule, departure location and destination. In addition, Sharp has enrolled in SANDAG's Guaranteed Ride Home program, which provides commuters who carpool, vanpool, take an express bus, ride the Coaster, or bike to work three or more times a week with a taxi or a rental car in case of an emergency or becoming stranded at work. Sharp employees can also purchase discounted monthly bus passes. Employees can monitor the cost and carbon savings from their alternative commuting methods by logging their miles in an internal tracking tool on Sharp's intranet.

Sharp provides bike racks at its facilities as well as offers a bicycle commuter benefit, which provides employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage. In addition, Sharp employees participated in SANDAG's 2022 Bike to Work Day in May, which encouraged San Diegans to commute by bike to work for a chance to win prizes. Participants were encouraged to stop for refreshments and a free t-shirt at one of SANDAG's many pitstops around the county, including SCHHC, SCVMC and Sharp's Spectrum system office location. Approximately 160 community members visited Sharp's three pitstops throughout the event.

Furthering its commitment to improve commuting options for employees, Sharp supplies and supports the hardware and software for more than 1,000 employees who are able to efficiently and effectively telecommute. During FY 2022, Sharp granted more than 700 new employee remote access requests due to an emergency work-from-home initiative brought on by COVID-19. Sharp HR also approved more than 800 permanent work from home requests for telecommuting employees during 2022. Telecommuting employees work in areas that do not require an on-site presence, such as IT, transcription and HR. Sharp also offers compressed work schedules to eligible full-time employees, which enables them to complete the standard 80-hour biweekly work requirement in less than 10 workdays. Telecommuting and compressed work schedules help Sharp reduce CO₂ emissions, lower commuting costs and enhance employee morale.

Community Education and Outreach

Sharp actively educates employees and the community about its sustainability efforts. Sharp's ongoing community education and outreach initiatives are highlighted in **Table 8**.

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

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

Emergency and Disaster Preparedness

Sharp contributes to the health and safety of the San Diego community through essential emergency and disaster planning activities and services. Sharp's disaster preparedness team provides education to staff, community members and community health professionals, as well as collaborates with numerous state and local organizations to prepare the community for a potential emergency or disaster.

In FY 2022, the disaster preparedness team offered training programs to first responders and community health care providers throughout SDC. Programs included: a standardized, on-scene federal emergency management training for hospital leaders called National Incident Management System/Incident Command System/Hospital

Incident Command System; and a training focused specifically on Hospital Incident Command System, an incident management system that can be used by hospitals to manage threats, planned events or emergencies. A training course was also offered on the WebEOC (Web Emergency Operations Center) crisis information management system, which provides real-time information sharing between health care systems and other agencies during a disaster. Traditionally held in-person, these trainings continued to take place virtually due to the COVID-19 pandemic.

In addition, in FY 2022 Sharp partnered with the County of San Diego — including the Emergency Medical Services, Public Health Preparedness and Response, and Medical Operations Center branches — as well as other regional health care partners in two disaster preparedness exercises. The San Diego Medical and Health Facility Evacuation Preparation Full Scale Exercise tested the San Diego region's ability to respond and evacuate patients in the event of a large-scale earthquake. Sharp conducted a drill at each of its acute care hospitals and SRSMC locations and represented health care operations on behalf of the exercise planning committee. Further, Sharp served on the planning team for the San Diego County Medical and Health Facility Burn Surge Table-Top Exercise, a virtual drill to test the region's ability to respond to a surge of patients requiring burn care. Through these countywide exercises, Sharp shared best practices to better prepare community partners to collaboratively respond to a disaster.

Members of Sharp's disaster leadership team donate their time to various state and local organizations and committees. Due to the ongoing impact of the COVID-19 pandemic, meetings continued to operate virtually in FY 2022. Groups included the County of San Diego Emergency Medical Care Committee, the California Hospital Association (CHA) Emergency Management Advisory Committee, the California Department of Public Health's (CDPH) Joint Advisory Committee, the Ronald McDonald House Operations Committee, the CDPH Statewide Medical and Health Exercise Workgroup, and the San Diego International Airport Aviation Security and Public Safety Department.

Sharp's disaster leadership also participated in the County of San Diego Healthcare Disaster Coalition, a multi-agency group of representatives who assist the county in improving mitigation, preparedness, response and recovery activities during emergencies and disasters. As part of this coalition, Sharp's disaster preparedness team participated in the Hospital Preparedness Program (HPP) budget, decontamination and SharePoint subcommittees. The HPP budget subcommittee strives to improve readiness by building supply caches of readily available health care supplies that can be used during a disaster. In addition, the decontamination subcommittee aims to standardize equipment and processes for hospitals, while the SharePoint committee is designed to build a coalition SharePoint site to provide members with disaster health care education and information.

Through participation in the U.S. DHHS Public Health Emergency HPP grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The

partnership includes local hospitals, health clinics and other health providers, and provides resources, trainings and information to prepare non-hospital entities in SDC for a collaborative response to an emergency or disaster. The partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities.

In FY 2022, the COVID-19 pandemic continued to reinforce the importance of Sharp's existing relationships with other hospital systems in SDC, as well as with the Hospital Association of San Diego and Imperial Counties (HASD&IC) and CHA. As part of a workgroup established to collaboratively address public health threats, Sharp participated in ongoing virtual meetings with Scripps Health, Palomar Health, UC San Diego Health, Kaiser Permanente San Diego, HASD&IC and CHA to share best practices in patient care; strategies to ensure provider safety and well-being; and plans for a continuously successful disaster response that aligns with current public health guidelines. Currently, the group is formalizing a cybersecurity readiness plan for San Diego hospitals and other health care delivery systems to effectively respond in the event of a cybersecurity incident.

Further, Sharp's disaster leadership collaboratively steers the Highly Infectious Disease Advisory Committee. This committee prepares the Sharp workforce to care for patients infected with COVID-19 and other emerging infectious diseases. This committee remains in close contact with local, state and national health officials to report and monitor cases and secure sustainable supply chains for necessary equipment and supplies. The Highly Infectious Disease Advisory Committee also disseminates relevant guidance and recommendations to Sharp's workforce, community partners and patients.

Sharp supports the safety efforts of California and the County of San Diego through maintenance and storage of a federally funded decontamination trailer at SGH to be used in response to an event requiring mass decontamination. Although the trailer is strategically located at SGH to respond to the needs of East County, it can be relocated elsewhere in the event of an emergency. Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that will last up to 96 hours in the event of an interruption to the system's normal water supply.

The ongoing impact of COVID-19 has demonstrated more clearly than ever the ways in which a global pandemic can impact public health in SDC at any time. Sharp will continue to collaborate with other health care systems, first responders and community partners to deliver uninterrupted care in the face of an emergency or disaster.

Sharp Equality Alliance

Sharp recognizes the power of bringing individual differences, cultures and backgrounds together to create a stronger whole. Working as a diverse team strengthens Sharp's ability to become the best place to work, practice medicine and receive care. In 2014, a network of Sharp employees formed the SEA to serve as a

catalyst for Sharp's dedication to embracing diversity and celebrating equality. The SEA works to increase awareness of diverse cultures within Sharp's workforce, focus on the influence of employees' individual backgrounds and strengths and develop partnerships to achieve health equity across the Sharp system and the San Diego community. The SEA accomplishes these goals by engaging Sharp's workforce in education and dialogue around diversity and equity, building relationships with the outside community through employee resource groups and participating in community events to promote understanding, inclusivity and acceptance.

The SEA encourages diversity awareness through educational articles, videos and other resources that emphasize the importance of mutual respect in the workplace and appreciation for each team member's unique talents and perspectives. In addition, the SEA promotes treatment of each Sharp patient in a dignified and sensitive manner that responds to individual cultural health beliefs, preferences and communication needs to ensure health equity. The SEA also provides resources and recommendations to engage Sharp leadership in the process of ensuring inclusive values within the organization. Each Sharp entity has a designated SEA chapter, leader and executive sponsor to help fulfill this work.

Since 2017, the SEA has hosted regular opportunities for Sharp employees and Sharp-affiliated physicians to learn and engage in meaningful conversations about current topics regarding DEIB. Titled SEA Breakfast Forum – A Health Equity Series, FY 2022 forum themes included: Providing Affirming Care for LGBTQ+ Patients; The Impact of Faith and Spirituality on the Health Care Journey; The Clinician Influence: Emotional Communication With Patients and Stigmatizing Language in Patient Medical Records; Procreative Equality; as well as Health Equity and the Sharp Health Plan. Prior forums have focused on topics addressing caregiver burnout during the pandemic, homelessness, family dynamics of addiction, food insecurity, mental health, racial and gender health equity, stigma, and veterans' health. Additionally, Breakfast Forum attendees may obtain CME credits for their attendance.

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

The SEA also continued to offer Current Conversations in FY 2022. Launched in summer 2020, Current Conversations is an online forum moderated by an SEA leader who facilitates educational and engaging conversations with expert speakers about current topics surrounding identity. Typically, a Current Conversations event consists of an expert speaker presentation, followed by a question-and-answer session. Current Conversations welcomes Sharp employees, Sharp-affiliated physicians and Sharp volunteers to participate in moderated virtual discussions on topics including race, ethnicity, gender, religion, culture and more. Unlike Safe Speak, participation in Current Conversations is unlimited and non-confidential. In FY 2022, Current Conversations sessions explored mindfulness, spirituality, and world religions such as Christianity and Judaism. Previous Current Conversations themes focused on the experiences of people who identify as Asian American and Pacific Islander, White/European American, Native American and Indigenous, LGBTQ+, Hispanic/Latino/Latinx, individuals who practice Islam, and Black, Indigenous and People of Color; the experiences of individuals with autism, neurodiversity, and mood disorders; those living with obsessive-compulsive disorder and attention-deficit/hyperactivity disorder; as well as individuals affected by post-traumatic stress disorder or trauma.

The SEA continuously identifies and creates opportunities to demonstrate Sharp's commitment to DEIB. Since its inception, the SEA has represented Sharp at numerous public events. In FY 2022 these events included San Diego Pride and the 2022 NAMI Walks Your Way San Diego & Imperial Counties. In addition, SEA generated numerous internal communications around celebrations that promote equality and acceptance for a variety of communities, including Juneteenth, Asian Pacific Islander Heritage Month, Hispanic Heritage Month, and Jewish American Heritage Month.

In FY 2022, SEA leaders developed programs that support and engage at-risk youth. This included the Sharp Like Me program, a mentorship and career pathway partnership with the San Diego Unified School District's College Career and Technical Education Department to educate at-risk youth about opportunities in the health care field. Through Sharp Like Me, SEA and Sharp volunteers used a goals-based curriculum to assist students at Lincoln and Clairemont high schools with navigating next steps to their desired health care careers. In addition, in FY 2022, SEA assisted with a fundraiser to support Walk With Me Impact, a youth mentorship program for at-risk male youth. The SEA plans to continue its partnerships with both programs in FY 2023.

In FY 2022, through SEA leadership's efforts, each of Sharp's seven hospitals were designated as LGBTQ+ Healthcare Equality Leaders in the HRC Foundation's 2022 HEI, a national benchmarking tool that evaluates health care facilities' policies and practices related to the equity and inclusion of LGBTQ+ patients, visitors and employees. Previously, the SEA spearheaded the creation and passage of the new LGBTQ+ Patient Care policy systemwide. This policy provides rules and guidance for providing care to the LGBTQ+ community in San Diego and within Sharp. Additional achievements included Sharp's systemwide public-facing statement of support for LGBTQ+ equality legislation; the development of hiring practices for the

LGBTQ+ community; the creation and public distribution of Sharp's LGBTQ+ graphic; and the modification of Sharp hospitals' electronic health record platform to permit the use of a patient's preferred name and gender identity within hospital data systems.

In the coming year, the SEA plans to continue enhancing Sharp's employee diversity training to further strengthen cultural competency, inclusive thinking and workplace sensitivity. The SEA also continues to develop specialized continuing education opportunities for clinicians to improve care for Sharp's LGBTQ+ patient population, including free training opportunities through the HRC Foundation. Further, the SEA is looking into creating a group that focuses on fulfilling all of the requirements to maintain LGBTQ+ Health Care Leadership designation with the HRC Foundation's HEI. Additionally, the SEA hopes to collaborate with Sharp University to infuse DEIB in employee education and training materials. Lastly, the SEA plans to continue expanding partnerships with other departments within Sharp, develop relationships with non-Sharp entities that align with SEA efforts, as well as create formal resource groups between the SEA and external community groups.

Employee Wellness: Sharp Best Health¹⁶

Sharp recognizes that improving the health of its team members improves the health of the broader community. Since 2010, the Sharp Best Health (SBH) employee wellness program has created initiatives to improve the overall health, safety, happiness and productivity of Sharp's workforce. Each Sharp hospital, SRSMC site and System Office location has a dedicated SBH committee that works to motivate team members to incorporate healthy habits into their lifestyles and support them on their journey to attain their personal health goals. Team members are encouraged to participate in a variety of workplace health initiatives, ranging from fitness challenges and weight management programs to health education and stress management. SBH also offers a comprehensive website on Sharp's intranet designed to help employees understand and engage in the health and wellness programs available to them.

To promote overall health, the AHA recommends walking 10,000 steps each day. To align with this goal, from October to December, SBH continued to offer Move More - Rewards, an app-based program that encourages team members to track their steps, distance, calories burned, sleep patterns and other metrics using digital activity monitors. By syncing statistics to computers or smartphones, these devices help inspire team members to achieve their personal fitness goals. SBH held both entity-specific and systemwide activity challenges to encourage team members to set personal goals and compete for prizes. Although the program ended in December 2021, more than 5,000 participants across the Sharp system participated in Move More Rewards, walking an average of 8,200 steps per day.

Although many in-person fitness offerings were still suspended in FY 2022, SBH encouraged employees to stay active outside of work by offering group hiking

¹⁶ Sharp Best Health programs are not financially valued in this community benefit report.

opportunities at trails throughout SDC. SGH's co-ed softball team, the Grossmont Grizzlies, also continued playing in-person in a league located at the Santee Sportsplex. In addition, in June, SBH partnered with San Diego Running Co. to engage Sharp team members in the 5K Corporate Dash fun run/walk. Nearly 70 employees participated in the event, which was held at Liberty Station. SBH also continued to offer Sharp employees and their spouses or domestic partners a discounted membership to fitness centers in San Diego and nationwide through the Active&Fit Direct program, as well as discounted access to a subscription-based online fitness program called Studio SWEAT OnDemand.

SBH also offered two virtual employee wellness initiatives in FY 2022. The Three Good Things Project encouraged approximately 330 participants to intentionally write down three positive things that happened each day during the two-week challenge. This activity helped participants retrain their brains to practice gratitude, with the goal of reducing burnout and increasing happiness. In addition, the Better than Yesterday Challenge helped participants cultivate healthy eating habits, such as keeping a food journal, eating mindfully and with intention, meal-prepping and understanding serving sizes. More than 300 Sharp team members participated in the Better than Yesterday Challenge in FY 2022.

In addition, SBH offered staff members a variety of educational workshops in FY 2022. In October, SBH partnered with SMV on a virtual workshop titled Navigating Back to School Highs and Lows to help parents navigate challenges associated with the COVID-19 pandemic. Also in October, SBH offered the Art of Wellness workshop. Held at Olivewood Gardens in National City, the event invited employees to experience the restorative benefits of art making, expressive writing and sound healing. Beginning in January, a monthly, virtual Mindful Journaling workshop encouraged team members to explore different writing techniques and use journaling to benefit their wellness through better sleep habits, improved mental health and regulated blood pressure. Throughout the year, more than 30 virtual Emotional Agility workshops helped participants learn how to handle their emotions effectively, increase resilience, and cope more effectively with stress, difficulties and negative thoughts. Over 900 Sharp employees engaged in these educational offerings in FY 2022. SBH also continued to host a weekly podcast called "Coffee Break with Sharp Best Health," which features group discussions and interviews with Sharp health and wellness experts on a variety of health topics.

Throughout the year, SBH collaborated with SMV to coordinate and promote Stress First Aid — a set of supportive actions designed to promote self-care and care for others, particularly those in high-risk, high-stress occupations such as health care. In recognition of Suicide Awareness Month in September, SBH and SMV offered a webinar titled Know the Signs: Stress First Aid for Suicide Prevention. Also in September, SBH hosted an event in SCVMC's meditation garden titled YOU Belong, YOU matter, which offered employees activities to help promote the importance of belonging and connection. In April, SBH and SMV provided a workshop focused on identifying when to use Stress First Aid, and how to integrate these practices into day-to-day workflows. In addition, during Mental Health Awareness month in May, SBH and

SMV distributed more than 6,000 Stress First Aid guides to members of Sharp's clinical staff.

New in FY 2022, SBH offered SharpSocial, a program that helps connect Sharp employees who share similar interests, hobbies, goals and life experiences. All SharpSocial groups are peer-led and hosted on Facebook. Nearly 30 groups have been created to date; topics include outdoor activities, such as hiking and kayaking; parenting; navigating health conditions, such as diabetes; arts and crafts; religious affiliations and more. In FY 2022, over 500 employees engaged with SharpSocial groups. SBH also debuted a new text-based messaging service in FY 2022 to help Sharp team members stay up-to-date on SBH program offerings as well as wellness updates and news. Approximately 400 employees signed up to receive text-based updates in FY 2022.

SBH continued to offer the Wellness Direct program to help Sharp leadership provide customized resources to their individual teams. Through this program, SBH provides support to departments in a variety of ways, including stress management, reducing injury through wellness, fitness challenges, sleep health, developing resilience and preventing burnout and nutrition education. SBH delivers resources to individual departments through team retreats, staff meetings and virtual offerings. Throughout FY 2022, 20 teams systemwide used the Wellness Direct program, reaching approximately 600 employees.

In FY 2022, SBH continued to offer a digital mindfulness and yoga training platform from the vendor ReThinkCare (formerly Whil). Through more than 1,200 mindfulness and yoga sessions of various lengths and skill levels, ReThinkCare helps employees manage stress and improve their well-being while moving at their own pace and setting their own goals. ReThinkCare has been used during staff meetings, department huddles and shift changes throughout the Sharp system. Since ReThinkCare's launch, more than 2,500 employees have become active users. In addition, SBH collaborated with certified mindfulness facilitators to provide virtual mindfulness programming to all Sharp employees. This included live Zoom mindfulness coaching sessions, weekly mindfulness mini-breaks and courses on the benefits of mindfulness. SBH also offered a virtual training series on mindful self-compassion practices, which have been shown to greatly enhance emotional well-being, boost resilience, reduce anxiety and depression and help foster healthy lifestyle habits.

Throughout the year, SBH continued to provide Wellness on Wheels to increase employee access to quick and relevant wellness resources at their workplace, while accommodating their unique schedules and dedication to patient care. Through Wellness on Wheels, an SBH committee member visits staff lounges, hospital units and nursing stations to promote a new and relevant health-related subject each month. Each session includes an educational component, an interactive activity and a call to action. During FY 2022, approximately 1,025 employees participated in Wellness on Wheels, where they learned about a variety of topics, such as healthy snacks and beverages, wellness resources, sleep health, resiliency kits, essential oils and self-care.

SBH offered employees a variety of integrative therapies to help promote self-care during FY 2022. In partnership with SCHHC's Sewall Healthy Living Center at Sharp Coronado Hospital (Sewall Healthy Living Center) and the Cushman Wellness Center at SMH, all Sharp employees were offered low- and no-cost wellness services, including auricular acupressure, acupuncture, medical massage and emotional wellness coaching. In addition, SBH partnered with Sewall Healthy Living Center to promote live, virtual fitness classes. Further, in collaboration with Sharp's EAP, SBH provided virtual support groups focused on grief and loss as well as parenting during the pandemic. SBH also presented a series of live and pre-recorded integrative healing webinars that addressed a variety of topics, including music therapy, chair yoga, expressive writing, connecting spirituality with mindfulness, cognitive distortions, Healing Touch energy therapy, mindfulness and reiki.

In June, SBH collaborated with Sharp's Integrative Healing Collaborative to offer an integrative healing forum titled Permission to Pause: A Self-Care Retreat. The retreat was held virtually in response to COVID-19 restrictions. Sharp employees and volunteers had the opportunity to learn ways to incorporate mental health coping skills, play and purpose into self-care practice, as well as identified tangible tools to augment patient care. Sessions focused on topics such as self-massage and acupressure, Healing Touch, chair yoga, using art to aid the healing process, practicing mindfulness in fast-paced environments, reiki, creative writing, and the connection between spirituality, work and mental wellness.

SBH continued to provide quiet, restorative spaces at various entities for employees to relax and practice self-care at work. These areas offered relaxing music and self-directed resources that were available for employees to visit at any time during their shift. SBH also provided several Relax and Refresh Experience events in FY 2022, which allowed employees to take time out of their day to enjoy soft music, mindful coloring, puzzles, aromatherapy, card-making, healthy snacks and beverages, and more. Participating entities included Sharp System Offices, SMBHWN, SGH and SMH. In recognition of Hospital Week in May, SBH and Arts for Healing offered SMMC employees an opportunity to create therapy dough — a therapeutic playdough infused with essential oils — as a way to mindfully connect to their senses and enjoy feelings of calm and peacefulness. In addition, SBH provided nearly 20 massage chairs at locations across the Sharp system to help employees combat stress and fatigue associated with the pandemic.

WW (formerly Weight Watchers®) provides 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. SBH continued its partnership with WW to offer employees a subsidized membership rate to any WW program. This partnership, which was offered virtually throughout FY 2022, has provided Sharp team members with a variety of healthy eating and physical activity options that can be tailored to different lifestyles and schedules. At any given time during FY 2022, over 400 Sharp employees were actively using WW.

In addition, during FY 2022, SBH continued to partner with the Sharp Rees-Stealy Center for Health Management and Education to offer free online nutrition classes to employees, patients and community members through the New Weigh program. New Weigh is a 10-week weight-loss program delivered in a webinar format that emphasizes nutrition education and healthy lifestyle development. Sessions are conducted online with a registered dietitian, who helps participants create a semi-structured food plan. During FY 2022, approximately 800 individuals, including community members, patients and Sharp staff, participated in the program.

In support of Sharp's commitment to reducing food insecurity in SDC, SBH partnered with the Vizer app, which enables Sharp employees to earn meal donations for the Food Bank by being physically active. As part of the multi-week challenge, a meal was donated on behalf of participating employees each day they exceeded 10,000 steps. In FY 2022, Sharp employees donated more than 5,000 meals through the app.

Executive Summary



Section

2 Executive Summary

Being San Diego's health care leader is much more than the patient care we provide in Sharp facilities. Each year, our employees dedicate thousands of volunteer hours that help improve all of our lives, act as a voice for the underserved and support Sharp's commitment to making San Diego the best community to work, live and play.

— Brett McClain, Chief Operating Officer, Sharp HealthCare

This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a list 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) 2022 (October 1, 2021, through September 30, 2022). 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 2022*

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

- Access to care and financial support for uninsured and underinsured community members and individuals without a medical provider
- Programs and services that provide community and social support to address health equity challenges
- Vaccination programs (flu, COVID-19 (coronavirus disease 2019), mpox)
- Education, screening and support programs for chronic health conditions and other health needs, including but not limited to heart and vascular disease, stroke, cancer, diabetes, obesity and unintentional injuries
- Aging care and support programs including health education, support and screening activities for seniors and caregivers
- Safety and support programs for seniors and people with disabilities
- End-of-life and advance care planning services for hospice patients and their loved ones and the community
- Support for community nonprofit health and social service organizations
- Education and training for community health care professionals
- Student and intern supervision, education and support
- Collaboration with local schools to promote interest and provide health career pathways
- Cancer patient navigation services and participation in clinical trials
- Women's and prenatal/postnatal health services, support and education, including services for high-risk pregnancies
- Behavioral health and substance use education, screening and support for the community — including seniors and individuals experiencing homelessness
- Provider education and protocol development to enhance community safety programming related to Trauma-Informed Care, human trafficking and related topics

Highlights of Community Benefit Provided by Sharp in FY 2022

The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2022.

- **Medical Care Services** included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, County Medical Services (CMS), Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and TRICARE, the regionally managed health care program for active-duty and retired service members and their families, loved ones and survivors, and unreimbursed costs of workers' compensation programs.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; education as well as flu and COVID-19 vaccinations for seniors; telephone reassurance and safety check program for isolated or homebound seniors and community members with disabilities, as well as continued outreach during COVID-19; financial and other support to community clinics to assist in providing and improving access to health services; Project Hospital Emergency Liaison Program (Project HELP), which provides funding for medication and transportation to assist lower-income patients; Meals on Wheels San Diego County; contribution of time to the San Diego Food Bank, Feeding San Diego, Mama's Kitchen and ProduceGood; the Sharp Humanitarian Service Program; and support services — including participation in 2-1-1 San Diego's (2-1-1) Community Information Exchange — for patients experiencing homelessness and other health equity barriers.
- **Other Benefits for the Broader Community** included health education and information provided on-site, virtually and in partnership with community-based organizations; participation in community health fairs and events addressing the unique needs of the community; community flu, COVID-19, and mpox vaccination programs, health screenings and support groups. Sharp also collaborated with local schools to provide opportunities that promote interest in health care careers. Sharp executive leadership and staff also actively participated in numerous community organizations, committees and coalitions to improve the health of the community, including COVID-19 and mpox response task forces. 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 2022

In FY 2022, Sharp provided a total of **\$541,721,997** in community benefit programs and unreimbursed services. **Table 9** displays a summary of unreimbursed costs based on the categories specifically identified in SB 697. **Figure 3** presents the percentage distribution by each category. **Figure 4** presents the percentage distribution within the Medical Care Services category, and **Figure 5** presents the community benefit value by IRS Form 990 Schedule H Categories. These financial figures represent unreimbursed community benefit costs after the impact of the Medi-Cal Hospital Fee Program.

Table 9: Sharp HealthCare Total Community Benefit — FY 2022¹⁷

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2022 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹⁸	\$125,244,796
	Shortfall in Medicare ¹⁸	354,093,356
	Shortfall in CMS ¹⁸	10,319,364
	Shortfall in CHAMPVA/TRICARE ¹⁸	15,383,596
	Shortfall in Workers' Compensation	94,898
	Charity Care ¹⁹	17,497,560
	Bad Debt ¹⁹	10,478,830
Other Benefits for Vulnerable²⁰ Populations	Patient transportation and other assistance for the vulnerable ²¹	3,232,705
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ²¹	2,523,960
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ²¹	2,852,932
TOTAL		\$541,721,997

¹⁷ Economic value is based on unreimbursed costs.

¹⁸ Methodology for calculating shortfalls in public programs is based on Sharp HealthCare's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

¹⁹ Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

²⁰ "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.

²¹ Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 3: Sharp HealthCare Community Benefit by SB 697 Category — FY 2022

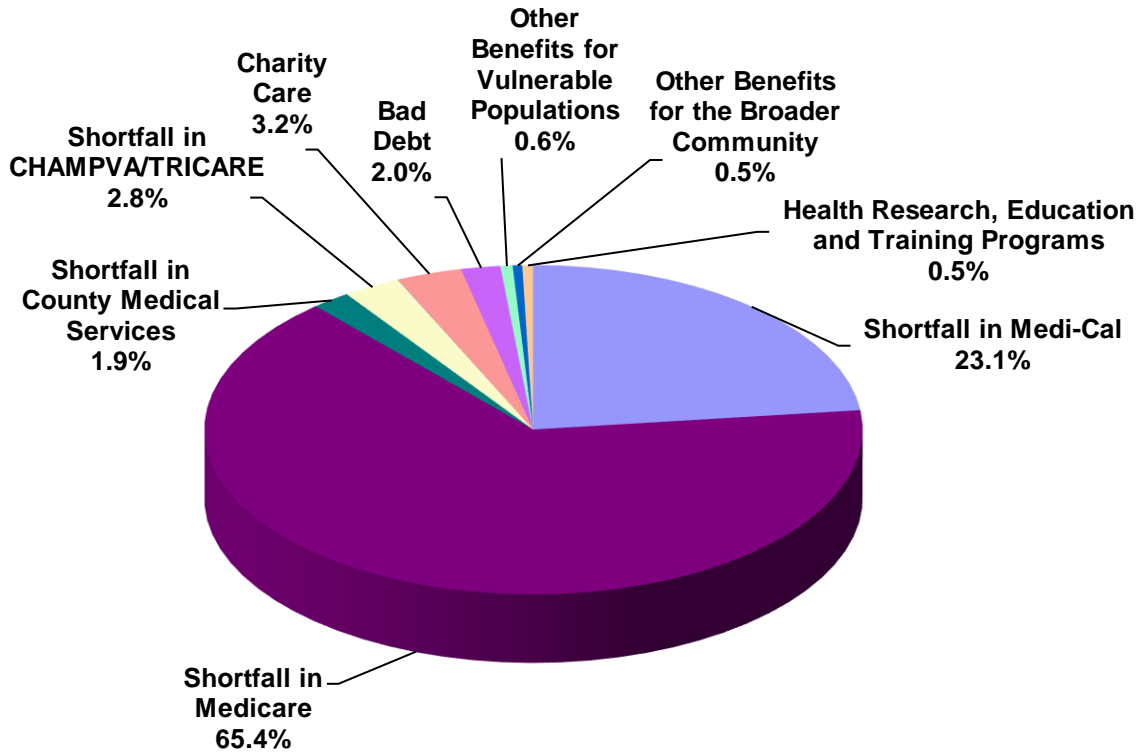


Figure 4: Sharp HealthCare Medical Care Services — FY 2022

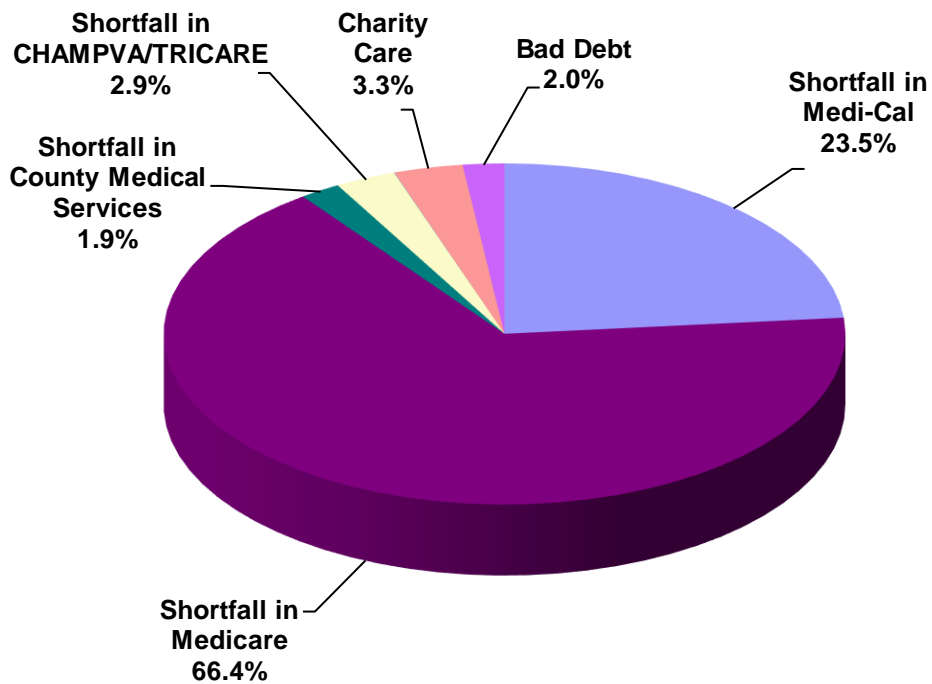
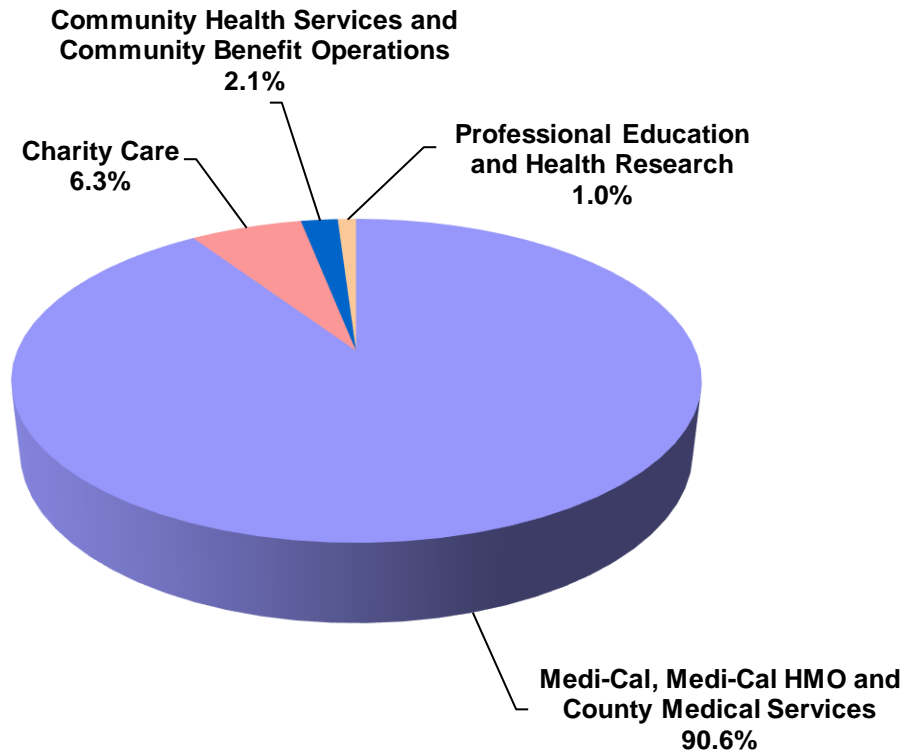


Figure 5: Sharp HealthCare Community Benefit by IRS Form 990 Schedule H Category — FY 2022



In FY 2020, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of July 1, 2019, through December 31, 2021, and in FY 2022 the same agencies approved another Medi-Cal Hospital Fee Program for the time period of January 1, 2022 through December 31, 2022. This resulted in recognition of supplemental revenues totaling \$263.2 million and quality assurance fees and pledges totaling \$146.1 million in FY 2022. The net FY 2022 impact of the program totaling \$117.1 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 2022 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 2022.

Table 10: Sharp HealthCare Unreimbursed Medical Care Services: Medi-Cal Hospital Fee Program Impact — FY 2022

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	\$185,298,975	\$168,794,381	\$252,649,865	\$15,478,494	\$10,478,830	\$17,497,560	\$650,198,105
Provider Fee Net			(\$117,085,705)				(\$117,085,705)
Unreimbursed Medical Care Services After Provider Fee	\$185,298,975	\$168,794,381	\$135,564,160	\$15,478,494	\$10,478,830	\$17,497,560	\$533,112,400

Figure 6: Sharp HealthCare Unreimbursed Medical Care Services Before Medi-Cal Hospital Fee — FY 2022

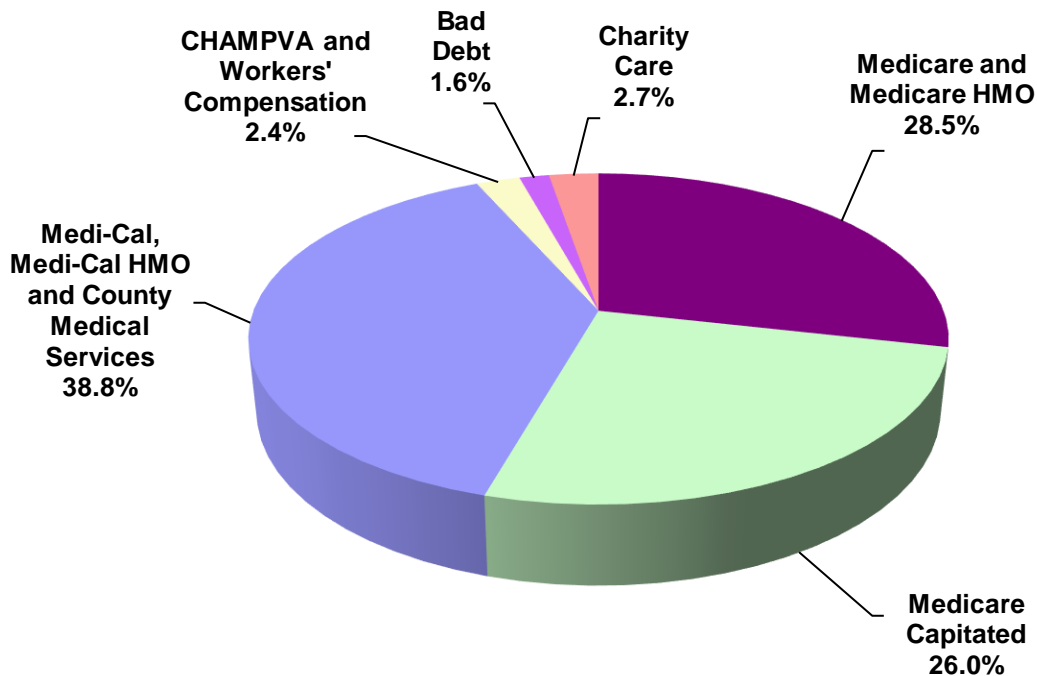


Table 11 lists community benefit costs provided by each Sharp entity and Figure 7 shows the percentage distribution by Sharp hospital entity.

**Table 11: Total Economic Value of Community Benefit Provided¹⁷
By Sharp HealthCare Entities — FY 2022**

Sharp HealthCare Entity	Estimated FY 2022 Unreimbursed Costs
Sharp Chula Vista Medical Center	\$129,369,339
Sharp Coronado Hospital and Healthcare Center	23,706,998
Sharp Grossmont Hospital	160,723,765
Sharp Mary Birch Hospital for Women & Newborns	6,386,797
Sharp Memorial Hospital	189,614,043
Sharp Mesa Vista Hospital and Sharp McDonald Center	31,794,378
Sharp Health Plan	126,677
TOTAL FOR ALL ENTITIES	\$541,721,997

Figure 7: Percentage of Community Benefit Provided by Sharp HealthCare Hospital Entities — FY 2022

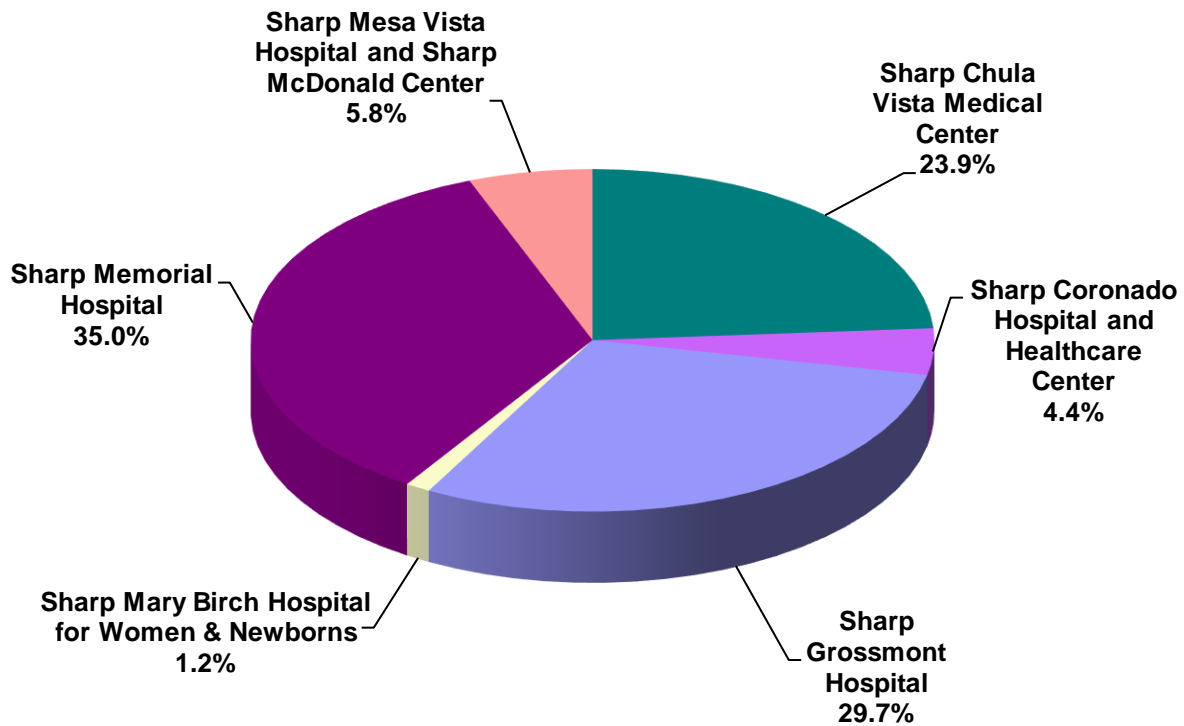


Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697. For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2022, see tables presented in **Sections 4** through **11**.

Table 12: Detailed Economic Value of SB 697 Categories¹⁷ — FY 2022

Sharp HealthCare Entity	SB 697 CATEGORY				Estimated FY 2022 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	\$127,892,482	\$274,728	\$325,619	\$876,510	\$129,369,339
Sharp Coronado Hospital and Healthcare Center	23,453,607	62,648	99,866	90,877	23,706,998
Sharp Grossmont Hospital	157,797,125	1,164,378	788,665	973,597	160,723,765
Sharp Mary Birch Hospital for Women & Newborns	5,936,573	48,483	313,802	87,939	6,386,797
Sharp Memorial Hospital	187,736,123	682,601	552,984	642,335	189,614,043
Sharp Mesa Vista Hospital and Sharp McDonald Center	30,296,490	976,117	346,348	175,423	31,794,378
Sharp Health Plan	–	23,750	96,676	6,251	126,677
ALL ENTITIES	\$533,112,400	\$3,232,705	\$2,523,960	\$2,852,932	\$541,721,997

Community Benefit Planning Process



Section

3 Community Benefit Planning Process

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

— Alison Fleury, Senior Vice President of Business Development, Sharp HealthCare

For more than 25 years, Sharp HealthCare (Sharp) has based its community benefit planning on findings from its triennial Community Health Needs Assessment (CHNA) process. Sharp uses its CHNA findings in combination with the expertise in programs and services of each Sharp hospital, as well as knowledge of the populations and communities served by those hospitals, to provide a foundation for community benefit program planning and implementation. This section describes Sharp's most recent CHNA process and findings, which were completed in September 2022.

Sharp HealthCare 2022 Community Health Needs Assessments

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

For the 2022 CHNA process, Sharp actively participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&IC). The complete HASD&IC 2022 CHNA is available for public viewing and download at <https://hasdic.org/chna/>. Its methodology and findings significantly informed the process and findings of Sharp's individual hospital CHNAs, thus, both CHNA processes are described throughout this section.

The HASD&IC 2022 CHNA was implemented and managed by a standing CHNA Committee comprised of representatives from seven hospitals and health systems:

- Grossmont Healthcare District
- Kaiser Foundation Hospital – San Diego
- Rady Children's Hospital – San Diego

- Scripps Health (vice chair)
- Sharp HealthCare (chair)
- Tri-City Medical Center
- UC San Diego Health

To develop its individual hospital CHNAs, Sharp analyzed its own hospital-specific data and contracted separately with the Institute for Public Health (IPH) at San Diego State University (SDSU) to conduct community engagement activities expressly for the patients, providers and community members served by Sharp. Sharp develops and publicly reports CHNAs for the following Sharp hospital entities:

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

In accordance with federal regulations, the SMH 2022 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns, as the two hospitals share a license and report all utilization and financial data as a single entity to California’s Department of Health Care Access and Information (HCAI) (formerly California’s Office of Statewide Health Planning and Development).

This section describes the general methodology employed for Sharp’s 2022 CHNAs, including applicable elements of the HASD&IC 2022 CHNA.

2022 CHNA Objectives

Both HASD&IC’s and Sharp’s 2022 CHNA processes were designed to build off the findings from the 2019 CHNA processes. With these insights, the CHNA Committee developed the following objectives:

- Identify, understand and prioritize the health and social needs of SDC residents, especially those community members served by Sharp.
- Provide a greater understanding of barriers to health improvement in SDC and inform and guide local hospitals in the development of programs and strategies that address identified community health needs.
- Build on and strengthen community partnerships established through the 2019 CHNA processes.
- Explore the current impact of COVID-19 (coronavirus disease 2019) on the community health needs identified by the 2019 CHNA.
- Obtain deeper feedback from and about communities in SDC facing inequities.
- Align with national best practices around CHNA development and implementation, including the integration of health conditions with social determinants of health (SDOH).

Community Defined

For the purposes of the collaborative as well as Sharp's 2022 CHNAs, the study area is the entire County of San Diego. More than three million people live in socially and ethnically diverse SDC. Information on key demographics, socioeconomic factors, access to care, health behaviors and the physical environment can be found in the full HASD&IC 2022 CHNA report at: <https://hasdic.org/chna/>.

Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, Sharp's 2022 CHNA process used the Dignity Health and IBM Watson Health Community Need Index (CNI)²² to identify communities within its service areas that experience greater health inequities. The CNI uses demographic and economic statistics to provide a "CNI score" for every populated ZIP code in the U.S.

The CNI score is an average of the following five socioeconomic barrier scores for each community:

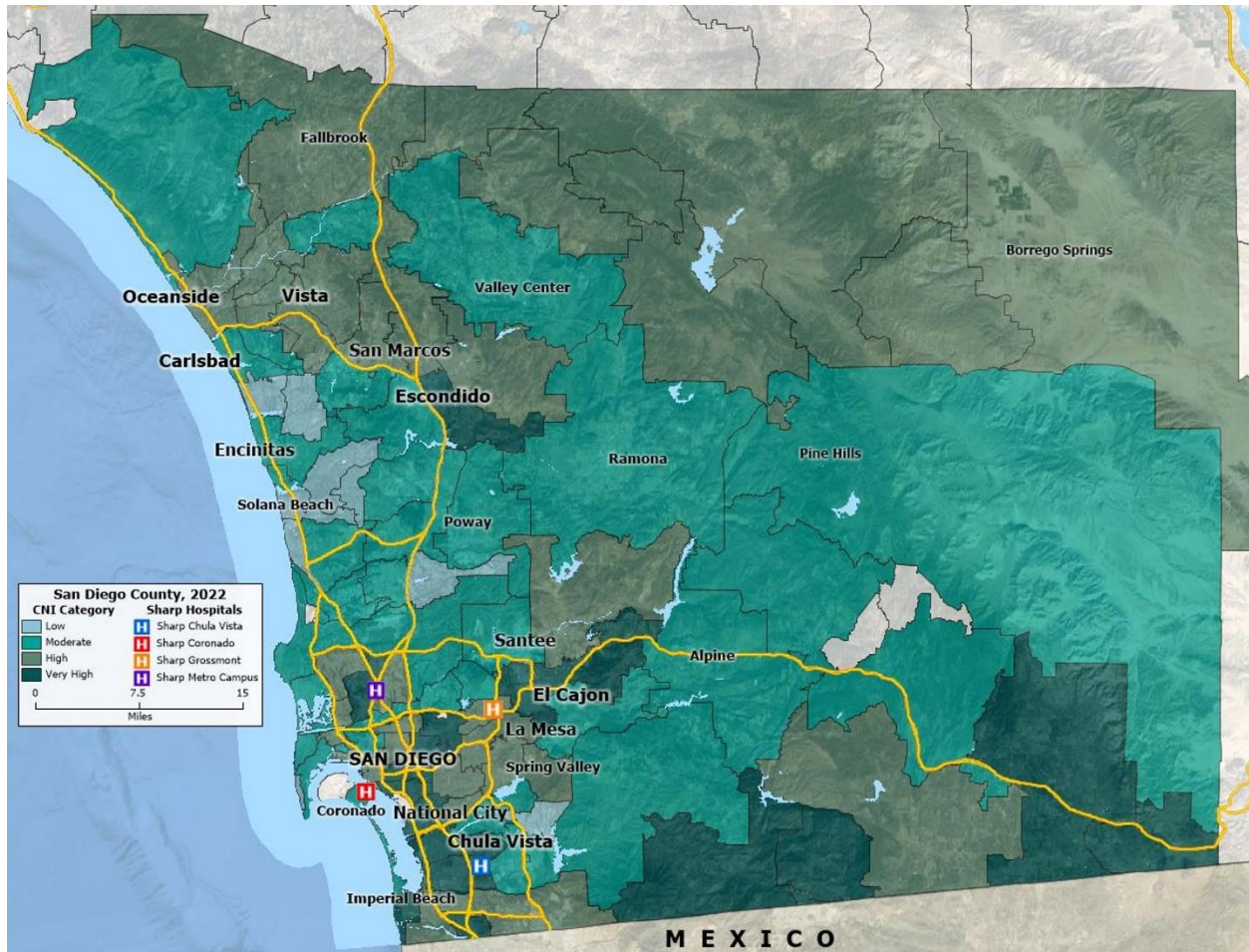
1. Income Barriers
2. Cultural Barriers
3. Educational Barriers
4. Insurance Barriers
5. Housing Barriers

CNI scores range from 1.0 to 5.0, with a score of 1.0 indicating a ZIP code with the least need/low health inequity (light blue in **Figure 8**), and a score of 5.0 for a ZIP code with the most need/high health inequity (dark green in **Figure 8**).

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

²² The Dignity Health and IBM Watson Community Need Index (CNI) was discontinued on January 31, 2023.

Figure 8: San Diego County, CNI Map²³



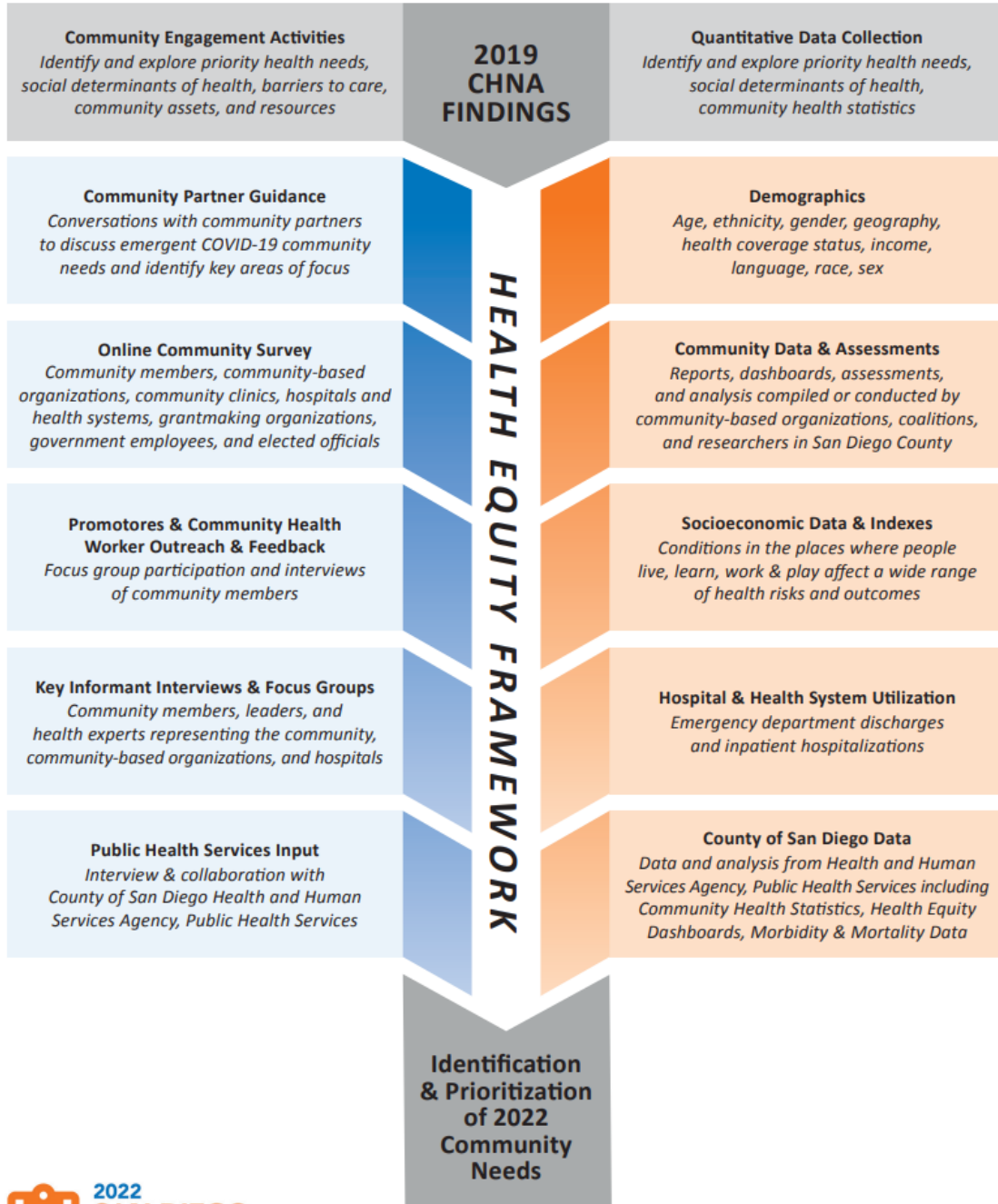
Methodology

For the HASD&IC 2022 CHNA, quantitative analyses of publicly available data provided an overview of critical health issues across SDC, while qualitative analyses of community feedback provided improved understanding of the experiences and needs of San Diegans. The CHNA Committee reviewed these analyses and applied a pre-determined set of criteria to them to prioritize the top health needs in SDC. This process is represented in **Figure 9** below.

²³ Truven Health Analytics, 2022; Insurance Coverage Estimates, 2022; The Nielson Company, 2022; and CNI, 2022. Map produced by Sharp Strategic Planning Department, 2022.

Figure 9: HASD&IC 2022 CHNA — Process Map

**2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)
PROCESS MAP**



Quantitative/Secondary Data

Quantitative data were used for three primary purposes:

1. Describe the SDC community
2. Plan and design the community engagement process
3. Facilitate the "prioritization process" — identifying the most serious community health needs of SDC residents who face inequities

Quantitative data included:

- HCAI limited data sets, 2017-2019 accessed via SpeedTrack^{©24}
- CNI²³
- Public Health Alliance of Southern California Healthy Places Index (HPI)
- National and statewide data sets including SDC mortality and morbidity data and data related to SDOH

The HPI and the CNI were used to identify the most under-resourced geographic areas. This information helped guide the community engagement process, including selecting communities from which to solicit input and developing relevant and meaningful engagement topics and questions.

The following reports and dashboards from the County of San Diego Health and Human Services Agency were also used:

- County of San Diego Community Health Statistics
- Health Disparities Executive Summary Report²⁵
- Racial Equity: Framework and Outcomes Brief
- San Diego County Self-Sufficiency Standard, Household with Two Adults, One Preschool-Age Child and One School-Age Child, 2021
- Overdose Data to Action (OD2A)
- Health Equity Dashboard Series: Racial Equity Dashboards
- San Diego County Self-Sufficiency Standard Dashboard
- COVID-19 in San Diego County Dashboard
- LGBTQ+ Health and Well-Being Dashboard

²⁴ SpeedTrack's Population Health Decision Support Platform was used to export emergency department and inpatient hospital discharge data.

²⁵ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2022), *Exploring Health Disparities in San Diego County: Executive Summary*.

In addition, Sharp's 2022 CHNA process included strategic analysis by Sharp's Clinical Analytics team of internal hospital and clinic data to explore observations and trends among Sharp's patient population, particularly related to the impact of the COVID-19 pandemic. Data came from a variety of sources, including the Cerner Millennium electronic medical record, hospital and clinic claims data, managed care enrollment and clinical registries. Key service-line stakeholders in behavioral health and oncology, along with Sharp's Emergency Department Collaborative and Clinical Effectiveness department also participated in the process to ensure the accuracy of data sources and metrics.

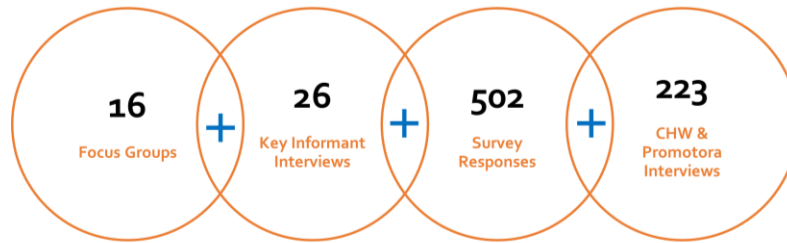
Sharp also used SpeedTrack's California Universal Patient Information Discovery application to analyze HCAI hospital discharge data, which provided insight on top diagnoses, trends and demographic characteristics among both inpatients and individuals who visited its emergency departments during calendar year 2020. This analysis reinforced key themes identified in the Sharp and HASD&IC 2022 CHNA processes.

In addition, Sharp used the CNI to identify the communities in its service areas experiencing health inequities. This included overlaying hospital discharge data for specific health conditions on top of CNI data to analyze the connection between those health conditions and under-resourced communities in SDC.

Community Engagement

The goal of the HASD&IC 2022 CHNA community engagement process was to solicit input from a wide range of stakeholders, so the sample was as representative of those facing inequities in SDC as possible. A total of **841** individuals participated in HASD&IC 2022 CHNA community engagement activities. Please see **Figure 10** for a summary of community engagement participation in the HASD&IC 2022 CHNA.

Figure 10: HASD&IC 2022 CHNA — Community Engagement Activity Summary



= total of **841** individuals participated in the 2022 Community Health Needs



In addition, Sharp conducted community engagement activities specifically for the community members it serves. Sharp collected input through three electronic surveys:

1. A survey for select Sharp health care providers, particularly those professionals who serve patients with health equity challenges.

2. A survey for Sharp human resources (HR) professionals — representing the experiences of Sharp team members impacted by health and equity challenges.
3. A survey for the Sharp Insight Community — a private, online environment for current and former Sharp patients and their families and caregivers, community members unaffiliated with Sharp, and Sharp-affiliated physicians and staff.

The first two surveys were conducted in contract with the IPH at SDSU and included **108** participants. The third survey was implemented in partnership with Sharp’s Consumer Research team and included **619** participants. **Table 13** below summarizes Sharp 2022 CHNA electronic community engagement surveys.

Table 13: Sharp 2022 CHNA – Electronic Survey Participant Detail

IPH Sharp Provider Survey, N=92		
Participant	Hospitals/Facilities Represented	Participant Expertise
Sharp Community Information Exchange Workgroup ⁶	All	Low-income, medically underserved, populations with chronic diseases, minority populations Regions: Central, East, North Central, North Coastal, North Inland, South
Sharp Cancer Navigators and Social Workers	SCVMC, SGH, SMH, SRSMC, System Services ²⁶	Cancer expertise at Sharp; including for low-income, medically underserved, populations with chronic diseases, minority populations Regions: Central, East, North Central, South
Sharp Diabetes Health Educators	SCVMC, SGH, SMH, OPP	Low-income, medically underserved, populations with chronic diseases, minority populations Regions: Central, East, North Coastal, South
Sharp Patient Access Services Team Members	All	Low-income, medically underserved, populations with chronic diseases, minority populations Regions: Central, East, North Central, North Coastal, North Inland, South
Sharp Case Manager Leadership	SCVMC, SCMG, SCHHC, SGH, SMH, SRSMC, System Services	Low-income, medically underserved, populations with chronic diseases, minority populations Regions: Central, East, North Central, North Coastal, North Inland, South
IPH Sharp Human Resources Survey, N=16		
Participant	Hospitals/Facilities Represented	Participant Expertise
Sharp HR Team Members	N/A ²⁷	Sharp employees – health, social and emotional well-being Regions: Central, East, North Central, North Coastal, North Inland, South
Sharp Insight Community Survey, N=619		
Participant	Hospitals/Facilities Represented	Participant Expertise
Sharp patients and caregivers; community members	N/A	Lived experience. Regions: Central, East, North Central, North Coastal, North Inland, South

Sharp Entity Key: SCVMC = Sharp Chula Vista Medical Center; SCHHC = Sharp Coronado Hospital and Healthcare Center; SGH = Sharp Grossmont Hospital; SMC= Sharp McDonald Center; SMH = Sharp Memorial Hospital; SRSMC = Sharp Rees-Stealy Medical Centers; SCMG = Sharp Community Medical Group; OPP = Sharp Memorial Hospital Outpatient Pavilion; **System Services** = Sharp HealthCare System Services

²⁶ System Services serve the entire Sharp organization, including Information Technology, Human Resources, Marketing and more.

²⁷ Due to the small number of participants in the Institute for Public Health at San Diego State University Sharp Human Resources Survey, hospitals/facilities represented are excluded to preserve anonymity.

Prioritization of 2022 Community Needs

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

As the HASD&IC 2022 CHNA process included robust representation from the communities served by Sharp, this prioritization process was replicated for Sharp's 2022 CHNAs.

Findings

Figure 11 below illustrates the top community needs identified by Sharp's 2022 CHNA process (in alphabetical order).

Figure 11: Sharp 2022 CHNA Top Community Needs²⁸



The graphic demonstrates how each component of the findings — the top identified community needs, the foundational challenges, and the key underlying themes — impacts one another. In particular, the foundational challenges (health disparities and workforce shortages) and underlying themes (stigma and trauma) interact with each

²⁸ The findings of the Hospital Association of San Diego & Imperial Counties' 2022 Community Health Needs Assessment (CHNA) process were identical to Sharp's 2022 CHNA findings, with the exception of Maternal and Prenatal Care, Including High-Risk Pregnancy.

other to amplify the identified community needs as well as disrupt efforts that advance health equity and improve community well-being.

These findings were also supported through both the quantitative analysis and community engagement activities conducted as part of Sharp’s 2022 CHNAs. In addition, Maternal & Prenatal Care, including High-Risk Pregnancy, was also identified as a community health need by Sharp’s 2022 CHNAs.

Community Recommendations

During qualitative data collection, HASD&IC 2022 CHNA community engagement participants were asked, “What are the most important things that hospitals and health systems could do to improve health and well-being in our community?” Overwhelmingly, respondents agreed that there is a critical need to help patients navigate available services that will help improve their health and well-being. In both the interviews and the surveys, suggestions that centered around improved patient care rose to the top.

Most responses fell into four categories: navigation and support, culturally appropriate care, workforce development and community collaboration. See **Table 14** for the types of recommendations identified by HASD&IC’s community engagement participants.

Table 14: HASD&IC 2022 CHNA – Community Recommendations for Hospitals and Health Systems to Improve Community Health and Well-Being

HASD&IC 2022 CHNA COMMUNITY ENGAGEMENT RECOMMENDATIONS	
Provide Navigation & Support to Patients	
<ul style="list-style-type: none"> • Connect patients to services that will improve their health and well-being • Help patients understand and use health coverage • Help patients coordinate their health services • Help patients apply for health coverage or other benefits • Help patients pay for their health care bills 	
Provide Culturally Appropriate Care to Patients	
<ul style="list-style-type: none"> • Ensure that a patient’s care meets their needs • Provide culturally appropriate health care in more languages • Train hospital staff on biases 	
Workforce Development	
<ul style="list-style-type: none"> • Diversify the health care workforce • Hire more doctors, nurses, and other health care professionals • Create more health care job opportunities and career pathways 	
Community Collaboration	
<ul style="list-style-type: none"> • Collaborate with community groups and schools • Provide health education 	

In addition, recommendations from Sharp's provider and HR surveys facilitated by the IPH centered around providing increased connection and support for community members, including more follow-up calls, home visits, and support for caregivers; enabling safe patient visitation during COVID-19; and raising awareness about and expanding available resources. In addition, most respondents believed telehealth to be potentially beneficial to patients. Respondents also emphasized the importance of addressing employee well-being and reducing turnover. Their recommendations focused on improving communication, work-life balance, compensation, new graduate programs and the hiring process.

Further, respondents expressed interest in employee educational opportunities focused on care for the senior community, defining and applying cultural humility, and implicit/unconscious bias and its impact on decision making.

Results indicated that efforts must be made to increase the availability of behavioral health care providers and improve access to behavioral health care. It was also recommended to create more community-based behavioral health programs and offer services in patients' primary languages.

Similar to Sharp's provider and HR surveys, Sharp Insight Community Survey participants believed telehealth to be beneficial. Participant feedback also revealed that more could be done to promote community awareness about Sharp programs and services among certain populations within SDC.

Community Assets to Respond to Identified Needs

San Diego's rich service ecosystem includes community-based organizations, government agencies, hospital and health systems, federally qualified health centers and other community members and organizations that seek opportunities to collaborate to improve the health of San Diegans. This service ecosystem is engaged in addressing all health needs identified by this assessment.

Community Resources in San Diego County

2-1-1 is an important community resource and information hub. Through its 24/7 phone service and online database, it helps connect individuals with community, health and disaster services. Recognizing that available programs and services are continuously changing, we encourage community members to access the most available, current data through 2-1-1. In addition to connecting individuals to community services over the phone, 2-1-1 also manages the Community Information Exchange (CIE). The CIE is a network composed of approximately 130 health, social and government organizations coordinating care through a shared technology platform and data integration.

Health Care Facilities in San Diego County

HCAI is an excellent resource for detailed information on every health care facility licensed in California. The following data is available on the Healthcare Facility Attributes website: <https://hcai.ca.gov/data-and-reports/healthcare-facility-attributes/>.

Sharp CHNA Community Guide

The Sharp CHNA Community Guide provides a user-friendly resource to learn about Sharp's triennial CHNA processes and findings, as well as strategies Sharp employs to address identified needs. In addition, the Sharp CHNA Community Guide provides a direct link for community members to provide feedback on Sharp's CHNA process. Sharp's most recent CHNA Community Guide is publicly available on Sharp's website at: <https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm>. An updated Sharp CHNA Community Guide detailing the process and findings of Sharp's 2022 CHNAs will be available in 2023.

Next Steps for the CHNA

Sharp is committed to the health and well-being of its community, and the findings of Sharp's 2022 CHNAs will help inform the activities and services provided by Sharp to improve the health of its community members. These programs are detailed in Sharp hospitals' fiscal year (FY) 2023-FY 2026 Implementation Strategies, which are publicly available online at: <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Sharp will continue to work with HASD&IC and IPH to develop and implement Phase 2 of the 2022 CHNA. Phase 2 will focus on continued engagement of community partners to analyze and improve the CHNA process, as well as the hospital implementation strategies that address the 2022 CHNA findings. Thus, the CHNA process will evolve to meet the needs of our community members and support the work of our community partners who also address those identified needs. Sharp will also take a closer look at the findings that emerged during the collaborative 2022 CHNA process, but for which the nature of Sharp's community engagement surveys provided limited opportunity for feedback — particularly Child & Youth Well-Being and Community Safety. Sharp will explore strategies to gather feedback on these needs through future community engagement processes. Further, tools such as the CNI, will be used to continue to identify gaps in community resources and provide insight into further program development.

In addition, Sharp hospitals, medical groups and health plans will continue advancing data integration and community referral efforts through partnership with 2-1-1's CIE by expanding upon shared data capabilities, consistent tracking and robust reporting regarding SDOH.

The findings of Sharp's 2022 CHNAs help inform and guide the programs and services provided to improve the health of community members and are a critical component of Sharp's community benefit report process, outlined below.

Ongoing Commitment to Collaboration

Underscoring Sharp's ongoing commitment to collaboration in addressing 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, California Hospital Association, HASD&IC, and a variety of local collaboratives including but not limited to the San Diego Regional Chamber of Commerce, San Diego Economic Development Council, 2-1-1 and the CIE.

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

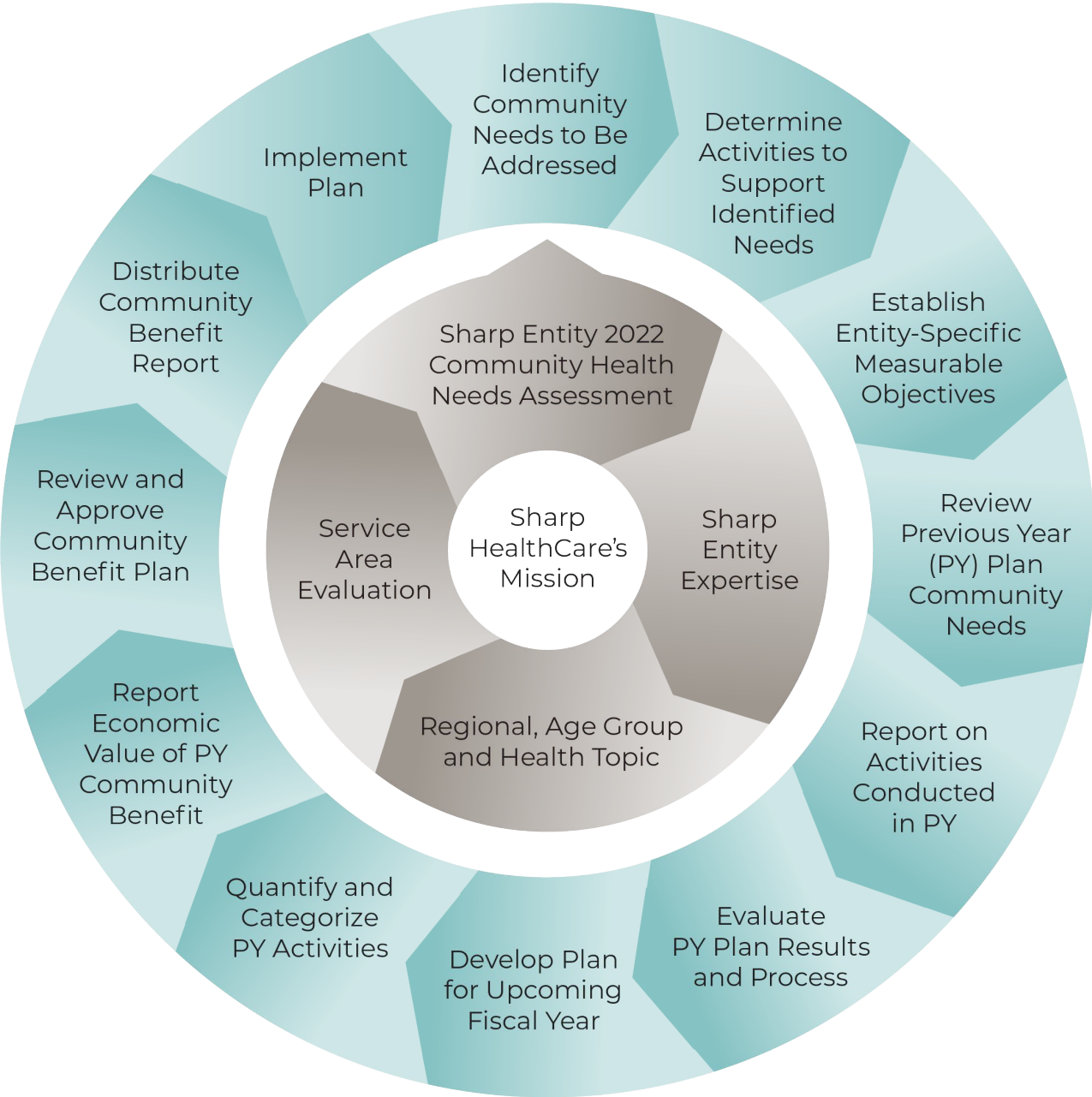
On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefit Plan and Report:

- Establishes and/or reviews hospital-specific **objectives**, taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community
- Verifies the necessity of an ongoing focus on identified community needs or adds newly identified community needs
- Reports on activities conducted in the prior FY — **FY 2022 Report of Activities**
- Develops a plan for the upcoming FY, including specific steps to be undertaken — **FY 2023 Plan**
- Reports and categorizes the **economic value of community benefit provided in FY 2022**, according to the framework specifically identified in California Senate Bill 697
- Reviews and approves a community benefit plan
- Posts the Community Benefit Plan and Report on Sharp's website (sharp.com) for public viewing and download availability
- Distributes the Community Benefit Plan and Report Executive Summary to community stakeholders, members of the Sharp Board of Directors and each of the Sharp hospital boards of directors

- Shares the Community Benefit Plan and Report process and findings through presentations across Sharp, including to management, entity boards and committees, and others upon request
- Implements community benefit activities identified for the upcoming FY

Figure 12 outlines Sharp’s community benefit process.

Figure 12: Sharp HealthCare Community Benefit Plan and Report Process



Sharp Chula Vista Medical Center



Section

4 Sharp Chula Vista Medical Center

There are many definitions of “community,” but one I especially like is: “A group of people that care about each other and feel they belong together.” That definition rings true for the people of Sharp Chula Vista Medical Center and those who entrust us with their care. Through the pandemic, I believe the power of community has never been more important than it is now. It is community that carried us through such challenging times, and it is community that will continue to lift us up in the future.

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

Fiscal Year (FY) 2022 Community Benefit Program Highlights

Sharp Chula Vista Medical Center (SCVMC) provided a total of **\$129,369,339** in community benefit in FY 2022. See **Table 15** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697) and **Figure 13** for the distribution of SCVMC’s community benefit among those categories.

**Table 15: Economic Value of Community Benefit Provided
Sharp Chula Vista Medical Center — FY 2022**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2022 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ²⁹	\$39,070,648
	Shortfall in Medicare ²⁹	77,539,300
	Shortfall in County Medical Services (CMS) ²⁹	52,562
	Shortfall in CHAMPVA/TRICARE ²⁹	3,279,638
	Charity Care ³⁰	4,488,124
	Bad Debt ³⁰	3,462,210
Other Benefits for Vulnerable ³¹ Populations	Project HELP, patient transportation, and other assistance for the vulnerable ³²	274,728
Other Benefits for the Broader Community	Health education and information, health screenings, vaccinations, support groups, meeting room space and donations of time to community organizations ³²	325,619
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³²	876,510
TOTAL		\$129,369,339

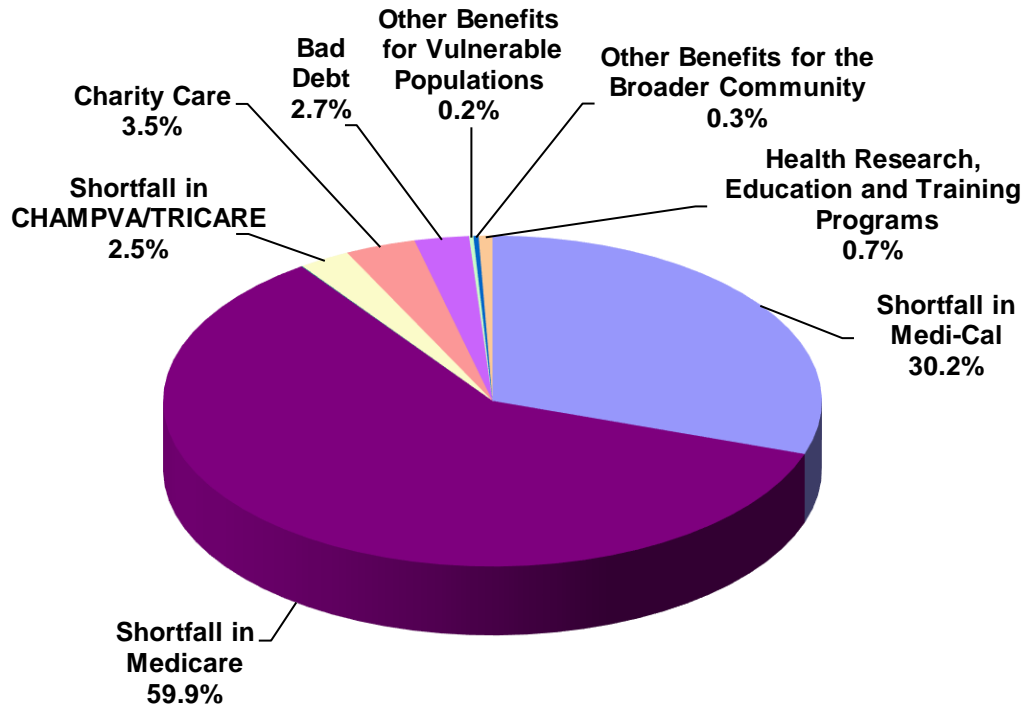
²⁹ Methodology for calculating shortfalls in public programs is based on Sharp HealthCare’s (Sharp) payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

³⁰ 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.

³¹ “Vulnerable populations” means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children’s Services Program, or county indigent programs.

³² Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

**Figure 13: Percentage of Community Benefit by SB 697 Category
Sharp Chula Vista Medical Center — FY 2022**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare, CMS and CHAMPVA/TRICARE.³³ In FY 2020, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of July 1, 2019, through December 31, 2021, and in FY 2022 the same agencies approved another Medi-Cal Hospital Fee Program for the time period of January 1, 2022 through December 31, 2022. This resulted in recognition of net supplemental revenues for SCVMC totaling \$24.7 million in FY 2022. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2022 understate the true unreimbursed medical care services performed for the past fiscal year.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; Project Hospital Emergency Liaison Program (Project HELP), which provides funding for medication and transportation to assist lower-income patients; programming to help establish medical homes for low-

³³ The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs shares the cost of certain health care services and supplies with eligible beneficiaries. TRICARE is a health care program of the U.S. Department of Defense Military Health System, which provides civilian health benefits for U.S. Armed Forces military personnel, military retirees, and their dependents, including some members of the Reserve Component.

income, medically uninsured and underserved patients in the south region; and other assistance for vulnerable community members.

- **Other Benefits for the Broader Community** included health education, information and support groups addressing a variety of topics in both English and Spanish, participation in community events, COVID-19 (coronavirus disease 2019) vaccination clinic, health screenings for breast and colorectal cancer, bone density and stroke screenings, health risk assessments, community education and resources provided by the SCVMC Cancer Patient Navigator program and collaboration with local schools to promote interest and provide career pathways in health care. In addition, hospital staff actively participated in community boards, committees and other civic organizations, including the American Cancer Society (ACS), American Heart Association (AHA), American Hospital Association Regional Policy Board, Chula Vista Chamber of Commerce, Health Sciences High and Middle College (HSHMC), Rotary Club of Chula Vista, San Diego Association of Directors of Volunteer Services (SDADVS) and South County Economic Development Council. See **Appendix A** for a list of Sharp's community involvement. The category also includes costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included education and training of health care professionals; student and intern supervision; and time devoted to generalizable health-related research projects that were made available to the broader health care community.

Definition of Community

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

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

For SCVMC's 2022 CHNA process, the Dignity Health and IBM Watson Health Community Need Index (CNI) was used to identify communities within its service area that experience greater health inequities.^{34,35} The CNI uses demographic and economic statistics to provide a "CNI score" for every populated ZIP code in the U.S. CNI scores measure inequity on a scale ranging from very low health inequity to very high health

³⁴ Dignity Health and IBM Watson Health Community Need Index (CNI) (2022). The Dignity Health and IBM Watson CNI was discontinued on January 31, 2023.

³⁵ According to the World Health Organization (WHO), health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies (WHO, 2018).

inequity. This measurement is an average determined through an analysis of specific socioeconomic 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 Chula Vista, National City, Encanto, Paradise Hills, and Otay.³⁴ **Figure 14** presents a map of the CNI findings across San Diego’s south region.

Figure 14: CNI Map — SDC’s South Region³⁶



SCVMC has been providing health care to the south region for more than 40 years. In the past decade, population growth in this community has exceeded that of almost every other region in the nation. This trend is expected to continue — particularly for seniors. To meet this increased need for care, SCVMC began construction on a new patient tower in 2016. The Ocean View Tower opened in January 2020 and provided an additional 106 beds, six state-of-the-art operating rooms, advanced health care technology and programs, and services to expedite and improve care for community members in the south region.

³⁶ Truven Health Analytics, 2022; Insurance Coverage Estimates, 2022; The Nielson Company, 2022; and CNI, 2022.

Description of Community Health

SDC’s south region population is largely Hispanic (61.3%), and in 2022, there were 77,883 residents ages 65 and older, representing 14.3% of the population. Between 2022 and 2027, it is anticipated that the senior population in SDC’s south region will grow by 15.8%.³⁷

In 2020, 11.3% of the south region population reported living below 100% of the federal poverty level (FPL), which was higher than the rate for SDC overall (10.8%). The unemployment rate in SDC’s south region was 8.4%, which was higher than the rate for SDC overall (5.9%). In addition, 6.4% of households received Supplemental Security Income — a higher rate than SDC overall (5.1%).³⁸

According to the San Diego Hunger Coalition, while nutrition insecurity³⁹ has declined since 2021, high rates remain due to long-standing economic disparities that were exacerbated by the COVID-19 pandemic. As of March 2022, 28% of San Diegans experienced nutrition insecurity and 35% of children lived in nutrition-insecure households. In addition, in 2022, Latinos in SDC had a significantly higher incidence of food insecurity (39%) compared to residents of the county overall, illustrating the disproportionate impact of nutrition insecurity on diverse communities.⁴⁰

In 2020, 10.1% of households in the south region received Supplemental Nutrition Assistance Program (SNAP) benefits, while 17.4% of the population lived at or below 138% FPL and were eligible for the program. These rates were higher than SDC overall (7.1% of households participated in SNAP benefits while 16.7% of households lived at or below 138% FPL).³⁸ Please refer to **Table 16** for SNAP participation and eligibility in the south region.

Table 16: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC’s South Region, 2020³⁸

Food Stamps/SNAP Benefits	Percent of Population
Households	10.1%
Families with Children	14.6%
Eligibility by FPL	
Population ≤130% FPL	16.1%
Population ≤138% FPL	17.4%
Population 139% – 350% FPL	37.4%

³⁷ SpeedTrack®, Inc.; U.S. Census Bureau.

³⁸ The County of San Diego Health and Human Services Agency (HHS), Public Health Services (PHS), Community Health Statistics Unit (CHSU), December 2022; U.S. Census Bureau, 2016-2020 American Community Survey 5-year estimates.

³⁹ U.S. Department of Agriculture (2022), *Food and Nutrition Security*. Nutrition security means all Americans have consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.

⁴⁰ San Diego Hunger Coalition (2022), *March 2022 Data Release: Nutrition Insecurity Remains Above Pre-pandemic Levels and Impacts Communities of Color Most*.

In SDC’s south region in 2020, 95.3% of children ages 18 and under, 85.7% of young adults ages 19 to 25, 87.0% of adults ages 26 to 44, 90.2% of adults ages 45 to 64, and 98.3% of seniors age 65 and older had health insurance.³⁸ Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.4% health insurance coverage for all individuals under age 65, with the exception of children ages 0 to 18 years.⁴¹ See **Table 17** for health insurance coverage in SDC’s south region in 2020.

Table 17: Health Insurance Coverage in SDC’s South Region, 2020³⁸

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	95.3%	92.4%
Young adults 19 to 25 years	85.7%	92.4%
Adults 26 to 44 years	87.0%	92.4%
Adults 45 to 64 years	90.2%	92.4%
Seniors 65+ years	98.3%	N/A ⁴²

According to the California Health Interview Survey (CHIS), in 2021, 24.4% of the south region population was covered by Medi-Cal — higher than the rate for SDC overall (19.4%).⁴³ See **Table 18** for details.

Table 18: Medi-Cal (Medicaid) Coverage in SDC’s South Region, 2021⁴³

Description	Rate
Covered by Medi-Cal	24.4%
Not covered by Medi-Cal	75.6%

CHIS data also revealed that 16.0% of individuals in the south region did not have a usual place to go when sick or in need of health advice (see **Table 19**).⁴³

Table 19: Regular Source of Medical Care in SDC’s South Region, 2021⁴³

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

⁴¹ The U.S. Department of Health and Human Services’ **Healthy People (HP2030)** initiative represents the nation’s prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

⁴² HP2030 does not include targets for individuals ages 65 and older.

⁴³ University of California Los Angeles Center for Health Policy Research (2022), *2021 California Health Interview Survey*.

Diseases of the heart and cancer were the two leading causes of death in SDC’s south region in 2020.^{44,45} See **Table 20** 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 2022 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 20: Leading Causes of Death in SDC’s South Region, 2020⁴⁴

Cause of Death	Number of Deaths	Percent of Total Deaths
Diseases of the Heart	765	19.8%
Malignant Neoplasms (Overall Cancer)	736	19.1%
COVID-19	478	12.4%
Cerebrovascular Diseases	247	6.4%
Alzheimer’s Disease	211	5.5%
Accidents/Unintentional Injuries	182	4.7%
Diabetes Mellitus	173	4.5%
Chronic Lower Respiratory Diseases	118	3.1%
Essential Hypertension and Hypertensive Renal Disease	76	2.0%
Chronic Liver Disease and Cirrhosis	67	1.7%
All Other Causes	805	20.9%
Total Deaths	3,858	100.0%

Community Benefit Planning Process

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

- Incorporates community priorities and community relations into its strategic plan
- Estimates an annual budget for community programs and services based on community needs, previous years’ experience and current funding levels

⁴⁴ County of San Diego HHSA, PHS, CHSU (2022), *Leading Causes of Death Tables by HHSA Region, 2011-2020*.

⁴⁵ The County of San Diego HHSA’s CHSU 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 2020. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10’s (International Classification of Diseases – 10th Revision) “List of 113 Selected Causes of Death and Enterocolitis due to *Clostridium difficile*.” Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligences System. Prepared by County of San Diego HHSA PHS, CHSU, 2022.

Priority Community Needs Addressed in Community Benefit Report — SCVMC 2022 CHNA

SCVMC completed its most recent CHNA in September 2022. SCVMC's 2022 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2022 CHNA process and findings. Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp's process and findings.

In addition, this year SCVMC updated its implementation strategy — a description of SCVMC programs designed to address the priority health and social needs identified in the 2022 CHNA.

Through the SCVMC 2022 CHNA, the following priority health and social needs were identified for the communities served by SCVMC (listed in alphabetical order):

- Access to Health Care
- Aging Care & Support
- Behavioral Health
- Children & Youth Well-being
- Chronic Health Conditions
- Community Safety
- Economic Stability
- Maternal & Prenatal Health, including High-Risk Pregnancy

The following pages detail SCVMC programs, activities and services that specifically address these needs, either directly or indirectly. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

SCVMC addresses chronic health conditions by providing education and healthy lifestyle programs as part of care for cardiovascular disease (CVD), cancer, diabetes, obesity and other issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy Medical Centers throughout SDC — including the south region — provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and personalized weight-loss programs. For additional details on SCVMC programs that specifically address the needs identified in the 2022 CHNA, please refer to SCVMC's implementation strategy. The most recent CHNA and implementation strategy for SCVMC are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Further, SCVMC's behavioral health (including substance use) community efforts are supported through the programs and services provided by Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and substance use treatment services in SDC. Please refer to **Section 11** of this report for

details on those programs. Lastly, community safety is addressed through Sharp's ThinkFirst San Diego (ThinkFirst), a program led by Sharp Rehabilitation Services. ThinkFirst provides education on injury prevention and the lifelong effects of brain, spinal cord and other traumatic injuries to community members throughout SDC.

For each priority community need identified above, subsequent pages include a summary of the rationale for and importance of the need, objective(s), FY 2022 Report of Activities conducted in support of the objective(s), and FY 2023 Plan.

Identified Community Need: Education, Support and Screening for Stroke

Rationale references the findings of the SCVMC 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCVMC 2022 CHNAs identified chronic conditions (including CVD and cerebrovascular diseases/stroke) as one of the priority health and social needs affecting the community members served by SCVMC.
- Participants in community engagement activities conducted as part of the HASD&IC and SCVMC 2022 CHNAs identified numerous barriers to care for chronic conditions that have been exacerbated by the COVID-19 pandemic, including fear of contracting COVID-19; social isolation; high prescription and insurance costs; insurance conflicts; eligibility requirements for appropriate programs; and hardships related to housing.
- Data analysis in Sharp's 2022 CHNAs revealed a higher volume of hospital discharges for CVD in communities facing greater socioeconomic challenges within SDC's south region, such as Chula Vista and National City.⁴⁶
- Participants in the interviews conducted by community health workers and *promotores* as part of the HASD&IC 2022 CHNA identified heart disease and stroke as major health concerns among community members.
- Analysis of Sharp clinical data from FY 2016 to 2021 showed a 15% increase in stroke diagnoses among hospital inpatients, demonstrating the impact of patients delaying care due to the COVID-19 pandemic. In addition, the ratio of stroke deaths observed at Sharp hospitals in 2021 was 9% higher than expected when compared to 2016.
- Further, unpredictability during the COVID-19 pandemic has caused delays or disrupted access to routine and specialty care. This makes receiving comprehensive care even more challenging for people living with chronic health conditions.
- HASD&IC 2022 CHNA community engagement participants also identified the following hospital discharge challenges and barriers for patients, including those with chronic conditions; low health literacy and medication adherence; lack of access to stable housing to facilitate healing and recovery; and long wait times to access the appropriate level of care.

⁴⁶ Dignity Health and IBM Watson Health CNI (2022).

- In 2020, cerebrovascular diseases, including stroke, were the fourth leading cause of death for SDC's south region.^{44,45}
- There were 247 deaths due to stroke in SDC's south region in 2019. The region's age-adjusted death rate due to stroke was 47.3 per 100,000 population. This rate was the highest among all SDC regions and was significantly higher than the HP2030 target of 33.4 deaths per 100,000.⁴⁴
- In 2019, there were 1,182 hospitalizations due to stroke in SDC's south region. The region's age-adjusted rate of hospitalizations for stroke was 247.8 per 100,000 population — the highest among all SDC regions.⁴⁷
- In 2019, there were 429 stroke-related emergency department (ED) visits in SDC's south region. The age-adjusted rate of ED visits was 88.3 per 100,000 population.
- According to 2021 CHIS data, 34.4% of residents in SDC's south region had ever been diagnosed with high blood pressure, while 7.2% had borderline high blood pressure. In addition, 25.1% of south region adults reported being obese — higher than SDC overall (21.7%).⁴³
- According to the Centers for Disease Control and Prevention (CDC), more than 795,000 people in the U.S. have a stroke each year, and strokes are responsible for approximately 1 out of every 6 deaths from CVD.⁴⁸
- The National Institute of Neurological Disorders and Stroke reports that 25% of people who recover from their first stroke will have another stroke within five years.⁴⁹
- The CDC estimates that up to 80% of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors. Behaviors that can mitigate the risk of stroke include choosing a healthy diet full of fruits and vegetables, maintaining a healthy weight, engaging in at least 2.5 hours of moderate-intensity aerobic physical activity each week, refraining from or quitting smoking and limiting alcohol intake.⁵⁰
- Despite encouraging data about declining stroke incidence, on a global level the aging population and accumulating risk factors contribute to an increasing lifetime risk of stroke.⁵¹

Objective

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

FY 2022 Report of Activities

In December 2021, the Joint Commission and AHA/American Stroke Association (ASA) re-certified SCVMC as a Primary Stroke Center. The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. In addition, SCVMC is a recipient of the AHA/ASA's

⁴⁷ County of San Diego HHSA, PHS, CHSU (2021); U.S. Census Bureau, 2015-2019 American Community Survey 5-year estimates.

⁴⁸ Centers for Disease Control and Prevention (CDC) (2022), *Stroke Facts*.

⁴⁹ National Institute of Neurological Disorders and Stroke (2022), *Stroke*.

⁵⁰ CDC (2022), *Men and Stroke*.

⁵¹ American Heart Association (2022), *U.S. stroke rate declining in adults 75 and older, yet rising in adults 49 and younger*.

Get With The Guidelines® (GWTG) — 2021 Stroke Silver 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 2022, Sharp's systemwide stroke program and SCVMC's Stroke Program had anticipated participating in a variety of screening and educational events, however many events were canceled or postponed due to the ongoing impact of the COVID-19 pandemic. Despite these circumstances, efforts were made to bring virtual stroke education to the community. In partnership with Sharp's marketing team, the systemwide stroke program shared information about stroke and atrial fibrillation through Sharp's social media channels and more. Building off its successful implementation in FY 2021, this virtual community education had an expansive reach, connecting with more than 17,000 individuals in FY 2022.

In FY 2022, SCVMC shared information about CVD through various media outlets, including newsletters and social media. Articles discussed computed tomography (CT) perfusion imaging for stroke as well as cancer and CVD as the leading causes of death in the U.S. in 2022.

SCVMC continued its 17-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry, where data is tracked to identify gaps and determine trends. SCVMC also continued to actively participate in the quarterly San Diego County Stroke Consortium, a collaborative effort with other SDC hospitals to improve stroke care and discuss issues impacting stroke care in SDC. The San Diego County Stroke Consortium consists of 18 hospitals — including SCVMC, SCHHC, Sharp Grossmont Hospital (SGH), Sharp Memorial Hospital (SMH), Alvarado Hospital Medical Center, Kaiser San Diego Medical Center, Kaiser Zion Medical Center, Palomar Medical Center, Paradise Valley Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital La Jolla, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital San Diego, Temecula Valley Hospital, Tri-City Medical Center, University of California (UC) San Diego Medical Center, and UC San Diego Medical Center – La Jolla — all of which are San Diego County Stroke Receiving Centers and certified by the Joint Commission. In response to the COVID-19 pandemic, meetings continued to be held virtually in FY 2022.

Sharp's systemwide stroke program continued to partner with the San Diego County Stroke Consortium to develop educational materials, including training videos, for AMR (American Medical Response) San Diego, a medical transportation company that assists with emergency and non-emergency transportation. In November, this included a video addressing the topics of new stroke procedures and guidelines, and how to assess a stroke patient at the scene. Further, Sharp's systemwide stroke program continues to participate in the development of EMS protocol updates.

Sharp's systemwide stroke program also collaborated with San Diego County Stroke Consortium hospitals in FY 2022 to help alleviate community concerns related to obtaining health care during the COVID-19 pandemic. Using social media, the hospitals released a message encouraging San Diegans not to delay seeking care during the pandemic. Each message sent from Sharp reached 16,000 subscribers on Facebook, Instagram and other Sharp-associated social media outlets.

FY 2023 Plan

SCVMC Stroke Program will do the following:⁵²

- Provide stroke education, screening and outreach to community members in the south region via social media and in person classes
- Participate in the San Diego County Stroke Consortium
- Participate in annual EMS education, with a focus on Large Vessel Occlusion, or blockages of the proximal intracranial anterior and posterior circulation, identification in the field
- Collaborate with SCVMC's marketing team to extend community education on stroke information and events
- Provide data to the SDC stroke registry
- Provide stroke risk factor education to community health professionals at the Veterans Home of California, Chula Vista

Identified Community Need: Cancer Education and Patient Navigator Services

Rationale references the findings of the SCVMC 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCVMC 2022 CHNAs identified chronic health conditions, including cancer, as one of the priority health and social needs affecting the community members served by SCVMC.
- Focus groups conducted as part of the HASD&IC 2022 CHNA described the following challenges related to accessing cancer care: delayed or disrupted access to cancer screening during the COVID-19 pandemic; financial stressors, including the cost of health insurance premiums and co-pays; stigma surrounding a cancer diagnosis; and practical issues to facilitate healing and recovery, such as housing and transportation. In addition, undocumented community members with cancer were described as being at a severe disadvantage, as many lack the necessary insurance coverage to enroll in programs and services that could provide financial, logistical and other supportive needs.

⁵² Where applicable, the Sharp Chula Vista Medical Center (SCVMC) Stroke Program will perform these activities as COVID-19 public health and safety guidelines allow.

- Data analysis in the SCVMC 2022 CHNA revealed a higher volume of hospital discharges due to cancer in communities within SDC's south region facing greater socioeconomic challenges, such as National City and San Ysidro.⁴⁶
- Participants in the interviews conducted by community health workers and *promotores* as part of the HASD&IC 2022 CHNA identified cancer as a major health concern among community members.
- Analysis of Sharp patient data from FY 2016 to 2021 showed a significant decline in cancer screening volumes during the pandemic. Further analysis is needed to assess the impact of the pandemic on screening and oncology patient volumes.
- Participants in the Institute for Public Health's (IPH) Sharp Provider Survey conducted as part of the SCVMC 2022 CHNA process reported that patients are more fearful — in general and of coming in for annual cancer screenings. In addition, due to the pandemic, respondents identified populations appropriate for cancer screenings as having increased fear related to using health care services.
- Sharp cancer patient navigators and clinical social workers who participated in focus groups noted that cancer patients may have limited access to specialty care because health care professionals are overwhelmed. Sharp works with cancer specialists across the system to improve access within and among various practices.
- The most frequently observed cancers at SCVMC in 2021 were (in rank order): breast (20.7% of all cancer cases), lung (11.4%), prostate (7.7%), cancers of the hematopoietic and reticuloendothelial system⁵³ (7.5%), and colorectal (6.0%). In total, there were 969 new cases of cancer at SCVMC in 2021.
- According to 2021 Sharp oncology data, 73.7% of the 372 SCVMC cancer patients who received the cancer psychosocial distress screening were identified as at-risk for anxiety or depression, and were referred to internal or external resources, such as social workers or community cancer resources.
- Sharp 2021 oncology data identified the top 10 areas of concern for Sharp cancer patients: health insurance or money worries; worrying about the future and what lies ahead; pain; exercising and being physically active; feeling too tired; worrying about family, children or friends; changes/disruptions in work; sleep; making a treatment decision; and feeling nervous.
- In 2020, cancer was the leading cause of death in SDC's south region as well as SDC overall.^{44,45}
- There were 777 deaths due to cancer (all types) in SDC's south region in 2019. The region's age-adjusted rate of death due to cancer was 162.6 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 135.2 per 100,000 population.
- In 2019, the south region's age-adjusted death rates were higher than the rates for SDC overall for the following cancers: bladder, brain, colorectal, female breast and reproductive, kidney, leukemia, liver, lung, non-Hodgkin's lymphoma, pancreatic and prostate.
- In 2019, 15.4% of all cancer deaths in SDC's south region were due to lung cancer, 10.2% to colorectal cancer, 9.1% to liver cancer, 7.7% to pancreatic cancer and 6.4% to female breast cancer and prostate cancer.

⁵³ Cancers of the hematopoietic and reticuloendothelial system include various malignancies that impact the blood and immune system, such as Hodgkin's and non-Hodgkin's lymphoma, leukemia and myeloma (Sharp Cancer Registry, 2021).

- The ACS estimates that in 2022, there will be 189,220 new cancer cases diagnosed and 60,970 cancer deaths in the state of California.⁵⁴
- According to findings from the ACS *Cancer Facts & Figures 2022* report, older age and being female are the strongest risk factors for breast cancer. Potentially modifiable factors associated with increased risk include weight gain after the age of 18 and/or being overweight or obese, menopausal hormone therapy, alcohol consumption and physical inactivity.⁵⁵
- The same report indicates that people with lower socioeconomic status have higher cancer death rates than those with higher socioeconomic status, regardless of demographic factors such as race/ethnicity. Racial and ethnic disparities in the cancer burden largely reflect disproportionate poverty. Social inequalities, including communication barriers and provider/patient assumptions, can affect interactions between patients and physicians and contribute to miscommunication and/or delivery of substandard care.⁵⁵
- A recent study by the ACS found that at least 42% of newly diagnosed cancer cases in the U.S. — about 805,600 cases in 2022 — are potentially avoidable. This includes the 19% of all cancers caused by tobacco use as well as the 18% caused by a combination of excess body weight, alcohol consumption, poor nutrition and physical inactivity.⁵⁵
- Studies have shown that patient navigators contribute to better access and continuity of care, which offers a promising approach to better care integration. In cancer care, navigators help patients to move through the entire care continuum, from prevention to survivorship. Navigators typically identify individual needs and barriers to care, educating patients and communities, and linking patients with different care providers.⁵⁶
- According to the National Institutes of Health, clinical trials, a part of clinical research, are at the heart of all medical advances. Clinical trials explore new ways to prevent, detect or treat disease, and offer hope for many people as well as an opportunity to help researchers find better treatments for others in the future.⁵⁷

Objectives

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

FY 2022 Report of Activities

The Cancer Centers of Sharp HealthCare (Cancer Centers of Sharp) include the Douglas & Nancy Barnhart Cancer Center at SCVMC (Barnhart Cancer Center), David and Donna Long Center for Cancer Treatment at SGH, and Laurel Amtower Cancer

⁵⁴ American Cancer Society (ACS) Cancer Statistics Center (2022), *California at a Glance*.

⁵⁵ ACS (2022), *Cancer Facts & Figures 2022*.

⁵⁶ European Observatory on Health Systems and Policies (in partnership with the WHO) (2022). *What are patient navigators and how can they improve integration of care?* (Policy Brief no. 44).

⁵⁷ National Institutes of Health (NIH) (2022), *NIH Clinical Research Trials And You*.

Institute and Neuro-Oncology Center at SMH. The Cancer Centers of Sharp are accredited by the American College of Surgeons Commission on Cancer (CoC) as an Integrated Network Cancer Program (INCP), demonstrating Sharp's commitment to meeting rigorous standards and improving the quality of care for patients with cancer. In FY 2021, the Cancer Centers of Sharp received APEX (Accreditation Program for Excellence) accreditation by the American Society for Radiation Oncology, in recognition of Sharp's dedication to promoting effective communication and coordinated radiation oncology treatment, as well as engaging patients and their families as partners in care.

The Cancer Centers of Sharp, including the Barnhart Cancer Center, serve community members, patients and their loved ones through a variety of free cancer support groups, education classes and workshops and community events, as well as patient navigation and other support services. In FY 2022, all programs were provided online in response to the ongoing COVID-19 pandemic and served more than 1,700 community members impacted by cancer.

The Cancer Centers of Sharp, including the Barnhart Cancer Center, continued to offer virtual educational classes at no cost for patients and community members facing cancer. 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 cancer and sexuality; communicating with one's health care team; communicating with loved ones; how to prepare for the worst while hoping for the best; humor and cancer; care for the caregivers; self-care; stress management; the science of making healthy lifestyle changes; self-talk; talking to children about cancer; and cancer and aging. Over 15 classes were offered through virtual platforms, reaching more than 390 individuals. Additionally, the programs were recorded and shared with another 75 individuals who were not able to attend the live webinar. Other educational classes offered by the Cancer Centers of Sharp included nutrition management and healthy eating before, during and after treatment; nutrition and healthy eating during and after breast cancer treatment; cancer and lymphedema — a condition where swelling occurs because of damage or blockage in the lymphatic system; and structured healing art activities to improve overall well-being. Since the classes were offered virtually, allowing individuals to participate in the comfort of their own homes, attendance increased compared to pre-pandemic levels.

The Cancer Centers of Sharp, including the Barnhart Cancer Center, offered free virtual workshops for patients and community members. This included advance care planning (ACP) workshops provided in collaboration with Sharp's ACP department. Led by Sharp HospiceCare team members with specialized training in ACP, the webinars helped participants identify their personal health care choices, communicate their wishes to loved ones, and develop their advance health care directive. The Cancer Centers of Sharp also offered four rotating monthly workshops for cancer patients and their loved ones, titled Relaxation and Quieting the Mind; Chemo Brain Workshop: Improving Memory and Concentration; Scanxiety: Managing the Fear of Cancer Recurrence; and Managing Sleep and Fatigue. A virtual Relaxation Skills workshop was provided each week, during which a clinician offered breathing and other relaxation exercises as well

as guided meditations to reduce tension and stress. An additional workshop related to “chemo brain” was added over the summer titled How to Help Someone with Chemo Brain – A Class for Loved Ones. Attended by 75 individuals, this program was offered as a result of hearing from patients that their loved ones should have more information on how to support them during their experience with cancer-related cognitive impairment. In total, more than 420 community members attended these classes and workshops in FY 2022. Further, SCVMC offered a free Advanced Treatment Options for Prostate Cancer Webinar for more than 10 attendees in July.

In October, the Cancer Centers of Sharp offered a webinar titled Surviving Cancer: Thriving After a Diagnosis to more than 50 individuals. At the webinar, a Sharp-affiliated physician discussed her personal journey with breast cancer, and Sharp oncology social workers and a dietitian presented on thriving after a cancer diagnosis, nutrition and exercise for survivors, and cancer-related cognitive impairment.

In FY 2022, the Cancer Centers of Sharp continued to provide an assortment of online support groups, which were also promoted by the Barnhart Cancer Center. Support group offerings included general cancer, living with advanced cancer, men with any cancer diagnosis at any stage, head and neck cancers, art and chat, young patients living with cancer, brain tumor, brain tumor care partners, and breast cancer. In FY 2022, the Cancer Centers of Sharp offered two new support groups, including a cancer support group for community members living with any type of cancer as well as a cancer survivors support group, during which the group discussed day-to-day challenges of cancer survivorship — fear of recurrence and long-term life-altering side-effects. In addition, the Barnhart Cancer Center offered a support group in Spanish for patients diagnosed with cancer. More than 620 community members attended cancer support groups in FY 2022.

In February, the Barnhart Cancer Center partnered with and participated in the South Bay Family YMCA’s Community Connections program. Through the program, the YMCA invites community partners to join them in providing resources and activities that promote a healthy spirit, mind and body. The Barnhart Cancer Center provided education on monthly breast self-examinations and various cancer resources, as well as answered questions. Approximately 50 community members attended the event.

In FY 2022, the Cancer Centers of Sharp launched a private Facebook group titled Sharp HealthCare Cancer Patient Community. This group was created for cancer patients and their loved ones to create a sense of community and connection as well as provide reliable information, thoughtful content, live discussions, and a quick and easy way to view current program and service offerings. This Facebook page has more than 150 participants who are able to access up-to-date and vetted information, as well as post about issues of concern related to themselves and others.

Beginning in July 2021, a taskforce was formed to explore the development of a continuum of care for patients experiencing chemo brain, more formally known as cancer-related cognitive impairment. Building off the existing webinar for chemo brain,

the group created a supportive process for patient care, from diagnosis onward, developing educational materials, an additional webinar for loved ones, one-on-one assessment and treatment by a Sharp speech language pathologist, an eight-session class taught by the speech language pathologist and an oncology social worker, and a mentorship program for graduates. Throughout FY 2022, two cohorts of the eight-session class have been completed. These two cohorts featured a total of 14 participants, who provided positive feedback on the experience and degree of support they received. This continuum of care is the first of its kind in San Diego.

From June to November 2021, Sharp's systemwide INCP participated on the ACS CoC's Plan-Do-Study-Act (PDSA) clinical study titled Return to Cancer Screening. As a systemwide effort, Sharp participated in this clinical study to increase the pre-pandemic screening rates for both breast and colorectal cancers by 10% and reduce the backlog in screenings caused by pandemic disruptions. Various departments implemented measures to bring patients in for screenings, which included social media campaigns, news stories, and personal outreach for booking appointments, mailings and reminders. Findings were reported in February 2022: Sharp's breast cancer screening goal reached 91% of the target and colorectal cancer screenings exceeded the goal, with 103% of target.

Beginning in January, Sharp participated in a second PDSA clinical study with the CoC addressing smoking cessation as a means to improve patient cancer risk and treatment outcomes. This study reviewed whether all newly diagnosed cancer patients are being asked about their smoking status and offered cessation resources as appropriate. The initial data collection suggested that Sharp providers are consistently asking this question during consultation appointments (99% of the time) but smoking cessation resources offered to patients varied and were inconsistent across the system. Sharp improved its process by creating a new, Sharp-branded patient resource to be shared with all cancer treatment providers. Final smoking cessation data will be collected and reported in February 2023.

The Cancer Centers of Sharp, including the Barnhart Cancer Center, participated in the Sharp Women's Health Conference in May. Held at the Sheraton San Diego Hotel & Marina, the conference encouraged attendees to live a healthier, more balanced life. Approximately 650 community members were inspired by the conference's speakers, multiple breakout sessions and exhibitors, who offered screenings, assessments, health resources, pampering services and more. During the event, the Cancer Centers of Sharp offered education on how to properly perform a breast self-exam and the importance of performing monthly exams; information on cancer support services, including nurse navigation, social work, nutrition, education and available classes; and informational materials on cancer.

The Barnhart Cancer Center also continued to offer a wig and prosthesis bank. In FY 2022, the cancer center provided cancer patients with donated wigs, prosthetic devices and bras. The Barnhart Cancer Center also partnered with Renewing Life and ACS to coordinate transportation at no cost for patients receiving treatment. In addition, ACS

provided patients with essential lodging services, as needed.

The Barnhart Cancer Center offers a cancer patient navigator program that provides personalized education, support and guidance to patients and their loved ones from early detection through diagnosis and treatment. In FY 2022, the navigation team assisted more than 330 patients in-person, virtually and over the telephone. The team includes nurses, a medical social worker, a genetics counselor, a speech-language pathologist, a lymphedema therapist and a palliative care specialist. In addition, the team includes a certified dietitian who identifies patients at risk of nutritional problems and provides classes and referrals to meal delivery services and in-home parenteral nutrition care — an intravenous method of delivering nutrients.

In FY 2022, four volunteers assisted patients with scheduling telemedicine appointments and troubleshooting technical issues. Additional volunteers brought warm blankets to patients in the waiting room and provided other assistance as needed. Further, each week, a volunteer provided Healing Touch energy therapy to patients in the Outpatient Infusion Center.

In FY 2022, SCVMC helped raise community awareness of cancer through a variety of methods. In honor of National Mammography Day in October, SCVMC-affiliated physicians and staff joined the annual Sharp Goes Pink effort, wearing pink to raise awareness of the lifesaving importance of mammograms. Throughout FY 2022, Sharp cancer specialists appeared in local English- and Spanish-language media as well as sharp.com articles to educate community members about cancer. Topics included eating right during cancer treatment; the benefits of 3D mammography and seeing cancer clearly; the difference in symptoms between lung cancer and COVID-19; the link between back pain and cancer; and ovarian cancer symptoms.

For more than 20 years, the Clinical Oncology Research (COR) Department at Sharp has conducted clinical trials to facilitate the discovery of new and improved treatments for cancer patients and to enhance scientific knowledge for the larger health and research communities. Sharp's COR program includes a balanced portfolio of industry-sponsored, investigator-initiated and National Cancer Institute (NCI) studies. These studies explore the efficacy and safety of novel cancer therapeutic agents or technologies to benefit the most common cancer types. NCI studies focus on optimizing the standard of care. Sharp's COR collaborates with 22 physician-investigators throughout SDC's south, east and central regions. This brings innovative treatments close to research participants' homes and minimizes the travel time for their care and study participation.

In FY 2022, the COR pre-screened 400 patients for participation in oncology clinical trials. As a result, 33 patients consented to participate in cancer research studies. Clinical trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, pancreatic and prostate. Sharp is the only health care organization in SDC to be accredited by the Association for the Accreditation of Human Research Protection Programs, demonstrating Sharp's commitment to rigorous standards for ethics, quality and protection for research participants.

FY 2023 Plan

The Barnhart Cancer Center at SCVMC will do the following:⁵⁸

- Partner with local organizations and agencies to provide underserved community members with health education and access to cancer screenings
- Offer cancer support groups for patients, caregivers and loved ones as well as members of the community, including groups in English and Spanish
- Offer wigs, prosthetics, bras, hats and scarves to patients with cancer
- Offer monthly educational classes on nutrition for cancer prevention and nutrition during cancer treatment in both English and Spanish
- Offer classes to address cognitive impairments related to cancer and cancer treatments
- Collaborate with the Cancer Centers of Sharp to provide virtual workshops on various cancer wellness topics, including Spanish-language options
- Provide meeting space for quarterly sessions of the Look Good Feel Better program
- Offer monthly ACP and lymphedema education classes
- Provide patients with campus wayfinding and golf cart transportation to other appointments and the pharmacy for medication pick-up
- Provide the private Sharp HealthCare Cancer Patient Community Facebook group
- Offer two new support groups — one for cancer survivors and one for Spanish-speaking patients
- Participate in and provide fundraising for events to support cancer research in SDC
- Participate in and offer various cancer resources at the Aging Conference at the Elks Lodge in October
- Implement a patient and family advisory counsel

Identified Community Need: Diabetes Education, Prevention and Support

Rationale references the findings of the SCVMC 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCVMC 2022 CHNAs identified chronic conditions, including diabetes, as one of the priority health concerns affecting community members served by SCVMC.
- Data analysis in the SCVMC 2022 CHNA revealed a higher number of hospital discharges due to Type 2 diabetes in communities within SDC's south region — such as National City and San Ysidro — which face greater socioeconomic challenges.⁴⁶

⁵⁸ Where applicable, SCVMC will perform these activities as COVID-19 public health and safety guidelines allow.

- Participants in the interviews conducted by community health workers and *promotores* as part of the HASD&IC 2022 CHNA identified diabetes as a major health concern among community members.
- HASD&IC community engagement participants identified lack of access to utilities and household appliances as a challenge to diabetes management due to the importance of proper medication storage and preparation of nutritious meals.
- Analysis of Sharp clinical data from FY 2016 to 2021 showed a 35% increase in diabetes diagnoses among hospital inpatients, demonstrating the impact of patients delaying care due to the COVID-19 pandemic. In addition, the ratio of diabetes deaths observed at Sharp hospitals in 2021 was 89% higher than expected when compared to 2016. Furthermore, more than half (58.3%) of SCVMC inpatients with a diabetes diagnosis in 2020 were seniors.
- In addition, according to Sharp hospital data, 40% of COVID-19 inpatients admitted from March 2020 to March 2022 presented with diabetes; individuals with diabetes were 2.1 times more likely to be admitted to the hospital than non-diabetic COVID-19 patients. COVID-19 patients with diabetes were also 82% more likely to require a stay in the intensive care unit (ICU).
- In 2020, diabetes was the seventh leading cause of death in SDC's south region.^{44,45}
- In 2019, there were 143 deaths due to diabetes in SDC's south region. The region's age-adjusted death rate due to diabetes was 30.1 per 100,000 population, significantly higher than the overall SDC age-adjusted diabetes death rate (20.6 deaths per 100,000 population).
- In 2019, there were 1,082 hospitalizations due to diabetes in SDC's south region. The age-adjusted rate of hospitalization was 219.4 per 100,000 population. This rate was the highest among all SDC regions and was higher than the age-adjusted rate of hospitalization for SDC overall (137.2 per 100,000 population).⁴⁷
- In 2019, there were 1,223 diabetes-related ED visits in SDC's south region. The age-adjusted rate of diabetes-related ED visits was 252.4 per 100,000 population. This was the second highest rate among all SDC regions and was higher than the rate for SDC overall (169.1 per 100,000 population).
- According to 2021 CHIS data, 10.3% of adults living in SDC's south region indicated that they had ever been diagnosed with diabetes, which was higher than SDC overall (8.5%) but lower than the state of California (10.8%). Diabetes rates among seniors were particularly high, with 25% of south region adults ages 65 and older reporting that they had ever been diagnosed with diabetes, which was higher than SDC overall (16.3%).⁴³
- According to 2021 CHIS data, 22.1% of residents in the south region had been told by their doctor that they had pre- or borderline diabetes, slightly higher than residents of SDC overall (16.6%).⁴³
- According to a report from the American Diabetes Association (ADA) titled *The Burden of Diabetes in California*, approximately 10.5% of adults in California are diagnosed with diabetes. In addition, 33.4% of adults have prediabetes.⁵⁹
- Data presented by the CDC indicates that, in 2021, diabetes prevalence in California was highest among non-Hispanic Black individuals (17.5%), followed by Hispanic

⁵⁹ American Diabetes Association (2021), *The Burden of Diabetes in California*.

individuals (13.3%), non-Hispanic Asian individuals (11.5%) and non-Hispanic White individuals (9.2%).⁶⁰

- According to the CDC, diabetes is the seventh leading cause of death in the U.S. In addition, the number of adults diagnosed with diabetes in the U.S. has more than doubled in the last 20 years as the U.S. population has aged and become more overweight.⁶¹
- The CDC's 2022 *National Diabetes Statistics Report* indicates that 89.8% of adults diagnosed with diabetes from 2015 to 2018 were overweight or obese, and 69% had high blood pressure. Factors that may reduce the risk of diabetes complications include having a usual source for diabetes care; meeting recommended physical activity goals; managing or losing weight; managing A1C (blood glucose) levels, blood pressure and cholesterol; and quitting smoking.⁶²
- The CDC estimates that 37.3 million people in the U.S. had diabetes in 2019. Of those individuals, 23% met laboratory criteria for diabetes but were not aware they had the disease.⁶²
- According to the CDC, diabetes increases the risk of heart disease and stroke and can lead to other serious complications, such as kidney failure, blindness and amputation of a toe, foot, or leg. People with diabetes spend more on health care, have fewer productive years and miss more workdays compared to people who do not have diabetes.⁶³

Objectives

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

FY 2022 Report of Activities

The SCVMC Diabetes Education Program is recognized by the ADA for meeting national standards for excellence and quality in diabetes education, including blood sugar monitoring, medication and nutritional counseling as well as insulin pump and other device training. The program is led by certified diabetes care and education specialists, who provide individuals and their support systems with the skills needed to successfully manage various conditions, including prediabetes, gestational diabetes (diabetes developed during pregnancy), as well as Type 1 and Type 2 diabetes. In FY 2022, small group and one-on-one education options were offered in-person or online, in both English and Spanish.

In FY 2022, the Sharp Diabetes Education Program offered diabetes education and support to approximately 650 attendees at the Sharp Women's Health Conference. This

⁶⁰ CDC (2022), *Behavioral Risk Factor Surveillance System, 2021*.

⁶¹ CDC (2022), *Diabetes Fast Facts*.

⁶² CDC (2022), *National Diabetes Statistics Report*.

⁶³ CDC National Center for Chronic Disease Prevention and Health Promotion (2022), *Diabetes and Prediabetes*.

included diabetes risk assessments using the ADA's Diabetes Risk Test questionnaire as well as resources on topics including the different types of diabetes; diabetes prevention; signs, symptoms and complications of diabetes; the connection between diabetes and CVD; nutrition and reading food labels; exercise; medication; and diabetes self-management. A Sharp diabetes expert also provided education on the prevention and management of Type 2 diabetes, including helpful diets, physical activity and the power of lifestyle change. At the San Diego Crew Classic rowing event in March, a Sharp Diabetes Education Program nurse provided first aid in the Sharp medical tent and answered health-related questions for approximately 200 attendees. In addition, the Sharp Diabetes Education Program provided fundraising and team participation for the 2022 San Diego Heart & Stroke Walk in September. Although the program had anticipated participating in additional community events, conferences and educational presentations throughout FY 2022, many in-person activities were canceled or postponed due to the COVID-19 pandemic.

The Sharp Diabetes Education Program is an affiliate of the California Diabetes and Pregnancy Program's Sweet Success Program, which provides comprehensive technical support and education to medical personnel and community liaisons to promote improved outcomes for high-risk pregnant women with diabetes. As an affiliate, the Sharp Diabetes Education Program teaches underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes how to manage their blood sugar levels. In FY 2022, the program collaborated with community clinics, including Family Health Centers of San Diego (FHCS), La Maestra, San Ysidro Health, Neighborhood Healthcare, Borrego Health, and San Diego Family Care to provide patients with education and resources to support a healthy pregnancy. Since the onset of the pandemic, the program has accommodated individual preferences by serving patients with virtual, telephone and on-site options. Topics included gestational diabetes statistics; new diagnostic criteria; treatment and management of blood glucose levels; goals for blood sugar levels before and after a meal; insulin requirements; self-care practices; nutrition and meal planning; exercise and weight management; monitoring fetal movement; and the risks and complications of uncontrolled diabetes. Clinic patients also received logbooks to track and manage their blood sugar levels. In addition, the Sharp Diabetes Education Program evaluated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician/gynecologists (OB-GYN) to prevent complications. At SCVMC, the Sharp Diabetes Education Program provided services and education to more than 915 underserved pregnant and breastfeeding women with diabetes in FY 2022.

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 to help community members track their blood sugar levels. Additionally, live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application. Further, Sharp's certified diabetes care and education specialists received training from the Sharp Equality Alliance to improve the delivery of inclusive and culturally competent care for diverse communities.

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 approximately 150 participants with specific tools and strategies for creating a hospital culture that supports and encourages emerging therapeutic trends in glycemic management. Topics included COVID-19 and how it highlights diabetes concerns; the use of certain medications and continuous glucose monitoring in the inpatient setting; the effect of nutrition on glycemic management; the importance of glycemic targets; and diabetes from a behavioral perspective.

In FY 2022, the Sharp Diabetes Education Program continued to serve as an insulin pump training center to support endocrinologists and primary care physician (PCP) groups throughout SDC. Through this effort, the program trains community providers to use diabetes technology, including insulin pumps and blood glucose monitors, to improve patient care and outcomes. Further, the Sharp Diabetes Education Program recently implemented an enhanced electronic medical record system to improve care coordination with more than 300 community endocrinologists and PCP groups.

FY 2023 Plan

The SCVMC and the Sharp Diabetes Education Programs will do the following:⁶⁴

- Provide prediabetes and diabetes information to community members at various community venues in SDC's south region, as well as through virtual platforms
- Offer a webinar series on the role of nutrition in preparation for pregnancy, including information about diabetes
- Explore collaborations to assist and educate community members experiencing food insecurity
- Explore opportunities to provide diabetes education to the Imperial Beach community
- Explore additional opportunities to provide community-based diabetes education classes
- Explore future collaborations with community clinics to provide education and resources to patients with diabetes
- Provide gestational diabetes services and resources to underserved pregnant and breastfeeding women, both at SCVMC and community clinics
- Offer blood glucose screenings for community members in the south region of SDC, as opportunities arise

⁶⁴ Where applicable, the SCVMC and Sharp Diabetes Education Program will perform these activities as COVID-19 public health and safety guidelines allow.

- Participate in Tour de Cure — the ADA’s signature fundraising event to fight diabetes — as well as the San Diego Heart & Stroke Walk
- Maintain up-to-date resources about diabetes treatment and prevention to support community members with diabetes, particularly foreign language and culturally appropriate resources for diverse populations
- Participate in local and national conferences to share best practices in diabetes treatment and control with the broader health care community
- Conduct educational symposiums for health care professionals focused on improving outpatient and inpatient diabetes care
- Host a diabetes conference for health care professionals
- Explore collaborations with community organizations that focus on diabetes prevention and care
- Partner with community physicians to help them improve patient outcomes using technology, including insulin pumps and blood glucose monitors
- Participate in 2-1-1 San Diego’s (2-1-1) Community Information Exchange (CIE) program to serve patients with barriers to health equity by connecting them to community services

Identified Community Need: Health Education and Screening Activities

Rationale references the findings of the SCVMC 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCVMC 2022 CHNAs identified access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety, and economic stability as the priority health and social needs affecting the community members served by SCVMC. In addition, maternal and prenatal care, including high-risk pregnancy, were identified in the SCVMC 2022 CHNA as priority health needs.
- HASD&IC’s community engagement efforts described health literacy as a barrier in accessing health care. To help people understand basic health information, there is a need for more education on preventive health care, healthy lifestyles and understanding the differences between sources of care (e.g., when to use urgent care versus the emergency room). Participants noted that health care settings should use simple, plain language forms to help people understand health information.
- Also, according to the HASD&IC 2022 CHNA, the pandemic further exacerbated existing health literacy challenges, such as people not understanding their health insurance benefits, not knowing whom to call to access services and difficulty identifying where to get care.
- Participants in the IPH Sharp Provider Survey conducted as part of the SCVMC 2022 CHNA process identified pregnant women as one of the populations of patients impacted by COVID-19 in relation to increased anxiety and depression, and decreased access to behavioral health care.

- The majority (96%) of Sharp Insight Community Survey respondents did not participate in Sharp’s programs to connect individuals to support services or resources, which suggests that more can be done to promote community awareness about these services. Among those who did participate, programs accessed included diabetes care and education programs (12%); nutrition programs (6%); and weight management programs (6%).
- According to 2021 CHIS data, the self-reported obesity rate for adults in SDC’s south region was 25.1%, higher than the rate for SDC overall (21.7%).⁴³
- In California, the self-reported obesity rate was 30.3% in 2020. Prevalence of obesity decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates.⁶⁵
- A study published in the CDC’s *Morbidity and Mortality Weekly* suggests that risks of COVID-19-related hospitalization, ICU admission, invasive mechanical ventilation and death are higher with increasing body mass index, particularly among adults under the age of 65.⁶⁶
- According to the CDC, the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and certain types of cancer.⁶⁷
- In 2021, 25.7% of south region residents living below 200% of the FPL reported enrollment in the CalFresh program.⁴³
- In 2019, seniors in SDC’s south region experienced higher rates of hospitalization and ED visits for unintentional injuries, falls, cancer, coronary heart disease, stroke, diabetes, overall hypertensive diseases, influenza, pneumonia, chronic obstructive pulmonary disease/chronic lower respiratory diseases, asthma and Parkinson’s disease when compared to SDC overall.⁴⁷
- In 2020, there were 478 low birth weight (LBW) births in SDC’s south region, accounting for 7.2% of the region’s total births. In the same year, there were 77 very low birth weight (VLBW) births in the south region, or 1.2% of total births. In SDC overall in 2020, LBW births accounted for 6.7% of births, while VLBW births accounted for 1.1% of all births.⁶⁸
- In 2020, 5,789 live births received early prenatal care in the south region, which translates to 88.2% of all live births in the region.⁶⁸
- According to Live Well San Diego’s *San Diego County Report Card on Children and Families, 2021*, breastfeeding enhances immunity to disease, decreases the rate and severity of infections in children, is associated with healthy development and decreased risk of childhood obesity and reduces lifelong risks for chronic health problems. Mothers who breastfeed may have a reduced risk of some cancers, quicker postpartum recovery time and less work missed due to child illness.⁶⁹
- According to the CDC, more than 53 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass.⁷⁰ Along with the financial

⁶⁵ CDC (2022), *Adult Obesity Prevalence Maps*.

⁶⁶ Kompaniyets L, Goodman AB, Belay B, et al. (2021), Body Mass Index and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death — United States, March–December 2020. *MMWR Morbidity and Mortal Weekly Report*, 70(10), 355–361. Digital object identifier (DOI): <http://dx.doi.org/10.15585/mmwr.mm7010e4>

⁶⁷ CDC (2022), *Adult Obesity Facts*.

⁶⁸ County of San Diego HHSA (2022), *Maternal, Child, and Family Health Services Statistics*.

⁶⁹ Live Well San Diego (2022), *San Diego Report Card on Children, Families, and Community, 2021*.

⁷⁰ Sarafrazi N., Wambogo E.A., & Shepherd J.A. (2021). Osteoporosis or low bone mass in older adults: United States, 2017–2018. *NCHS Data Brief*, no 405. Hyattsville, MD: NCHS. DOI: <https://dx.doi.org/10.15620/cdc:103477>

costs, osteoporosis can reduce quality of life for many people who suffer from fractures. Preventable risk factors for osteoporosis include smoking, alcohol consumption and medication and vitamin intake.⁷¹

Objectives

- Provide health education classes, support groups and screening activities for the community with a focus on health and social needs identified through the SCVMC 2022 CHNA
- Host and participate in community health fairs and events
- Provide fundraising support for nonprofit health organizations

FY 2022 Report of Activities

In spite of limitations posed by the COVID-19 pandemic, SCVMC was able to participate in a number of community activities, including the AHA 2022 San Diego Heart & Stroke Walk as well as conducted six blood drives during the year. With an average of 21 SCVMC team member donors per drive, SCVMC collected approximately 125 units of blood in FY 2022, which helped save more than 370 lives. SCVMC staff also served on the medical crew and provided first aid care for participants of the 2021 Susan G. Komen San Diego 3-Day breast cancer walk, which began in Del Mar and ended in Downtown, in November. In addition, SCVMC provided live webinars on joint pain topics, including treating knee, hip and shoulder pain; atrial fibrillation; pelvic health issues; heart valve disease; and preparing for pregnancy to more than 160 community members in FY 2022.

Throughout FY 2022, SCVMC's Women's & Infants' Health Services led free, virtual breastfeeding support groups twice weekly in English and Spanish. Through these groups, the hospital's certified lactation educators provided breastfeeding education, support and guidance to new mothers. In October, SCVMC's Women's & Infants' Health Services hosted its 21st Annual Breastfeeding Support Group Halloween Baby Parade for mothers and family members from the hospital's breastfeeding support groups. Mothers had the opportunity to dress their infants and children in costumes and celebrate with a drive-thru event, where approximately 50 cars drove by. The tiny trick-or-treaters, who traditionally parade around hospital floors, showed off their costumes from their cars and were handed Halloween gift bags by staff. In addition, in February, May and August, Sharp-affiliated physicians led three Planning for Pregnancy webinars for community members. The webinars discussed diet, prenatal vitamins, reproductive planning, fertility challenges, finding the right doctor and more. For a nominal fee, the hospital also offered webinars in both English and Spanish, titled Baby Care Basics, Childbirth Preparation and Breastfeeding.

In May, SCVMC staff participated in the Sharp Women's Health Conference held at the Sheraton San Diego Hotel & Marina. During the event, various hospital departments engaged attendees with a variety of health information and resources, including blood

⁷¹ NIH (2019), *Osteoporosis Overview*.

transfusions and alternatives, cancer, diabetes prevention and care, stroke symptoms and risk modification strategies, women's health from pre-conception to post-menopausal, as well as bone density and stroke screenings and diabetes risk assessments. There were more than 20 breakout sessions with clinical experts discussing a range of health and lifestyle topics, including cancer, women's health, cardiovascular health, orthopedics, pain relief, eating and living well, exercise and more. Breakout session speakers included SCVMC registered dietitians discussing the research on cancer and simple lifestyle changes like a healthy diet to help reduce the risk of cancer or cancer recurrence, as well as the latest evidence-based research on common causes of and strategies to reduce inflammation, including eating strategies to improve overall health.

In FY 2022, SCVMC helped raise community awareness about important health issues through informational segments with local and national news media. Experts included SCVMC-affiliated physicians, nurses and ancillary health professionals representing emergency medicine, emergency services, physical therapy, rehabilitation, diabetes, OB-GYN, gastroenterology, cardiology and marketing. Topics included the reality of a mild COVID-19 breakthrough case; the dangers of drowsy driving; three ways to relieve holiday burnout; six things to know about California's indoor mask mandate; the safe way to get in shape; what to do if a loved one has a heart attack; diabetes care in the South Bay; the COVID-19 vaccine and a woman's menstrual cycle; decoding digestive and abdominal pain and the importance of timely care; pelvic health conditions and treatments; and exclusively pumping as a way to breastfeed.

Throughout the year, SCVMC employees were active, contributing members of various community nonprofit organizations, including Rotary Club of Chula Vista, HSHMC, Chula Vista Chamber of Commerce, AHA, American Hospital Association Regional Policy Board, South County Economic Development Council and SDADVS. Due to the COVID-19 pandemic, many organizations continued to meet virtually.

Certified by Planetree for excellence in person-centered care, SCVMC participated in the Planetree International Conference on Person-Centered Care in Anaheim, California, which focused on the topics of Restoring Ourselves; Rebuilding Trust & Engagement; and Creating a Healthier, Fairer, More Caring World. Held in May, the three-day conference included special interest educational sessions, keynote speakers, opportunities to connect and more. At the conference, five SCVMC nurses shared two posters on Community Engagement in Planning Person-Centered End-of-Life Care and The Ocean View Tower, High-Reliability & Person-Centered Care in Practice. In addition, SCVMC presented on the hospital's Community Care Partner Program, where volunteers act as care partners for patients without family at the bedside. Further, SCVMC hosted more than 20 hospital leaders from all over the world who attended the conference, sharing information about its Planetree designation and providing leaders with a tour of the hospital.

In FY 2022, Sharp planned to offer Spanish-language resources and educational opportunities to Hispanic or Latino community members and *promotores* (community

health workers) in the south region as part of the *Conviva y Aprende* (Share and Learn) educational series, but the educational opportunities were paused due to the pandemic. In addition, in FY 2022, Sharp offered seven free Understanding Medicare webinars in Spanish, which featured specialists who explained how Medicare works and enrollment options, as well as provided the opportunity to ask questions.

FY 2023 Plan

SCVMC will do the following:⁵⁸

- Share evidence-based health information via media relations, social media and other communication channels as available
- Promote awareness and knowledge of health-related issues and resources impacting the community served by SCVMC, with an emphasis on needs identified in the SCVMC 2022 CHNA
- Conduct blood drives in partnership with the San Diego Blood Bank
- Assist community nonprofit organizations through coordination, support and fundraising activities

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

Rationale references the findings of the SCVMC 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC 2022 CHNA identified workforce shortages as a foundational challenge that greatly exacerbates the priority health and social needs (access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety and economic stability) affecting community members served by SCVMC.
- Workforce shortages were described by HASD&IC 2022 CHNA community engagement participants as the top priority for local health care providers. The pandemic has severely strained the existing health care workforce, and staffing shortages have exacerbated challenges in meeting the demand for community services. All health care settings, including behavioral health, were described as understaffed, and workforce shortages can adversely impact the patient experience. Further, the workforce shortage is creating a wider equity gap, with fewer culturally competent and linguistically appropriate providers available to care for SDC's diverse communities.
- The IPH Sharp Provider and Sharp Human Resources surveys conducted as part of the SCVMC 2022 CHNA process identified several educational topics of particular interest and importance to employee professional development, including defining cultural humility and applying it to health care; the impact of implicit or unconscious

bias on decision-making; maternal and infant health with a focus on the Black community; and health disparities among various groups, including the Black, Asian, Latinx and immigrant communities.

- Nearly 90% of IPH Sharp Provider Survey participants reported that COVID-19 had at least a moderate impact in employees' desire to change careers or leave the workforce, which may create challenges in meeting the health care needs of the community. Of these, the majority (78%) reported that Sharp does not have programs or services available to address this issue.
- The San Diego Workforce Partnership (SDWP) reported that in 2021, there were 186,000 people employed in the health care sector in SDC, accounting for 13% of all jobs countywide.⁷²
- SDWP also cites research by the University of Washington Center for Women's Welfare that estimates the basic needs of a single adult resident of SDC to cost \$3,058.72 per month, requiring full-time employment at \$17.65 an hour. Of the 20 most common occupations in SDC's health care sector, there are 11 with training requirements less than or equal to an associate degree that can provide new graduates with a living wage.⁷²
- Total employment in California is projected to grow 16% between 2020 and 2030, reflecting an increase of 2.8 million jobs statewide over the decade. The educational services (private), health care and social assistance sector is expected to be one of the fastest-growing industries in California, with 19.0% growth anticipated.⁷³
- According to the U.S. Bureau of Labor Statistics' *Employment Projections – 2021-2031* report, employment in health care and social assistance is projected to add about 2.6 million jobs from 2021 to 2031 — the highest growth among all industry sectors. Factors that are expected to contribute to this growth include rising demand for the care of an aging baby-boom population, longer life expectancies and higher prevalence of chronic conditions.⁷⁴
- According to a report from the California Health Care Foundation (CHCF) titled *California Physicians: A Portrait of Practice*, the supplies of physicians, physician assistants and three types of advanced practice nurses in California grew between 2016 and 2020, while the supply of clinical nurse specialists decreased. The increased supply of licensed physicians does not accurately reflect the availability of care, however — less than half of California's physicians provided care 40 or more hours per week.⁷⁵
- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce.⁷⁶
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages.⁷⁶

⁷² San Diego Workforce Partnership (2021), *Expanding Access to Healthcare Jobs in San Diego County: Healthcare Sector Overview*.

⁷³ California Employment Development Department (EDD) (2022), *Employment Projections*.

⁷⁴ U.S. Bureau of Labor Statistics (2022), *Employment Projections – 2021-2031*.

⁷⁵ California Health Care Foundation (CHCF) (2021), *California Physicians, 2021: A Portrait of Practice*.

⁷⁶ CHCF (2021), *Health Workforce Strategies for California: A review of the Evidence*.

- The California Future Health Workforce Commission (CFHWC) has described several recent state budget and policy actions intended to address the significant health and economic impacts of the COVID-19 pandemic. This includes investments in the mental health workforce, particularly for those who work with children and youth; investments in physician residencies, with an emphasis on psychiatry; additional California Department of Health Care Access and Information⁷⁷ oversight for state-supported health workforce programs; expanding the scope of practice for nurse practitioners; and creating several new reimbursable provider types, such as community health workers.⁷⁸
- According to CFHWC key informant interviews with private sector health care leaders, California’s workforce needs include increasing workforce diversity; educating young Californians that futures in the health sector are appealing regardless of background, socioeconomic status, race/ethnicity, and gender; and partnering with schools and companies to remove barriers to continuing education and develop pipelines for jobs.⁷⁹
- A CHCF survey of frontline health care workers during COVID-19 reflects the sustained mental and emotional toll of providing patient care during the pandemic. Six in 10 providers continue to feel overworked and burned out, while nearly half are frustrated by their job. Nearly three out of four nurses (72%) say they feel burned out from their work — higher than the 61% reported among nurse practitioners and physician assistants, 57% among doctors, and 56% among behavioral health specialists.⁸⁰

Objective

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

FY 2022 Report of Activities

In FY 2022, SCVMC collaborated with local, state and national schools, colleges and universities to provide hospital-based opportunities for students to explore and train for a variety of careers in health care. Although still significant, in FY 2022, student participation in these programs remained lower than pre-pandemic levels because of interruptions to on-site learning related to COVID-19. These circumstances also impacted SCVMC’s partnership with HSHMC — the program remained paused through August. In September, 45 HSHMC students in grades nine, 11 and 12 were welcomed back to SCVMC’s campus. The students began their internship experience with an orientation and spent 450 hours rotating through instructional pods in specialty areas, including but not limited to nursing; emergency services; maternal infant services; occupational therapy; physical therapy; medical/surgical; rehabilitation; laboratory

⁷⁷ California’s Department of Health Care Access and Information was formerly known as the Office of Statewide Health Planning and Development.

⁷⁸ California Future Health Workforce Commission (CFHWC) (2022), *January 2022 Update on Health Workforce Progress*.

⁷⁹ CFHWC (2020), *Meeting the Demand for Health: Top Priorities, Challenges, and Proposed Actions for the Private Sector to Support the Workforce California Needs*.

⁸⁰ CHCF (2021), *COVID-19 Tracking Poll, May 2021 Views from California Health Care Providers on the Front Lines*.

services; pharmacy; cardiac care; radiology; engineering; nutrition; administration; Arts for Healing; sterile processing; and general operations.

In FY 2022, SCVMC provided more than 59,400 hours of training and supervision for more than 440 students pursuing health care careers. Students came from colleges and universities throughout the community, including Azusa Pacific University, California College San Diego, California State University San Marcos (CSUSM), Chapman University, Concordia University, Grossmont College, Grossmont Health Occupations Center, Keck Graduate Institute, Pima Medical Institute, Point Loma Nazarene University (PLNU), San Diego City College, San Diego Mesa College, San Diego State University (SDSU), San Joaquin Valley College, Southwestern College (SWC), University of San Diego (USD), Western University of Health Sciences and Western Governors University. In addition, SCVMC continued to partner with Midwestern University in Glendale, Arizona, to provide physician-led mentorship opportunities for medical students, serving 10 students in FY 2022.

More than 330 nursing students dedicated more than 26,400 hours to clinical rotations and individual training with hospital preceptors in FY 2022. Nursing students sought degrees ranging from associate level to Master of Science in Nursing and represented a range of specialties, including social work, dietetics, clinical or medical laboratory science, health informatics and more.

After a short pause in FY 2021 due to the COVID-19 pandemic, SCVMC resumed its partnership with SWC by training 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 relaxation therapies, including hand massage, aromatherapy and music for healing. Students visit patient rooms on each nursing unit as well as hospital waiting areas, the Barnhart Cancer Center and Birch Patrick Skilled Nursing Facility, where they nurture and interact with patients to help create a relaxing environment. SCVMC trained two students, who offered 120 hours of service, through the Integrative Therapies Collaborative in FY 2022.

In FY 2022, SCVMC provided more than 800 hours of supervision, training, lectures and support to pharmacy students. The hospital invited 28 students in advanced pharmacy practice to participate in rotations as well as provided over 1,000 hours of training to eight post-graduate year one Doctor of Pharmacy (Pharm.D.) residents. SCVMC also provided information to hundreds of Pharm.D. candidates, residents, students and interns about the education and training opportunities offered by the hospital's residency program. Education was provided through participation in virtual showcases, educational sessions, poster presentations and lectures at various schools and state and national conferences. SCVMC also virtually conducted 36 half-day personal interviews for pharmacy residency candidates in February, after receiving and processing approximately 100 applications.

Annually, the SCVMC Social Services Department offers a nine-month internship for Master of Social Work (MSW) students through a longtime partnership with SDSU, CSUSM and University of Southern California. In FY 2022, the department hosted five MSW students from SDSU. Students worked alongside licensed medical social workers to provide counseling, crisis intervention, bereavement, general emotional support, psychosocial assessment and problem solving; evaluate protective service concerns and mandated reporting for domestic violence and to child and adult protective services; provide educational services to enhance patient understanding of illness, disability and coping methods; act as a resource to physicians and hospital staff for patient treatment and discharge planning, including the discussion of environmental factors and age-related issues; and provide referrals to community agencies. Further, the students rotated through various hospital units and participated in and facilitated rounds and conferences to understand the social, emotional and developmental functions of patients and their environment. SCVMC continually assesses and identifies additional opportunities to enhance the internship for both the students and the patients whom SCVMC serves.

In July, an SCVMC nurse presented to approximately 50 palliative care professionals at CSUSM's 5th Annual Professional Palliative Care Conference. The conference theme was Building Bridges: Connecting our Communities to Palliative Care, focusing on the promotion of ACP and access to palliative care, especially for San Diego's underserved community members. The conference offered panels, workshops and presentations, including education from an SCVMC nurse discussing the initiation of early goals of care conversations in the ED and special considerations for vulnerable populations. In August, an SCVMC nurse participated as an expert panelist for the San Diego Chapter of the Association of California Nurse Leaders' Beyond the Bedside event at the Riverwalk Golf Club in Mission Valley. Approximately 60 community members attended the event, where expert panelists discussed opportunities that exist for nurses, including those beyond the bedside. In addition, SCVMC provided lectures on epidemiology and health care finance to both USD and PLNU doctoral students throughout FY 2022. Approximately 40 students attended the lectures, which were offered virtually and in-person at USD.

Additionally, the Sharp Diabetes Education Program provided education to several students throughout FY 2022. In September, the Sharp Diabetes Education Program provided virtual diabetes education on the different types of diabetes, diagnoses, current technology and medication, community resources for patients, patient education modalities and careers in diabetes to more than 20 dietetic students at SDSU. The Sharp Diabetes Education Program also mentored two dietetic interns from the San Diego Women, Infants, and Children (WIC) Dietetic Internship program. The director of the Sharp Diabetes Education Program served as a board member of the San Diego WIC Dietetic Internship program in FY 2022 and provided a presentation on diabetes care, the role of the dietitian, the different types of diabetes, nutrition and meal planning, diabetes and technology and more to all six interns in the program. In September, the program director participated in a career panel discussing careers in dietetics, including outpatient diabetes care, to approximately 50 dietetics students at the California

Academy of Nutrition and Dietetics Career Fair at PLNU. During the panel's question-and-answer session, attendees were able to ask questions about panelists' experiences in the field of dietetics.

With a theme of Moving Forward and Uniting Together, the California Association of Hospitals and Health Systems' 2022 California Hospital Volunteer Leadership Virtual Conference in February reflected on connectivity and the importance of adapting programs for the current health care landscape. At the conference, SCVMC's Volunteer Services Manager participated on a panel that discussed adapting volunteer programs during the COVID-19 pandemic as well as offered a question-and-answer session. SCVMC also presented on the hospital's Patient Activity Companion (formerly the Community Care Partner Caller) program, which was in effect from August 2020 to July 2021 and resumed in FY 2022. Through this program, volunteer patient companions, who provided in-person visits to the patient's bedside prior to the COVID-19 pandemic, were transformed to virtual community care partners to uphold their commitment and connection to patients. The program was then transitioned back to in-person in FY 2022, offering friendly visits at the patient's bedside as well as reading materials, arts and crafts engagement, word puzzles and more. More than 100 volunteers, staff who manage volunteer programs, community partners and interprofessional peers looking to expand their services with volunteer programs attended the conference.

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

FY 2023 Plan

SCVMC will do the following:⁵⁸

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

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

Rationale references the findings of the SCVMC 2022 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCVMC 2022 CHNAs identified access to health care and economic stability among the priority health and social needs affecting the community members served by SCVMC, particularly underserved and underfunded patients who face inequities.
- The HASD&IC and SCVMC 2022 CHNAs identified the following themes related to accessing health care in SDC: overall barriers to care; the impact of telehealth; health literacy; transportation; health insurance and financial concerns; stigma; the needs of specific populations (LGBTQ+, people experiencing homelessness, individuals at the end of life, undocumented individuals, and parents or caregivers); the need for trauma-informed care; and workforce challenges.
- HASD&IC 2022 CHNA participants also described the following logistical challenges related to accessing health care: making primary care appointments or accessing their usual source of care; insurance restrictions and confusion; a need for referrals to access certain services or treatments; finding the right fit with a provider; and timeliness related to level of care, such as locating after-hours urgent care.
- Across HASD&IC's interviews and focus groups, there was a universal acknowledgment that the COVID-19 pandemic caused widespread disruption to SDC's local health care system. Factors impacting the ability to access health care included postponed or canceled procedures, long wait times for appointments and the fear of COVID-19 exposure.
- Nearly all (99%) IPH Sharp Provider Survey participants reported COVID-19 had an impact on patients' access to transportation, which may result in decreased access to health care. Strategies to address this included increasing community awareness about shuttle access or Sharp Van Services and providing telehealth.
- According to the HASD&IC 2022 CHNA, financial concerns may deter patients from accessing health care. Financial assistance to help pay for medical bills was described as a frequent and significant need. Community members are not always aware of low or no-cost programs that may be available to help pay for services.
- A primary theme across HASD&IC 2022 CHNA community engagement activities was the need for more culturally competent and linguistically appropriate care. Language was identified as a significant barrier for non-English speaking and limited English proficiency community members to access care, and community members prefer receiving health care from providers who reflect their race and ethnicity. Translation services are not always adequate to help with patient-provider communication and trust, and use of these services may cause miscommunication.
- In FY 2021, Sharp had over 38,000 behavioral health diagnoses among acute care hospital inpatients. Analysis of Sharp clinical data from FY 2016-2021 showed a steady increase year-over-year, with a 12% increase since FY 2016 and 6% since

FY 2020. This increase is likely the result of both improved documentation and actual disease prevalence in the community.

- An analysis of ICD-10 (International Classification of Diseases – 10th Revision) codes indicates that, in FY 2022, a total of 223 inpatients at SCVMC experienced homelessness — a 26.4% decrease compared to FY 2021.
- In addition, in FY 2022, a total of 167 SCVMC inpatients had an ICD-10 diagnosis for problems related to living alone.
- In 2019, there were 643 ED visits related to mood disorders in SDC’s south region; the age-adjusted rate was 124.4 per 100,000 population. Individuals ages 15 to 24 had a significantly higher rate of ED visits for mood disorders compared to all other age groups (205.9 per 100,000 population).⁴⁷
- There were 552 ED visits for substance-related disorders in SDC’s south region in 2019. The age-adjusted rate of ED visits for substance-related disorders was 111.8 per 100,000 population.
- In 2021, 16.0% of south region adults, teens and children reported having no usual source of health care. In addition, 20.6% of south region residents reported that they had not visited a doctor at all in the previous year.⁴³
- According to the San Diego Hunger Coalition, while nutrition insecurity has declined since 2021, high rates remain due to long-standing economic disparities that were exacerbated by the COVID-19 pandemic. As of March 2022, more than 1 in 4 San Diegans experienced nutrition insecurity, with disproportionate impacts noted among communities of color.⁴⁰
- As of September 2022, the average unemployment rate in the south region cities of Bonita, Chula Vista, Imperial Beach and National City was 4.0%. This is higher than the rate for SDC overall (3.1%), California (3.8%), and the national rate (3.5%) during the same period.⁸¹
- According to the San Diego Regional Task Force on Homelessness’ 2022 Point-in-Time Count, there was a 3% increase in SDC’s unsheltered homeless population from 2020 to 2022. In 2022, 6% of SDC’s homeless population resided in the south region.⁸²
- CHCF’s 2022 Mental Health in California: Waiting for Care report indicates that the prevalence of serious mental illness was highest among Californians with the lowest incomes. In 2019, nearly 1 in 12 adults in families with incomes below 100% of the FPL had serious mental illness.⁸³
- From 2017 to 2019, California adults with mental illness were less likely to receive mental health services (36.8%) during the past year compared to the national rate (43.6%). In addition, the number of visits to California EDs that resulted in a discharge to psychiatric care increased 68% from 2011 to 2020.⁸³
- According to findings from the CHCF’s 2022 California Health Policy Survey, half of Californians (49%) reported taking at least one action to delay, skip, or cut back on care in the past 12 months because of concerns related to cost. Of those who delayed care due to cost, 47% reported that their health condition worsened.⁸⁴

⁸¹ California EDD (2022), *Labor Market Information*.

⁸² San Diego Regional Taskforce on Homelessness (2022), *San Diego County WeAllCount Point-in-Time Count*.

⁸³ CHCF (2022), *Mental Health in California: Waiting for Care*.

⁸⁴ CHCF (2022), *The 2022 CHCF California Health Policy Survey*.

- An epidemiologic cross-sectional study published in *Journal of the American Medical Association Psychiatry* suggests that the COVID-19 pandemic has negatively affected adult mental health, with racial and ethnic minoritized groups disproportionately affected. From January 2019 to August 2021, EDs experienced increases in mental health-related visits both during and after COVID-19 case surges, with the most significant results among Asian and American Indian or Alaska Native persons, as well as young adults ages 18-24 years.⁸⁵

Objectives

- Promote patient empowerment and establish a medical home for the safety net patient population in SDC's south region
- Provide assessment and early intervention for behavioral health issues as well as identify social determinants of health (SDOH) among safety net patients presenting in the ED
- Assist individuals with financial barriers through the provision of transportation, community clinic referrals, prescription cost assistance and connection to community services

FY 2022 Report of Activities

In FY 2022, SCVMC continued to provide specialized programming to support low-income, uninsured and medically underserved patients in SDC's south region who receive care from SCVMC hospitalists. The program provided these patients with access and timely referrals to primary care and behavioral health services, as well as facilitated the establishment of medical homes (e.g., primary care) at community clinics, including Chula Vista Family Health Center and San Ysidro Health locations.

SCVMC provided care and community resources to safety net patients with chronic conditions to help them better manage their pain, diseases and overall health. This included providing affordable medications through low-cost generic prescriptions available at Costco and Walmart, as well as discount cards for select medications. Additional pharmaceutical assistance was provided through referrals to Sharp's pharmacy assistance program, which helps patients enroll in discount programs through pharmaceutical companies. Patients received additional resources including but not limited to medication assistance through community clinics and programs for various conditions through County of San Diego Public Health Services. SCVMC provided assistance and resources for patients with limited access to transportation. Further, Sharp's Patient Access Services team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals, including patients of SCVMC. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for more information on these programs and services.

⁸⁵ Anderson KN, Radhakrishnan L, Lane RI, et al. (2022). Changes and Inequities in Adult Mental Health–Related Emergency Department Visits During the COVID-19 Pandemic in the US. *JAMA (Journal of the American Medical Association) Psychiatry*, 79(5), 475–485. DOI:10.1001/jamapsychiatry.2022.0164

SCVMC's social services staff continued to provide safety net patients with comprehensive behavioral health services. Individuals who presented in the ED with severe mental illness received a mental health evaluation, appropriate placement within the hospital and community, and referrals to community resources as needed. In FY 2022, more than 16,000 social service interventions were provided throughout the hospital as well as Birch Patrick Convalescent Center — a skilled nursing facility (SNF) at SCVMC. Interventions include family conferences, psychosocial assessments, staff consultations, substance abuse and behavioral health counseling along with providing diverse resources tailored to the patient's specific needs.

SCVMC's specialized programming establishes a higher standard of care delivery for nurses and doctors who handle exceptionally vulnerable patients. In FY 2022, SCVMC continued to collaboratively establish outpatient treatment plans with safety net providers for patients who frequent the ED and provided these patients with education on the proper use of the ED. More than 600 patients in the ED and over 1,350 patients hospital-wide were treated specifically for issues related to homelessness, and many of those patients also received substance use treatment. In addition, SCVMC's ongoing efforts to establish medical homes supports efforts to decrease the number of vulnerable community members using the hospital's ED as a primary source of care, indicating improved access and quality of care for these individuals.

In FY 2022, SCVMC continued its Music and Memory Program to provide interventions to long-term patients with memory impairments and dementia. The goal of the program is to improve specific behaviors, such as wandering, mood changes and agitation, and more.

Beginning in FY 2020, SCVMC collaborated with the FHCS's Downtown Homeless Navigation Center for increased support at discharge for individuals experiencing homelessness. SCVMC also collaborated with the County of San Diego to provide lodging for discharged patients with or under investigation for COVID-19 who were unable to self-isolate in the community. Further, SCVMC continued to partner with Alpha Project — a nonprofit organization that empowers individuals and families experiencing homelessness by providing work, recovery and support services to change their lives and achieve self-sufficiency — to coordinate shelter placement for at-risk homeless patients at SCVMC. Lastly, SCVMC continued to offer its on-site, COVID-19 vaccination clinic for community members from October through April. From April through September, SCVMC's pharmacy continued to offer COVID-19 vaccinations at no cost.

New in FY 2022, SCVMC, along with all Sharp acute care hospitals, joined the Bridge Medication-Assisted Treatment (MAT) program, which serves ED patients with opioid use disorder and mental health concerns. The goal is to better identify patients in need of MAT in Sharp EDs and to bridge their connection to treatment in the community. This program involves collaboration among a variety of professionals, including social workers, clinical informatics, ED nurses and Sharp-affiliated emergency medicine physicians. Sharp partnered with a community organization, Comprehensive Treatment

Centers, for prioritized access to treatment upon discharge from the ED. The California Bridge Grant was initially awarded to SGH and Sharp Memorial Hospital (SMH) and was extended throughout the Sharp system.

Diapers are expensive — a month's supply can cost up to \$80 per child — and cannot be purchased with CalFresh or WIC benefits. As a result, parents with limited economic resources may change diapers less frequently than recommended and unintentionally place their infant at risk. In May 2019, SCVMC collaborated with the San Diego Food Bank (Food Bank) to help struggling families cope with this challenge by starting a Diaper Bank at SCVMC. This partnership provides diapers to low-income parents in SDC so they can remain employed, provide for their families and help lift themselves out of poverty. Through this partnership, SCVMC distributed over 8,800 diapers to more than 170 families in need, serving nearly 180 children in the community in FY 2022. SCVMC also distributes baby wipes to families in need.

Through the Community Closet program, the hospital provides weather-appropriate clothing and shoes to patients in need, including those experiencing homelessness, patients transferring to SNFs or patients who lack nearby friends or family upon discharge from the hospital. Most of these supplies come from the hospital's auxiliary, while other supplies are donated by the community.

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

Approximately 130 CIE community partners — including health care organizations, the County of San Diego Health and Human Services Agency, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual's SDOH needs and utilization history of community services, and to make direct referrals to critical, community-based resources. SCVMC case managers and social workers were trained on CIE to better serve patients in the acute care setting, including patients who experience homelessness, food insecurity and other SDOH hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 3 of the CIE pilot, utilization metrics were sustained after demonstrating growth between Years 1 and 2. Community members across SDC were assisted through the CIE, including south region residents in Otay Mesa, National City and Chula Vista. The top community referrals provided to patients through the CIE included utilities, food, housing and economic support.

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

FY 2023 Plan

SCVMC will do the following:

- Promote ongoing collaboration with local community clinics to provide referrals and establish appointments for low-income, underserved and uninsured individuals in the south region and continue inclusion of SCVMC transition planning
- Provide safety net patients with opportunities for education on the proper use of the ED as well as help them establish medical homes
- Explore new funding opportunities for programs that assist safety net patients with establishing a medical home and connect them to community resources
- Participate in 2-1-1's CIE program to serve patients who experience homelessness and other health equity barriers by connecting them to critical community services
- Partner with the Food Bank to provide free diapers and baby wipes to low-income parents in SDC
- Expand the Bridge MAT program at SCVMC

SCVMC Program and Service Highlights

- Advanced gastrointestinal endoscopy
- Ambulatory surgery center
- Bloodless surgery and medicine program
- Cancer care, including:
 - Chemotherapy
 - CoC-certified INCP
 - External beam radiation therapy
 - High-dose rate brachytherapy
 - Intensity modulated radiation therapy
 - Stereotactic body radiation therapy
 - Stereotactic radiosurgery
 - Surgery
- Cardiology and heart care, including:
 - Cardiac rehabilitation
 - Cardiothoracic surgery
 - County-designated STEMI (ST-elevation myocardial infarction or acute heart attack) center
 - Echocardiography
 - Electrophysiology
 - Interventional cardiology
 - Open-heart surgery
 - Robotic cardiothoracic surgery
 - Stress testing
 - Structural heart services (heart valve replacement and repair)
 - Vascular surgery
- Chica's Café, offering healthy and nutritious food options for patients, families and staff
- Clinical laboratory services
- Diagnostic imaging, including:
 - Bone density testing
 - CT and CT angiography
 - Digital mammography
 - General and vascular ultrasound
 - General radiology
 - Interventional radiology
 - Magnetic resonance imaging (MRI) and magnetic resonance angiography
 - Nuclear medicine
 - Positron emission tomography (PET)
- Emergency services
- FollowMyHealth[®], a secure on-line patient website that gives patients convenient, 24-hour access to their personal health information
- Home health⁸⁶

⁸⁶ Provided through Sharp Memorial Hospital Home Health Agency.

- Hospice⁸⁷
- Integrative and complementary medicine, including Healing Touch and aromatherapy
- Intensive care
- Joint Commission-certified Primary Stroke Center program
- Outpatient pharmacy services
- Physical rehabilitation services, including:
 - Lymphedema therapy
 - Occupational therapy
 - Physical therapy
 - Speech pathology
 - Vestibular therapy
- Skilled nursing services at Birch Patrick Convalescent Center
- Surgical care, including:
 - Ear, nose and throat surgery
 - Eye surgery
 - General surgery
 - Gynecologic surgery
 - Hand surgery
 - Joint replacement
 - Minimally invasive surgery
 - Neurosurgery
 - Orthopedic surgery
 - Plastic surgery
 - Robotic surgery
 - Urologic surgery
- Women's & Infants' Health Services program, including:
 - Antenatal services
 - Breastfeeding support
 - Labor and delivery
 - Neonatal intensive care

⁸⁷ Provided through Sharp HospiceCare.

Sharp Coronado Hospital and Healthcare Center



Section

5 Sharp Coronado Hospital and Healthcare Center

Sharp Coronado Hospital team members have integrated with our community to make a difference for those we serve. We connect with our community partners to provide education and outreach, mental wellness and health awareness programs, meal delivery, and health screenings, while also continuing our COVID-19 vaccination efforts. In addition, we have joined local providers to reduce community opiate use.

— Susan Stone, SVP Health System Operations and System Chief Nursing Executive, Interim Chief Executive Officer, Sharp Coronado Hospital

Fiscal Year (FY) 2022 Community Benefit Program Highlights

Sharp Coronado Hospital and Healthcare Center (SCHHC) provided a total of **\$23,706,998** in community benefit in FY 2022. See **Table 21** 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 SCHHC’s community benefit among those categories.

**Table 21: Economic Value of Community Benefit Provided
Sharp Coronado Hospital and Healthcare Center — FY 2022**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2022 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ⁸⁸	\$1,501,788
	Shortfall in Medicare ⁸⁸	18,761,002
	Shortfall in County Medical Services (CMS) ⁸⁸	342
	Shortfall in CHAMPVA/TRICARE ⁸⁸	1,756,560
	Shortfall in Workers’ Compensation	89,703
	Charity Care ⁸⁹	583,247
	Bad Debt ⁸⁹	760,965
Other Benefits for Vulnerable ⁹⁰ Populations	Project HELP, patient transportation, and other assistance for the vulnerable ⁹¹	62,648
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 ⁹¹	99,866
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁹¹	90,877
TOTAL		\$23,706,998

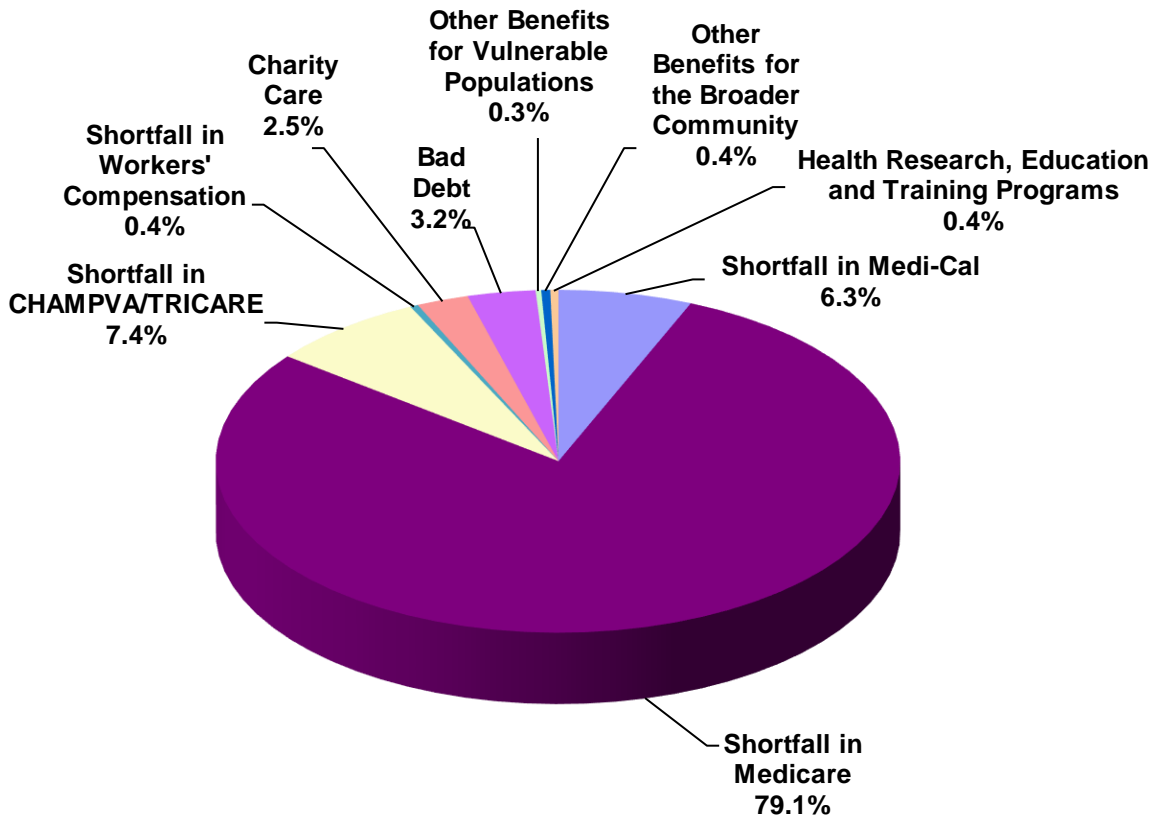
⁸⁸ Methodology for calculating shortfalls in public programs is based on Sharp HealthCare’s (Sharp) payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

⁸⁹ 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.

⁹⁰ “Vulnerable populations” means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children’s Services Program, or county indigent programs.

⁹¹ 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 Coronado Hospital and Healthcare Center — FY 2022**



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.⁹² In FY 2020, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of July 1, 2019, through December 31, 2021, and in FY 2022 the same agencies approved another Medi-Cal Hospital Fee Program for the time period of January 1, 2022 through December 31, 2022. This resulted in recognition of net supplemental revenues for SCHHC totaling \$12.0 million in FY 2022. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2022 understate the true unreimbursed medical care services performed for the past fiscal year.

⁹² The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs shares the cost of certain health care services and supplies with eligible beneficiaries. TRICARE is a health care program of the U.S. Department of Defense Military Health System, which provides civilian health benefits for U.S. Armed Forces military personnel, military retirees, and their dependents, including some members of the Reserve Component.

- **Other Benefits for Vulnerable Populations** included the Project Hospital Emergency Liaison Program (Project HELP), which provides funding for medication and transportation to assist lower-income patients, contribution of time to Meals on Wheels San Diego County and other assistance for vulnerable community members.
- **Other Benefits for the Broader Community** included education and information on a variety of health topics, participation in community events, flu vaccinations, collaboration with local schools to promote student interest and career pathways in health care, and provision of meeting room space for community activities. In addition, SCHHC staff actively participated in community boards, committees and other civic organizations, including the San Diego Chapter of the California Association Medical Staff Services (CAMSS), Association of California Nurse Leaders (ACNL), County of San Diego Health Services Capacity Task Force, San Diego Blood Bank Board of Directors, Rotary Club of Coronado, Safe Harbor Coronado (formerly Coronado SAFE), Coronado Senior Planning Committee, Coronado Chamber of Commerce, Neighbor 2 Neighbor, San Diego Education Collaborative and the San Diego Black Nurses Association. See **Appendix A** for a list of Sharp's involvement in community organizations in FY 2022. This category also includes costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals as well as student and intern supervision.

Definition of Community

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

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

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

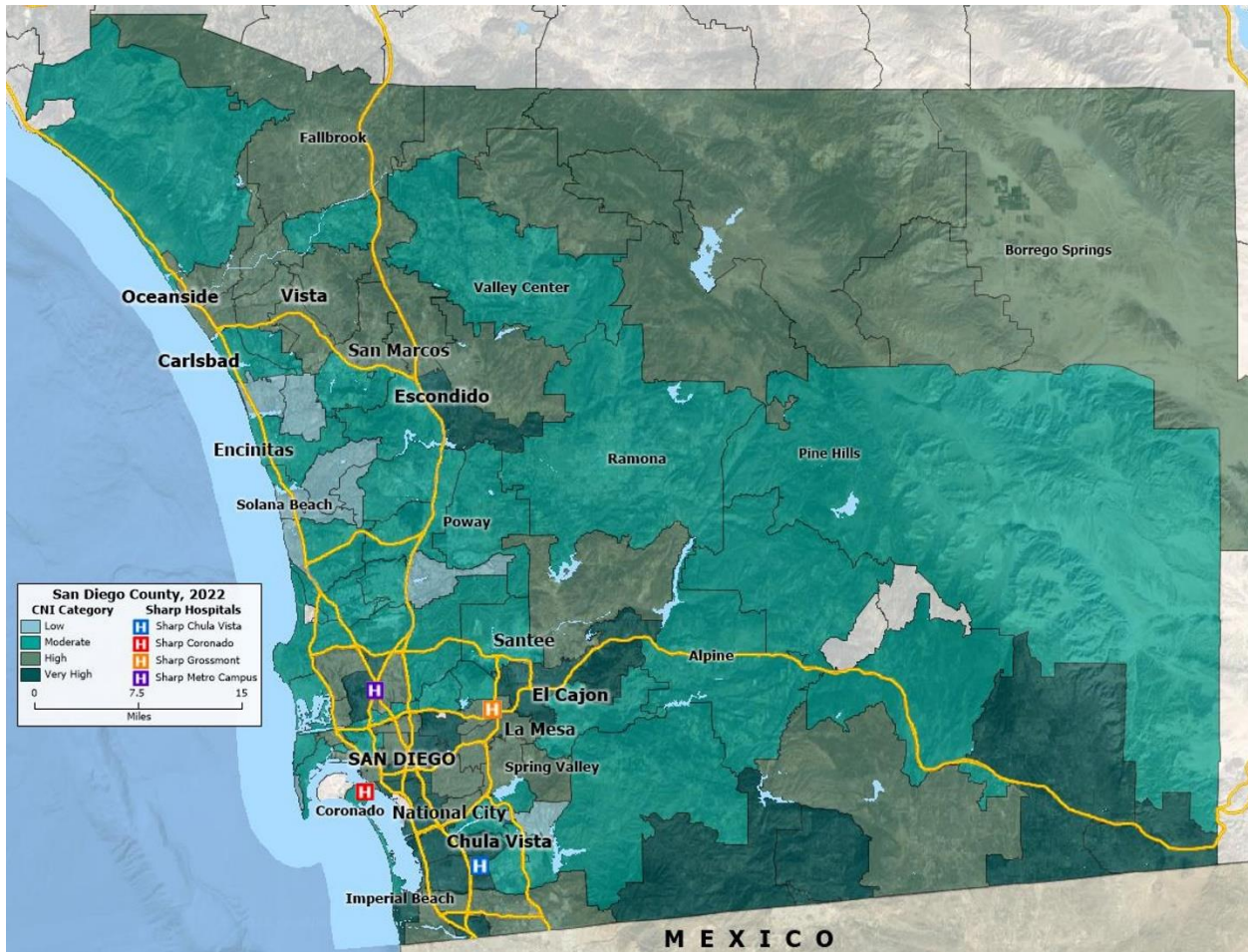
For SCHHC’s 2022 CHNA process, the Dignity Health/IBM Watson Health Community Need Index (CNI) was used to identify communities within its service area that experience greater health inequities.^{93,94} The CNI uses demographic and economic statistics to provide a “CNI score” for every populated ZIP code in the U.S. CNI scores measure inequity on a scale ranging from very low health inequity to very high health inequity. This measurement is an average determined through an analysis of specific socio-economic 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 Chula Vista, Imperial Beach, National City, El Cajon, Downtown San Diego, East San Diego, Southeast San Diego, Encanto, Otay Mesa, and San Ysidro.⁹³ **Figure 16** presents a map of the CNI findings across SDC.

⁹³ Dignity Health and IBM Watson Health Community Need Index (CNI) (2022). The Dignity Health and IBM Watson CNI was discontinued on January 31, 2023.

⁹⁴ According to the World Health Organization (WHO), health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies (WHO, 2018).

Figure 16: CNI Map — SDC⁹⁵



Description of Community Health

In 2022, there were 525,919 residents ages 65 and older in SDC, representing 15.8% of the population. Between 2022 and 2027, it is anticipated that SDC’s senior population will grow by 14.1%. Further, individuals ages 65 and older make up 20.9% of Coronado Island’s population, while adults ages 45 to 64 make up 19.8%. Between 2022 and 2027, the senior population is projected to grow by 13.8% on Coronado Island and by 14.6% in SCHHC’s service area, which includes Coronado Island, Imperial Beach and Otay Mesa, among other communities.⁹⁶ Given the unique geography and demographic composition of SCHHC, many of the hospital’s services address the health needs of older adults.

⁹⁵ Truven Health Analytics, 2022; Insurance Coverage Estimates, 2022; The Nielson Company, 2022; and CNI, 2022.

⁹⁶ SpeedTrack®, Inc.; U.S. Census Bureau.

In 2020, 10.9% of the SDC population reported living below 100% of the federal poverty level (FPL). The county’s unemployment rate was 5.9% and 5.1% of households received Supplemental Security Income.⁹⁷

According to the San Diego Hunger Coalition, while nutrition insecurity⁹⁸ has declined since 2021, high rates remain due to long-standing economic disparities that were exacerbated by the COVID-19 (coronavirus disease 2019) pandemic. As of March 2022, 28% of San Diegans experienced nutrition insecurity and 35% of children lived in nutrition-insecure households.⁹⁹

In 2020, 7.1% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 16.7% of the population lived at or below 138% FPL and were eligible for the program.⁹⁷ Please refer to **Table 22** for SNAP participation and eligibility in SDC.

Table 22: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2020⁹⁷

Food Stamps/SNAP Benefits	Percent of Population
Households	7.1%
Families with Children	12.1%
Eligibility by FPL	
Population ≤130% FPL	15.6%
Population ≤138% FPL	16.7%
Population 139% – 350% FPL	30.4%

In SDC in 2020, 96.1% of children age 18 and under, 87.8% of young adults ages 19 to 25, 88.2% of adults ages 26 to 44, 91.8% of adults ages 45 to 64, and 98.9% of seniors age 65 and older had health insurance.⁹⁷ Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.4% health insurance coverage for all individuals under age 65, with the exception of children ages 0 to 18 years.¹⁰⁰ See **Table 23** for health insurance coverage in SDC in 2020.

⁹⁷ The County of San Diego Health and Human Services Agency (HHS), Public Health Services (PHS), Community Health Statistics Unit (CHSU), December 2022, U.S. Census Bureau, 2016-2020 American Community Survey 5-year estimates.

⁹⁸ U.S. Department of Agriculture (2022), *Food and Nutrition Security*. Nutrition security means all Americans have consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.

⁹⁹ San Diego Hunger Coalition (2022), *March 2022 Data Release: Nutrition Insecurity Remains Above Pre-pandemic Levels and Impacts Communities of Color Most*.

¹⁰⁰ The U.S. Department of Health and Human Services’ **Healthy People (HP2030)** initiative represents the nation’s prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

Table 23: Health Insurance Coverage in SDC, 2020⁹⁷

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	96.1%	92.4%
Young adults 19 to 25 years	87.8%	92.4%
Adults 26 to 44 years	88.2%	92.4%
Adults 45 to 64 years	91.8%	92.4%
Seniors 65+ years	98.9%	N/A ¹⁰¹

According to the California Health Interview Survey (CHIS), in 2021, 19.4% of SDC’s population was covered by Medi-Cal.¹⁰² See **Table 24** for details.

Table 24: Medi-Cal (Medicaid) Coverage in SDC, 2021¹⁰²

Description	Rate
Covered by Medi-Cal	19.4%
Not covered by Medi-Cal	80.6%

CHIS data also revealed that 12.4% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 25**).¹⁰²

Table 25: Regular Source of Medical Care in SDC, 2021¹⁰²

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	87.6%	84.0%
Has no usual source of care	12.4%	16.0%

Cancer and diseases of the heart were the two leading causes of death in SDC in 2020.^{103,104} See **Table 26** for a summary of leading causes of death in SDC. For additional demographic and health data for communities served by SCHHC, please refer to the SCHHC 2022 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

¹⁰¹ HP2030 does not include targets for individuals ages 65 and older.

¹⁰² University of California Los Angeles Center for Health Policy Research (2022), *2021 California Health Interview Survey*.

¹⁰³ County of San Diego HHSA, PHS, CHSU (2022), *Leading Causes of Death Tables by HHSA Region, 2011-2020*.

¹⁰⁴ The County of San Diego HHSA’s CHSU 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 2020. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10’s (International Classification of Diseases – 10th Revision) “List of 113 Selected Causes of Death and Enterocolitis due to *Clostridium difficile*.” Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego HHSA PHS, CHSU, 2022.

Table 26: Leading Causes of Death in SDC, 2020¹⁰³

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	4,939	22.5%
Diseases of the Heart	4,853	22.1%
COVID-19	1,728	7.9%
Cerebrovascular Diseases	1,722	7.8%
Alzheimer's Disease	1,521	6.9%
Accidents/Unintentional Injuries	1,513	6.9%
Chronic Lower Respiratory Diseases	930	4.2%
Diabetes Mellitus	852	3.9%
Essential Hypertension and Hypertensive Renal Disease	453	2.1%
Parkinson's Disease	429	2.0%
All Other Causes	3,000	13.7%
Total Deaths	21,940	100.0%

Community Benefit Planning Process

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

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

Priority Community Needs Addressed in Community Benefit Report — SCHHC 2022 CHNA

SCHHC completed its most recent CHNA in September 2022. SCHHC's 2022 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2022 CHNA process and findings. Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp's process and findings.

In addition, this year SCHHC updated its implementation strategy — a description of SCHHC programs designed to address the priority health and social needs identified in the 2022 CHNA.

Through the SCHHC 2022 CHNA, the following priority health and social needs were identified for the communities served by SCHHC (listed in alphabetical order):

- Access to Health Care
- Aging Care & Support
- Behavioral Health
- Children & Youth Well-being
- Chronic Health Conditions
- Community Safety
- Economic Stability

The following pages detail SCHHC programs, activities and services that specifically address these needs, either directly or indirectly. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

Considering the significant number of adults and older adults who compose the community served by SCHHC (adults ages 45 to 65 and older, nearly 40%),⁹⁶ many of SCHHC's programs focus on aging concerns. However, SCHHC also addresses chronic health conditions by providing education and healthy lifestyle programs as part of care cardiovascular disease (CVD), diabetes, obesity and other health issues influenced by healthy weight and exercise.

As a part of the Sharp system, SCHHC collaborates with the greater organization to address identified needs beyond SCHHC's capacity, including behavioral health and substance use. Community education and support elements of behavioral health are addressed through the programs and services provided by Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center, which are the major providers of behavioral health and substance use treatment services in SDC. Please refer to **Section 11** of this report for details on those programs. SCHHC has collaborated with SMV in recent years and continues to explore those opportunities as capacity allows.

For additional details on SCHHC programs that specifically address the needs identified in the 2022 CHNA, please refer to SCHHC's implementation strategy. The most recent CHNA and implementation strategy for SCHHC are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2022 Report of Activities conducted in support of the objective(s) and FY 2023 Plan.

Identified Community Need: Health Education, Screening and Support Activities

Rationale references the findings of the SCHHC 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCHHC 2022 CHNAs identified access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety, and economic stability as the priority health and social needs affecting the community members served by SCHHC.
- The Institute for Public Health's (IPH) Sharp Provider Survey conducted as part of the SCHHC 2022 CHNA identified increased isolation among seniors as one of the top clinical and social needs most seriously impacted by COVID-19 in the past year. Sharp Insight Community Survey respondents ages 65 and older also reported experiencing a decrease in access to social support due to COVID-19.
- Survey participants suggested the following strategies to address increased isolation among seniors/older adults: finding ways to allow visitation during COVID-19; establishing or expanding home visiting and other follow-up services; expanding or resuming services for seniors; offering more patient education and referrals; improving access to technology; and providing support for caregivers.
- The majority (96%) of Sharp Insight Community Survey respondents did not participate in Sharp's programs to connect individuals to support services or resources, which suggests that more can be done to promote community awareness about these services. Among those who did participate, programs accessed included: diabetes care and education programs (12%), nutrition programs (6%) and weight management programs (6%).
- In FY 2021, 349 patients were admitted to SCHHC with COVID-19. Among these patients, 67.3% had hypertension, 55.6% had diabetes and 43.3% were obese (body mass index (BMI) of 30.0 or higher).
- In 2020, cancer was the leading cause of death in SDC, followed by diseases of the heart and COVID-19.¹⁰³
- In 2019, the 10 leading causes of death among adults age 65 years and older in SDC were diseases of the heart, cancer, Alzheimer's disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases, diabetes, accidents/unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson's disease and influenza or pneumonia.¹⁰⁵
- In 2019, there were 6,500 hospitalizations for stroke in SDC (for all SDC hospitals). The age-adjusted rate of hospitalizations for stroke was 177.5 per 100,000 population. In addition, there were 2,828 stroke-related emergency department (ED) visits countywide in 2019. The age-adjusted rate of ED visits was 76.7 per 100,000 population.
- In 2019, the number of osteoarthritis-related hospitalizations in SDC (all hospitals) totaled 8,005 — an age-adjusted rate of 212.5 per 100,000 population. SDC adults

¹⁰⁵ County of San Diego HHSA, PHS, CHSU (2021); U.S. Census Bureau, 2015-2019 American Community Survey 5-year estimates.

age 65 years and older represented the highest hospitalization rate for arthritis when compared to all other age groups, at 1,106.1 per 100,000 population.

- According to 2021 CHIS data, 21.7% of SDC adults reported being obese.¹⁰²
- In California, the self-reported obesity rate in 2020 was 30.3%. Prevalence of obesity decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates.¹⁰⁶
- A study published in the Centers for Disease Control and Prevention's (CDC) *Morbidity and Mortality Weekly* suggests that risks of COVID-19-related hospitalization, intensive care unit (ICU) admission, invasive mechanical ventilation, and death are higher with increasing BMI, particularly among adults under the age of 65.¹⁰⁷
- According to the CDC, the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and some types of cancer.¹⁰⁸
- The CDC also reported that more than 795,000 people in the U.S. have a stroke each year, and strokes are responsible for approximately 1 out of every 6 deaths from CVD.¹⁰⁹
- Projections show that by 2030 an additional 3.4 million U.S. adults ages 18 and older (3.9% of the adult population) will have had a stroke — a 20.5% increase in prevalence compared to 2012.¹¹⁰
- Many lifestyle-related factors have been linked to colorectal cancer, including being overweight or obese, lack of physical activity, diet, smoking and alcohol use. To reduce the risk of colorectal cancer, the American Cancer Society recommends regular screening for individuals over the age of 45, as well as maintaining a healthy body weight, physical activity level and diet.¹¹¹
- According to the CDC, more than 53 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass.¹¹² Along with the financial costs, osteoporosis can reduce quality of life for many people who suffer from fractures. Preventable risk factors for osteoporosis include smoking, alcohol consumption and medication and vitamin intake.¹¹³
- According to the Harvard University T.H. Chan School of Public Health, mindful eating can be an effective tool in the treatment of emotional eating and binge eating, which can lead to weight gain and obesity. Mindfulness addresses the shame and guilt associated with these behaviors by focusing on eating experiences, body-related sensations and thoughts and feelings about food, with heightened awareness and without judgment.¹¹⁴

¹⁰⁶ Centers for Disease Control and Prevention (CDC) (2022), *Adult Obesity Prevalence Maps*.

¹⁰⁷ Kompaniyets L., Goodman A.B., Belay B., et al. (2021), Body Mass Index and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death — United States, March–December 2020. *MMWR Morbidity and Mortal Weekly Report*, 70(10), 355–361. Digital object identifier (DOI): <http://dx.doi.org/10.15585/mmwr.mm7010e4>

¹⁰⁸ CDC (2022), *Adult Obesity Facts*.

¹⁰⁹ CDC (2022), *Stroke Facts*.

¹¹⁰ Tsao, C.W., Aday, A.W., Almarzooq, Z.I., et al. (2022). Heart Disease and Stroke Statistics—2022 Update: A Report From the American Heart Association. (2022). *Circulation*, 145(8), e153–e639.

<https://www.ahajournals.org/doi/epub/10.1161/CIR.0000000000001052>

¹¹¹ American Cancer Society (2022), *Colorectal Cancer Causes, Risk Factors, and Prevention*.

¹¹² Sarafrazi N., Wambogo E.A., & Shepherd J.A. (2021). Osteoporosis or low bone mass in older adults: United States, 2017–2018. *NCHS Data Brief*, no 405. Hyattsville, MD: NCHS. DOI: <https://dx.doi.org/10.15620/cdc:103477>

¹¹³ National Institutes of Health (NIH) (2019), *Osteoporosis Overview*.

¹¹⁴ Harvard University T.H. Chan School of Public Health (2022), *Mindful Eating*.

Objectives

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

FY 2022 Report of Activities

In FY 2022, SCHHC actively supported the health and well-being of nearly 2,500 San Diego and Coronado community members through health education and screenings addressing a range of health needs, including many of those identified in the SCHHC 2022 CHNA. Following eased pandemic restrictions, most programs were offered in-person at community sites while others remained virtual in FY 2022.

SCHHC continued to collaborate with the John D. Spreckels Center and Bowling Green (Spreckels Center) to provide free health education to community seniors. Education was provided on a variety of topics, including diabetes, mental health, brain health, stroke awareness, pelvic floor disorders, healthy habits and exercise for weight loss, obstructive sleep apnea, mindful eating, musculoskeletal conditions and fall prevention. Education was shared in video format with over 1,200 recipients of the Spreckels Center's monthly digital newsletter, as well as approximately 160 community members through in-person presentations at the Spreckels Center. In FY 2022, all in-person presentations integrated a variety of health screenings, including fall risk, body composition using an Inbody 570 device, blood pressure and blood glucose. Further, most live presentations offered healthy eating resources, a cooking demonstration as well as healthy food samples prepared by the head chef of SCHHC's hospital cafeteria, known as the Mindful Café.

In November, SCHHC hosted a free presentation at the Spreckels Center titled Mindful Eating During the Holidays. Led by a hospital registered dietitian, the class introduced the concept of mindful eating — a way to develop awareness from one's experiences, physical cues and feelings about food that can support weight loss, behavior change and stress reduction — and how it can help individuals make healthy food choices during the holidays. Eight community members attended the event, where they enjoyed an appetizer created and served by SCHHC's head chef.

In May, SCHHC hosted an in-person seminar at the Spreckels Center titled The Golden Hour: How to Respond Quickly to a Stroke and Other Emergencies. Led by an SCHHC-affiliated emergency medicine physicians, the free event discussed the different types of strokes, common warning signs, and when to seek emergency care as well as included a question-and-answer session. During the event, a Mindful Café chef-led cooking

demonstration, heart-healthy food samples, and blood pressure screenings were offered to approximately 25 community members.

In addition, SCHHC partnered with the SunCoast Market Co-op to provide education to the Imperial Beach community on health and wellness topics requested directly by residents. The SunCoast Market Co-op is a grassroots effort to open a community-owned, full-service cooperative grocery store with a goal of strengthening the local food system, increasing residents' access to healthy food, and providing a needed retail outlet for small local farms and producers. In FY 2022, SCHHC provided flyers for the SunCoast Market Co-op to distribute and announce the hospital's virtual health presentations. In August and September, SCHHC participated in SunCoast Market Co-op's monthly community farmers market events, where SCHHC staff provided over 200 attendees with health education and resources. Further, SCHHC provided attendees with information on hospital programs and services, including free and low-cost health and fitness classes, free organic gardening classes, community health education presentations at the Spreckels Center, hospital volunteer opportunities and benefits, as well as walks at the hospital's outdoor labyrinth — a circular walking path intended to facilitate relaxation, healing and sense of well-being.

To support skin cancer awareness and prevention, in September, a SCHHC-affiliated dermatologist provided education and resources to nearly 140 attendees of the annual Sharp Coronado Hospital Foundation Golf Tournament. During the event, attendees received free sunscreen samples, protective sleeves and sun hats as well as information on skin cancer and how to practice sun safety.

In FY 2022, the Sewall Healthy Living Center at Sharp Coronado Hospital (Sewall Healthy Living Center) helped community members stay active and socially connected during the pandemic by providing daily Zoom and outdoor group fitness training and wellness classes. In FY 2022, SCHHC's virtual and in-person classes saw over 1,000 and 200 visits, respectively. Classes promoted stress relief, range of motion, balance, flexibility, and overall activities of daily living. Offerings were either free or a nominal fee and ranged from qigong, mat Pilates and yoga to strength and balance, mindfulness, and cardio circuit training.

In May, staff from the Sewall Healthy Living Center provided exercise and wellness education during the Sharp Women's Health Conference. A presentation titled Essential Elements for a Balanced You taught a variety of stretching, strengthening and meditation exercises, as well as simple lifestyle changes to help alleviate pain and discomfort and optimize the central nervous system. Another presentation, Tai Chi: Meditation in Motion, helped participants discover the benefits of tai chi, including improved balance, agility, strength and coordination, as well as decreased blood pressure, anxiety and pain. In addition, the Sewall Healthy Living Center shared videos, including What is Ear Acupuncture, Six Steps to Relieve a Headache, and Three Simple Yoga Exercises, as well as provided the opportunity to chat with a physical therapist. Approximately 650 community members attended the conference.

Also in May, SCHHC participated in Safe Harbor Coronado's Mental Health Awareness Month event. The month-long initiative engaged a variety of community partners in promoting behavioral health awareness, especially during the COVID-19 pandemic, to community members of all ages. SCHHC contributed to the event by encouraging community members to schedule a walk around the hospital's outdoor labyrinth. Six community members participated in labyrinth walks through this effort. Further, in May, SCHHC offered a session on stress relief through music therapy to 20 attendees at the Spreckels Center, where a board-certified music therapist combined music with stress reducing techniques, such as breathing and progressive muscle relaxation.

During the summer months in FY 2022, SCHHC and clinicians from the Senior Intensive Outpatient Program at SMV conducted a series of in-person presentations on mental and brain health at the Spreckels Center. In June, attendees at the Caring for Caregivers event learned about strategies to help manage the challenges of caregiving, tips and tools to take care of the caregiver, and how to use these tools to help loved ones. In July, attendees learned how to recognize signs and symptoms of depression and anxiety in later adulthood, as well as self-care tools to help lead a more balanced and fulfilling life during the Understanding Mental Health event. In August, attendees learned about cognitive functioning changes during the aging process and ways to love their brains at the Maintaining Brain Health event. Overall, approximately 25 community members attended each of these events.

In addition, SCHHC participated in year-round fundraising activities — including sales featuring T-shirts, food and tickets to the Summer Splash water throw event and San Diego Seals Lacrosse game — in support of the American Heart Association's (AHA) 2022 San Diego Heart & Stroke Walk in September. Nearly 70 walkers, including SCHHC staff as well as friends and family, attended this event and were encouraged to walk along one of four pre-designated paths or create their own neighborhood route. Through these efforts, SCHHC raised more than \$22,000 towards Sharp's total of nearly \$180,000 for the AHA, while helping Sharp maintain its position as the top fundraising organization in San Diego.

In addition to providing educational classes and events, SCHHC used its Facebook page to help raise community awareness of common but serious health conditions, including the importance of taking preventive measures and not delaying care, especially during the pandemic. In recognition of Breast Cancer Awareness Month and National Mammography Day in October, SCHHC shared educational content and reminders about breast cancer detection and breast self-awareness.

Throughout the year, SCHHC shared 18 articles in the local *Coronado Eagle & Journal* newspaper, providing timely health information to approximately 12,500 homes and businesses in Coronado. Featuring SCHHC physicians, nurses and other caregivers, the articles covered various topics, including vaccines for flu and COVID-19; updates on SCHHC renovations; women and heart disease; and the importance of mental health and wellness. To promote the value of physical health during the pandemic, articles

offered healthy recipes from the executive chef at SCHHC's Mindful Café as well as information on the benefits of exercise.

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

In FY 2022, SCHHC leadership and hospital staff contributed their time to several organizations, including the San Diego Chapter of the CAMSS, ACNL, County of San Diego Health Services Capacity Task Force, San Diego Blood Bank Board of Directors, Rotary Club of Coronado, Safe Harbor Coronado, Coronado Chamber of Commerce, Coronado Senior Planning Committee, San Diego Education Collaborative and the San Diego Black Nurses Association.

SCHHC continued its 17-year collaboration with the County of San Diego Emergency Medical Services to provide data for the SDC stroke registry, where data is tracked to identify gaps and determine trends. SCHHC also continued to actively participate in the quarterly San Diego County Stroke Consortium, a collaborative effort with other SDC hospitals to improve stroke care and discuss issues impacting stroke care in SDC. The San Diego County Stroke Consortium consists of 18 hospitals—including Sharp Memorial Hospital, SCHHC, Sharp Chula Vista Medical Center, Sharp Grossmont Hospital, Alvarado Hospital Medical Center, Kaiser San Diego Medical Center, Kaiser Zion Medical Center, Palomar Medical Center, Paradise Valley Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital La Jolla, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital San Diego, Temecula Valley Hospital, Tri-City Medical Center, University of California (UC) San Diego Medical Center, and UC San Diego Medical Center – La Jolla—all of which are San Diego County Stroke Receiving Centers and certified by the Joint Commission. In response to the COVID-19 pandemic, meetings continued to be held virtually in FY 2022.

FY 2023 Plan

SCHHC will do the following:¹¹⁵

- Develop virtual community education and fitness opportunities, including pre-recorded classes and workshops for anytime viewing
- Provide education and screenings at community and hospital events to support the identified community health needs of obesity, diabetes, cardiovascular health, cancer, fall prevention, aging concerns, behavioral health and unintentional injury
- Collaborate with the Spreckels Center to provide health education to community members

¹¹⁵ Where applicable, Sharp Coronado Hospital and Healthcare Center (SCHHC) will perform these activities as COVID-19 (coronavirus disease 2019) public health and safety guidelines allow.

- As invited, collaborate with local schools and first responders to provide community safety activities
- Explore opportunities to provide virtual behavioral health screenings and resources to community members in collaboration with SMV
- Expand education and outreach to the Logan Heights community
- Partner with the SunCoast Market Co-op in Imperial Beach to educate community members on a variety of wellness topics
- Explore opportunities to provide diabetes education and resources to the Coronado community
- Provide stroke education, screening and outreach to community members via social media and in-person classes
- Participate in the San Diego County Stroke Consortium
- Provide data to the SDC stroke registry

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

Rationale references the findings of the SCHHC 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCHHC 2022 CHNAs identified access to health care and economic stability among the priority health and social needs affecting the community members served by SCHHC, particularly underserved and underfunded patients who face inequities.
- The HASD&IC and SCHHC 2022 CHNAs identified the following themes related to accessing health care in SDC: overall barriers to care; the impact of telehealth; health literacy; transportation; health insurance and financial concerns; stigma; the needs of specific populations (LGBTQ+, people experiencing homelessness, individuals at the end of life, undocumented individuals, and parents or caregivers); the need for trauma-informed care; and workforce challenges.
- HASD&IC 2022 CHNA participants also described the following logistical challenges related to accessing health care: making primary care appointments or accessing their usual source of care; insurance restrictions and confusion; a need for referrals to access certain services or treatments; finding the right fit with a provider; and timeliness related to level of care, such as locating after-hours urgent care.
- Across HASD&IC's interviews and focus groups, there was a universal acknowledgment that the COVID-19 pandemic caused widespread disruption to SDC's local health care system. Factors impacting the ability to access health care included postponed or canceled procedures, long wait times for appointments and the fear of COVID-19 exposure.
- According to the IPH Sharp Provider Survey conducted as part of the SCHHC 2022 CHNA, 85% of participants reported that COVID-19 increased patients' fear about accessing health care. Participants also indicated that COVID-19 limited patients'

access to behavioral health care (91%), specialty care (86%) and primary care (79%).

- Nearly all (99%) IPH Sharp Provider Survey participants reported COVID-19 had an impact on patients' access to transportation, which may result in decreased access to health care. Strategies to address this included increasing community awareness about shuttle access or Sharp Van Services and providing telehealth.
- According to the HASD&IC 2022 CHNA, financial concerns may deter patients from accessing health care. Financial assistance to help pay for medical bills was described as a frequent and significant need. Community members are not always aware of low or no-cost programs that may be available to help pay for services.
- According to 2-1-1 San Diego's (2-1-1) Community Information Exchange (CIE) 2021 Client Profile Report, the top five needs for 2-1-1 clients ages 60 and older were (in rank order): housing, utilities, income support and employment, consumer services, and health care.¹¹⁶
- According to San Diego Association of Governments' *2021 COVID-19 Impacts* report, the top three ways Californians reported spending their stimulus checks included food (22%), utilities (16%), and rent (14%).¹¹⁷
- According to the San Diego Hunger Coalition, while nutrition insecurity has declined since 2021, high rates still remain due to long-standing economic disparities that were exacerbated by the COVID-19 pandemic. As of March 2022, more than 1 in 4 San Diegans experienced nutrition insecurity, with disproportionate impacts noted among communities of color.¹⁰⁰
- As of September 2022, the overall unemployment rate in SDC was 3.1%, which was lower than both the unemployment rate for the state of California (3.8%) and the national rate (3.5%) during the same period.¹¹⁸
- According to the San Diego Regional Task Force on Homelessness' 2022 Point-in-Time Count, there was a 3% increase in SDC's unsheltered homeless population from 2020 to 2022. There were no fewer than 4,106 homeless individuals without shelter on a given night in 2022 compared to 3,971 in 2020. Of the 8,427 individuals experiencing homelessness in SDC in 2022, about half (51.2%) received some form of housing or services.¹¹⁹
- In 2020, 1 in 4 unsheltered SDC residents were adults ages 55 and over. Among the region's unsheltered seniors, 88% became homeless in SDC and 43% reported experiencing homelessness for the first time in their lives.¹²⁰ Nationwide, the population of individuals ages 65 and older experiencing homelessness is expected to nearly triple over the next decade — from 40,000 in 2020 to approximately 106,000 by 2030.¹²¹
- According to findings from the California Health Care Foundation's (CHCF) 2022 California Health Policy Survey, half of Californians (49%) reported taking at least one action to delay, skip, or cut back on care in the past 12 months because of

¹¹⁶ 2-1-1 San Diego Community Information Exchange (2021), *Client Profile Report*.

¹¹⁷ San Diego Association of Governments (2021), *The San Diego Economy: A Year in Review of COVID-19 Impacts*.

¹¹⁸ California Employment Development Department (EDD) (2022), *Labor Market Information*.

¹¹⁹ San Diego Regional Taskforce on Homelessness (2022), *San Diego County WeAllCount Point-in-Time Count*.

¹²⁰ Serving Seniors (2021), *Senior Homelessness: A Needs Assessment*.

¹²¹ University of Pennsylvania (2019), *The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?*

concerns related to cost. Of those who delayed care due to cost, 47% reported that their health condition worsened.¹²²

- According to the same survey, more than 1 in 4 lower-income Californians (30%) reported that it was “somewhat” or “very” difficult to find a provider who took their insurance, compared to 12% of Californians with higher incomes.
- In addition, among Californians with lower incomes, 4 in 10 reported being very worried about affording unexpected medical bills (42%), out-of-pocket costs (39%), rent or mortgage (41%), and transportation costs (40%).

Objectives

- Provide free flu vaccinations to community members, including seniors
- Improve food security among vulnerable seniors through home-based meal delivery services
- Assist individuals experiencing economic hardship through financial assistance for transportation, pharmaceuticals, clothing and food
- Serve as a blood donation site in support of Sharp’s systemwide blood drive effort
- Host a holiday food drive to support the San Diego Food Bank (Food Bank)
- Participate in 2-1-1’s CIE program to connect patients who experience homelessness and other health equity barriers to critical community services

FY 2022 Report of Activities

SCHHC provides supportive programs that address a variety of social determinants of health (SDOH) — the conditions under which people live, learn, work and play — impacting seniors and community members with barriers to health equity, including access to health care, access to healthy food and environmental health.

SCHHC continued to provide individuals with economic support through its Project HELP financial assistance program, providing approximately \$32,000 in free medication and transportation in FY 2022. SCHHC also provided over \$131,000 in free valet services to improve patient, family and community member access to the hospital. In addition, Sharp’s Patient Access Services team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals, including patients of SCHHC. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for more information on these programs and services.

To help protect community members from the flu virus, in October and November, SCHHC provided free seasonal flu vaccinations to more than 500 individuals at its annual community flu clinics. Through its Facebook page, SCHHC encouraged community members to receive free flu shots at their outdoor flu clinics, which offered both drive-up and walk-up options. The clinics served the general community, the Coronado Fire Department and local nursing home staff on the island. Additionally, in FY 2022, SCHHC provided over 13,200 COVID-19 vaccinations, including to members

¹²² California Health Care Foundation (CHCF) (2022), *The 2022 CHCF California Health Policy Survey*.

of the general community at the Sharp Coronado Community Pharmacy as well as to residents of the Coronado Retirement Village.

Also in FY 2022, SCHHC served as a blood donation site in support of Sharp's annual systemwide blood drive effort to collect life-saving blood for those with medical needs. SCHHC hosted blood drive events during the months of December, January, March, May, July and September. In FY 2022, the hospital collected more than 130 pints of blood, which has the potential to serve up to 390 people.

For more than 30 years, SCHHC has helped deliver meals to the homes of vulnerable community seniors, including those who are homebound or living alone, and community members with disabilities. Beginning in 2016, SCHHC partnered with Meals on Wheels San Diego County to create the new Sharp Coronado Hospital Auxiliary Meals on Wheels Adopt-a-Route. This program provides more extensive services, including meals with enhanced nutritional quality, free pet food, in-home safety assessments and sliding-scale payment options for those in need. Meals on Wheels San Diego County volunteers observe the client's environment for potential health and safety issues and use a secure mobile delivery application to communicate this information for follow up. They are also trained to obtain emergency response if needed. This partnership helps promote independence, reduce social isolation, and improve the quality of life and health of participants. In FY 2022, SCHHC auxiliary members and volunteers provided nearly 5,800 meals to approximately 40 community members.

During the 2021 holiday season, SCHHC partnered with the Food Bank to support community members experiencing food insecurity. Through its Sharp SuperFood Drive, the hospital collected approximately 620 pounds of food — the equivalent of over 500 meals.

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

Approximately 130 CIE community partners — including health care organizations, the County of San Diego Health and Human Services Agency, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual's SDOH needs and history of community services utilization, and make direct referrals to critical, community-based resources. SCHHC case managers and social workers were trained on CIE to better serve vulnerable patients in the acute care setting, including patients who experience homelessness, food insecurity and other hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 3 of the CIE pilot, utilization metrics were sustained after demonstrating growth between Years 1 and 2. Community members across SDC were assisted through the CIE, and top community referrals included utilities, food, housing and economic support.

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

In FY 2022, SCHHC reopened its on-site, certified organic fruit, vegetable and herb garden. The garden provides nutritious ingredients for the hospital's Mindful Café, as well as serves as an educational tool to teach community members how to start an organic garden through free gardening classes. Four classes were conducted in FY 2022, serving nearly 20 community members in total.

FY 2023 Plan

SCHHC will do the following:¹¹⁵

- Administer Project HELP funds to those in need
- Provide free flu vaccinations, including drive-thru and walk-up options at SCHHC's annual community flu clinic
- Serve as a blood donation site in support of Sharp's systemwide blood drive effort
- With Meals on Wheels San Diego County, administer the Sharp Coronado Hospital Auxiliary Meals on Wheels Adopt-a-Route to provide daily meals and in-home safety assessments for seniors and community members with disabilities
- Host a holiday food drive to support the Food Bank
- Participate in 2-1-1's CIE program to connect patients who experience homelessness and other health equity barriers to critical community services
- Provide community education on gardening basics at SCHHC's on-site garden, including to members of the Imperial Beach community in partnership with the SunCoast Market Co-op
- Expand GrubHub/Mindful Café partnership

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

Rationale references the findings of the SCHHC 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC 2022 CHNA identified workforce shortages as a foundational challenge that greatly exacerbates the priority health and social needs (access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety and economic stability) affecting community members served by SCHHC.
- Workforce shortages were described by HASD&IC 2022 CHNA community engagement participants as the number one priority for local health care providers. The pandemic has severely strained the existing health care workforce, and staffing shortages have exacerbated challenges in meeting the demand for community services. All health care settings, including behavioral health, were described as understaffed, and workforce shortages can adversely impact the patient experience. Further, the workforce shortage is creating a wider equity gap, with fewer culturally competent and linguistically appropriate providers available to care for SDC's diverse communities.
- The IPH Sharp Provider and Sharp Human Resources surveys conducted as part of the SCHHC 2022 CHNA process identified several educational topics of particular interest and importance to employee professional development, including: defining cultural humility and applying it to health care; the impact of implicit or unconscious bias on decision-making; maternal and infant health with a focus on the Black community; and health disparities among various groups, including the Black, Asian, Latinx and immigrant communities.
- Nearly 90% of IPH Sharp Provider Survey participants reported that COVID-19 had at least a moderate impact on employees' desire to change careers or leave the workforce, which may create challenges in meeting the health care needs of the community. Of these, the majority (78%) reported that Sharp does not have programs or services available to address this issue.
- The San Diego Workforce Partnership (SDWP) reported that, in 2021, there were 186,000 people employed in the health care sector in SDC, accounting for 13% of all jobs countywide.¹²³
- SDWP also cites research by the University of Washington Center for Women's Welfare that estimates the basic needs of a single adult resident of SDC to cost \$3,058.72 per month, requiring full-time employment at \$17.65 an hour. Of the 20 most common occupations in SDC's health care sector, there are 11 with training requirements less than or equal to an associate degree that can provide new graduates with a living wage.¹²³

¹²³ San Diego Workforce Partnership (2021), *Expanding Access to Healthcare Jobs in San Diego County: Healthcare Sector Overview*.

- Total employment in California is projected to grow 16% between 2020 and 2030, reflecting an increase of 2.8 million jobs statewide over the decade. The educational services (private), health care and social assistance sector is expected to be one of the fastest-growing industries in California, with 19.0% growth anticipated.¹²⁴
- According to the U.S. Bureau of Labor Statistics' *Employment Projections – 2021-2031* report, employment in health care and social assistance is projected to add about 2.6 million jobs from 2021 to 2031 — the highest growth among all industry sectors. Factors that are expected to contribute to this growth include rising demand for the care of an aging baby-boom population, longer life expectancies and higher prevalence of chronic conditions.¹²⁵
- According to a report from the CHCF titled *California Physicians: A Portrait of Practice*, the supplies of physicians, physician assistants and three types of advanced practice nurses in California grew between 2016 and 2020, while the supply of clinical nurse specialists decreased. The increased supply of licensed physicians does not accurately reflect the availability of care, however — less than half of California's physicians provided care 40 or more hours per week.¹²⁶
- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce.¹²⁷
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages.¹²⁷
- The California Future Health Workforce Commission (CFHWC) has described several recent state budget and policy actions intended to address the significant health and economic impacts of the COVID-19 pandemic. This includes investments in the mental health workforce, particularly for those who work with children and youth; investments in physician residencies, with an emphasis on psychiatry; additional California Department of Health Care Access and Information¹²⁸ oversight for state-supported health workforce programs; expanding the scope of practice for nurse practitioners; and creating several new reimbursable provider types, such as community health workers.¹²⁹
- According to CFHWC key informant interviews with private sector health care leaders, California's workforce needs include increasing workforce diversity; educating young Californians that futures in the health sector are appealing regardless of background, socioeconomic status, race/ethnicity, and gender; and partnering with schools and companies to remove barriers to continuing education and develop pipelines for jobs.¹³⁰

¹²⁴ California EDD (2022), *Employment Projections*.

¹²⁵ U.S. Bureau of Labor Statistics (2022), *Employment Projections – 2021-2031*.

¹²⁶ CHCF (2021), *California Physicians, 2021: A Portrait of Practice*.

¹²⁷ CHCF (2021), *Health Workforce Strategies for California: A review of the Evidence*.

¹²⁸ California's Department of Health Care Access and Information was formerly known as the Office of Statewide Health Planning and Development.

¹²⁹ California Future Health Workforce Commission (CFHWC) (2022), *January 2022 Update on Health Workforce Progress*.

¹³⁰ CFHWC (2020), *Meeting the Demand for Health: Top Priorities, Challenges, and Proposed Actions for the Private Sector to Support the Workforce California Needs*.

- A CHCF survey of frontline health care workers during COVID-19 reflects the sustained mental and emotional toll of providing patient care during the pandemic. Six in 10 providers continue to feel overworked and burned out, while nearly half are frustrated by their job. Nearly three out of four nurses (72%) say they feel burned out from their work — higher than the 61% reported among nurse practitioners and physician assistants, 57% among doctors, and 56% among behavioral health specialists.¹³¹

Objectives

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

FY 2022 Report of Activities

In FY 2022, SCHHC collaborated with local, state and national schools, colleges and universities to provide hospital-based opportunities for students to explore and train for a variety of careers in health care. Although still significant, in FY 2022, student participation in these programs remained limited due to temporary interruptions to on-site learning, including COVID-19-related concerns.

SCHHC provided training opportunities for approximately 30 nursing students and nearly 25 ancillary (non-nursing) students. Together, these students dedicated more than 10,000 hours on the SCHHC campus. Student interns came from a variety of schools, including Azusa Pacific University, Pima Medical Institute, Point Loma Nazarene University (PLNU), San Diego State University (SDSU), San Joaquin Valley College and Southwestern College. In addition, SCHHC continued to partner with Midwestern University in Glendale, Arizona, to provide physician-led mentorship opportunities for medical students, serving five students in FY 2022. In November, SCHHC leadership provided career advice to 25 students from SDSU's School of Public Health during a professional development seminar. This seminar featured a panel discussion, and students had the opportunity to ask panelists questions about launching their careers and preparing for future roles in health care leadership.

Additionally, the Sharp Diabetes Education Program, including staff from SCHHC, provided education to several students throughout FY 2022. In September, the Sharp Diabetes Education Program provided virtual diabetes education on the different types of diabetes, diagnoses, current technology and medication, community resources for patients, patient education modalities and careers in diabetes to more than 20 dietetic students at SDSU. The Sharp Diabetes Education Program also mentored two dietetic interns from the San Diego Women, Infants, and Children (WIC) Dietetic Internship program. The director of the Sharp Diabetes Education Program served as a board member of the San Diego WIC Dietetic Internship program in FY 2022 and provided a

¹³¹ CHCF (2021), *COVID-19 Tracking Poll, May 2021 Views from California Health Care Providers on the Front Lines*.

presentation on diabetes care, the role of the dietitian, the different types of diabetes, nutrition and meal planning, diabetes and technology and more to all six interns in the program. In September, the program director participated in a career panel discussing careers in dietetics, including outpatient diabetes care, to approximately 50 dietetics students at the California Academy of Nutrition and Dietetics Career Fair at PLNU. During the panel's question-and-answer session, attendees were able to ask questions about panelists' experiences in the field of dietetics.

The Planetree philosophy of care holds that health care should be organized first and foremost around the needs of the patient. In 2007, SCHHC became California's first Planetree designated hospital and is one of only two hospitals worldwide to have maintained this designation for each of the past 15 years. SCHHC has also maintained Planetree Designation with Distinction Status since 2012. Further, in May, SCHHC was acknowledged at the 2022 Planetree International Conference with its fifth consecutive Gold with Distinctions award for successfully completing Planetree certification in November 2020.

In May, a team of patient-centered care experts from SCHHC, including members of the hospital's Patient Family Partnership Council, attended the 2022 Planetree International Conference in Anaheim, California to learn, share, and connect with hundreds of health experts from around the world. During a conference breakout session, SCHHC showcased the work it has done to promote diversity, equity and inclusion in the workplace and in the community. Additionally, the conference displayed posters developed by SCHHC on topics such as Code Hope and COVID-19, COVID-19 monoclonal antibody infusions, ED department bridge program, and long-term care to demonstrate the outstanding work the hospital has provided in recent years.

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

SCHHC team members contributed their expertise to the broader health care community through participation in other professional conferences and events throughout the year. In March, SCHHC leadership served on the panel at the HealthLeaders Media CEOX Virtual Exchange event, where panelists provided insights in retaining top talent to approximately 200 health care leaders. In June, SCHHC leadership also participated in the Orthopedic Trauma Conference panel discussion, where panelists discussed strategies to lead health care organizations with physicians as partners to approximately 150 physician leaders. In September, SCHHC participated in Sharp's Annual Interprofessional Research & Innovations Conference. Held virtually

in response to COVID-19, the event invited community health care professionals to participate in podium and poster presentations intended to stimulate innovation in the practice setting, identify best practices, disseminate research, encourage interprofessional collaboration, and more. Presentations by SCHHC staff members included reducing postoperative nausea and vomiting after bariatric procedures as well as implementing a medication-assisted treatment (MAT) bridge program in the ED.

In FY 2022, SCHHC provided nine free hospital tours, which exposed approximately 15 local and international health professionals and students to a day at a local hospital in action. Additionally in May, SCHHC hosted more than 20 Planetree International Conference attendees, who enjoyed signature patient experience activities, such as a hospital tour with numerous stops along the way, including an island welcome with a lei greeting, hot towel service, aromatherapy and cookie baking.

Further, SCHHC contributes to the expansion of scientific knowledge and medical advancements throughout the larger health and research communities through participation in clinical trials. In FY 2022, SCHHC provided clinical trials to improve patient care and outcomes, including health care technology, pharmaceutical treatment and prenatal tobacco reduction.

FY 2023 Plan

SCHHC will do the following:¹¹⁵

- Collaborate with colleges and universities on internships, externships and other professional training opportunities for students
- Participate in the Health Sciences High and Middle College program to provide career pathways to ninth and 10th grade students
- Collaborate with Coronado High School to provide learning experiences for students in grades 10 through 12
- Participate in conferences and events to share findings from clinical research studies with the larger health care community
- Provide hospital tours and presentations to educate community health care professionals about the Planetree philosophy of patient-centered care
- Conduct clinical trials to improve patient care and outcomes

SCHHC Program and Service Highlights

- 24-hour emergency services with non-urgent online reservations available
- Acute and progressive care unit
- Advanced liver care and hepatology, and joint liver transplantation program with UC San Diego Health
- Advanced robotic-assisted procedures
- Metabolic and Bariatric Surgery Program
- Care Partner Program
- Classes, events and physician referral through 1-800-82-SHARP
- Electroencephalograms
- FollowMyHealth®, a secure online patient website that gives patients convenient, 24-hour access to their personal health information
- Heart and lung services, including electrocardiogram
- Home health, including home infusion services¹³²
- Hospice¹³³
- Image-guided sinus surgeries using state-of-the-art 3D endoscopic visualization and modeling
- Imaging services, including multipurpose fluoroscopy room, X-ray, computed tomography (CT) scan with magnetic resonance imaging (MRI), cardiovascular, mammography, dual-energy x-ray absorptiometry (DEXA) scanning, ultrasound, interventional radiology, and electrocardiography (EKG).
- Inpatient hospice unit
- Integrative therapies, including acupuncture, clinical aromatherapy and massage
- ICU
- Laboratory services, including drive-thru phlebotomy, COVID-19 polymerase chain reaction testing and 10 patient service centers throughout SDC
- Long-term care at Villa Coronado Skilled Nursing Facility, accredited by The Joint Commission
- Mindful Café, offering healthy and nutritious food options for patients, families, staff and community members
- Nutrition counseling
- Orthopedics, including Radiostereometric Analysis, and robotic and total joint replacement surgeries — certified by The Joint Commission
- Online appointment scheduling for emergency care, mammograms, physical therapy, laboratory services, integrative spa therapies and fitness services
- Payne Family Outpatient Pavilion, including robotic surgery, an endoscopy suite with endoscopic ultrasound and a dedicated imaging and women's services suite providing 3D mammography, DEXA scanning and ultrasound
- Pathology services
- Pharmacy, including a prescription medication disposal kiosk, immunizations, Community Pharmacy Travel Clinic, bedside prescription payment options, curbside delivery and free delivery throughout Coronado and the Cays and Imperial Beach

¹³² Provided through Sharp Memorial Hospital Home Health Agency.

¹³³ Provided through Sharp HospiceCare

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

Sharp Grossmont Hospital



Section

6 Sharp Grossmont Hospital

Sharp Grossmont Hospital is proud to be a dedicated pillar of the communities we serve. In addition to providing state-of-the-art health care to a large and diverse patient population, we are committed to supporting our community members and organizations. Beyond health care and through the education and outreach we provide to seniors, students and at-risk populations, we will continue to enhance the health of our community and remain a strong steward of East County.

— Scott Evans, SVP and Market Chief Executive Officer, Sharp HealthCare Regional Hospitals

Fiscal Year (FY) 2022 Community Benefit Program Highlights

Sharp Grossmont Hospital (SGH) provided **\$160,723,765** in community benefit in FY 2022. See **Table 27** for a summary of unreimbursed costs based on the categories identified in Senate Bill (SB 697), and **Figure 17** for the distribution of SGH’s community benefit among those categories.

**Table 27: Economic Value of Community Benefit Provided
Sharp Grossmont Hospital — FY 2022**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2022 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ¹³⁴	\$32,851,533
	Shortfall in Medicare ¹³⁴	115,249,997
	Shortfall in County Medical Services (CMS) ¹³⁴	8,602
	Shortfall in CHAMPVA/TRICARE ¹³⁴	2,683,699
	Charity Care ¹³⁵	5,521,329
	Bad Debt ¹³⁵	1,481,965
Other Benefits for Vulnerable ¹³⁶ Populations	Patient transportation, Project HELP and other assistance for the vulnerable ¹³⁷	1,164,378
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, vaccinations, support groups, meeting room space, donation of time to community organizations and cost of fundraising for community events ¹³⁷	788,665
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ¹³⁷	973,597
TOTAL		\$160,723,765

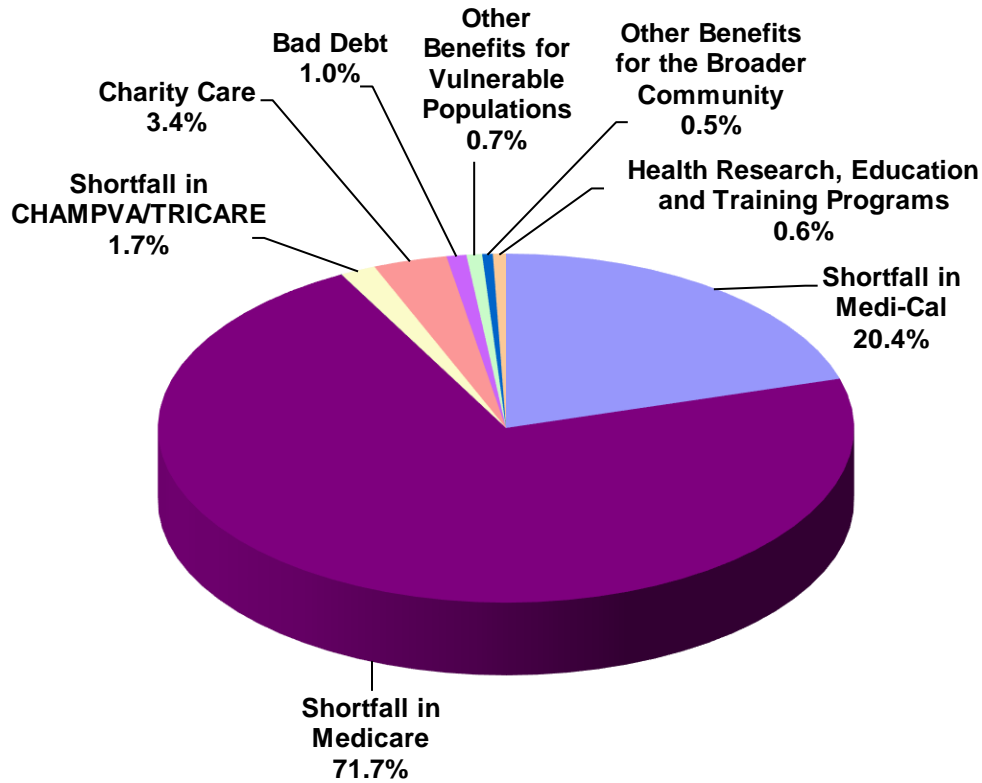
¹³⁴ Methodology for calculating shortfalls in public programs is based on Sharp HealthCare’s (Sharp) payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received.

¹³⁵ Charity care and bad debt reflect the unreimbursed costs of providing services to patients who lack the ability to pay for services at the time the services were rendered.

¹³⁶ “Vulnerable populations” means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children’s Services Program, or county indigent programs.

¹³⁷ 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 Grossmont Hospital — FY 2022**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and the unreimbursed costs of public programs such as Medi-Cal, Medicare, CMS (County Medical Services) and CHAMPVA/TRICARE.¹³⁸ In FY 2020, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of July 1, 2019, through December 31, 2021, and in FY 2022 the same agencies approved another Medi-Cal Hospital Fee Program for the time period of January 1, 2022 through December 31, 2022. This resulted in recognition of net supplemental revenues for SGH totaling \$48.4 million in FY 2022. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2022 understate the true unreimbursed medical care services performed for the past fiscal year.

¹³⁸ The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs shares the cost of certain health care services and supplies with eligible beneficiaries. TRICARE is a health care program of the U.S. Department of Defense Military Health System, which provides civilian health benefits for U.S. Armed Forces military personnel, military retirees, and their dependents, including some members of the Reserve Component.

- **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 enrolled in Medi-Cal; financial and other support to Neighborhood Healthcare; Project Hospital Emergency Liaison Program (Project HELP), which provides funding for medication and transportation to assist lower-income patients; COVID-19 (coronavirus disease 2019) and mpox vaccination clinics for vulnerable adults, including seniors; participation in the Sharp Humanitarian Service Program; support for Meals on Wheels San Diego County; the provision of durable medical equipment (DME); the Care Transitions Intervention (CTI) program; and other assistance for community members with health equity barriers.
- **Other Benefits for the Broader Community** included health education and information on a variety of topics; support groups; participation in community health events; health screenings for colorectal cancer, breast cancer, nutrition, blood pressure, stroke, vision, balance and fall prevention, body mass index (BMI) and more; diabetes risk assessments; COVID-19 vaccination clinics for community members; community education and resources provided by the SGH cancer patient navigator program; and specialized education offered through the SGH Senior Resource Center. SGH also collaborated with local schools to promote interest and provide career pathways in health care and donated meeting room space to community groups. SGH staff actively participated in community boards, committees and civic organizations, including, but not limited to 2-1-1 San Diego (2-1-1), Angels Foster Family Network, Association of California Nurse Leaders (ACNL), the local chapter of Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), Beacon Council’s Patient Safety Collaborative, California Association of Hospitals and Health Systems (CAHHS), CAHHS Committee on Volunteer Services and Directors’ Coordinating Council, California Hospital Association (CHA) Workforce Committee, California Maternal Quality Care Collaborative, California Perinatal Quality Care Collaborative, California School-Age Families Education, California Society for Clinical Social Work Professionals, Cameron Family YMCA, County of San Diego Aging and Independence Services (AIS) Health Promotion Committee, County of San Diego AIS Advisory Board, County of San Diego Breastfeeding Coalition Advisory Board, County of San Diego Emergency Medical Care Committee (EMCC), County of San Diego Public Health Nursing Advisory Board, East County Action Network (ECAN), East County Senior Service Providers (ECSSP), Grossmont College Occupational Therapy Assistant Advisory Board, Grossmont Healthcare District (GHD), Hospital Association of San Diego and Imperial Counties (HASD&IC), John A. Davis Family YMCA, La Mesa Park and Recreation, Lantern Crest Senior Living Advisory Board, Meals on Wheels San Diego County East County Advisory Board, McGrath Family YMCA, Partnership for Smoke-Free Families, San Diego Adolescent Pregnancy and Parenting Program, San Diego Association of Directors of Volunteer Services (SDADVS), San Diego East County Chamber of Commerce and more. See **Appendix A** for a list of Sharp’s community involvement. The category also includes costs associated with

community benefit planning and administration, including community health needs assessment (CHNA) development and participation.

- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals, student and intern supervision, and time devoted to generalizable, health-related research projects that were made available to the broader health care community.

Definition of Community

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

The community served by SGH includes the entire east region of San Diego County (SDC), including the subregional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire. In addition, much of the region includes remote, unincorporated communities. Approximately 5% of the population lives in remote or rural areas of this region. See **Appendix B** for a map of community and region boundaries in SDC.

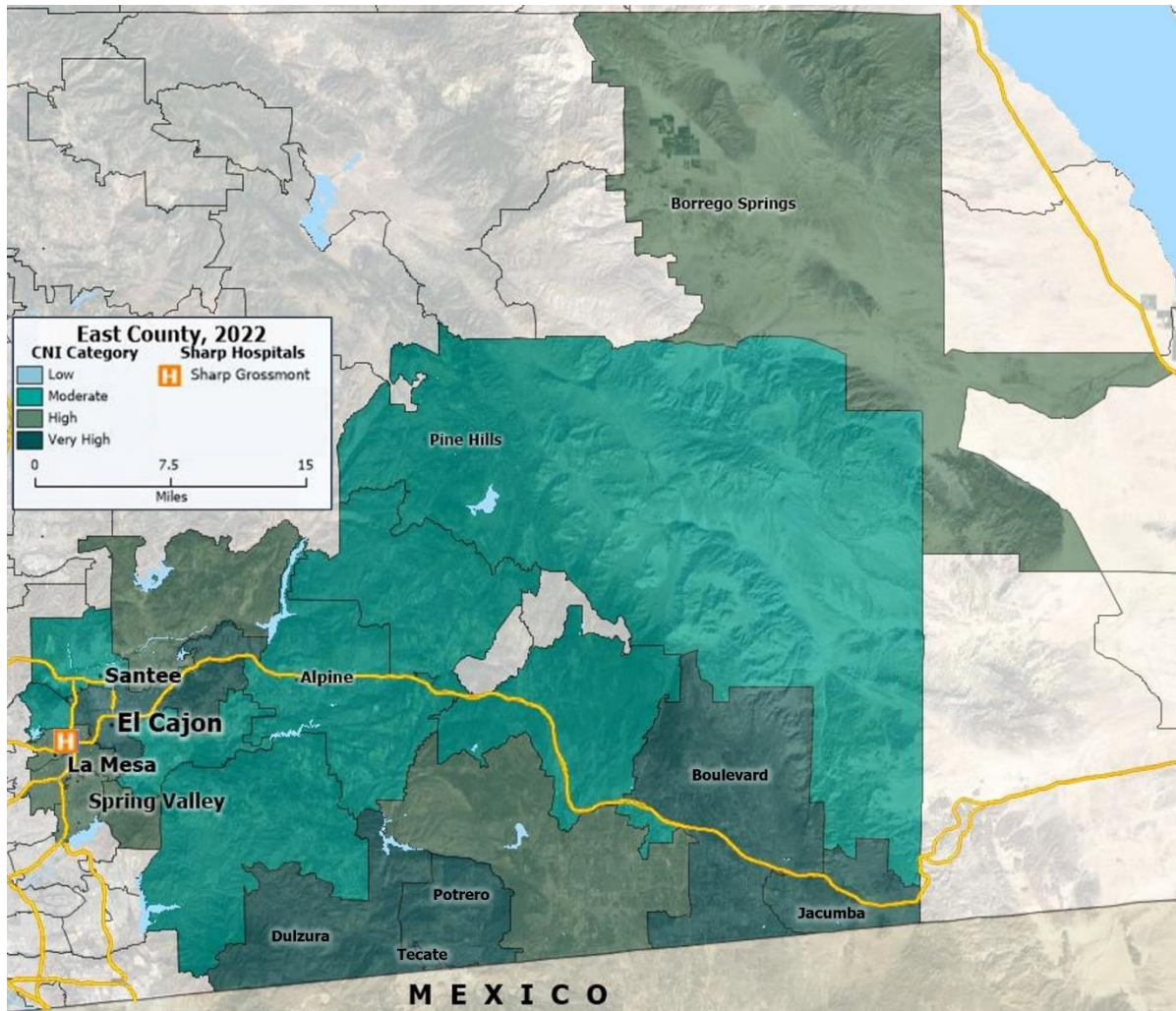
For SGH's 2022 CHNA process, the Dignity Health and IBM Watson Health Community Need Index (CNI) was used to identify communities within its service area that experience greater health inequities.^{139,140} The CNI uses demographic and economic statistics to provide a "CNI score" for every populated ZIP code in the U.S. CNI scores measure inequity on a scale ranging from very low health inequity to very high health inequity. This measurement is an average determined through an analysis of specific socioeconomic 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, La Mesa, Lemon Grove, Spring Valley, Encanto and Mountain Empire.¹³⁹ **Figure 18** presents a map of the CNI findings across SDC's east region.

¹³⁹ Dignity Health and IBM Watson Health Community Need Index (CNI) (2022). The Dignity Health and IBM Watson CNI was discontinued on January 31, 2023.

¹⁴⁰ According to the World Health Organization (WHO), health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies (WHO, 2018).

Figure 18: CNI Map — SDC's East Region¹⁴¹



Description of Community Health

In 2022, there were 93,019 residents ages 65 and older in SDC's east region, representing 17.5% of the total regional population. Between 2022 and 2027, it is anticipated that the east region's senior population will grow by 13.7%.¹⁴²

In 2020, 12.1% of the east region population reported living below 100% of the federal poverty level (FPL), which was higher than SDC overall (10.9%). The unemployment rate in SDC's east region was 6.7%, which was higher than the rate for SDC overall (5.9%). In addition, 7.6% of households received Supplemental Security Income, also higher than SDC overall (5.1%).¹⁴³

¹⁴¹ Truven Health Analytics, 2022; Insurance Coverage Estimates, 2022; The Nielson Company, 2022; and CNI, 2022.

¹⁴² SpeedTrack®, Inc.; U.S. Census Bureau.

¹⁴³ The County of San Diego Health and Human Services Agency (HHS), Public Health Services (PHS), Community Health Statistics Unit (CHSU), December 2022; U.S. Census Bureau, 2016-2020 American Community Survey 5-year estimates.

According to the San Diego Hunger Coalition, while nutrition insecurity¹⁴⁴ has declined since 2021, high rates remain due to long-standing economic disparities that were exacerbated by the COVID-19 pandemic. As of March 2022, 28% of San Diegans experienced nutrition insecurity and 35% of children lived in nutrition-insecure households.¹⁴⁵

In 2020, 11.2% of households in the east region received Supplemental Nutrition Assistance Program (SNAP) benefits, while 18.5% of the population lived at or below 138% FPL and were eligible for the program. These rates were higher than SDC overall (7.1% of households participated in SNAP benefits while 16.7% of households lived at or below 138% FPL).¹⁴³ Please refer to **Table 28** for SNAP participation and eligibility in the south region.

Table 28: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC’s East Region, 2020¹⁴³

Food Stamps/SNAP Benefits	Percent of Population
Households	11.2%
Families with Children	18.2%
Eligibility by FPL	
Population ≤130% FPL	17.2%
Population ≤138% FPL	18.5%
Population 139% – 350% FPL	31.8%

In SDC’s east region in 2020, 95.6% of children age 18 and under, 89.3% of young adults ages 19 to 25, 90.4% of adults ages 26 to 44, 93.1% of adults ages 45 to 64, and 98.9% of seniors age 65 and older had health insurance.¹⁴³ Health insurance coverage for young adults ages 19 to 25 and adults ages 26 to 44 was lower than the Healthy People 2030 (HP2030) national target of 92.4% health insurance coverage.¹⁴⁶ See **Table 29** for health insurance coverage in SDC’s east region in 2020.

¹⁴⁴ U.S. Department of Agriculture (2022), *Food and Nutrition Security*. Nutrition security means all Americans have consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.

¹⁴⁵ San Diego Hunger Coalition (2022), *March 2022 Data Release: Nutrition Insecurity Remains Above Pre-pandemic Levels and Impacts Communities of Color Most*.

¹⁴⁶ The U.S. Department of Health and Human Services’ (DHHS) **Healthy People (HP2030)** initiative represents the nation’s prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

Table 29: Health Insurance Coverage in SDC’s East Region, 2020¹⁴³

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	95.6%	92.4%
Young adults 19 to 25 years	89.3%	92.4%
Adults 26 to 44 years	90.4%	92.4%
Adults 45 to 64 years	93.1%	92.4%
Seniors 65+ years	98.9%	N/A ¹⁴⁷

According to the California Health Interview Survey (CHIS), in 2021, 19.4% of the east region population was covered by Medi-Cal.¹⁴⁸ See **Table 30** for details.

Table 30: Medi-Cal (Medicaid) Coverage in SDC’s East Region, 2021¹⁴⁸

Description	Rate
Covered by Medi-Cal	19.4%
Not covered by Medi-Cal	80.6%

CHIS data also revealed that 11.0% of individuals in the east region did not have a usual place to go when sick or in need of health advice (see **Table 31**).¹⁴⁸

Table 31: Regular Source of Medical Care in SDC’s East Region, 2021¹⁴⁸

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	89.0%	84.0%
Has no usual source of care	11.0%	16.0%

Cancer and diseases of the heart were the two leading causes of death in SDC’s east region in 2020.^{149,150} See **Table 32** 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 2022 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

¹⁴⁷ HP2030 does not include targets for individuals age 65 and older.

¹⁴⁸ University of California Los Angeles Center for Health Policy Research (2022), *2021 California Health Interview Survey*.

¹⁴⁹ County of San Diego HHSA, PHS, CHSU (2022), *Leading Causes of Death Tables by HHSA Region, 2011-2020*.

¹⁵⁰ The County of San Diego HHSA’s CHSU 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 2020. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10’s (International Classification of Diseases – 10th Revision) “List of 113 Selected Causes of Death and Enterocolitis due to *Clostridium difficile*.” Source: California Department of Public Health (CDPH), Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligences System. Prepared by County of San Diego HHSA PHS, CHSU, 2022.

Table 32: Leading Causes of Death in SDC’s East Region, 2020¹⁴⁹

Cause of Death	Number of Deaths	Percent of Total Deaths
Diseases of the Heart	904	20.1%
Malignant Neoplasms (Overall Cancer)	874	19.5%
COVID-19	348	7.7%
Cerebrovascular Diseases	283	6.3%
Accidents/Unintentional Injuries	255	5.7%
Alzheimer's Disease	214	4.8%
Chronic Lower Respiratory Diseases	210	4.7%
Diabetes Mellitus	175	3.9%
Essential Hypertension and Hypertensive Renal Disease	94	2.1%
Chronic Liver Disease and Cirrhosis	87	1.9%
All Other Causes	1,048	23.3%
Total Deaths	4,492	100.0%

Community Benefit Planning Process

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

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

Priority Community Needs Addressed in Community Benefit Report — SGH 2022 CHNA

SGH completed its most recent CHNA in September 2022. SGH’s 2022 CHNA was significantly influenced by the collaborative HASD&IC 2022 CHNA process and findings. Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp’s process and findings.

In addition, this year SGH updated its implementation strategy — a description of SGH programs designed to address the priority health and social needs identified in the 2022 CHNA.

Through the SGH 2022 CHNA, the following priority health and social needs were identified for the communities served by SGH (listed in alphabetical order):

- Access to Health Care
- Aging Care & Support
- Behavioral Health
- Children & Youth Well-being
- Chronic Health Conditions
- Community Safety
- Economic Stability
- Maternal & Prenatal Care, including High-Risk Pregnancy

The following pages detail SGH programs, activities and services that specifically address these needs, either directly or indirectly. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

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

Beyond these clinical services, SGH lacks the resources to comprehensively meet the need for community education and support in behavioral health (including substance use). Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and substance use treatment services in SDC. Please refer to **Section 11** of this report for details on those programs.

SGH addresses chronic health conditions by providing education and healthy lifestyle programs as part of care for cardiovascular disease (CVD), diabetes, obesity and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy Medical Centers 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 personalized weight-loss programs. For additional details on SGH programs that specifically address the needs identified in the 2022 CHNA, please refer to SGH's implementation strategy. The most recent CHNA and implementation strategy

for SGH are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2022 Report of Activities conducted in support of the objective(s), and FY 2023 Plan.

Identified Community Need: Education, Support and Screening for Stroke

Rationale references the findings of the SGH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2022 CHNAs identified chronic conditions (including CVD and cerebrovascular diseases/stroke) as one of the priority health and social needs affecting the community members served by SGH.
- Participants in community engagement activities conducted as part of the HASD&IC and SGH 2022 CHNAs identified numerous barriers to care for chronic conditions that have been exacerbated by the COVID-19 pandemic, including: fear of contracting COVID-19; social isolation; high prescription and insurance costs; insurance conflicts; eligibility requirements for appropriate programs; and hardships related to housing.
- Data analysis in Sharp's 2022 CHNAs revealed a higher volume of hospital discharges for CVD in communities facing greater socioeconomic challenges within SDC's east region, such as El Cajon and Spring Valley.¹⁵¹
- Participants in the interviews conducted by community health workers and *promotores* as part of the HASD&IC 2022 CHNA identified heart disease and stroke as a major health concern among community members.
- Analysis of Sharp clinical data from FY 2016 to 2021 showed a 15% increase in stroke diagnoses among hospital inpatients, demonstrating the impact of patients delaying care due to the COVID-19 pandemic. In addition, the ratio of stroke deaths observed at Sharp hospitals in 2021 was 9% higher than expected when compared to 2016.
- Further, unpredictability during the COVID-19 pandemic has caused delays or disrupted access to routine and specialty care. This makes receiving comprehensive care even more challenging for people living with chronic health conditions.
- HASD&IC 2022 CHNA community engagement participants also identified the following hospital discharge challenges and barriers for patients, including those with chronic conditions; low health literacy and medication adherence; lack of access to stable housing to facilitate healing and recovery; and long wait times to access the appropriate level of care.
- In 2020, cerebrovascular diseases (including stroke) were the fourth leading cause of death for SDC's east region, accounting for 283 deaths.^{149,150}

¹⁵¹ Dignity Health and IBM Watson Health CNI (2022).

- In 2019, there were 1,246 hospitalizations due to stroke in SDC’s east region. The region’s age-adjusted rate of hospitalizations for stroke was 216.6 per 100,000 population — the second highest among all SDC regions.¹⁵²
- In 2019, there were 522 stroke-related ED visits in SDC’s east region. The age-adjusted rate of ED visits was 90.7 per 100,000 population — the highest among all SDC regions.
- According to 2021 CHIS data, 32.5% of residents in SDC’s east region had ever been diagnosed with high blood pressure, while 4.0% had borderline high blood pressure. In addition, 30.2% of east region adults reported being obese — higher than the county overall (21.7%).¹⁴⁸
- According to the Centers for Disease Control and Prevention (CDC), more than 795,000 people in the U.S. have a stroke each year, and strokes are responsible for approximately 1 out of every 6 deaths from CVD.¹⁵³
- The National Institute of Neurological Disorders and Stroke reports that 25% of people who recover from their first stroke will have another stroke within five years.¹⁵⁴
- The CDC estimates that up to 80% of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors. Behaviors that can mitigate the risk of stroke include choosing a healthy diet full of fruits and vegetables, maintaining a healthy weight, engaging in at least 2.5 hours of moderate-intensity aerobic physical activity each week, refraining from or quitting smoking and limiting alcohol intake.¹⁵⁵
- Despite encouraging data about declining stroke incidence, on a global level the aging population and accumulating risk factors contribute to an increasing lifetime risk of stroke.¹⁵⁶

Objective

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

FY 2022 Report of Activities

In August 2022, The Joint Commission and American Heart Association (AHA)/American Stroke Association (ASA) re-certified SGH’s Stroke Center as a Comprehensive Stroke Center, the highest designation for stroke care. The program quickly and effectively treats all types of stroke, including the most complex cases, and is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. SGH is a recipient of the AHA/ASA’s Get With The Guidelines® (GWTG) — Stroke Silver 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:

¹⁵² County of San Diego HHS, PHS, CHSU (2021); U.S. Census Bureau, 2015-2019 American Community Survey 5-year estimates.

¹⁵³ Centers for Disease Control and Prevention (CDC) (2022), *Stroke Facts*.

¹⁵⁴ National Institute of Neurological Disorders and Stroke (2022), *Stroke*.

¹⁵⁵ CDC (2022), *Men and Stroke*.

¹⁵⁶ American Heart Association (AHA) (2022), *U.S. stroke rate declining in adults 75 and older, yet rising in adults 49 and younger*.

Stroke Elite Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients. In addition, the SGH Rehabilitation Center is accredited by CARF (Commission on Accreditation of Rehabilitation Facilities) for its stroke specialty program, which represents the highest level of accreditation that can be awarded to an organization.

As the COVID-19 pandemic persisted through FY 2022, Sharp's systemwide stroke program and SGH's Stroke Center brought virtual stroke education to the community. In partnership with Sharp's marketing team, the systemwide stroke program shared information about stroke and atrial fibrillation through Sharp's social media channels and more. Building off its successful implementation in FY 2021, this virtual community education had an expansive reach, connecting with more than 17,000 individuals in FY 2022. In addition, in FY 2022 the program displayed billboards to educate community members about stroke recognition, including BEFAST (balance, eyes, face, arm, speech, time) and conditions that can lead to stroke.

In FY 2022, in-person stroke education in the community resumed, with increased involvement by Sharp's systemwide stroke program staff in health fairs and community events focused on heart and brain health. In July, SGH's Stroke Center participated in the Silayan Filipina's Heart Smart Series: Stroke and Heart Attack Awareness event. Hosted at the Mission Valley Library, SGH staff provided approximately 80 attendees with stroke education, flyers on BEFAST, and blood pressure screenings, as well as answered questions. In FY 2022, SGH's Stroke Center and the Progressive Care Unit for Acute Stroke participated in the Sharp Women's Health Conference where they provided attendees with stroke education, screening of personal risk factors, risk modification strategies, and information about the signs and symptoms of stroke. SGH also provided conference attendees with blood pressure and pulse checks.

SGH continued its 17-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry, where data is tracked to identify gaps and determine trends. SGH also continued to actively participate in the quarterly San Diego County Stroke Consortium, a collaborative effort with other SDC hospitals to improve stroke care and discuss issues impacting stroke care in SDC. The San Diego County Stroke Consortium consists of 18 hospitals — including SGH, Sharp Coronado Hospital and Healthcare Center, Sharp Chula Vista Medical Center, Sharp Memorial Hospital, Alvarado Hospital Medical Center, Kaiser San Diego Medical Center, Kaiser Zion Medical Center, Palomar Medical Center, Paradise Valley Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital La Jolla, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital San Diego, Temecula Valley Hospital, Tri-City Medical Center, University of California (UC) San Diego Medical Center, and UC San Diego Medical Center – La Jolla — all of which are San Diego County Stroke Receiving Centers and certified by the Joint Commission. In response to the COVID-19 pandemic, meetings continued to be held virtually in FY 2022.

Sharp's systemwide stroke program continued to partner with the San Diego County Stroke Consortium to develop educational materials, including training videos, for AMR (American Medical Response) San Diego, a medical transportation company that assists with emergency and non-emergency transportation. In November, this included a video addressing the topics of new stroke procedures and guidelines, and how to assess a stroke patient at the scene. Further, Sharp's systemwide stroke program continues to participate in the development of EMS protocol updates.

Sharp's systemwide stroke program also collaborated with San Diego County Stroke Consortium hospitals in FY 2022 to help alleviate community concerns related to obtaining health care during the COVID-19 pandemic. Using social media, the hospitals released a message encouraging San Diegans not to delay seeking care during the pandemic. Each message sent from Sharp reached 16,000 subscribers on Facebook, Instagram and other Sharp-associated social media outlets.

FY 2023 Plan

SGH Stroke Center will do the following:¹⁵⁷

- Provide stroke education, screening and outreach to community members in the east region via social media and in-person classes
- Provide education for individuals with identified stroke risk factors
- Provide stroke education and screenings at the Sharp Women's Health Conference
- Offer a stroke support group in conjunction with the hospital's Outpatient Rehabilitation Department
- Participate in the San Diego County Stroke Consortium
- Participate in annual EMS education, with a focus on Large Vessel Occlusion, or blockages of the proximal intracranial anterior and posterior circulation, identification in the field
- Provide data to the SDC stroke registry
- Provide a community presentation on stroke education and prevention featuring a Sharp-affiliated physician

Identified Community Need: Heart and Vascular Disease Education and Screening

Rationale references the findings of the SGH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2022 CHNAs identified chronic health conditions, including CVD, as one of the priority health and social needs affecting the community members served by SGH.

¹⁵⁷ Where applicable, the Sharp Grossmont Hospital (SGH) Stroke Center will perform these activities as COVID-19 public health and safety guidelines allow.

- Data analysis in the SGH 2022 CHNA revealed a higher volume of hospital discharges due to CVD in communities facing greater socioeconomic challenges within SDC's east region, such as El Cajon and Spring Valley.¹⁵⁸
- Participants in the interviews conducted by community health workers and *promotores* as part of the HASD&IC 2022 CHNA identified high blood pressure and heart disease and stroke as a major health concern among community members.
- HASD&IC community engagement participants identified numerous barriers to care for chronic conditions that have been exacerbated by the COVID-19 pandemic, including: fear of contracting COVID-19; social isolation; high prescription and insurance costs; insurance conflicts; eligibility requirements for appropriate programs; and hardships related to housing.
- Further, unpredictability during the COVID-19 pandemic has caused delays or disrupted access to routine and specialty care. This makes receiving comprehensive care even more challenging for people living with chronic health conditions.
- HASD&IC 2022 CHNA community engagement participants also identified the following hospital discharge challenges and barriers for patients, including those with chronic conditions; low health literacy and medication adherence; lack of access to stable housing to facilitate healing and recovery; and long wait times to access the appropriate level of care.
- Analysis of Sharp clinical data from FY 2016 to 2021 showed a 16% increase in acute myocardial infarction diagnoses among hospital inpatients, but a 10% decrease in heart failure diagnoses among hospital inpatients. In addition, the ratio of acute myocardial infarction deaths observed at Sharp hospitals in 2021 was 21% lower than expected when compared to 2016, while the ratio of heart failure deaths was 9% lower.
- In addition, according to Sharp hospital data, 61.5% of COVID-19 inpatients admitted from March 2020 to March 2022 presented with hypertension, and individuals with hypertension were 2.5 times more likely to be admitted to the hospital than non-hypertensive COVID-19 patients. In addition, COVID-19 patients with hypertension were 42% more likely to require a stay in the intensive care unit (ICU).
- According to hospital data presented in the SGH 2022 CHNA, nearly all (89.8%) of seniors admitted to SGH in 2020 had a disease of the circulatory system, with nearly half (48.8%) diagnosed with essential hypertension and 35.9% with coronary atherosclerosis or another heart disease.
- In 2020, heart disease was the leading cause of death in SDC's east region.^{149,150}
- In 2020, there were 904 deaths due to diseases of the heart in SDC's east region. The region's age-adjusted death rate due to heart disease was 147.9 per 100,000 population. This was higher than the age-adjusted death rate for SDC overall (122.5 deaths per 100,000 population).
- In 2019, there were 1,116 hospitalizations for coronary heart disease (CHD) in SDC's east region. The age-adjusted rate of hospitalization for CHD was 191.8 per 100,000 population, which is higher than the age-adjusted rate for SDC overall (166.8 per 100,000 population).¹⁵²

¹⁵⁸ Dignity Health and IBM Watson Health CNI (2022).

- In 2019, there were 255 ED visits for CHD in SDC’s east region. The age-adjusted rate of ED visits was 45.0 per 100,000 population, higher than the age-adjusted rate for SDC overall (37.2 per 100,000 population).
- According to 2021 CHIS data, 8.5% of adults living in SDC’s east region indicated that they were ever diagnosed with heart disease, higher than SDC overall (6.7%).¹⁴⁸
- Data from the 2021 CHIS indicated that 32.5% of adults living in SDC’s east region had ever been diagnosed with high blood pressure, higher than SDC overall (26.1%) and the state of California (26.8%).¹⁴⁸
- According to the CDC, heart disease (including CHD, hypertension and stroke) is the leading cause of death for both men and women, and kills approximately 697,000 people each year.¹⁵⁹
- Heart disease is the leading cause of death for people of most racial/ethnic groups in the U.S., including Black, American Indian, Alaska Native, Hispanic and white men. For women from the Pacific Islands, and Asian American, American Indian, Alaska Native, and Hispanic women, heart disease is second only to cancer.¹⁵⁹
- In its *2022 Heart Disease and Stroke Statistical Update*, the AHA reported that CHD was responsible for 12.6% of all deaths in the U.S. in 2019, killing nearly 361,000 people. Death rates and actual numbers of deaths from CHD decreased significantly between 2009 and 2019, but disease burden and risk factors remain high. According to blood pressure guidelines championed by the AHA and the American College of Cardiology, 47.3% of U.S. adults have hypertension.¹⁶⁰
- According to the AHA, it may be possible to prevent heart disease, stroke and CVD by not smoking, engaging in daily physical activity, getting adequate sleep, maintaining a healthy diet and body weight and controlling cholesterol, blood pressure and blood sugar.¹⁶⁰
- The CDC asserts that several health conditions, along with lifestyle, age and family history, are risk factors that can increase an individual’s risk for heart disease. About half of all Americans (47%) have at least one of three key risk factors for heart disease: high blood pressure, high cholesterol and smoking.¹⁶¹

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

¹⁵⁹ CDC (2022), *Heart Disease Facts*.

¹⁶⁰ Tsao, C.W., Aday, A.W., Almarzoog, Z.I., et al. (2022). Heart Disease and Stroke Statistics—2022 Update: A Report From the American Heart Association. *Circulation*, 145(8), e153–e639.

<https://www.ahajournals.org/doi/epub/10.1161/CIR.0000000000001052>

¹⁶¹ CDC (2022), *About Heart Disease*.

FY 2022 Report of Activities

In FY 2022, SGH's congestive heart failure (CHF) nurse specialist and the Cardiac Rehabilitation Department provided education and support to patients and community members impacted by CHF. Due to the COVID-19 pandemic, educational programs were offered virtually in FY 2022. SGH's free, virtual CHF class and support group was offered monthly and provided an average of five to 10 individuals per session with a supportive environment to discuss various topics about living well with CHF. The SGH Cardiac Rehabilitation Department also shared a series of videos on exercise and CHF to educate community members with CHF and their loved ones.

During National Heart Month in February, an exercise physiologist from the Cardiac Rehabilitation Department provided a virtual education class for seniors in collaboration with the SGH Senior Resource Center. Approximately 30 seniors received education on maintaining a healthy heart through exercise, steps one can take to start an exercise program, the benefits of exercise and exercise precautions.

In March and May, a Sharp-affiliated cardiac electrophysiologist hosted a webinar titled Advanced Treatment Options for Atrial Fibrillation, which educated 50 attendees about the symptoms, diagnosis and surgical and non-surgical treatment options for individuals living with atrial fibrillation. In May, a Sharp-affiliated interventional cardiologist offered a webinar titled Advances in Heart Valve Treatment: Mitral Valve Regurgitation, educating nearly 30 attendees about mitral valve regurgitation symptoms, diagnosis and treatment. A Sharp-affiliated interventional cardiologist shared aortic heart valve disease information and advanced treatments to nearly 10 attendees during a webinar in August.

SGH's Cardiovascular Services and Cardiac Rehabilitation Department traditionally participate in a variety of community events throughout the year; however, due to the COVID-19 pandemic, these events were limited.

SGH's Cardiovascular Services and Cardiac Rehabilitation Department participated in the Sharp Women's Health Conference. During the event, SGH's cardiac team provided cardiac education and resources as well as information about hospital services.

In FY 2022, Sharp, including SGH, partnered with the AHA's signature women's movement, Go Red for Women, to help raise awareness and improve the lives of women by empowering them to take charge of their heart health. SGH shared heart-health information through its Facebook page throughout the year. SGH also participated in the Go Red for Women Luncheon in February at the US Grant San Diego hotel, where two registered nurses (RN) from SGH's Cardiovascular Services and Cardiac Rehabilitation Department provided free blood screenings and shared heart health-related resources, and a Sharp-affiliated cardiologist presented on heart health. Nearly 400 community members attended the luncheon, which is committed to ending heart disease in women and raising awareness of the health conditions associated with

it. Further, SGH, including the Cardiac Rehabilitation Department, participated in and provided funding for AHA's San Diego Heart & Stroke Walk.

In October and April, SGH participated in the 19th and 20th semiannual meetings of Southern California VOICe (Vascular Outcomes Improvement Collaborative), which included more than 30 regional vascular physicians, nurses, epidemiologists, scientists and research personnel at each event working together to collect and analyze vascular data in an effort to improve patient care. SGH shared its expertise on patient care, the use of data processes to improve outcomes and compliance with clinical standards. The meetings were held virtually and at the Coronado Island Marriott Resort & Spa.

SGH continued to participate in programs to improve the care and outcomes of individuals with heart and vascular disease. To assist acutely ill patients in SDC, SGH provided data on STEMI (ST-elevation myocardial infarction or acute heart attack) to the County of San Diego EMS and participated in the quarterly County of San Diego Cardiac Advisory Committee for STEMI. In response to the COVID-19 pandemic, committee meetings remained virtual in FY 2022.

Throughout FY 2022, Sharp-affiliated cardiologists, a Sharp-affiliated cardiothoracic surgeon and staff from SGH's Cardiac Training Center and Cardiac Rehabilitation Department shared heart-related information with sharp.com as well as local news outlets, including KUSI News, CBS News 8 – San Diego and 10News – ABC San Diego KGTV. Topics included new U.S. Preventive Services Task Force guidelines on aspirin and heart attacks; a patient's path through a widowmaker heart attack, where blood stops flowing to the heart until a surgeon can insert a stent that allows blood to flow; Go Red for Women® and National Wear Red Day in February — raising awareness for heart disease and stroke; the Go Red for Women Luncheon; differences in heart disease symptoms between men and women, heart disease risk factors and what to ask one's doctor about keeping the heart healthy.

FY 2023 Plan

SGH will do the following:¹⁶²

- Provide a monthly CHF class and support group
- Provide a virtual cardiac health lecture for senior community members
- Offer health care professionals lectures from educational speakers on performance improvements in CHF and acute myocardial infarction, and cardiovascular treatment options
- Provide data on STEMI to the County of San Diego EMS and participate in the County of San Diego Cardiac Advisory Committee

¹⁶² Where applicable, SGH will perform these activities as COVID-19 public health and safety guidelines allow

Identified Community Need: Diabetes Education, Prevention and Support

Rationale references the findings of the SGH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2022 CHNAs identified chronic conditions, including diabetes, as one of the priority health needs affecting the community members served by SGH.
- Data analysis in the SGH 2022 CHNA revealed a higher volume of hospital discharges due to Type 2 diabetes in communities within SDC's east region facing greater socioeconomic challenges, such as El Cajon and Spring Valley.¹⁵⁸
- Participants in the interviews conducted by community health workers and *promotores* as part of the HASD&IC 2022 CHNA identified diabetes as a major health concern among community members.
- HASD&IC community engagement participants identified lack of access to utilities and household appliances as a challenge to diabetes management due to the importance of proper medication storage and preparation of nutritious meals.
- An analysis of Sharp clinical data from FY 2016 to 2021 showed a 35% increase in diabetes diagnoses among hospital inpatients, demonstrating the impact of patients delaying care due to the COVID-19 pandemic. In addition, the ratio of diabetes deaths observed at Sharp hospitals in 2021 was 89% higher than expected when compared to 2016. Furthermore, more than half (58.3%) of SGH inpatients with a diabetes diagnosis in 2020 were seniors.
- In addition, according to Sharp hospital data, 40% of COVID-19 inpatients admitted from March 2020 to March 2022 presented with diabetes, and individuals with diabetes were 2.1 times more likely to be admitted to the hospital than non-diabetic COVID-19 patients. In addition, COVID-19 patients with diabetes were 82% more likely to require a stay in the ICU.
- In 2020, diabetes was the eighth leading cause of death in SDC's east region.^{149,150}
- In 2019, there were 159 deaths due to diabetes in SDC's east region. The region's age-adjusted death rate due to diabetes was 27.7 per 100,000 population, higher than the overall SDC age-adjusted rate (20.6 deaths per 100,000 population).¹⁵²
- In 2019, there were 1,061 hospitalizations due to diabetes in SDC's east region. The age-adjusted rate of hospitalizations for diabetes was 200.8 per 100,000 population. This rate was the highest among all SDC regions and higher than the age-adjusted rate of hospitalization for SDC overall (137.2 per 100,000 population).
- In 2019, there were 1,100 diabetes-related ED visits in SDC's east region. The age-adjusted rate of diabetes-related ED visits was 211.6 per 100,000 population. This was the third highest rate among all SDC regions and was higher than the age-adjusted rate for SDC overall (169.1 per 100,000 population).
- According to 2021 CHIS data, 12.9% of adults living in SDC's east region indicated that they had ever been diagnosed with diabetes, which was slightly higher than SDC overall (8.5%) and the state of California (10.8%). Diabetes rates among

seniors were particularly high, with 21.1% of east region adults ages 65 and older reporting that they had ever been diagnosed with diabetes.¹⁴⁸

- According to 2021 CHIS data, 22.9% of residents in the east region had been told by their doctor that they have pre- or borderline diabetes, slightly higher than residents in SDC overall (16.6%).¹⁴⁸
- According to a report from the American Diabetes Association (ADA) titled *The Burden of Diabetes in California*, approximately 10.5% of adults in California are diagnosed with diabetes. In addition, 33.4% of adults have prediabetes.¹⁶³
- Data presented by the CDC indicates that, in 2021, diabetes prevalence in California was highest among non-Hispanic Black individuals (17.5%), followed by Hispanic individuals (13.3%), non-Hispanic Asian individuals (11.5%), and non-Hispanic White individuals (9.2%).¹⁶⁴
- According to the CDC, diabetes is the seventh leading cause of death in the U.S. In addition, the number of adults diagnosed with diabetes in the U.S. has more than doubled in the last 20 years as the U.S. population has aged and become more overweight.¹⁶⁵
- The CDC's 2022 *National Diabetes Statistics Report* indicates that 89.8% of adults diagnosed with diabetes from 2015 to 2018 were overweight or obese, and 69.0% had high blood pressure. Factors that may reduce the risk of diabetes complications include having a usual source for diabetes care; meeting recommended physical activity goals; managing or losing weight; managing A1C levels, blood pressure and cholesterol; and quitting smoking.¹⁶⁶
- The CDC estimates that 37.3 million people in the U.S. had diabetes in 2019. Of those individuals, 23% met laboratory criteria for diabetes but were not aware they had the disease.¹⁶⁶
- According to the CDC, diabetes increases the risk of heart disease and stroke and can lead to other serious complications, such as kidney failure, blindness and amputation of a toe, foot, or leg. People with diabetes spend more on health care, have fewer productive years and miss more workdays compared to people who do not have diabetes.¹⁶⁷

Objectives

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

¹⁶³ American Diabetes Association (2021), *The Burden of Diabetes in California*.

¹⁶⁴ CDC (2022), *Behavioral Risk Factor Surveillance System, 2021*.

¹⁶⁵ CDC (2022), *Diabetes Fast Facts*.

¹⁶⁶ CDC (2022), *National Diabetes Statistics Report*.

¹⁶⁷ CDC National Center for Chronic Disease Prevention and Health Promotion (2022), *Diabetes and Prediabetes*.

FY 2022 Report of Activities

The SGH Diabetes Education Program is recognized by the ADA for meeting national standards for excellence and quality in diabetes education, including blood sugar monitoring, medication and nutritional counseling as well as insulin pump and other device training. The program is led by certified diabetes care and education specialists, who provide individuals and their support systems with the skills needed to successfully manage various conditions, including prediabetes, gestational diabetes (diabetes developed during pregnancy), as well as Type 1 and Type 2 diabetes. In FY 2022, small group and one-on-one education options were offered in-person or online, in both English and Spanish.

In FY 2022, the Sharp Diabetes Education Program offered diabetes education and support to approximately 650 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 topics including the different types of diabetes; diabetes prevention; signs, symptoms and complications of diabetes; the connection between diabetes and CVD; nutrition and reading food labels; exercise; medication; and diabetes self-management. A Sharp diabetes expert also provided education on the prevention and management of Type 2 diabetes, including helpful diets, physical activity and the power of lifestyle change.

In January, the Sharp Diabetes Education Program provided a presentation about diabetes and making healthy food choices to seven community members at the Herrick Community Health Library. At the San Diego Crew Classic rowing event in March, a Sharp Diabetes Education Program nurse provided first aid in the Sharp medical tent and answered health-related questions for approximately 200 attendees. In addition, the Sharp Diabetes Education Program provided fundraising and team participation for the 2022 San Diego Heart & Stroke Walk in September. Although the Sharp Diabetes Education Program had anticipated participating in additional community events, conferences and educational presentations throughout FY 2022, many in-person activities were canceled or postponed due to the COVID-19 pandemic.

The Sharp Diabetes Education Program is an affiliate of the California Diabetes and Pregnancy Program's Sweet Success Program, which provides comprehensive technical support and education to medical personnel and community liaisons to promote improved outcomes for high-risk pregnant women with diabetes. As an affiliate, the Sharp Diabetes Education Program teaches underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes how to manage their blood sugar levels. In FY 2022, the program collaborated with community clinics, including Family Health Centers of San Diego (FHCS), La Maestra, San Ysidro Health, Neighborhood Healthcare, Borrego Health and San Diego Family Care to provide patients with education and resources to support a healthy pregnancy. Since the onset of the pandemic, the program has accommodated individual preferences by serving patients with virtual, telephone and on-site options. Topics included gestational

diabetes statistics; new diagnostic criteria; treatment and management of blood glucose levels; goals for blood sugar levels before and after a meal; insulin requirements; self-care practices; nutrition and meal planning; exercise and weight management; monitoring fetal movement; and the risks and complications of uncontrolled diabetes. Clinic patients also received logbooks to track and manage their blood sugar levels. In addition, the Sharp Diabetes Education Program evaluated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician/gynecologists (OB-GYN) to prevent complications. At SGH in FY 2022, the Sharp Diabetes Education Program provided services and education to more than 1,000 underserved pregnant and breastfeeding women with diabetes.

Throughout the year, the Sharp Diabetes Education Program continued to provide services and resources to meet the needs of culturally diverse populations within SDC. For the east region, this included particular attention to the needs of new Iraqi Chaldean immigrants. Educational resources included How to Live Healthy With Diabetes, What You Need to Know About Diabetes, All About Blood Glucose for People With Type 2 Diabetes, All About Carbohydrate Counting, Getting the Very Best Care for Your Diabetes, All About Insulin Resistance, All About Physical Activity With Diabetes, Gestational Diabetes Mellitus Seven-Day Menu Plan, Food Groups, and Arabic language materials about pregnancy. Resources were provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and food diaries and logbooks were distributed for community members to track their blood sugar levels. Live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application, and the program facilitated translation and other resources specifically addressing Chaldean cultural needs. Further, Sharp's certified diabetes care and education specialists received training from the Sharp Equality Alliance to improve the delivery of inclusive and culturally competent care for diverse communities. In FY 2022, SGH continued to use post-discharge phone calls to help prevent hospital readmissions among patients identified to be at high-risk. Through this effort, post-discharge calls were provided to 15 community members in their preferred language to review next steps, including following up with a primary care physician (PCP) and discussing the plan of care.

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 approximately 150 participants with specific tools and strategies for creating a hospital culture that supports and encourages emerging therapeutic trends in glycemic management. Topics included COVID-19 and how it highlights diabetes concerns; the use of certain medications and continuous glucose monitoring in the inpatient setting; the effect of nutrition on glycemic management; the importance of glycemic targets; and diabetes from a behavioral perspective.

In FY 2022, the Sharp Diabetes Education Program continued to serve as an insulin pump training center to support endocrinologists and PCP groups throughout SDC. Through this effort, the program trains community providers to use diabetes technology, including insulin pumps and blood glucose monitors, to improve patient care and

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

FY 2023 Plan

The SGH and Sharp Diabetes Education Programs will do the following:¹⁶⁸

- Provide prediabetes and diabetes information to community members at various community venues in SDC's east region, as well as through virtual platforms
- Offer a webinar series on the role of nutrition in preparation for pregnancy, including information about diabetes
- Explore collaborations to assist and educate community members experiencing food insecurity
- Explore collaboration with community organizations to provide diabetes education for community members, including seniors and caregivers
- Explore future collaborations with community clinics to provide education and resources to their patients with diabetes
- Provide gestational diabetes services and resources to underserved pregnant and breastfeeding women, both at SGH and community clinics
- Participate in Tour de Cure — the ADA's signature fundraising event to fight diabetes — as well as the San Diego Heart & Stroke Walk
- Maintain up-to-date resources about diabetes treatment and prevention to support community members with diabetes, particularly foreign language and culturally appropriate resources for diverse populations
- Participate in local and national conferences to share best practices in diabetes treatment and control with the broader health care community
- Conduct educational symposiums for health care professionals focused on improving outpatient and inpatient diabetes care
- Host a diabetes conference for health care professionals
- Explore collaborations with community organizations that focus on diabetes prevention and care
- Partner with community physicians to help them improve patient outcomes using technology, including insulin pumps and blood glucose monitors
- Participate in 2-1-1's Community Information Exchange (CIE) program to serve patients with barriers to health equity by connecting them to community services
- Offer free outpatient phone visits for patients recently discharged from SGH who are uninsured, newly diagnosed with diabetes and in need of additional assistance to prevent readmission during the COVID-19 pandemic

¹⁶⁸ Where applicable, the SGH and Sharp Diabetes Education Program will perform these activities as COVID-19 public health and safety guidelines allow.

Identified Community Need: Health Education, Screening, Support and Resources for Aging Care & Support

Rationale references the findings of the SGH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2022 CHNAs identified issues that affect care and support during the aging process as a high priority health need affecting members of the communities served by SGH. Within this need, the following themes were identified: economic stability and risk of homelessness; social isolation; access to health care; access to community resources and support; behavioral health; stigma; and other health and safety concerns.
- A primary theme across HASD&IC's community engagement activities was economic instability among seniors. Financial stability was identified as a significant barrier to aging at home with dignity, and seniors may experience health impacts related to the unaffordability of necessary home modifications or equipment.
- HASD&IC secondary data identified several factors that contribute to poverty among seniors: limited income, chronic health conditions, disability, and the loss of a significant other. Low-income seniors may be dependent on public programs like Medi-Cal and cash assistance (Supplemental Security Income) to make ends meet.
- The Institute for Public Health's (IPH) Sharp Provider Survey conducted as part of the SGH 2022 CHNA identified increased isolation among seniors as one of the top clinical and social needs most seriously impacted by COVID-19 in the past year.
- Sharp Insight Community Survey respondents ages 65 and older reported experiencing a decrease in access to social support, healthy food, transportation and community resources as a result of COVID-19.
- Participants identified caregivers of adults or older adults as the leading population impacted by COVID in relation to increased isolation in seniors/older adults, increased anxiety and depression, and decreased access to behavioral health care.
- Survey participants suggested the following strategies to address increased isolation among seniors/older adults: finding ways to allow visitation during COVID-19; establishing or expanding home visiting and other follow-up services; expanding or resuming services for seniors; offering more patient education and referrals; improving access to technology; and providing support for caregivers.
- According to hospital data presented in the SGH 2022 CHNA, seniors represented 37.5% of all inpatient discharges and 16.3% of ED encounters at SGH in 2020.
- In addition, seniors represented 48.4% of inpatient discharges for unintentional injury at SGH, with fall-related injuries occurring in 38.4% of those discharges. Seniors also represented 72.4% of inpatient discharges with an osteoarthritis diagnosis.
- Data analysis also found that over a third (37.9%) of seniors admitted to SGH had a behavioral health diagnosis, with 35.2% diagnosed with a depressive disorder and 26.9% with an anxiety and fear-related disorder.
- In 2020, Alzheimer's disease was the sixth leading cause of death in SDC's east region for all age groups.^{149,150}

- In 2019, the top 10 leading causes of death among adults ages 65 and older in SDC’s east region were (in rank order): diseases of the heart, cancer, cerebrovascular diseases (including stroke), chronic lower respiratory diseases, Alzheimer’s disease, diabetes, accidents/unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson’s disease and flu/pneumonia.
- In 2019, hospitalization rates among seniors in SDC’s east region were higher than the east region’s general population for all major causes, including cancer, hypertensive diseases, diseases of the heart, osteoarthritis, unintentional injuries, falls, stroke, diabetes and flu/pneumonia.¹⁵²
- The top three causes of ED utilization among SDC’s east region residents ages 65 and older in 2019 were falls, unintentional injuries and overall heart disease.
- In 2021, the top five needs for 2-1-1 clients ages 60 and older were (in rank order): housing, utilities, income support and employment, consumer services, and health care.¹⁶⁹
- The CDC reports that three million older adults are treated in the ED for falls every year. One in five falls causes a serious injury, such as broken bones or a head injury, and each fall doubles the chance of falling again. Fall injuries may result in serious mobility issues and difficulty with everyday tasks or living independently.¹⁷⁰
- Between 2015 and 2030, the number of east region residents living with Alzheimer’s disease and related dementias is projected to increase by 27.4%.¹⁷¹
- According to the California Department of Aging, 11.0% of SDC residents ages 60 and older were low-income in 2021, and 18.1% were eligible for Medi-Cal. In addition, 17.1% of SDC seniors were identified as living alone.¹⁷²
- The *Caregiving in the U.S. 2020* report estimates that 16.8% (41.8 million) of Americans care for an adult age 50 and older, an increase from 14.3% in 2015. Caregiving prevalence has increased among all racial/ethnic groups, educational levels, work statuses, genders and nearly all generations.¹⁷³
- The *2022 National Strategy to Support Family Caregivers* report proposes five main goals to support family caregivers: increase awareness and outreach; build partnerships and engagement with family caregivers; strengthen services and supports; ensure financial and workplace security; and expand data, research, and evidence-based practices related to family caregiving.¹⁷⁴
- According to a report titled *Burning the Candle at Both Ends: Sandwich Generation Caregiving in the U.S.*, sandwich caregivers — those who provide unpaid care to an adult while also caring for children in their home — account for 28% of all caregivers. Sandwich caregivers often juggle work and caregiving responsibilities, and report high levels of emotional stress and physical or financial strain.¹⁷⁵
- Research published in *Health Affairs* indicates that lack of access to technology, low digital health literacy and design barriers in patient portals and apps have

¹⁶⁹ 2-1-1 San Diego (2022), *Data Dashboard*.

¹⁷⁰ CDC (2021), *Facts About Falls*.

¹⁷¹ County of San Diego HHSA, PHS, CHSU (2018), *Alzheimer’s Disease and Related Dementias in San Diego County*.

¹⁷² California Department of Aging (CDA) (2022), *CDA Population Demographic Projections for Intrastate Funding Formula*.

¹⁷³ National Alliance for Caregiving (NAC) (2020), *Caregiving in the U.S. 2020*.

¹⁷⁴ NAC (2022), *2022 National Strategy to Support Family Caregivers*.

¹⁷⁵ NAC (2019), *Burning the Candle at Both Ends: Sandwich Generation Caregiving in the U.S.*

disproportionately affected older adults during the COVID-19 pandemic, especially those in underserved communities.¹⁷⁶

Objectives

- Provide senior-focused health education, resources, screenings and community outreach programs
- Produce and mail quarterly activity calendars to community members
- Provide daily telephone reassurance and safety check calls to isolated or homebound seniors and adults with disabilities in SDC's east region
- Serve as a resource for referrals to additional community support services for seniors in SDC's east region
- Provide education and community resources to caregivers
- Maintain and grow partnerships with community organizations to expand community outreach and provide both seniors and caregivers with updated information on available services and resources

FY 2022 Report of Activities

The Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them to a variety of free and low-cost programs and services through email, phone and in-person consultations. The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support as well as clear, accurate information regarding health education and screenings, community referrals and caregiver resources. In FY 2022, the SGH Senior Resource Center developed and mailed activity calendars describing its programs and services to more than 6,700 households in SDC's east region. In addition, the SGH Senior Resource Center distributed nearly 2,800 Vials of Life — small vinyl sleeves that can be magnetically affixed onto a refrigerator to provide emergency personnel with critical medical information for seniors and people with disabilities. Vials of Life were also distributed to cardiac, diabetic and stroke patients at the hospital during the COVID-19 pandemic. In addition, the SGH Senior Resource Center collaborated with Meals on Wheels San Diego County to provide Vials of Life to every new member of the program in East County. In total, the SGH Senior Resource Center reached over 13,000 individuals through its community programs in FY 2022.

The SGH Senior Resource Center provides Sharp Grossmont Checks In, a telephone reassurance and safety check program for isolated or homebound seniors and community members with disabilities living in SDC's east region. Through the program, SGH Senior Resource Center staff and volunteers place computerized phone calls to participants daily at regularly scheduled times. If staff members do not connect with participants, a phone call is placed to family members or friends to ensure their safety. Since FY 2021, the program has also provided participants with medication reminders. Throughout the year, staff placed nearly 4,200 phone calls.

¹⁷⁶ Fulmer, T., Reuben, D. B., Auerbach, J., Fick, D. M., Galambos, C., & Johnson, K. S. (2021). Actualizing better health and health care for older adults. *Health Affairs*, 40(2), 219–225. <https://doi.org/10.1377/hlthaff.2020.01470>

In FY 2022, the SGH Senior Resource Center reached community members through free virtual health education programs. Programs were presented by experts from community organizations as well as Sharp professionals with expertise in dementia care, dietetics, exercise physiology, finance, health insurance, nursing, pharmacy, physical therapy, senior care, education, social work, psychology, gastroenterology, estate planning, rehabilitation and advance care planning (ACP). Educational topics included how the ED works and when to visit; ACP; nutrition; transportation; managing Type 2 diabetes; tools and resources for caregivers; understanding how Medicare works; Medicare insurance and social security updates; heart health, risk factors and exercise; estate planning, including economic and market updates and the charitable gift annuity process; safe driving practices; medication management; tips on how to sleep well; skills and strategies for communicating with individuals experiencing memory loss; coping with grief during the holidays; coping with personality and behavior changes; assisted living and memory care; senior programs; and finding reliable health information. In addition, the SGH Senior Resource Center was committed to providing community seniors with resources during the pandemic such as grocery and food deliveries; assistance with paying outstanding bills; Vials of Life; COVID-19 information; transportation; caregiver tools; information on independent, assisted living and memory care facilities; health insurance information and more.

In March, SGH sponsored and participated in the Spring Into Healthy Living event at the McGrath Family YMCA in Rancho San Diego. The event featured 40 different exhibitors and presentations on various health and wellness topics such as nutrition and mental health awareness, and offered health screenings including balance, BMI, hearing and stroke. During the event, the SGH Senior Resource Center provided senior-focused resources and Vials of Life to more than 70 attendees. In May, the SGH Senior Resource Center also offered senior resources at the Sharp Women's Health Conference, where there were 650 attendees.

In honor of National Healthcare Decisions Day in April, Sharp's ACP department partnered with GHD to host a community presentation titled Health Care Decision Making 2022: Planting Now for the Journey Ahead. Representatives from SGH's Senior Resource Center, ACP and Palliative Care emphasized the importance of making one's health care wishes known ahead of time in the event of a medical emergency, when an individual may not have the mental or physical ability to dictate their care. The panel also discussed how to complete an advance health care directive (advance directive) and provided other health care decision-making resources. Held at GHD, the event offered ACP and resources to approximately 25 community members.

In collaboration with Sharp HospiceCare, the SGH Senior Resource Center hosted Sharp's Aging Conference: Experience the Spectrum of Care. Held at the La Mesa Community Center in September, Sharp shared valuable aging resources with approximately 60 community members. The conference focused on the obstacles Sharp overcame as a health system during the pandemic and how Sharp is adapting to the progressive needs of seniors in the community. The event included resource tables, an

SGH RN keynote speaker, the opportunity to stretch with an exercise specialist and an expert panel discussion, which included a question-and-answer session.

The SGH Senior Resource Center offered a Caregiver Resource Awareness event in September, where 40 attendees learned about local resources for family caregivers, including community programs, organizations and places where unpaid individuals providing support for their loved ones can get help. Held at the Ronald Reagan Community Center in El Cajon, the event raised awareness about caregiving, dementia and more, and included a presentation on caregiving from a Sharp-affiliated family medicine physician. The SGH Senior Resource Center provided community members with several caregiver resources at the event.

Also in September, the SGH Senior Resource Center sponsored and provided aging care and support resources during the Fall Health Fair Saturday event at Westfield Parkway Plaza. The annual event featured health-related community organizations, including providers from the health care, wellness, insurance and lifestyle industries. Nearly 60 attendees learned about preventative health care measures and ways to improve one's lifestyle for the future. The event offered free health screenings, interactive demonstrations, resources and more.

In collaboration with GHD and SMH, SGH hosted a free fall prevention and balance screening event to help raise awareness during National Fall Prevention Week in September. Held at GHD, the event offered several lectures on fall prevention, safety, balance screenings, the risk factors and health concerns affecting balance, and how to prevent falls, both at home and on the move. Free individual wellness and balance screenings were also offered to more than 60 attendees. In addition, the SGH Senior Resource Center and SMH shared Sharp offerings on fall prevention as well as a variety of resources.

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. Participants gathered weekly at Grossmont Center to walk around the mall and perform gentle exercises led by an instructor from the SGH Senior Resource Center. Nearly 50 community members participated in the Grossmont Mall Walkers program each month in FY 2022. In addition, the SGH Senior Resource Center continued to connect Grossmont Mall Walkers to a virtual platform each week through December 2021, enabling participants to continue to socialize and exercise during the pandemic. To help keep these individuals informed and connected, the SGH Senior Resource Center created a weekly newsletter featuring a Sharp Health News (Sharp's online news center) article, a letter from the program leader and mind-stimulating games, including word search puzzles. The SGH Senior Resource Center also hosted a summer picnic for the Grossmont Mall Walkers in June, where they spent time connecting, barbecuing, eating ice-cream, singing songs and playing trivia games.

The SGH Senior Resource Center collaborated with the City of Santee Parks &

Recreation to offer Sharp Grossmont Moves in Santee, a free monthly exercise program open to participants ages 55 and older as well as their families. Held at a park in Santee, these outdoor classes are designed for active seniors to accommodate a wide range of activity levels. Approximately 20 community members attended the program each month.

The SGH Senior Resource Center offered helpful resources through its activity calendars to assist community members during the COVID-19 pandemic. This included information on COVID-19, meal services, County of San Diego AIS and other SDC programs, hotlines, transportation, grocery shopping and more. Further, seniors, caregivers, individuals experiencing or at risk of homelessness, individuals with chronic illnesses and vulnerable adults with limited access to care, including those without transportation, were notified and reminded about flu and COVID-19 vaccination events. This outreach was conducted via clinic sites, SharpCare Medical Group, sharp.com, activity calendars and paper and electronic newspaper notices. In FY 2022, the SGH Senior Resource Center continued to collaborate with Sharp Community Medical Group to provide an educational speaker series to four assisted living centers — Mount Miguel Covenant Village, La Vida Real, Lantern Crest and Westmont of La Mesa. Topics included heart health, skin health, sleep, brain health, diabetes and more.

Throughout the year, the SGH Senior Resource Center maintained active relationships with organizations that enhance professional networking and provide quality programming for seniors in SDC's east region. Organizations included the ECSSP, ECAN, County of San Diego AIS Health Promotion Committee, County of San Diego AIS Advisory Board and St. Paul's PACE (Program of All-Inclusive Care for the Elderly). In response to the COVID-19 pandemic, most meetings occurred virtually in FY 2022.

Since September 2020, the SGH Senior Resource Center has partnered with the SGH geriatric ED program, which is accredited by the American College of Emergency Physicians to provide the highest standard of care for older adults. Through this partnership in FY 2022, the SGH Senior Resource Center reached out to approximately 450 seniors with community resources post-discharge — including transportation, placement services, caregiving and more — to reduce the chance of a hospital readmission or ED visit. The SGH Senior Resource Center also provided a follow-up telephone call after 30 days to connect with seniors who were hospitalized and provide them with helpful resources. In FY 2022, the SGH Senior Resource Center provided follow-up calls to approximately 200 community seniors.

FY 2023 Plan

SGH Senior Resource Center will do the following:¹⁷⁷

- Provide resources and support to address relevant concerns of community seniors and caregivers through in-person and phone consultations

¹⁷⁷ Where applicable, the SGH Senior Resource Center will perform these activities as COVID-19 public health and safety guidelines allow.

- Provide community health information and resources through educational programs and health screening events for seniors, their family members and caregivers
- Collaborate with Sharp experts and community partners to provide virtual and in-person seminars focused on topics of interest to seniors
- Partner with assisted living and memory care facilities to provide an educational speaker series to seniors
- Offer a four-month fundamentals of caregiving series in partnership with other hospital programs
- Offer exercise programs for seniors in East County
- Through the Sharp Grossmont Checks In program, provide telephone reassurance calls to isolated or homebound seniors and adults with disabilities in SDC's east region
- Partner with local mobile home parks to provide the Sharp Grossmont Checks In program to residents
- Participate in community health fairs and events designed for seniors
- Collaborate with an east region YMCA, County of San Diego AIS and ECAN to provide a healthy living conference for seniors
- In collaboration with Sharp HospiceCare, host a virtual aging conference for seniors
- Provide Vials of Life to community members
- Produce and distribute quarterly calendars highlighting events of interest to seniors and family caregivers
- Maintain and grow active relationships with organizations that serve seniors in SDC's east region
- Provide post-discharge resources and assistance to seniors in partnership with the SGH geriatric ED program
- Provide updated resources for seniors, including Physician Orders for Life-Sustaining Treatment and other information

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

Rationale references the findings of the SGH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2022 CHNAs identified chronic health conditions, including cancer, as one of the top community needs affecting people served by SGH.
- Focus groups conducted as part of the HASD&IC 2022 CHNA described the following challenges related to accessing cancer care: delayed or disrupted access to cancer screening during the COVID-19 pandemic; financial stressors, including the cost of health insurance premiums and co-pays; stigma surrounding a cancer diagnosis; and practical issues to facilitate healing and recovery, such as housing and transportation. In addition, undocumented community members with cancer were described as being at a severe disadvantage, as many lack the necessary

insurance coverage to enroll in programs and services that could provide financial, logistical and other supportive needs.

- Data analysis in the SGH 2022 CHNA revealed a higher volume of hospital discharges due to cancer in communities within SDC's east region facing greater socioeconomic challenges, such as El Cajon and Spring Valley.¹⁵⁸
- Participants in the interviews conducted by community health workers and *promotores* as part of the HASD&IC 2022 CHNA identified cancer as a major health concern among community members.
- Analysis of Sharp patient data from FY 2016 to 2021 showed a significant decline in cancer screening volumes during the pandemic. Further analysis is needed to assess the impact of the pandemic on screening and oncology patient volumes.
- Participants in the IPH Sharp Provider Survey conducted as part of the SGH 2022 CHNA process reported that patients are more fearful — of accessing health care in general and of coming in for annual cancer screenings. In addition, due to the pandemic, respondents identified populations appropriate for cancer screenings as having increased fear related to using health care services.
- Sharp cancer patient navigators and clinical social workers who participated in focus groups noted that cancer patients may have limited access to specialty care because health care professionals are overwhelmed. Sharp works with cancer specialists across the system to improve access within and among various practices.
- The most frequently observed cancers at SGH in 2021 were (in rank order): breast (13.1% of all cancer cases), lung (11.6%), prostate (7.7%), cancers of the hematopoietic and reticuloendothelial system¹⁷⁸ (7.6%) and colorectal (7.0%). In total, there were 1,250 new cases of cancer at SGH in 2021.
- According to 2021 Sharp oncology data, 63.5% of the 156 SGH cancer patients who received the cancer psychosocial distress screening were identified as at-risk for anxiety or depression, and were referred to internal or external resources, such as social workers or community cancer resources.
- Sharp 2021 oncology data identified the top 10 areas of concern for Sharp cancer patients: health insurance or money worries; worrying about the future and what lies ahead; pain; exercising and being physically active; feeling too tired; worrying about family, children or friends; changes/disruptions in work; sleep; making a treatment decision; and feeling nervous.
- In 2020, cancer was the second leading cause of death in SDC's east region.^{149,150}
- There were 890 deaths due to cancer (all types) in SDC's east region in 2019. The region's age-adjusted rate of death due to cancer was 150.2 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 135.2 per 100,000 population.
- In 2019, the east region's age-adjusted death rates were higher than the rates for SDC for the following cancers: bladder, brain, colorectal, female breast and reproductive, kidney, liver, lung and non-Hodgkin's lymphoma.
- In 2019, 17.8% of all cancer deaths in SDC's east region were due to lung cancer, 8.8% to female breast cancer, 8.5% to colorectal cancer, 7.0% to pancreatic cancer, 6.5% to prostate cancer and 6.4% to female reproductive cancer.

¹⁷⁸ Cancers of the hematopoietic and reticuloendothelial system include various malignancies that impact the blood and immune system, such as Hodgkin's and non-Hodgkin's lymphoma, leukemia and myeloma.

- The American Cancer Society (ACS) estimates that in 2022, there will be 189,220 new cancer cases diagnosed and 60,970 cancer deaths in the state of California.¹⁷⁹
- According to findings from the ACS *Cancer Facts & Figures 2022* report, older age and being female are the strongest risk factors for breast cancer. Potentially modifiable factors associated with increased risk include weight gain after the age of 18 and/or being overweight or obese, menopausal hormone therapy, alcohol consumption and physical inactivity.¹⁸⁰
- The same report indicates that people with lower socioeconomic status have higher cancer death rates than those with higher socioeconomic status, regardless of demographic factors such as race/ethnicity. Racial and ethnic disparities in the cancer burden largely reflect disproportionate poverty. Social inequalities, including communication barriers and provider/patient assumptions, can affect interactions between patients and physicians and contribute to miscommunication and/or delivery of substandard care.¹⁸⁰
- A recent study by the ACS found that at least 42% of newly diagnosed cancer cases in the U.S. — about 805,600 cases in 2022 — are potentially avoidable. This includes the 19% of all cancers caused by tobacco use as well as the 18% caused by a combination of excess body weight, alcohol consumption, poor nutrition and physical inactivity.¹⁸⁰
- Studies have shown that patient navigators contribute to better access and continuity of care, which offers a promising approach to better care integration. In cancer care, navigators help patients move through the entire care continuum, from prevention to survivorship. Navigators typically identify individual needs and barriers to care, educating patients and communities, and linking patients with different care providers.¹⁸¹
- According to the National Institutes of Health, clinical trials, a part of clinical research, are at the heart of all medical advances. Clinical trials explore new ways to prevent, detect or treat disease, and offer hope for many people as well as an opportunity to help researchers find better treatments for others in the future.¹⁸²

Objectives

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

¹⁷⁹ American Cancer Society (ACS) Cancer Statistics Center (2022), *California at a Glance*.

¹⁸⁰ ACS (2022), *Cancer Facts & Figures 2022*.

¹⁸¹ European Observatory on Health Systems and Policies (in partnership with the WHO) (2022). *What are patient navigators and how can they improve integration of care?* (Policy Brief no. 44).

¹⁸² National Institutes of Health (NIH) (2022), *NIH Clinical Research Trials And You*.

FY 2022 Report of Activities

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

Although several in-person health fairs and events were postponed or canceled in FY 2022, the Cancer Centers of Sharp, including the David and Donna Long Cancer Center, continued to participate in virtual events and webinars. This included the Sharp Women's Health Conference. During the event in May, the Cancer Centers of Sharp offered education on the proper breast-self exam technique and the importance of performing this exam monthly; information on cancer support services including nurse navigation, social work, nutrition, education and available classes; several cancer resources; as well as a breakout session from Sharp registered dietitians (RD) focused on cancer and diet, including lifestyle changes to help reduce the risk of cancer or cancer recurrence.

In FY 2022, the Cancer Centers of Sharp, including the David and Donna Long Cancer Center and Sharp outpatient oncology social workers, continued to provide a variety of free virtual classes and support groups for more than 1,700 community members impacted by cancer. The support groups are intended to create safe places to explore patient experiences living with cancer, receiving treatment, and beyond.

This included two, twice-monthly breast cancer support groups, one held during the day and another in the evening, which allowed women in all stages of breast cancer — from recent diagnosis to survivorship — to share experiences and coping strategies. A general cancer support group was offered twice monthly to address the educational and emotional needs of people living with any kind of cancer. This group provided encouragement and hope in a safe environment, as well as the opportunity to discuss experiences and coping tactics during any phase of treatment. The weekly Art and Chat support group offered patients with cancer, survivors and their loved ones a combination of conversation and relaxing drawing methods to increase focus, creativity, self-confidence and personal well-being. The Man Cave support group for men with cancer provided a welcoming environment to explore important issues that can arise when coping with cancer, including work, relationships, family and overall control.

Although this group traditionally met monthly, in response to community need during the COVID-19 pandemic, the group began meeting twice a month. In addition, the new virtual format enabled SGH to expand this group's reach to individuals living outside of SDC. Furthering its support for those with cancer, the David and Donna Long Cancer Center continued to provide the Wall of Hope and Inspiration — a special art installation created in 2015 for patients and visitors to write words of wisdom, advice and encouragement.

The Cancer Centers of Sharp also offered monthly support groups for the following community members: individuals living with a brain tumor or brain cancer; care partners of individuals living with a brain tumor or brain cancer; adults who have a loved one with any type of cancer; young patients living with cancer at any stage; and patients and survivors of head and neck cancer. New in FY 2022, the Cancer Centers of Sharp offered two additional support groups — one in Spanish for patients with any type of cancer, and a group specifically targeted to cancer survivors, which explored the experiences of people who have finished their treatment but are still facing the day-to-day challenges of cancer survivorship, including fear of recurrence and long-term, life-altering side-effects. In addition, the Cancer Centers of Sharp offered a biweekly support group for individuals living with any type of advanced cancer. Over 620 attendees participated in one or more of these support groups throughout FY 2022.

In partnership with the Cancer Centers of Sharp, the David and Donna Long Cancer Center continued to host free educational classes for patients and community members living with 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 cancer and sexuality; communicating with one's health care team; communicating with loved ones; how to prepare for the worst while hoping for the best; humor and cancer; care for the caregivers; self-care; stress management; the science of making healthy lifestyle changes; self-talk; talking to children about cancer; and cancer and aging. Over 15 classes were offered, reaching more than 390 individuals through virtual platforms. Additionally, the programs were recorded and shared with another 75 individuals who weren't able to attend the live webinar. Other educational classes offered by the Cancer Centers of Sharp included nutrition management and healthy eating before, during and after treatment; nutrition and healthy eating during and after breast cancer treatment; cancer and lymphedema — a condition where swelling occurs because of damage or blockage in the lymphatic system; and structured healing art activities to improve overall well-being. Since the classes are offered virtually, allowing individuals to participate in the comfort of their own homes, attendance increased compared to pre-pandemic levels.

Throughout the year, the David and Donna Long Cancer Center offered free virtual workshops for patients and community members. This included ACP workshops provided in collaboration with Sharp's ACP department. Led by Sharp HospiceCare team members with specialized training in ACP, the webinars helped participants identify their personal health care choices, communicate their wishes to loved ones, and

develop their advance directive. In addition, the Cancer Centers of Sharp and the David and Donna Long Cancer Center offered four rotating monthly workshops for cancer patients and their loved ones. The Relaxation and Quieting the Mind workshop helped patients with cancer and their loved ones manage the stress, anxiety and difficult emotions that may accompany a cancer diagnosis. The Chemo Brain Workshop: Improving Memory and Concentration addressed memory problems related to chemotherapy and other cancer treatments. An additional workshop related to chemo brain was added over the summer, titled How to Help Someone with Chemo Brain – A Class for Loved Ones. Attended by 75 individuals, this program was offered as a result of hearing from patients that their loved ones should have more information on how to support them during their experience with cancer-related cognitive impairment. The Scanxiety: Managing the Fear of Cancer Recurrence workshop helped patients understand and manage anxiety related to tests and scans. The Managing Sleep and Fatigue workshop assisted patients with cancer and their loved ones with fatigue and sleep issues both during and after treatment. The Cancer Centers of Sharp also offered a virtual Relaxation Skills workshop each week, where a clinician offered breathing and other relaxation exercises and well as guided meditations to reduce tension and stress in the body and mind. In total, more than 420 community members attended these classes and workshops in FY 2022.

In honor of Breast Cancer Awareness Month in October, the David and Donna Long Cancer Center promoted awareness through community outreach, providing coffee cup sleeves and information on the importance of breast cancer screening for anyone stopping by the SGH coffee cart.

Also in October, the Cancer Centers of Sharp offered a webinar titled Surviving Cancer: Thriving After a Diagnosis to more than 50 individuals. At the webinar, a Sharp-affiliated physician discussed her personal journey with breast cancer, and Sharp oncology social workers and a dietitian presented on thriving after a cancer diagnosis, nutrition and exercise for survivors, and cancer-related cognitive impairment.

Throughout FY 2022, SGH helped raise community awareness of cancer through television interviews on CBS News 8 – San Diego, KUSI News and 10News – ABC San Diego KGTV. Hospital physicians from a variety of specialties, including oncology and pulmonology, as well as an oncology social worker and breast cancer survivor, shared cancer information through these outlets. Topics included breast cancer risk factors and screening and Lung Cancer Awareness Month through advocacy via Crystal's Angels and the American Lung Association (ALA). Numerous health-related articles were also shared through sharp.com, Sharp Health News and SGH's monthly e-newsletters. Further, in March, a video shared on sharp.com featured an SGH-affiliated urologist who introduced Aquablation therapy — an advanced, minimally invasive surgical treatment for benign prostatic hyperplasia (prostate gland enlargement). The video received over 6,000 views on YouTube.

SGH's Burr Heart & Lung Clinic provides early detection and treatment of pulmonary nodules, lung cancer and chronic obstructive pulmonary disease (COPD). Beginning in

September, the clinic sponsored San Diego Community Connections with the ALA – San Diego. San Diego Community Connections, nicknamed “Dinner with the Docs,” is a series of free virtual information sessions that address helpful and timely topics related to various lung health issues. The sessions, hosted by a pulmonologist from UC San Diego Health and Tony Gwynn Jr. of the San Diego Padres, feature expert guest speakers from across SDC. At three of the virtual information sessions, experts discussed Lung Cancer Screening During the Pandemic, Lung Cancer Screening and Lung Cancer Detection Evaluation.

To help guide and support patients and their families before, during and after the course of cancer treatment, the David and Donna Long Cancer Center team offers a licensed clinical social worker (LCSW), a dietitian, genetics counselors, a clinical trials nurse and cancer patient navigators, including a certified breast health navigator. The LCSW, a certified oncology social worker, offers psychosocial services (assessments, crisis intervention, counseling, bereavement, cognitive behavioral therapy and stress management), support group leadership, and advocacy and resources for transportation, palliative care and hospice, food and financial assistance. In FY 2022, the David and Donna Long Cancer Center also connected patient and family members to community services, such as the ACS, San Diego Brain Tumor Foundation, Leukemia and Lymphoma Society, Lung Cancer Alliance, Mama’s Kitchen, 2-1-1, Jewish Family Service of San Diego’s senior adult programs, Safe Parking Program, and food pantry, as well as other food and financial assistance programs. The LCSW served more than 520 patients and family members in FY 2022, as well as provided an additional 240 community member consultations regarding support groups and other David and Donna Long Cancer Center services and community resources. Due to the COVID-19 pandemic, many patients with cancer and their family members experienced increased isolation compounded by a shortage of available community support services. Consequently, the LCSW noted higher-than-normal distress levels in patients and an increase in requests for assistance, both emotional and practical. In addition, the Cancer Centers of Sharp, including the David and Donna Long Cancer Center, partnered with ACS to coordinate transportation at no cost for patients receiving cancer treatment, as well as providing patients with essential lodging services, as needed.

The breast health navigator is an RN certified in breast health, who assists patients with breast cancer and their families with navigating the health care system. The breast health navigator offers support, guidance, education, as well as financial assistance referrals and recommendations for community resources. Through collaboration with community clinics — including FHCS, Neighborhood Healthcare and Borrego Health — the breast health navigator identifies patients who may financially benefit from referrals to Medi-Cal or the Breast and Cervical Cancer Treatment Program (BCCTP). Offered through the California Department of Health Care Services, the BCCTP provides urgently needed cancer treatment coverage for unfunded or underfunded patients who do not qualify for Medi-Cal, but whose income may meet eligibility guidelines. Patients with psychosocial support needs are referred to the David and Donna Long Cancer Center’s LCSW or various local and national resources. In FY 2022, the breast health navigator provided navigation assistance to approximately 275

patients with breast cancer, including many with late-stage diagnoses.

Since 2014, a cancer patient navigator has been designated for patients with cancers other than breast, including patients with head and neck cancers, lung cancer and esophageal cancers as well as any cancer patient with complex care needs. The cancer patient navigator supports patients and their family members through care coordination and connection to needed resources, including transportation, translation needs, financial assistance, speech therapy, nutritional support, feeding tube support, social work services and more. In addition, the cancer patient navigator offers psychosocial support and education about the side effects of radiation therapy. In FY 2022, the cancer patient navigator assisted approximately 125 patients and their families.

The David and Donna Long Cancer Center's dietitian assists patients receiving radiation therapy or combined radiation and chemotherapy who are at high risk for malnutrition. This most often includes patients with head and neck, esophageal, lung, pancreatic and pelvic cancers — including some cervical and rectal. The dietitian provided one-on-one nutrition assessments, education and follow-up to approximately 150 patients in FY 2022.

In FY 2022, the Cancer Centers of Sharp launched a private Facebook group titled Sharp HealthCare Cancer Patient Community. This group was created for cancer patients and their loved ones to foster a sense of community and connection as well as provide reliable information, thoughtful content, live discussions, and a quick and easy way to view current program and service offerings. This Facebook page has more than 150 participants who are able to access up-to-date and vetted information, as well as post about issues of concern related to themselves and others.

Beginning in July 2021, the Cancer Centers of Sharp formed a taskforce to explore the development of a continuum of care for patients experiencing chemo brain, more formally known as cancer-related cognitive impairment. Building off the existing webinar for chemo brain, the group created a patient flow, from diagnosis onward, developing educational materials, an additional webinar for loved ones, one-on-one assessment and treatment by a Sharp speech language pathologist, an eight-session class taught by the speech language pathologist and oncology social worker, and a mentor program for graduates. These two cohorts featured a total of 14 participants, who provided positive feedback on the experience and degree of support they received. This continuum of care is the first of its type in San Diego.

From June to November 2021, Sharp's systemwide INCP participated on the ACS CoC's Plan-Do-Study-Act (PDSA) clinical study titled Return to Cancer Screening. As a systemwide effort, Sharp participated in this clinical study to increase the pre-pandemic screening rates for both breast and colorectal cancers by 10% and reduce the backlog in screenings caused by pandemic disruptions. Various departments implemented measures to bring patients in for screenings, which included social media campaigns, news stories, and personal outreach for booking appointments, mailings and reminders. Findings were reported in February 2022: Sharp's breast cancer screening goal

reached 91% of the target and colorectal cancer screenings exceeded the goal, with 103% of target.

Beginning in January, Sharp participated in a second PDSA clinical study with the CoC addressing smoking cessation as a means to improve patient cancer risk and treatment outcomes. This study reviewed whether all newly diagnosed cancer patients are being asked about their smoking status and offered cessation resources as appropriate. The initial data collection suggested that Sharp providers are consistently asking this question during consultation appointments (99% of the time) but smoking cessation resources offered to patients varied and were inconsistent across the system. Sharp improved its process by creating a new, Sharp-branded patient resource to be shared with all cancer treatment providers. Final smoking cessation data will be collected and reported in February 2023.

For more than 20 years, the Clinical Oncology Research (COR) Department at Sharp has conducted clinical trials to facilitate the discovery of new and improved treatments for cancer patients and to enhance scientific knowledge for the larger health and research communities. Sharp's COR program includes a balanced portfolio of industry-sponsored, investigator-initiated and National Cancer Institute (NCI) studies. These studies explore the efficacy and safety of novel cancer therapeutic agents or technologies to benefit the most common cancer types. NCI studies focus on optimizing the standard of care. Sharp's COR collaborates with 22 physician-investigators throughout SDC's south, east and central regions. This brings innovative treatments close to research participants' homes and minimizes the travel time for their care and study participation.

In FY 2022, the COR pre-screened 400 patients for participation in oncology clinical trials. As a result, 33 patients consented to participate in cancer research studies. Clinical trials focused on multiple types of cancer, including, but not limited to, brain, breast, colon, head and neck, lung, lymphoma, pancreatic and prostate. Sharp is the only health care organization in SDC to be accredited by the Association for the Accreditation of Human Research Protection Programs, demonstrating Sharp's commitment to rigorous standards for ethics, quality and protection for research participants.

FY 2023 Plan

The David and Donna Long Cancer Center will do the following:¹⁶²

- Provide cancer education, resources and breast self-exam demonstrations at community health fairs and events, as well as through social media
- Provide free cancer support groups to community members
- Collaborate with the Cancer Centers of Sharp to provide virtual workshops on various cancer wellness topics, including Spanish-language options
- Provide monthly workshops on managing scanxiety, relaxation, chemo brain and more

- Host a free monthly Lunch and Learn educational series for patients with cancer, survivors and their loved ones
- Provide ongoing personalized education, information, support and guidance to patients with cancer and their loved ones
- Connect individuals to community resources to help them manage their illness
- In collaboration with the Sharp ACP department, provide an ACP workshop for patients and community members with cancer and their loved ones
- Screen and enroll patients with cancer in clinical trials
- Provide education on cancer and available treatments for health professionals
- Offer classes to address cognitive impairments related to cancer and cancer treatments
- Virtually educate community members about lifestyle choices for reducing breast cancer risk
- Partner with community clinics to share best practices in the care of patients with cancer and to help patients establish medical services
- Offer additional webinars for patients with cancer and community members
- Collaborate with the ACS and ALA to raise cancer awareness and educate the community
- Provide access to the private Sharp HealthCare Cancer Patient Community Facebook group
- Offer two new support groups — one for cancer survivors and one for Spanish speaking patients
- Participate in and provide fundraising for events to support cancer research in SDC
- Implement a patient and family advisory counsel

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

Rationale references the findings of the SGH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SGH 2022 CHNA identified maternal and prenatal care, including high-risk pregnancy, as one of the priority health and social needs affecting community members served by SGH. Within this need, the following themes were identified: declining fertility trends; maternal and infant health; infant mortality; high-risk pregnancy; and behavioral health.
- Participants in the IPH Sharp Provider Survey conducted as part of the SGH 2022 CHNA process identified pregnant women as one of the population of patients impacted by COVID-19 in relation to increased anxiety and depression, and decreased access to behavioral health care.
- In addition, participants identified maternal and infant health with a focus on the Black community as an educational topic of particular interest and importance to employee professional development.

- According to hospital data presented in the SGH 2022 CHNA, nearly three-quarters (73.9%) of women admitted for preterm labor in 2020 were enrolled in Medi-Cal, and 80.5% were ages 18 to 34 years. In addition, 40.0% of preterm babies were identified as Hispanic or Latino, and 54.0% were male.
- Hospital data analysis also identified disparities among some demographic groups in relation to pregnancy-related inpatient admissions. For example, Black or African American women accounted for 7.9% of all female inpatients at SGH, but 28.6% of admissions for high-risk pregnancy. Similarly, Hispanic or Latino women represented 26.7% of female inpatient discharges, but 44.4% of gestational diabetes inpatients.
- In 2020, SDC's east region had 383 low birth weight (LBW)¹⁸³ births, which accounted for 6.5% of total births for the region. In the same year, there were 67 very low birth weight (VLBW)¹⁸⁴ births in the east region, or 1.1% of total births. In SDC overall, LBW births accounted for 6.7% of births while VLBW births accounted for 1.1% of all births.¹⁸⁵
- There were 522 preterm births in SDC's east region in 2020, representing 8.8% of all births in the region.¹⁸⁵
- In 2020, 5,115 live births received early prenatal care in SDC's east region, which translates to 86.4% of all live births in the region. This was lower than the percentage of live births receiving early prenatal care in SDC overall (88.8%), and the second lowest among all SDC regions.¹⁸⁵
- 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 health coverage enrollment and accessing affordable prenatal services, use of safety net health providers, culturally and linguistically appropriate prenatal services, home visits for high-risk pregnant women, coaching and support from trained and certified doulas and community health workers, group care approaches to reduce costs and enhance care, and transportation assistance.¹⁸⁶
- In 2020, California hospitals performed better than the national average in implementing various maternal care practices and policies to improve breastfeeding outcomes, including immediate postpartum care, rooming-in, feeding practices, discharge support and institutional management.¹⁸⁷
- According to Live Well San Diego's (LWSD) *San Diego County Report Card on Children and Families, 2021*, breastfeeding enhances immunity to disease, decreases the rate and severity of diarrhea and infections in children, is associated with healthy development and decreased risk of childhood obesity and reduces lifelong risks for chronic health problems. Mothers who breastfeed may have a reduced risk of some cancers, quicker postpartum recovery time, and less work missed due to child illness.¹⁸⁶
- According to 2021 CHIS data, 28.2% of women ages 18 to 64 years in SDC's east region were obese (BMI > 30), higher than SDC overall (20.3%).¹⁴⁸

¹⁸³ Low Birth Weight refers to birth weight less than 2,500 grams (approximately 5 pounds (lbs.), 8 ounces).

¹⁸⁴ Very Low Birth Weight refers to birth weight less than 1,500 grams (approximately 3 lbs., 5 ounces).

¹⁸⁵ County of San Diego HHS (2022), *Maternal, Child, and Family Health Services Statistics*.

¹⁸⁶ The Children's Initiative (2022). *Live Well San Diego Report Card on Children, Families, and Community, 2021*.

¹⁸⁷ CDC (2021), *CDC Survey of Maternity Practices in Infant Nutrition and Care: California 2020 Report*.

- According to the CDC, being overweight increases the risk of pregnancy complications, including preeclampsia, gestational diabetes, stillbirth and cesarean delivery. Obesity during pregnancy is also associated with increased use of health care and physician services, and longer hospital stays for delivery.¹⁸⁸
- Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco use, substance use, stress, prior preterm births, carrying more than one baby and infection.¹⁸⁸
- Although just 1 in 10 U.S. infants were born preterm in 2021, the year represented the highest rate reported in at least 14 years. The preterm birth rate rose by 4% between 2020 and 2021, and racial and ethnic differences in preterm birth rates continued to persist. The rate of preterm birth among Black women (14.8%) in 2021 was about 50% higher than the rate among white or Hispanic women (9.5% and 10.2% respectively).¹⁸⁹
- According to the California Task Force on Status of Maternal Mental Health Care, depression and anxiety are the most common complication associated with pregnancy and childbirth. These disorders affect up to 1 in 5 mothers, or approximately 100,000 women in California each year, yet research suggests that most women remain undiagnosed and untreated.¹⁹⁰
- The National Center on Substance Abuse and Child Welfare identified ways that states can address the effects of prenatal substance exposure, including: effective cross-system collaboration; addressing stigma and establishing trust among pregnant women with substance use disorders (SUD); identifying existing practices that inhibit families from accessing services; and ensuring successful statewide implementation through open and ongoing communication.¹⁹¹

Objectives

- Conduct outreach and education activities for women on a variety of topics, including prenatal care and parenting skills
- Demonstrate best practices in breastfeeding and maternity care, and provide education and support to help new mothers meet their personal breastfeeding goals
- Collaborate with community organizations to help raise awareness of women's health issues and services
- Provide critical prenatal services to low-income and underserved women in SDC's east region
- Participate in professional associations and disseminate research related to women's services and prenatal health

¹⁸⁸ CDC Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion (2022), *Maternal Infant Health*.

¹⁸⁹ Martin, J.A., Hamilton, B.E., and Osterman, M.J.K. (2022). Births in the United States, 2021. *NCHS Data Brief*, no 442. Hyattsville, MD: NCHS. Digital object identifier (DOI): <https://dx.doi.org/10.15620/cdc:119632>

¹⁹⁰ California Task Force on Maternal Mental Health Care (2019), *Maternal Mental Health: State of the State Report in California and Beyond, a Follow-up Report*.

¹⁹¹ National Center on Substance Abuse and Child Welfare (2019), *In-Depth Technical Assistance: Infants with Prenatal Substance Exposure. Working Together to Address the Needs of Infants with Prenatal Substance Exposure, Their Families, and Caregivers*.

FY 2022 Report of Activities

In FY 2022, Sharp Grossmont Hospital for Women & Newborns (SGHWN) (formerly the SGH Women's Health Center) provided education, outreach and support to help meet the unique needs of women, mothers and newborns throughout SDC's east region. SGHWN includes the SGH Prenatal Clinic, which provides services and resources specifically to the hospital's underinsured patients. The SGH Prenatal Clinic offers comprehensive obstetric services, postpartum assessments and individualized care plans to determine and address patients' strengths, risks, needs and goals.

In FY 2022, SGHWN's free support groups helped women and families adapt to caring for their newborn. Offered twice per week, the breastfeeding support group provided a comfortable environment to assist mothers experiencing breastfeeding challenges, as well as an opportunity to ask questions and obtain support on their new journey. Facilitated by RN lactation consultants, the group served more than 120 attendees. The support group was held virtually throughout the year, as well as in-person beginning in July. SGHWN also provided breastfeeding support via telephone calls throughout the year. A weekly virtual postpartum, perinatal mood and anxiety disorder support group, led by a LCSW, supported more than 40 mothers and offered psychoeducation. Through the support group, mothers with babies up to 12 months of age who experienced symptoms of depression or anxiety shared their experiences, learned coping strategies and received professional referrals.

A variety of educational classes were provided to prepare mothers and families for their baby's arrival. Through the breastfeeding class, mothers-to-be learned about the advantages of breastfeeding and basic breastfeeding tips, such as positioning and the use of breast pumps. Designed for first-time parents, the Baby Care Basics class provided education on infant care, including car-seat safety, signs and symptoms of illness, infant nutrition and bathing, and hands-on practice with diapering, dressing and swaddling. Other offerings by SGHWN in FY 2022 included classes on labor comfort measures and relaxation skills, childbirth preparation, preparation for going from the hospital to home with a baby. Due to COVID-19 health and safety guidelines, these classes were offered virtually. In addition, SGHWN offered women's health resources from pre-conception to post-menopause during the Sharp Women's Health Conference. Further, in February, May and June, SGH, including SGHWN, hosted three virtual Planning for Pregnancy events that educated more than 50 attendees on preparing the body for pregnancy, having a baby later in life, reproductive planning, fertility schedules and challenges, and more.

In October, SGHWN hosted its ninth Annual Neonatal Intensive Care Unit (NICU) Reunion. At the Sesame Street-themed drive-thru event, NICU caregivers celebrated with 25 families whose babies were treated in intensive care. Many of these little ones were born premature or with other serious health concerns but went on to graduate from intensive care. Greeted with smiles and delicious treats, children showed off their costumes and received special attention from their favorite characters, including staff members who may have cared for them during their NICU stay.

SGHWN has sustained several process improvements to increase breastfeeding rates among new mothers and continues to explore and participate in opportunities to share these best practices with the broader health care community. Examples of process improvements that have helped increase exclusive breastfeeding rates include delaying infant baths past eight hours of age and encouraging ongoing skin to skin contact. Following the implementation of the 10 Steps to Successful Breastfeeding initiative in 2012, SGHWN has pursued various quality strategies to promote exclusive breastfeeding and breastmilk in the NICU. In addition, educational resources provided at community clinics and in the hospital's childbirth education classes have been updated to reflect best practices in breastfeeding for mothers and their families. NICU nurses also continued to encourage mothers to use a pump log to document and increase accountability of their 24-hour breastmilk volumes. In addition, staff worked with mothers of NICU babies to incorporate early intervention strategies that promote the establishment of a sufficient breastmilk supply in the weeks following a premature birth. SGHWN also continued to assist mothers of premature infants (28 to 34 weeks gestation) with tracking their breastmilk production in order to establish adequate breastmilk supply at two weeks postpartum. As a result of these comprehensive efforts, SGHWN increased the exclusive newborn breastfeeding rate at discharge (for all newborns) from 49% in 2011 to 55% in 2022.

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

The SGH Prenatal Clinic offers a variety of prenatal support services for vulnerable pregnant women in the east region. Throughout FY 2022, SGH Prenatal Clinic midwives provided in-kind help at Neighborhood Healthcare in El Cajon to support the underserved population in SDC's east region. This included more than 1,000 hours of care for pregnant women, with midwife coverage five days per week. The SGH Prenatal Clinic also continued to participate in the California Department of Public Health (CDPH) Comprehensive Perinatal Services Program to offer comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits. To assist women in achieving the best outcome for their unique prenatal care journey, midwives and nurse practitioners provide prenatal care, with perinatologist and OB-GYN consultations immediately available as needed. Services included health education, nutritional guidance, psychosocial support, language translation services, Medi-Cal enrollment services and childbirth classes, which are provided by licensed RDs, counselors, certified lactation consultants, health educators and comprehensive perinatal health care workers. Women with a current diabetes diagnosis were referred

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

SGHWN continued its partnership with Vista Hill ParentCare to assist women with substance use or psychosocial issues during pregnancy. The SGH Prenatal Clinic screened women for mood disorders, domestic violence, homelessness, trauma, legal problems, substance use, sexual abuse and challenges with acculturation for refugees and immigrants. If concerns were identified, a treatment plan was developed including follow-up from an SGH Prenatal Clinic social worker for the remainder of the pregnancy and up to 10 weeks postpartum. These approaches have been shown to reduce both LBW rates and health care costs for women and infants. SGHWN also provided women with referrals to a variety of community resources, including, but not limited to 2-1-1, San Diego Women, Infants, and Children (WIC), and the County of San Diego Public Health Nursing.

In FY 2022, SGHWN participated in and partnered with several community organizations and advisory boards for maternal and child health, including College Area Pregnancy Services, East County Pregnancy Clinic, San Diego Adolescent Pregnancy and Parenting Program, California School-Age Families Education, WIC, 2-1-1, Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, Beacon Council's Patient Safety Collaborative, ACNL, Perinatal Care Network, the local chapter of AWHONN, California Maternal Quality Care Collaborative, California Perinatal Quality Care Collaborative, American Association of Critical-Care Nurses (AACN) – Clinical Scene Investigator Academy, and the County of San Diego Public Health Nursing Advisory Board. Due to the COVID-19 pandemic, several organizations met virtually.

FY 2023 Plan

SGHWN will do the following:¹⁹²

- Provide free breastfeeding, postpartum and new parent support groups, including virtual sessions
- Provide parenting education classes, including virtual classes
- Participate in wellness events for women with a focus on lifestyle tips to enhance overall health
- Share evidence-based maternity care practices through presentations at professional conferences
- Provide prenatal clinical and social services as well as education to low-income, low-literacy women through the SGH Prenatal Clinic

¹⁹² Where applicable, Sharp Grossmont Hospital for Women & Newborns will perform these activities as COVID-19 public health and safety guidelines allow.

- Provide a drive-thru NICU graduate reunion for former NICU patients and their family members
- Explore opportunities to provide diapers to low-income parents in SDC

Identified Community Need: Health Education and Wellness

Rationale references the findings of the SGH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2022 CHNAs identified access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety, and economic stability as the priority health and social needs affecting the community members served by SGH.
- HASD&IC's community engagement efforts described health literacy as a barrier in accessing health care. To help people understand basic health information, there is a need for more education on preventive health care, healthy lifestyles and understanding the differences between sources of care (e.g., when to use urgent care versus the emergency room). Participants noted that health care settings should use simple, plain language forms to help people understand health information.
- Also, according to the HASD&IC 2022 CHNA, the pandemic further exacerbated existing health literacy challenges, such as people not understanding their health insurance benefits, not knowing whom to call to access services and difficulty identifying where to get care.
- The majority (96%) of Sharp Insight Community Survey respondents did not participate in Sharp's programs to connect individuals to support services or resources, which suggests that more can be done to promote community awareness about these services. Among those who did participate, programs accessed included: diabetes care and education programs (12%), nutrition programs (6%) and weight management programs (6%).
- Data analysis in Sharp's 2022 CHNAs revealed a higher volume of hospital discharges due to CVD and Type 2 diabetes communities facing greater socioeconomic challenges within SDC's east region, such as El Cajon and Spring Valley.¹⁵¹
- In 2020, diseases of the heart were the leading cause of death in SDC's east region, followed by cancer and COVID-19.^{149,150}
- According to 2021 CHIS data, the self-reported obesity rate for adults age 18 and older in SDC's east region was 30.2%, higher than the self-reported obesity rate for SDC overall (21.7%).¹⁴⁸
- In California, the self-reported obesity rate in 2020 was 30.3%. Prevalence of obesity decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates.¹⁹³

¹⁹³ CDC (2022), *Adult Obesity Prevalence Maps*.

- A study published in the CDC’s *Morbidity and Mortality Weekly* suggests that risks of COVID-19-related hospitalization, ICU admission, invasive mechanical ventilation, and death are higher with increasing BMI, particularly among adults under the age of 65.¹⁹⁴
- According to the CDC, the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and some types of cancer.¹⁹⁵
- According to an article *Social and Environmental Factors Influencing Obesity*, obesity prevalence is significantly associated with sex, racial or ethnic identity, and socioeconomic status. Higher odds of obesity are attributed to multiple factors, including environments experiencing deprivation, disorder, or high crime; proliferation of high calorie, energy dense food options that are perceived as more affordable; and reductions in occupational and transportation-related physical activity.¹⁹⁶
- According to data from the San Diego Hunger Coalition, in 2019, approximately one-quarter of people in SDC were nutrition insecure — including 44% of Hispanic or Latino individuals. Due to the COVID-19 pandemic, the percent of SDC’s population experiencing nutrition insecurity increased to a peak of 39% (1.3 million people) in April 2020, then leveled off to 30% (1 million people) in November 2020. As of June 2021, nutrition insecurity continued to affect nearly 1 in 3 SDC residents.¹⁴⁵
- In 2021, 28.2% of east region residents living below 200% of the FPL reported enrollment in the CalFresh program.¹⁴³
- In 2021, 27.3% of adults in SDC’s east region reported that they would not get COVID-19 vaccine if available, higher than SDC overall (23.7%).¹⁴³
- As of September 2022, the percentage of population vaccinated against COVID-19 in SDC’s east region was 71.2%. This was lower than SDC overall (83.2%).¹⁹⁷
- Recent data suggests the COVID-19 vaccine’s effectiveness at preventing infection or severe illness wanes over time, especially for people ages 65 and older and those who are immunocompromised. The CDC recommends COVID-19 vaccines for everyone 6 months and older, and boosters for everyone 5 years and older, if eligible. Data show that an mRNA booster increases the immune response, which improves protection against getting a serious COVID-19 infection.¹⁹⁸
- According to the U.S. Department of Health and Human Services, a significantly greater percentage (2.7%) of patients with a COVID-19 diagnosis experienced the onset of a new behavioral health condition following their diagnosis compared to those who tested negative (1.0%). The most commonly reported behavioral health concerns were anxiety and major depression. The odds of developing a mental health condition after COVID-19 diagnosis were significantly higher among individuals with health-related social needs associated with childhood upbringing, education, employment or housing.¹⁹⁹

¹⁹⁴ Kompaniyets L, Goodman AB, Belay B, et al. (2021), Body Mass Index and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death — United States, March–December 2020. *MMWR Morbidity and Mortal Weekly Report*, 70(10), 355–361. DOI: <http://dx.doi.org/10.15585/mmwr.mm7010e4>

¹⁹⁵ CDC (2022), *Adult Obesity Facts*.

¹⁹⁶ Lee A., Cardel M., & Donahoo W.T. (2019). *Social and Environmental Factors Influencing Obesity*. *Endotext*.

¹⁹⁷ County of San Diego HHSA (2022), *COVID-19 in SDC*.

¹⁹⁸ CDC (2022), *Frequently Asked Questions about COVID-19 Vaccination*.

¹⁹⁹ Office of the Assistant Secretary for Planning and Evaluation, U.S. DHHS (2021). *Mental Health Consequences of COVID-19: The Role of Social Determinants of Health Research Brief*.

- In 2021, the self-reported smoking rate in SDC’s east region was 6.8%, higher than the rate for SDC overall (6.1%).¹⁴⁸
- According to the CDC, quitting smoking improves health status and enhances quality of life; reduces the risk of premature death; reduces the risk of many adverse health effects and chronic conditions; has specific benefits for people diagnosed with CHD or COPD; benefits pregnant women and their fetuses and babies; and reduces financial burdens on people who smoke, health care systems, and society.²⁰⁰

Objectives

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

FY 2022 Report of Activities

Throughout FY 2022, SGH offered virtual presentations and partnered with local media sources to educate community members about a variety of health and wellness topics. SGH hosted six orthopedic community webinars in FY 2022, which educated more than 180 community members about the prevention and treatment of shoulder, hip and knee pain conditions, as well as healthy bones and fall prevention. SGH also hosted three virtual Planning for Pregnancy events that educated more than 50 attendees on preparing the body for pregnancy, having a baby later in life, reproductive planning, fertility schedules and challenges and more. In addition, SGH held Women’s Pelvic Health Issues webinars in May and August, where a Sharp-affiliated urogynecologist and other pelvic health specialists shared more about these conditions and both surgical and non-surgical treatment options available to more than 50 community members. Finally, in March, an SGH-affiliated cardiothoracic surgeon provided education on the critical role of blood donations in cardiothoracic surgery as well as ways to keep hearts healthy post-surgery at the San Diego Blood Bank’s Connect to Life event series held at Liberty Station. Further, SGH served as a blood donation site in support of Sharp’s FY 2022 systemwide blood drive effort to collect life-saving blood for those with medical needs. SGH conducted six blood drives, where approximately 180 team members donated over 150 units of blood.

SGH participated in Sharp’s Aging Conference: Experience the Spectrum of Care in September. Held at the La Mesa Community Center, Sharp shared valuable aging resources at the free event with approximately 60 community members. The conference focused on the obstacles Sharp overcame as a health system during the pandemic and how Sharp is adapting to the progressive needs of seniors in the community. The event included resource tables, community partners, an SGH RN keynote speaker, the opportunity to stretch with an SGH exercise specialist, and an expert panel discussion featuring SGH team members.

²⁰⁰ CDC (2022), *Benefits of Quitting*.

In May, SGH staff participated in the virtual Sharp Women's Health Conference. SGH exhibitors offered a variety of health resources and education, including cancer, behavioral health, stroke, women's health, cardiac health, limb preservation, diabetes, senior health and more, as well as a pet therapy area. SGH RDs were also available to answer nutrition questions and provide nutrition information and resources, recipes, and healthy product samples.

In FY 2022, SGH raised awareness about sepsis and offered resources to community members. In December, SGH hosted an Understanding Sepsis Webinar designed to promote awareness of this potentially life-threatening condition. An SGH sepsis specialist and nurse practitioner discussed sepsis risk factors, causes, signs, symptoms and when to seek medical care. In September, SGH participated in and sponsored the Fall Health Fair Saturday event at Westfield Parkway Plaza. The annual event featured health-related community organizations, including providers from the health care, wellness, insurance and lifestyle industries, as well as offered free health screenings, interactive demonstrations, resources, education on preventive health care measures and ways to improve one's future lifestyle and more. An SGH nurse practitioner specializing in sepsis shared various resources with nearly 60 community members at the event. Also in September, two SGH sepsis specialists provided sepsis education, information and resources with patients and loved ones in the ED.

SGH participated in and sponsored San Diego Mayor Todd Gloria's Back to School Celebration event in August, which offered school supplies, arts and crafts, outdoor activities, music, education, exhibitors and more to approximately 300 families. Held at Linda Vista Community Park and Recreation Center, SGH hosted a COVID-19 vaccination clinic on-site and provided multiple, interactive health fair stations on topics including infection prevention, laboratory services, nutrition, lung health and more. SGH engaged families in activities such as configuring a correctly balanced meal on a worksheet, viewing infection prevention petri dishes and more. SGH also educated community members on lung health, the importance of infection prevention and hand hygiene, including how to properly wash one's hands. In addition, a Sharp-affiliated physician offered free vision screenings at the event.

In collaboration with GHD and SMH, SGH hosted a free fall prevention and balance screening event to help raise awareness during National Fall Prevention Week in September. Held at GHD, the event offered several lectures on fall prevention, safety, balance screenings, the risk factors and health concerns affecting balance and how to prevent falls, both at home and on the move. In addition, free individual wellness and balance screenings as well as fall prevention and balance resources were offered to more than 60 attendees.

In June, SGH participated in La Mesa's inaugural Juneteenth and Friends Celebration at MacArthur Park. The event was a grassroots community effort designed to bring the rich heritage, culture and fun of Juneteenth to East County residents. At the event, SGH offered various health resources and giveaways, including hand sanitizer, to approximately 500 community members.

From June to August, SGH sponsored the Santee Summer Concerts series at Town Center Community Park East, where community members enjoyed 10 free concerts with a variety of bands. SGH hosted booths at six of the events, sharing a variety of health information and resources as well as providing hand sanitizer to those who stopped by. There were approximately 3,000 community members in attendance at each concert.

SGH's Burr Heart & Lung Clinic provides early detection and treatment of pulmonary nodules, lung cancer and COPD. In FY 2022, SGH's Burr Heart & Lung Clinic was the exclusive health care partner of the ALA – San Diego, helping to raise awareness about lung health in general, as well as the importance of lung cancer screening. Beginning September 2021 and throughout FY 2022, the clinic sponsored San Diego Community Connections with the ALA – San Diego. San Diego Community Connections, nicknamed "Dinner with the Docs," is a series of free virtual information sessions and address helpful and timely topics on various lung health issues. The sessions, hosted by a pulmonologist from UC San Diego Health and Tony Gwynn Jr. of the San Diego Padres, feature expert guest speakers from across SDC. In FY 2022, presentations included On the Front Lines: First Responders and ICU Nurses; Lung Cancer Screening During the Pandemic; Lung Health Effects from Wildfires; COVID-19 Among K-12 and College Students; Biology of COVID-19 Infection; San Diego County's Response to COVID-19; A Lung Healthy Diet and Mindfulness; Asthma Management; Environmental Effects on Lung Health; Culinary Medicine; Vaping, Smoking, Flavored Tobacco and Synthetic Tobacco; Lung Cancer Screening; and Lung Cancer Detection Evaluation. More than 160 community members attended the virtual sessions.

During Lung Cancer Awareness Month in November, SGH partnered with ALA – San Diego to raise awareness about the leading cause of cancer deaths in the U.S., lung cancer, and save lives through lung cancer screening and early detection. As part of the partnership, SGH offered a variety of resources to help people lead a healthier life, as well as support programs to improve lung health and prevent lung disease. SGH's Burr Heart & Lung Clinic also sponsored and supported ALA's LUNG FORCE Walk, which helped raise awareness about pulmonary health as well as funds to treat lung cancer, improve lung health and protect clean air for all. Two weeks prior to the walk, SGH and ALA – San Diego were on-site to help register participants. At the end of January, SGH participated in the walk at Liberty Station and offered essential information about lung health to approximately 1,000 participants. At the walk, SGH's chief executive officer shared information about the Burr Heart & Lung Clinic and greeted participants as they arrived.

SGH further supported the ALA – San Diego as Southern California's top professional athletes performed their off-field and off-court talents during Champions Unite. The one-of-a kind talent competition featured favorite athletes from various sports clubs to raise awareness about lung health; prevent lung disease; and support lung health for all, including ensuring racial health equity, overcoming COVID-19, helping youth quit smoking and vaping, and ensuring cleaner, healthier air. The show was aired on

Spectrum SportsNet as well as on champions-unite.org in August. During the event, an expert from SGH's Burr Heart & Lung Clinic shared information about the importance of lung cancer screening.

In response to the COVID-19 pandemic and community need, the SGH Family Resource Center (FRC) was quickly created to facilitate and improve connection and support between family members and their hospitalized loved ones during times of restricted hospital visitation. Located in an exterior room of the hospital, the SGH FRC offers information about visitor restrictions, delivers belongings to patients on behalf of their families (e.g., discharge clothing, hearing aids, cell phones, eyeglasses, etc.) and arranges video calls for patients and visitors to check in with one another. The SGH FRC's services were expanded in FY 2020 to include the new Discharge Center, a comforting and relaxing space for discharged patients to wait for their transportation home. Approximately 760 patients have spent over 330 hours in the Discharge Center. In FY 2022, more than 1,840 individuals dropped off belongings for patients at the hospital with COVID-19. Further, the SGH FRC has responded to thousands of phone calls and walk-ins seeking information and support.

SGH helped increase awareness about current news and trends impacting the health and safety of community members through television, printed news, digital news and radio outlets. Television interviews were given to KUSI News, 10News – ABC San Diego KGTV, NBC 7 San Diego, CBS News 8 – San Diego and KPBS. Printed and online articles appeared in the *San Diego Business Journal*, *The San Diego Union-Tribune*, *The Coronado Times*, *The Alpine Sun*, *The Star News* and *The East County Californian*. Team members across SGH shared information through these outlets, including, but not limited to, the hospital's affiliated physicians in various specialties and staff from Sharp HospiceCare, Spiritual Care and administration. Topics included: Living with Long Covid, Breast Cancer Awareness Month, guidelines for aspirin use to prevent CVD, Go Red for Women on National Wear Red Day, partnership with the ALA, and the return of SGH's 11th Hour Program, among others. Numerous health-related articles were also shared through Sharp Health News and SGH's monthly e-newsletters.

Throughout FY 2022, staff at SGH regularly led or attended various health boards, committees, and advisory or work groups. Community and professional groups included San Diego Chapter of the AACN, ACS, AHA, ALA, Angels Foster Family Network, Association of Fundraising Professionals – San Diego Chapter, CAHHS, CAHHS Committee on Volunteer Services and Directors' Coordinating Council, California Academy of Nutrition and Dietetics – San Diego District, CHA Workforce Committee, CHA SDADVS, California Society for Clinical Social Work Professionals, Cameron Family YMCA, Concorde Career College – San Diego Program Advisory Committee, County of San Diego EMCC, County Service Area – 69 Advisory Board, Emergency Nurses Association – San Diego Chapter, Grossmont College Occupational Therapy Assistant Advisory Board, GHD, Health Sciences High and Middle College (HSHMC) Board, HASD&IC, INCP, John A. Davis Family YMCA, La Mesa Parks & Recreation Foundation, La Mesa Rotary Club, Lantern Crest Senior Living Advisory Board, McGrath Family YMCA, National Association of Orthopedic Nurses, Point Loma

Nazarene University (PLNU), Poway Chamber of Commerce Government Affairs Committee, San Diego East County Chamber of Commerce, San Diego East County Chamber of Commerce East County Homeless Task Force, San Diego East County Chamber of Commerce Government Affairs Committee as well as the Leadership East County Program, San Diego Freedom Ranch, San Diego-Imperial County Council of Hospital Volunteers, San Diego & Imperial Counties Community Colleges Regional Consortium, Santee Chamber of Commerce Government Affairs Committee and Southwestern College (SWC). Several organizations held meetings virtually due to the COVID-19 pandemic.

FY 2022 Plan

SGH will do the following:¹⁶²

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

Identified Community Need: Prevention of Unintentional Injuries

Rationale references the findings of the SGH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2022 CHNAs identified community safety as one of the priority health and social needs affecting community members served by SGH.
- The HASD&IC and SGH 2022 CHNAs identified the following themes related to community safety in SDC: racism; violence and coercion; implications for high-risk populations; human trafficking; and hospital workforce safety.
- HASD&IC 2022 CHNA community engagement participants emphasized the importance of a safe environment in which to live, exercise, or play. Concerns related to living in an unsafe neighborhood, include access to safe outdoor spaces, as well as exposure to racism and bullying. These challenges impact people of all ages, but are of particular concern for children.
- In addition, clinicians and community-based organizations shared concerns about an increase in safety risks for children, including some that have been exacerbated by the COVID-19 pandemic. Virtual learning in schools created fewer opportunities for mandated reporters to identify incidents of domestic violence and neglect, and children who were seen at hospitals seemed to have more serious injuries.
- In 2020, accidents (unintentional injuries) were the fifth leading cause of death for SDC's east region.^{149,150}
- Unintentional injuries are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region. Unintentional injuries include the following: motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, explosions, poisoning (including drugs and alcohol, gas, cleaners and

caustic substances), choking/suffocation, cutting/piercing, exposure to electrical current/radiation/fire/smoke, natural disasters and workplace injuries.

- There were 255 deaths due to unintentional injury in SDC's east region in 2020. The region's age-adjusted death rate due to unintentional injury was 44.2 deaths per 100,000 population, the highest of all regions in SDC.
- In 2019, there were 4,926 hospitalizations related to unintentional injury in SDC's east region. The age-adjusted rate of hospitalizations was 895.4 per 100,000 population, which was the highest of all SDC regions and significantly higher than the county age-adjusted rate of 650.9 per 100,000 population.¹⁵²
- In 2019, there were 31,011 ED visits related to unintentional injury in SDC's east region. The age-adjusted rate for the east region was 6,286.3 per 100,000 population, which was the second highest of all regions and above the SDC age-adjusted rate of 5,122.0 ED visits per 100,000 population.
- According to the County of San Diego Department of the Medical Examiner's *2021 Annual Report Executive Summary*, more than half of sudden and unexpected deaths in SDC were attributed to accidental causes, including poisoning, falls, traffic- or train-related injuries, drowning, asphyxiation or environmental exposure. The number of deaths attributed to accidental causes increased 22.2% from 2020 to 2021.²⁰¹
- According to *Childhood Unintentional Injuries in San Diego County: A report to the community*, the COVID-19 pandemic has led to changes in the types of injuries that were most often experienced by children and youth. With stay-at-home orders, families were confined to their homes and unintentional injuries in the home, like window falls, led to hospitalizations in greater numbers than expected. As families also spent more time outside, hospitals experienced an increase in all-terrain vehicle crashes and an unexpected increase in drownings — primarily in backyard pools.²⁰²
- CDPH and California Department of Health Care Access and Information (HCAI)²⁰³ injury data indicates that, in 2020, unintentional injuries caused more than 1,500 deaths, nearly 130,000 million ED visits, and more than 27,500 hospitalizations in SDC.^{142,204}
- In 2020, unintentional injury was the fourth leading cause of death across all age groups in the U.S., accounting for nearly 201,000 deaths. Unintentional injury was the leading cause of death in the U.S. for people ages 1 to 44, the third leading cause of death for ages 45 to 64, and the eighth leading cause of death for those over the age of 65.²⁰⁵
- In 2020, more than 170,200 unintentional injury deaths in the U.S. were attributed to three causes: poisoning (43.5%), motor vehicle traffic accidents (20.3%) and falls (21.0%).
- According to the *Report Card on Children, Families, and Community, 2021*, more children die or are seriously hurt from injuries than from all childhood diseases combined, and childhood injuries can result in long-term disabilities. They can be

²⁰¹ County of San Diego Department of the Medical Examiner (2022), *2021 Annual Report Executive Summary*.

²⁰² Rady Children's Hospital San Diego (2022), *Childhood Unintentional Injuries in San Diego County: A report to the community*.

²⁰³ California's Department of Health Care Access and Information was formerly known as the Office of Statewide Health Planning and Development.

²⁰⁴ CDPH (2022), *CDPH Vital Statistics Death Statistical Master Files*.

²⁰⁵ CDC, National Centers for Injury Prevention and Control Web-based Injury Statistics Query and Reporting System (2022). *Leading Causes of Death Report, U.S., 2020*.

prevented by changing the environment, behaviors, products, social norms and policies. The groups at greatest risk of childhood injury include children under one year old or older youth as well as Native American and rural children.¹⁸⁶

- According to the CDC, traumatic brain injury (TBI) is a major cause of death and disability in the U.S., contributing to about 32% of all injury deaths. Those who survive TBI can face effects lasting a few days to disabilities that last the rest of their lives. Preventing older adult falls, improving safe play in sports, reducing firearm-related injuries, and increasing motor vehicle safety can reduce TBI. Public health approaches to injury prevention can reduce the rate of TBI and its long-term consequences.²⁰⁶
- In addition, in 2019, the economic cost of injury in the U.S. was \$4.2 trillion, including \$327 billion in medical care, \$69 billion in work loss and \$3.8 trillion in value of statistical life and quality of life losses. Economic cost was highest among working-age adults, highlighting that injuries during the most productive part of people's lives result in a high societal cost.²⁰⁷
- Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord injuries (SCI). The physical, emotional, psychological and learning problems that affect injured children, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation. Educational programs like ThinkFirst increase knowledge and awareness of the causes and risk factors of brain and SCI, injury prevention measures, and the use of safety habits at an early age.²⁰⁸

Objectives

- Provide the ThinkFirst injury prevention program to children, adolescents and young adults in SDC's east region
- Provide presentations and opportunities to Health and Science Pipeline Initiative (HASPI) and San Diego County Office of Education (SDCOE) high school students around injury and violence prevention and health care career readiness

FY 2022 Report of Activities

ThinkFirst San Diego (ThinkFirst) — a program led by Sharp Rehabilitation Services — is a chapter of the ThinkFirst National Injury Prevention Foundation, a nonprofit organization dedicated to preventing brain, spinal cord and other traumatic injuries through education, research and advocacy. ThinkFirst includes specialized health care professionals as well as individuals known as Voices for Injury Prevention (VIPs) who have personally experienced traumatic injuries. At Sharp, VIPs help educate local youth about injury prevention by using their personal stories and explaining how making safer choices could have prevented the lifelong effects of a traumatic injury.

²⁰⁶ CDC, National Center for Injury Prevention and Control (2022), *Get the Facts About TBI*.

²⁰⁷ CDC Morbidity and Mortality Weekly Report (2021). *Economic Cost of Injury—United States, 2019*.

²⁰⁸ ThinkFirst National Injury Prevention Foundation (2022), *ThinkFirst For Kids!*

In FY 2022, Sharp's ThinkFirst program offered numerous educational opportunities for community students. However, due to the continued impact of the COVID-19 pandemic on schools, most activities were conducted virtually. In total, ThinkFirst's injury prevention education reached 620 students in SDC's east region in FY 2022.

This included more than 400 students in grades nine through 12 who are part of the HASPI and SDCOE programs. HASPI is a network of educators, community organizations and health care industry representatives who collaborate to increase awareness of health and medical career opportunities, improve science proficiency in schools and prepare students for future health care careers. SDCOE provides a variety of educational, administrative and other support services for schools throughout SDC. This includes a college and career readiness program to help students explore the world of work and build the skills necessary for a successful career. Through these partnerships, in FY 2022, Sharp's ThinkFirst program offered both virtual education and in-person presentations to east region schools. The programs consisted of one- to two-hour classes on various topics including the modes of injury (e.g., automobile collisions, violence and injuries tied to sports/recreation); disability awareness; the anatomy and physiology of the brain and spinal cord; and career opportunities in physical rehabilitation. Classes were enhanced by powerful testimonies from Sharp's VIPs. Virtual presentations included lengthy question-and-answer segments to strengthen the feeling of connectedness between the students and the VIP speakers. Students had the opportunity to ask questions by unmuting themselves or typing their questions into the chat box. Despite the virtual format, students showed greater engagement and participation compared to previous in-person presentations.

In May, ThinkFirst delivered an in-person assembly to 220 students at Avocado Elementary School focused on TBI, SCI, disability awareness and the permanence of particular injuries. In addition, students received education about safety in the school parking lot and on the playground. Following the presentation, students engaged in hands-on learning and disability education through exploration of a wheelchair accessible van. This activity helped demonstrate to the children that people are more alike than different, regardless of physical ability.

FY 2023 Plan

ThinkFirst will do the following:²⁰⁹

- Provide presentations to high school students on injury prevention, including career paths in physical rehabilitation
- Provide and expand educational program offerings to schools and organizations, including but not limited to SDC's east region
- Partner with schools to assess the need and provision of virtual injury prevention education
- Increase community awareness of ThinkFirst through attendance and participation in community health fairs and events

²⁰⁹ Where applicable, ThinkFirst will perform these activities as COVID-19 public health and safety guidelines allow.

- Expand beyond the scope of HASPI with the SDCOE's College and Career Readiness Department to provide education within the east region communities
- Grow partnership with the SDCOE's College and Career Readiness Department through participation in conferences, round table events and collaborative projects
- Provide booster seat education to elementary school children and their parents
- As appropriate, explore opportunities to incorporate concussion education into school and community-based presentations
- As requested, provide education to health care professionals and college students interested in health care careers

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

Rationale references the findings of the SGH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC 2022 CHNA identified workforce shortages as a foundational challenge that greatly exacerbates the priority health and social needs (access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety and economic stability) affecting community members served by SGH.
- Workforce shortages were described by HASD&IC 2022 CHNA community engagement participants as the number one priority for local health care providers. The pandemic has severely strained the existing health care workforce, and staffing shortages have exacerbated challenges in meeting the demand for community services. All health care settings, including behavioral health, were described as understaffed, and workforce shortages can adversely impact the patient experience. Further, the workforce shortage is creating a wider equity gap, with fewer culturally competent and linguistically appropriate providers available to care for SDC's diverse communities.
- The IPH Sharp Provider and Sharp Human Resources surveys conducted as part of the SGH 2022 CHNA process identified several educational topics of particular interest and importance to employee professional development, including: defining cultural humility and applying it to health care; the impact of implicit or unconscious bias on decision-making; maternal and infant health with a focus on the Black community; and health disparities among various groups, including the Black, Asian, Latinx and immigrant communities.
- Nearly 90% of IPH Sharp Provider Survey participants reported that COVID-19 had at least a moderate impact in employees' desire to change careers or leave the workforce, which may create challenges in meeting the health care needs of the community. Of these, the majority (78%) reported that Sharp does not have programs or services available to address this issue.

- The San Diego Workforce Partnership (SDWP) reported that, in 2021, there were 186,000 people employed in the health care sector in SDC, accounting for 13% of all jobs countywide.²¹⁰
- SDWP also cites research by the University of Washington Center for Women's Welfare that estimates the basic needs of a single adult resident of SDC to cost \$3,058.72 per month, requiring full-time employment at \$17.65 an hour. Of the 20 most common occupations in SDC's health care sector, there are 11 with training requirements less than or equal to an associate degree that can provide new graduates with a living wage.²¹⁰
- Total employment in California is projected to grow 16% between 2020 and 2030, reflecting an increase of 2.8 million jobs statewide over the decade. The educational services (private), health care and social assistance sector is expected to be one of the fastest-growing industries in California, with 19.0% growth anticipated.²¹¹
- According to the U.S. Bureau of Labor Statistics' *Employment Projections – 2021-2031* report, employment in health care and social assistance is projected to add about 2.6 million jobs from 2021 to 2031 — the highest growth among all industry sectors. Factors that are expected to contribute to this growth include rising demand for the care of an aging baby-boom population, longer life expectancies and higher prevalence of chronic conditions.²¹²
- According to a report from the California Health Care Foundation (CHCF) titled *California Physicians: A Portrait of Practice*, the supplies of physicians, physician assistants and three types of advanced practice nurses in California grew between 2016 and 2020, while the supply of clinical nurse specialists decreased. The increased supply of licensed physicians does not accurately reflect the availability of care, however — less than half of California's physicians provided care 40 or more hours per week.²¹³
- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce.²¹⁴
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages.²¹⁴
- The California Future Health Workforce Commission (CFHWC) has described several recent state budget and policy actions intended to address the significant health and economic impacts of the COVID-19 pandemic. This includes investments in the mental health workforce, particularly for those who work with children and youth; investments in physician residencies, with an emphasis on psychiatry; additional HCAI oversight for state-supported health workforce programs; expanding

²¹⁰ San Diego Workforce Partnership (2021), *Expanding Access to Healthcare Jobs in San Diego County: Healthcare Sector Overview*.

²¹¹ California Employment Development Department (EDD) (2022), *Employment Projections*.

²¹² U.S. Bureau of Labor Statistics (2022), *Employment Projections – 2021-2031*.

²¹³ California Health Care Foundation (CHCF) (2021), *California Physicians, 2021: A Portrait of Practice*.

²¹⁴ CHCF (2021), *Health Workforce Strategies for California: A review of the Evidence*.

the scope of practice for nurse practitioners; and creating several new reimbursable provider types, such as community health workers.²¹⁵

- According to CFHWC key informant interviews with private sector health care leaders, California’s workforce needs include increasing workforce diversity; educating young Californians that futures in the health sector are appealing regardless of background, socioeconomic status, race/ethnicity, and gender; and partnering with schools and companies to remove barriers to continuing education and develop pipelines for jobs.²¹⁶
- A CHCF survey of frontline health care workers during COVID-19 reflects the sustained mental and emotional toll of providing patient care during the pandemic. Six in 10 providers continue to feel overworked and burned out, while nearly half are frustrated by their job. Nearly three out of four nurses (72%) say they feel burned out from their work — higher than the 61% reported among nurse practitioners and physician assistants, 57% among doctors, and 56% among behavioral health specialists.²¹⁷

Objectives

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

FY 2022 Report of Activities

In FY 2022, SGH collaborated with local, state and national schools, colleges and universities to provide hospital-based opportunities for students to explore and train for a variety of careers in health care. Although still significant, in FY 2022, student participation in these programs declined as a result of temporary interruptions to on-site learning caused by COVID-19. Despite these circumstances, throughout the academic year, SGH provided more than 840 students from colleges and universities throughout SDC with various placement and professional development opportunities. More than 640 nursing students spent over 50,200 hours at SGH, including time spent both in clinical rotations and individual preceptor training, while more than 170 ancillary (non-nursing) students spent more than 53,700 hours on the SGH campus. In addition, 25 advanced practice providers spent over 3,100 hours on the SGH campus. Academic partners included Azusa Pacific University (APU), California State University San Marcos, EMSTA, Grossmont College, Palomar College, Pima Medical Institute, PLNU, San Diego Mesa College, San Diego State University (SDSU), SWC, UC San Diego, UC San Diego Extension, University of San Diego, University of Southern California, University of St. Augustine for Health Sciences, West Coast University Los Angeles and Western Governors University.

²¹⁵ California Future Health Workforce Commission (CFHWC) (2022), *January 2022 Update on Health Workforce Progress*.

²¹⁶ CFHWC (2020), *Meeting the Demand for Health: Top Priorities, Challenges, and Proposed Actions for the Private Sector to Support the Workforce California Needs*.

²¹⁷ CHCF (2021), *COVID-19 Tracking Poll, May 2021 Views from California Health Care Providers on the Front Lines*.

In addition, the SGH Cancer Center provided internships to two SDSU medical physics residents and a dosimetrist (an analytical member of the radiation oncology team). SGH's cardiac team spent more than 1,000 hours mentoring over 50 students from APU, SDSU, UC San Diego, Grossmont College and PLNU, including students interested in a career as a nurse, emergency medical technician or cardiovascular technologist. Further, SGH continued to partner with Midwestern University in Glendale, Arizona, to provide physician-led mentorship opportunities for medical students, serving 23 students in FY 2022.

SGH's Pharmacy Department provided more than 9,000 hours of supervision, training, lectures and support to pharmacy students in FY 2022. The hospital invited 40 advanced pharmacy practice students to participate in rotations and provided over 4,000 hours of training to two post-graduate year one Doctor of Pharmacy (Pharm.D.) residents. The Pharmacy Department also accepted their first resident into the newly created post-graduate year two ICU Pharm.D. system residency program.

SGH pharmacy staff also had the opportunity to serve the community during ongoing challenges associated with the pandemic and other infectious disease outbreaks. During the mpox outbreak, pharmacists assisted with administering vaccinations at a community vaccine clinic. Pharmacy residents also supported pharmacy staffing needs for patient surges in the ICU and other inpatient floors.

Additionally, the Sharp Diabetes Education Program provided education to several students throughout FY 2022. In September, the Sharp Diabetes Education Program provided virtual diabetes education on the different types of diabetes, diagnoses, current technology and medication, community resources for patients, patient education modalities and careers in diabetes to more than 20 dietetic students at SDSU. The Sharp Diabetes Education Program also mentored two dietetic interns from the San Diego WIC Dietetic Internship program. The director of the Sharp Diabetes Education Program served as a board member of the San Diego WIC Dietetic Internship program in FY 2022 and provided a presentation on diabetes care, the role of the dietitian, the different types of diabetes, nutrition and meal planning, diabetes and technology and more to all six interns in the program. In September, the program director participated in a career panel discussing careers in dietetics, including outpatient diabetes care, to approximately 50 dietetics students at the California Academy of Nutrition and Dietetics Career Fair at PLNU. During the panel's question-and-answer session, attendees were able to ask questions about panelists' experiences in the field of dietetics.

After a pause due to the COVID-19 pandemic, SGH resumed its participation in the HSHMC program and safely welcomed back students in September. More than 30 10th to 12th grade HSHMC students were on SGH's campus for approximately 440 hours. Students rotated through instructional pods in specialty areas, including but not limited to nursing; emergency services; maternal infant services; occupational therapy; physical therapy; medical/surgical; rehabilitation; laboratory services; pharmacy; cardiac care; radiology; engineering; nutrition; administration; Arts for Healing; sterile processing;

FRC; and operations.

In collaboration with Cajon Valley Union School District, in May, SGH continued to introduce middle schoolers to a variety of possible health care careers during World of Work week — a K-12 curriculum that exposes students to both self- and career exploration to help maximize future education and employment. During the event, SGH team members — a physical therapist and a pulmonary manager — provided students with two live presentations via an online platform to support distance-learning needs. Presentations highlighted daily hospital operations; favorite and most challenging aspects of different jobs; required education and training; career advice, including how students can immediately begin preparation for select hospital jobs; and more. In addition, the presenters answered questions to help students discover career paths that aligned with their interests and strengths.

SGH continued to collaborate with the Grossmont Union High School District (GUHSD) in the Healthcare Exploration Summer Institute (HESI), providing high school students with a virtual learning experience where they can explore and gain exposure to health care careers in the hospital. Three eight-week internship programs were held in FY 2022. Each week, SGH health care professionals met with approximately 40 students through a live, virtual platform to discuss their educational and career paths, as well as their roles and experiences at SGH. Topics included an introduction to SGH and hospital careers, ambulatory care, the elements and operations of the ED, infectious disease and prevention, laboratory, pharmacy, SGH's Comprehensive Stroke Center, SGHWN and speech therapy. Upon completion of the program, students received high school credits for an elective course.

In December, the SGH Burr Heart & Lung Clinic and the ALA – San Diego collaborated to share lung health information at the GUHSD Parent Awareness Night. Representatives shared tips on how parents can speak with their teens about smoking, as well as answered questions about SGH's pulmonary services. SGH and ALA – San Diego also shared resources at the event. In addition, SGH's behavioral health team provided teen mental health resources and answered questions at the event.

In June, SGH joined Heartland Fire at their training facility in El Cajon for an event to raise awareness about men's health issues. At the event, the San Diego County Board of Supervisors chair and a representative of the supervisor in District 2 attended, along with other elected officials, and issued a proclamation declaring June to be Men's Health Month in SDC. The event included activities that encouraged approximately 50 firefighters to take control of their health and maintain healthy habits. In addition, a Sharp-affiliated family medicine physician provided men's health education as well as connected with participants and answered questions.

At the Planetree International Conference on Person-Centered Care in Anaheim, California, the SGH Manager of Volunteer Services shared a poster on Sharp HealthCare's Community COVID-19 Vaccination Program and Superstation logistics. Held in May, the three-day conference focused on the topics of Restoring Ourselves; Rebuilding Trust & Engagement; and Creating a Healthier, Fairer, More Caring World.

Attendees were educated on the power of organizational culture to support compassionate care, dynamic teamwork, patient and family engagement, resilience during crisis and best practices that help care teams, across the continuum of care, address the full range of patient and family needs and preferences. The conference also included educational sessions, keynote speakers, opportunities to connect with the Planetree community and much more. In addition, SGH, certified by Planetree for excellence in person-centered care, hosted nearly 25 hospital leaders from all over the world who attended the conference. SGH staff shared information about its Planetree designation and provided leaders with a tour of the hospital.

In March, SGH hosted a tour for the chair of the San Diego County Board of Supervisors, who visited with front line health care workers and thanked staff for their ongoing effort to care for the community throughout the pandemic. Also in FY 2022, SGH provided a tour of the hospital to a staff-member from the Washington D.C.-based office of a local congressional representative.

FY 2023 Plan

SGH will do the following:¹⁶²

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

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

Rationale references the findings of the SGH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2022 CHNAs identified access to health care and economic stability among the top community needs affecting members of the communities served by SGH, particularly underserved and underfunded patients who face inequities.

- The HASD&IC and SGH 2022 CHNAs identified the following themes related to accessing health care in SDC: overall barriers to care; the impact of telehealth; health literacy; transportation; health insurance and financial concerns; stigma; the needs of specific populations (LGBTQ+, people experiencing homelessness, individuals at the end of life, undocumented individuals, and parents or caregivers); the need for trauma-informed care; and workforce challenges.
- HASD&IC 2022 CHNA participants also described the following logistical challenges related to accessing health care: making primary care appointments or accessing their usual source of care; insurance restrictions and confusion; a need for referrals to access certain services or treatments; finding the right fit with a provider; and timeliness related to level of care, such as locating after-hours urgent care.
- Nearly all (99%) IPH Sharp Provider Survey participants reported COVID-19 had an impact on patients' access to transportation, which may result in decreased access to health care. Strategies to address this included increasing community awareness about shuttle access or Sharp Van Services and providing telehealth.
- According to the HASD&IC 2022 CHNA, financial concerns may deter patients from accessing health care. Financial assistance to help pay for medical bills was described as a frequent and significant need. Community members are not always aware of low or no-cost programs that may be available to help pay for services.
- According to the HASD&IC 2022 CHNA, the lack of post-acute services has created long wait times for appropriate levels of care, especially following discharge from the hospital. Hospital staff are significantly challenged in finding timely follow-up care or a safe place to discharge people with complex behavioral health needs. These longstanding challenges became even worse during the pandemic. In addition, limited availability of long-term care beds was identified as the leading deficit in the post-acute care continuum.
- An analysis of ICD-10 (International Classification of Diseases – 10th Revision) codes indicates that, in FY 2022, a total of 771 inpatients at SGH experienced homelessness — a 35.4% decrease compared to FY 2021.
- In addition, a total of 345 SGH inpatients had an ICD-10 diagnosis for problems related to living alone in FY 2022.
- In 2021, 11.0% of east region adults, teens and children reported having no usual source of health care. In addition, 18.8% of east region residents reported that they had not visited a doctor at all in the previous year.¹⁴⁸
- According to the San Diego Hunger Coalition, while nutrition insecurity has declined since 2021, high rates still remain due to long-standing economic disparities that were exacerbated by the COVID-19 pandemic. As of March 2022, more than 1 in 4 San Diegans experienced nutrition insecurity, with disproportionate impacts noted among communities of color.¹⁴⁵
- As of September 2022, the average unemployment rate in the east region cities of El Cajon, La Mesa, Lakeside, Lemon Grove, Santee and Spring Valley was 3.5%. This is the same as the national rate, but higher than the rate for SDC overall (3.1%) and lower than the state of California (3.8%), during the same period.²¹⁸
- According to the San Diego Regional Task Force on Homelessness' 2022 Point-in-Time Count, there was a 3% increase in SDC's unsheltered homeless population in

²¹⁸ California EDD (2022), *Labor Market Information*.

from 2020 to 2022. In 2022, 20% of SDC’s homeless population resided in the east region.²¹⁹

- In 2020, 1 in 4 unsheltered SDC residents were adults ages 55 and over. Among the region’s unsheltered seniors, 88% became homeless in SDC and 43% reported experiencing homelessness for the first time in their lives.²²⁰ Nationwide, the population of individuals ages 65 and older experiencing homelessness is expected to nearly triple over the next decade — from 40,000 in 2020 to approximately 106,000 by 2030.²²¹
- According to findings from CHCF’s 2022 California Health Policy Survey, half of Californians (49%) reported taking at least one action to delay, skip, or cut back on care in the past 12 months because of concerns related to cost. Of those who delayed care due to cost, 47% reported that their health condition worsened.²²²
- According to the same survey, more than 1 in 4 lower-income Californians (30%) reported that it was “somewhat” or “very” difficult to find a provider who took their insurance, compared to 12% of Californians with higher incomes.²²²
- In addition, among Californians with lower incomes, 4 in 10 reported being very worried about affording unexpected medical bills (42%), out-of-pocket costs (39%), rent or mortgage (41%), and transportation costs (40%).²²²

Objectives

- Connect vulnerable un- and under-insured patients to community resources and organizations that provide sliding scale²²³ post-acute medical appointments and reduced cost medications
- Connect individuals experiencing SUDs to community treatment
- Provide transportation and medication assistance for individuals with financial barriers
- Provide vaccinations on-site and at various sites throughout SDC
- Collaborate with community organizations to provide services to people experiencing chronic homelessness
- Provide clothing and shoes to patients in need upon discharge from the hospital
- Through the CTI program, provide vulnerable, un- and under-funded patients with health coaching, support and resources to address health equity barriers and ensure a safe transition from hospital to home and continued health and safety

FY 2022 Report of Activities

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

²¹⁹ San Diego Regional Taskforce on Homelessness (2022), *San Diego County WeAllCount Point-in-Time Count*.

²²⁰ Serving Seniors (2021), *Senior Homelessness: A Needs Assessment*.

²²¹ University of Pennsylvania (2019), *The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?*

²²² CHCF (2022), *The 2022 CHCF California Health Policy Survey*.

²²³ An income-based fee structure where individuals with fewer financial resources pay a lower fee.

In FY 2022, SGH continued to facilitate post-acute care services for vulnerable patients, including individuals who experience homelessness or lack financial resources or insurance coverage. SGH also facilitated temporary stays in independent living facilities and referred individuals to community organizations to assist with food, safe shelter and transportation. Throughout the COVID-19 pandemic, SGH referred several COVID-19-positive patients to county-operated, temporary isolation hotels. Patients experiencing homelessness were referred to a shelter when appropriate.

Through the Discharge with Dignity program, SGH Volunteer Services provides weather-appropriate clothing and shoes to patients in need, including those experiencing homelessness, patients transferring to skilled nursing facilities (SNF) or patients who lack nearby friends or family upon discharge from the hospital. The majority of these supplies come from the hospital auxiliary's Thrift Korral, a resale boutique located in downtown La Mesa. In partnership with GHD, SGH hosted a community drive-thru clothing drive in October, which collected more than 4,500 articles of clothing and shoes for the hospital's patients in need. In FY 2022, more than 7,200 articles of clothing and shoes were provided to units throughout the hospital, including the ED and Behavioral Health Services Department. In addition, SGH provides medically necessary DME to vulnerable, un- or under-insured patients upon discharge. In FY 2022, this included standard wheelchairs, front wheel walkers, canes, portable oxygen, oximeters (a device that measures blood oxygen levels), pediatric nebulizers (a machine used to deliver asthma medicine deep inside the lungs) and cardiac life vests.

New in FY 2022, SGH, along with all Sharp acute care hospitals, joined the Bridge Medication-Assisted Treatment (MAT) program, which serves ED patients with opioid use disorder and mental health concerns. The California Bridge Grant was awarded to SGH and Sharp Memorial Hospital (SMH), and in April 2022, the program was extended throughout the system. The goal is to better identify patients in need of MAT in Sharp EDs and to bridge their connection to treatment in the community. This program involves collaboration among a variety of professionals, including social workers, clinical informatics, ED nurses and Sharp-affiliated emergency medicine physicians. Sharp established assessment and referral pathways for those with opioid use disorders, as well as screened patients for need and desire of MAT, with the ability to receive the first dose of suboxone in the ED, a prescription for up to 14 days, Narcan (a life-saving medication that can reverse an overdose from opioids), and an appointment with a community clinic for ongoing MAT. Sharp partnered with a community organization, Comprehensive Treatment Centers, for prioritized access to treatment upon discharge from the ED. In addition, SGH's ED began distributing Narcan, free of charge, to any requesting community member.

To assist individuals who lack financial resources, SGH provided more than \$185,500 in free medication, transportation, lodging and financial assistance through its Project HELP funds. These funds assisted more than 10,900 individuals in FY 2022. Further, Sharp's Patient Access Services (PAS) team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals,

including SGH. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for more information on these programs and services.

Throughout the COVID-19 pandemic, Sharp has provided lifesaving vaccines to residents in convenient, safe and local settings. From May 2021 through June 2022, Sharp, led by SGH, partnered with local schools, employers, churches, community events, multiple cruise lines, private organizations, San Diego Zoo, SeaWorld, as well as six events with National Night Out — a national community-building campaign that promotes police-community partnerships — to increase access to, and promote awareness of, COVID-19 vaccines. Recognizing the challenges community members faced with scheduling and transportation, the Sharp mobile vaccination team — a dedicated group of vaccinators, pharmacists and documentation experts — traveled by van throughout SDC, providing COVID-19 vaccines and information to the community as well as answering any questions. In total, Sharp administered 20,763 doses of the COVID-19 vaccine at 187 mobile pop-up events in FY 2022. In addition, SGH continued to provide community COVID-19 vaccinations at the SGH Care Clinic.

In May 2021, SGH launched the Grossmont Homebound Vaccine program to help ensure health equity for patients with mobility challenges. Homebound patients were identified by Sharp health care professionals, as well as through a list generated by County of San Diego Public Health Services. Sharp contacted the patient or caregiver and scheduled a home visit appointment with a Sharp RN or licensed vocational nurse, who traveled to the patient's home to administer the vaccines. Once vaccinated, patients were monitored for up to 30 minutes in case of adverse reactions. Since its inception, approximately 1,150 vaccines were administered through the homebound vaccination program.

From August 2022 through October 2022, Sharp, led by SGH, was the first health system in San Diego to host mpox vaccination events, which were open to all eligible, higher-risk individuals in the community at no cost. Sharp administered over 1,000 vaccines through these events.

Beginning in 2014, SGH piloted the CTI program for its most vulnerable patient populations, including but not limited to un- and under-insured patients. As community needs and vulnerabilities change (e.g., COVID-19), CTI adjusts its medical criteria and collaborates with other hospital departments and the community to meet those changing needs. The CTI program is modeled after the countywide Community-based Care Transitions Program (CCTP) established by CMS to serve the Medicare fee-for-service patient population at risk for readmission. CCTP concluded several years ago, but its success inspired the development of SGH's CTI program.

The CTI program uses a comprehensive risk assessment tool to identify vulnerable patients, who are offered 30 days of coaching by an RN or medical social worker at no cost. The assessment tool evaluates patients for multiple factors including isolation, co-occurring health issues, food insecurity, behavioral health issues and other conditions that impact their health and safety.

The CTI program includes a collaborative team of SGH and other Sharp professionals, including nurses, pharmacists, case managers, social workers and disease specialists, as well as team members from community benefit, PAS, the SGH Senior Resource Center and others. CTI health coaches include an RN and a medical social worker who devote hundreds of hours directly to enrolled patients. The CTI health coaches also collaborate with disease specialists to ensure consistent communication with and instructions for patients regarding their care plans, and disease-specific (e.g., CHF, COPD and diabetes) tools to help them maintain their health. In addition, the CTI health coaches ensure that upon discharge, vulnerable patients connect with a PCP, as well as the community resources and support they need to safely transition home and remain safe and healthy in the community. Partnerships with community organizations connect these patients to critical social services post-discharge, and have included Feeding San Diego (FSD), San Diego Food Bank (Food Bank), 2-1-1, FHCS, various churches and refugee and other social support organizations. This outreach is critical to sustain the health and well-being of patients who may face significant hardships and empower them to manage their care outside the hospital.

Food insecurity is a key factor in the health status of CTI patients. Since its inception, thousands of CTI patients have been identified as food insecure and provided a direct referral to 2-1-1. 2-1-1 then reaches out to CTI patients to connect them to resources, such as federal assistance food commodity programs (through the Food Bank), free food distribution sites throughout San Diego and assistance with CalFresh — federally known as SNAP — enrollment. In addition, the CTI program works closely with SGH's PAS team to evaluate patients for CalFresh benefits prior to hospital discharge, which dramatically increased the likelihood that patients completed their applications and received benefits.

Further, with funding from the Grossmont Hospital Foundation, the CTI program provides medically tailored emergency food bags for CTI patients who lack sufficient food at home. The food bags include nutritious items selected with guidance from an SGH dietitian to address the unique nutritional needs of CTI patients, ensuring their health until they are connected to food assistance. The food bags provide CTI patients with nonperishable, nutrient-dense foods during the first few days of discharge, when proper nutrition is critical. CTI health coaches provide food bags during their home visits and combine this delivery with a review of the patient's hospitalization and plan for self-management. Since inception, the CTI program has provided hundreds of food bags to CTI patients in SDC's east region.

A significant number of CTI patients live with diabetes and face challenges with adhering to their care plan due to the cost of diabetes medication and equipment. To address this barrier, SGH's Transition of Care pharmacist orders and fills diabetes medication prescriptions and ensures they are provided to CTI patients upon discharge. In addition, CTI health coaches provide food-insecure CTI patients with diabetic-friendly, heart-healthy groceries, as well as educational materials and logs to document their blood-sugar levels. Further, the health coaches reinforce the education given by SGH

Diabetes Educators, who provide these patients with “diabetes kits” — including a limited supply of testing strips, lancets, glucose monitors and other needed supplies. These kits help CTI patients manage their health and remain safe until their insurance is activated. In addition, the CTI health coaches provide patients with other supplies, including blood pressure cuffs, pill boxes, pill splitters and can openers — the latter being a key resource for patients experiencing homelessness.

Year after year, the CTI program has demonstrated powerful metrics of improved patient health and well-being, as well as reduced unnecessary health care utilization. To date, the CTI team has successfully enrolled nearly 4,200 individuals in the program. Among its most impressive metrics, the CTI program has dramatically reduced readmission rates for participants. Since the inception of the program, the overall readmission rate for CTI patients is 5.7%. In FY 2022, the average readmission rate for CTI patients was 7.7%. These figures are a substantial decrease from the average readmission rate of 25-30% for those patients who qualify for CTI but who do not enroll in the program. The focus on both coordinated care management and health equity barriers contributes to the success of the CTI program.

Beginning in FY 2019, SGH joined Sharp’s systemwide pilot partnership with 2-1-1’s CIE to better understand and address the health equity barriers that influence the health and well-being of their patients. SGH joined the CIE pilot partnership to provide more informed, holistic care to patients facing health equity challenges and to connect them directly to community resources to meet those needs.

Nearly 130 CIE community partners — including health care organizations, the County of San Diego Health and Human Services Agency, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual’s SDOH needs and history of community services utilization and to make direct referrals to critical, community-based resources. SGH case managers and social workers were trained on CIE to better serve patients in the acute care setting, including patients who experience homelessness, food insecurity and other hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 3 of the CIE pilot, utilization metrics were sustained after demonstrating growth between Years 1 and 2. Community members across SDC were assisted through the CIE, including East County residents in El Cajon, Lakeside and La Mesa. The top community referrals provided to patients through the CIE included utilities, food, housing and economic support.

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

FY 2023 Plan

SGH will do the following:

- Assist vulnerable patients in obtaining post-acute care
- Provide and expand DME donations to improve access to necessary medical equipment for vulnerable patients experiencing financial hardship
- Administer Project HELP funds to those in need
- Collaborate with community organizations to refer medical care, financial assistance, and psychiatric and social services for patients experiencing chronic homelessness
- Schedule post-acute care visits at FHCS and Neighborhood Healthcare
- Explore opportunities to improve pre-admission and post-discharge information exchange with community clinics such as La Maestra Community Health Centers, FHCS and Neighborhood Healthcare
- Expand the Bridge MAT program by establishing referral pathways to community MAT clinics such as Comprehensive Treatment Center and FHCS
- Provide community members and patients with Narcan
- Work with SGH Volunteer Services to provide weather-appropriate clothing and shoes upon discharge to patients in need
- Offer various vaccinations to community members at no cost
- Provide the CTI program to vulnerable, uninsured and underinsured patients
- Maintain and strengthen partnerships with 2-1-1 and FSD to support and strengthen the CTI program
- Explore external funding to support the partnership between the CTI program and 2-1-1 Health Navigation
- Explore additional funding to further expand and enhance the CTI program
- Expand and strengthen partnerships with internal teams — e.g., SGH specialty navigators and educators
- Participate in 2-1-1's CIE program to connect patients who experience homelessness and other health equity barriers to critical community services

SGH Program and Service Highlights

- 24-hour emergency room and critical care center, with heliport and paramedic base station — designated STEMI Center
- Acute care
- Breast Imaging Center, including mammography
- Burr Heart and Lung Clinic, including advanced pulmonary services, robotic bronchoscopy and lung cancer screening
- Cardiac Training Center
- Care Clinic for minor medical needs
- Classes, events and physician referral through 1-800-82-SHARP
- Comprehensive Stroke Center — nationally recognized by the AHA/ASA
- CTI program
- David and Donna Long Cancer Center, including clinical trials, genetic counseling, radiation therapy and medical oncology
- Electrocardiogram
- Electroencephalography
- FollowMyHealth®, a secure patient website that gives patients convenient, 24-hour access to their personal health information
- Gastroenterology and Advanced Endoscopy
- Grossmont Medical Plaza Outpatient Surgery Center
- Group and art therapies
- Heart and vascular care — recognized by the AHA
- Home health²²⁴
- Home infusion services
- Hospice,²²⁵ including BonitaView, LakeView and ParkView hospice homes
- ICU
- Interventional neuroradiology services
- Level III NICU
- Limb preservation program
- Mental health inpatient and outpatient services
- Movement disorders program
- Neurosurgical services
- Orthopedics, including total joint replacement surgery and minimally invasive procedures with Mako robotic-arm assisted surgery
- Outpatient infusion center
- Outpatient nutrition and diabetes services, recognized by the ADA
- Palliative care services
- Pathology services
- Pediatric services²²⁶
- Pharmacy services
- Postpartum Heart Health Clinic
- Pre-anesthesia evaluation services

²²⁴ Provided through Sharp Memorial Hospital Home Health Agency.

²²⁵ Provided through Sharp HospiceCare.

²²⁶ Inpatient services are provided through an affiliation with Rady Children's Hospital.

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

Sharp HospiceCare



Section

7 Sharp HospiceCare

Over the past year, Sharp HospiceCare team members made a significant effort to help individuals and communities think about health care decision making. We offered one-on-one counseling and assisted members of the community with completing an advanced directive. Community engagement helps people align the care they receive with their preferences, values and beliefs.

— Suzi Johnson, Vice President of Advanced Illness, Palliative and Hospice Care

Fiscal Year (FY) 2022 Community Benefit Program Highlights

Sharp HospiceCare provides programs and services to all of Sharp HealthCare's (Sharp) hospital entities. However, Sharp HospiceCare is licensed under Sharp Grossmont Hospital (SGH) and, as such, the financial value of its community benefit programs and services are included in **Section 6** of this report. The following description highlights various programs and services provided by Sharp HospiceCare to San Diego County (SDC) in FY 2022 in the following Senate Bill 697 community benefit categories:

- **Other Benefits for Vulnerable Populations** included education and support for seniors on advance care planning (ACP), advanced illness management (AIM) and other end-of-life topics, and the provision of coronavirus disease 2019 (COVID-19) vaccines to homebound community members.
- **Other Benefits for the Broader Community** included a variety of end-of-life and AIM support for families, caregivers and veterans throughout SDC, such as education, support groups and outreach at community health fairs and events. In addition, Sharp HospiceCare staff actively participated in community boards, committees and civic organizations, including the San Diego County Coalition for Improving End-of-Life Care (SDCCEOLC), Caregiver Coalition of San Diego (Caregiver Coalition), San Diego County Hospice Veteran Partnership (San Diego County HVP), California Hospice and Palliative Care Association (CHAPCA), East County Senior Service Providers (ECSSP), California Health Care Foundation's (CHCF) Physician Orders for Life-Sustaining Treatment (POLST) eRegistry Implementation Committee, and San Diego County Medical Society (SDCMS) Bioethics Commission. See **Appendix A** for a list of Sharp's involvement in community organizations in FY 2022. The category also includes costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included time devoted to education and training for community health care professionals and students.

Definition of Community

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

Sharp HospiceCare provides comprehensive end-of-life hospice care, specialized palliative care and compassionate support to patients and families throughout SDC. See **Appendix B** for a map of community and region boundaries in SDC.

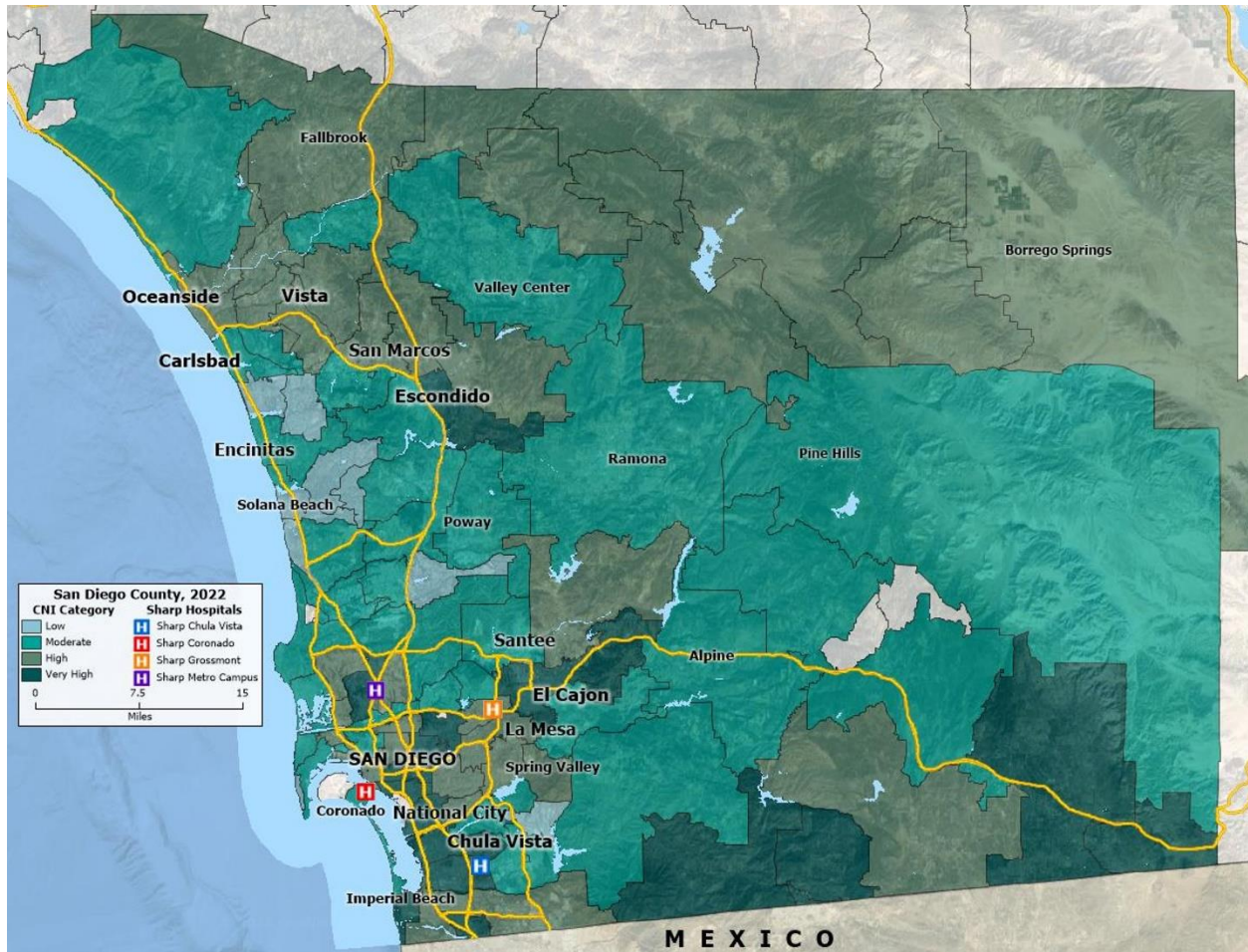
For Sharp's 2022 CHNA process, the Dignity Health/IBM Watson Health Community Need Index (CNI) was used to identify communities within its service area that experience greater health inequities.^{227,228} The CNI uses demographic and economic statistics to provide a "CNI score" for every populated ZIP code in the U.S. CNI scores measure inequity on a scale ranging from very low health inequity to very high health inequity. This measurement is an average determined through an analysis of specific socioeconomic 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 a number of communities in SDC's south, central and east regions.²²⁷ **Figure 19** presents a map of the CNI findings across SDC.

²²⁷ Dignity Health and IBM Watson Health Community Need Index (CNI) (2022). The Dignity Health and IBM Watson CNI was discontinued on January 31, 2023.

²²⁸ According to the World Health Organization (WHO), health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies (WHO, 2018).

Figure 19: CNI Map — SDC²²⁹



Description of Community Health

In 2022, there were 525,919 residents ages 65 and older in SDC, representing 15.8% of the population. Between 2022 and 2027, it is anticipated that SDC’s senior population will grow by 14.1%.²³⁰

In 2020, 10.9% of the SDC population reported living below 100% of the federal poverty level (FPL). The county’s unemployment rate was 5.9% and 5.1% of households received Supplemental Security Income.²³¹

²²⁹ Truven Health Analytics, 2022; Insurance Coverage Estimates, 2022; The Nielson Company, 2022; and CNI, 2022.

²³⁰ SpeedTrack®, Inc.; U.S. Census Bureau.

²³¹ The County of San Diego Health and Human Services Agency (HHS), Public Health Services (PHS), Community Health Statistics Unit, December 2022, U.S. Census Bureau, 2016-2020 American Community Survey 5-year estimates.

According to the San Diego Hunger Coalition, while nutrition insecurity²³² has declined since 2021, high rates remain due to long-standing economic disparities that were exacerbated by the COVID-19 pandemic. As of March 2022, 28% of San Diegans experienced nutrition insecurity and 35% of children lived in nutrition-insecure households.²³³

In 2020, 7.1% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 16.7% of the population lived at or below 138% FPL and were eligible for the program.²³¹ Please refer to **Table 33** for SNAP participation and eligibility in SDC.

Table 33: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2020²³¹

Food Stamps/SNAP Benefits	Percent of Population
Households	7.1%
Families with Children	12.1%
Eligibility by FPL	
Population ≤130% FPL	15.6%
Population ≤138% FPL	16.7%
Population 139% – 350% FPL	30.4%

In SDC in 2020, 96.1% of children age 18 and under, 87.8% of young adults ages 19 to 25, 88.2% of adults ages 26 to 44, 91.8% of adults ages 45 to 64, and 98.9% of seniors age 65 and older had health insurance.²³¹ Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.4% health insurance coverage for all individuals under age 65, with the exception of children ages 0 to 18 years.²³⁴ See **Table 34** for health insurance coverage in SDC in 2020.

²³² U.S. Department of Agriculture (2022), *Food and Nutrition Security*. Nutrition security means all Americans have consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.

²³³ San Diego Hunger Coalition (2022), *March 2022 Data Release: Nutrition Insecurity Remains Above Pre-pandemic Levels and Impacts Communities of Color Most*.

²³⁴ The U.S. Department of Health and Human Services' **Healthy People 2030 (HP2030)** initiative represents the nation's prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

Table 34: Health Insurance Coverage in SDC, 2020²³¹

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	96.1%	92.4%
Young adults 19 to 25 years	87.8%	92.4%
Adults 26 to 44 years	88.2%	92.4%
Adults 45 to 64 years	91.8%	92.4%
Seniors 65+ years	98.9%	N/A ²³⁵

According to the California Health Interview Survey (CHIS), in 2021, 19.4% of SDC’s population was covered by Medi-Cal.²³⁶ See **Table 35** for details.

Table 35: Medi-Cal (Medicaid) Coverage in SDC, 2021²³⁶

Description	Rate
Covered by Medi-Cal	19.4%
Not covered by Medi-Cal	80.6%

CHIS data also revealed that 12.4% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 36**).²³⁶

Table 36: Regular Source of Medical Care in SDC, 2021²³⁶

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	87.6%	84.0%
Has no usual source of care	12.4%	16.0%

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2020.^{237,238} See **Table 37** 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) 2022 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>, which includes data for the primary communities served by Sharp HospiceCare.

²³⁵ HP2030 does not include targets for individuals ages 65 and older.

²³⁶ University of California Los Angeles Center for Health Policy Research (2022), *2021 California Health Interview Survey*.

²³⁷ County of San Diego HHS, PHS, CHSU (2022), *Leading Causes of Death Tables by HHS Region, 2011-2020*.

²³⁸ The County of San Diego HHS’s CHSU collects annual data on leading causes of death using methodology established by the National Center for Health Statistics. Data is based on “underlying cause of death” information from all death certificates filed in SDC in 2020. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10’s (International Classification of Diseases – 10th Revision) “List of 113 Selected Causes of Death and Enterocolitis due to *Clostridium difficile*.” Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligences System. Prepared by County of San Diego HHS, PHS, CHSU, 2022.

Table 37: Leading Causes of Death in SDC, 2020²³⁷

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	4,939	22.5%
Diseases of the Heart	4,853	22.1%
COVID-19	1,728	7.9%
Cerebrovascular Diseases	1,722	7.8%
Alzheimer's Disease	1,521	6.9%
Accidents/Unintentional Injuries	1,513	6.9%
Chronic Lower Respiratory Diseases	930	4.2%
Diabetes Mellitus	852	3.9%
Essential Hypertension and Hypertensive Renal Disease	453	2.1%
Parkinson's Disease	429	2.0%
All Other Causes	3,000	13.7%
Total Deaths	21,940	100.0%

Community Benefit Planning Process

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

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

Priority Community Needs Addressed by Sharp HospiceCare

Sharp HospiceCare provides hospice and palliative care services across the Sharp care continuum. Each Sharp acute care hospital, including Sharp Chula Vista Medical Center (SCVMC), Sharp Coronado Hospital and Healthcare Center, SGH and SMH, completed its most recent CHNA in September 2022. Sharp's 2022 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2022 CHNA process and findings. Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp's process and findings.

In addition, this year, each hospital completed its most current implementation strategy — a description of programs designed to address the priority health needs identified in the 2022 CHNAs. The most recent CHNA and implementation strategies are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Through the Sharp 2022 CHNA process, the following priority health needs were identified for the communities served by Sharp HospiceCare (listed in alphabetical order):

- Access to Health Care
- Aging Care & Support
- Behavioral Health
- Children & Youth Well-being
- Chronic Health Conditions
- Community Safety
- Economic Stability

The following pages detail Sharp HospiceCare programs, activities and services that specifically address these needs, either directly or indirectly. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

Sharp HospiceCare's community programs and services feature a special focus on aging concerns, including provision of:

- End-of-life and AIM education for community members
- ACP education and outreach for community members, students and health care professionals
- Hospice and palliative care education and training programs for students and health care professionals
- Bereavement counseling and support

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2022 Report of Activities conducted in support of the objective(s) and FY 2023 Plan.

Identified Community Need: End-of-Life and AIM Education for Community Members

Rationale references the findings of Sharp's 2022 CHNAs, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and Sharp 2022 CHNAs identified issues that affect care and support during the aging process as a priority health and social need affecting the community members served by Sharp.
- The HASD&IC and Sharp 2022 CHNAs identified the following themes related to aging care and support in SDC: economic stability and risk of homelessness; social isolation; access to health care; access to community resources and support; behavioral health; stigma; and other health and safety concerns.
- HASD&IC interviewees shared that it is difficult to find palliative care programs offering culturally diverse services, which can be particularly challenging for community members who are LGBTQ+, veterans and people of color. Participants in the Institute for Public Health's (IPH) Sharp Provider Survey conducted as part of Sharp's 2022 CHNAs identified caregivers of adults or older adults as the leading population of patients impacted by COVID-19 in relation to increased isolation in seniors/older adults, increased anxiety and depression, and decreased access to behavioral health care.
- In 2019, the top 10 leading causes of death among adults ages 65 and older in SDC were (in rank order): diseases of the heart, cancer, Alzheimer's disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases, diabetes, accidents/unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson's disease, and influenza or pneumonia.
- In 2019, hospitalization rates among seniors in SDC were higher than the general population due to coronary heart disease, stroke, chronic obstructive pulmonary disease, nonfatal unintentional injuries (including falls), diabetes and cancer.
- In a 2019 survey on long-term and end-of-life care in California, 65% of respondents reported that their loved ones would have preferred to die at home, while only 39% were able to do so.²³⁹
- Approximately 1.72 million Medicare beneficiaries who died were enrolled in hospice care for one day or more in 2020, a 6.8% increase from 2019.²⁴⁰
- The *Caregiving in the U.S. 2020* report estimates that 16.8% (41.8 million) of Americans care for an adult age 50 and older, an increase from 14.3% in 2015. Caregiving prevalence has increased among all racial/ethnic groups, educational levels, work statuses, genders, and nearly all generations.²⁴¹
- While many caregivers rely on health care professionals (such as doctors, nurses or social workers) as a source of information about providing care (55%), very few

²³⁹ California Health Care Foundation (CHCF) (2020), *Long-Term and End-of-Life Care in California: Is California Meeting the Need?*

²⁴⁰ National Hospice and Palliative Care Organization (NHPCO) (2022), *NHPCO Facts and Figures Report, 2022 Edition*.

²⁴¹ National Alliance for Caregiving (NAC) (2020), *Caregiving in the U.S. 2020*.

report having conversations about what they need to care for their recipient (29%) or to support their own well-being (13%).²⁴¹

- In 2020, caregivers reported that their care recipient had an average of 1.7 comorbid conditions, an increase from 1.5 conditions in 2015. This increase suggests that not only are more American adults taking on the role of unpaid caregiver, but they are doing so for adult recipients with increasingly complex medical or support needs.²⁴¹
- According to a report titled *Burning the Candle at Both Ends: Sandwich Generation Caregiving in the U.S.*, sandwich caregivers — those who provide unpaid care to an adult while also caring for children in their home — account for 28% of all caregivers. Sandwich caregivers often juggle work and caregiving responsibilities, and report high levels of emotional stress and physical or financial strain.²⁴²
- According to AARP's report, *Home Alone Revisited*, nearly one-third of caregivers (30.9%) take their family member home from the hospital without home health support. Almost half of family caregivers provide intense and complex care, including performing medical/nursing tasks and managing multiple health conditions often accompanied by pain. In addition, nearly half of caregivers who perform medical/nursing tasks reported feeling down, depressed or hopeless, compared to a third of caregivers who do not perform those tasks.²⁴³
- In 2021, 11.3 million caregivers of people with Alzheimer's disease or other dementias in the U.S. provided 16 billion hours of unpaid assistance — a contribution valued at \$271.6 billion, of which California caregivers account for approximately 10%. Further, as symptoms worsen, the care required by family members can result in increased caregiver stress and depression, new or exacerbated health problems and depleted income and finances.²⁴⁴
- According to the National Institute on Aging, the four areas of end-of-life care include: providing physical comfort; managing mental and emotional needs; supporting spiritual needs; and providing support for practical tasks.²⁴⁵
- According to a study on palliative care savings, adult home-based palliative care programs reduced medical expenses by 16.7% during a calendar year compared with those who received usual care. Despite savings among members with commercial insurance and Medicare, those with Medicaid did not show savings.²⁴⁶
- In 2020, 83.4% of U.S. hospitals with 50 or more beds had a palliative care program compared to 24.5% in 2000. Despite this growth, barriers in access to palliative care remain, including variability of palliative care programs by geography, hospital size and tax status, and limited staff and resources. The next phase of growth will require more palliative care in the community — in nursing homes, office practices and patients' homes.²⁴⁷

²⁴² NAC (2019), *Burning the Candle at Both Ends: Sandwich Generation Caregiving in the U.S.*

²⁴³ AARP (2019), *Home Alone Revisited: Family Caregivers Providing Complex Care.*

²⁴⁴ Alzheimer's Association (2022), *2022 Alzheimer's Disease Facts and Figures.*

²⁴⁵ National Institute on Aging (2021), *Providing Care and Comfort at the End of Life.*

²⁴⁶ Gordon, M.J., Le, T., Lee, E.W., & Gao, A. (2022). Home Palliative Care Savings. *Journal of Palliative Medicine*, 25(4), 591-595. <http://doi.org/10.1089/jpm.2021.0142>

²⁴⁷ Center to Advance Palliative Care (2022), *Growth of Palliative Care in U.S. Hospitals: 2022 Snapshot.*

Objectives

- Provide education and outreach to the San Diego community regarding AIM and end-of-life care
- Collaborate with community organizations to provide AIM and end-of-life education and outreach to community members, caregivers and loved ones
- Support the unique AIM and end-of-life care needs of military veterans and their families
- Provide a wig donation program for community members experiencing hair loss due to treatment for cancer or other illnesses

FY 2022 Report of Activities

Sharp HospiceCare supports the San Diego community in the areas of end-of-life care and AIM through the provision of education and resources on topics including but not limited to hospice, palliative care and caregiving. In FY 2022, activities were conducted both in-person and virtually based on the most current COVID-19 safety guidelines and served nearly 1,000 members of the community.

Team members shared information about hospice and palliative care with more than 200 individuals at community-sponsored health fairs and events. This included the Spring Into Healthy Living senior health fair at the McGrath Family YMCA in Rancho San Diego in March as well as the St. Paul's PACE (Program of All-Inclusive Care for the Elderly) El Cajon Fan Drive & Networking Event in June — an annual event that collects donated fans to help seniors beat the summer heat. In addition, in October, Sharp HospiceCare partnered with the County of San Diego's Aging & Independence Services, the City of Chula Vista and other community organizations to host Life is A Song. Held at Norman Park Senior Center in Chula Vista, the interactive event for seniors featured music therapy services from MusicWorx Inc. as well as community resource tables.

Sharp HospiceCare also participated in Sharp-sponsored community events in FY 2022. During the annual Sharp Women's Health Conference in May, team members provided approximately 300 attendees with five-minute mind-clearing exercises, healing touch sessions, and information about hospice, palliative care and ACP. In September, Sharp HospiceCare shared information and resources about hospice and palliative care at the Sharp HealthCare Aging Conference: Experience the Spectrum of Care at the La Mesa Community Center. Held in collaboration with the SGH Senior Resource Center, the free event provided approximately 100 community seniors and caregivers with education and resources to support healthy aging, including exhibitor tables, a panel discussion and an exercise session.

In addition, Sharp HospiceCare engaged 65 community members in presentations on understanding hospice and palliative care. Presentations were provided to residents of Covenant Living at Mount Miguel in October as well as to members of San Diego Oasis — a continuing education program for older adults — in La Mesa in April. Further,

throughout the year Sharp HospiceCare staff provided phone-based education to approximately 300 community members seeking general information about hospice and palliative care.

Sharp HospiceCare supports the needs of military veterans and their families through collaboration with local and national organizations that advocate for quality end-of-life care for veterans; the provision of veteran-oriented community education and events; and participation in activities that honor veterans for their service.

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

Sharp HospiceCare is also a partner of We Honor Veterans (WHV) — a national program developed by the National Hospice and Palliative Care Organization (NHPCO) 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, hospice organizations can achieve up to five levels of commitment. Sharp HospiceCare has pursued and achieved WHV Partner Levels I–IV. Through Level I, Sharp HospiceCare is equipped to provide veteran-centric education to staff, volunteers and community professionals, including training them to identify patients with military experience. Level II indicates that Sharp HospiceCare has built the organizational capacity needed to provide quality care for veterans and their families. At Level III, Sharp HospiceCare has developed and strengthened relationships with VA medical centers and other veteran organizations, and at Level IV, the organization has achieved improved access to and quality of care for community veterans.

Sharp HospiceCare participated in several veteran-oriented community events and recognition activities in FY 2022. In March, team members provided planning support as well as event set-up and clean-up efforts for the Vietnam War Veterans Day Welcome Home Ceremony at the Veterans Association of North County in Oceanside. Sharp HospiceCare also honored veterans through special pinning ceremonies, during which veterans received a WHV pin and a certificate of appreciation for their service. In recognition of Veterans Day in November, volunteers provided pinning ceremonies for more than 60 Sharp HospiceCare patients. Sharp HospiceCare also participated in pinning ceremonies for approximately 130 veterans at locations throughout SDC in FY 2022, including St. Paul's Plaza retirement community in Chula Vista; the annual Veterans Day Dance in collaboration with County of San Diego Parks and Recreation; and Westmont of La Mesa senior living's Memorial Day celebration, for which Sharp HospiceCare also helped secure an event speaker and singer. In further support of Westmont of La Mesa senior living, in FY 2022 Sharp HospiceCare continued to sponsor the facility's Veterans Honor Wall by arranging photography services and framing veterans' photos. In March, Sharp HospiceCare team members added 12 veterans' photos to the honorary wall.

In FY 2022, Sharp HospiceCare continued to support Honor Flight San Diego — a nonprofit team of volunteers dedicated to escorting local veterans to Washington D.C. to visit and reflect at memorials dedicated to their service and sacrifice. In August, this included Honor Flight San Diego's annual Spirit of '45 celebration, which gathered approximately 200 World War II and Korean War veterans at San Diego's Marina Village Conference Center to commemorate the official end to World War II. In September, this included participation in fundraising activities for Honor Flight San Diego during Force-Con 2022, a three-day military convention and art festival hosted by the San Diego Air and Space Museum.

Sharp HospiceCare continued to provide a wig donation program in FY 2022. Through the program, Sharp HospiceCare receives new, unused wigs from manufacturers, which are cleaned, styled and donated to individuals experiencing hair loss as a result of treatment for cancer or other illnesses. During private appointments, team members help community members select their wig and provide personalized fitting, styling and maintenance instructions. Sharp HospiceCare donated 15 wigs to community members in FY 2022.

Beginning in 2021, Sharp HospiceCare coordinated with 2-1-1 San Diego to identify, register and provide COVID-19 vaccinations to homebound individuals in the community. Sharp HospiceCare served more than 2,000 of SDC's most vulnerable residents through this effort, which ended in early 2022.

FY 2023 Plan

Sharp HospiceCare will do the following:²⁴⁸

- Collaborate with community organizations to provide end-of-life and AIM education and resources to community members
- Support the needs of military veterans and their families through the provision of education and resources and collaboration with local and national organizations advocating for quality end-of-life care for veterans
- Maintain WHV Partner Level IV to improve access to and quality of care for community veterans
- Provide a wig donation program for community members experiencing hair loss following treatment for cancer or other illnesses

²⁴⁸ Where applicable, Sharp HospiceCare will perform these activities as COVID-19 public health and safety guidelines allow.

Identified Community Need: ACP Education and Outreach to Community Members

Rationale references the findings of Sharp's 2022 CHNAs, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and Sharp 2022 CHNAs identified issues that affect care and support during the aging process as a priority health and social need affecting the community members served by Sharp.
- According to the Institute for Healthcare Improvement, respectful end-of-life care is concordant with patients' stated goals, values and preferences. Goal-concordant care is pursued through ACP, which strives to ensure that patients and surrogate medical decision makers understand the diagnosis, prognosis and treatment options, and that health care professionals understand what matters most to their patients. ACP also involves shared decision-making to ensure that health care professionals make care recommendations that are sensitive to what matters most to patients, and that patients and surrogates always have the opportunity to make informed care decisions.²⁴⁹
- When properly conducted, the benefits of ACP include better quality of life, care that is more consistent with patient preferences, and improved bereavement outcomes for the family. Research indicates that people do not experience increased depression, anxiety or hopelessness as a result of such conversations. Even if attempts to engage patients in the ACP process do not always lead to specific decisions, they may be an important way of building trust and relationships among patients, families and health care professionals, and may also be helpful for making future decisions.²⁵⁰
- Research suggests that rates of ACP are particularly low (20%) among racial/ethnic minority populations and those with limited health literacy. Disparities persist among LGBTQ+ communities, individuals experiencing homelessness and incarcerated populations. ACP can be complicated by lack of trust and negatively impacted by experiential racism in health care.²⁵¹
- Research suggests that the barriers family caregivers faced during the COVID-19 pandemic limited their engagement with ACP. Challenges included: interruption of pre-established care plans that created limitations for future care planning; caregivers being forced to focus on the present during the pandemic; and lack of knowledge of the importance of ACP and being engaged in the decision-making process. Themes identified as enablers of ACP included providing specific education and tools to guide caregivers through the ACP process, with an emphasis on the

²⁴⁹ Institute for Healthcare Improvement (IHI) (2019), *How Do you Measure Respect?*

²⁵⁰ IHI (2019), *"Conversation Ready": A Framework for Improving End-of-Life Care (Second Edition)*.

²⁵¹ McMahan, R.D., Tellez, I., & Sudore, R.L. (2021). Deconstructing the Complexities of Advance Care Planning Outcomes: What Do We Know and Where Do We Go? A Scoping Review. *Journal of the American Geriatrics Society*. 69(1), 234–244. <https://doi.org/10.1111/jgs.16801>

need for ongoing conversations to help achieve end-of-life experiences that match one's values, preferences, and goals for care.²⁵²

- In a study of seriously ill older adults, researchers found that nearly half of patients received at least one medical treatment or code status order that was discordant with their surrogate decision maker's identified goals of care. This discordance resulted in patients receiving potentially unwanted aggressive medical treatments, including CPR (cardiopulmonary resuscitation), surgery and intubation. Quality of communication between surrogates and health providers resulted in higher concordance with identified care preferences.²⁵³
- Additional research on end-of-life intensive care unit (ICU) utilization found that more than one-third of patients with treatment-limiting POLSTs received potentially unwanted intensive care near the end of life. Research on ICU patients and survivors suggests that patients receiving aggressive life-sustaining treatments experience a high burden of unrelieved physical symptoms and emotional distress.²⁵⁴
- In a survey of physicians caring for older adults, 99% agreed that ACP discussions are important, but obstacles often get in the way. This includes concerns the conversation might be uncomfortable, not wanting the patient to lose hope, and uncertainty about what is culturally appropriate. Strategies to foster a meaningful, patient-first dialogue in which the person feels safe and supported include: giving the moment the space it deserves; considering the cultural context; and reflecting and recapping based on the patient's body language and tone of voice.²⁵⁵
- Analysis of a web-based ACP platform shows a five-fold increase in the completion of online advance health care directives (advance directives) since the onset of the COVID-19 pandemic. Advance directives in the COVID-19 period were also completed in more depth compared to the pre-COVID-19 period, with users completing a greater number of optional goal-setting modules on the website. Strict hospital visitation restrictions may have increased the perceived importance of advance directives to communicate care preferences.²⁵⁶
- Among ICU personnel, moral distress can result from the use of ongoing life-support for a patient who the team believed did not prefer this course of care, but whose family requested it. Strategies recommended to reduce stress and allow meaningful action include improving the consistency of care plans and educating family members and ICU personnel about ACP and end-of-life care.²⁵⁷

²⁵² Dassel, K.B., Towsley, G.L., Uitz, R.L., Terrill, A., Scammon, D., Bristol, A.A., Thompson, A., & Mickens, M. (2021). A Limited Opportunity: COVID-19 and Promotion of Advance Care Planning. *Palliative Medicine Reports*, 2(1), 194-198. <http://doi.org/10.1089/pmr.2021.0013>

²⁵³ Comer, A.R., Hickman, S.E., Slaven, J.E., Monahan, P.O., Sachs, G.A., Wocial, L.D., Burke, E.S., & Torke, A.M. (2020). Assessment of Discordance Between Surrogate Care Goals and Medical Treatment Provided to Older Adults With Serious Illness. *JAMA (Journal of the American Medical Association) network open*, 3(5), e205179. <https://doi.org/10.1001/jamanetworkopen.2020.5179>

²⁵⁴ Lee, R.Y., Brumback, L.C., Sathitratanaheewin, S., Lober, W.B., Modes, M.E., Lynch, Y.T., Ambrose, C.I., Sibley, J., Vranas, K.C., Sullivan, D.R., Engelberg, R.A., Curtis, J.R., & Kross, E.K. (2020). Association of Physician Orders for Life-Sustaining Treatment With ICU Admission Among Patients Hospitalized Near the End of Life. *JAMA*, 323(10), 950–960. <https://doi.org/10.1001/jama.2019.22523>

²⁵⁵ Physician's Weekly (2022) *The Physician's Role in Advance Care Planning*.

²⁵⁶ Auriemma, C.L., Halpern, S.D., Asch, J.M., Van Der Tuyn, M., & Asch, D.A. (2020). Completion of Advance Directives and Documented Care Preferences During the Coronavirus Disease 2019 (COVID-19) Pandemic. *JAMA Netw Open*, 3(7):e2015762. Digital object identifier (DOI):10.1001/jamanetworkopen.2020.15762

²⁵⁷ Dodek, P.M., Jameson, K., & Chevalier, J.M. (2022). New approach to assessing and addressing moral distress in intensive care unit personnel: a case study. *Can J Anesth/J Can Anesth*, 69, 1240–1247. <https://doi.org/10.1007/s12630-022-02307-z>

- A recent study found that more than half of participants believe ACP to be more important now compared to before the COVID-19 pandemic. Although 42.4% stated that their thinking about ACP had not changed, none of the participants thought that it was less important.²⁵⁸

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 2022 Report of Activities

Sharp offers a free and confidential ACP program to support community members as they consider their future health care options. Through the program, the Sharp ACP department — consisting of Sharp HospiceCare team members with specialized training in ACP — empowers adults of any age and health status to explore and document their beliefs, values and goals as they relate to health care. The program consists of three stages. Stage one, community engagement, focuses on bringing awareness to healthy community members about the importance of ACP. This stage includes basic education and resources, identification of an appropriate health care agent and completion of an advance directive. Stage two, disease-specific outreach, focuses on education for community members with a progressive chronic illness, including decline in functional status, co-morbidities, potential for hospitalization and caregiver issues. With a goal of anticipating future needs as health declines, this stage focuses on developing a written plan that identifies goals of care and involves the health care agent and loved ones. The third stage, late-life illness outreach, targets those with a disease prognosis of one year or less. Under these circumstances, individuals must make specific or urgent decisions, and these decisions require conversion to medical orders that will guide the health care provider's actions and remain consistent with goals of care. The focus of this stage is to assist the individual or appointed health care agent with navigating complex medical decisions related to immediate life-sustaining or prolonging measures. Such measures include completion of the POLST form, a medical order designed for individuals with advanced progressive or terminal illness that identifies the appropriate informed substitute decision maker as well as describes preferences for care and treatment when important health care decisions must be made.

Since 2014, Sharp has offered the Advance Health Care Directive: A Guide for Outlining Your Health Care Choices. This form is publicly available on sharp.com in both English and Spanish and uses easy-to-read language to describe what an advance directive is, as well as how and why to complete one. The form allows individuals to put their health care wishes into writing and appropriately sign the advance directive. With this witnessed signature, the advance directive becomes a legal document that identifies the

²⁵⁸ Nguyen, A.L., Davtyan, M., Taylor, J., Christensen, C., & Brown, B. (2021) Perceptions of the Importance of Advance Care Planning During the COVID-19 Pandemic Among Older Adults Living With HIV. *Front. Public Health* 9:636786. DOI: 10.3389/fpubh.2021.636786

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 HospiceCare ACP team member. Further, through sharp.com, Sharp provides access to PREPARE for Your Care — a free online ACP platform from the Regents of the University of California (UC). PREPARE for Your Care provides community members with ACP resources in an easy-to-understand manner in both English and Spanish, including educational videos and a guided, step-by-step advance directive template.

In FY 2022, Sharp's ACP department provided free consultations to nearly 150 community members seeking guidance with identifying their personal goals of care and health care preferences, appointing an appropriate health care agent and completing an advance directive. Consultations took place in-person and by phone, as well as virtually to support social distancing during the COVID-19 pandemic. Further, in FY 2022, team members provided ACP and spiritual care support for seven palliative care patients in the community. Appointments were provided at patients' homes at no cost in collaboration with an SGH-affiliated family medicine and palliative care doctor.

Opportunities for community engagement and education continued to be impacted by the COVID-19 pandemic in FY 2022. Despite these challenges, Sharp's ACP department provided both in-person and virtual ACP presentations throughout the year, helping approximately 70 community members identify their personal health care choices, select a trusted and qualified substitute health care decision maker, communicate their wishes to loved ones, and document their goals of care. In-person presentations were provided to members of the San Diego Death Talk Meetup group in November; the SGH Patient and Family Advisory Council in December; the women's auxiliary at Alpine Community Church and residents of Casa de Mañana Retirement Center in May; and residents of Covenant Living at Mount Miguel in July. In addition, an ACP webinar was provided to the community in partnership with the Cancer Centers of Sharp in October, and as part of the Dr. William C. Herrick Community Health Care Library's Wellness Wednesday program in March.

Sharp's ACP department also provided educational materials and resources to approximately 120 community members at health fairs and events in collaboration with the Grossmont Healthcare District (GHD). In April, team members participated in Planting Now for the Journey Ahead at the GHD in honor of National Healthcare Decisions Day — a nationwide initiative to educate adults of all ages about the importance of ACP. The free event taught participants how to carefully select a substitute medical decision maker; understand and complete their advance directive; and ensure their wishes for care and treatment are understood. That same month, Sharp's ACP department hosted a resource table at the GHD's Health Fair Saturday event at Grossmont Center. In September, the team joined the SGH Senior Resource Center, SGH Rehabilitation Services and SMH Trauma Services for the Fall Prevention & Balance Screening event at the GHD. Further, ACP information and resources were shared with approximately 375 attendees of Sharp-sponsored community events,

including the annual Sharp Women’s Health Conference in May and the annual Sharp HealthCare Aging Conference in September.

In FY 2022, Sharp’s ACP department continued to participate in the state-wide initiative to create an electronic POLST registry (POLST eRegistry). When a paper POLST form is not readily available during an emergency, a patient’s care may be hindered or conflict with their wishes. Funded by the CHCF and supported by the Coalition for Compassionate Care of California and California Emergency Medical Services Authority, the POLST eRegistry improves provider access to critical information through a cloud-based registry for completed POLST forms to be securely submitted and retrieved. In March 2017, Sharp became the first health care system in SDC to begin electronic uploads of patient POLST forms to the POLST eRegistry.

FY 2023 Plan

Sharp HospiceCare will do the following:²⁴⁸

- Provide free ACP consultations to community members
- Collaborate with community organizations to provide educational classes and events that raise community awareness of ACP
- Participate in community events to promote the importance of ACP in honor of National Healthcare Decisions Day
- Provide information to community members regarding the End of Life Option Act (EOLOA) as requested
- Participate in the state-wide POLST eRegistry initiative
- Update Sharp’s advance directive document to improve readability, enhance documentation of health care preferences, and increase online form use

Identified Community Need: Health Professions and Student Education and Training

Rationale references the findings of Sharp’s 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC 2022 CHNA identified workforce shortages as a foundational challenge that greatly exacerbates the priority health and social needs (access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety and economic stability) affecting community members served by Sharp.
- Workforce shortages were described by HASD&IC 2022 CHNA community engagement participants as the number one priority for local health care providers. The pandemic has severely strained the existing health care workforce, and staffing shortages have exacerbated challenges in meeting the demand for community services. All health care settings, including behavioral health, were described as

understaffed, and workforce shortages can adversely impact the patient experience. Further, the workforce shortage is creating a wider equity gap, with fewer culturally competent and linguistically appropriate providers available to care for SDC's diverse communities.

- Total employment in California is projected to grow 16% between 2020 and 2030, reflecting an increase of 2.8 million jobs statewide over the decade. The educational services (private), health care and social assistance sector is expected to be one of the fastest-growing industries in California, with 19.0% growth anticipated.²⁵⁹
- According to the U.S. Bureau of Labor Statistics' *Employment Projections – 2021-2031* report, employment in health care and social assistance is projected to add about 2.6 million jobs from 2021 to 2031 — the highest growth among all industry sectors. Factors that are expected to contribute to this growth include rising demand for the care of an aging baby-boom population, longer life expectancies and higher prevalence of chronic conditions.²⁶⁰
- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce.²⁶¹
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages.²⁶¹
- The direct care workforce, which includes personal care aides, home health aides and nursing assistants, is expanding rapidly as the U.S. population grows older, people live longer with disabilities and chronic conditions, and the supply of potential family caregivers dwindles. The long-term care sector has expanded from 3 million workers in 2009 to almost 4.6 million in 2019 and is expected to add a further 1.3 million direct care jobs by 2028.²⁶²
- The demand for geriatricians is projected to increase 45% by 2025 with a projected national shortage of almost 27,000 geriatricians.²⁶³
- In addition, almost half of U.S. physicians experience burnout, which has been connected to lower patient satisfaction, overuse of resources, higher costs of care, increased chance of prescribing the wrong medications, lower levels of empathy, and reduced patient outcome and safety.²⁶³
- The American Academy of Hospice and Palliative Medicine notes that lack of provider training and knowledge of palliative care results in many patients with serious illness receiving painful or ineffective treatments that do not prolong or enhance their lives. Expanding hospice and palliative care training opportunities can help ensure that clinicians across disciplines and specialties who care for people with serious illness are competent in “basic palliative care,” including communication skills, interprofessional collaboration and symptom management.²⁶⁴

²⁵⁹ California Employment Development Department (2022), *Employment Projections*.

²⁶⁰ U.S. Bureau of Labor Statistics (2022), *Employment Projections – 2021-2031*.

²⁶¹ CHCF (2021), *Health Workforce Strategies for California: A review of the Evidence*.

²⁶² PHI (2021), *Caring for the future: The Power and Potential of America's Direct Care Workforce*.

²⁶³ Flaherty, E. and Bartels, S.J. (2019), Addressing the Community-Based Geriatric Healthcare Workforce Shortage by Leveraging the Potential of Interprofessional Teams. *J Am Geriatr Soc*, 67(S2), S400-S408. <https://doi.org/10.1111/jgs.15924>

²⁶⁴ American Academy of Hospice and Palliative Medicine (2018), *Expanding the Hospice and Palliative Care Workforce*.

- An analysis published in the journal *Health Affairs* estimates that there is currently one palliative care physician for every 808 eligible patients. To meet current demand for patient evaluation, each physician would need to perform 10 patient visits per day over 48 weeks per year. Assuming no policy changes, by 2038, it is estimated that each physician would need to perform 23 patient visits per day to meet demand, highlighting the need to increase the use of interdisciplinary palliative care team members in the assessment and management of patient and caregiver distress.²⁶⁵
- Additional research published in *Health Affairs* suggests six vital strategies that can help improve the care and quality of life for all older Americans, including creating an adequately prepared workforce, strengthening the role of public health, remediation of disparities and inequities, developing new approaches to care delivery, allocating resources to palliative and end-of-life care, and redesigning long-term services and supports.²⁶⁶
- A study on the end-of-life priorities of terminally ill older adults and their caregivers identified seven major themes: quality of life as a priority; maintaining a sense of control; how to manage putting life on hold during a loved one's life-limiting illness; challenges in navigating the health system; preference for remaining at home as long as possible; a need for open and honest discussions about death; and the importance of a consultative, patient-centered care approach by health professionals.²⁶⁷

Objectives

- Provide education and training opportunities around end-of-life care and ACP for students and interns
- Provide education and training to health care organizations to guide the development and implementation of AIM and other services for the aging community
- Maintain active relationships and leadership roles with local, state and national organizations

FY 2022 Report of Activities

In FY 2022, Sharp HospiceCare collaborated with local and state universities to provide student learning opportunities in the hospice setting. During the year, three students — including a nursing, an advanced practice provider, and an ancillary student — received approximately 825 hours of mentorship from Sharp HospiceCare staff. Academic institution partners included Azusa Pacific University (APU), UC San Diego and West Coast University Los Angeles.

Sharp HospiceCare supports San Diego's current and future health care workforce through lectures to enhance understanding of hospice and palliative care. Throughout

²⁶⁵ Kamal, A. H., Wolf, S. P., Troy, J., Leff, V., Dahlin, C., Rotella, J. D., Handzo, G., Rodgers, P. E., & Myers, E. R. (2019). Policy changes key to promoting sustainability and growth of the specialty palliative care workforce. *Health Affairs*, *38*(6), 910–918. <https://doi.org/10.1377/hlthaff.2019.00018>

²⁶⁶ Fulmer, T., Reuben, D. B., Auerbach, J., Fick, D. M., Galambos, C., & Johnson, K. S. (2021). Actualizing better health and health care for older adults. *Health Affairs*, *40*(2), 219–225. <https://doi.org/10.1377/hlthaff.2020.01470>

²⁶⁷ Lewis, E.T., Harrison, R., Hanly, L., et al. (2019). End-of-life priorities of older adults with terminal illness and caregivers: A qualitative consultation. *Health Expect.* *22*(3), 405–414. <https://doi.org/10.1111/hex.12860>

the year, Sharp HospiceCare ACP team members provided virtual education on ACP, goals of care, and the role of bioethics in end-of-life care to approximately 80 entry- and graduate-level nursing students from APU. In addition, in April, the team provided a virtual presentation on ACP and POLST to 15 Master of Social Work employees at Kaiser Permanente Hospice in Sacramento.

In FY 2022, Sharp HospiceCare partnered with San Diego Coalition for Compassionate Care to provide monthly education and training on POLST to approximately 75 community health professionals and students. This included clinicians from local skilled nursing facilities, including Sharp facilities, as well as students from California State University San Marcos and San Diego State University (SDSU). These web-based seminars helped develop and enhance participants' skills for facilitating meaningful conversations with patients and families about their care goals.

Between June and August, Sharp HospiceCare collaborated with a professor from SDSU and other ACP facilitators in SDC to discuss and plan ways to effectively bring ACP education, resources and support to San Diego's Latinx community.

As a member of the San Diego County HVP and WHV, Sharp HospiceCare supported the planning and delivery of a webinar series for community health professionals who work with veteran patients. Titled Trauma-Informed Care and Service-Connected Diseases, Illnesses and Conditions, the free series provided education regarding post-traumatic stress, moral injury, suicidal ideation, and how diseases, illnesses and conditions related to one's military service impact aging veterans and those receiving hospice care. Approximately 180 professionals from both local and out-of-state hospice and health care organizations participated in the training. Sharp HospiceCare provided support for the series in various ways, including technical support, event promotion, content development, securing presenters and more.

Sharp HospiceCare participated on several local, state and national community boards and committees dedicated to hospice, palliative and end-of-life care, ACP, and the needs of seniors. This included, but was not limited to, the Caregiver Coalition, ECSSP, San Diego County HVP, SDCMS Bioethics Commission and SDCCEOLC. In addition, Sharp HospiceCare leadership continued to serve on the board of directors for CHAPCA — a California-based not-for-profit organization providing education and advocacy to improve access to quality end-of-life care.

FY 2023 Plan

Sharp HospiceCare will do the following:²⁴⁸

- Provide lectures on hospice and palliative care to nursing, ancillary and medical students
- Provide students with an end-of-life learning environment

- Provide education, training and outreach to local, state and national organizations to support the development and implementation of specialized services to meet the needs of the aging population
- Provide education and outreach on ACP, POLST and EOLOA to local, state and national health care professionals
- Maintain active relationships and leadership roles with local and national organizations

Identified Community Need: Bereavement Counseling and Support

Rationale references the findings of Sharp's 2022 CHNAs, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- A study on the end-of-life priorities of terminally ill older adults and their caregivers identified seven major themes: quality of life as a priority; maintaining a sense of control; how to manage putting life on hold during a loved one's life-limiting illness; challenges in navigating the health system; preference for remaining at home as long as possible; a need for open and honest discussions about death; and the importance of a consultative, patient-centered care approach by health professionals.²⁶⁸
- Counseling or grief support for the patient and loved ones is an essential part of hospice care. After the patient's death, bereavement support is offered to families for at least one year. These services can take a variety of forms, including visits, written materials about grieving, phone or video calls, and support groups. Individual counseling may be offered by a hospice, or a hospice may make a referral to a community resource. Some hospices also provide bereavement services to the community at large, in addition to supporting patients and their families.²⁶⁹
- According to the NHPCO, grief can happen when a death occurs or in response to other significant losses (e.g., divorce, job loss, declining health or mobility, etc.). Experiencing grief is one of the ways that individuals heal and adjust to life after loss. Bereaved individuals may need additional support, particularly if they are unable to get on with the normal tasks of life or are behaving in ways that might be harmful.²⁷⁰
- A study on the predictors of complicated grief in caregivers of palliative care patients established a direct relationship between factors prior to bereavement and complicated grief. This included the intensity of anticipated grief; previous mental and physical health of the caregiver; social support; quality of patient care; communication at the end of life; preparation for death; spirituality; and sociodemographic factors.²⁷¹

²⁶⁸ Lewis, E.T., Harrison, R., Hanly, L., et al. (2019). End-of-life priorities of older adults with terminal illness and caregivers: A qualitative consultation. *Health Expect.* 22(3), 405–414. <https://doi.org/10.1111/hex.12860>

²⁶⁹ NHPCO & CaringInfo (2022). *Bereavement Care*.

²⁷⁰ NHPCO & CaringInfo (2022). *Understanding Grief and Loss*.

²⁷¹ López Pérez, Y., Cruzado, J.A., Lacasta Reverte, M.A., & Lallana-Frías, E. (2022). Predictors of Complicated Grief in Caregivers of Palliative Care Patients. *OMEGA - Journal of Death and Dying*, 0(0). <https://doi.org/10.1177/00302228221133437>

- In a study on how location at death influences caregiver well-being in bereavement, participants who reported some type of location incongruence demonstrated higher levels of distress, including more days of being physically and emotionally unwell and more intense bereavement symptoms. Congruence between a dying person's preferred and actual locations at death is considered good care. Discussing preferences about the place of end-stage care may not make location congruence possible, but it can foster shared understanding and support for caregivers' sense of coherence and well-being in bereavement.²⁷²
- Among those with serious medical conditions and the elderly, the need for caregiving encompasses nearly 51 million Americans. Much of this demand is satisfied through uncompensated care. In 2021, the direct economic impact of caregiving was estimated at nearly \$44 billion through more than 650,000 jobs lost and nearly 800,000 caregivers experiencing absenteeism issues at work. However, the indirect effect that deteriorating caregiver health has on economic outcomes is more substantial. The overall economic impact of caregiving across the direct and indirect channels is estimated at \$264 billion.²⁷³
- In the development and aftermath of the COVID-19 pandemic, it is anticipated that worldwide, prolonged grief will become a major public health concern. Recent studies indicate that between 47% and 71% of family caregivers report grief while caring for a loved one and 20% experience complicated grief after death. Even though most persons have not had COVID-19, society has experienced a collective grief due to the efforts to contain the spread of the virus, as well as complexities associated with funeral and memorial services.²⁷⁴
- Deaths due to COVID-19 are associated with risk factors which can lead to prolonged grief disorder, post-traumatic stress and other poor bereavement outcomes among relatives. Risk factors include dying in an ICU, severe breathlessness, patient isolation or restricted access, significant patient and family emotional distress, and disruption to relatives' social support networks.²⁷⁵
- The same study recommends the following strategies for reducing the risk of complicated grief during the COVID-19 pandemic: ACP; proactive, sensitive and regular communication with family members alongside accurate information provision; enabling family members to say goodbye in person where possible; supporting virtual communication; providing excellent symptom management and emotional and spiritual support; and providing and/or signposting to bereavement services.²⁷⁵

²⁷² Waldrop, D. & McGinley, J. (2020). "I want to go home": How location at death influences caregiver well-being in bereavement. *Palliative and Supportive Care*, 18(6), 691-698. doi:10.1017/S1478951520000176

²⁷³ Blue Cross Blue Shield (2021), *The Economic Impact of Caregiving: Harnessing Data, for the Health of America*.

²⁷⁴ Holland, D.E., Vanderboom, C.E., Dose, A.M., Moore, D., Robinson, K.V., Wild, E., Stiles, C., Ingram, C., Mandrekar, J., Borah, B., Taylor, E., & Griffin, J.M. (2021). Death and Grieving for Family Caregivers of Loved Ones With Life-Limiting Illnesses in the Era of COVID-19: Considerations for Case Managers. *Professional case management*, 26(2), 53–61.

<https://doi.org/10.1097/NCM.0000000000000485>

²⁷⁵ Selman, L.E., Chao, D., Sowden, R., Marshall, S., Chamberlain, C., & Koffman, J. (2020). Bereavement Support on the Frontline of COVID-19: Recommendations for Hospital Clinicians. *Journal of pain and symptom management*, 60(2), e81–e86. <https://doi.org/10.1016/j.jpainsymman.2020.04.024>

Objective

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

FY 2022 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 2022, activities were conducted either virtually or in-person based on the most current COVID-19 guidelines.

In FY 2022, Sharp HospiceCare's licensed clinical therapists with specific training in grief and loss devoted 170 hours to bereavement counseling with individuals and families who lost loved ones. Sessions took place in the Sharp HospiceCare office, client homes and by phone, as well as virtually to support social distancing during the COVID-19 pandemic. Referrals to community counselors, behavioral health services, bereavement support services and other community resources — including those related to COVID-19 — were also provided as needed.

Sharp HospiceCare continued to provide the Healing After Loss virtual grief education group in FY 2022. Offered in both spring and fall, the eight-week series included the following sessions: Introduction to the Grief Process; Communicating with Family and Friends; Strategies for Coping with Grief; Mind-body Tools for Grief; Dealing with Challenging Emotions in Grief; Guilt, Regret and Forgiveness; Use of Ceremony and Ritual to Promote Healing; and Who Am I Now?/What Does Healing Look Like? In FY 2022, Sharp HospiceCare's Healing After Loss group served 22 members of the community. In addition, Sharp HospiceCare offered the eight-week Widows' and Widowers' counseling group four times throughout the year. Serving 26 community members in FY 2022, the group addressed the concerns of individuals who were grieving the loss of a spouse, including sharing emotional challenges and exchanging coping skills with others in similar circumstances.

New in FY 2022, Sharp HospiceCare offered two, four-week in-person spiritual care groups. Provided in the spring, A Movement Toward Wholeness helped participants connect to their spirituality and how it both helps and hinders them; develop a tenderness toward and awareness of their soul; and explore the ways they might interact with spirituality along their grief journey. Held in the summer, A Movement Toward Forgiveness supported peace and reconciliation between participants and those who have passed on, including how spirituality can help with forgiveness. Together, A Movement Toward Wholeness and A Movement Toward Forgiveness served 12 individuals.

Also new, Sharp HospiceCare provided two in-person, interactive workshops in FY 2022: Facilitating Closure and Helping Children Cope With Grief. Held over four

sessions during the summer, Facilitating Closure was specifically designed for the bereaved who have passed the one-year anniversary of their loved one's death; have actively processed the depths of grief; and are moving into the phase of integrating the loss into their life and moving forward. Serving five participants, the group emphasized the positive aspects of healing from grief and learning to live with the loved one as a memory. Provided in July, the single-session Helping Children Cope With Grief workshop was developed for adults whose children have experienced the death of a loved one. The psychoeducational group discussed various components of childhood grief, including dimensions of grief response in children; factors that influence the grief of children; reconciling the needs of childhood mourning; and exploring the special needs of grieving adolescents. The workshop supported four parents and included opportunities to share family experiences and ask questions.

In October and March, a Sharp HospiceCare music therapist led a new, in-person Coping With Grief Through Music workshop. Designed for adults experiencing loss and seeking gentle, supportive ways to navigate their grief, the classes taught five participants techniques for using music to be present, memorialize their loved one and express feelings in a non-judgmental setting. Further, Sharp HospiceCare supported more than 20 individuals grieving the loss of a loved one during the 2021 holiday season at its virtual Healing Through the Holidays event in November

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. Up to 1,700 newsletters were mailed each month during FY 2022.

FY 2023 Plan

Sharp HospiceCare will do the following:²⁴⁸

- Provide individual and family bereavement counseling for community members who have lost a loved one
- Provide referrals to community services
- Provide virtual and in-person bereavement support groups and educational workshops
- Host two in-person educational groups to support individuals grieving the loss of a loved one during the holiday season

Sharp HospiceCare Program and Service Highlights

- ACP
- Bereavement care services
- Caregiver and family support
- Classes, events and physician referral through 1-800-82-SHARP
- Homes for Hospice program, including BonitaView, LakeView and ParkView hospice homes
- Hospice aides
- Hospice nursing services
- Integrative therapies
- Management for various hospice patient conditions, including:
 - Alzheimer's disease
 - Cancer
 - Debility
 - Dementia
 - Heart disease
 - Human Immunodeficiency Virus
 - Kidney disease
 - Liver disease
 - Pulmonary disease
 - Stroke
- Memory Bear program
- Music therapy
- Palliative care
- Social services support
- Spiritual care services
- Transitions AIM Program
- Volunteer program
- WHV program

Sharp Metropolitan Medical Campus



Section

8 Sharp Metropolitan Medical Campus

The Sharp Metropolitan Medical Campus (SMMC) includes Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion, Sharp Mesa Vista Hospital and Sharp McDonald Center.

Fiscal Year (FY) 2022 Community Benefit Program Highlights

SMMC provided a total of **\$227,795,218** in community benefit in FY 2022. See **Table 38** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697) and **Figure 20** for the distribution of SMMC's community benefit among those categories.

**Table 38: Economic Value of Community Benefit Provided
Sharp Metropolitan Medical Campus — FY 2022**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2022 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ²⁷⁶	\$51,820,827
	Shortfall in Medicare ²⁷⁶	142,543,057
	Shortfall in County Medical Services (CMS) ²⁷⁶	10,257,858
	Shortfall in CHAMPVA/TRICARE ²⁷⁶	7,663,699
	Shortfall in Workers' Compensation ²⁷⁶	5,195
	Charity Care ²⁷⁷	6,904,860
	Bad Debt ²⁷⁷	4,773,690
Other Benefits for Vulnerable Populations ²⁷⁸	Patient transportation and other assistance for the vulnerable ²⁷⁹	1,707,201
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 ²⁷⁹	1,213,134
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ²⁷⁹	905,697
TOTAL		\$227,795,218

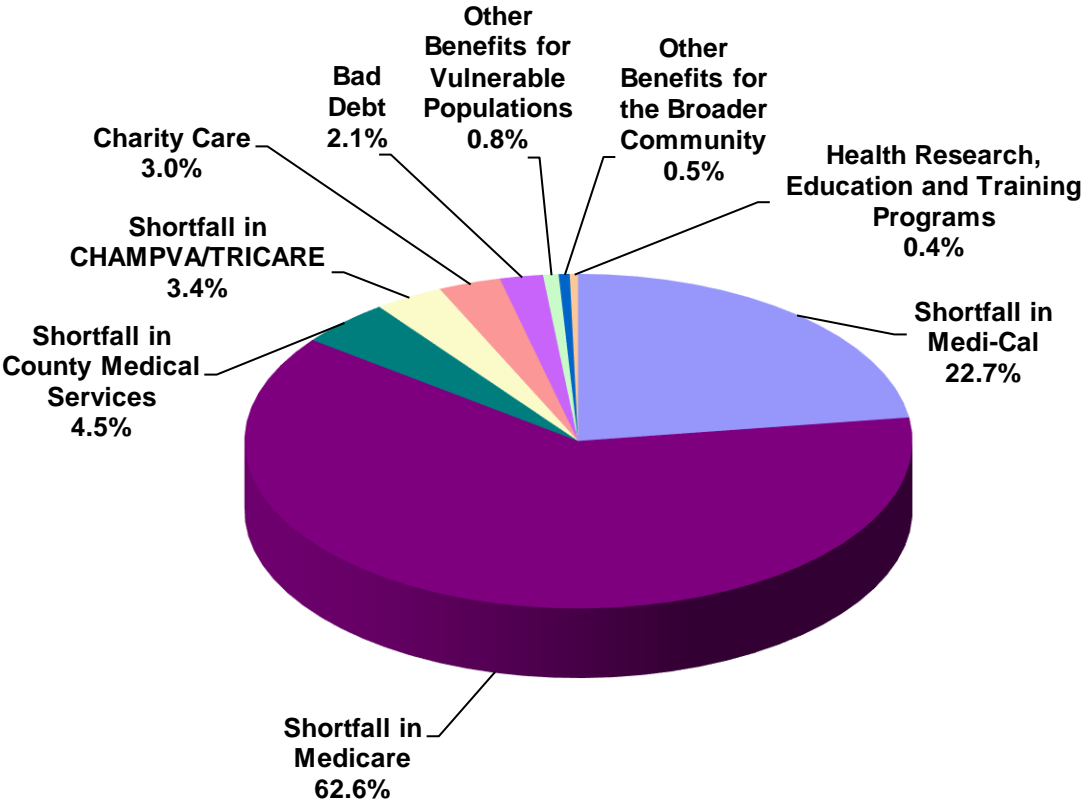
²⁷⁶ Methodology for calculating shortfalls in public programs is based on Sharp HealthCare's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

²⁷⁷ 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.

²⁷⁸ "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.

²⁷⁹ 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 20: Percentage of Community Benefit by SB 697 Category
Sharp Metropolitan Medical Campus — FY 2022**



Sharp Mary Birch Hospital for Women & Newborns



Section

9 Sharp Mary Birch Hospital for Women & Newborns

As a Sharp employee, I feel a strong sense of community within our organization, which makes me strive to be a better community member. Working at Sharp Mary Birch gives me special insight to the needs of new families and I'm fortunate to be part of a myriad of programs designed specifically for this population. Community means to always be looking out for one another, and at Sharp, I have the privilege to do that every day.

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

Fiscal Year (FY) 2022 Community Benefit Program Highlights

Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) provided a total of **\$6,386,797** in community benefit in FY 2022. See **Table 39** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), and **Figure 21** for the distribution of SMBHWN's community benefit among those categories.

**Table 39: Economic Value of Community Benefit Provided
Sharp Mary Birch Hospital for Women & Newborns — FY 2022**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2022 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ²⁸⁰	\$947,908
	Shortfall in Medicare ²⁸⁰	2,393,745
	Shortfall in CHAMPVA/TRICARE ²⁸⁰	1,472,683
	Charity Care ²⁸¹	577,895
	Bad Debt ²⁸¹	544,342
Other Benefits for Vulnerable ²⁸² Populations	Patient transportation and other assistance for the vulnerable ²⁸³	48,483
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 ²⁸³	313,802
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ²⁸³	87,939
TOTAL		\$6,386,797

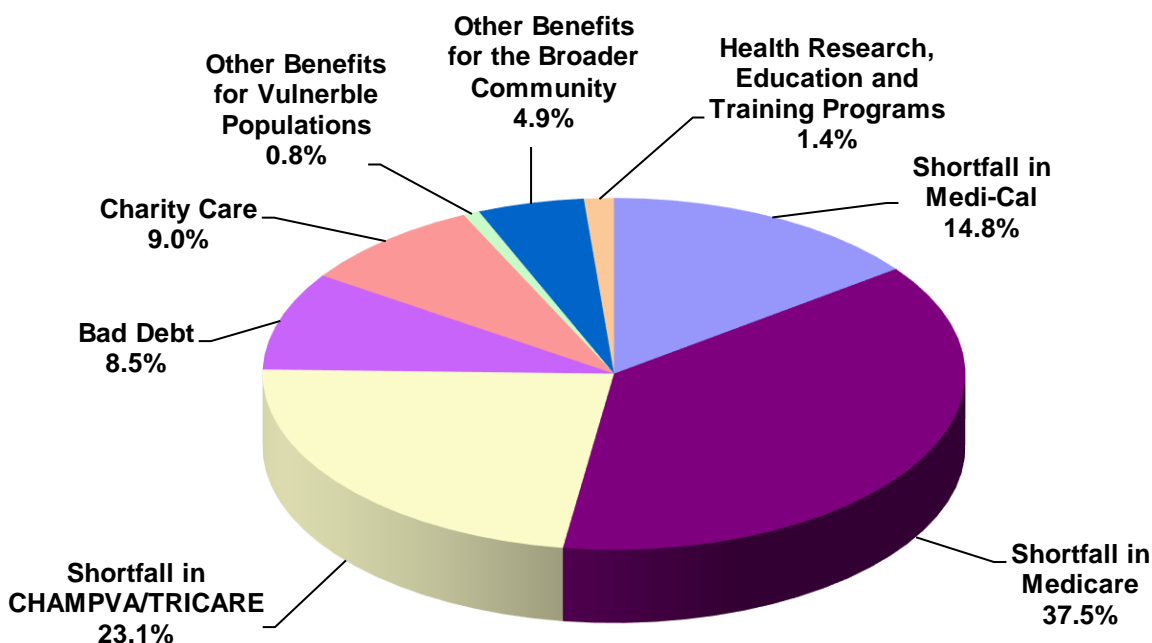
²⁸⁰ Methodology for calculating shortfalls in public programs is based on Sharp HealthCare's (Sharp) payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

²⁸¹ 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.

²⁸² "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.

²⁸³ 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 21: Percentage of Community Benefit by SB 697 Category
Sharp Mary Birch Hospital for Women & Newborns — FY 2022**



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.²⁸⁴ In FY 2020, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of July 1, 2019, through December 31, 2021, and in FY 2022 the same agencies approved another Medi-Cal Hospital Fee Program for the time period of January 1, 2022 through December 31, 2022. This resulted in recognition of net supplemental revenues for SMBHWN totaling \$16.3 million in FY 2022. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2022 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, the Sharp Humanitarian Service Program and other assistance for vulnerable community members.

²⁸⁴ The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs shares the cost of certain health care services and supplies with eligible beneficiaries. TRICARE is a health care program of the U.S. Department of Defense Military Health System, which provides civilian health benefits for U.S. Armed Forces military personnel, military retirees, and their dependents, including some members of the Reserve Component.

- **Other Benefits for the Broader Community** included health education and information on a variety of maternal and prenatal care topics, support groups, and collaboration with local schools to promote interest in health care careers. SMBHWN staff actively participated in community boards, committees and other civic organizations, such as the American Heart Association (AHA), The Doris A. Howell Foundation for Women’s Health Research (Howell Foundation); Council of Women’s and Infants’ Specialty Hospitals (CWISH), Health Sciences High and Middle College (HSHMC), Perinatal Social Work Cluster, Pima Medical Institute, Southern California Association of Neonatal Nurses (SCANN) and YWCA San Diego County. See **Appendix A** for a list of Sharp’s involvement in community organizations in FY 2022. This category also includes costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals, student and intern supervision, and generalizable health-related research projects that were made available to the broader health care community.

Definition of Community

SMBHWN is located at 3003 Health Center Drive in San Diego, ZIP code 92123.

As a specialty hospital, SMBHWN serves all of San Diego County (SDC); however, the primary communities served by the hospital include the City of San Diego, Chula Vista, the east region and the north inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries.

For Sharp Memorial Hospital’s (SMH) 2022 CHNA process (which included the processes and findings addressing needs identified for communities served by SMBHWN), the Dignity Health/IBM Watson Health Community Need Index (CNI) was used to identify communities within its service area that experience greater health inequities.^{285,286} The CNI uses demographic and economic statistics to provide a “CNI score” for every populated ZIP code in the U.S. CNI scores measure inequity on a scale ranging from very low health inequity to very high health inequity. This measurement is an average determined through an analysis of specific socio-economic 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.

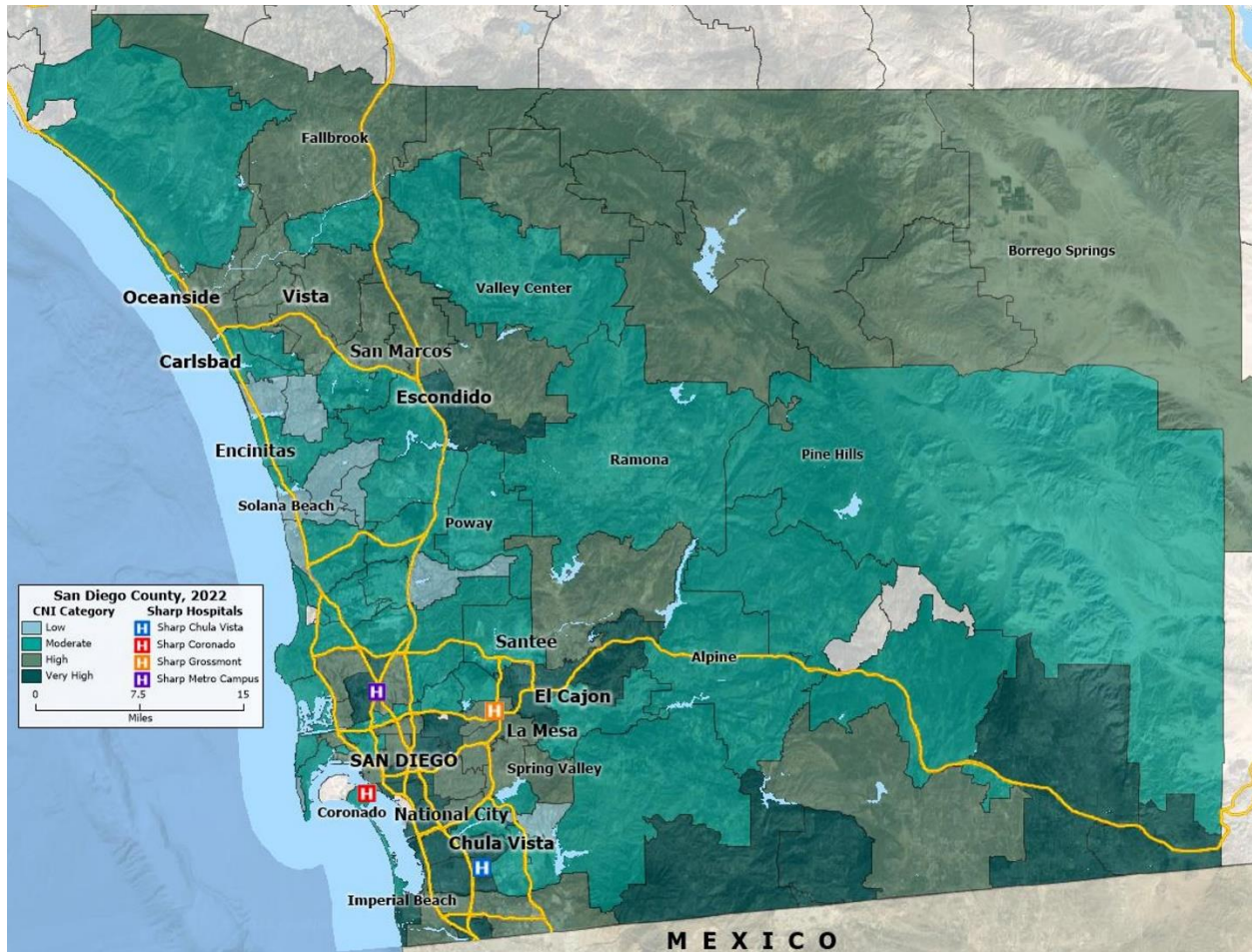
According to the CNI, communities served by SMBHWN with especially high need

²⁸⁵ Dignity Health and IBM Watson Health Community Need Index (CNI) (2022). The Dignity Health and IBM Watson CNI was discontinued on January 31, 2023.

²⁸⁶ According to the World Health Organization (WHO), health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies (WHO, 2018).

include a number of communities in SDC’s south, central and east regions.²⁸⁵ **Figure 22** presents a map of the CNI findings across SDC.

Figure 22: CNI Map — SDC²⁸⁷



Description of Community Health

In 2022, there were 594,086 women ages 18 to 44 residing in SDC, representing 17.8% of the population. Between 2022 and 2027, it is anticipated that the number of women of childbearing age in SDC will increase by 0.3%.²⁸⁸

In 2020, 10.9% of the SDC population reported living below 100% of the federal poverty level (FPL). The county’s unemployment rate was 5.9% and 5.1% of households received Supplemental Security Income.²⁸⁹

²⁸⁷ Truven Health Analytics, 2022; Insurance Coverage Estimates, 2022; The Nielson Company, 2022; and CNI, 2022.

²⁸⁸ SpeedTrack®, Inc.; U.S. Census Bureau.

²⁸⁹ The County of San Diego Health and Human Services Agency (HHS), Public Health Services, Community Health Statistics Unit, December 2022, U.S. Census Bureau, 2016-2020 American Community Survey 5-year estimates.

According to the San Diego Hunger Coalition, while nutrition insecurity²⁹⁰ has declined since 2021, high rates still remain due to long-standing economic disparities that were exacerbated by the COVID-19 (coronavirus disease 2019) pandemic. As of March 2022, 28% of San Diegans experienced nutrition insecurity and 35% of children lived in nutrition-insecure households.²⁹¹

In 2020, 7.1% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 16.7% of the population lived at or below 138% FPL and were eligible for the program.²⁸⁹ Please refer to **Table 40** for SNAP participation and eligibility in SDC.

Table 40: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2020²⁸⁹

Food Stamps/SNAP Benefits	Percent of Population
Households	7.1%
Families with Children	12.1%
Eligibility by FPL	
Population ≤130% FPL	15.6%
Population ≤138% FPL	16.7%
Population 139% – 350% FPL	30.4%

In SDC in 2020, 96.1% of children age 18 and under, 87.8% of young adults ages 19 to 25, 88.2% of adults ages 26 to 44, 91.8% of adults ages 45 to 64, and 98.9% of seniors age 65 and older had health insurance.²⁸⁹ Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.4% health insurance coverage for all individuals under age 65, with the exception of children ages 0 to 18 years.²⁹² See **Table 41** for health insurance coverage in SDC in 2020.

²⁹⁰ U.S. Department of Agriculture (2022), *Food and Nutrition Security*. Nutrition security means all Americans have consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.

²⁹¹ San Diego Hunger Coalition (2022), *March 2022 Data Release: Nutrition Insecurity Remains Above Pre-pandemic Levels and Impacts Communities of Color Most*.

²⁹² The U.S. Department of Health and Human Services' **Healthy People 2030 (HP2030)** initiative represents the nation's prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

Table 41: Health Insurance Coverage in SDC, 2020²⁸⁹

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	96.1%	92.4%
Young adults 19 to 25 years	87.8%	92.4%
Adults 26 to 44 years	88.2%	92.4%
Adults 45 to 64 years	91.8%	92.4%
Seniors 65+ years	98.9%	N/A ²⁹³

According to the California Health Interview Survey (CHIS), in 2021, 19.4% of SDC's population was covered by Medi-Cal.²⁹⁴ See **Table 42** for details.

Table 42: Medi-Cal (Medicaid) Coverage in SDC, 2021²⁹⁴

Description	Rate
Covered by Medi-Cal	19.4%
Not covered by Medi-Cal	80.6%

CHIS data also revealed that 12.4% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 43**).²⁹⁴

Table 43: Regular Source of Medical Care in SDC, 2021²⁹⁴

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	87.6%	84.0%
Has no usual source of care	12.4%	16.0%

In 2020, there were 37,159 live births in SDC overall. The 2020 infant mortality rate was 3.3 infant deaths per 1,000 live births in the north coastal region, 3.4 in the east region, 4.8 in the central region, 3.2 in SDC overall, 3.2 in the north central region, 1.7 in the north inland region, and 3.2 in the south region.²⁹⁵

In 2020, 119 infants in SDC died before their first birthday, including 62 male and 57 female infants. Black infants had the highest mortality rate (10.2 infant deaths per 1,000 live births) when compared to infants of all other races and ethnicities. American Indian/Alaskan infants had the second highest mortality rate of 8.9 deaths per 1,000 live births.²⁹⁵ In addition, 3,180 preterm births occurred in SDC during 2020.^{295,296} Compared

²⁹³ HP2030 does not include targets for individuals ages 65 and older.

²⁹⁴ University of California Los Angeles Center for Health Policy Research (2022), *2021 California Health Interview Survey*.

²⁹⁵ County of San Diego HHS (2022), *Maternal, Child, and Family Health Services Statistics*.

²⁹⁶ Preterm birth refers to births prior to 37 completed weeks of gestation.

to all other races and ethnicities, Hispanic mothers had the highest total number of births (14,731), of which 8.0% were preterm. Although Black mothers and American Indian/Alaska Native mothers had fewer total births (1,570 and 112 total births, respectively), they experienced the highest rates of preterm births among all other racial or ethnic groups (11.5% and 14.3% of preterm births, respectively). Similarly, although women ages 25 to 39 had the highest total number of births among all age groups, mothers age 40 and older were more likely to give birth preterm (14.2% preterm births among mothers age 40 and older compared to 8.3% among mothers ages 25 to 39).²⁹⁵

In 2020, all SDC regions met the HP2030 national targets for early prenatal care, preterm births and infant mortality.²⁹⁵ See **Table 44** for a summary of maternal and infant health indicators in SDC in 2020 and **Table 45** for a summary of maternal and infant health indicators by region.

Table 44: Maternal and Infant Health Indicators in SDC, 2020^{292,295}

Maternal and Infant Health Indicator	Rate	HP2030 Target
Early Prenatal Care ²⁹⁷	88.8%	80.5%
Preterm Births ²⁹⁸	8.6%	9.4%
VLBW Infants ²⁹⁹	1.1%	N/A ³⁰⁰
LBW Infants ³⁰¹	6.7%	N/A ³⁰⁰
Infant Mortality ³⁰²	3.2%	5.0%

Table 45: Maternal and Infant Health Indicators by Region in SDC, 2020²⁹⁵

Indicator	Central	East	North Central	North Coastal	North Inland	South
Prenatal Care	84.4%	86.4%	92.2%	87.9%	92.8%	88.2%
Preterm Births	9.4%	8.8%	7.9%	7.9%	8.0%	9.3%
VLBW Infants	1.4%	1.1%	1.0%	0.9%	0.9%	1.2%
LBW Infants	7.8%	6.5%	6.7%	6.1%	5.8%	7.2%
Infant Mortality	4.8%	3.4%	3.2%	3.3%	1.7%	3.2%

For additional demographic and health data for communities served by SMBHWN, please refer to the SMH 2022 CHNA, available at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>

²⁹⁷ Early prenatal care is defined as care initiated during the first trimester of pregnancy, not accounting for frequency of care.

²⁹⁸ Preterm birth refers to births prior to 37 completed weeks of gestation.

²⁹⁹ Very Low Birth Weight (VLBW) refers to birth weight less than 1,500 grams (approximately 3 pounds (lbs.), 5 ounces).

³⁰⁰ HP2030 health indicators are not available for VLBW or Low Birth Weight (LBW) infants.

³⁰¹ LBW refers to birth weight less than 2,500 grams (approximately 5 lbs., 8 ounces).

³⁰² 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 2022 CHNA

SMH completed its most recent CHNA in September 2022. SMH's 2022 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2022 CHNA process and findings. Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp's CHNA process and findings.

In accordance with federal regulations, the SMH 2022 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license, and report all utilization and financial data as a single entity to the California Department of Health Care Access and Information.

In addition, this year SMH updated its implementation strategy — a description of programs designed to address the priority health and social needs identified in the 2022 CHNA. Again, in alignment with federal regulations, the SMH implementation strategy includes programs and services provided by SMBHWN.

Through the SMH 2022 CHNA, the following priority health and social needs were identified for the communities served by SMH and SMBHWN (listed in alphabetical order):

- Access to Health Care
- Aging Care & Support
- Behavioral Health
- Children & Youth Well-being
- Chronic Health Conditions
- Community Safety
- Economic Stability
- Maternal & Prenatal Health, including High-Risk Pregnancy

SMBHWN is a specialty hospital providing care for expectant mothers and newborns as well as women's services. Therefore, in alignment with these identified needs, the following pages detail programs that specifically address maternal and prenatal care, including high-risk pregnancy, along with associated priority health and social needs. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

As a specialty hospital, SMBHWN lacks the resources to comprehensively address the elements of community education and support for all identified needs. Consequently, the programs and services that address the other needs are provided through SMH. Please refer to **Section 10** of this report for details on those programs.

The community education and support elements of behavioral health (including substance use) are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and substance use treatment services in SDC. Please refer to **Section 11** of this report for details on those programs. For additional details on SMBHWN programs that specifically address the needs identified in the 2022 CHNA, please refer to SMH's implementation strategy. The most recent SMH CHNA and implementation strategy are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2022 Report of Activities conducted in support of the objective(s) and FY 2023 Plan.

Identified Community Need: Maternal and Prenatal Care, Including High-Risk Pregnancy

Rationale references the findings of the SMH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SMH 2022 CHNA identified maternal and prenatal care, including high-risk pregnancy, as one of the priority health and social needs affecting the community members served by SMH. Within this need, the following themes were identified: declining fertility trends; maternal and infant health; infant mortality; high-risk pregnancy; and behavioral health.
- Participants in the Institute for Public Health's (IPH) Sharp Provider Survey conducted as part of the SMH 2022 CHNA process identified pregnant women as one of the population of patients impacted by COVID-19 in relation to increased anxiety and depression, and decreased access to behavioral health care.

- In addition, participants identified maternal and infant health with a focus on the Black community as an educational topic of particular interest and importance to employee professional development.
- According to SMBHWN discharge data presented in the SMH 2022 CHNA, more than a third (34.8%) of women admitted for preterm labor in 2020 were enrolled in Medi-Cal, and 80.0% were ages 18 to 34 years. In addition, 36.0% of preterm babies were identified as Hispanic or Latino, and 55.0% were male.
- Among women enrolled in Medi-Cal who gave birth at SMBHWN in 2020, 60.3% presented with a complication during childbirth. Within this group, the most common complications were obesity (31.6%), abnormalities in fetal heart rate and rhythm (28.2%) and anemia (23.1%).
- Hospital data analysis also identified disparities among some demographic groups in relation to pregnancy-related inpatient admissions. For example, Asian or Pacific Islander women accounted for 14.9% of all female inpatients at SMBHWN, but 25.0% of gestational diabetes inpatients.
- In 2020, SDC had 2,493 LBW births, which accounted for 6.7% of all live births. In the same year, there were 403 VLBW births, or 1.1% of all births. When compared to all other racial groups, the proportions of LBW and VLBW births in SDC were highest among African American and black infants, representing 10.9% and 3.4% of all births, respectively.²⁹⁵
- In 2020, 119 infants in SDC died before their first birthday. The infant mortality rate was 3.2 infant deaths per 1,000 live births.
- There were 3,180 preterm births in SDC in 2020, representing 8.6% of all births countywide.
- In 2020, 32,891 live births received early prenatal care in SDC, which translates to 88.8% of all live births in the region.
- According to HP2030, prenatal care is most effective when it starts early and continues throughout pregnancy. It can help prevent and address health problems in both mothers and babies. Interventions to increase access to health care can help more women get the prenatal care they need.³⁰³
- Live Well San Diego's (LWSD) *Report Card on Children, Families, and Community, 2021* identified the following barriers to use of prenatal care: financial barriers, such as lack of health insurance; context of care, such as biased treatment from providers or low cultural competence; access issues, such as transportation, difficulty obtaining an appointment or inconvenient hours; and personal attitudes and behaviors, such as lack of understanding about the importance of prenatal care and ambivalence about a pregnancy.³⁰⁴
- 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 health coverage enrollment and accessing affordable prenatal services, use of safety net health providers, culturally and linguistically appropriate prenatal services, home visits for high-risk pregnant women, coaching and support

³⁰³ HP2030 (2022), *Increase the proportion pregnant women who receive early and adequate prenatal care — MICH-08*

³⁰⁴ The Children's Initiative (2022), *Live Well San Diego Report Card on Children, Families, and Community, 2021*.

from trained and certified doulas and community health workers, group care approaches to reduce costs and enhance care, and transportation assistance.³⁰⁴

- According to the Mayo Clinic, sometimes a high-risk pregnancy is the result of a medical condition present before pregnancy. Risk factors include being older than 35; lifestyle choices such as smoking, drinking alcohol, and using illegal drugs; pregnancy complications; having a multiple pregnancy; and a history of pregnancy-related disorders, such as hypertension and giving birth prematurely.³⁰⁵
- According to 2021 CHIS data, 20.3% of women ages 18 to 64 years in SDC were obese (body mass index > 30), lower than the state of California overall (29.9%).²⁹⁴
- According to the Centers for Disease Control and Prevention, being overweight increases the risk of pregnancy complications, including preeclampsia, gestational diabetes, stillbirth and cesarean delivery. Obesity during pregnancy is also associated with increased use of health care and physician services, and longer hospital stays for delivery.³⁰⁶
- Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco use, substance use, stress, prior preterm births, carrying more than one baby, and infection.³⁰⁶
- Although just 1 in 10 U.S. infants were born preterm in 2021, the year represented the highest rate reported in at least 14 years. The preterm birth rate rose by 4% between 2020 and 2021, and racial and ethnic differences in preterm birth rates continued to persist. The rate of preterm birth among Black women (14.8%) in 2021 was about 50% higher than the rate among white or Hispanic women (9.5% and 10.2% respectively).³⁰⁷
- According to March of Dimes data, the rate of preterm births in the state of California was 8.8% in 2020 — lower than the national average (10.1%). However, racial disparities have worsened in California, where the rate of average preterm births among Black women (12.3%) were highest from 2018 to 2020, followed by American Indian/Alaska Native (11.7%), Hispanic (9.1%), Asian/Pacific Islander (8.3%) and White women (7.8%).³⁰⁸
- Policy solutions and actions that can help address limited access to maternity care include expanding Medicaid; raising parental income eligibility levels under Medicaid; extending the Medicaid postpartum coverage period, expanding access to midwifery and doula services; providing coverage for pregnancy and postpartum telehealth services; increasing investments in community public health programs; addressing social determinants of health (SDOH) to reduce disparities and improve health outcomes; and researching the causes of maternal death.³⁰⁹

Objectives

- Develop, coordinate and provide educational programs for the community on maternal and prenatal care topics, including preterm labor and births

³⁰⁵ Mayo Clinic (2022), *High-risk pregnancy: Know what to expect*.

³⁰⁶ Centers for Disease Control and Prevention (CDC) Division of Reproductive Health; National Center for Chronic Disease Prevention and Health Promotion (2022), *Maternal Infant Health*.

³⁰⁷ Martin, J.A., Hamilton, B.E., and Osterman, M.J.K. (2022). Births in the United States, 2021. *National Center for Health Statistics Data Brief*, no 442. Hyattsville, MD: NCHS. Digital object identifier: <https://dx.doi.org/10.15620/cdc:119632>

³⁰⁸ March of Dimes Peristats (2022), *Prematurity Profile- A Profile of Prematurity in California*.

³⁰⁹ March of Dimes (2022), *Nowhere To Go: Maternity Care Deserts Across The U.S. 2022*.

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

FY 2022 Report of Activities

SMBHWN conducts a variety of community education, support, fundraising and research activities to encourage healthy pregnancies for expectant mothers — including teenagers and other high-risk populations — and improve outcomes for at-risk newborns. In FY 2022, SMBHWN continued to offer all maternal and prenatal care classes online to ensure safe, ongoing education for expectant mothers and families during the COVID-19 pandemic.

SMBHWN taught nearly 120 expectant parents about the warning signs of preterm labor and how to help prevent a premature birth through free, monthly Preterm Birth Prevention classes. In February, May and August, SMBHWN hosted free Planning for Pregnancy events, which provided pre-pregnancy education to more than 70 community members. Topics included preparing the body for pregnancy, having a baby later in life, reproductive planning, optimizing conception, implications of COVID-19 for pregnancy, fertility challenges and treatments, and available support groups and classes at SMBHWN.

SMBHWN also hosted several new free webinars addressing high-risk pregnancy in FY 2022. In November, a Preparing for Multiples: Pregnancy and Birth webinar shared education with 12 attendees about the specifics of pregnancy and delivery of multiples. Additionally, a free Baby on the Way webinar provided nearly 230 attendees over seven sessions with education about SMBHWN classes and support groups, as well as the opportunity to ask specialists questions regarding pregnancy and childbirth.

Throughout the year, SMBHWN health experts provided interviews and articles to educate the community about important topics related to pregnancy, maternity and women's health. Information was shared through the hospital's Facebook page; Sharp Health News; and media outlets including *San Diego Magazine*, *The San Diego Union-Tribune*, CBS 8 San Diego, KPBS, KUSI, 10News – ABC San Diego KGTV, NBC 7 San Diego and KOGO. Topics featured strengthening the pelvic floor, pregnancy at a later age, high-risk pregnancy, preeclampsia and pregnant women receiving the COVID-19 vaccine.

SMBHWN also offered several low-cost prenatal classes in FY 2022. Classes focused on preparing for childbirth as well as basic information about caring for a baby. Topics included how the body prepares for birth and delivery; hospital procedures; relaxation

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

In May, SMBHWN participated in the annual Sharp Women's Health Conference. Team members answered attendees' questions on topics including pre- and postnatal health, hospital services, and visitation guidelines during COVID-19. In addition, SMBHWN provided year-round fundraising support for the 2022 San Diego Heart & Stroke Walk. During the walk in September, team members hosted an informational booth with resources on cardiac disease for women.

The Sharp Mary Birch NRI was launched in 2013 to discover new, leading-edge treatments and practices in newborn care and disseminate research findings to improve outcomes for at-risk newborns throughout the world. Led by a multidisciplinary team of physicians, nurses, respiratory therapists, researchers and data analysts, the NRI has participated in more than 60 clinical trials with over 3,400 newborns enrolled.

The NRI values the community's perspective in shaping the future of care provided in the neonatal intensive care unit (NICU). Through the NRI Parent Advisory Board, parents and grandparents of infants who have been in the NICU offer the NRI their unique points of view, including feedback on proposed and current clinical trials to help ensure that other parents understand and feel comfortable participating in them. In addition, NRI Parent Advisory Board members may participate on Sharp's Institutional Review Board when a new trial involving babies is presented and may be involved in the decision to either approve, change or disapprove of a trial.

The NRI has received funding support from personal donations as well as from various foundations and organizations, including Gerber Foundation, Thrasher Research Fund, Little Giraffe Foundation, Alexander and Eva Nemeth Foundation, Cushman Foundation, the Kenneth T. and Eileen L. Norris Foundation, the Samuel H. French III and Katherine Weaver French Fund, and the Chuck and Ernestina Kreutzkamp Foundation. In addition, the NRI has received four grants from the National Institutes of Health (NIH), including most recently in July 2018 to support its leadership of an international, multi-hospital (including Sharp Grossmont Hospital) study on umbilical cord milking and its benefits to the long-term health of infants who need resuscitation at birth. With completion expected in 2023, this is the largest and most comprehensive cord milking study with the potential to improve how babies are cared for worldwide. The NRI's medical discoveries have been featured by multiple news networks and publications, including 10News – ABC San Diego KGTV, CNN, FOX 5 San Diego, NBC 7 San Diego, KPBS, *The San Diego Union-Tribune*, *Del Mar Times*, *New Scientist*, *News Medical*, *Physicians Weekly*, *Respiratory Care*, *U.S. News* and NIH.

In addition, the NRI works closely with SMBHWN's Nemeth NICU Follow-Up Clinic, which provides neurodevelopmental assessments, testing and referrals for 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 2023 Plan

SMBHWN will do the following:³¹⁰

- Provide free monthly virtual Preterm Birth Prevention classes
- Develop and provide free and low-cost prenatal classes for expectant mothers and families
- Provide prenatal classes both virtually and in-person
- Provide education to high-risk populations
- Provide fundraising support for March of Dimes
- Provide education and outreach at community health fairs and events
- Identify evidence-based best practices for newborn care through the NRI

Identified Community Need: Maternal Care – Meeting the Needs of New Mothers and their Families

Rationale references the findings of the SMH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SMH 2022 CHNA identified maternal and prenatal care, including high-risk pregnancy, as one of the priority health and social needs affecting the community members served by SMH. Within this need, the following themes were identified: declining fertility trends; maternal and infant health; infant mortality; high-risk pregnancy; and behavioral health.
- In 2020, California hospitals performed better than the national average in implementing various maternal care practices and policies to improve breastfeeding outcomes, including immediate postpartum care, rooming-in, feeding practices, discharge support, and institutional management.³¹¹
- According to LWSD's *San Diego County Report Card on Children and Families, 2021*, breastfeeding enhances immunity to disease, decreases the rate and severity of diarrhea and infections in children, is associated with healthy development and decreased risk of childhood obesity, and reduces lifelong risks for chronic health

³¹⁰ Where applicable, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) will perform these activities as COVID-19 public health and safety guidelines allow.

³¹¹ CDC (2021), *California 2020 Report, CDC Survey of Maternity Practices in Infant Nutrition and Care*.

problems. Mothers who breastfeed may have a reduced risk of some cancers, quicker postpartum recovery time, and less work missed due to child illness.³⁰⁴

- 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.³¹²
- According to a fact sheet titled *Achieving Breastfeeding Equity in California*, most mothers need support during their hospital stay to overcome common breastfeeding challenges. Mothers who experience supportive practices during their hospital stay are more likely to breastfeed exclusively than those who do not.³¹³
- According to the California Task Force on Status of Maternal Mental Health Care, depression and anxiety are the most common complications associated with pregnancy and childbirth. These disorders affect up to 1 in 5 mothers, or approximately 100,000 women in California each year, yet research suggests that most women remain undiagnosed and untreated.³¹⁴
- In 2017, the cost of untreated perinatal mood and anxiety disorders in California was estimated at \$2.4 billion for all births. This includes costs incurred due to medical interventions, low-income health care, welfare payments, work absenteeism and lost productivity from the mom's pregnancy through the child's first five years of life.³¹⁴
- Research suggests that the most common risk factors for postpartum depression (PPD) are life stress, lack of social support, current or past abuse, prenatal depression and marital or partner dissatisfaction. Understanding risk factors for PPD informs health care providers and contributes to the development of prevention and screening strategies for the most vulnerable women.³¹⁵
- Approximately 52% of U.S. pregnancy-related deaths occur postpartum, with 19% occurring between one and six days postpartum and 21% occurring between one and six weeks postpartum.³¹⁶
- According to an issue brief comparing maternal mortality rates, the U.S. has the highest maternal mortality rate compared to 10 other high-income countries. This may be related to several factors: an underrepresentation in midwives in the maternity care workforce relative to obstetrician/gynecologists (OB-GYN); an overall shortage of maternity care providers (both OB-GYNs and midwives); the limited role of primary care in the health care system; and a lack of comprehensive postpartum support.³¹⁶
- 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

³¹² American Academy of Pediatrics (2022), *American Academy of Pediatrics Calls for More Support for Breastfeeding Mothers Within Updated Policy Recommendations*.

³¹³ California Women Infants & Children Association and the University of California Davis Human Lactation Center (2020), *Achieving Breastfeeding Equity in California*.

³¹⁴ California Task Force on Maternal Mental Health Care (2019), *Maternal Mental Health: State of the State Report in California and Beyond, a Follow-up Report, December 2019*.

³¹⁵ Hutchens, B.F. and Kearney, J. (2020), Risk Factors for Postpartum Depression: An Umbrella Review. *Journal of Midwifery & Women's Health*, 65(1), 96-108. <https://doi.org/10.1111/jmwh.13067>

³¹⁶ Tikkanen, R., Gunja, M.Z., FitzGerald, M., & Zephyrin, L. (2020), *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries*. (Commonwealth Fund). <https://doi.org/10.26099/411v-9255>

concluding with a comprehensive postpartum visit no less than 12 weeks after birth.³¹⁷

- Research published in *Health Affairs* revealed that COVID-19-related pregnancy worries were more strongly predictive of PPD than general COVID-19 worries, which may be related to distress around newborn care and maternal support during the COVID-19 pandemic. This suggests that acute environmental stressors may be perceived as more stressful when one considers how it may affect pregnancy, childbirth, and parenting.³¹⁸

Objectives

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

FY 2022 Report of Activities

In FY 2022, SMBHWN continued to provide educational classes and support groups to address the needs of new mothers and families. Most opportunities were provided virtually to ensure participant health and safety during the COVID-19 pandemic.

SMBHWN served approximately 280 new mothers through its free breastfeeding support group. Facilitated by an experienced lactation educator, the group was offered three times per week to assist new parents with breastfeeding challenges. The breastfeeding support group was initially offered virtually in FY 2022; however, in August, relaxed pandemic restrictions allowed for two, in-person support groups each week along with one virtual support group for mothers unable to attend the in-person sessions. Topics included latching, pumping breastmilk, baby behavior and sleep issues. Parents were also referred to the hospital's New Beginnings Boutique (NBB) for additional breastfeeding resources.

The hospital's weekly Baby and Me Time virtual support group helped new parents transition from giving birth to returning home with their newborn. The free group provided an opportunity to share the unique experiences and responsibilities of parenthood, enhance knowledge and confidence as a new parent and develop new friendships. All parents from the community were invited to participate in Baby and Me Time, which included a variety of first-time parents, including those preparing to go back to work, military families, single parents and stay-at-home parents. The group also offered expecting parents insight into what parenthood might look like for them. Serving

³¹⁷ American College of Obstetricians and Gynecologists (2018), *Optimizing postpartum care*. This opinion was reaffirmed in 2021.

³¹⁸ Kornfield, S.L., White, L.K., Waller, R., Njoroge, W., Barzilay, R., Chaiyachati, B.H., Himes, M.M., Rodriguez, Y., Riis, V., Simonette, K., Elovitz, M.A., & Gur, R.E. (2021). Risk and resilience factors influencing postpartum depression and mother-infant bonding during COVID-19. *Health Affairs*, 40(10), 1566–1574. <https://doi.org/10.1377/hlthaff.2021.00803>

over 300 new parents in FY 2022, the group has evolved into a community-centered place of support during an often challenging time.

SMBHWN provided specialized education and support during the year through free, virtual postpartum support groups led by a licensed clinical social worker. A weekly group provided emotional support to mothers in the community with babies ages newborn to 12 months who were dealing with feelings of anxiety or depression related to the challenges of new motherhood. Understanding that PPD and anxiety can also affect fathers, SMBHWN offered a monthly postpartum support group for couples. A range of topics were addressed during the groups, including feelings of isolation, parenting struggles, postpartum mood disorders, how to seek support, professional referrals and coping strategies. In addition, the impact of COVID-19 continued to be a central topic of discussion within the groups. Participants explored the unique challenges posed by the pandemic during an already difficult time, including how to safely reengage with friends, family and the community following isolation. To promote additional healthy coping methods, the support group leader connected participants to online community play groups and other virtual parent groups. Together, the hospital's postpartum support groups engaged nearly 430 parents in FY 2022.

SMBHWN also offered a free class titled Pelvic Floor Wellness in Pregnancy, Birth and After Delivery to help promote successful postpartum recovery. Facilitated by a physical therapist, the monthly class served over 170 community members. Additionally, SMBHWN staff devoted nearly 640 hours to daily Family Home Care classes that provided critical information and support to more than 2,900 new mothers and family members. Topics included car seat safety, sudden infant death syndrome, shaken baby syndrome, breastfeeding, jaundice and signs and symptoms of illness among mothers and babies. Free NICU CPR (cardiopulmonary resuscitation) education was also provided in English and Spanish to approximately 470 family and friends of the hospital's NICU babies.

Additionally, SMBHWN provided webinars throughout the year to support new parents. In April, a webinar titled The Fourth Trimester: Navigating Your Postpartum Recovery provided education to approximately 50 attendees about navigating the early recovery process that occurs during the "fourth trimester" — the first three months after birth. Topics covered included postpartum body changes, tips to recognize symptoms of common postpartum conditions and strategies to support mental health. In July, a Partner Bootcamp: How to Support Your Partner During Postpartum webinar, led by a Sharp social worker and licensed marriage and family therapist, provided nearly 50 attendees with tools to support their significant other as they managed the early recovery process and navigated their new relationship as parents. In September, a Feeding Your Baby, Your Way webinar provided nearly 50 new and expecting parents with education about different feeding methods, what to expect in the first month postpartum and planning for transitioning back to work.

Throughout the year, SMBHWN health experts provided interviews and articles to educate the community about important maternal and newborn health topics.

Information was shared through the hospital's Facebook page; Sharp Health News; and media outlets including KOGO, 10News – ABC San Diego KGTV and *New Scientist*. Topics featured umbilical cord milking, strengthening the pelvic floor, grandparents caring for babies, the positive link between breastfeeding and women's heart health, the importance of newborn screenings, women's heart health and the shortage of baby formula.

Scientific evidence shows that exclusive breastfeeding provides the healthiest start for a newborn's life, especially among very premature babies. However, exclusive breastfeeding is not possible for mothers who experience challenges with breastmilk supply and feeding. Pasteurized donor human milk can make breastfeeding possible for these mothers. For more than 15 years, SMBHWN has served as a donor breastmilk depot, regularly shipping donated breastmilk to the Mothers' Milk Bank in San Jose, CA, where it is screened, pasteurized and distributed to community hospitals for infants whose mothers have an insufficient breastmilk supply. Since 2015, SMBHWN has hosted an annual Donor Breastmilk Drive to help increase the supply of breastmilk for the Mothers' Milk Bank. Although typically held in-person, the milk drive was conducted virtually in FY 2022 due to COVID-19. Held in celebration of National Breastfeeding Month in August, the event collected approximately 23 gallons of breastmilk from 25 donors, who received special coolers in which to mail their donations to the Mothers' Milk Bank. In June, SMBHWN partnered with Mothers' Milk Bank to host a milk drive to help address the increased demand for breastmilk related to the national infant formula shortage. Over the past eight years, SMBHWN's milk drives have collected nearly 375 gallons of breastmilk from more than 240 donors to help feed premature infants and those with specialized health needs.

SMBHWN expands its support for community mothers and families through the NBB. 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. Among its health education efforts, the lactation educators at the NBB have provided weighted feed assistance to families needing additional support with baby feedings through pre- and post-consumption weighing. In FY 2022, NBB staff dedicated nearly 2,000 hours in free breastfeeding education and support to community members. Further, in FY 2022, SMBHWN's NBB donated more than \$4,900 in clothing, nursing bras and breastfeeding pumps to support nursing mothers served by San Diego Family Care's Linda Vista Health Care Center.

SMBHWN continued to serve as a distributor for the San Diego Food Bank's (Food Bank) Diaper Bank Program. The program helps solve a critical challenge — namely, the expense of diapers, which are often required to enroll a child in daycare — for families facing economic hardship. Through the program, diapers are donated to the Food Bank, and participating distributors — including SMBHWN — retrieve the diapers to provide them to families in need. SMBHWN distributed nearly 13,700 diapers to 147 patients in FY 2022 and has provided approximately 38,335 diapers since first joining the program in summer 2019.

Sharp's Patient Access Services team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals, including patients of SMBHWN. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for more information on these programs and services.

Beginning in FY 2019, SMBHWN joined Sharp's systemwide pilot partnership with 2-1-1 San Diego's (2-1-1) Community Information Exchange (CIE) to better understand and address the health equity barriers that influence the health and well-being of their patients. Research continues to underscore that SDOH — the conditions under which people live, learn, work and play — have a significant impact on a person's ability to access care and maintain health. SMBHWN joined the CIE pilot partnership to provide more informed, holistic care to patients with challenges to health equity, and to connect them directly to community resources to meet those needs.

Approximately 130 CIE community partners — including health care organizations, the County of San Diego Health and Human Services Agency, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual's SDOH needs and utilization history of community services and to make direct referrals to critical, community-based resources. SMBHWN case managers and social workers were trained on CIE to better serve vulnerable patients in the acute care setting, including those patients who experience homelessness, food insecurity and other hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 3 of the CIE pilot, utilization metrics were sustained after demonstrating growth between Years 1 and 2. Community members across SDC were assisted through the CIE including residents of Downtown, Mission Valley, Southeast San Diego, Encanto, El Cajon, Lakeside, La Mesa, Otay Mesa, National City, Chula Vista, Carlsbad, Escondido and Oceanside. The top community referrals provided through the CIE included utilities, food, housing and economic support.

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

FY 2023 Plan

SMBHWN will do the following:³¹⁰

- Offer free, virtual postpartum, breastfeeding, and new parent support groups
- Host a donor milk drive (either in-person or virtually, pending COVID-19 guidelines) to collect breast milk for the Mothers' Milk Bank

- Participate in the Food Bank’s Diaper Bank Program to provide diapers to families facing economic hardship
- Participate in 2-1-1’s CIE program to connect patients who experience homelessness and other health equity barriers to critical community services

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

Rationale references the findings of the SMH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC 2022 CHNA identified workforce shortages as a foundational challenge that greatly exacerbates the priority health and social needs (access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety and economic stability) affecting community members served by SMH.
- Workforce shortages were described by HASD&IC 2022 CHNA community engagement participants as the number one priority for local health care providers. The pandemic has severely strained the existing health care workforce, and staffing shortages have exacerbated challenges in meeting the demand for community services. All health care settings, including behavioral health, were described as understaffed, and workforce shortages can adversely impact the patient experience. Further, the workforce shortage is creating a wider equity gap, with fewer culturally competent and linguistically appropriate providers available to care for SDC’s diverse communities.
- The IPH Sharp Provider and Sharp Human Resources surveys conducted as part of the SMH 2022 CHNA process identified several educational topics of particular interest and importance to employee professional development, including: defining cultural humility and applying it to health care; the impact of implicit or unconscious bias on decision-making; maternal and infant health with a focus on the Black community; and health disparities among various groups, including the Black, Asian, Latinx and immigrant communities.
- Nearly 90% of IPH Sharp Provider Survey participants reported that COVID-19 had at least a moderate impact in employees’ desire to change careers or leave the workforce, which may create challenges in meeting the health care needs of the community. Of these, the majority (78%) reported that Sharp does not have programs or services available to address this issue.
- The San Diego Workforce Partnership (SDWP) reported that, in 2021, there were 186,000 people employed in the health care sector in SDC, accounting for 13% of all jobs countywide.³¹⁹

³¹⁹ San Diego Workforce Partnership (2021), *Expanding Access to Healthcare Jobs in San Diego County: Healthcare Sector Overview*.

- SDWP also cites research by the University of Washington Center for Women’s Welfare that estimates the basic needs of a single adult resident of SDC to cost \$3,058.72 per month, requiring full-time employment at \$17.65 an hour. Of the 20 most common occupations in SDC’s health care sector, there are 11 with training requirements less than or equal to an associate degree that can provide new graduates with a living wage.³¹⁹
- Total employment in California is projected to grow 16% between 2020 and 2030, reflecting an increase of 2.8 million jobs statewide over the decade. The educational services (private), health care and social assistance sector is expected to be one of the fastest-growing industries in California, with 19.0% growth anticipated.³²⁰
- According to the U.S. Bureau of Labor Statistics’ *Employment Projections – 2021-2031* report, employment in health care and social assistance is projected to add about 2.6 million jobs from 2021 to 2031 — the highest growth among all industry sectors. Factors that are expected to contribute to this growth include rising demand for the care of an aging baby-boom population, longer life expectancies and higher prevalence of chronic conditions.³²¹
- According to a report from the California Health Care Foundation (CHCF) titled *California Physicians: A Portrait of Practice*, the supplies of physicians, physician assistants and three types of advanced practice nurses in California grew between 2016 and 2020, while the supply of clinical nurse specialists decreased. The increased supply of licensed physicians does not accurately reflect the availability of care, however — less than half of California’s physicians provided care 40 or more hours per week.³²²
- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce.³²³
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages.³²³
- The California Future Health Workforce Commission (CFHWC) has described several recent state budget and policy actions intended to address the significant health and economic impacts of the COVID-19 pandemic. This includes investments in the mental health workforce, particularly for those who work with children and youth; investments in physician residencies, with an emphasis on psychiatry; additional California Department of Health Care Access and Information³²⁴ oversight for state-supported health workforce programs; expanding the scope of practice for nurse practitioners; and creating several new reimbursable provider types, such as community health workers.³²⁵

³²⁰ California Employment Development Department (2022), *Employment Projections*.

³²¹ U.S. Bureau of Labor Statistics (2022), *Employment Projections – 2021-2031*.

³²² California Health Care Foundation (CHCF) (2021), *California Physicians, 2021: A Portrait of Practice*.

³²³ CHCF (2021), *Health Workforce Strategies for California: A review of the Evidence*.

³²⁴ California’s Department of Health Care Access and Information was formerly known as the Office of Statewide Health Planning and Development.

³²⁵ California Future Health Workforce Commission (CFHWC) (2022), *January 2022 Update on Health Workforce Progress*.

- According to CFHWC key informant interviews with private sector health care leaders, California’s workforce needs include increasing workforce diversity; educating young Californians that futures in the health sector are appealing regardless of background, socioeconomic status, race/ethnicity, and gender; and partnering with schools and companies to remove barriers to continuing education and develop pipelines for jobs.³²⁶
- A CHCF survey of frontline health care workers during COVID-19 reflects the sustained mental and emotional toll of providing patient care during the pandemic. Six in 10 providers continue to feel overworked and burned out, while nearly half are frustrated by their job. Nearly three out of four nurses (72%) say they feel burned out from their work — higher than the 61% reported among nurse practitioners and physician assistants, 57% among doctors, and 56% among behavioral health specialists.³²⁷

Objectives

- Collaborate with local schools, colleges and universities to provide opportunities for students to explore and train for a variety of health care professions
- Provide education and training for students interested in health care careers
- Provide obstetrical, gynecological and neonatal education and training for health care professionals
- Identify and disseminate evidence-based best practices to improve outcomes of at-risk newborns through the NRI
- Participate in local and national organizations to share specialty expertise and enhance learning for the broader health care community

FY 2022 Report of Activities

In FY 2022, SMBHWN collaborated with local, state and national schools, colleges and universities to provide hospital-based opportunities for students to explore and train for a variety of careers in health care. Although still significant, in FY 2022, on-site student learning remained impacted by COVID-19.

SMBHWN served as a training site for more than 130 nursing students and eight ancillary (non-nursing) students in FY 2022, who spent over 11,800 hours on the hospital campus. Academic institution partners included California State University Dominguez Hills, Pima Medical Institute, Point Loma Nazarene University, San Diego State University, San Joaquin Valley College, Southwestern College, University of California San Diego Extension and University of San Diego. SMBHWN also partnered with Midwestern University in Glendale, Arizona, to provide physician-led mentorship opportunities for 11 medical students. In December, a SMBHWN staff member provided 36 freshman students at Clairemont High School with a presentation about nursing career opportunities and reasons to pursue a career in the field of nursing.

³²⁶ CFHWC (2020), *Meeting the Demand for Health: Top Priorities, Challenges, and Proposed Actions for the Private Sector to Support the Workforce California Needs*.

³²⁷ CHCF (2021), *COVID-19 Tracking Poll, May 2021 Views from California Health Care Providers on the Front Lines*.

In FY 2022, SMBHWN resumed its participation in the HSHMC program, providing valuable health care experience, including job requirements and career ladder development, to ninth through 12th grade students. During the school year, 21 HSHMC students devoted nearly 980 hours to rotations with maternal infant services, the NICU and the transport team.

In FY 2022, the NRI shared its expertise and groundbreaking research developments with the greater health and research communities. Virtual presentations were also provided to support socially distanced professional learning during COVID-19. Presentation topics included, but were not limited to, state-of-the-art delivery room resuscitation, technologies to optimize delivery room resuscitation and concepts and controversies in umbilical cord management for newborn infants. Further, the NRI's research findings have been shared in several distinguished medical journals. In FY 2022, this included *the American Journal of Obstetrics and Gynecology*, *Clinics in Perinatology*, *American Academy of Pediatrics*, *NeoReviews*, *Pediatric Cardiology*, *Journal of Perinatology*, *American Journal of Perinatology*, *BMJ Open*, *Journal of Maternal-Fetal & Neonatal Medicine*, *Seminars in Fetal and Neonatal Medicine* and *Journal of Pediatrics*.

The NRI also continued to offer a Bedside Ultrasound Training for Neonatologists course — a multi-week training that consists of hands-on, one-on-one training sessions and expert lectures on theoretical and practical ultrasound techniques for neonatologists. Open to local, regional, national and international neonatologists, the course is one of only a few similar training programs in the country.

SMBHWN team members also contributed their expertise to the broader health care community through participation in professional conferences and events. In September, SMBHWN participated in Sharp's Annual Interprofessional Research & Innovations Conference. Held virtually in response to COVID-19, the event invited community health care professionals to participate in podium and poster presentations intended to stimulate innovation in the practice setting, identify best practices, disseminate research, encourage interprofessional collaboration, and more. A SMBHWN neonatal clinical nurse specialist provided a panel presentation on recognizing and mitigating implicit bias as well as insight on SMBHWN's Project Aim, a quality improvement project to increase skin-to-skin contact among parents and their infants with the goal of decreasing disparities in care. In addition, in FY 2022, SMBHWN team members served on boards and committees for local and national organizations, including YWCA, SCANN, HSHMC, CWISH, AHA, Howell Foundation and the Perinatal Social Work Cluster.

FY 2023 Plan

SMBHWN will do the following:³¹⁰

- Collaborate with colleges and universities on internships, externships and other professional training opportunities for students

- Participate in the HSHMC program
- Participate in local and national collaboratives and share specialty expertise at professional conferences

SMBHWN Program and Service Highlights

- Breastfeeding support groups
- Breastmilk donor program in collaboration with the Mothers' Milk Bank
- Breastmilk pump rentals
- Classes, events and physician referral through 1-800-82-SHARP
- Clinical research trials through the NRI
- Cord blood banking (private and public)
- Early Recovery After Surgery program
- FollowMyHealth®, a secure online patient website that gives patients convenient, 24-hour access to their personal health information
- Gynecologic oncology
- High-risk pregnancy care (Perinatal Special Care Unit)
- Hearing screening program (inpatient and outpatient)
- Lactation services (inpatient and outpatient)
- Labor and delivery
- Level III NICU
- Maternal Infant Services Unit
- Nemeth NICU Follow-Up Clinic
- Neurologic Intensive Care Nursery
- Newborn critical congenital heart disease screenings
- NBB
- Nursing Lounge at Petco Park
- Obstetrical and women's triage services
- Postpartum support groups
- Pre-Anesthesia Evaluation Services
- Pregnancy, childbirth and parent education programs (in person and virtual)
- Prenatal/Antenatal Diagnostic Center
- Spiritual care services, including the Arts for Healing program
- Women's and infants' pathology services
- Women's surgery, including minimally invasive robotic gynecology surgery

Sharp Memorial Hospital



Section

10 Sharp Memorial Hospital

Being an exceptional community citizen involves joining forces with passionate individuals to pursue a common goal. There are no limits to what we can accomplish together when we lead with compassion, collaboration and understanding.

— Tim Smith, Chief Executive Officer, Sharp Memorial Hospital

Fiscal Year (FY) 2022 Community Benefit Program Highlights

Sharp Memorial Hospital (SMH) provided a total of **\$189,614,043** in community benefit in FY 2022. See **Table 46** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), and **Figure 23** for the distribution of SMH’s community benefit among those categories.

**Table 46: Economic Value of Community Benefit Provided
Sharp Memorial Hospital — FY 2022**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2022 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ³²⁸	\$49,003,343
	Shortfall in Medicare ³²⁸	125,306,510
	Shortfall in County Medical Services (CMS) ³²⁸	30,134
	Shortfall in CHAMPVA/TRICARE ³²⁸	3,416,365
	Charity Care ³²⁹	5,877,346
	Bad Debt ³²⁹	4,102,425
Other Benefits for Vulnerable ³³⁰ Populations	Patient transportation, Project HELP and other assistance for the vulnerable ³³¹	682,601
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 ³³¹	552,984
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³³¹	642,335
TOTAL		\$189,614,043

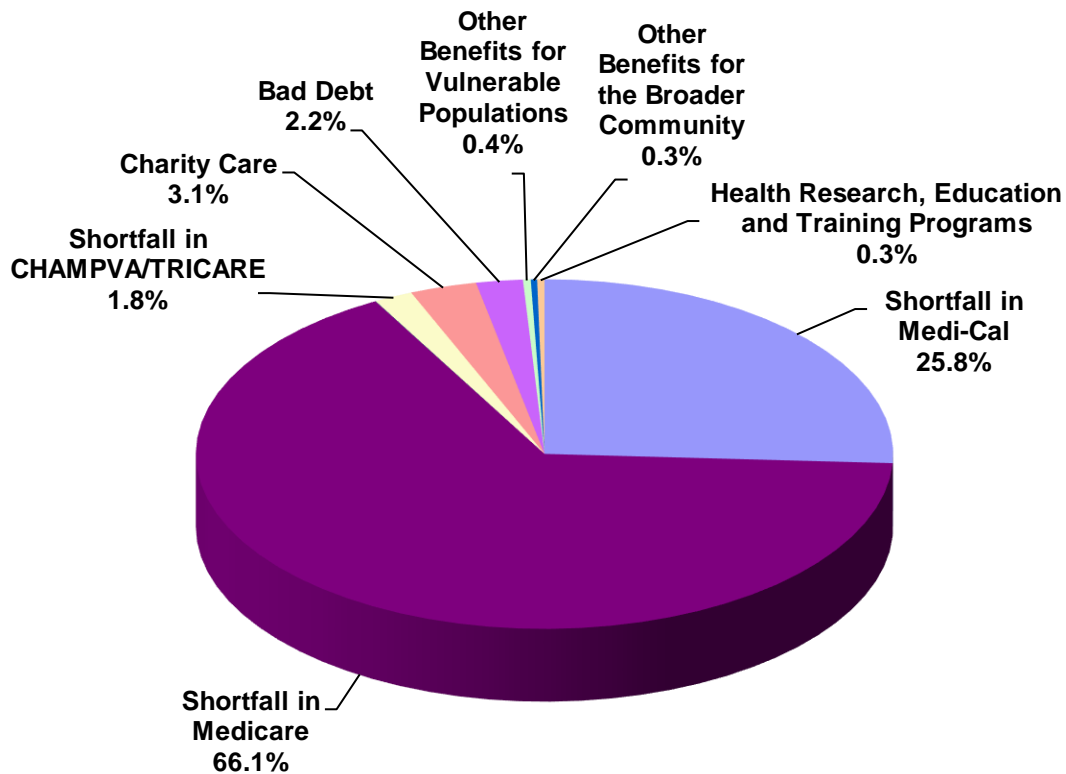
³²⁸ Methodology for calculating shortfalls in public programs is based on Sharp HealthCare’s (Sharp) payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

³²⁹ Charity care and bad debt reflect the unreimbursed costs of providing services to patients who lack the ability to pay for services at the time the services were rendered.

³³⁰ “Vulnerable populations” means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children’s Services Program, or county indigent programs.

³³¹ 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 23: Percentage of Community Benefit by SB 697 Category
Sharp Memorial Hospital — FY 2022**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who are unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare, CMS and CHAMPVA/TRICARE.³³² In FY 2020, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of July 1, 2019, through December 31, 2021, and in FY 2022 the same agencies approved another Medi-Cal Hospital Fee Program for the time period of January 1, 2022 through December 31, 2022. This resulted in recognition of net supplemental revenues for SMH totaling \$15.6 million in FY 2022. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2022 understate the true unreimbursed medical care services performed for the past fiscal year.

³³² The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs shares the cost of certain health care services and supplies with eligible beneficiaries. TRICARE is a health care program of the U.S. Department of Defense Military Health System, which provides civilian health benefits for U.S Armed Forces military personnel, military retirees, and their dependents, including some members of the Reserve Component.

- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; specialized education and information for seniors offered by the SMH Senior Resource Center; Project Hospital Emergency Liaison Program (Project HELP), which provides funding for medication and transportation to assist lower-income patients; participation in the Sharp Humanitarian Service Program; contribution of time to the San Diego Food Bank (Food Bank); and other assistance for vulnerable community members.
- **Other Benefits for the Broader Community** included education and resources on a variety of health topics; participation in community health fairs and events; support groups; health screenings for blood pressure, body composition and musculoskeletal conditions; and community education and resources provided by the SMH Laurel Amtower Cancer Institute and Neuro-Oncology Center (Laurel Amtower Cancer Institute). In addition, SMH donated meeting room space to community groups as well as collaborated with local schools to promote student interest and career pathways in health care. SMH staff actively participated in community boards, committees and other civic organizations, including the Serra Mesa Planning Group Board, American College of Healthcare Executives, San Diego Chapter of the American Association of Critical-Care Nurses (AACN), San Diego Black Nurses Association, San Diego National Association of Hispanic Nurses, Emergency Nurses Association – San Diego Chapter, Trauma Center Association of America Board of Directors, Association of Oncology Social Work, San Diego County Stroke Consortium, Adult Protective Services, Health Subcommittee for the San Diego Regional Human Trafficking and Commercial Sexual Exploitation of Children (CSEC) Advisory Council, Serving Seniors, Community Center for the Blind and Visually Impaired, Caregiver Coalition of San Diego (Caregiver Coalition) and San Diego County Council on Aging (SDCCOA). See **Appendix A** for a listing of Sharp HealthCare’s (Sharp) involvement in community organizations in FY 2022. The category also includes costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included time devoted to education and training of health care professionals, student and intern supervision, and time devoted to generalizable health-related research projects that were made available to the broader health care community.

Definition of Community

- *SMH is located at 7901 Frost St. in San Diego, ZIP code 92123.*
- *SMH OPP is located at 3075 Health Center Drive in San Diego, ZIP code 92123.*

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

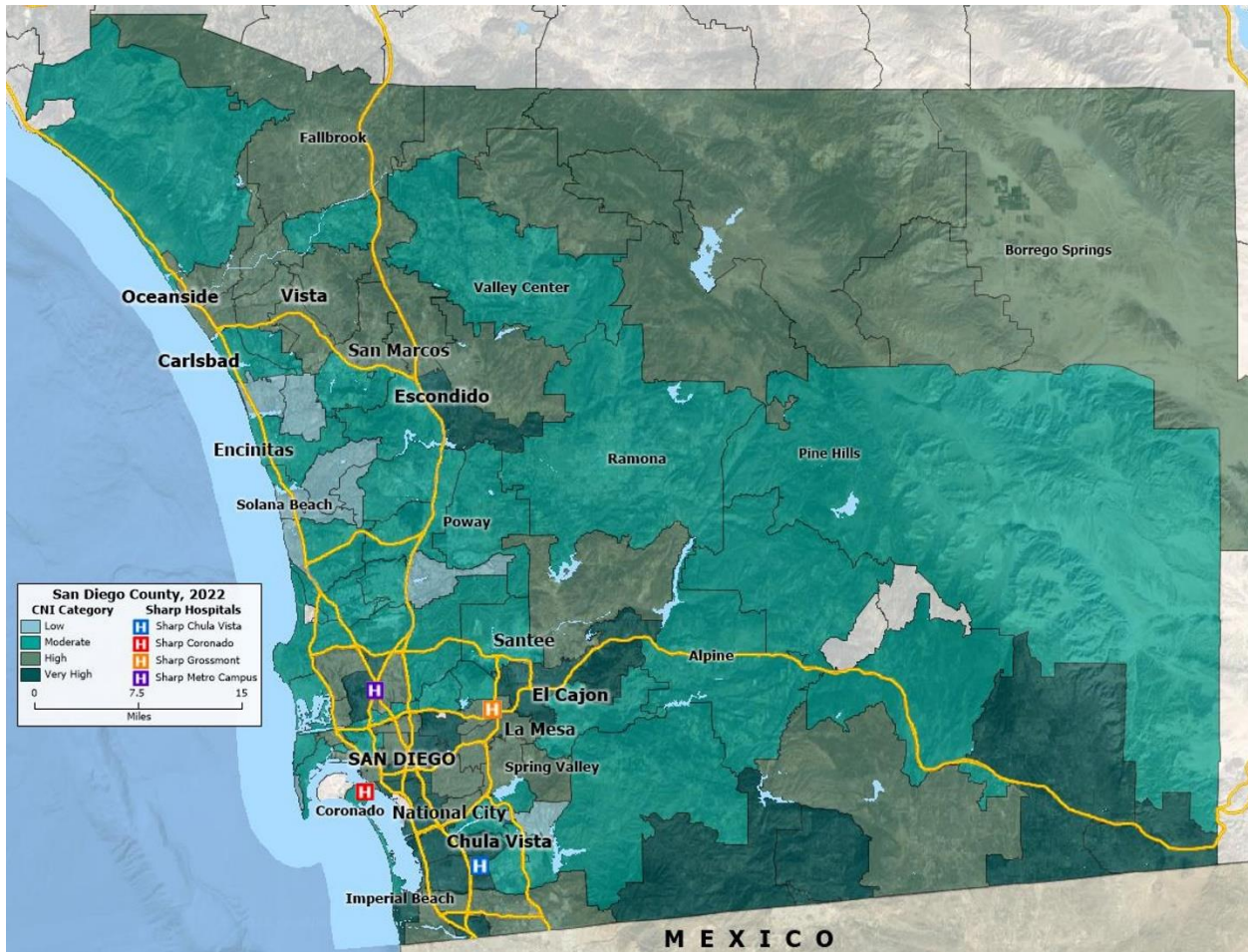
For SMH's 2022 CHNA process, the Dignity Health/IBM Watson Health Community Need Index (CNI) was used to identify communities within its service area that experience greater health inequities.^{333,334} The CNI uses demographic and economic statistics to provide a "CNI score" for every populated ZIP code in the U.S. CNI scores measure inequity on a scale ranging from very low health inequity to very high health inequity. This measurement is an average determined through an analysis of specific socioeconomic 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 a number of communities in SDC's south, central and east regions.³³³ **Figure 24** presents a map of the CNI findings across SDC.

³³³ Dignity Health and IBM Watson Health Community Need Index (CNI) (2022). The Dignity Health and IBM Watson CNI was discontinued on January 31, 2023.

³³⁴ According to the World Health Organization (WHO), health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies (WHO, 2018).

Figure 24: CNI Map — SDC³³⁵



Description of Community Health

In 2022, there were 525,919 residents ages 65 and older in SDC, representing 15.8% of the population. Between 2022 and 2027, it is anticipated that SDC’s senior population will grow by 14.1%.³³⁶

In 2020, 10.9% of the SDC population reported living below 100% of the federal poverty level (FPL). The county’s unemployment rate was 5.9% and 5.1% of households received Supplemental Security Income.³³⁷

³³⁵ Truven Health Analytics, 2022; Insurance Coverage Estimates, 2022; The Nielson Company, 2022; and CNI, 2022.

³³⁶ SpeedTrack®, Inc.; U.S. Census Bureau.

³³⁷ The County of San Diego Health and Human Services Agency (HHS), Public Health Services (PHS), Community Health Statistics Unit (CHSU), December 2022, U.S. Census Bureau, 2016-2020 American Community Survey 5-year estimates.

According to the San Diego Hunger Coalition, while nutrition insecurity³³⁸ has declined since 2021, high rates remain due to long-standing economic disparities that were exacerbated by the coronavirus disease 2019 (COVID-19) pandemic. As of March 2022, 28% of San Diegans experienced nutrition insecurity and 35% of children lived in nutrition-insecure households.³³⁹

In 2020, 7.1% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 16.7% of the population lived at or below 138% FPL and were eligible for the program.³³⁷ Please refer to **Table 47** for SNAP participation and eligibility in SDC.

Table 47: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2020³³⁷

Food Stamps/SNAP Benefits	Percent of Population
Households	7.1%
Families with Children	12.1%
Eligibility by FPL	
Population ≤130% FPL	15.6%
Population ≤138% FPL	16.7%
Population 139% – 350% FPL	30.4%

In SDC in 2020, 96.1% of children age 18 and under, 87.8% of young adults ages 19 to 25, 88.2% of adults ages 26 to 44, 91.8% of adults ages 45 to 64, and 98.9% of seniors age 65 and older had health insurance.³³⁷ Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.4% health insurance coverage for all individuals under age 65, with the exception of children ages 0 to 18 years.³⁴⁰ See **Table 48** for health insurance coverage in SDC in 2020.

³³⁸ U.S. Department of Agriculture (2022), *Food and Nutrition Security*. Nutrition security means all Americans have consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.

³³⁹ San Diego Hunger Coalition (2022), *March 2022 Data Release: Nutrition Insecurity Remains Above Pre-pandemic Levels and Impacts Communities of Color Most*.

³⁴⁰ The U.S. Department of Health and Human Services' **Healthy People 2030 (HP2030)** initiative represents the nation's prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

Table 48: Health Insurance Coverage in SDC, 2020³³⁷

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	96.1%	92.4%
Young adults 19 to 25 years	87.8%	92.4%
Adults 26 to 44 years	88.2%	92.4%
Adults 45 to 64 years	91.8%	92.4%
Seniors 65+ years	98.9%	N/A ³⁴¹

According to the California Health Interview Survey (CHIS), in 2021, 19.4% of SDC’s population was covered by Medi-Cal.³⁴² See **Table 49** for details.

Table 49: Medi-Cal (Medicaid) Coverage in SDC, 2021³⁴²

Description	Rate
Covered by Medi-Cal	19.4%
Not covered by Medi-Cal	80.6%

CHIS data also revealed that 12.4% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 50**).³⁴²

Table 50: Regular Source of Medical Care in SDC, 2021³⁴²

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	87.6%	84.0%
Has no usual source of care	12.4%	16.0%

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2020.^{343,344} See **Table 51** 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 2022 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

³⁴¹ HP2030 does not include targets for individuals ages 65 and older.

³⁴² University of California Los Angeles Center for Health Policy Research (2022), *2021 California Health Interview Survey*.

³⁴³ County of San Diego HHSA, PHS, CHSU (2022), *Leading Causes of Death Tables by HHSA Region, 2011-2020*.

³⁴⁴ The County of San Diego HHSA’s CHSU 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 2020. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10’s (International Classification of Diseases – 10th Revision) “List of 113 Selected Causes of Death and Enterocolitis due to *Clostridium difficile*.” Source: California Department of Public Health (CDPH), Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligences System. Prepared by County of San Diego HHSA PHS, CHSU, 2022.

Table 51: Leading Causes of Death in SDC, 2020³⁴³

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	4,939	22.5%
Diseases of the Heart	4,853	22.1%
COVID-19	1,728	7.9%
Cerebrovascular Diseases	1,722	7.8%
Alzheimer's Disease	1,521	6.9%
Accidents/Unintentional Injuries	1,513	6.9%
Chronic Lower Respiratory Diseases	930	4.2%
Diabetes Mellitus	852	3.9%
Essential Hypertension and Hypertensive Renal Disease	453	2.1%
Parkinson's Disease	429	2.0%
All Other Causes	3,000	13.7%
Total Deaths	21,940	100.0%

Community Benefit Planning Process

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

- Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals
- Estimates an annual budget for community programs and services based on community needs, previous years' experience and current funding levels
- Consults with representatives from a variety of departments to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefit Report — SMH 2022 CHNA

SMH completed its most recent CHNA in September 2022. SMH's 2022 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2022 CHNA process and findings. Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp's process and findings.

In accordance with federal regulations, the SMH 2022 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 California Department of Health Care Access and Information (HCAI).³⁴⁵

In addition, this year SMH updated its implementation strategy — a description of SMH programs designed to address the priority health and social needs identified in the 2022 CHNA.

Through the SMH 2022 CHNA, the following priority health and social needs were identified for the communities served by SMH (listed in alphabetical order):

- Access to Health Care
- Aging Care & Support
- Behavioral Health
- Children & Youth Well-being
- Chronic Health Conditions
- Community Safety
- Economic Stability
- Maternal & Prenatal Health, including High-Risk Pregnancy

The following pages detail SMH programs, activities and services that specifically address these needs, either directly or indirectly. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

SMH does not have the resources to comprehensively address the identified need of behavioral health (including substance use). Consequently, this identified need is addressed through the programs and services provided through Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center, which are the major providers of behavioral health and substance use treatment services in SDC. Please refer to **Section 11** of this report for details on those programs. SMH and SMV are conveniently located on the Sharp Metropolitan Medical Campus (SMMC).

The identified need of maternal and prenatal care, including high-risk pregnancy, is addressed at SMBHWN, a specialty hospital providing care for women, newborns and expectant mothers in SDC, also located on the SMMC campus. Please see **Section 9** of this report for details on SMBHWN's services that address this identified community need.

SMH addresses chronic health conditions by providing education and healthy lifestyle programs as part of care for cardiovascular disease (CVD), cancer, diabetes, obesity and other health issues influenced by healthy weight and exercise. Sharp Rees-Stealy Medical Centers throughout SDC provide community members with structured weight management and health education programs, such as smoking cessation and stress

³⁴⁵ California's Department of Health Care Access and Information was formerly known as the Office of Statewide Health Planning and Development

management, long-term support for weight management and personalized weight-loss programs. For additional details on SMH programs that specifically address the needs identified in the 2022 CHNA, please refer to SMH's implementation strategy. The most recent CHNA and implementation strategy for SMH are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2022 Report of Activities conducted in support of the objective(s), and FY 2023 Plan.

Identified Community Need: Diabetes Education, Prevention and Support

Rationale references the findings of the SMH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2022 CHNAs identified chronic conditions, including diabetes, as one of the priority health needs affecting the community members served by SMH.
- Data analysis in the SMH 2022 CHNA revealed a higher volume of hospital discharges due to Type 2 diabetes in communities within SDC facing greater socioeconomic challenges.³⁴⁶
- Participants in the interviews conducted by community health workers and *promotores* as part of the HASD&IC 2022 CHNA identified diabetes as a major health concern among community members.
- HASD&IC community engagement participants identified lack of access to utilities and household appliances as a challenge to diabetes management due to the importance of proper medication storage and preparation of nutritious meals.
- Analysis of Sharp clinical data from FY 2016 to 2021 showed a 35% increase in diabetes diagnoses among hospital inpatients, demonstrating the impact of patients delaying care due to the COVID-19 pandemic. In addition, the ratio of diabetes deaths observed at Sharp hospitals in 2021 was 89% higher than expected when compared to 2016. Furthermore, more than half (58.3%) of SMH inpatients with a diabetes diagnosis in 2020 were seniors.
- In addition, according to Sharp hospital data, 40% of COVID-19 inpatients admitted from March 2020 to March 2022 presented with diabetes, and individuals with diabetes were 2.1 times more likely to be admitted to the hospital than non-diabetic COVID-19 patients. In addition, COVID-19 patients with diabetes were 82% more likely to require a stay in the intensive care unit (ICU).
- In 2020, diabetes was the eighth leading cause of death in SDC.^{343,344}
- In 2019, there were 760 deaths due to diabetes in SDC overall. The age-adjusted death rate due to diabetes was 20.6 per 100,000 population.

³⁴⁶ Dignity Health and IBM Watson Health CNI (2022).

- In 2019, there were 4,854 hospitalizations due to diabetes in SDC. The age-adjusted rate of hospitalization was 137.2 per 100,000 population.³⁴⁷
- In 2019, there were 5,905 diabetes-related emergency department (ED) visits in SDC. The age-adjusted rate of diabetes-related ED visits was 169.1 per 100,000 population.
- According to 2021 CHIS data, 8.5% of adults living in SDC indicated that they had ever been diagnosed with diabetes, which was lower than the state of California (10.8%). Diabetes rates among seniors were particularly high, with 16.3% of SDC adults ages 65 and older reporting that they had ever been diagnosed with diabetes.³⁴²
- According to 2021 CHIS data, 16.6% of SDC residents had been told by their doctor that they have pre- or borderline diabetes.³⁴²
- According to a report from the American Diabetes Association (ADA) titled *the Burden of Diabetes in California*, approximately 10.5% of adults in California are diagnosed with diabetes. In addition, 33.4% of adults have prediabetes.³⁴⁸
- Data presented by the Centers for Disease Control and Prevention (CDC) indicates that, in 2021, diabetes prevalence in California was highest among non-Hispanic Black individuals (17.5%), followed by Hispanic individuals (13.3%), non-Hispanic Asian individuals (11.5%), and non-Hispanic White individuals (9.2%).³⁴⁹
- According to the CDC, diabetes is the seventh leading cause of death in the U.S. In addition, the number of adults diagnosed with diabetes in the U.S. has more than doubled in the last 20 years as the U.S. population has aged and become more overweight.³⁵⁰
- The CDC's 2022 *National Diabetes Statistics Report* indicates that 89.8% of adults diagnosed with diabetes from 2015 to 2018 were overweight or obese, and 69.0% had high blood pressure. Factors that may reduce the risk of diabetes complications include having a usual source for diabetes care; meeting recommended physical activity goals; managing or losing weight; managing A1C levels, blood pressure and cholesterol; and quitting smoking.³⁵¹
- The CDC estimates that 37.3 million people in the U.S. had diabetes in 2019. Of those individuals, 23% met laboratory criteria for diabetes but were not aware they had the disease.³⁵¹
- According to the CDC, diabetes increases the risk of heart disease and stroke and can lead to other serious complications, such as kidney failure, blindness and amputation of a toe, foot, or leg. People with diabetes spend more on health care, have fewer productive years and miss more workdays compared to people who do not have diabetes.³⁵²

³⁴⁷ County of San Diego HHS, PHS, CHSU (2021); U.S. Census Bureau, 2015-2019 American Community Survey 5-year estimates.

³⁴⁸ American Diabetes Association (2021), *The Burden of Diabetes in California*.

³⁴⁹ Centers for Disease Control and Prevention (CDC) (2022), *Behavioral Risk Factor Surveillance System, 2021*.

³⁵⁰ CDC (2022), *Diabetes Fast Facts*.

³⁵¹ CDC (2022), *National Diabetes Statistics Report*.

³⁵² CDC National Center for Chronic Disease Prevention and Health Promotion (2022), *Diabetes and Prediabetes*.

Objectives

- Provide diabetes education, prevention and support in the central and north central regions of SDC
- Collaborate with community organizations and projects to provide diabetes education to community members with barriers to health equity
- Participate in local and national conferences to share best practices in diabetes treatment and control with the broader health care community

FY 2022 Report of Activities

The SMH Diabetes Education Program is recognized by the ADA for meeting national standards for excellence and quality in diabetes education, including blood sugar monitoring, medication and nutritional counseling as well as insulin pump and other device training. The program is led by certified diabetes care and education specialists, who provide individuals and their support systems with the skills needed to successfully manage various conditions, including prediabetes, gestational diabetes (diabetes developed during pregnancy), as well as Type 1 and Type 2 diabetes. In FY 2022, small group and one-on-one education options were offered in-person or online, in both English and Spanish.

In FY 2022, the Sharp Diabetes Education Program offered diabetes education and support to approximately 650 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 topics including the different types of diabetes; diabetes prevention; signs, symptoms and complications of diabetes; the connection between diabetes and CVD; nutrition and reading food labels; exercise; medication; and diabetes self-management. A Sharp diabetes expert also provided education on the prevention and management of Type 2 diabetes, including helpful diets, physical activity and the power of lifestyle change. At the San Diego Crew Classic rowing event in March, a Sharp Diabetes Education Program nurse provided first aid in the Sharp medical tent and answered health-related questions for approximately 200 attendees. In addition, the Sharp Diabetes Education Program provided fundraising and team participation for the 2022 San Diego Heart & Stroke Walk in September. In addition, the SMH Diabetes Education Program assisted with food distribution at the San Diego First Church of the Nazarene in May and July, serving more than 250 community members. Although the Sharp Diabetes Education Program had anticipated participating in additional community events, conferences and educational presentations throughout FY 2022, many in-person activities were canceled or postponed due to the COVID-19 pandemic.

The SMH Diabetes Education Program is actively involved with San Diego's renal health community. In FY 2022, the program collaborated with the Balboa Institute of Transplantation and the Sharp Kidney and Pancreas Transplant Program to provide ongoing diabetes education and support to more than 200 community members who are either anticipating or have undergone a kidney transplant or have experienced kidney disease.

The Sharp Diabetes Education Program is an affiliate of the California Diabetes and Pregnancy Program's Sweet Success Program, which provides comprehensive technical support and education to medical personnel and community liaisons to promote improved outcomes for high-risk pregnant women with diabetes. As an affiliate, the Sharp Diabetes Education Program teaches underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes how to manage their blood sugar levels. In FY 2022, the program collaborated with community clinics, including Family Health Centers of San Diego, La Maestra, San Ysidro Health, Neighborhood Healthcare, Borrego Health, and San Diego Family Care to provide patients with education and resources to support a healthy pregnancy. Since the onset of the pandemic, the program has accommodated individual preferences by serving patients with virtual, telephone and on-site options. Topics included 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 1,140 underserved pregnant and breastfeeding women with diabetes.

Throughout the year, the Sharp Diabetes Education Program continued to provide services and resources to meet the needs of culturally diverse populations within SDC. 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 to help community members track their blood sugar levels. Additionally, live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application. Further, Sharp's certified diabetes care and education specialists received training from the Sharp Equality Alliance to improve the delivery of inclusive and culturally competent care for diverse communities.

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 approximately 150 participants with specific tools and strategies for creating a hospital culture that supports and encourages emerging therapeutic trends in glycemic management. Topics included COVID-19 and how it highlights diabetes concerns; the use of certain medications and continuous glucose

monitoring in the inpatient setting; the effect of nutrition on glycemic management; the importance of glycemic targets; and diabetes from a behavioral perspective.

In FY 2022, the Sharp Diabetes Education Program continued to serve as an insulin pump training center to support endocrinologists and primary care physician (PCP) groups throughout SDC. Through this effort, the program trains community providers to use diabetes technology, including insulin pumps and blood glucose monitors, to improve patient care and outcomes. Further, the Sharp Diabetes Education Program recently implemented an enhanced electronic medical record system to improve care coordination with more than 300 community endocrinologists and PCP groups.

FY 2023 Plan

The SMH and Sharp Diabetes Education Programs will do the following:³⁵³

- Provide prediabetes and diabetes information to community members at various venues in SDC's central and north central regions, as well as through virtual platforms
- Offer a webinar series on the role of nutrition in preparation for pregnancy, including information about diabetes
- Explore collaborations to assist and educate community members experiencing food insecurity
- Explore additional opportunities to provide community-based diabetes education
- Explore future collaborations with community clinics to provide education and resources to their patients with diabetes
- Provide gestational diabetes services and resources to underserved pregnant and breastfeeding women, both at SMH and community clinics
- Participate in Tour de Cure — the ADA's signature fundraising event to fight diabetes — as well as the San Diego Heart & Stroke Walk
- Maintain up-to-date resources about diabetes treatment and prevention to support community members with diabetes, particularly foreign language and culturally appropriate resources for diverse populations
- Participate in local and national conferences to share best practices in diabetes treatment and control with the broader health care community
- Conduct educational symposiums for health care professionals focused on improving outpatient and inpatient diabetes care
- Host a diabetes conference for health care professionals
- Explore collaboration with SMH's cardiac rehabilitation and cardiac transplant teams to offer quarterly diabetes education to community members
- Explore collaborations with community organizations that focus on diabetes prevention and care
- Partner with community physicians to help them improve patient outcomes using technology, including insulin pumps and blood glucose monitors

³⁵³ Where applicable, Sharp Memorial Hospital (SMH) and the Sharp Diabetes Education Program will perform these activities as COVID-19 (coronavirus disease 2019) public health and safety guidelines allow.

- Participate in 2-1-1 San Diego's (2-1-1) Community Information Exchange (CIE) program to serve patients with barriers to health equity by connecting them to community services

Identified Community Need: Education, Support and Screening for Stroke

Rationale references the findings of the SMH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2022 CHNAs identified chronic conditions (including CVD and cerebrovascular diseases/stroke) as a priority health need affecting community members served by SMH.
- Participants in community engagement activities conducted as part of the HASD&IC and SMH 2022 CHNAs identified numerous barriers to care for chronic conditions that have been exacerbated by the COVID-19 pandemic, including: fear of contracting COVID-19; social isolation; high prescription and insurance costs; insurance conflicts; eligibility requirements for appropriate programs; and hardships related to housing.
- Data analysis in Sharp's 2022 CHNAs revealed a higher volume of hospital discharges for CVD in communities within SDC facing greater socioeconomic challenges.³⁴⁶
- Participants in the interviews conducted by community health workers and *promotores* as part of the HASD&IC 2022 CHNA identified heart disease and stroke as a major health concern among community members.
- Analysis of Sharp clinical data from FY 2016 to 2021 showed a 15% increase in stroke diagnoses among hospital inpatients, demonstrating the impact of patients delaying care due to the COVID-19 pandemic. In addition, the ratio of stroke deaths observed at Sharp hospitals in 2021 was 9% higher than expected when compared to 2016.
- Further, unpredictability during the COVID-19 pandemic has caused delays or disrupted access to routine and specialty care. This makes receiving comprehensive care even more challenging for people living with chronic health conditions.
- HASD&IC 2022 CHNA community engagement participants also identified the following hospital discharge challenges and barriers for patients, including those with chronic conditions; low health literacy and medication adherence; lack of access to stable housing to facilitate healing and recovery; and long wait times to access the appropriate level of care.
- In 2020, cerebrovascular diseases including stroke were the fourth leading cause of death in SDC, accounting for 1,722 deaths.^{343,344}
- In 2019, there were 6,500 hospitalizations for stroke in SDC. The age-adjusted rate of hospitalizations for stroke was 177.5 per 100,000 population.
- In 2019, there were 2,828 stroke-related ED visits in SDC. The age-adjusted rate of ED visits was 76.7 per 100,000 population.

- According to 2021 CHIS data, 26.1% of SDC residents had ever been diagnosed with high blood pressure, while 6.7% had borderline high blood pressure. In addition, 21.7% of SDC adults reported being obese.³⁴²
- According to the CDC, more than 795,000 people in the U.S. have a stroke each year, and strokes are responsible for approximately 1 out of every 6 deaths from CVD.³⁵⁴
- The National Institute of Neurological Disorders and Stroke reports that 25% of people who recover from their first stroke will have another stroke within five years.³⁵⁵
- The CDC estimates that up to 80% of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors. Behaviors that can mitigate the risk of stroke include choosing a healthy diet full of fruits and vegetables, maintaining a healthy weight, engaging in at least 2.5 hours of moderate-intensity aerobic physical activity each week, refraining from or quitting smoking and limiting alcohol intake.³⁵⁶
- Despite encouraging data about declining stroke incidence, on a global level the aging population and accumulating risk factors contribute to an increasing lifetime risk of stroke.³⁵⁷

Objective

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

FY 2022 Report of Activities

SMH is certified by the Joint Commission and the American Heart Association (AHA)/ American Stroke Association (ASA) as a Primary Stroke Center (re-certified in December 2021). The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. SMH is also a recipient of AHA/ASA's Get With The Guidelines® (GWTG) — Stroke Silver Plus Quality Achievement Award for excellence in stroke care, as well as the Target: Stroke Elite Honor Roll designation. The AHA/ASA's GWTG is a national effort focused on ensuring the use of evidence-based therapies to improve outcomes for stroke patients. The AHA/ASA's Target: Stroke Elite Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients. In addition, the SMH Rehabilitation Center is accredited by CARF (Commission on Accreditation of Rehabilitation Facilities) International for its stroke specialty program, which represents the highest level of accreditation that can be awarded to an organization.

Although Sharp's systemwide stroke program and SMH's Stroke Program planned to participate in numerous screening and educational events in FY 2022, events were either canceled or postponed due to the COVID-19 pandemic. Despite these

³⁵⁴ CDC (2022), *Stroke Facts*.

³⁵⁵ National Institute of Neurological Disorders and Stroke (2022), *Stroke*.

³⁵⁶ CDC (2022), *Men and Stroke*.

³⁵⁷ American Heart Association (2022), *U.S. stroke rate declining in adults 75 and older, yet rising in adults 49 and younger*.

circumstances, efforts were made to bring virtual stroke education to the community. In partnership with Sharp's marketing team, the systemwide stroke program shared information about stroke and atrial fibrillation through Sharp's social media channels and more. Building off its successful implementation in FY 2021, this virtual community education had an expansive reach, connecting with more than 17,000 individuals in FY 2022. As of July 2022, stroke education in the community resumed with increased involvement by Sharp's systemwide stroke program staff in health fairs and community events focused on heart and brain health. In September, SMH's Stroke Program and ED staff participated in a fall prevention and balance screening event at the Grossmont Healthcare District (GHD), where they provided fall prevention education and resources for seniors to nearly 70 attendees.

The SMH Rehabilitation Center continued to provide meeting space for Young Enthusiastic Stroke Survivors (YESS), a free monthly support group for survivors of stroke and head injuries and their loved ones, as well as professionals and educators. The group offered support, guest speakers, adaptive exercise classes and opportunities to socialize. In FY 2022, YESS reached approximately 200 attendees and connected with approximately 700 survivors, family members and health professionals through its mailing list.

SMH continued its 17-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry, where data is tracked to identify gaps and determine trends. SMH also continued to actively participate in the quarterly San Diego County Stroke Consortium, a collaborative effort with other SDC hospitals to improve stroke care and discuss issues impacting stroke care in SDC. The San Diego County Stroke Consortium consists of 18 hospitals — including SMH, Sharp Coronado Hospital and Healthcare Center, Sharp Chula Vista Medical Center, Sharp Grossmont Hospital, Alvarado Hospital Medical Center, Kaiser San Diego Medical Center, Kaiser Zion Medical Center, Palomar Medical Center, Paradise Valley Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital La Jolla, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital San Diego, Temecula Valley Hospital, Tri-City Medical Center, UC San Diego Medical Center, and UC San Diego Medical Center – La Jolla — all of which are San Diego County Stroke Receiving Centers and certified by the Joint Commission. In response to the COVID-19 pandemic, meetings continued to be held virtually in FY 2022.

Sharp's systemwide stroke program continued to partner with the San Diego County Stroke Consortium to develop educational materials, including training videos, for AMR (American Medical Response) San Diego, a medical transportation company that assists with emergency and non-emergency transportation. In November, this included a video addressing the topics of new stroke procedures and guidelines, and how to assess a stroke patient at the scene. Further, Sharp's systemwide stroke program continues to participate in the development of EMS protocol updates.

Sharp's systemwide stroke program also collaborated with San Diego County Stroke Consortium hospitals in FY 2022 to help alleviate community concerns related to

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

FY 2023 Plan

SMH Stroke Program will do the following:³⁵⁸

- Provide stroke screening and education at events in SDC, including events for seniors and vulnerable adults
- Provide stroke education, screening and outreach to community members via social media and in person classes
- Provide a community presentation on stroke education and prevention featuring a Sharp-affiliated physician
- Provide education for individuals with identified stroke risk factors
- Offer stroke support groups through the SMH Rehabilitation Center
- Participate in the San Diego County Stroke Consortium
- Participate in annual EMS education, with a focus on Large Vessel Occlusion, or blockages of the proximal intracranial anterior and posterior circulation, identification in the field
- Provide data to the SDC stroke registry

Identified Community Need: Health Education, Screening, Support and Resources for Aging Care & Support

Rationale references the findings of the SMH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2022 CHNAs identified issues that affect care and support during the aging process as a priority health and social needs affecting the community members served by SMH. Within this need, the following themes were identified: economic stability and risk of homelessness; social isolation; access to health care; access to community resources and support; behavioral health; stigma; and other health and safety concerns.
- A primary theme across HASD&IC's community engagement activities was economic instability among seniors. Financial stability was identified as a significant barrier to aging at home with dignity, and seniors may experience health impacts related to the unaffordability of necessary home modifications or equipment.
- HASD&IC secondary data identified several factors that contribute to poverty among seniors: limited income; chronic health conditions; disability; and loss of a significant

³⁵⁸ Where applicable, the SMH Stroke Program will perform these activities as COVID-19 public health and safety guidelines allow.

other. Low-income seniors may be dependent on public programs like Medi-Cal and cash assistance (Supplemental Security Income) to make ends meet.

- The Institute for Public Health’s (IPH) Sharp Provider Survey conducted as part of the SMH 2022 CHNA identified increased isolation among seniors as one of the top clinical and social needs most seriously impacted by COVID-19 in the past year.
- Sharp Insight Community Survey respondents ages 65 and older reported experiencing a decrease in access to social support, healthy food, transportation and community resources as a result of COVID-19.
- Participants identified caregivers of adults or older adults as the leading population impacted by COVID in relation to increased isolation in seniors/older adults, increased anxiety and depression, and decreased access to behavioral health care.
- Survey participants suggested the following strategies to address increased isolation among seniors/older adults: finding ways to allow visitation during COVID-19; establishing or expanding home visiting and other follow-up services; expanding or resuming services for seniors; offering more patient education and referrals; improving access to technology; and providing support for caregivers.
- According to hospital data presented in the SMH 2022 CHNA, seniors represented 48.1% of all inpatient discharges and 22.3% of ED encounters at SMH in 2020.
- In addition, seniors represented 47.0% of inpatient discharges for unintentional injury at SMH, with fall-related injuries occurring in 47.3% of those discharges. Seniors also represented 68.6% of inpatient discharges with an osteoarthritis diagnosis.
- Data analysis also found that nearly a third (30.3%) of seniors admitted to SMH had a behavioral health diagnosis, with 40.8% diagnosed with a depressive disorder and 28.6% with an anxiety and fear-related disorder.
- In 2019, the top 10 leading causes of death among adults ages 65 and older in SDC were (in rank order): diseases of the heart, cancer, Alzheimer’s disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases, diabetes, accidents/unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson’s disease, and influenza or pneumonia.³⁴³
- In 2019, hospitalization rates among seniors were higher than the general population due to coronary heart disease, stroke, chronic obstructive pulmonary disease, nonfatal unintentional injuries (including falls), cancer and arthritis.³⁴⁷
- The top three causes of ED utilization among SDC residents ages 65 and older in 2019 were unintentional injuries, falls and overall heart disease.
- In 2021, the top five needs for 2-1-1 clients ages 60 and older were (in rank order): housing, utilities, income support and employment, consumer services, and health care.³⁵⁹
- The CDC reports that three million older adults are treated in the ED for falls every year. One in five falls causes a serious injury, such as broken bones or a head injury, and each fall doubles the chance of falling again. Fall injuries may result in serious mobility issues and difficulty with everyday tasks or living independently.³⁶⁰
- Assuming current trends continue, by 2030, nearly 115,000 SDC residents 55 years and older will be living with Alzheimer’s Disease and Related Dementias, representing a 36.5% increase from 2015.³⁶¹

³⁵⁹ 2-1-1 San Diego (2-1-1) (2022), *Data Dashboard*.

³⁶⁰ CDC (2021), *Facts About Falls*.

³⁶¹ County of San Diego HHS, PHS, CHSU (2018), *Alzheimer’s Disease and Related Dementias in San Diego County*.

- According to the California Department of Aging, 11.0% of SDC residents age 60 and older were low-income in 2021, and 18.1% were eligible for Medi-Cal. In addition, 17.1% of SDC seniors were identified as living alone.³⁶²
- The *Caregiving in the U.S. 2020* report estimates that 16.8% (41.8 million) of Americans care for an adult age 50 and older, an increase from 14.3% in 2015. Caregiving prevalence has increased among all racial/ethnic groups, educational levels, work statuses, genders, and nearly all generations.³⁶³
- The *2022 National Strategy to Support Family Caregivers* report proposes five main goals to support family caregivers: increase awareness and outreach; build partnerships and engagement with family caregivers; strengthen services and supports; ensure financial and workplace security; and expand data, research, and evidence-based practices related to family caregiving.³⁶⁴
- According to a report titled *Burning the Candle at Both Ends: Sandwich Generation Caregiving in the U.S.*, sandwich caregivers — those who provide unpaid care to an adult while also caring for children in their home — account for 28% of all caregivers. Sandwich caregivers often juggle work and caregiving responsibilities, and report high levels of emotional stress and physical or financial strain.³⁶⁵
- Research published in *Health Affairs* indicates that lack of access to technology, low digital health literacy, and design barriers in patient portals and apps have disproportionately affected older adults during the COVID-19 pandemic, especially those in underserved communities.³⁶⁶

Objectives

- Provide a variety of senior health education and screening programs
- Provide education and community resources to seniors and family caregivers
- Maintain and grow partnerships with community organizations to expand community outreach and provide seniors and caregivers with updated information on available services and resources

FY 2022 Report of Activities

The Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them to a variety of free and low-cost programs and services through phone and in-person consultations. The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals and caregiver resources.

In FY 2022, the SMH Senior Resource Center held two educational classes at the Point Loma Community Presbyterian Church in collaboration with other Sharp services and

³⁶² California Department of Aging (CDA) (2022), *2022 CDA Population Demographic Projections for Intrastate Funding Formula*.

³⁶³ National Alliance for Caregiving (NAC) (2020), *Caregiving in the U.S. 2020*.

³⁶⁴ NAC (2022), *2022 National Strategy to Support Family Caregivers*.

³⁶⁵ NAC (2019), *Burning the Candle at Both Ends: Sandwich Generation Caregiving in the U.S.*

³⁶⁶ Fulmer, T., Reuben, D. B., Auerbach, J., Fick, D. M., Galambos, C., & Johnson, K. S. (2021). Actualizing better health and health care for older adults. *Health Affairs*, 40(2), 219–225. Digital object identifier (DOI): <https://doi.org/10.1377/hlthaff.2020.01470>

programs, including Sharp Rehabilitation Services (Sharp Rehab) and the Sharp Diabetes Education Program. Topics included fall prevention and diabetes and nearly twenty attendees participated in the classes. The SMH Senior Resource Center opted not to reinstate community health screenings in FY 2022 due to pandemic-related concerns.

In FY 2022, the SMH Senior Resource Center provided informational handouts about local community resources and referred community members to these organizations as needed. Outreach was provided to various groups, including geriatric hospital inpatients, community members attending SMH Senior Resource Center community events and visitors of the Cushman Wellness Center Community Health Library. The SMH Senior Resource Center also provided the Cushman Wellness Center Community Health Library and the Point Loma Community Presbyterian Church with informational handouts to distribute to seniors and their caregivers about various community resources, including County of San Diego Aging and Independence Services (AIS), San Diego Oasis, Alzheimer's San Diego, ElderHelp of San Diego, Jewish Family Services of San Diego (JFS), County of San Diego Behavioral Health Services, Caregiver Coalition, County of San Diego Adult Protective Services and the Southern Caregiver Resource Center.

In November, the SMH Senior Resource Center donated 300 Vial of Life placards to Stone Ridge Estates senior living community in Warner Springs. Vials of Life are small vinyl sleeves that can be magnetically affixed onto a refrigerator to provide emergency personnel with critical medical information for seniors and people with disabilities. The donation helped Stone Ridge Estates address challenges with verifying the identity of residents in need of medical care and who to call in an emergency. The Vials of Life are also available to community members through the Cushman Wellness Center Community Health Library as well as through offsite Sharp events focused on aging care and support.

To keep the public informed about pertinent health news as well as upcoming community education classes and support groups, the SMH Senior Resource Center produced and distributed a quarterly newsletter to San Diego households. The newsletter promotes the hours, location and resources of the Cushman Wellness Center Community Health Library, available to all members of the public. Each quarter in FY 2022, the library mailed approximately 420 *Wellness Connection* newsletters and delivered over 270 electronically.

The SMH Senior Resource Center has also supported efforts to increase technology literacy among the senior community. In FY 2021, the SMH Senior Resource Center distributed a technology survey that was completed by 50 senior community members through the Cushman Wellness Center Community Health Library, SMH Senior Health Center and the Gary and Mary West Senior Wellness Center in Downtown San Diego to guide future education and support for seniors as well as help them connect with one another virtually. In FY 2022, the Community Health Librarian & Senior Resource

Liaison at SMH connected with staff at the San Diego Oasis Tech Tank to develop a strategy to support technology training for the senior community.

Throughout the year, the SMH Senior Resource Center maintained active relationships with numerous community organizations, including Peninsula Shepherd Senior Center, Serving Seniors (including Potiker Family Senior Residence and Gary and Mary West Senior Wellness Center), Bayside Community Center, Westminster Manor (senior housing), JFS, Caregiver Coalition, County of San Diego AIS, Adult Protective Services, Southern Caregiver Resource Center, Alzheimer's San Diego, San Diego Community Action Network, SDCCOA, National Active and Retired Federal Employees Association, Community Center for the Blind and Visually Impaired, Cabrillo Credit Union Supervisory Committee, Point Loma/Hervey Library, San Diego Square, St. Paul's PACE (Program of All-Inclusive Care for the Elderly), St. Peter's by the Sea Lutheran Church, Downtown San Diego Silvercrest Residence and Health Insurance Counseling & Advocacy Program. In FY 2022, many organizations continued to meet virtually in response to the COVID-19 pandemic.

FY 2023 Plan

The SMH Senior Resource Center will do the following:³⁶⁷

- Develop and support programs to meet the needs of older adults (digital literacy, mental health, safety and equity) in partnership with local community organizations
- Provide information, resources and support to address concerns of community seniors and caregivers
- Provide community health information and resources through educational programs
- Provide planning, coordination, and resources for Sharp's Health Education Lecture Series for older adults and their caregivers in Point Loma; seek additional funding to expand the series to other locations
- Produce and distribute quarterly newsletters to San Diego households, highlighting events of interest to seniors and family caregivers
- Provide Vials of Life to community seniors
- Participate in and coordinate community health events and conferences, including virtual events
- Participate in aging conferences for seniors
- Maintain active relationships with organizations that serve seniors in north coastal, north central, central and south regions
- Serve as a resource for senior health and well-being through various media sources
- Connect with a variety of community partners to develop a strategy to support technology training for the senior community

³⁶⁷ Where applicable, the SMH Senior Resource Center will perform these activities as COVID-19 public health and safety guidelines allow.

Identified Community Need: Health Education, Support and Wellness

Rationale references the findings of the SMH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2022 CHNAs identified access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety, and economic stability as the priority health and social needs affecting the community members served by SMH. In addition, maternal and prenatal care, including high-risk pregnancy, were identified in the SMH 2022 CHNA as priority health needs.
- HASD&IC's community engagement efforts described health literacy as a barrier in accessing health care. To help people understand basic health information, there is a need for more education on preventive health care, healthy lifestyles, and understanding the differences between sources of care (e.g., when to use urgent care versus the emergency room). Participants noted that health care settings should use simple, plain language forms to help people understand health information.
- Also according to the HASD&IC 2022 CHNA, the pandemic further exacerbated existing health literacy challenges, such as people not understanding their health insurance benefits, not knowing whom to call to access services, and difficulty identifying where to get care.
- Data analysis in Sharp's 2022 CHNAs revealed a higher volume of hospital discharges due to CVD and Type 2 diabetes in communities facing greater socioeconomic challenges throughout SDC.³⁴⁶
- In 2020, cancer was the leading cause of death in SDC, followed by diseases of the heart and COVID-19.^{343,344}
- According to 2021 CHIS data, 26.1% of SDC residents had ever been diagnosed with high blood pressure, while 6.7% had borderline high blood pressure. In addition, 21.7% of SDC adults reported being obese.³⁴²
- In California, the self-reported obesity rate in 2021 was 27.6%. Prevalence of obesity decreases as education levels increase, highlighting the need for health education as a tool for reducing obesity rates.³⁶⁸
- A study published in the CDC's *Morbidity and Mortality Weekly* suggests that risks of COVID-19-related hospitalization, ICU, admission, invasive mechanical ventilation, and death are higher with increasing body mass index, particularly among adults under the age of 65.³⁶⁹
- According to the CDC, the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and some types of cancer.³⁷⁰
- According to the article *Social and Environmental Factors Influencing Obesity*, obesity prevalence is significantly associated with gender, racial or ethnic identity,

³⁶⁸ CDC (2022), *Adult Obesity Prevalence Maps*.

³⁶⁹ Kompaniyets L, Goodman AB, Belay B, et al. (2021), Body Mass Index and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death — United States, March–December 2020. *MMWR Morbidity and Mortal Weekly Report*, 70(10), 355–361. DOI: <http://dx.doi.org/10.15585/mmwr.mm7010e4>

³⁷⁰ CDC (2022), *Adult Obesity Facts*.

and socioeconomic status. Higher odds of obesity are attributed to multiple factors, including environments experiencing deprivation, disorder, or high crime; proliferation of high calorie, energy-dense food options that are perceived as more affordable; and reductions in occupational and transportation-related physical activity.³⁷¹

- In 2021, 29.5% of SDC residents living below 200% of the federal poverty line reported enrollment in the CalFresh program.³⁴²
- According to the CDC, more than 53 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass.³⁷² 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.³⁷³
- According to the National Institutes of Health (NIH) National Library of Medicine, nearly 9 out of 10 U.S. adults struggle with health literacy, which involves the information and services that people need to make well-informed health decisions. Limited health literacy is associated with poor health outcomes, including hospital stays and ED visits; medication errors; difficulty managing chronic diseases; and skipping preventive services, such as flu vaccines.³⁷⁴
- The NIH National Library of Medicine suggests the following strategies for improving health literacy: ensuring that community members can easily access health information, providing plain language health materials in different languages, training health professionals about health literacy best practices, creating clearinghouses of health literacy information for health professionals, and reviewing health materials (like insurance forms and medication instructions) with community members to help make sure they understand the information.³⁷⁴
- The NIH National Center for Complementary and Integrative Health describes integrative health as a way to bring conventional and complementary health care approaches together in a coordinated way. Integrative health also emphasizes multimodal interventions — combinations of various interventions such as conventional medicine, lifestyle changes, physical rehabilitation, psychotherapy, and complementary health approaches — with an emphasis on treating the whole person.³⁷⁵
- According to the Mayo Clinic, integrative medicine can help people with cancer, persistent pain, chronic fatigue, fibromyalgia and many other conditions to better manage their symptoms and improve their quality of life by reducing fatigue, pain and anxiety. Examples of common practices include acupuncture, animal-assisted therapy, aromatherapy, dietary supplements, massage therapy, music therapy and meditation.³⁷⁶

³⁷¹ Lee A., Cardel M., & Donahoo W.T. (2019). Social and Environmental Factors Influencing Obesity. *Endotext*.

³⁷² Sarafrazi N., Wambogo E.A., & Shepherd J.A. (2021). Osteoporosis or low bone mass in older adults: United States, 2017–2018. NCHS Data Brief, no 405. Hyattsville, MD: NCHS. DOI: <https://dx.doi.org/10.15620/cdc:103477>

³⁷³ National Institutes of Health (NIH) (2019), *Osteoporosis Overview*.

³⁷⁴ NIH National Library of Medicine (2021), *What Is Health Literacy?*

³⁷⁵ NIH National Center for Complementary and Integrative Health (2021), *Complementary, Alternative, or Integrative Health: What's In a Name?*

³⁷⁶ Mayo Clinic (2022), *Integrative Medicine and Health*.

Objectives

- Host community health education classes and support groups on a variety of topics
- Offer health literacy resources through the Cushman Wellness Center Community Health Library and outreach at community events
- Provide health education and resources at community-sponsored health fairs and events
- Provide fundraising support for nonprofit health organizations

FY 2022 Report of Activities

In FY 2022, the OPP and various departments at SMH provided free community education classes and support groups on a range of health topics. Programs were offered either in-person or virtually depending on the most current COVID-19 pandemic safety guidelines.

Classes covered various aspects of health and wellness, including cancer and childbirth. In addition, monthly integrative medicine classes invited both employees and members of the community to learn about the emotional, mental, social, spiritual and environmental influences that impact health. Class topics included: Holiday Depression Prevention: An Integrative Approach; Quick, Effective Holiday Stress Management Techniques for Self-Care and Resilience; How Deep is Your Sleep? Quality Matters; Trauma Perspectives and Strategies for Caregivers and Care Providers in the Age of COVID-19; Emotional Agility; Releasing Fascia Can Relieve Discomfort and Pain; Calm in the Midst of Chaos; Fill Up Your Tank with Oriental Medicine, Doctor's Orders!; Become Active with the Power of Nature; The Many Myths & Singular Truth about Meditation; and To Kegel or Not to Kegel: Physical Therapy for Pelvic Floor Dysfunction. Integrative medicine classes offered in-person, virtual and recorded meeting options in FY 2022 and served approximately 30 participants. SMH also connected with approximately 225 community members each month through its integrative medicine class email list.

Support groups provided an outlet for community members to share their personal experiences and advice for coping with various challenges, including cancer, breastfeeding, postpartum mood disorders, and nutrition and support following bariatric surgery. Sharp Rehab also hosted free support groups, including groups for stroke survivors, individuals with spinal cord injury (SCI), and those recovering from the physical or cognitive effects of a past COVID-19 diagnosis.

The YESS support group focused on educating the community about stroke and the effects of stroke on young people and their families. The group offered guest speakers, adaptive exercise classes, social meetings and support meetings. Serving not only stroke survivors, but also adults with head injuries, family members, professionals and educators, YESS reached approximately 200 participants in FY 2022, which included SMH's virtual support group meetings and virtual adaptive exercise classes. In addition, YESS connected with approximately 700 survivors, family members and health

professionals through its mailing list. Offered monthly through Zoom, the Women's SCI support group served approximately 10 individuals each session in FY 2022 as well as an email network of 25 community members. Topics of discussion in FY 2022 included pain management, advocating for oneself in the medical setting, weight management, and traveling in a wheelchair, among others.

A twice monthly, post-COVID-19 group supported community members living with residual health issues from a prior COVID-19 diagnosis, including pulmonary issues, balance/vestibular problems, cognitive challenges and pain. The group provided members the opportunity to share how they are doing as well as propose personal topics of interest to discuss. In FY 2022, discussions included but were not limited to COVID-19 and the five stages of grief, the importance of self-pacing as a recovery strategy, mindfulness, and the spoon theory — a metaphor to help individuals living with chronic pain express how health issues impact their ability to complete daily activities. The group served between three and seven attendees each session in FY 2022, and through a class survey, was reported by participants as enjoyable and of interest for continuation. In April, Sharp Rehab's neuropsychology and speech therapy teams launched a new Long-Haul COVID-19 Cognitive Skills class. The six-week, online series is designed for individuals with cognitive difficulties related to post-acute sequelae of COVID-19, commonly known as long-haul COVID-19. Participants learn about a variety of mental strategies and external aids to help manage problems with memory, attention, organization and other thinking skills. Although this new series is provided for a fee, SMH waives the cost for community members who cannot afford to pay.

In addition, in September Sharp Rehab joined Sharp Lends a Hand to sponsor They Will Surf Again, a signature event of the Life Rolls On Foundation — a nonprofit organization dedicated to improving the quality of life for people affected by SCI. During the event, Sharp Rehab team members helped more than 20 individuals who normally use wheelchairs to experience the thrill of surfing with the help of special equipment and volunteers.

The OPP houses the Cushman Wellness Center Community Health Library, which provides access to a range of resources in various languages to help patients and community members locate reliable health information. The library is led by a consumer health librarian with specialized training in community health as well as a store manager with expertise in health-related gifts, assistive devices and community health resources. In addition to DVDs, CDs, books, pamphlets and access to the internet, the library provides an online collection of health and wellness eBooks, audio books and e-Magazines that can be accessed by community members both on and offsite. In addition, the library publishes and distributes a quarterly newsletter to keep the public informed about pertinent health news and upcoming community education classes and support groups. Each quarter in FY 2022, the library mailed approximately 420 newsletters and delivered more than 270 electronically. Community members can learn about the Cushman Wellness Center Community Health Library through sharp.com and

may contact the consumer health librarian by email, phone or through the library's webpage. The library also serves as an informational resource for all Sharp entities.

In May, SMH staff participated in the annual Sharp Women's Health Conference. Staff from a variety of hospital departments provided attendees with education and resources on a range of health and lifestyle topics, including: available cancer support services at SMH; diabetes prevention, care and risk assessment; evaluation and recommendations for hand pain and discomfort; body composition screenings; chair massage and acupuncture; musculoskeletal screenings, walking and footwear assessments, and education on posture; and information on women's pelvic health, including screening questionnaires for pelvic health dysfunction.

SMH provided a variety of community education and support for cardiovascular health in FY 2022. The hospital hosted several free webinars throughout the year about heart-related health conditions, including four webinars on atrial fibrillation, two on heart failure treatment, and two on heart valve disease. During these events, SMH-affiliated cardiovascular surgeons and other heart specialists discussed risk factors, symptoms, diagnosis, and the latest treatment options for these conditions, as well as provided question-and-answer sessions. SMH also raised awareness about cardiovascular health through Facebook during American Heart Month in February. As a local sponsor of the AHA's signature women's movement, Go Red for Women, SMH posted information about the signs and symptoms of a heart attack; lifestyle changes to reduce the risk for heart disease; the importance of early detection of CVD to prevent maternal death, especially in Black women; the increased risk of women with a history of heart-related health issues developing dementia or issues with cognition or memory; and the increased likelihood of Hispanic women developing heart disease earlier than non-Hispanics. In addition, SMH provided coordination, support and related fundraising activities for the 2022 San Diego Heart & Stroke Walk.

In FY 2022, SMH participated in opportunities to promote community safety. In March, team members from the Prehospital EMS department hosted a first aid station at the two-day San Diego Crew Classic rowing event where they provided competitors and attendees with blood pressure checks and treatment for minor injuries. In May, trauma center staff participated in the California Highway Patrol's Every 15 Minutes program. The two-day event included a simulated drunk driving motor vehicle accident to raise awareness among students at Steele Canyon High School in Spring Valley about personal safety and how their choices affect the lives of others. SMH supported the event by supplying the hospital's helipad and emergency room to treat the staged victims as well as by filming portions of the event and speaking to the students. In September, trauma center staff participated in the Fall Prevention & Balance Screening event at the GHD in collaboration with the SGH Senior Resource Center, SGH Rehabilitation Services and GHD. The free event provided fall prevention awareness, exercise and movement demonstrations, a health fair, and a variety of other resources for approximately 70 community seniors.

In addition, SMH trauma center staff provided free community trainings on STOP the Bleed, a national awareness campaign to train, equip and empower bystanders to assist in a bleeding emergency before professional help arrives. Trainings were held at the Lemon Grove Rod and Gun Club in July and at Standley Park in University City in September. Through these trainings in FY 2022, 35 community members learned how to properly assess and control a hemorrhage (blood loss) and apply a tourniquet, as well as received STOP the Bleed certification upon successful course completion.

In FY 2022, SMH shared education on a variety of health and wellness topics through the hospital's Facebook page and Sharp Health News. Topics included signs and symptoms of mild traumatic brain injury (TBI); the importance of getting quality sleep; the benefits of adaptive yoga for a range of disabilities; facts about Paxlovid medication for the treatment of COVID-19; facts about tobacco products and the risk of lung cancer; and dietary tips to improve bone density and prevent osteoporosis. SMH also used its Facebook page to raise awareness of important health and social issues throughout the year, including mental health; traumatic injury prevention, including violence prevention and promoting peace in the community; diversity, equity, inclusion and belonging and support for the LGBTQ+ community; Juneteenth; organ transplantation; fall prevention; stroke; hearing and speech disorders; and various cancers including breast, colorectal, lung, brain, and oral, head and neck cancers. In addition, in FY 2022, SMH's health and wellness education was featured in several local media outlets including *The San Diego Union-Tribune*, CBS News 8, NBC – 7 San Diego, KUSI News, 10News – ABC San Diego KGTV and Fox 5 San Diego.

In 2020, SMH created the SMH Family Resource Center (FRC) as part of its community response to the COVID-19 pandemic. Built as a massive tent structure outside of the ED, the hospital built the FRC immediately following the outbreak to help connect family members to their hospitalized loved ones during mandatory visitor restrictions. The FRC quickly evolved into a place of support for the broader community, including individuals searching for family and friends at other hospitals and those seeking information about COVID-19 testing and treatment. The SMH FRC continues to support patients, visitors and community members with their COVID-19-related concerns, as well as provides general assistance and connection to other health and hospital resources as requested. Since its launch in 2020, the SMH FRC has addressed the needs of tens of thousands of San Diegans.

FY 2023 Plan

SMH will do the following:³⁷⁷

- Provide community education classes and support groups on a variety of topics, including health and social needs identified in the SMH 2022 CHNA
- Develop and distribute quarterly newsletters to inform the community of health education and screening opportunities

³⁷⁷ Where applicable, SMH will perform these activities as COVID-19 public health and safety guidelines allow.

- Provide community health and wellness clinics (flu shots, blood pressure checks, memory screening)
- Provide free STOP the Bleed trainings to community members throughout SDC
- Provide coordination, support and fundraising activities for local nonprofit organizations
- Offer support to community members through the SMH FRC

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

Rationale references the findings of the SMH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2022 CHNAs identified chronic health conditions, including cancer, as one of the priority health and social needs affecting the community members served by SMH.
- Focus groups conducted as part of the HASD&IC 2022 CHNA described the following challenges related to accessing cancer care: delayed or disrupted access to cancer screening during the COVID-19 pandemic; financial stressors, including the cost of health insurance premiums and co-pays; stigma surrounding a cancer diagnosis; and practical issues to facilitate healing and recovery, such as housing and transportation. In addition, undocumented community members with cancer were described as being at a severe disadvantage, as many lack the necessary insurance coverage to enroll in programs and services that could provide financial, logistical and other supportive needs.
- Data analysis in the SMH 2022 CHNA revealed a higher volume of hospital discharges due to cancer in communities within SDC facing greater socioeconomic challenges.³⁴⁶
- Participants in the interviews conducted by community health workers and *promotores* as part of the HASD&IC 2022 CHNA identified cancer as a major health concern among community members.
- Analysis of Sharp patient data from FY 2016 to 2021 showed a significant decline in cancer screening volumes during the pandemic. Further analysis is needed to assess the impact of the pandemic on screening and oncology patient volumes.
- Participants in the IPH Sharp Provider Survey conducted as part of the SMH 2022 CHNA process reported that patients are more fearful — in general and of coming in for annual cancer screenings. In addition, due to the pandemic, respondents identified populations appropriate for cancer screenings as having increased fear related to using health care services.
- Sharp cancer patient navigators and clinical social workers who participated in focus groups noted that cancer patients may have limited access to specialty care because health care professionals are overwhelmed. Sharp works with cancer specialists across the system to improve access within and among various practices.

- The most frequently observed cancers at SMH in 2021 were (in rank order): breast (18.1%), prostate (9.9%), lung (7.5%), cancers of the hematopoietic and reticuloendothelial system³⁷⁸ (5.3%) and colorectal cancer (5.1%). In total, there were 2,675 new cases of cancer at SMH in 2021.
- According to 2021 Sharp oncology data, 54.5% of the 1,127 SMH cancer patients who received the cancer psychosocial distress screening were identified as at-risk for anxiety or depression, and were referred to internal or external resources, such as social workers or community cancer resources.
- Sharp 2021 oncology data identified the top 10 areas of concern for Sharp cancer patients: health insurance or money worries; worrying about the future and what lies ahead; pain; exercising and being physically active; feeling too tired; worrying about family, children or friends; changes/disruptions in work; sleep; making a treatment decision; and feeling nervous.
- In 2020, cancer was the leading cause of death for SDC residents and was responsible for 20.1% of all deaths.^{343,344}
- There were 5,018 deaths due to cancer (all types) in SDC in 2019. The age-adjusted rate of death due to cancer was 135.2 deaths per 100,000 population in SDC.
- In 2019, 16.9% of all cancer deaths in SDC were due to lung cancer, 8.6% to colorectal cancer, 7.9% to pancreatic cancer, 7.6% to female breast cancer, 7.1% to prostate cancer, 6.4% to female reproductive cancers, 6.4% to liver cancer, and 3.8% each to brain cancer and leukemia.
- The American Cancer Society (ACS) estimates that in 2022, there will be 189,220 new cancer cases diagnosed and 60,970 cancer deaths in the state of California.³⁷⁹
- According to findings from the ACS *Cancer Facts & Figures 2022* report, older age and being female are the strongest risk factors for breast cancer. Potentially modifiable factors associated with increased risk include weight gain after the age of 18 and/or being overweight or obese, menopausal hormone therapy, alcohol consumption and physical inactivity.³⁸⁰
- The same report indicates that people with lower socioeconomic status have higher cancer death rates than those with higher socioeconomic status, regardless of demographic factors such as race/ethnicity. Racial and ethnic disparities in the cancer burden largely reflect disproportionate poverty. Social inequalities, including communication barriers and provider/patient assumptions, can affect interactions between patients and physicians and contribute to miscommunication and/or delivery of substandard care.³⁸⁰
- A recent study by the ACS found that at least 42% of newly diagnosed cancer cases in the U.S. — about 805,600 cases in 2022 — are potentially avoidable. This includes the 19% of all cancers caused by tobacco use as well as the 18% caused by a combination of excess body weight, alcohol consumption, poor nutrition and physical inactivity.³⁸⁰
- Studies have shown that patient navigators contribute to better access and continuity of care, which offers a promising approach to better care integration. In cancer care, navigators help patients to move through the entire care continuum,

³⁷⁸ Cancers of the hematopoietic and reticuloendothelial system include various malignancies that impact the blood and immune system, such as Hodgkin's and non-Hodgkin's lymphoma, leukemia and myeloma (Sharp Cancer Registry, 2020).

³⁷⁹ American Cancer Society (ACS) Cancer Statistics Center (2022), *California at a Glance*.

³⁸⁰ ACS (2022), *Cancer Facts & Figures 2022*.

from prevention to survivorship. Navigators typically identify individual needs and barriers to care, educating patients and communities, and linking patients with different care providers.³⁸¹

- According to the NIH, clinical trials, a part of clinical research, are at the heart of all medical advances. Clinical trials explore new ways to prevent, detect or treat disease, and offer hope for many people as well as an opportunity to help researchers find better treatments for others in the future.³⁸²

Objectives

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

FY 2022 Report of Activities

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

The Laurel Amtower Cancer Institute includes the Neuro-Oncology Center and the Breast Health Center, with designated licensed clinical social workers (LCSW), nurse patient navigators, genetic counselors, dietitians and clinical trials specialists who support and guide patients with cancer and their families from the time of diagnosis through the course of treatment. In FY 2022, LCSWs, as well as two student interns, provided free psychosocial counseling and support as well as referrals to community organizations to approximately 1,980 patients and family members. Nurse navigators provided ongoing guidance for approximately 1,600 patients and families impacted by all cancer diagnoses, including but not limited to breast, head and neck, lung, pancreas, colorectal, testicular, gynecological, and brain and spinal tumors. This included assistance with appointment scheduling; explanation of procedures and test results; provision of educational resources and supportive services; assistance with financial resources; and referrals to multiple community agencies, including, but not limited to: San Diego Homecare, Mama's Kitchen, Meals on Wheels San Diego County, Food

³⁸¹ European Observatory on Health Systems and Policies (in partnership with the WHO) (2022). *What are patient navigators and how can they improve integration of care?* (Policy Brief no. 44).

³⁸² NIH (2022), *NIH Clinical Research Trials And You*.

Bank, Southern Caregiver Resource Center, JFS, Cancer Angels of San Diego, Nine Girls Ask, Support for People with Oral and Head and Neck Cancer, Informed Prostate Cancer Support Group, Pancreatic Cancer Action Network, Wigs by Vee, Hair Unlimited, Women's Health Boutique, My Brighter Side boutique, Free to Breathe, San Diego Brain Tumor Foundation, American Brain Tumor Association, Shades of Pink Foundation California, Head and Neck Cancer Alliance, Oral Cancer Foundation, Leukemia and Lymphoma Society, ACS, National Cancer Institute (NCI), Acoustic Neuroma Association, Breast Cancer Angels and the Cancer Project. In addition, the Cancer Centers of Sharp, including the Laurel Amtower Cancer Institute, partnered with ACS to coordinate transportation at no cost for patients receiving cancer treatment, as well as provide patients with essential lodging services, as needed.

In FY 2022, the Cancer Centers of Sharp — including SMH's Laurel Amtower Cancer Institute — continued to provide a variety of free support groups, educational classes and workshops, reaching more than 1,700 community members impacted by cancer. Programs were provided virtually throughout the year in response to the ongoing COVID-19 pandemic. The virtual format enabled the Cancer Centers of Sharp to expand their reach beyond community members in SDC to individuals located throughout the world.

Support groups provided a safe environment for individuals impacted by cancer to discuss their experience and learn coping strategies. Monthly groups were offered for friends and family members of patients with cancer; patients and survivors of head and neck cancer; individuals living with a brain tumor or brain cancer and their family and caregivers; individuals who have finished or are nearing completion of their cancer treatment; and young patients living with cancer (ages 20 through early 40s), including a group for those in cancer stages 0-3, and a group for young patients with advanced cancer. Additional support groups were available twice per month, including a general cancer support group for individuals with any diagnosis at any stage, men living with cancer at any stage, and individuals living with advanced cancer, as well as morning and evening groups for individuals in breast cancer stages 0-3, whether recently diagnosed, or going through treatment and beyond. Further, the Cancer Centers of Sharp offered a weekly Art and Chat support group for patients living with cancer, survivors and their loved ones, which included a combination of conversation and relaxing drawing methods to increase focus, creativity, self-confidence and personal well-being.

Educational classes and webinars addressed various aspects of a cancer diagnosis, including mental and emotional well-being, nutrition, and more. Monthly Cancer and the Arts classes gave community members an outlet to cope through creativity and art. The monthly New Cancer Diagnosis webinar supported individuals with coping, adjusting and growing through their new cancer experience. The Nutrition and Breast Cancer Class and Nutrition Class: Before, During and After Cancer Treatment reinforced healthy eating habits for those with cancer. Further, the monthly Lunch and Learn Cancer Education series invited community members, patients and families to hear from health experts about unique cancer-related topics, including cancer and sexuality;

communicating with one's health care team; communicating with loved ones; preparing for the worst while hoping for the best; humor and cancer; care for the caregivers; self-care; stress management; the science of making healthy lifestyle changes; self-talk; talking to children about cancer; and cancer and aging. Nearly 400 individuals attended the Lunch and Learn Cancer Education webinars in FY 2022, while recorded versions were shared with an additional 75 community members who were unable to participate live. In addition, the Cancer Centers of Sharp continued to hold free monthly classes on lymphedema — a condition that causes swelling due to damage or blockage in the lymphatic system. Led by a certified lymphedema therapist, the classes taught individuals who were at high risk of developing lymphedema about risk factors, prevention strategies, signs and symptoms, and treatment options for the condition. Participants also received educational and community resources, including a guide to local medical vendors to purchase a compression garment to help manage their condition.

The Cancer Centers of Sharp also hosted a variety of workshops for cancer patients and their loved ones in FY 2022. The weekly Relaxation Skills workshop offered breathing and other relaxation exercises, as well as guided meditations, to help reduce tension and stress in the body and mind and promote a sense of peace and well-being. Four additional workshops rotated monthly throughout the year. The Relaxation and Quieting the Mind workshop helped patients with cancer and their loved ones manage stress, anxiety and difficult emotions related to a cancer diagnosis, while the Scanxiety: Managing the Fear of Cancer Recurrence workshop assisted patients in understanding and managing anxiety related to tests and scans. The Chemo Brain Workshop: Improving Memory and Concentration as well as How to Help Someone with Chemo Brain – A Class for Loved Ones helped address memory problems related to chemotherapy and other cancer treatments. Further, the Managing Sleep and Fatigue workshop assisted patients with cancer and their loved ones with fatigue and sleep issues both during and after treatment. In addition, in FY 2022 the Cancer Centers of Sharp partnered with Sharp's advance care planning (ACP) team to provide free ACP webinars for patients and community members. Led by Sharp HospiceCare team members with specialized training in ACP, the webinars helped participants identify their personal health care choices, communicate their wishes to loved ones, and develop their advance health care directive.

In FY 2022, the Laurel Amtower Cancer Institute collaborated with the Cancer Centers of Sharp to host two free, specialized online events for community members, patients, families and caregivers impacted by cancer. In October, more than 50 individuals attended a webinar titled Surviving Cancer: Thriving After a Diagnosis. The event featured presentations by Sharp oncology social workers and a dietitian on topics including thriving after a cancer diagnosis, nutrition and exercise for survivors, and cancer-related cognitive impairment. In addition, a Sharp-affiliated physician shared about her personal journey with breast cancer. In April, approximately 60 community members participated in the annual Brain Tumor Workshop. During the virtual event, Sharp's cancer team members discussed their various roles in working with patients with brain tumors and what to expect during the care process, as well as answered

participants' questions about diagnosis and treatment. In further support of community members impacted by a brain tumor diagnosis, in May, a Laurel Amtower Cancer Institute team member presented virtually to more than 20 members of the San Diego Brain Tumor Foundation's community support group. Topics included understanding a brain tumor diagnosis, coping strategies and resources to support caregivers.

In May, the Cancer Centers of Sharp, including the Laurel Amtower Cancer Institute, participated in the annual Sharp Women's Health Conference. Team members shared a variety of information during the event, including how to properly perform a breast-self exam and the importance of performing this exam monthly, as well as available cancer support services at Sharp such as educational classes, and nutrition, social work and nurse navigation services. Approximately 650 community members participated in the conference in FY 2022.

In FY 2022, the Cancer Centers of Sharp launched a private Facebook group titled Sharp HealthCare Cancer Patient Community. This group was created for cancer patients and their loved ones to create a sense of community and connection as well as provide reliable information, thoughtful content, live discussions, and a quick and easy way to view current program and service offerings. This Facebook page has more than 150 participants who are able to access up-to-date and vetted information, as well as post about issues of concern related to themselves and others.

Beginning in July 2021, the Cancer Centers of Sharp formed a taskforce to explore the development of a continuum of care for patients experiencing chemo brain, more formally known as cancer-related cognitive impairment. Building off the existing webinar for chemo brain, the group created a patient flow, from diagnosis onward, developing educational materials, an additional webinar for loved ones, one-on-one assessment and treatment by a Sharp speech language pathologist, an eight-session class taught by the speech language pathologist and oncology social worker, and a mentor program for graduates. These two cohorts featured a total of 14 participants, who provided positive feedback on the experience and degree of support they received. This continuum of care is the first of its kind in San Diego.

From June to November 2021, Sharp's systemwide INCP participated on the ACS CoC's Plan-Do-Study-Act (PDSA) clinical study titled Return to Cancer Screening. As a systemwide effort, Sharp participated in this clinical study to increase the pre-pandemic screening rates for both breast and colorectal cancers by 10% and reduce the backlog in screenings caused by pandemic disruptions. Various departments implemented measures to bring patients in for screenings, which included social media campaigns, news stories, and personal outreach for booking appointments, mailings and reminders. Findings were reported in February 2022: Sharp's breast cancer screening goal reached 91% of the target and colorectal cancer screenings exceeded the goal, with 103% of target.

Beginning in January, Sharp participated in a second PDSA clinical study with the CoC addressing smoking cessation as a means to improve patient cancer risk and treatment

outcomes. This study reviewed whether all newly diagnosed cancer patients are being asked about their smoking status and offered cessation resources as appropriate. The initial data collection suggested that Sharp providers are consistently asking this question during consultation appointments (99% of the time) but smoking cessation resources offered to patients varied and were inconsistent across the system. Sharp improved its process by creating a new, Sharp-branded patient resource to be shared with all cancer treatment providers. Final smoking cessation data will be collected and reported in February 2023.

For more than 20 years, the Clinical Oncology Research (COR) Department at Sharp has conducted clinical trials to facilitate the discovery of new and improved treatments for cancer patients and to enhance scientific knowledge for the larger health and research communities. Sharp's COR program includes a balanced portfolio of industry-sponsored, investigator-initiated and NCI studies. These studies explore the efficacy and safety of novel cancer therapeutic agents or technologies to benefit the most common cancer types. NCI studies focus on optimizing the standard of care. Sharp's COR collaborates with 22 physician-investigators throughout SDC's south, east and central regions. This brings innovative treatments close to research participants' homes and minimizes the travel time for their care and study participation.

In FY 2022, the COR pre-screened 400 patients for participation in oncology clinical trials. As a result, 33 patients consented to participate in cancer research studies. Clinical trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, pancreatic and prostate. Sharp is the only health care organization in SDC to be accredited by the Association for the Accreditation of Human Research Protection Programs, demonstrating Sharp's commitment to rigorous standards for ethics, quality and protection for research participants.

FY 2023 Plan

The Laurel Amtower Cancer Institute at SMH will do the following:³⁷⁷

- Provide a variety of virtual cancer support groups for community members, patients, families and caregivers
- Provide virtual education classes and workshops on topics including nutrition, lymphedema and emotional well-being for patients and community members impacted by cancer
- Offer classes to address cognitive impairments related to cancer and cancer treatments
- Collaborate with the Cancer Centers of Sharp to provide virtual workshops on various cancer wellness topics, including Spanish-language options
- Continue to educate and raise awareness among community members and physicians about low-dose computed tomography (CT) lung cancer screenings and lung nodule management

- Provide cancer education and resources at community health fairs and events as permitted by COVID-19 public health guidelines
- Through philanthropic support, provide transportation services for patients with cancer in need of assistance to and from treatment appointments
- Conduct clinical trials to discover cancer treatments and inform the broader health and research community
- Seek funding to support the Laurel Amtower Cancer Institute
- Participate in and provide fundraising for events to support cancer research in San Diego
- Implement a patient and family advisory counsel
- Provide the private Sharp HealthCare Cancer Patient Community Facebook group

Identified Community Need: Prevention of Unintentional Injuries

Rationale references the findings of the SMH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2022 CHNAs identified community safety as among the priority health and social needs affecting community members served by SMH.
- The HASD&IC and SMH 2022 CHNAs identified the following themes related to community safety in SDC: racism; violence and coercion; implications for high-risk populations; human trafficking; and hospital workforce safety.
- HASD&IC 2022 CHNA community engagement participants emphasized the importance of a safe environment in which to live, exercise, or play. Concerns related to living in an unsafe neighborhood include lack of access to safe outdoor spaces, as well as exposure to racism and bullying. These challenges impact people of all ages, but are of particular concern for children.
- In addition, clinicians and community-based organizations shared concerns about increasing safety risks for children, including some that have been exacerbated by the COVID-19 pandemic. Virtual learning in schools created fewer opportunities for mandated reporters to identify incidents of domestic violence and neglect, and children who were seen at hospitals seemed to have more serious injuries.
- In 2020, accidents (unintentional injuries) were the sixth leading cause of death for SDC overall.^{343,344}
- Unintentional injuries are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region. Unintentional injuries include the following: motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, explosions, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cutting/piercing, exposure to electrical current/radiation/fire/smoke, natural disasters and workplace injuries.
- Between 2015 and 2019, more than 5,800 San Diegans died from injuries that were not self-inflicted.
- In 2020, there were 1,513 deaths due to unintentional injury in SDC, accounted for 6.2% of all deaths countywide.

- In 2019, there were 23,310 hospitalizations related to unintentional injury in SDC. The age-adjusted rate of hospitalizations due to unintentional injury was 650.9 per 100,000 population.³⁴⁷
- In 2019, there were 173,014 ED visits related to unintentional injury in SDC. The age-adjusted rate of ED visits due to unintentional injury was 5,122.0 per 100,000 population.
- According to the County of San Diego Department of the Medical Examiner's *2021 Annual Report Executive Summary*, more than half of sudden and unexpected deaths in SDC were attributed to accidental causes, including poisoning, falls, traffic or train related injuries, drowning, asphyxiation or environmental exposure. The number of deaths attributed to accidental causes increased 22.2% from 2020 to 2021.³⁸³
- According to *Childhood Unintentional Injuries in San Diego County: A report to the community*, the COVID-19 pandemic has led to changes in the types of injuries that were most often experienced by children and youth. With stay-at-home orders, families were contained in their homes and unintentional injuries in the home, like window falls, led to hospitalizations in greater numbers than expected. As families spent more time outside, hospitals experienced an increase in all-terrain vehicle crashes and an unexpected increase in drownings — primarily in backyard pools.³⁸⁴
- California Department of Public Health and HCAI injury data indicates that, in 2020, unintentional injuries caused more than 1,500 deaths, nearly 130,000 million ED visits, and more than 27,500 hospitalizations in SDC^{336,385}
- In 2020, unintentional injury was the fourth leading cause of death across all age groups in the U.S., accounting for nearly 201,000 deaths. Unintentional injury was the leading cause of death in the U.S. for people ages 1 to 44, the third leading cause of death for ages 45 to 64, and the eighth leading cause of death for those over the age of 65.³⁸⁶
- In 2020, more than 170,200 unintentional injury deaths in the U.S. were attributed to three causes: poisoning (43.5%), motor vehicle traffic accidents (20.3%) and falls (21.0%).³⁸⁶
- According to the *Report Card on Children, Families, and Community, 2021*, more children die or become seriously hurt from injuries than from all childhood diseases combined, and childhood injuries can result in long-term disabilities. They can be prevented by changing the environment, behaviors, products, social norms and policies. The groups at greatest risk of childhood injury include children under one year old or older youth as well as Native American and rural children.³⁸⁷
- According to the CDC, TBI is a major cause of death and disability in the U.S., contributing to about 32% of all injury deaths. Those who survive TBI can face effects lasting a few days to disabilities that last the rest of their lives. Preventing older adult falls, improving safe play in sports, reducing firearm-related injuries, and

³⁸³ County of San Diego Department of the Medical Examiner (2022), *2021 Annual Report Executive Summary*.

³⁸⁴ Rady Children's Hospital San Diego (2022), *Childhood Unintentional Injuries in San Diego County: A report to the community*.

³⁸⁵ CDPH (2022), *CDPH Vital Statistics Death Statistical Master Files*.

³⁸⁶ CDC, National Centers for Injury Prevention and Control Web-based Injury Statistics Query and Reporting System (2022). *Leading Causes of Death, U.S., 2020*.

³⁸⁷ The Children's Initiative (2022). *Live Well San Diego Report Card on Children, Families, and Community, 2021*.

increasing motor vehicle safety can reduce TBI. Public health approaches to injury prevention can reduce the rate of TBI and its long-term consequences.³⁸⁸

- In addition, in 2019, the economic cost of injury in the U.S. was \$4.2 trillion, including \$327 billion in medical care, \$69 billion in work loss and \$3.8 trillion in value of statistical life and quality of life losses. Economic cost was highest among working-age adults, highlighting that injuries during the most productive part of people’s lives result in a high societal cost.³⁸⁹
- Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and SCI. The physical, emotional, psychological and learning problems that affect injured children, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation. Educational programs like ThinkFirst increase knowledge and awareness of the causes and risk factors of brain and SCI, injury prevention measures, and the use of safety habits at an early age.³⁹⁰

Objectives

- Provide the ThinkFirst injury prevention program to children, adolescents and young adults throughout SDC
- Provide presentations and opportunities to San Diego County Office of Education (SDCOE) high school students around injury and violence prevention and health care career readiness

FY 2022 Report of Activities

ThinkFirst San Diego (ThinkFirst) — a program led by Sharp Rehab — is a chapter of the ThinkFirst National Injury Prevention Foundation, a nonprofit organization dedicated to preventing brain, spinal cord and other traumatic injuries through education, research and advocacy. ThinkFirst includes specialized health care professionals known as Voices for Injury Prevention (VIPs) who have personally experienced traumatic injuries. At Sharp, VIPs help educate local youth about injury prevention by using their personal stories and explaining how making safer choices could have prevented the lifelong effects of a traumatic injury.

SDCOE provides a variety of educational, administrative and other support services for schools throughout SDC. This includes a college and career readiness program to help students explore the world of work and build the skills necessary for a successful career. In partnership with SDCOE, in FY 2022, Sharp’s ThinkFirst program provided injury prevention education to nearly 200 students in grades nine through 12 from Montgomery, San Ysidro and San Diego high schools. Due to the continued impact of the COVID-19 pandemic on schools, all activities were conducted virtually. The programs consisted of one- to two-hour classes on topics including the modes of injury (e.g., automobile collisions, violence and injuries tied to sports/recreation); disability

³⁸⁸ CDC, National Center for Injury Prevention and Control (2022), *Get the Facts About TBI*.

³⁸⁹ CDC Morbidity and Mortality Weekly Report (2021). *Economic Cost of Injury—United States, 2019*.

³⁹⁰ ThinkFirst National Injury Prevention Foundation (2022), *ThinkFirst For Kids!*

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

FY 2023 Plan

ThinkFirst will do the following:³⁹¹

- Provide presentations to high school students on injury prevention, including career paths in physical rehabilitation
- Provide and expand educational program offerings to schools and organizations in SDC
- Partner with schools to assess the provision of virtual injury prevention education
- Increase community awareness of ThinkFirst through attendance and participation at community health fairs and events
- Expand beyond the scope of the SDCOE's College and Career Readiness Department to provide and provide educational presentations to schools in North County, Coronado and South Bay
- Grow partnerships with the SDCOE's College and Career Readiness Department through participation in conferences, round table events and collaborative projects
- As appropriate, explore opportunities to incorporate concussion education into school and community-based presentations
- As requested, provide education to health care professionals and college students interested in health care careers

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

Rationale references the findings of the SMH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC 2022 CHNA identified workforce shortages as a foundational challenge that greatly exacerbates the priority health and social needs (access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety and economic stability) affecting community members served by SMH.

³⁹¹ Where applicable, ThinkFirst will perform these activities as COVID-19 public health and safety guidelines allow.

- Workforce shortages were described by HASD&IC 2022 CHNA community engagement participants as the number one priority for local health care providers. The pandemic has severely strained the existing health care workforce, and staffing shortages have exacerbated challenges in meeting the demand for community services. All health care settings, including behavioral health, were described as understaffed, and workforce shortages can adversely impact the patient experience. Further, the workforce shortage is creating a wider equity gap, with fewer culturally competent and linguistically appropriate providers available to care for SDC's diverse communities.
- The IPH Sharp Provider and Sharp Human Resources surveys conducted as part of the SMH 2022 CHNA process identified several educational topics of particular interest and importance to employee professional development, including: defining cultural humility and applying it to health care; the impact of implicit or unconscious bias on decision-making; maternal and infant health with a focus on the Black community; and health disparities among various groups, including the Black, Asian, Latinx and immigrant communities.
- Nearly 90% of IPH Sharp Provider Survey participants reported that COVID-19 had at least a moderate impact in employees' desire to change careers or leave the workforce, which may create challenges in meeting the health care needs of the community. Of these, the majority (78%) reported that Sharp does not have programs or services available to address this issue.
- The HASD&IC and SMH 2022 CHNAs identified the need for a trauma-informed approach to care and the importance of education, training and treating those they serve with dignity. Implementing these approaches by recognizing trauma, strengthening resiliency, and avoiding re-traumatization can lead to more open communication, greater patient engagement, and better attention to patient needs.
- The San Diego Workforce Partnership (SDWP) reported that, in 2021, there were 186,000 people employed in the health care sector in SDC, accounting for 13% of all jobs countywide.³⁹²
- SDWP also cites research by the University of Washington Center for Women's Welfare that estimates the basic needs of a single adult resident of SDC to cost \$3,058.72 per month, requiring full-time employment at \$17.65 an hour. Of the 20 most common occupations in SDC's health care sector, there are 11 with training requirements less than or equal to an associate degree that can provide new graduates with a living wage.³⁹²
- Total employment in California is projected to grow 16% between 2020 and 2030, reflecting an increase of 2.8 million jobs statewide over the decade. The educational services (private), health care and social assistance sector is expected to be one of the fastest-growing industries in California, with 19.0% growth anticipated.³⁹³
- According to the U.S. Bureau of Labor Statistics' *Employment Projections – 2021-2031* report, employment in health care and social assistance is projected to add about 2.6 million jobs from 2021 to 2031 — the highest growth among all industry sectors. Factors that are expected to contribute to this growth include rising demand

³⁹² San Diego Workforce Partnership (2021), *Expanding Access to Healthcare Jobs in San Diego County: Healthcare Sector Overview*.

³⁹³ California Employment Development Department (EDD) (2022), *Employment Projections*.

for the care of an aging baby-boom population, longer life expectancies and higher prevalence of chronic conditions.³⁹⁴

- According to a report from the California Health Care Foundation (CHCF) titled *California Physicians: A Portrait of Practice*, the supplies of physicians, physician assistants and three types of advanced practice nurses in California grew between 2016 and 2020, while the supply of clinical nurse specialists decreased. The increased supply of licensed physicians does not accurately reflect the availability of care, however — less than half of California’s physicians provided care 40 or more hours per week.³⁹⁵
- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce.³⁹⁶
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages.³⁹⁶
- The California Future Health Workforce Commission (CFHWC) has described several recent state budget and policy actions intended to address the significant health and economic impacts of the COVID-19 pandemic. This includes investments in the mental health workforce, particularly for those who work with children and youth; investments in physician residencies, with an emphasis on psychiatry; additional HCAI oversight for state-supported health workforce programs; expanding the scope of practice for nurse practitioners; and creating several new reimbursable provider types, such as community health workers.³⁹⁷
- According to CFHWC key informant interviews with private sector health care leaders, California’s workforce needs include increasing workforce diversity; educating young Californians that futures in the health sector are appealing regardless of background, socioeconomic status, race/ethnicity, and gender; and partnering with schools and companies to remove barriers to continuing education and develop pipelines for jobs.³⁹⁸
- A CHCF survey of frontline health care workers during COVID-19 reflects the sustained mental and emotional toll of providing patient care during the pandemic. Six in 10 providers continue to feel overworked and burned out, while nearly half are frustrated by their job. Nearly three out of four nurses (72%) say they feel burned out from their work — higher than the 61% reported among nurse practitioners and physician assistants, 57% among doctors and 56% among behavioral health specialists.³⁹⁹

³⁹⁴ U.S. Bureau of Labor Statistics (2022), *Employment Projections – 2021-2031*.

³⁹⁵ California Health Care Foundation (CHCF) (2021), *California Physicians, 2021: A Portrait of Practice*.

³⁹⁶ CHCF (2021), *Health Workforce Strategies for California: A review of the Evidence*.

³⁹⁷ California Future Health Workforce Commission (CFHWC) (2022), *January 2022 Update on Health Workforce Progress*.

³⁹⁸ CFHWC (2020), *Meeting the Demand for Health: Top Priorities, Challenges, and Proposed Actions for the Private Sector to Support the Workforce California Needs*.

³⁹⁹ CHCF (2021), *COVID-19 Tracking Poll, May 2021 Views from California Health Care Providers on the Front Lines*.

Objectives

- Collaborate with schools, colleges and universities to provide opportunities for students to explore and train for a variety of health care professions
- Collaborate with local schools to promote interest and provide career pathways in health care
- Provide training for local, national and international health care professionals

FY 2022 Report of Activities

In FY 2022, SMH collaborated with local, state and national schools, colleges and universities to provide learning opportunities for students to explore and train for careers in health care. Although pandemic-related interruptions to student placement continued in FY 2022, SMH and the OPP still offered valuable hospital-based training to 245 nursing students, 17 advanced practice provider students and more than 230 ancillary (non-nursing) students. These students spent more than 80,700 hours on the hospital campus in FY 2022. Program partners included American Career College, Azusa Pacific University, California State University San Marcos, EMSTA College, Grand Canyon University, Grossmont College, Grossmont Health Occupations Center, National University, Palomar College, Pima Medical Institute, Point Loma Nazarene University (PLNU), San Diego Mesa College, San Diego State University (SDSU), San Joaquin Valley College, Southwestern College (SWC), University of California (UC) San Diego, UC San Diego Extension, University of San Diego, University of Southern California, University of St. Augustine for Health Sciences and Western Governors University. In addition, SMH partnered with Midwestern University in Glendale, Arizona, to provide physician-led mentorship opportunities for 12 medical students.

The Sharp Diabetes Education Program provided education to several students throughout FY 2022. In September, the Sharp Diabetes Education Program provided virtual diabetes education on the different types of diabetes, diagnoses, current technology and medication, community resources for patients, patient education modalities and careers in diabetes to more than 20 dietetic students at SDSU. The Sharp Diabetes Education Program also mentored two dietetic interns from the San Diego Women, Infants, and Children (WIC) Dietetic Internship program. The director of the Sharp Diabetes Education Program served as a board member of the San Diego WIC Dietetic Internship program in FY 2022 and provided a presentation on diabetes care, the role of the dietitian, the different types of diabetes, nutrition and meal planning, diabetes and technology and more to all six interns in the program. Additionally, the Sharp Diabetes Education Program provided mentorship to a graduate nursing student intern at SMH. In September, the program director participated in a career panel discussing careers in dietetics, including outpatient diabetes care, to approximately 50 dietetics students at the California Academy of Nutrition and Dietetics Career Fair at PLNU. During the panel's question-and-answer session, attendees were able to ask questions about panelists' experiences in the field of dietetics.

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 32 community paramedic interns in FY 2022. Students completed more than 140 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. SMH's ED staff contributed approximately 4,600 hours of clinical training and supervision to these students in FY 2022. In addition, SMH collaborated with County of San Diego EMS to provide two mobile intensive care nurse training programs. The extensive, six-week classroom-based program trains registered nurses to operate hospital base station radio equipment and provide care in the pre-hospital setting.

In FY 2022, SMH also provided educational opportunities to students in grades nine through twelve from Health Sciences High and Middle College (HSHMC). Through Sharp's partnership with HSHMC, students shadow health care providers in both patient and non-patient care environments to explore real-world applications of their school coursework. For two weeks in September, approximately 85 students shadowed SMH staff from various hospital teams, including but not limited to radiology, nursing, patient transport, and library services.

In addition to providing education and training to community students, SMH team members supported the development of community health professionals. In April SMH trauma center staff provided a presentation titled Traumatic Hemorrhage and Bloodless Management – A Little Goes a Long Way to approximately 50 members of the San Diego Chapter of the AACN. Topics included accident prevention, risk mitigation, STOP the Bleed, rapid transport to care, blood transfusion and more.

Sharp Rehab provided a free, online Mindful Self-Compassion course to 16 community and Sharp professionals in FY 2022. Designed by professionals at the University of Texas and Harvard Medical School – Cambridge Health Alliance, Mindful Self-Compassion teaches mindfulness, self-kindness and self-compassion skills to help health professionals recognize difficult situations and respond with greater resilience.

In 2018, the SMH assistant librarian created the Health Subcommittee for the San Diego Regional Human Trafficking and CSEC Advisory Council. This multidisciplinary group includes physicians, nurses, mental health professionals, social workers, executives and community stakeholders. It was established to support health care systems in addressing human trafficking and supporting survivors through sharing best practices, protocol development and education. As part of this work, in FY 2022 the SMH assistant librarian provided education and training to community health care professionals on how to properly identify and care for survivors of human trafficking. These efforts help address the findings of Sharp's triennial CHNAs and support the collaborative, countywide HASD&IC CHNA process.

For the third year, in October the SMH assistant librarian served as a facilitator at the two-day Train-the-Trainer Academy presented by HEAL (Health, Education, Advocacy,

Linkage) Trafficking — an organization that leads innovative health solutions to address human trafficking in communities worldwide. The program equipped more than 40 public health and health care educators with the knowledge and skills needed to train other health professionals in their communities to respond to human trafficking.

In September, the SMH assistant librarian participated on a panel at the Trauma Informed Care Town Hall presented by the California Association for Nurse Practitioners Health Justice Committee. During the event, approximately 100 attendees learned about what trauma-informed care (TIC) is, why it matters, and how to apply it to support patients and providers. Also in September, the SMH assistant librarian shared a poster presentation with 100 community health and research professionals during the 8th Annual Sharp Interprofessional Research & Innovations Conference. The presentation taught participants how to use the PEARR (provide privacy, educate, ask, respect and respond) tool — an evidence-based framework for the assessment of trafficking and other forms of interpersonal violence — to reduce stigma and support patients who have been trafficked or experienced unsafe relationships.

In FY 2022, the SMH assistant librarian supported community health providers through a TIC continuing education series, which was developed in collaboration with the Institute on Violence, Abuse and Trauma; Palomar Health; and the Health Subcommittee for the San Diego Regional Human Trafficking and CSEC Advisory Council. Beginning in 2021, the SMH assistant librarian provided planning support for the series, as well as education on topics including: the neurobiology of trauma (post-traumatic stress disorder); principles of TIC; the PEARR tool; adverse childhood experience (ACE) scores (a metric for the amount of toxic stress endured during childhood); and vicarious trauma (the effect a traumatized client has on frontline staff). By providing clinicians with the knowledge and skills to address the violence and exploitation impacting patients, the TIC continuing education series can improve both clinician and patient experiences. In addition, the series helps address the social determinants of health (SDOH) that contribute to human trafficking and similar exploitation (e.g., addiction and its potential contributions to poor health outcomes) and helps promote the dignity and autonomy of patients. Further, updating procedures and language to be trauma-informed as a universal precaution improves Sharp's efforts to implement person-centered care for all patients. In FY 2022, the TIC continuing education series served approximately 70 community health care professionals.

As co-chair of the Health Subcommittee for the San Diego Regional Human Trafficking and CSEC Advisory Council, the SMH assistant librarian provided planning and support for the committee's monthly meetings, which covered a range of topics in FY 2022 including: non-fatal strangulation assessment, labor trafficking, teen dating violence, introduction to TIC, experiences of trafficking within LGBTQ+ communities, and the dangers of conspiracy thinking in anti-human trafficking work, as well as open forum discussions on topics of interest or concern. More than 150 community members attended the live meetings, some of which were recorded and shared on YouTube. More than 500 community members received meeting details, best practices and topic resources throughout the year.

The SMH assistant librarian engaged in a variety of other efforts throughout the year to promote best practice sharing in addressing human trafficking and supporting survivors. This included providing feedback to the San Diego County Board of Supervisors and HASD&IC on needs and gaps in addressing human trafficking in the San Diego community. In addition, the SMH assistant librarian collaborated with Your Safe Place: A Family Justice Center, Planned Parenthood, HASD&IC, and the Health Subcommittee for the San Diego Human Trafficking & CSEC Advisory Council to support patients experiencing domestic violence and/or human trafficking. Efforts included creating a local hotline to the Safe Shelter Collaborative as well as developing personal items (e.g., lip balm) that contain discreet safety information and resources for those in need. Further, in February, the SMH team member presented on a trauma-informed approach to human trafficking to 65 physician assistant and nursing students from PLNU.

Further, SMH contributes to the expansion of scientific knowledge and medical advancements throughout the larger health and research communities through participation in clinical trials. In FY 2022, SMH provided orthopedic clinical trials to improve care and outcomes of patients with musculoskeletal disorders, including osteoarthritis, cartilage repair, hip dysplasia and bone injury, as well as bone regeneration treatment.

FY 2023 Plan

SMH will do the following:³⁷⁷

- Provide professional development opportunities for health professions students and interns throughout SDC
- Collaborate with HSHMC to provide opportunities for high school students to explore careers in health care
- Offer education and training programs for community health professionals
- Participate in oncology-related continuing education opportunities for community physicians and other health care professionals
- Provide continuing education lectures to community physicians, residents, interns and Navy personnel at the SMH Hip Preservation Center
- Participate on the Health Subcommittee for the San Diego Regional Human Trafficking and CSEC Advisory Council to assist health care systems with addressing human trafficking and supporting survivors
- Collaborate with community partners to offer vaccines (e.g., Hepatitis A, Human Papillomavirus) to survivors of human trafficking
- Promote Sharp's continuing education series on TIC to internal and external stakeholders
- In collaboration with HASD&IC, explore and implement protocols in regional health care systems to identify and support patients who have been trafficked
- Collaborate with HASD&IC to provide a continuing education event addressing human trafficking in health care settings

- Explore opportunities to train survivors of human trafficking to teach best practices to health care systems
- Support plans of local stakeholders and organizations to create safe spaces for LGBTQ+ and other youth to learn about healthy relationships and boundaries

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

Rationale references the findings of the SMH 2022 CHNA, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2022 CHNAs identified access to health care and economic stability among the priority health and social needs affecting the community members served by SMH, particularly underserved and underfunded patients who face inequities.
- The HASD&IC and SMH 2022 CHNAs identified the following themes related to accessing health care in SDC: overall barriers to care; the impact of telehealth; health literacy; transportation; health insurance and financial concerns; stigma; the needs of specific populations (LGBTQ+, people experiencing homelessness, individuals at the end of life, undocumented individuals, and parents or caregivers); the need for TIC; and workforce challenges.
- HASD&IC 2022 CHNA participants also described the following logistical challenges related to accessing health care: making primary care appointments or accessing their usual source of care; insurance restrictions and confusion; a need for referrals to access certain services or treatments; finding the right fit with a provider; and timeliness related to level of care, such as locating after-hours urgent care.
- Across HASD&IC's interviews and focus groups, there was a universal acknowledgment that the COVID-19 pandemic caused widespread disruption to SDC's local health care system. Factors impacting the ability to access health care included postponed or canceled procedures, long wait times for appointments and the fear of COVID-19 exposure.
- Nearly all (99%) IPH Sharp Provider Survey participants reported COVID-19 had an impact on patients' access to transportation, which may result in decreased access to health care. Strategies to address this included increasing community awareness about shuttle access or Sharp Van Services and providing telehealth.
- According to the HASD&IC 2022 CHNA, financial concerns may deter patients from accessing health care. Financial assistance to help pay for medical bills was described as a frequent and significant need. Community members are not always aware of low or no-cost programs that may be available to help pay for services.
- According to 2-1-1's CIE 2021 Client Profile Report, the top five needs for 2-1-1 clients ages 60 and older were (in rank order): housing, utilities, income support and employment, consumer services, and health care.⁴⁰⁰

⁴⁰⁰ 2-1-1 Community Information Exchange (2021), Client Profile Report.

- An analysis of ICD-10 (International Classification of Diseases – 10th Revision) codes indicates that, in FY 2022, a total of 757 inpatients at SMH experienced homelessness — a 42.4% decrease compared to FY 2021.
- In addition, a total of 352 SMH inpatients had an ICD-10 diagnosis for problems related to living alone in FY 2022 – the highest among all Sharp hospitals.
- In 2021, 12.4% of SDC adults, teens and children reported having no usual source of health care. In addition, 19.7% of SDC residents reported that they had not visited a doctor at all in the previous year.
- According to San Diego Association of Governments’ 2021 COVID-19 Impacts report, the top three ways Californians reported spending their stimulus checks included food (22%), utilities (16%) and rent (14%).⁴⁰¹
- According to the San Diego Hunger Coalition, while nutrition insecurity has declined since 2021, high rates remain due to long-standing economic disparities that were exacerbated by the COVID-19 pandemic. As of March 2022, more than 1 in 4 San Diegans experienced nutrition insecurity, with disproportionate impacts noted among communities of color.³³⁹
- As of September 2022, the overall unemployment rate in SDC was 3.1%, which was lower than both the unemployment rate for the state of California (3.8%) and the national rate (3.5%) during the same period.⁴⁰²
- According to the San Diego Regional Task Force on Homelessness’ 2022 Point-in-Time Count, there was a 3% increase in SDC’s unsheltered homeless population from 2020 to 2022. There were no fewer than 4,106 homeless individuals without shelter on a given night in 2022 compared to 3,971 in 2020. Of the 8,427 individuals experiencing homelessness in SDC in 2022, about half (51.2%) received some form of housing or services.⁴⁰³
- In 2020, 1 in 4 unsheltered SDC residents were adults ages 55 and over. Among the region’s unsheltered seniors, 88% became homeless in SDC and 43% reported experiencing homelessness for the first time in their lives.⁴⁰⁴ Nationwide, the population of individuals ages 65 and older experiencing homelessness is expected to nearly triple over the next decade — from 40,000 in 2020 to approximately 106,000 by 2030.⁴⁰⁵
- According to findings from the CHCF 2022 California Health Policy Survey, half of Californians (49%) reported taking at least one action to delay, skip, or cut back on care in the past 12 months because of concerns related to cost. Of those who delayed care due to cost, 47% reported that their health condition worsened.⁴⁰⁶
- According to the same survey, more than 1 in 4 lower-income Californians (30%) reported that it was “somewhat” or “very” difficult to find a provider who took their insurance, compared to 12% of Californians with higher incomes.⁴⁰⁶
- In addition, among Californians with lower incomes, 4 in 10 reported being very worried about affording unexpected medical bills (42%), out-of-pocket costs (39%), rent or mortgage (41%), and transportation costs (40%).⁴⁰⁶

⁴⁰¹ San Diego Association of Governments (2021), *The San Diego Economy: A Year in Review of COVID-19 Impacts*.

⁴⁰² California EDD (2022), *Labor Market Information*.

⁴⁰³ San Diego Regional Taskforce on Homelessness (2022), *San Diego County WeAllCount Point-in-Time Count*.

⁴⁰⁴ Serving Seniors (2021), *Senior Homelessness: A Needs Assessment*.

⁴⁰⁵ University of Pennsylvania (2019), *The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?*

⁴⁰⁶ CHCF (2022), *The 2022 CHCF California Health Policy Survey*.

Objectives

- Collaborate with community organizations to provide follow-up medical care, financial assistance, psychiatric and social services to individuals experiencing homelessness or who lack a safe home environment
- Collaborate with community partners to connect individuals experiencing homelessness, food insecurity or other health equity barriers to community-based services
- Provide transportation and pharmaceutical assistance to individuals with financial barriers

FY 2022 Report of Activities

SMH provides post-acute care facilitation for vulnerable patients, including individuals who experience homelessness or lack a safe home environment. Advocacy for safe discharge from the hospital is a top priority, regardless of funding.

In FY 2022, SMH provided assessments for those at risk for psychiatric and developmental disorders and substance use issues, as well as referrals for housing, medication management and supportive community services.

SMH also assisted high-risk, underserved patients with transportation home from the hospital as well as with connections to community resources for food, clothing and housing. In addition, SMH provided new clothing items to patients without usable clothing at discharge, including individuals experiencing homelessness, trauma patients from the ED and any other patient who lacked clothing when leaving the hospital.

SMH also has programs to provide uninsured patients with financial assistance for medication and medical equipment. In FY 2022, SMMC provided more than \$51,400 in free medications and transportation to individuals with financial barriers through its Project HELP program.

SMH funded temporary housing and skilled nursing care for several patients in FY 2022, including individuals experiencing homelessness. Further, SMH assisted individuals who experience homelessness and test COVID positive by connecting them to the County of San Diego's Temporary Lodging Program for individuals affected by COVID-19 without a safe place to quarantine or isolate.

In FY 2022, SMH supported community members experiencing food insecurity during the 2021 holiday season by collecting nearly 1,200 pounds of food for donation to the Food Bank. Throughout the year, SMH also served as a blood donation site for Sharp's systemwide blood drive to collect life-saving blood for those with medical needs.

Further, Sharp's Patient Access Services team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals, including patients of SMH. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for more information on these programs and services.

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

Approximately 130 CIE community partners — including health care organizations, the County of San Diego Health and Human Services Agency, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual's SDOH needs and utilization history of community services and to make direct referrals to critical, community-based resources. SMH case managers and social workers were trained on CIE to better serve patients in the acute care setting, including patients who experience homelessness, food insecurity and other hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 3 of the CIE pilot, utilization metrics were sustained after demonstrating growth between Years 1 and 2. Community members across SDC were assisted through the CIE including residents of Downtown San Diego, Mission Valley, Southeast San Diego, Encanto, El Cajon, Lakeside, La Mesa, Otay Mesa, National City, Chula Vista, Carlsbad, Escondido and Oceanside. The top community referrals provided to patients through the CIE included utilities, food, housing and economic support.

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

FY 2023 Plan

SMH will do the following:

- Collaborate with community organizations that provide medical care and case management services to individuals experiencing homelessness
- Administer funds to those in need of transportation assistance or financial support for medications

- Provide items of clothing to patients who lack usable clothing at discharge
- Provide financial assistance for prescription copayments and other personal items as needed
- Participate in 2-1-1's CIE program to connect patients who experience homelessness and other health equity barriers to critical community services

SMH Program and Service Highlights

Sharp Memorial Hospital:

- 24-hour Emergency and Trauma Center, including heliport and base station — designated STEMI (ST-elevation myocardial infarction or acute heart attack) center
- Advanced Heart Care Center
- Arts for Healing and integrative therapies
- Bioethics consultations
- Cancer treatment, including genetic counseling, diagnostic imaging, infusion services and radiation therapy
- Cardiovascular and pulmonary rehabilitation
- Catheterization lab, including a hybrid procedure room
- Classes, events and physician referrals through 1-800-82-SHARP
- Clinical trials, including cancer, heart and vascular, neurology and orthopedics
- Critical care: ICUs with 24-hour staffing by board-certified critical care physicians
- Discharge prescription services
- FollowMyHealth®, a secure on-line patient website that gives patients convenient, 24-hour access to their personal health information
- FRC
- Generational Health program, optimizing care coordination and collaboration for older adults
- Head and neck services, including cancer treatment and surgery
- Heart and vascular care, including mechanical circulatory support devices and heart transplantation
- Heart Valve Surgery Center
- Home health with home infusion services⁴⁰⁷
- Hospice⁴⁰⁸
- Imaging services, including interventional radiology
- Infection prevention services
- Interpreter services
- Laboratory services
- Medical/surgical care, including a dedicated inpatient oncology unit
- Mindful Café, offering healthy and nutritious food options for patients, family and staff
- Open medical records program
- Organ transplantation, including kidney, heart and pancreas
- Orthopedics, including joint replacement surgery
- Pain management program
- Palliative care
- Pathology services
- Pharmacy services for inpatients
- Pre-anesthesia evaluation services
- Robotic surgery

⁴⁰⁷ Provided through Sharp Home Health

⁴⁰⁸ Provided through Sharp HospiceCare.

- Senior Resource Center
- Senior Trauma Program and accredited Senior-Friendly Emergency Department (bronze level)
- Sharp Allison deRose Rehabilitation Center, including inpatient and outpatient physical, occupational, hand, stroke, brain, spinal cord and speech therapy, balance and vestibular services, and COVID-19 recovery programs
- Sharp and Children's MRI Center
- Sleep Disorders Center
- Spiritual care services
- Stroke care, nationally recognized by the AHA/ASA; dedicated stroke unit
- Surgical services
- Telehealth services
- ThinkFirst San Diego
- Van transportation services
- Warfarin management
- Weight loss (bariatric) surgery program
- Wound and ostomy inpatient services

Sharp Memorial Outpatient Pavilion:

- Diabetes education and management accredited by the ADA
- Elliot and Helen Cushman Wellness Center, including:
 - Cushman Wellness Center Community Health Library
 - Health assessments and screenings
 - Executive Health Program
 - Holistic therapies, including acupuncture, guided imagery, Healing Touch, massage, reflexology and reiki
 - Fitness assessments
- Laurel Amtower Cancer Institute, including the Breast Health Center and Neuro-Oncology Center. Services include:
 - Diagnostic imaging
 - Genetic counseling
 - Infusion services
 - LCSWs
 - Nurse navigators
 - Nutrition counseling
 - Radiation therapy
- Outpatient Imaging Center, including CT scan, virtual CT colonoscopy, and digital and 3-D tomosynthesis mammography
- Outpatient Surgery Center
- SRSMG Surgical Eye Consultants, including ophthalmology and optometry
- Summerfelt Endoscopy Center
- Vision Laser Center, including ophthalmology, diagnostic and laser treatment

Sharp Mesa Vista Hospital & Sharp McDonald Center



SHARP

Behavioral Health Services

Section

11 Sharp Mesa Vista Hospital and Sharp McDonald Center

Health care has become even more important in our community during this past year. I am proud of the quality care Sharp provides to address both the physical and mental health needs of not only our patients, but also members of the San Diego community. Many U.S. cities lack basic mental health services, yet we provide an array of innovative behavioral health programs to patients and community members of all ages. Sharp truly has an unwavering commitment to all aspects of wellness in our community.

— Tricia Khaleghi, Chief Executive Officer, Sharp Metropolitan Hospitals

Fiscal Year (FY) 2022 Community Benefit Program Highlights

Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) provided **\$31,794,378** in community benefit in FY 2022. See **Table 52** 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 SMV and SMC's community benefit among those categories.

**Table 52: Economic Value of Community Benefit Provided
Sharp Mesa Vista Hospital and Sharp McDonald Center — FY 2022**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2022 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ⁴⁰⁹	\$1,869,576
	Shortfall in Medicare ⁴⁰⁹	14,842,802
	Shortfall in County Medical Services (CMS) ⁴⁰⁹	10,227,724
	Shortfall in CHAMPVA/TRICARE ⁴⁰⁹	2,774,651
	Shortfall in Workers' Compensation ⁴⁰⁹	5,195
	Charity Care ⁴¹⁰	449,619
	Bad Debt ⁴¹⁰	126,923
Other Benefits for Vulnerable ⁴¹¹ Populations	Patient transportation and other assistance for the vulnerable ⁴¹²	976,117
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 ⁴¹²	346,348
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁴¹²	175,423
TOTAL		\$31,794,378

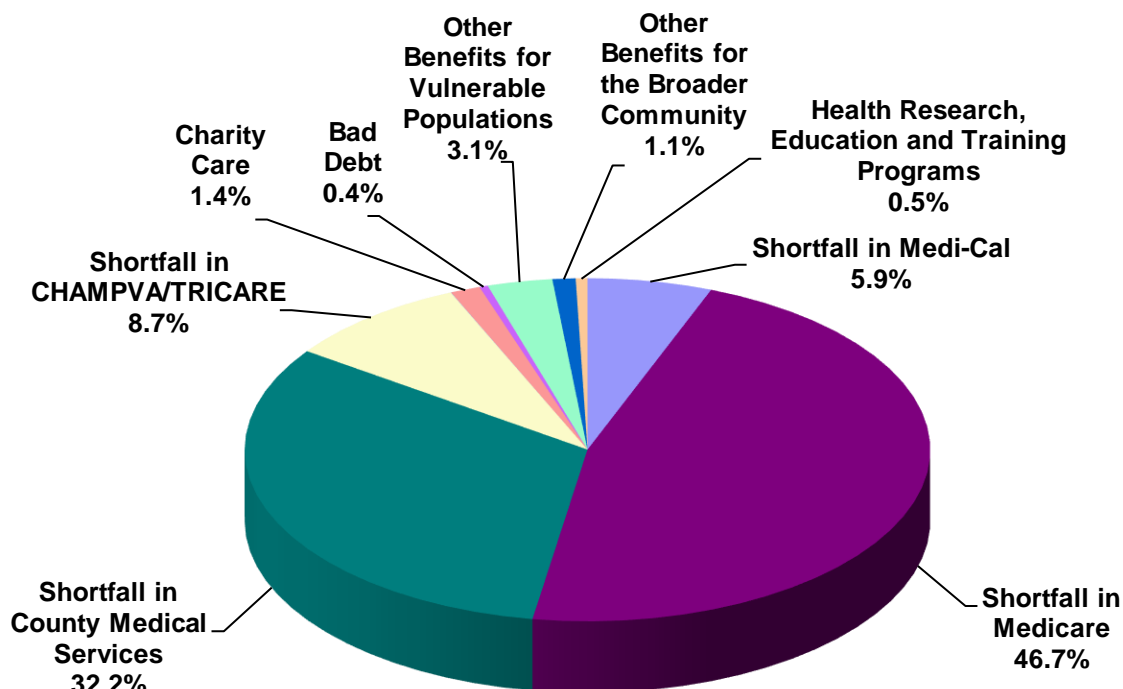
⁴⁰⁹ Methodology for calculating shortfalls in public programs is based on Sharp HealthCare's (Sharp) payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

⁴¹⁰ 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.

⁴¹¹ "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.

⁴¹² 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 Mesa Vista Hospital and Sharp McDonald Center — FY 2022**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs such as Medi-Cal, Medicare, CMS and CHAMPVA/TRICARE.⁴¹³
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; free psychiatric and substance use assessments and referrals; programs to address barriers to behavioral health services for disadvantaged, culturally diverse urban seniors; contribution of time to Mama’s Kitchen and other assistance for vulnerable community members.
- **Other Benefits for the Broader Community** included health education and information on a variety of behavioral health and substance use topics, participation in community health and behavioral health events, and collaboration with local schools to promote interest and provide career pathways in health care. In addition, staff at the hospital actively participated in community boards, committees and other

⁴¹³ The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain health care services and supplies with eligible beneficiaries. TRICARE is a health care program of the U.S. Department of Defense Military Health System, which provides civilian health benefits for U.S. Armed Forces military personnel, military retirees, and their dependents, including some members of the Reserve Component.

civic organizations, such as National Alliance on Mental Illness (NAMI), Community Health Improvement Partners (CHIP) Behavioral Health Work Team, CHIP Suicide Prevention Council (SPC), San Diego Mental Health Coalition, San Diego County Older Adult Behavioral Health System of Care Council, A New PATH (Parents for Addiction Treatment and Healing) and Psychiatric Emergency Response Team (PERT). See **Appendix A** for a listing of Sharp HealthCare’s (Sharp) involvement in community organizations in FY 2022. In addition, the category includes costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and administration.

- **Health Research, Education and Training Programs** included education and training of health care professionals, student and intern supervision, and generalizable health-related research projects that were made available to the broader health care community.

Definition of Community

- *SMV is located at 7850 Vista Hill Ave. in San Diego, ZIP code 92123.*
- *SMC is located at 7989-8011 Linda Vista Road in San Diego, ZIP code 92111.*
- *SMV Mid-City Outpatient Programs are located at 4275 El Cajon Blvd, Suite 100 in San Diego, ZIP code 92105; SMV East County Outpatient Programs are located at 1460 East Main St. in El Cajon, ZIP code 92021.*

As specialty hospitals, SMV and SMC serve all of San Diego County (SDC). The primary communities served by SMV and SMC include the City of San Diego, Chula Vista, the east region, and north inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries in SDC.

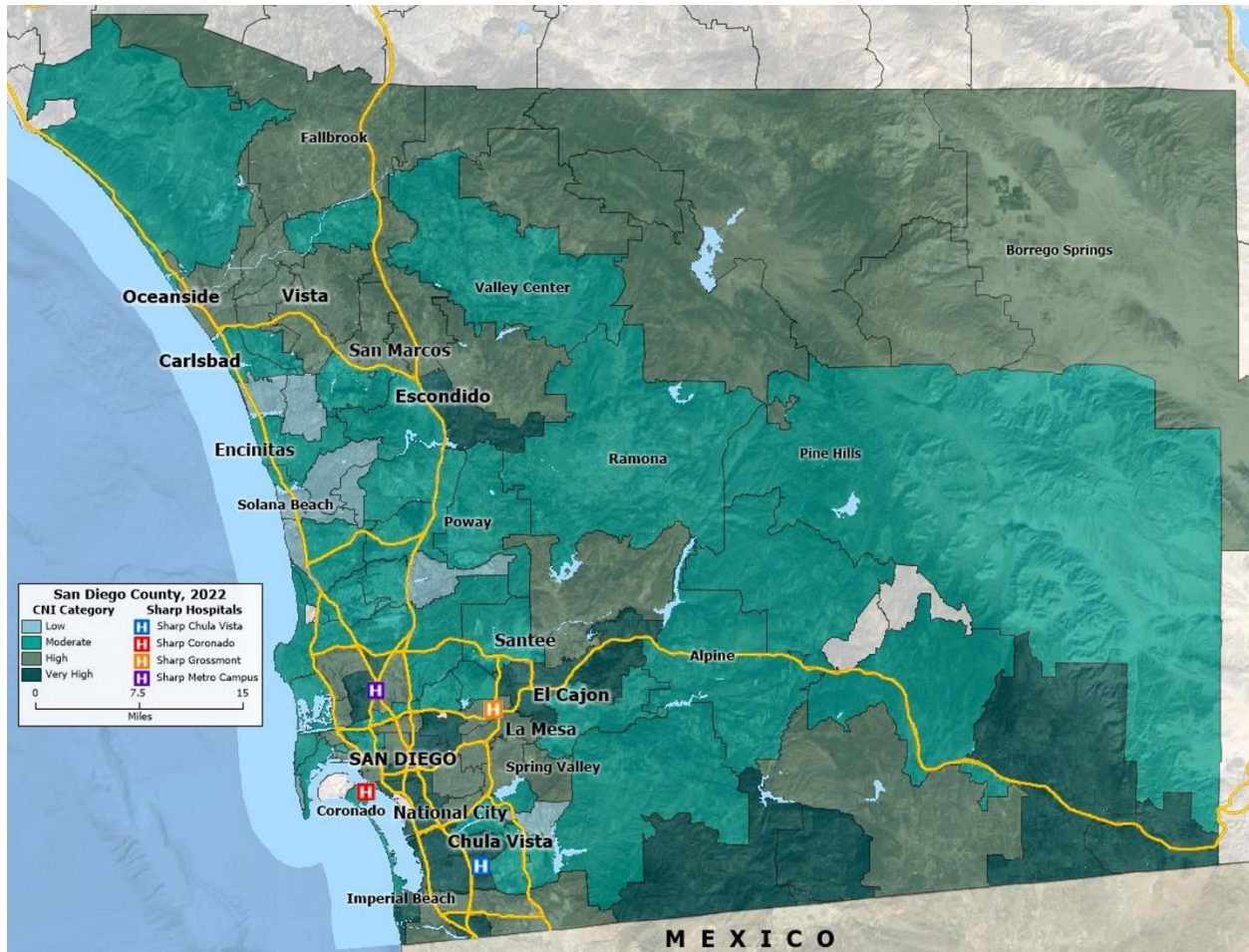
For SMV’s and SMC’s 2022 CHNA process, the Dignity Health/IBM Watson Health Community Need Index (CNI) was used to identify communities within its service area that experience greater health inequities.^{414,415} The CNI uses demographic and economic statistics to provide a “CNI score” for every populated ZIP code in the U.S. CNI scores measure inequity on a scale ranging from very low health inequity to very high health inequity. This measurement is an average determined through an analysis of specific socioeconomic 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 and SMC with especially high need include a number of communities in SDC’s south, central and east regions.⁴¹⁴ **Figure 26** presents a map of the CNI findings across SDC.

⁴¹⁴ Dignity Health and IBM Watson Health Community Need Index (CNI) (2022). The Dignity Health and IBM Watson CNI was discontinued on January 31, 2023.

⁴¹⁵ According to the World Health Organization (WHO), health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies (WHO, 2018).

Figure 26: CNI Map — SDC⁴¹⁶



Description of Community Health

In 2022, there were 525,919 residents ages 65 and older in SDC, representing 15.8% of the population. Between 2022 and 2027, it is anticipated that SDC’s senior population will grow by 14.1%.⁴¹⁷

In 2020, 10.9% of the SDC population reported living below 100% of the federal poverty level (FPL). The county’s unemployment rate was 5.9% and 5.1% of households received Supplemental Security Income.⁴¹⁸

According to the San Diego Hunger Coalition, while nutrition insecurity⁴¹⁹ has declined since 2021, high rates remain due to long-standing economic disparities that were exacerbated by the coronavirus disease 2019 (COVID-19) pandemic. As of March

⁴¹⁶ Truven Health Analytics, 2022; Insurance Coverage Estimates, 2022; The Nielson Company, 2022; and CNI, 2022.

⁴¹⁷ SpeedTrack®, Inc.; U.S. Census Bureau.

⁴¹⁸ The County of San Diego Health and Human Services Agency (HHS), Public Health Services (PHS), Community Health Statistics Unit (CHSU), December 2022, U.S. Census Bureau, 2016-2020 American Community Survey 5-year estimates.

⁴¹⁹ U.S. Department of Agriculture (2022), *Food and Nutrition Security*. Nutrition security means all Americans have consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.

2022, 28% of San Diegans experienced nutrition insecurity and 35% of children lived in nutrition-insecure households.⁴²⁰

In 2020, 7.1% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 16.7% of the population lived at or below 138% FPL and were eligible for the program.⁴¹⁸ Please refer to **Table 53** for SNAP participation and eligibility in SDC.

Table 53: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2020⁴¹⁸

Food Stamps/SNAP Benefits	Percent of Population
Households	7.1%
Families with Children	12.1%
Eligibility by FPL	
Population ≤130% FPL	15.6%
Population ≤138% FPL	16.7%
Population 139% – 350% FPL	30.4%

In SDC in 2020, 96.1% of children age 18 and under, 87.8% of young adults ages 19 to 25, 88.2% of adults ages 26 to 44, 91.8% of adults ages 45 to 64, and 98.9% of seniors age 65 and older had health insurance.⁴¹⁸ Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.4% health insurance coverage for all individuals under age 65, with the exception of children ages 0 to 18 years.⁴²¹ See **Table 54** for health insurance coverage in SDC in 2020.

Table 54: Health Insurance Coverage in SDC, 2020⁴¹⁸

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	96.1%	92.4%
Young adults 19 to 25 years	87.8%	92.4%
Adults 26 to 44 years	88.2%	92.4%
Adults 45 to 64 years	91.8%	92.4%
Seniors 65+ years	98.9%	N/A ⁴²²

⁴²⁰ San Diego Hunger Coalition (2022), *March 2022 Data Release: Nutrition Insecurity Remains Above Pre-pandemic Levels and Impacts Communities of Color Most*.

⁴²¹ The U.S. Department of Health and Human Services' **Healthy People (HP2030)** initiative represents the nation's prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

⁴²² HP2030 does not include targets for individuals ages 65 and older.

According to the California Health Interview Survey (CHIS), in 2021, 19.4% of SDC’s population was covered by Medi-Cal.⁴²³ See **Table 55** for details.

Table 55: Medi-Cal (Medicaid) Coverage in SDC, 2021⁴²³

Description	Rate
Covered by Medi-Cal	19.4%
Not covered by Medi-Cal	80.6%

CHIS data also revealed that 12.4% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 56**).⁴²³

Table 56: Regular Source of Medical Care in SDC, 2021⁴²³

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	87.6%	84.0%
Has no usual source of care	12.4%	16.0%

In 2021, 31.0% of adults ages 18 to 64 reported needing help for emotional or mental health problems or use of alcohol or other substances. Of those needing help, 53.7% received treatment. Overall, 20.0% of SDC adults ages 18 to 64 reported seeing a health care provider for mental, emotional or substance use issues. Among SDC seniors, 8.0% of those surveyed in 2021 reported needing help for mental, emotional or substance use issues in the past year.⁴²³

In 2019, 6,757 individuals in SDC visited the emergency department (ED) for a self-inflicted injury, an age-adjusted rate of 199.5 per 100,000 population. In total, 294 seniors (an age-adjusted rate of 62.2 per 100,000 population) visited the ED in 2019 and 66 were hospitalized (14.0 per 100,000 population) for a self-inflicted injury. During the same year, the age-adjusted suicide rate in SDC was 12.1 per 100,000 population, or 417 deaths. Among seniors, the rate of suicide was substantially higher — 17.3 deaths per 100,000 population⁴¹⁸ — greatly exceeding the HP2030 target rate of no more than 12.8 deaths per 100,000 population.⁴²¹

An analysis of 2020 mortality data for SDC revealed Alzheimer’s disease and suicide to be the fifth and twelfth leading causes of death for SDC, respectively.^{424,425} See **Table 57** for a summary of leading causes of death in SDC. For additional demographic and

⁴²³ University of California Los Angeles Center for Health Policy Research (2022), *2021 California Health Interview Survey*.

⁴²⁴ County of San Diego HHS, PHS, CHSU (2022), *Leading Causes of Death Tables by HHS Region, 2011-2020*.

⁴²⁵ The County of San Diego HHS’s CHSU 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 2020. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10’s (International Classification of Diseases – 10th Revision) “List of 113 Selected Causes of Death and Enterocolitis due to *Clostridium difficile*.” Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego HHS, PHS, CHSU, 2022.

health data for communities served by SMV and SMC, please refer to the 2022 CHNAs for these entities, available at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 57: Leading Causes of Death in SDC, 2020⁴²⁴

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	4,939	22.5%
Diseases of the Heart	4,853	22.1%
COVID-19	1,728	7.9%
Cerebrovascular Diseases	1,722	7.8%
Alzheimer’s Disease	1,521	6.9%
Accidents/Unintentional Injuries	1,513	6.9%
Chronic Lower Respiratory Diseases	930	4.2%
Diabetes Mellitus	852	3.9%
Essential Hypertension and Hypertensive Renal Disease	453	2.1%
Parkinson’s Disease	429	2.0%
All Other Causes	3,000	13.7%
Total Deaths	21,940	100.0%

Community Benefit Planning Process

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

- Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals
- Estimate an annual budget for community programs and services based on community needs, the prior years’ experience and current funding levels
- Engage in quarterly meetings to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefit Report — SMV and SMC 2022 CHNAs

Both SMV and SMC completed their most recent CHNAs in September 2022. These CHNAs were significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2022 CHNA process and findings. Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp’s CHNA process and findings.

In addition, this year SMV and SMC updated their implementation strategies — a description of programs designed to address the priority health and social needs identified in their 2022 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 and SMC 2022 CHNAs, the following priority health needs were identified for the communities served by SMV and SMC (listed in alphabetical order):

- Access to Health Care
- Aging Care & Support
- Behavioral Health
- Children & Youth Well-being
- Chronic Health Conditions
- Community Safety
- Economic Stability

SMV and SMC are specialty hospital facilities providing behavioral health and substance use programs and services. Therefore, in alignment with these identified needs, the following pages detail programs that specifically address behavioral health and substance use needs, along with associated priority health and social needs. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

As specialty hospital facilities, SMV and SMC lack the resources to comprehensively address the elements of community education and support for all identified needs. The other identified health needs are addressed through programs and services provided by Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) and Sharp Memorial Hospital (SMH). Please refer to **Sections 9 and 10** (respectively) of this report for details on those programs. SMV, SMH and SMBHWN are all conveniently located on the Sharp Metropolitan Medical Campus.

For additional details on SMV and SMC programs that specifically address the needs identified in the 2022 CHNA, please refer to SMV's and SMC's respective implementation strategies, available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2022 Report of Activities conducted in support of the objective(s), and FY 2023 Plan.

Identified Community Need: Behavioral Health and Substance Use Education for the Community

Rationale references the findings of the SMV and SMC 2022 CHNAs, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC, SMV and SMC 2022 CHNAs identified behavioral health as one of the priority health needs affecting community members in SDC. Within this need, the following themes were identified: increasing behavioral health needs and substance use; overall access to care; the impact of stigma; post-acute care concerns; the needs of specific populations (dual diagnosis patients, LGBTQ+, people experiencing homelessness, veterans and military, Native American/tribal groups, refugees, and undocumented individuals); and workforce challenges.
- Data analysis in the SMV and SMC 2022 CHNAs revealed a higher volume of behavioral health hospital discharges in communities facing greater socioeconomic challenges throughout SDC.⁴²⁶
- Participants in HASD&IC's interviews and focus groups universally acknowledged that the COVID-19 pandemic caused widespread disruption to community members' ability to access needed behavioral health care. Pandemic-related factors that have contributed to increasing behavioral health needs include economic hardship, uncertainty, social isolation and loneliness, and loss of a loved one.
- HASD&IC community engagement participants identified timely and appropriate behavioral health services, counseling or therapy, and psychiatry among the most difficult services to access. Identified barriers to accessing behavioral health care include workforce shortages; lack of availability of needed resources; long wait times for appointments; unaffordability of services; insurance issues; and lack of access to technology and transportation.
- More than two-thirds (70%) of HASD&IC 2022 CHNA online community survey respondents identified behavioral health as a top health need in the community. The 10 most important mental or behavioral health needs in the community (in ranked order) were noted to be: depression; access to help; anxiety; stress; drug use; substance use disorders (SUDs); alcohol use; burnout or fatigue; opioid use (including Fentanyl); and suicide or suicidal thoughts.
- Community members with behavioral health disorders identified stigma as a pervasive issue impacting their overall health, well-being and quality of life. This is a particular concern for people of color, LGBTQ+, people experiencing homelessness, undocumented immigrants, refugees and Native American or tribal communities.
- The HASD&IC, SMV and SMC 2022 CHNAs identified the need for a trauma-informed approach to care and the importance of education, training and treating those they serve with dignity. Implementing trauma-informed approaches to care by recognizing trauma, strengthening resiliency, and avoiding re-traumatization can lead to more open communication, greater patient engagement and better attention to patient needs.

⁴²⁶ Dignity Health and IBM Watson Health CNI (2022).

- According to 2021 CHIS data, 17.7% of adults in SDC have ever seriously thought about committing suicide, an increase of 3.1 percentage points compared to 2020 (14.6%).⁴²³
- In 2019, there were 224 hospitalizations attributed to substance-related disorders in SDC. The age-adjusted rate of hospitalizations due to substance-related disorders was 7.1 per 100,000 population.⁴²⁷
- In 2019, the age-adjusted rate of ED visits for substance related disorders in SDC was 113.2 per 100,000 population. Age-adjusted rates of substance related disorder ED visits were higher among males, Black individuals and those ages 25 to 44 years in comparison among groups.
- In 2019, California’s state mental health authority provided treatment to 108,669 adolescents ages 13 to 17, representing 16.3% of all individuals treated by the state and an 8.2% decrease from 2018.⁴²⁸
- In 2020, 17.0% of U.S. adolescents experienced a major depressive episode and an estimated 41.6% received treatment for depression.⁴²⁸
- Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that, in 2020, approximately 17 million adults in the U.S. had co-occurring mental health and SUDs.⁴²⁸
- According to HP2030, very few people with an SUD access available, effective treatment. Lack of access to care and screening, as well as stigma, contribute to this treatment gap. Promising strategies include developing best practices for screening in primary care settings and increasing provider capacity to prescribe medications for treating SUDs.⁴²⁹
- During 2019, 13% of individuals ages 12 years and older reported that they had used illicit drugs while 1.9% misused prescription drugs in the past month.⁴³⁰
- In 2020, the rate of suicide among California veterans was significantly higher compared to those who did not serve, but significantly lower than the rate among all veterans nationwide. Males accounted for 96.6% of suicide deaths among California veterans.⁴³¹
- The suicide rate for veterans in the U.S. in 2020 was 57.3% greater than the rate among non-veterans.⁴³²
- Approximately 8% 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. Each year, approximately 11% to 20% of veterans of Operations Iraqi Freedom and Enduring Freedom and 12% of Gulf War veterans have PTSD, while it is estimated that 30% of Vietnam veterans have had PTSD in their lifetime.⁴³³
- Organizational and provider-related barriers to veterans accessing high-quality mental health care include shortages in the behavioral health workforce, inadequate availability of appointments and variability in the use of evidence-based treatments

⁴²⁷ County of San Diego HHSA, PHS, CHSU (2021); U.S. Census Bureau, 2015-2019 American Community Survey 5-year estimates.

⁴²⁸ Substance Abuse and Mental Health Services Administration (SAMHSA) (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health*.

⁴²⁹ HP2030 (2022), *Increase the proportion of people with a substance use disorder who got treatment in the past year — SU-01*.

⁴³⁰ Centers for Disease Control and Prevention (CDC) NCHS (2022), *Illicit Drug Use*.

⁴³¹ VA (2022), *California Veteran Suicide Data Sheet, 2020*.

⁴³² VA Office of Mental Health and Suicide Prevention (2022), *2022 National Veteran Suicide Prevention Annual Report*.

⁴³³ VA (2022), *How Common is PTSD in Veterans?*

tailored to veterans. Individual-level barriers include concern that admitting a mental health problem is a sign of weakness, skepticism about the effectiveness of treatment, concerns about the negative side effects of medication and fear of job or career repercussions from seeking behavioral health care.⁴³⁴

- Research has shown suicide risk among veterans to be impacted by multiple factors, including acute psychosocial stressors; low cholesterol; using opioid medications for pain control; insomnia; behavioral health conditions like anxiety disorder, bipolar disorder, depression, PTSD, and traumatic brain injury; and substance use, especially heavy binge drinking.⁴³⁵

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 2022 Report of Activities

In FY 2022, SMV and SMC hosted virtual community education sessions and workshops to increase awareness of behavioral health and substance use issues. Education addressed a variety of topics, including psychotherapy, substance use, life transitions, domestic violence and child and geriatric psychiatry. This included SMV's monthly virtual lecture series designed to educate participants about cognitive behavioral therapy (CBT) — a research-based treatment approach to mood disturbances and behavior problems that is used to treat depression, anxiety, bipolar disorder, panic disorder, phobias, anger, relationship problems, grief and loss and other difficulties that bring people to therapy.

Throughout the year, SMV's Trauma and PTSD Recovery Intensive Outpatient Program (IOP) provided specialized services to active-duty service members, veterans, military families and the community. This program provided a safe environment for individuals to learn effective methods for coping with and managing symptoms of PTSD, acute stress disorder and mood-related disruptions. SMV's Trauma and PTSD Recovery IOP continued to offer evidence-based therapies designed to address maladaptive coping strategies, assist with recovery from complex post-traumatic stress and decrease mood instability. Team members also provided education and resources to reduce the stigma surrounding behavioral health issues in the military and civilian communities, as well as offered an expedited referral process for IOP services to active-duty service members receiving treatment at Naval Medical Center San Diego. During FY 2022, SMV's Trauma and PTSD Recovery IOP supported approximately 200 veterans and community members who have been impacted by trauma.

⁴³⁴ RAND Corporation (2019), *Improving the Quality of Mental Health Care for Veterans: Lessons from RAND Research*.

⁴³⁵ VA Office of Research & Development (2021), *VA research on Suicide Prevention*.

In FY 2022, SMV and SMC provided behavioral health education, resources and presentations to the community through a variety of virtual and in-person educational events, health and wellness fairs, conferences and fundraisers. Throughout the year, SMV clinicians participated in the YMCA of San Diego's Be Well webinar series, in which industry experts provided education on mindfulness and mental wellness. Webinar topics included mental well-being in the workplace, living with mental illness, the youth mental health crisis and mental fitness.

In May, SMV and SMC staff participated in the Sharp Women's Health Conference. SMV clinicians provided two breakout sessions, titled Mindful Stress Management and Improving Brain Health: Strategies for Women of All Ages. SMV and SMC also hosted a mindful meditation room at the event, where over 200 attendees had the opportunity to relax on chairs and yoga mats while listening to a guided mindfulness session. In addition, clinicians from SMV and SMC provided attendees with mood screenings and behavioral health resources for leading a well-rounded, healthy life.

SMV also sponsored and participated in events benefitting behavioral health organizations across SDC in FY 2022. Virtual events included NAMI's 18th annual Color Ball and Inspiration Awards in October and the seventh annual Critical Issues in Child and Adolescent Mental Health Conference in March. In September, SMV sponsored the International Bipolar Foundation's 15th annual Starry Night fundraiser. SMV also sponsored the Strut for Sobriety event in September benefitting A New PATH, a nonprofit organization focused on reducing stigma associated with addictive illness through education and compassionate support.

In FY 2022, SMV professionals provided behavioral health education to the community through interviews with local news outlets, including 10News – San Diego KGTV, CBS News 8 San Diego, FOX 5 San Diego, NBC 7 San Diego, KUSI News, *San Diego Magazine* and KPBS. Information was also shared through Sharp Health News. Professionals offered expertise in various disciplines, including marriage and family therapy (MFT), licensed clinical social work, clinical programming, clinical psychology and clinical child psychology. Interview topics included managing grief from losing a loved one to COVID-19; pandemic-related burnout in health care workers; the impact of the pandemic and social media on youth mental health; the implementation of Stress First Aid for health care workers; the recent increase in suicides among female student athletes; handling uncomfortable holiday conversations; why holiday movies can improve your mood; the rise in depression and suicide among men; increasing alcohol- and opioid-related deaths during the pandemic; increased risk of hospitalization and death from COVID-19 among individuals with a psychiatric disorder; the dangers of fentanyl; psychological and emotional symptoms of burnout; taking care of mental health during the holiday season; the new National Suicide Prevention Hotline 988; and managing mental fatigue at the pandemic's two-year mark.

In FY 2022, SMV and SMC sponsored and participated in five walks to increase awareness and raise funds for behavioral health services, including NAMI Walks Your Way San Diego & Imperial Counties, Alzheimer's San Diego's Walk4ALZ, American

Foundation for Suicide Prevention's Out of the Darkness Community Walk, Survivors of Suicide Loss' Walk in Remembrance with Hope and the American Heart Association's 2022 San Diego Heart & Stroke Walk.

SMV continues to maintain a Client Advisory Board, which obtains feedback from the hospital's outpatients, former patients and employees on how to improve programs, empower patients, promote advocacy and better serve the community. During FY 2022, members of the Client Advisory Board continued to encourage community members, staff, current and former patients, friends and family to join their walking team — the Mighty Mesa Vista Movers — in the annual NAMIWalks Your Way San Diego & Imperial Counties event to raise awareness and reduce stigma around behavioral health.

In FY 2022, SMV continued to collaborate with CHIP and the Independent Living Association (ILA) to improve housing conditions for community members living with serious, persistent mental illness. Through this initiative, the ILA Work Team seeks to maintain quality standards and improve conditions for both independent living facilities (ILFs) and their residents. This includes linking residents with essential services and health providers as well as reducing crime and unnecessary arrest rates. The ILA is an initiative of the CHIP Behavioral Health Work Team, in which SMV is an active participant, and the registry continues to expand to include new participating ILFs. In addition, SMV partnered with Community Research Foundation, PERT, ILA and the CHIP Behavioral Health Work Team to improve collaboration with patients in the community, promote recovery and decrease the stigma of mental illness and co-occurring substance use problems.

FY 2023 Plan

SMV or SMC will do the following:⁴³⁶

- Explore opportunities to support multicultural and vulnerable groups through community involvement and education
- Host and provide a variety of educational events and programs for community members
- Provide education on medication-assisted treatment (MAT) to community members and behavioral health providers throughout SDC to address the opioid epidemic
- Serve as the media's go-to experts for information on behavioral health conditions and treatment
- Participate in community events to raise awareness and funds for behavioral health services
- Participate in key behavioral health events and activities alongside patients
- Explore and expand collaborations with housing planning committees to provide better outcomes for community members living with mental illness and substance use issues

⁴³⁶ Where applicable, SMV and SMC will perform these activities as COVID-19 public health and safety guidelines allow.

- Collaborate with CHIP and the ILA to maintain quality standards and improve housing conditions for ILFs and residents living with serious, persistent mental illness

Identified Community Need: Behavioral Health and Substance Use Screenings and Community and Social Support

Rationale references the findings of the SMV and SMC 2022 CHNAs, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC, SMV and SMC 2022 CHNAs identified behavioral health as one of the priority health needs affecting community members in SDC. Within this need, the following themes were identified: increasing behavioral health needs and substance use; overall access to care; the impact of stigma; post-acute care concerns; the needs of specific populations (dual diagnosis patients, LGBTQ+, people experiencing homelessness, veterans and military, Native American/Tribal groups, refugees, and undocumented individuals); and workforce challenges.
- Participants in HASD&IC's interviews and focus groups universally acknowledged that the COVID-19 pandemic caused widespread disruption to community members' ability to access needed behavioral health care. Pandemic-related factors that have contributed to increasing behavioral health needs include economic hardship, uncertainty, social isolation and loneliness, and loss of a loved one.
- HASD&IC community engagement participants identified timely and appropriate behavioral health services, counseling or therapy, and psychiatry among the most difficult services to access. Identified barriers to accessing behavioral health care include workforce shortages; lack of availability of needed resources; long wait times for appointments; unaffordability of services; insurance issues; and lack of access to technology and transportation.
- More than two-thirds (70%) of HASD&IC 2022 CHNA online community survey respondents identified behavioral health as a top health need in the community. The 10 most important mental or behavioral health needs in the community (in ranked order) were noted to be: depression; access to help; anxiety; stress; drug use; SUDs; alcohol use; burnout or fatigue; opioid use (including Fentanyl); and suicide or suicidal thoughts.
- In addition, Institute for Public Health (IPH) Sharp Provider Survey participants suggested the following strategies for addressing increased anxiety: increase follow-up calls and home visits; expand the availability of and access to behavioral health care services; providing help for staff: patient education; and offering services in the patients' primary language.
- In general, data analysis in the SMV and SMC 2022 CHNAs revealed a higher volume of behavioral health hospital discharges in communities facing greater socioeconomic challenges throughout SDC.⁴²⁶
- In 2019, there were 4,937 ED visits related to mood disorders in SDC. The age-adjusted rate of ED visits for mood disorders was 143.7 per 100,000 population.

- There were 417 deaths due to self-inflicted injury (suicide) in SDC in 2019. The age-adjusted suicide rate was 12.1 per 100,000 population.⁴²⁷
- According to 2021 CHIS data, 17.7% of adults in SDC have ever seriously thought about committing suicide, an increase of 3.1 percentage points compared to 2020 (14.6%).⁴²³
- Among adults served by California’s public mental health system in 2021, 82.2% of those ages 18 to 20, 75.3% of those ages 21 to 64 and 93.5% of those ages 65 or older were not in the labor force.⁴³⁷
- According to SAMHSA, 41.1 million Americans ages 12 or older (14.9% of the population) needed substance use treatment in 2020, but only 1.4% of the population received treatment at a specialty facility.
- California faces shortages in psychiatric beds at all three major levels of adult inpatient and residential care, including acute care, subacute care and community residential services. From 2021 to 2026, the RAND corporation estimates a 1.2% growth in the need for psychiatric beds in SDC, which is lower than the estimated state average (1.7%). In 2021, the regional prevalence of Serious Psychological Distress in SDC was 1.8% below the state average.⁴³⁸
- Further, hundreds of Californians in need of psychiatric beds are held in hospital EDs or county jails awaiting openings in inpatient care settings.⁴³⁸
- According to the Centers for Disease Control and Prevention, the COVID-19 pandemic has resulted in elevated levels of adverse mental health conditions, substance use and suicidal ideation among U.S. adults. Data analysis indicates that, from August 2020 to February 2021, the percentage of adults with recent symptoms of an anxiety or a depressive disorder increased from 36.4% to 41.5%, and the percentage of those reporting an unmet behavioral health care need increased from 9.2% to 11.7%. Increases were largest among adults ages 18 to 29 years and those with less than a high school education.⁴³⁹
- The most recent California Health Care Foundation survey of California health care workers found that 9 out of 10 providers have seen an increase in patients experiencing anxiety, depression, suicidal ideation, stress-related disorders, or other mental health impacts during the COVID-19 pandemic, with 59% seeing a “significant” increase. In addition, two-thirds of providers say they have seen increased substance use among their patients, including nearly 1 in 3 (31%) who are seeing a “significant” increase.⁴⁴⁰

Objectives

- Provide behavioral health and substance use screenings to the community
- Provide community and social support for individuals impacted by behavioral health and substance use issues

⁴²⁷ SAMHSA (2022), *2021 Uniform Reporting System Output Tables*.

⁴²⁸ The Rand Corporation, *Adult Psychiatric Bed Capacity, Need, and Shortage Estimates in California—2021*.

⁴³⁹ Vahratian, A., Blumberg, S.J., Terlizzi, E.P., Schiller, J.S. (2021). Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021. *MMWR Morb Mortal Wkly Rep*, 70(13), 490–494. Digital Object Identifier: <http://dx.doi.org/10.15585/mmwr.mm7013e2external icon>

⁴⁴⁰ California Health Care Foundation (CHCF) (2021), *COVID-19 Tracking Poll, May 2021: Views from California Health Care Providers on the Front Lines*.

FY 2022 Report of Activities

In FY 2022, SMV and SMC provided several behavioral health and substance use screening opportunities for the community on-site, virtually and in partnership with local organizations. Throughout the year, SMV's psychiatric evaluation and intake teams provided approximately 15,200 free psychiatric evaluations and referrals for the community. Due to the ongoing COVID-19 pandemic, SMV continued to conduct the majority of these assessments via telemedicine. In addition, SMC offered free, hour-long substance use assessments, educational materials and community referral resources to more than 640 community members. The assessments were facilitated by a licensed mental health professional who provided individuals with recommendations for appropriate programs and levels of care.

SMV recognized Mental Health Awareness Month in May by providing a variety of behavioral health resources and events for Sharp team members and the community. SMV was the presenting sponsor at the San Diego Padres baseball team's Mental Health Awareness Night at Petco Park. The SMV Sluggers softball team was given the opportunity to throw the first pitch during the game, and several SMV team members hosted a resource table to provide attendees with education on mental well-being. An SMV clinician also provided a behavioral health resource table at Kearny High Educational Complex's mental health fair. Throughout FY 2022, SMV collaborated with Sharp Coronado Hospital and Healthcare Center's (SCHHC) to provide an educational series at the John D. Spreckels Center and Bowling Green (Spreckels Center) in Coronado. In May, this included a relaxation session with a music therapist from SCHHC, which combined music with other stress reduction techniques, such as breathing and progressive muscle relaxation.

In addition, in August, an SMC team member participated in an event at the County Administration Center to recognize International Overdose Awareness Day. Attendees had the opportunity to learn about and receive free boxes of overdose-reversing drugs, and to hear about the impact of the opioid crisis from a variety of speakers. The Sharp representative spoke on behalf of those who have lost their lives to overdose and did not have family or friends present to represent them on this day.

SMV also recognized Suicide Awareness Month in September with a variety of offerings, including virtual lectures, behavioral health screenings and community events. A clinician from SMV's Senior IOP (SIOP) provided a lecture and question-and-answer session titled The Intersection of Suicide Risk and Substance Use, while an SMV clinical psychologist presented on Building Hope in the Face of Adversity. The audience for both lectures included Sharp team members, friends, family and community members interested in learning more about these topics. Further, throughout FY 2022, an SMV clinician continued to serve as the co-chair of CHIP's SPC — an inter-agency council committed to preventing suicide and its devastating consequences in SDC.

Throughout FY 2022, SMV offered virtual support groups for community members with behavioral health challenges. A weekly Mood Disorders support group was available for

individuals, family and friends impacted by depression, bipolar disorder, PTSD or anxiety. The biweekly Dialectical Behavioral Therapy (DBT) support group helped attendees develop coping skills to manage severe emotional reactions, intense anxiety, impulsivity, self-harm, suicidal thoughts and high-conflict relationships. The SMC Aftercare group also continued to meet virtually to help former patients problem-solve issues and make the necessary transitions to maintain a sober lifestyle following inpatient substance use treatment.

In addition, SMV works with Sharp's Patient Access Services (PAS) team to connect patients to critical insurance and financial resources that help reduce economic barriers to behavioral health care. Sharp's PAS team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals, including patients of SMV. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for more information on these programs and services.

Beginning in FY 2019, SMV joined Sharp's systemwide pilot partnership with 2-1-1 San Diego's (2-1-1) Community Information Exchange (CIE) to better understand and address the health equity barriers that influence the health and well-being of their patients. Research continues to underscore that social determinants of health (SDOH) — the conditions under which people live, learn, work and play — have a significant impact on a person's ability to access care and maintain health. SMV joined the CIE pilot partnership to provide more informed, holistic care to patients with challenges to health equity, and to connect them directly to community resources to meet those needs.

Approximately 130 CIE community partners — including health care organizations, the County of San Diego Health and Human Services Agency, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual's SDOH needs and utilization history of community services and to make direct referrals to critical, community-based resources. SMV case managers and social workers were trained on CIE to better serve vulnerable patients, including patients who experience economic instability, food insecurity, and other hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 3 of the CIE pilot, utilization metrics were sustained after demonstrating growth between Years 1 and 2. Community members across SDC were assisted through the CIE including residents of Downtown, Mission Valley, Southeast San Diego, Encanto, El Cajon, Lakeside, La Mesa, Otay Mesa, National City, Chula Vista, Carlsbad, Escondido and Oceanside. The top community referrals provided to patients through the CIE included utilities, food, housing and economic support.

Sharp teams continue to work closely with 2-1-1 on the implementation and data integration plans for CIE, which includes evaluation of ongoing metrics, such as system

utilization of CIE, referral tracking, case management efficiency, successful connection to community referrals and more. Data will be used to re-evaluate the value and sustainability of CIE for Sharp upon completion of the pilot's fourth year.

FY 2023 Plan

SMV or SMC will do the following:⁴³⁶

- Provide free psychiatric assessments, substance use screenings and referrals for the community
- Participate in psychiatric rehabilitation programs and activities in the community
- Explore further opportunities to collaborate with community organizations
- Increase engagement and collaboration with SPC to provide education on decreasing and preventing suicide in SDC
- Increase education, support and engagement related to the opioid epidemic, including community distribution of free opioid overdose prevention kits
- Host and facilitate various virtual support groups and provide free meeting space for community self-help groups
- Explore the reinstatement of weekly food donations to the San Diego Rescue Mission
- Participate in 2-1-1's CIE program to serve patients who experience health equity barriers by connecting them to critical community services

Identified Community Need: Improving Behavioral Health Outcomes for At-Risk Seniors

Rationale references the findings of the SMV and SMC 2022 CHNAs, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC, SMV and SMC 2022 CHNA processes identified behavioral health and issues that affect care and support during the aging process among the priority health and social needs affecting community members in SDC.
- A primary theme across HASD&IC's CHNA interviews and focus groups was social and geographic isolation during the COVID-19 pandemic, which has resulted in greater depression, anxiety and cognitive decline among seniors.
- Hospital clinicians who participated in HASD&IC's community engagement activities emphasized that it is increasingly difficult for seniors with behavioral health challenges to access services due to the lack of available resources. Skilled nursing facilities have limited willingness and capacity to accept patients with behavioral health diagnoses and there are few placement options for dementia patients with behavioral health issues. Older adults who struggle to access needed services may use substances as a coping mechanism, and clinicians described recent increases in substance use among seniors, including alcohol, prescription drugs and illegal substances, such as methamphetamine.

- The HASD&IC 2022 CHNA also found that geriatric psychiatry resources are extremely limited and there is a high need for geropsychiatric care professionals to keep up with the expanding health care needs of the growing senior population.
- HASD&IC 2022 CHNA community engagement participants described stigma as preventing many seniors from accessing critical programs and support. Older adults can be especially reluctant to seek help or admit they are experiencing behavioral health challenges, especially those in specific demographic groups such as Native American elders, seniors experiencing homelessness, and LGBTQ+ seniors.
- Respondents ages 65 and older in the Sharp Insight Community survey conducted during Sharp's 2022 CHNAs reported increased anxiety or depression and decreased access to in-person behavioral health care due to the pandemic.
- Analysis of hospital discharge data for SMV showed that one-third (33.3%) of seniors admitted to SMV in 2020 had a principal diagnosis that was classified as a mood disorder, while 22.7% of diagnoses were classified as an alcohol-related disorder, and 15% as dementia. In addition, while individuals identified as White represented 53.3% of all inpatient discharges at SMV, they accounted for 69% of discharges among seniors.
- Data analysis also found that the top three behavioral health diagnoses were suicidal ideations, alcohol dependence with withdrawal, and major depressive disorder (recurrent and severe).
- In addition, nearly a fifth (18.2%) of senior inpatients at SMV had a diagnosis related to Alzheimer's disease or dementia.
- In 2020, Alzheimer's disease was the fifth leading cause of death in SDC, fourth in the state of California, and seventh in the U.S.^{424,425}
- In 2019, adults ages 65 and older experienced the highest rates of hospitalization for Alzheimer's disease, mood disorders and schizophrenia when compared to all other age groups in SDC.⁴²⁷
- Assuming current trends continue, by 2030, nearly 115,000 SDC residents 55 years and older will be living with Alzheimer's disease and related dementias, representing a 36.5% increase from 2015.⁴⁴¹
- The Alzheimer's Association projects that, by 2025, there will be approximately 840,000 Californians age 65 and older living with Alzheimer's disease, a 21.7% increase from 2020.⁴⁴²
- In 2021, 9% of SDC adults over the age of 65 thought about committing suicide in the past year. In addition, 47.2% of SDC seniors who reported having mental/emotional or substance use issues sought help for those issues but did not receive treatment.⁴²³
- In 2019, there were 700 ED visits for alcohol-related disorders among SDC seniors. The rate of alcohol-related ED visits was 148.0 per 100,000 population.⁴²⁷
- The 2019 hospitalization rate for acute substance-related disorders was 8.7 per 100,000 among SDC residents over the age of 65.
- Nearly a quarter of adults ages 65 and older are considered to be socially isolated. Social isolation can negatively impact physical and mental health in many ways,

⁴⁴¹ County of San Diego HHS, PHS, CHSU (2018), *Alzheimer's Disease and Related Dementias in San Diego County*.

⁴⁴² Alzheimer's Association (2022), *2022 Alzheimer's Disease Facts and Figures*.

including increased risk of premature death; significantly greater risk of dementia, heart disease and stroke; and higher rates of depression, anxiety and suicide.⁴⁴³

- Social isolation presents a significant behavioral health concern among older adults experiencing homelessness. In 2020, almost half of surveyed older adults (45%) in SDC reported feeling lonely, isolated or cut off from friends and family.
- Research indicates that lack of access to technology, low digital health literacy, and design barriers in patient portals and apps have disproportionately affected older adults during the COVID-19 pandemic, especially those in underserved communities.⁴⁴⁴
- According to the National Institute on Aging, social isolation and loneliness have been linked to a variety of physical and behavioral health conditions, including high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer’s disease and even death. People who find themselves unexpectedly alone due to the death of a spouse or partner, separation from friends or family, retirement, loss of mobility, and lack of transportation are at particularly high risk.⁴⁴⁵

Objectives

- Provide culturally competent outreach services to vulnerable seniors in communities with barriers to health equity
- Provide education and screenings to senior community members
- Collaborate with community organizations to address the behavioral health needs of seniors and other community members with health equity barriers

FY 2022 Report of Activities

In FY 2022, SMV clinicians collaborated with Serving Seniors to provide more than 700 hours of on-site clinical services to clients at the Gary and Mary West Senior Wellness Center. Seniors received a variety of early intervention services, including health assessments; referrals for prescriptions or medication adjustment; referrals or counseling to reduce the risk of hospitalization or homelessness; and behavioral health screenings, including Montreal Cognitive Assessments, which detect cognitive impairment. When appropriate, seniors also received crisis intervention and initiation of treatment at a higher level of care. In addition to these services, SMV continued to collaborate with Serving Seniors to provide behavioral health telemedicine to clients and to offer home-based outreach and services to seniors living at Potiker Family Senior Residence in East Village and Potiker City Heights Residence.

SMV also continued to collaborate with the Gary and Mary West Senior Wellness Center beyond the provision of clinical services. Both on-site and virtually, SMV provided free prevention and early intervention initiatives for vulnerable, culturally

⁴⁴³ CDC Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion (2021), *Loneliness and Social Isolation Linked to Serious Health Conditions*.

⁴⁴⁴ Fulmer, T., Reuben, D.B., Auerbach, J., Fick, D.M., Galambos, C., & Johnson, K.S. (2021). Actualizing Better Health And Health Care For Older Adults. *Health Affairs*, 40(2), 219-225. <https://doi.org/10.1377/hlthaff.2020.01470>

⁴⁴⁵ National Institutes of Health National Institute on Aging (2021), *Loneliness and Social Isolation – Tips for Staying Connected*.

diverse seniors. Programs were designed to improve the utilization and effectiveness of behavioral health services and address barriers to accessing care, including stigma, isolation and lack of available services. Services were enhanced by case management as well as free psychoeducation and support for staff, seniors and families. In addition, an SMV clinician led a weekly healthy aging support group focused on aging and behavioral health issues, including depression, anxiety and coping with loss. Held at the Gary and Mary West Senior Wellness Center, Potiker Family Senior Residence and Potiker City Heights Residence, the support group served nearly 510 community seniors in FY 2022. Further, an SMV clinician hosted biweekly virtual meetings with Serving Seniors staff to help support mental health and wellness in the workplace.

Throughout the year, clinicians from SMV's SIOP provided community education and outreach 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." At San Diego Oasis' Grossmont Lifelong Learning Center, clinicians delivered presentations on topics including tips to keep your brain healthy as you age and mental health over the holidays. Also in FY 2022, SMV's SIOP partnered with SCHHC and the Spreckels Center to provide a series of presentations on mental and brain health for the Coronado community. Topics included understanding mental health for older adults; self-care tips for caregivers; brain health during the aging process; and stress relief.

Throughout the year, SMV's SIOP provided behavioral health resources and information about the hospital's senior services at virtual senior health fairs and community events. In March, a clinician from SMV's SIOP presented on caring for one's mental health to approximately 15 attendees at the Spring into Healthy Living event at McGrath Family YMCA in Spring Valley. At the Caregiver Coalition of San Diego's virtual Let's Talk About Mental Health conference in May, an SIOP clinician provided a lecture titled Care for the Caregiver to approximately 20 participants.

In FY 2022, SMV partnered with Alzheimer's San Diego to provide screenings, behavioral health education and resources to community members. In June, SMV sponsored Alzheimer's San Diego's virtual Date with a Cure event — a free, annual event that brings together SDC's best and brightest Alzheimer's researchers and institutions to answer community members' questions about dementia. An SMV clinician also participated in a panel discussion about recent advances in Alzheimer's treatment during the event, which was attended by approximately 400 community members.

Throughout FY 2022, SMV provided free memory screenings — a wellness tool that identifies possible changes in memory and cognition — to approximately 225 community members who were concerned about memory loss or interested in establishing a baseline to detect future changes. Screening locations included SMV's Clinical Research Center, the Alzheimer's San Diego office, Bay Terraces Community and Senior Center, Chula Vista Public Library, Consulate General of Mexico San Diego Office, Nestor Community Park, Scripps Ranch Library, San Ysidro Public Library, Coronado Library and Mission Valley YMCA. Additionally, SMV clinicians provided memory screenings, educational materials on Alzheimer's research and information on

opportunities to enroll in clinical research studies to more than 800 community members at several community events, including the Sharp Women’s Health Conference, the City of National City’s Senior Saturday event, the Aloha Run, Gente Bonita magazine’s Healthy Living Expo 2022 and the Sharp Aging Conference. An SMV clinician also provided a webinar to participants in the Emeritus Program at San Diego City College, which provides adults ages 55 and older with a variety of learning and socialization opportunities. The webinar, which included information about SMV’s research programs and memory screens, as well as general information about the importance of clinical trials, was shared with approximately 1,300 Emeritus Program enrollees.

FY 2023 Plan

SMV will do the following:⁴³⁶

- In collaboration with Serving Seniors, provide outreach and education to seniors without stable housing
- Address the behavioral health needs of vulnerable, culturally diverse seniors
- Through SMV’s SIOP, provide education and support to community members around senior behavioral health issues
- Collaborate with community organizations to address the behavioral health needs of SDC seniors and community members with barriers to health equity

Identified Community Need: Behavioral Health and Substance Use Education for Health Care Professionals and Students, and Collaboration with Local Schools to Promote Interest and Career Pathways in Behavioral Health

Rationale references the findings of the SMV and SMC 2022 CHNAs, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC 2022 CHNA identified workforce shortages as a foundational challenge that greatly exacerbates the priority health and social needs (access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety and economic stability) affecting community members served by SMV and SMC.
- Workforce shortages were described by HASD&IC 2022 CHNA community engagement participants as the number one priority for local health care providers. The pandemic has severely strained the existing health care workforce, and staffing shortages have exacerbated challenges in meeting the demand for community services. All health care settings, including behavioral health, were described as understaffed, and workforce shortages can adversely impact the patient experience. Further, the workforce shortage is creating a wider equity gap, with fewer culturally

competent and linguistically appropriate providers available to care for SDC's diverse communities.

- Nearly 90% of IPH Sharp Provider Survey participants reported that COVID-19 had at least a moderate impact in employees' desire to change careers or leave the workforce, which may create challenges in meeting the health care needs of the community. Of these, the majority (78%) reported that Sharp does not have programs or services available to address this issue.
- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce.⁴⁴⁶
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages.⁴⁴⁶
- From September 2021 to September 2022, the number of designated Mental Health Care Health Professional Shortage Areas (HPSA) in California increased 3.5%. The state's 598 Mental Health Care HPSAs represent approximately 13.1 million residents. The Kaiser Family Foundation estimates that 674 new practitioners would need to be added to the behavioral health workforce to remove HPSA designation from all areas.⁴⁴⁷
- The 2021 *California Behavioral Health Workforce Assessment* suggests several recommendations to expand, elevate, enhance, and empower the behavioral health workforce in every California community. Recommendations include supporting data-driven decision-making and policy; increasing racial, ethnicity, linguistic, and cultural diversity among behavioral health providers; increasing pay and benefits; addressing burnout and compassion fatigue; prioritizing support for unserved, underserved, and inappropriately served communities; providing telehealth training and assistance; and investing in peer support programs.⁴⁴⁸
- San Diego's regional behavioral health system currently employs approximately 17,000 professionals in 11 high priority occupations — roughly 8,000 workers less than the number needed to meet existing demand. Based on current trends, the San Diego region will need to educate, train, attract, employ and retain an additional 18,500 professionals between 2022 and 2027.⁴⁴⁹
- Suggested strategies to address the behavioral health workforce shortage include investing in competitive compensation; pursuing relief related to administrative requirements; building a regional workforce training fund; establishing regional workforce training centers of excellence; and continuing to listen to the voices of workers and students.⁴⁴⁹
- In 2022, 43% of U.S. adults who say they needed substance use or mental health care in the past 12 months did not receive care, with the majority of these individuals reporting an impact on their life due to the lack of care. Among those who did

⁴⁴⁶ CHCF (2021), *Health Workforce Strategies for California: A review of the Evidence*.

⁴⁴⁷ Kaiser Family Foundation (2022), *Mental Health Care Health Professional Shortage Areas*.

⁴⁴⁸ Center for Applied Research Solutions (CARS) (2022), *2021 California Behavioral Health Workforce Assessment*. This assessment was prepared by CARS for Advocates for Human Potential and California Department of Health Care Services (DHCS). DHCS does not endorse or advocate for any particular legislation, funding, or expenditure that is discussed in this section.

⁴⁴⁹ San Diego Workforce Partnership (2022), *Addressing San Diego's Behavioral Health Worker Shortage*.

receive treatment in the past 12 months, 26% of those who received substance use care and 23% of those who received mental health care reported reaching out to several different providers before finding one that was accepting new patients.⁴⁵⁰

- According to the U.S. Bureau of Labor Statistics, employment of social workers, including clinical and behavioral health social workers, is projected to grow 9% from 2021 to 2031, much faster than the average for all occupations. Employment of substance use, behavioral disorder and mental health counselors is anticipated to increase 22%. Demand for employment in these occupations is expected to increase as greater numbers of people seek treatment for mental illness and SUDs, and as insurance policies provide greater coverage for addiction and behavioral health services.⁴⁵¹
- Additionally, substance use, behavioral disorder, and mental health counselors experienced an increase in demand due to behavioral health impacts related to the COVID-19 pandemic.⁴⁵¹
- As the criminal justice system increasingly recognizes treatment for SUDs as a cost-effective alternative to incarceration, use of substance use programs is likely to increase as states opt to sentence offenders experiencing drug and substance use issues to treatment and counseling services rather than jail.⁴⁵¹
- In a survey of 500 licensed mental health providers, over 90% of respondents reported changes to their employment (e.g., furloughs) following the onset of the pandemic, and almost two-thirds made the decision to stop practicing entirely. Among those who continued practicing during the pandemic, 62% reported similar-to-increased caseloads, new patients seeking services, and increased appointment frequency. Almost all (97%) providers used telemedicine, with about half (54%) providing services mostly-to-exclusively via telemedicine.⁴⁵²

Objectives

- Collaborate with local schools to promote interest and provide career pathways in health care
- Collaborate with the behavioral health community — including other behavioral health educational institutions — to provide education and training for health care professionals

FY 2022 Report of Activities

Throughout the year, SMV participated in internship and clinical training programs for trainees and students in various health care disciplines, including psychology, clinical social work, social work administration, MFT, pharmacy, clinical chaplaincy, medicine and nursing. Academic institution partners included, but were not limited to: Alliant International University, Azusa Pacific University (APU), California State University San Marcos (CSUSM), Loma Linda University, Palo Alto University, Point Loma Nazarene

⁴⁵⁰ National Council for Mental Wellbeing (2022), *2022 Access to Care Survey*.

⁴⁵¹ U.S. Bureau of Labor Statistics (2022). *Occupational Outlook Handbook*.

⁴⁵² Slone, H., Gutierrez, A., Lutzky, C., Zhu, D., Hedriana, H., Barrera, J. F., Paige, S. R., & Bunnell, B. E. (2021). Assessing the impact of COVID-19 on mental health providers in the southeastern United States. *Psychiatry research*, 302, 114055. <https://doi.org/10.1016/j.psychres.2021.114055>

University (PLNU), San Diego State University (SDSU), University of Denver, University of Illinois, University of Oregon, University of San Diego (USD) and Vanderbilt University.

Amid the ongoing COVID-19 pandemic, psychology and practicum (MFT and Master of Social Work (MSW)) students continued to perform a critical role in the provision of patient care at SMV. Students earned valuable hands-on experience while supporting SMV staff during this time of unprecedented behavioral health need. SMV also worked with its student population to adjust learning expectations and opportunities as needed, including providing virtual education. Throughout FY 2022, SMV provided clinical supervision and training for 26 psychology trainees, including 14 graduate students, eight doctoral interns and four behavioral health therapists, as well as 20 MFT, nine MSW and five Bachelor of Social Work (BSW) student interns. In FY 2022, ancillary (non-nursing) students served nearly 53,000 hours on the SMV campus.

In addition, nearly 310 nursing students spent nearly 22,000 hours working clinical rotations of six- to eight- hour shifts in all inpatient units and several of the outpatient programs at SMV and SMC. SMV offers two clinical rotations in one day, including morning and evening shifts, and nursing students are on campus seven days a week. Including time spent with groups and individual preceptors, nursing students served approximately 23,200 hours at SMV in FY 2022.

In FY 2022, SMV received more than 200 applications for eight doctoral intern positions available through Sharp's yearlong, American Psychological Association accredited doctoral internship in clinical psychology. Interns completed three, four-month rotations that included experience in SMV's inpatient and outpatient programs, including adult, senior, and child and adolescent behavioral health programs. Interns also rotated through SMC. The hospitals offered interns a unique opportunity to receive intensive training in psychological assessment and neuropsychological screening. With this training, psychology doctoral students provided approximately 130 detailed psycho-diagnostic assessments throughout the year. In addition, psychology trainees provided more than 8,700 hours of group therapy and approximately 2,200 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 also continued to mentor behavioral health therapist trainees during FY 2022, allowing the hospital to provide clinical programming on its inpatient units seven days per week.

At SMV and SMC, psychologists, licensed MFTs and licensed clinical social workers provided thousands of hours of direct clinical supervision to trainees. SMV clinicians provided two hours of virtual lectures every week for psychology doctoral interns. These lectures were also open to trainees and staff throughout the hospital. Lectures included, but were not limited to: Acceptance and Commitment Therapy (ACT) with Older Adults; Addressing Substance Use Disorders and Treatment; Assessing Psychosis in Children and Adolescents; Art Therapy; Assessment and Treatment of Behavioral Disturbance in Dementia; Assessment and Treatment of Obsessive Compulsive Disorder; Assessment and Treatment of Self Injurious Behaviors; Child Abuse and Tarasoff Reporting;

Community Health Needs Assessment; Culturally and Clinically Competent Work With Transgendered People; Discharge Planning and Utilization Review; Evaluating Complex Trauma in Children; Evaluating Personality Disorders in Adolescents; Giving and Receiving Feedback in a Professional Setting; Integrating Music Therapy with CBT and ACT; Mindfulness and Self-Care; Motivational Interview Training; Psychological Treatment of Functional Gastrointestinal Disorders; Providing Trans-affirmative Care; Rapid Case Conceptualization and Brief Intervention; Recovery Model and Aging; Sex and Aging; Self-Compassion Interventions; Speaking up for Safety; and Working with Interpreters.

Throughout the year, SMV's Inpatient Social Services Department provided specialized learning opportunities for seven MSW and BSW students. These students attended 20 hours of orientation sessions to become familiar with inpatient psychiatric social services. During the first semester, students spent two months shadowing and being observed by their field instructors before having the opportunity to work more independently under supervision. Students attended case presentations, in-services, staff meetings, multidisciplinary treatment team meetings, staff huddles and other learning activities as part of their experience. Students were provided an in-depth, immersive and highly supportive experience working directly with patients, families or care partners, as well as community partners to collaborate and provide patient-centered care. By the end of their internship, each student completed over 500 hours of direct practice.

MFT practicum trainees, along with MSW and BSW interns at SMV worked specifically with patients receiving outpatient care. These trainees were onboarded for two days prior to beginning the program and received weekly individual and group supervision from SMV clinicians. Students also attended quarterly training sessions on topics including suicide risk assessments, trauma-informed care, navigating licensure processes and working affirmatively with the LGBTQ+ community. Students received instruction and hands-on experience in a variety of activities, such as group, individual and family therapy; conducting psychosocial and suicide risk assessments; conducting intake evaluations; creating and updating treatment plans; and training in electronic medical records and completing patient charts in adherence with Joint Commission standards.

SMV and SMC provided continuing education and training for behavioral health care professionals and students in FY 2022. In October, an SMV nurse participated in the Philippine Nurses Association of San Diego County's (PNASD) virtual Fall Education Day. The nurse participated in a panel discussion titled Mental and Neurological Health: Nurses as Health Advocates, which reached approximately 100 event attendees. In March, this included a lecture on mental health and older adults, which an SLOP clinician delivered to 30 community health providers at Elderhelp San Diego. An SMV clinical psychologist also provided virtual lectures to college students at CSUSM, SDSU and PLNU, on topics such as how to select appropriate internship sites, CBT skills and other tools to use with patients, and how to treat eating disorders. Throughout FY 2022, SMV also provided behavioral health resources to approximately 260 social work and

behavioral health students at virtual internship fairs hosted by APU, CSUSM, National University, PLNU, SDSU and USD.

In collaboration with SDSU, SMV clinicians shared knowledge and best practices with the larger health care community through the development of educational materials on behavioral health care and participation in clinical research. In FY 2022, SMV continued to assist with the development of geriatric behavioral health and dementia care curricula for SDSU's Responsive Integrated Health Solutions, a County of San Diego Behavioral Health-contracted program within SDSU's Academy for Professional Excellence. In addition, a clinical psychologist from SMV published an article titled Enhancing Social Initiations Using Naturalistic Behavioral Intervention: Outcomes from a Randomized Controlled Trial for Children with Autism in the *Journal of Autism & Developmental Disorders*, and an SMV clinician leader published an article titled Opioid Use Treatment and Recovery Services During Pregnancy in the *Journal of the American Psychiatric Nurses Association*.

The Sharp Neurocognitive Research Center at SMV also contributes to the expansion of scientific knowledge and medical advancements throughout the larger health and research communities. In FY 2022, SMV provided clinical trials to improve care and outcomes for patients experiencing Alzheimer's disease and other cognitive disorders.

Throughout FY 2022, staff at SMV and SMC regularly led or attended various community and professional health boards, committees, and advisory and work groups, including A New PATH, Alzheimer's San Diego Community Advisory Council, Association for Ambulatory Behavioral Healthcare, Association of Black Psychologists – San Diego Chapter, Association for Contextual Behavioral Science – Aging in Context Special Interest Group, Live Well San Diego Check Your Mood Committee, CHIP Behavioral Health Work Team, CHIP ILA Work Team, CHIP SPC, CHIP SPC Media, Means Restriction and Higher Education Subcommittees, HASD&IC, JFS Behavioral Health Committee, JFS Public Affairs Committee, NAMI, PERT, PNASD, PLNU, San Diego County Older Adult Behavioral Health System of Care Council, north San Diego Coalition for Mental Health, San Diego Psychological Association Membership and Public Education Media Committees, and Special Needs Trust Foundation.

FY 2023 Plan

SMV or SMC will do the following:⁴³⁶

- Offer internship and clinical training programs or placement for students in a variety of health care disciplines
- Provide lectures on behavioral health issues to the local academic community
- Continue the behavioral health careers curriculum within the Health Sciences High and Middle College program to provide students with experience in a range of programs, including therapeutic activities services, environmental services and health information services

- Provide educational offerings for behavioral health care professionals, community groups and community members

SMV and SMC Program and Service Highlights

Sharp Mesa Vista Hospital:

- Child, adolescent, adult and older adult inpatient, partial hospitalization, and intensive outpatient psychiatric and chemical dependency services
- Specialty outpatient programs treating seniors, eating disorders, trauma, opiate and prescription drug dependence and dual diagnosis
- CBT, DBT and electroconvulsive therapy programs
- Individualized treatment planning and medication management
- Psychiatric rehabilitation services
- Outreach to individuals impacted by trauma, including active-duty military, veterans, family and community members, through the Trauma and PTSD Recovery IOP
- Services for veterans supported by the VA's Veterans Choice Program
- Complimentary Transportation services and lunch
- Practicum program for graduate MSW and MFT interns and field instruction for BSW students
- Clinical supervision site for graduate psychology doctoral interns
- Medication research studies and clinical trials
- Classes, events and physician referral through 1-800-82-SHARP

Sharp Mesa Vista Mid-City 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 and transitional age youth program

Sharp Mesa Vista East County Outpatient Programs:

- Care for adults with severe and persistent behavioral health issues
- Individualized treatment planning and medication management
- Group and expressive therapies
- Psychiatric rehabilitation services
- Adult, senior and adolescent programs

Sharp McDonald Center at Sharp HealthCare:

- Chemical dependency and substance use inpatient and outpatient treatment services
- Individualized treatment planning and medication management
- Residential treatment services
- Medically supervised inpatient detoxification services
- MAT IOP
- Continuing care and alumni support programs

- Family counseling programs
- Sober living and substance use education programs

Sharp Rees-Stealy Medical Centers



Section

12 Sharp Rees-Stealy Medical Centers

For 100 years, Sharp Rees-Stealy has been at the forefront of clinical excellence, providing integrated, coordinated care to generations of San Diegans. Our dedication to serving others extends beyond our walls, and I am inspired by our physicians, providers and staff for their unwavering generosity and compassion in the face of unprecedented challenges. Their passion embodies the spirit of our organization — people working together daily to do the right thing. Working alongside our purpose-driven team members motivates me toward a vision of transforming the health care experience for all San Diegans.

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

Fiscal Year (FY) 2022 Community Benefit Program Highlights

Sharp Rees-Stealy Medical Centers (SRSMC) consists of 19 primary and specialty outpatient medical facilities across San Diego County (SDC). SRSMC is operated by Sharp Rees-Stealy Medical Group (SRSMG), one of the region’s largest and most comprehensive medical groups. SRSMG is not required to develop a community benefit plan as part of Senate Bill 697, nor is SRSMG required to conduct a community health needs assessment (CHNA). However, as a division of Sharp HealthCare (Sharp), SRSMC engaged in a variety of activities that provided direct benefit to the San Diego community during FY 2022, a selection of which are highlighted in this section.

Key highlights:

- **Other Benefits for Vulnerable Populations** included shuttle transportation for patients to and from medical appointments; financial assistance for pharmaceutical costs; assistance for patients experiencing food insecurity; contribution of time to Feeding San Diego; the Sharp Humanitarian Service Program; and other assistance for vulnerable community members.
- **Other Benefits for the Broader Community** included education and resources on a variety of health topics; participation in community health fairs and events; support groups; health screenings for skin cancer; and community education and resources provided by Sharp Rees-Stealy Center for Health Management and Education. SRSMC and SRSMG staff actively participated in professional and community boards, committees and other civic organizations, including America’s Physician Groups (APG), Integrated Healthcare Association (IHA), North San Diego Business Chamber and Climate Action Campaign Public Health Advisory Council. See **Appendix A** for a listing of Sharp’s involvement in community organizations in FY 2022. The category also includes costs associated with community benefit planning and administration.
- **Health Research, Education and Training Programs** included time devoted to education and training of health care professionals, student and intern supervision,

and time devoted to generalizable health-related research projects that were made available to the broader health care community.

Definition of Community

- For a map of SRSMC locations, visit <https://www.sharp.com/locations/search/sharp-rees-stealy>

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

Description of Community Health

In 2022, there were 525,919 residents ages 65 and older in SDC, representing 15.8% of the population. Between 2022 and 2027, it is anticipated that SDC's senior population will grow by 14.1%.⁴⁵³

In 2020, 10.9% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 5.9% and 5.1% of households received Supplemental Security Income.⁴⁵⁴

According to the San Diego Hunger Coalition, while nutrition insecurity⁴⁵⁵ has declined since 2021, high rates remain due to long-standing economic disparities that were exacerbated by the COVID-19 (coronavirus disease 2019) pandemic. As of March 2022, 28% of San Diegans experienced nutrition insecurity and 35% of children lived in nutrition-insecure households.⁴⁵⁶

In 2020, 7.1% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 16.7% of the population lived at or below 138% FPL and were eligible for the program.⁴⁵⁴ Please refer to **Table 58** for SNAP participation and eligibility in SDC.

⁴⁵³ SpeedTrack®, Inc.; U.S. Census Bureau.

⁴⁵⁴ The County of San Diego Health and Human Services Agency (HHS), Public Health Services (PHS), Community Health Statistics Unit (CHSU), December 2022, U.S. Census Bureau, 2016-2020 American Community Survey 5-year estimates.

⁴⁵⁵ U.S. Department of Agriculture (2022), *Food and Nutrition Security*. Nutrition security means all Americans have consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.

⁴⁵⁶ San Diego Hunger Coalition (2022), *March 2022 Data Release: Nutrition Insecurity Remains Above Pre-pandemic Levels and Impacts Communities of Color Most*.

Table 58: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2020⁴⁵⁴

Food Stamps/SNAP Benefits	Percent of Population
Households	7.1%
Families with Children	12.1%
Eligibility by FPL	
Population ≤130% FPL	15.6%
Population ≤138% FPL	16.7%
Population 139% – 350% FPL	30.4%

In SDC in 2020, 96.1% of children age 18 and under, 87.8% of young adults ages 19 to 25, 88.2% of adults ages 26 to 44, 91.8% of adults ages 45 to 64, and 98.9% of seniors age 65 and older had health insurance.⁴⁵⁴ Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.4% health insurance coverage for all individuals under age 65, with the exception of children ages 0 to 18 years.⁴⁵⁷ See **Table 59** for health insurance coverage in SDC in 2020.

Table 59: Health Insurance Coverage in SDC, 2020⁴⁵⁴

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	96.1%	92.4%
Young adults 19 to 25 years	87.8%	92.4%
Adults 26 to 44 years	88.2%	92.4%
Adults 45 to 64 years	91.8%	92.4%
Seniors 65+ years	98.9%	N/A ⁴⁵⁸

According to the California Health Interview Survey (CHIS), in 2021, 19.4% of SDC’s population was covered by Medi-Cal.⁴⁵⁹ See **Table 60** for details.

⁴⁵⁷ The U.S. Department of Health and Human Services’ **Healthy People 2030 (HP2030)** initiative represents the nation’s prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

⁴⁵⁸ HP2030 does not include targets for individuals ages 65 and older.

⁴⁵⁹ University of California Los Angeles Center for Health Policy Research (2022), *2021 California Health Interview Survey*.

Table 60: Medi-Cal (Medicaid) Coverage in SDC, 2021⁴⁵⁹

Description	Rate
Covered by Medi-Cal	19.4%
Not covered by Medi-Cal	80.6%

CHIS data also revealed that 12.4% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 61**).⁴⁵⁹

Table 61: Regular Source of Medical Care in SDC, 2021⁴⁵⁹

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	87.6%	84.0%
Has no usual source of care	12.4%	16.0%

Cancer and diseases of the heart were the two leading causes of death in SDC in 2020.^{460,461} See **Table 62** 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 2022 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

⁴⁶⁰ County of San Diego HHS, PHS, CHSU (2022), *Leading Causes of Death Tables by HHS Region, 2011-2020*.

⁴⁶¹ The County of San Diego HHS's CHSU collects annual data on leading causes of death using methodology established by the National Center for Health Statistics. Data is based on "underlying cause of death" information from all death certificates filed in SDC in 2020. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's (International Classification of Diseases – 10th Revision) "List of 113 Selected Causes of Death and Enterocolitis due to *Clostridium difficile*." Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego HHS PHS, CHSU, 2022.

Table 62: Leading Causes of Death in SDC, 2020⁴⁶⁰

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	4,939	22.5%
Diseases of the Heart	4,853	22.1%
COVID-19	1,728	7.9%
Cerebrovascular Diseases	1,722	7.8%
Alzheimer’s Disease	1,521	6.9%
Accidents/Unintentional Injuries	1,513	6.9%
Chronic Lower Respiratory Diseases	930	4.2%
Diabetes Mellitus	852	3.9%
Essential Hypertension and Hypertensive Renal Disease	453	2.1%
Parkinson's Disease	429	2.0%
All Other Causes	3,000	13.7%
Total Deaths	21,940	100.0%

Community Benefit Planning Process

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

- Incorporates community priorities and community relations into its strategic plan and develops entity-specific goals
- Consults with representatives from a variety of departments to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefit Report — Sharp Rees-Stealy Annual Population Assessment

SRSMG’s Population Health Department is accredited by the National Committee for Quality Assurance (NCQA). NCQA Population Health Program Accreditation helps organizations align their operations with industry best practices in population health management. In compliance with NCQA standards, SRSMG conducts a population health assessment annually to identify the characteristics and needs of its member population, including data on social determinants of health (SDOH) — the conditions under which people live, learn, work and play. The assessment findings are used to identify population changes and establish priorities for program support. The annual population assessment informs guidelines and resource planning for programming to address chronic health conditions and case management.

SRSMG's annual assessment also uses the Dignity Health/IBM Watson Health Community Needs Index (CNI) to identify communities of need within their patient population. This is the same CNI tool used in Sharp's hospital-based CHNAs to identify communities with greater health inequities as determined through an analysis of specific barriers to health care access, including education, income, culture/language, insurance and housing. The CNI demonstrates the link between community need, access to care and preventable hospitalizations.

SRSMG's most recent population health assessment⁴⁶² identified the following characteristics and health needs for its patient population:

- Nearly half (47.5%) of SRSMG patients reside in communities of highest need in SDC. Further, 56.9% of patients with diabetes, 51.9% of patients with hypertension and 58.9% of patients who had a stroke reside in these communities.
- Among SRSMG's senior patients, 42.4% have multiple (two or more) chronic health conditions.
- Patients identified as Hispanic or Latino accounted for 21% of SRSMG patients in 2022, but represented 31% of patients with diabetes and 29% of stroke patients.
- Among SRSMG patients with a behavioral health encounter in 2022, the top three diagnosis categories were anxiety or stress disorders, substance use disorders, and mood disorders.

SRSMG's Population Health Department promotes resources and community programs to patients residing in those communities (ZIP codes) of higher need. Patients residing in ZIP codes of highest need are sent an outreach letter containing information about available community resources to address a broad range of issues, including food, financial, housing and other types of socioeconomic assistance. Patients in these communities are also provided with the department's contact information should they require further assistance in accessing community resources. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

Identified Community Need: Health Education, Support and Wellness

Rationale references the findings of the Sharp 2022 CHNAs, Hospital Association of San Diego and Imperial Counties 2022 CHNA or the most recent San Diego County (SDC) community health statistics unless otherwise indicated.

Rationale

- The Hospital Association of San Diego and Imperial Counties (HASD&IC) and Sharp 2022 CHNAs identified access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety, and economic stability as the top community needs affecting people served by SRSMG.

⁴⁶² Sharp Rees-Stealy Medical Group published its most recent population health assessment on February 3, 2023. This assessment covers the period from December 1, 2021 through November 30, 2022.

- HASD&IC’s community engagement efforts described health literacy as a barrier in accessing health care. To help people understand basic health information, there is a need for more education on preventive health care, healthy lifestyles, and understanding the differences between sources of care (e.g., when to use urgent care versus the emergency room). Participants noted that health care settings should use simple, plain language forms to help people understand health information.
- Also, according to the HASD&IC 2022 CHNA, the pandemic further exacerbated existing health literacy challenges, such as people not understanding their health insurance benefits, not knowing whom to call to access services, and difficulty identifying where to get care.
- The majority (96%) of Sharp Insight Community Survey respondents did not participate in Sharp’s programs to connect individuals to support services or resources, which suggests that more can be done to promote community awareness about these services. Among those who did participate, programs accessed included: diabetes care and education programs (12%), nutrition programs (6%) and weight management programs (6%).
- Data analysis in Sharp’s 2022 CHNAs revealed a higher volume of hospital discharges due to cardiovascular disease and Type 2 diabetes in communities facing greater socioeconomic challenges throughout SDC.⁴⁶³
- In 2020, diseases of the heart were the second leading cause of death for SDC.^{460,461}
- According to 2021 CHIS data, 26.1% of SDC residents had ever been diagnosed with high blood pressure, while 6.7% had borderline high blood pressure. In addition, 21.7% of SDC adults reported being obese.⁴⁵⁹
- In California, the self-reported obesity rate in 2021 was 27.6%. Prevalence of obesity decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates.⁴⁶⁴
- A study published in the Centers for Disease Control and Prevention’s (CDC) *Morbidity and Mortality Weekly* suggests that risks of COVID-19-related hospitalization, intensive care unit admission, invasive mechanical ventilation, and death are higher with increasing body mass index, particularly among adults under the age of 65.⁴⁶⁵
- According to the CDC, the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and some types of cancer.⁴⁶⁶
- According to the article *Social and Environmental Factors Influencing Obesity*, obesity prevalence is significantly associated with sex, racial or ethnic identity, and socioeconomic status. Higher odds of obesity are attributed to multiple factors, including environments experiencing deprivation, disorder, or high crime; proliferation of high calorie, energy dense food options that are perceived as more

⁴⁶³ Dignity Health and IBM Watson Health Community Need Index (2022).

⁴⁶⁴ Centers for Disease Control and Prevention (CDC) (2022), *Adult Obesity Prevalence Maps*.

⁴⁶⁵ Kompaniyets L, Goodman AB, Belay B, et al. (2021), Body Mass Index and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death — United States, March–December 2020. *MMWR Morbidity and Mortality Weekly Report*, 70(10), 355–361. Digital object identifier (DOI): <http://dx.doi.org/10.15585/mmwr.mm7010e4>

⁴⁶⁶ CDC (2022), *Adult Obesity Facts*.

affordable; and reductions in occupational and transportation-related physical activity.⁴⁶⁷

- According to data from the San Diego Hunger Coalition, in 2019, approximately one-quarter of people in SDC were nutrition insecure including 44% of Hispanic or Latino individuals. Due to the COVID-19 pandemic, the percent of SDC's population experiencing nutrition insecurity increased to a peak of 39% (1.3 million people) in April 2020, then leveled off to 30% (1 million people) in November 2020. As of June 2021, nutrition insecurity continued to affect nearly 1 in 3 SDC residents.⁴⁶⁸
- As of September 2022, more than 1 in 4 SDC residents (83.2%) is vaccinated against COVID-19.⁴⁶⁹
- Recent data suggests the COVID-19 vaccine's effectiveness at preventing infection or severe illness wanes over time, especially for people ages 65 and older and those who are immunocompromised. The CDC recommends COVID-19 vaccines for everyone ages 6 months and older, and boosters for everyone 5 years and older, if eligible. Data show that an mRNA booster increases the immune response, which improves protection against getting a serious COVID-19 infection.⁴⁷⁰
- In 2021, 29.5 % of SDC residents living below 200% of the FPL reported enrollment in the CalFresh program.⁴⁵⁹
- In 2021, the self-reported smoking rate in SDC was 6.1%.⁴⁵⁹
- According to the CDC, quitting smoking improves health status and enhances quality of life; reduces the risk of premature death; reduces the risk of many adverse health effects and chronic conditions; has specific benefits for people diagnosed with coronary heart disease or chronic obstructive pulmonary disease; benefits pregnant women and their fetuses and babies; and reduces financial burdens on people who smoke, health care systems, and society.⁴⁷¹
- According to the *American Journal of Lifestyle Management*, culinary medicine is an emerging discipline which aims to positively affect public health by improving eating behaviors through integrating nutritional science with food preparation. The intention is to help create positive behavior change by not just providing knowledge, but by teaching specific skills that may aid in creating lasting change. Culinary medicine uses an evidence-based approach that includes simple nutrition education and instruction in nutritious cooking skills, including shopping, meal planning and preparation, and food storage.⁴⁷²

Objectives

- Host community education classes addressing chronic conditions and other identified health needs as well as wellness and disease prevention
- Provide health education, screenings and resources at community-sponsored health fairs and events

⁴⁶⁷ Lee A., Cardel M., & Donahoo W.T. (2019). Social and Environmental Factors Influencing Obesity. *Endotext*

⁴⁶⁸ San Diego Hunger Coalition (2021), *Hunger Free San Diego Issue Brief: The State of Nutrition Security in San Diego County: Before, during and beyond the COVID-19 Crisis*.

⁴⁶⁹ County of San Diego HHS (2022), *COVID-19 in SDC*.

⁴⁷⁰ CDC (2022), *Frequently Asked Questions about COVID-19 Vaccination*.

⁴⁷¹ CDC (2020), *Benefits of Quitting*.

⁴⁷² Parks, K. & Polak, R. (2019). Culinary Medicine: Paving the Way to Health Through Our Forks. *American Journal of Lifestyle Medicine*, 14(1), 51-53. DOI:10.1177/1559827619871922

- Provide fundraising support for nonprofit health organizations

FY 2022 Report of Activities

In FY 2022, SRSMC reached nearly 4,400 patients and community members through free health education classes, programs and webinars. Throughout the year, many offerings occurred virtually to ensure safe, ongoing education for the community during the COVID-19 pandemic.

Live, online educational classes covered various aspects of health and wellness, including heart health, tobacco cessation and stress management. In October, an SRSMG obstetrician/gynecologist (OB-GYN) helped produce a webinar for Sharp Mary Birch Hospital for Women & Newborns titled The Fourth Trimester: Navigating Your Postpartum Recovery, which offered 50 attendees tips for setting themselves up for success in the postpartum period. In addition, in May, a family and culinary medicine physician shared a virtual healthy cooking presentation with employees and clients at Neighborhood House Association.

Throughout FY 2022, SRSMC's Center for Health Management and Health Education offered the New Weigh program — a free, online nutrition program for individuals trying to lose weight and improve overall health. New Weigh is a 10-week webinar series that emphasizes nutrition education and healthy lifestyle development. Participants receive individual coaching, telephone follow-up, support and assistance from a trained health educator, who also helps develop a semi-structured food and exercise plan. During FY 2022, approximately 800 community members, patients and Sharp employees participated in the program.

In FY 2022, SRSMC continued to offer the Be Well program — a free, year-round text messaging program designed to help subscribers stay on track with a healthy lifestyle. Through a combination of regularly scheduled weekly messages and personalized reminders, participants receive helpful tips on healthy eating, staying active, reducing stress and more. In FY 2022, the Be Well program had 2,500 active participants, including SRSMC patients and members of the broader community.

San Diego Oasis is a unique educational program for adults ages 50 and over who want to continue to learn and be productive throughout their lives. In November, an SRSMG physician provided a presentation titled Quality Care and Convenience: How to Get the Most Out of Your Telemedicine Visit at San Diego Oasis' 2021 Get Connected Technology Fair. In addition, physical therapists from SRSMC presented Oasis classes at Grossmont Lifelong Learning Center, including one in November titled Exercises for Achy Joints and another in August titled Joint Health as We Age.

In May, SRSMC staff participated in the Sharp Women's Health Conference. Clinicians provided two breakout sessions at the conference titled Exercise for Achy Joints and Female Sexual Health. In addition, SRSMC pharmacists provided an Ask the

Pharmacist resource booth to provide attendees with the opportunity to ask questions and learn more about their medications.

San Diego Women's Week is an annual leadership event focused on identifying creative solutions to everyday issues affecting women in the workplace and in their daily lives. SRSMC sponsored this year's event, which was held in March both virtually and at Town and Country San Diego. Also at this event, an SRSMG physician participated in a panel discussion on strategies for successfully adapting and adjusting to changes and unpredictability. In addition, in August, a member of SRSMC's executive team participated in a virtual panel discussion with San Diego Women Connect titled Setting and Defining Expectations for Success.

Community Health Improvement Partners' (CHIP) Suicide Prevention Council (SPC) is an inter-agency council committed to preventing suicide and its devastating consequences in SDC. During Suicide Prevention Month in September, a medical social worker from SRSMC's Population Health Department provided education on suicide risk assessment and treatment in primary care settings, which was published in the SPC's *Annual Report on the Status of Suicides & Suicide Prevention Efforts in San Diego*. The social worker also participated in the press conference announcing the report's release and provided a presentation on the importance of integrating suicide screening and resources in the primary care environment.

Throughout the year, SRSMC provided coordination, support and related fundraising activities for the 2022 San Diego Heart & Stroke Walk as well as served as blood donation sites for Sharp's FY 2022 systemwide blood drive to collect life-saving blood for those with medical needs. At the sixth annual Live Well San Diego Advance Conference and School Summit, a family and culinary medicine physician shared a presentation titled Embrace a Health Lifestyle: Culinary Medicine and Planetary Health Made Easy! Held in November, over 1,000 community members, including school administrators, support staff, parents and students, attended the virtual event. SRSMC anticipated participating in additional community events in FY 2022, including providing health education and resources at local health fairs. However, many community events continued to be impacted by the COVID-19 pandemic.

In FY 2022, SRSMG physicians and health professionals from SRSMC provided health and wellness education to the community through interviews with local and national news outlets, including 10News – ABC San Diego KGTV, CBS News 8 -San Diego, KPBS, KUSI News, NBC 7 San Diego, *East County Magazine*, *The San Diego Union-Tribune*, *Times of San Diego* and *Medtech Insight*. Information was also shared through Sharp Health News. Professionals offered expertise in various disciplines, including cardiology, family medicine, ophthalmology, pharmacy, phlebotomy, pediatrics, occupational medicine, and social work. Interview topics included the importance of getting an annual flu shot; risks and guidance for LASIK procedures; how culinary medicine can improve gut health; the dangers of mixing prescription medications and cannabis; the difference between germaphobia and obsessive-compulsive disorder; standardized suicide risk screening; and using robotic devices to draw blood. SRSMG

physicians continued to serve as a significant source of public-facing education and information related to the COVID-19 pandemic. Topics included the undercounting of COVID-19 cases; the vaccine rollout for children aged 5 and under; the Omicron winter surge in cases; the BA.2 Omicron subvariant; low vaccination rates among Black San Diegans; how to obtain and properly use at-home COVID-19 antigen tests; the dangers of being intentionally infected with COVID-19; and how to determine whether it is safe to return to the office.

The La Jolla Cove 10 Mile Relay is an annual swim race that takes place at La Jolla Shores and raises funds for the American Diabetes Association and the Prevent Drowning Foundation of San Diego. For the past six years, physicians from SRSMG's Dermatology division have attended this event to offer free skin cancer screenings to participants. In September, five SRSMG dermatologists provided participating swimmers with resources on preventing and identifying skin cancer and performed 135 screenings.

Throughout FY 2022, SRSMC staff and leaders regularly led and attended various community and professional health boards, committees and advisory and work groups, including Advanced Care at Home Coalition, American Medical Group Association, APG, Be There San Diego, California Association of Physician Groups, California Doctor of Physical Therapy Advisory Committee, CHIP SPC, IHA, North San Diego Business Chamber, San Diego County Meth Strike Force, and Climate Action Campaign Public Health Advisory Council. Throughout the year, many organizations continued to meet virtually, in response to the COVID-19 pandemic.

FY 2023 Plan

SRSMC will do the following:⁴⁷³

- Provide education for community members on a variety of health topics, with a focus on lifestyle medicine, wellness and disease prevention
- Provide health education, screenings and first-aid services at community events

⁴⁷³ Where applicable, Sharp Rees-Stealy Medical Centers will perform these activities as COVID-19 (coronavirus disease 2019) public health and safety guidelines allow.

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

Rationale references the findings of the Sharp 2022 CHNAs, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC 2022 CHNA identified workforce shortages as a foundational challenge that greatly exacerbates the priority health needs (access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety and economic stability) affecting members of the communities served by SMH.
- Workforce shortages were described by HASD&IC 2022 CHNA community engagement participants as the number one priority for local health care providers. The pandemic has severely strained the existing health care workforce, and staffing shortages have exacerbated challenges in meeting the demand for community services. All health care settings, including behavioral health, were described as understaffed, and workforce shortages can adversely impact the patient experience. Further, the workforce shortage is creating a wider equity gap, with fewer culturally competent and linguistically appropriate providers available to care for SDC's diverse communities.
- The Institute for Public Health's (IPH) Sharp Provider and Sharp Human Resources surveys conducted as part of the SMH 2022 CHNA process identified several educational topics of particular interest and importance to employee professional development, including: defining cultural humility and applying it to health care; the impact of implicit or unconscious bias on decision-making; maternal and infant health with a focus on the Black community; and health disparities among various groups, including the Black, Asian, Latinx and immigrant communities.
- Nearly 90% of IPH Sharp Provider Survey participants reported that COVID-19 had at least a moderate impact in employees' desire to change careers or leave the workforce, which may create challenges in meeting the health care needs of the community. Of these, the majority (78%) reported that Sharp does not have programs or services available to address this issue.
- The San Diego Workforce Partnership (SDWP) reported that, in 2021, there were 186,000 people employed in the health care sector in SDC, accounting for 13% of all jobs countywide.⁴⁷⁴
- SDWP also cites research by the University of Washington Center for Women's Welfare that estimates the basic needs of a single adult resident of SDC to cost \$3,058.72 per month, requiring full-time employment at \$17.65 an hour. Of the 20 most common occupations in SDC's health care sector, there are 11 with training requirements less than or equal to an associate degree that can provide new graduates with a living wage.⁴⁷⁴

⁴⁷⁴ San Diego Workforce Partnership (2021), *Expanding Access to Healthcare Jobs in San Diego County: Healthcare Sector Overview*.

- Total employment in California is projected to grow 16% between 2020 and 2030, reflecting an increase of 2.8 million jobs statewide over the decade. The educational services (private), health care and social assistance sector is expected to be one of the fastest-growing industries in California, with 19.0% growth anticipated.⁴⁷⁵
- According to the U.S. Bureau of Labor Statistics' *Employment Projections – 2021-2031* report, employment in health care and social assistance is projected to add about 2.6 million jobs from 2021 to 2031 — the highest growth among all industry sectors. Factors that are expected to contribute to this growth include rising demand for the care of an aging baby-boom population, longer life expectancies and higher prevalence of chronic conditions.⁴⁷⁶
- According to a report from the California Health Care Foundation (CHCF) titled *California Physicians: A Portrait of Practice*, the supplies of physicians, physician assistants and three types of advanced practice nurses in California grew between 2016 and 2020, while the supply of clinical nurse specialists decreased. The increased supply of licensed physicians does not accurately reflect the availability of care, however — less than half of California's physicians provided care 40 or more hours per week.⁴⁷⁷
- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce.⁴⁷⁸
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages.⁴⁷⁸
- The California Future Health Workforce Commission (CFHWC) has described several recent state budget and policy actions intended to address the significant health and economic impacts of the COVID-19 pandemic. This includes investments in the mental health workforce, particularly for those who work with children and youth; investments in physician residencies, with an emphasis on psychiatry; additional California Department of Health Care Access and Information⁴⁷⁹ oversight for state-supported health workforce programs; expanding the scope of practice for nurse practitioners; and creating several new reimbursable provider types, such as community health workers.⁴⁸⁰
- According to CFHWC key informant interviews with private sector health care leaders, California's workforce needs include increasing workforce diversity; educating young Californians that futures in the health sector are appealing regardless of background, socioeconomic status, race/ethnicity, and gender; and partnering with schools and companies to remove barriers to continuing education and develop pipelines for jobs.⁴⁸¹

⁴⁷⁵ California Employment Development Department (EDD) (2022), *Employment Projections*.

⁴⁷⁶ U.S. Bureau of Labor Statistics (2022), *Employment Projections – 2021-2031*.

⁴⁷⁷ California Health Care Foundation (CHCF) (2021), *California Physicians, 2021: A Portrait of Practice*.

⁴⁷⁸ CHCF (2021), *Health Workforce Strategies for California: A review of the Evidence*.

⁴⁷⁹ California's Department of Health Care Access and Information was formerly known as the Office of Statewide Health Planning and Development.

⁴⁸⁰ California Future Health Workforce Commission (CFHWC) (2022), *January 2022 Update on Health Workforce Progress*.

⁴⁸¹ CFHWC (2020), *Meeting the Demand for Health: Top Priorities, Challenges, and Proposed Actions for the Private Sector to Support the Workforce California Needs*.

- A CHCF survey of frontline health care workers during COVID-19 reflects the sustained mental and emotional toll of providing patient care during the pandemic. Six in 10 providers continue to feel overworked and burned out, while nearly half are frustrated by their job. Nearly three out of four nurses (72%) say they feel burned out from their work — higher than the 61% reported among nurse practitioners and physician assistants, 57% among doctors, and 56% among behavioral health specialists.⁴⁸²

Objectives

- In collaboration with local schools, colleges and universities offer opportunities for students to explore and train for a vast array of health care professions
- Collaborate with local schools to promote interest and provide career pathways in health care
- Provide training for local and national health care professionals

FY 2022 Report of Activities

In FY 2022, SRSMC collaborated with local, state and national schools, colleges and universities to provide opportunities for students to explore and train for a variety of careers in health care.

SRSMC offered various placement and professional development opportunities for students and interns throughout SDC. More than 100 nursing students, approximately 50 advanced practice provider students and nearly 100 ancillary (non-nursing) students from a variety of colleges and universities spent nearly 44,000 hours at SRSMC locations. Program partners included American Career College, Azusa Pacific University, Concorde Career College, California State University San Marcos, Grand Canyon University, Grossmont College, Grossmont Health Occupations Center, Mesa College, MiraCosta College, Palomar Community College, Phlebotomy Training Academy, Pima Medical Institute, Samuel Merritt University, San Diego State University, Southern New Hampshire University, Southwestern College, Touro University, University of Massachusetts (UMass) Global (formerly Brandman University), United States University, University of San Diego, Western Governors University and Yale University.

In FY 2022, SRSMC served as the primary training location within the Sharp system for 52 advanced practice provider students, including individuals studying to become nurse practitioners and physician assistants. Students represented a variety of specialties, including dermatology, ear, nose and throat (ENT), family medicine, internal medicine, OB-GYN, ophthalmology, palliative care, pediatrics, podiatry, pulmonary medicine and urgent care. Training was provided at several SRSMC facilities, including Carmel Valley, Del Mar, Genesee, La Mesa, Otay Ranch, Rancho Bernardo, San Diego, Santee, Scripps Ranch and Sorrento Mesa. Students specializing in urgent care also

⁴⁸² CHCF (2021), *COVID-19 Tracking Poll, May 2021 Views from California Health Care Providers on the Front Lines*.

had the opportunity to shadow physicians in all five Sharp Rees-Stealy Urgent Care Centers.

Also in FY 2022, SRSMC's Population Health Department provided hands-on training for a student intern from Southern New Hampshire University's Master of Public Health practicum program. The intern worked directly with community health workers on a variety of tasks, including community outreach, distributing blood pressure cuffs and setting up patient appointments.

Following a two-year hiatus due to the COVID-19 pandemic, in FY 2022, SRSMC welcomed back students from Health Sciences High and Middle College (HSHMC). This program prepares students in grades nine through 12 for future careers in health care through a combination of classroom learning and on-location job shadowing at various Sharp locations. In FY 2022, 20 HSHMC students spent time on campus at SRSMC La Mesa, Santee and Genesee, where they rotated through departments including primary care, radiology, physical therapy and OB-GYN. Students spent time observing staff and assisted with tasks such as patient wayfinding and clerical work.

SRSMC shared knowledge and best practices with the larger professional health care community through the development of educational materials on patient care delivery. SRSMC leadership contributed an article titled Learning from the Pandemic: Virtual Care Takes Root in the Fall/Winter 2021 edition of *The Journal of America's Physician Groups*. In addition, SRSMG physicians from a variety of specialties participated in clinical research studies which were published in medical journals throughout FY 2022, including *Journal of Rheumatology*, *International Journal of Surgical Pathology*, *Journal of Antimicrobial Chemotherapy*, *American Journal of Lifestyle Medicine*, *American Journal of Case Reports*, *Antibiotics*, *Journal of Occupational and Environmental Medicine*, *Journal of Infectious Diseases*, *Frontiers in Neurology*, *Pediatric Dermatology* and *Infection Control and Epidemiology*.

FY 2023 Plan

SRSMC will do the following:⁴⁷³

- Provide professional development opportunities for health professions students and interns throughout SDC
- Provide one student from UMass Global's Department of Social Work Field Division with an internship focused on maternal child health and postpartum depression screening
- Collaborate with HSHMC to provide opportunities for high school students to explore careers in health care
- Share clinical research and best practices with the larger health care community

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

Rationale references the findings of the Sharp 2022 CHNAs, HASD&IC 2022 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and Sharp 2022 CHNAs identified access to health care and economic stability among the top community needs affecting people served by SRSMC, particularly underserved and underfunded patients who face inequities.
- The HASD&IC and SRSMC 2022 CHNAs identified the following themes related to accessing health care in SDC: overall barriers to care; the impact of telehealth; health literacy; transportation; health insurance and financial concerns; stigma; the needs of specific populations (LGBTQ+, people experiencing homelessness, individuals at the end of life, undocumented individuals, and parents or caregivers); the need for trauma-informed care; and workforce challenges.
- HASD&IC 2022 CHNA participants also described the following logistical challenges related to accessing health care: making primary care appointments or accessing their usual source of care; insurance restrictions and confusion; a need for referrals to access certain services or treatments; finding the right fit with a provider; and timeliness related to level of care, such as locating after-hours urgent care.
- Across HASD&IC's interviews and focus groups, there was a universal acknowledgment that the COVID-19 pandemic caused widespread disruption to SDC's local health care system. Factors impacting the ability to access health care included postponed or canceled procedures, long wait times for appointments and the fear of COVID-19 exposure.
- Nearly all (99%) IPH Sharp Provider Survey participants reported COVID-19 had an impact on patients' access to transportation, which may result in decreased access to health care. Strategies to address this included increasing community awareness about shuttle access or Sharp Van Services and providing telehealth.
- According to the HASD&IC 2022 CHNA, financial concerns may deter patients from accessing health care. Financial assistance to help pay for medical bills was described as a frequent and significant need. Community members are not always aware of low or no-cost programs that may be available to help pay for services.
- According to 2-1-1 San Diego's (2-1-1) Community Information Exchange (CIE) 2021 Client Profile Report, the top five needs for 2-1-1 clients ages 60 and older were (in rank order): housing, utilities, income support and employment, consumer services and health care.⁴⁸³
- In 2021, 12.4% of SDC adults, teens and children reported having no usual source of health care. In addition, 19.7% of SDC residents reported that they had not visited a doctor at all in the previous year.⁴⁵⁹
- According to San Diego Association of Governments' 2021 COVID-19 Impacts report, the top three ways Californians reported spending their stimulus checks included food (22%), utilities (16%) and rent (14%).⁴⁸⁴

⁴⁸³ 2-1-1 San Diego Community Information Exchange (2021), *Client Profile Report*.

⁴⁸⁴ San Diego Association of Governments (2021), *The San Diego Economy: A Year in Review of COVID-19 Impacts*.

- According to the San Diego Hunger Coalition, while nutrition insecurity has declined since 2021, high rates remain due to long-standing economic disparities that were exacerbated by the COVID-19 pandemic. As of March 2022, more than 1 in 4 San Diegans experienced nutrition insecurity, with disproportionate impacts noted among communities of color.⁴⁵⁶
- As of September 2022, the overall unemployment rate in SDC was 3.1%, which was lower than both the unemployment rate for the state of California (3.8%) and the national rate (3.5%) during the same period.⁴⁸⁵
- According to the San Diego Regional Task Force on Homelessness' 2022 Point-in-Time Count, there was a 3% increase in SDC's unsheltered homeless population from 2020 to 2022. There were no fewer than 4,106 homeless individuals without shelter on a given night in 2022 compared to 3,971 in 2020. Of the 8,427 individuals experiencing homelessness in SDC in 2022, about half (51.2%) received some form of housing or services.⁴⁸⁶
- In 2020, 1 in 4 unsheltered SDC residents were adults ages 55 and over. Among the region's unsheltered seniors, 88% became homeless in SDC and 43% reported experiencing homelessness for the first time in their lives.⁴⁸⁷ Nationwide, the population of individuals ages 65 and older experiencing homelessness is expected to nearly triple over the next decade — from 40,000 in 2020 to approximately 106,000 by 2030.⁴⁸⁸
- According to findings from CHCF's 2022 California Health Policy Survey, half of Californians (49%) reported taking at least one action to delay, skip, or cut back on care in the past 12 months because of concerns related to cost. Of those who delayed care due to cost, 47% reported that their health condition worsened.⁴⁸⁹
- According to the same survey, more than 1 in 4 lower-income Californians (30%) reported that it was "somewhat" or "very" difficult to find a provider who took their insurance, compared to 12% of Californians with higher incomes.⁴⁸⁹
- In addition, among Californians with lower incomes, 4 in 10 reported being very worried about affording unexpected medical bills (42%), out-of-pocket costs (39%), rent or mortgage (41%) and transportation costs (40%).⁴⁸⁹

Objectives

- Collaborate with community partners to connect individuals experiencing homelessness, food insecurity and other health equity barriers to community-based services
- Assist economically disadvantaged individuals through transportation and pharmaceutical assistance

⁴⁸⁵ California EDD (2022), *Labor Market Information*.

⁴⁸⁶ San Diego Regional Taskforce on Homelessness (2022), *San Diego County WeAllCount Point-in-Time Count*.

⁴⁸⁷ Serving Seniors (2021), *Senior Homelessness: A Needs Assessment*.

⁴⁸⁸ University of Pennsylvania (2019), *The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?*

⁴⁸⁹ CHCF (2022), *The 2022 CHCF California Health Policy Survey*.

FY 2022 Report of Activities

In FY 2022, SRSMC provided programs and services to help improve care coordination and access to health care for underserved or economically disadvantaged patients.

Throughout the year, SRSMC provided transportation assistance to ensure that patients were able to attend their medical appointments. SRSMC's free shuttle service connected a variety of clinic locations and related services (e.g., imaging) along four routes. Patient services representatives helped patients schedule appointments that coincided with shuttle routes, enabling individuals to arrive at their doctor's office safely and on time. In FY 2022, more than 2,450 individuals were served by SRSMC's shuttle service.

The cost of prescription medication can be unaffordable for economically disadvantaged patients, particularly those experiencing unemployment or other challenges associated with the COVID-19 pandemic. In FY 2022, SRSMC continued to use funding from the Sharp HealthCare Foundation to provide resources to patients with medication-related financial burdens during the pandemic. The effort included SRSMC pharmacy staff from all eight locations, as well as the Clinical Pharmacy Services (CPS) team. CPS pharmacists reviewed patient referrals and evaluated them for urgency, alternative therapies and qualification for various financial assistance programs. If alternative programs or longer-term solutions were not available, they coordinated with the SRSMC pharmacy team to provide the patient with their medications at no out-of-pocket cost. Since its inception in 2020, this program has covered more than \$298,000 worth of prescription medication copays for over 680 patients.

SRSMC also used Sharp HealthCare Foundation assistance in FY 2022 to provide blood pressure cuffs to underserved patients with hypertension. SRSMC pharmacy staff, the CPS department and the Population Health Department collaborated throughout the year to identify patients in need of regular blood pressure monitoring who would benefit from having a blood pressure cuff at home to help report accurate measurements. Team members from the Population Health Department identified appropriate patients and referred them to CPS to receive an affordable blood pressure cuff through SRSMC pharmacies. Qualifying patients received these blood pressure cuffs at no cost. Since its inception in 2021, nearly 840 SRSMC patients have received assistance through this initiative.

According to the World Health Organization, in the first year of the pandemic, global prevalence of anxiety and depression increased by 25%, creating additional strain on the availability of mental health services. Recognizing that patients were experiencing delays in receiving timely behavioral health care, the Population Health Department collaborated with Agile Health to create a text messaging program to support individuals with anxiety or depression as they contemplate or wait for therapy. Launched in May and funded by the Sharp HealthCare Foundation, this program is designed to support the experience of changing moods and feelings of anxiety. It offers inspiring and motivating techniques and helpful information on starting therapy and choosing the right

personalized treatment plan. The interactive program helps connect individuals enrolled with SRSMC care specialists or medical social worker case managers to address their questions or concerns. In total, this program reached nearly 160 individuals in FY 2022.

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

Approximately 130 CIE community partners — including health care organizations, the County of San Diego Health and Human Services Agency, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual's SDOH needs and utilization history of community services and to make direct referrals to critical, community-based resources. SRSMC case managers and social workers were trained on CIE to better serve vulnerable patients in the outpatient care setting, including those patients who experience homelessness, food insecurity and other hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 3 of the pilot, utilization metrics were sustained after demonstrating growth between Years 1 and 2. Community members across SDC were assisted through the CIE, including residents of Downtown, Mission Valley, Southeast San Diego, Encanto, El Cajon, Lakeside, La Mesa, Otay Mesa, National City, Chula Vista, Carlsbad, Escondido and Oceanside. The top community referrals provided through the CIE included utilities, food, housing and economic support. Sharp teams continue to work closely with 2-1-1 on the implementation and data integration plans for CIE, which includes evaluation of ongoing metrics, such as system utilization of CIE, referral tracking, case management efficiency, successful connection to community referrals and more. Data will be used to re-evaluate the value and sustainability of CIE for Sharp upon completion of the pilot's fourth year.

FY 2023 Plan

SRSMC will do the following:

- Provide free shuttle services to those in need of transportation assistance
- Provide financial assistance for prescription copayments and other needed supplies, including blood pressure cuffs
- Participate in 2-1-1's CIE program to serve patients experiencing homelessness and other SDOH hardships by connecting them to critical community services

SRSMC Program and Service Highlights

- Allergy and immunology
- Anticoagulation clinic
- Audiology and hearing services
- Cancer treatment
- Cardiology
- Dermatology
- Endocrinology
- ENT services
- Executive health and wellness
- Family and internal medicine
- Gastroenterology
- Health education, including diabetes and breast cancer education
- Imaging and radiology, including mammography
- Infectious disease
- Laboratory services
- Lymphedema program
- Nephrology
- Neurology
- Nuclear medicine
- Nutrition
- OB-GYN
- Occupational health and work injury
- Ophthalmology
- Optometry, including the Optical Shop
- Orthopedics
- Pathology
- Pediatrics
- Pharmacy services, including chronic health condition management
- Podiatry
- Pulmonary medicine
- Rehabilitation and physical therapy, including upper extremity and pediatric rehabilitation
- Rheumatology and musculoskeletal medicine
- Speech therapy
- Surgery
- Travel Clinic
- Urgent care
- Urology
- Weight management
- Wound care

Sharp Health Plan



Section

13 Sharp Health Plan

Sharp Health Plan continues to support community partnerships through financial contributions and volunteerism, as well as provide COVID-related services alongside Sharp HealthCare. There is no greater privilege than serving our community and Sharp Health Plan is proud to do our part as a good neighbor.

— 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) 2022, a selection of which are highlighted in this section. SHP services include health plans for both large and small employers, individual family plans and Medicare.

FY 2022 Community Benefit Program Highlights

SHP provided a total of **\$126,677** in community benefit in FY 2022. See **Table 63** in this section for a summary of unreimbursed costs for SHP based on the categories identified in SB 697, and **Figure 27** for the distribution of SHP’s community benefit among those categories.

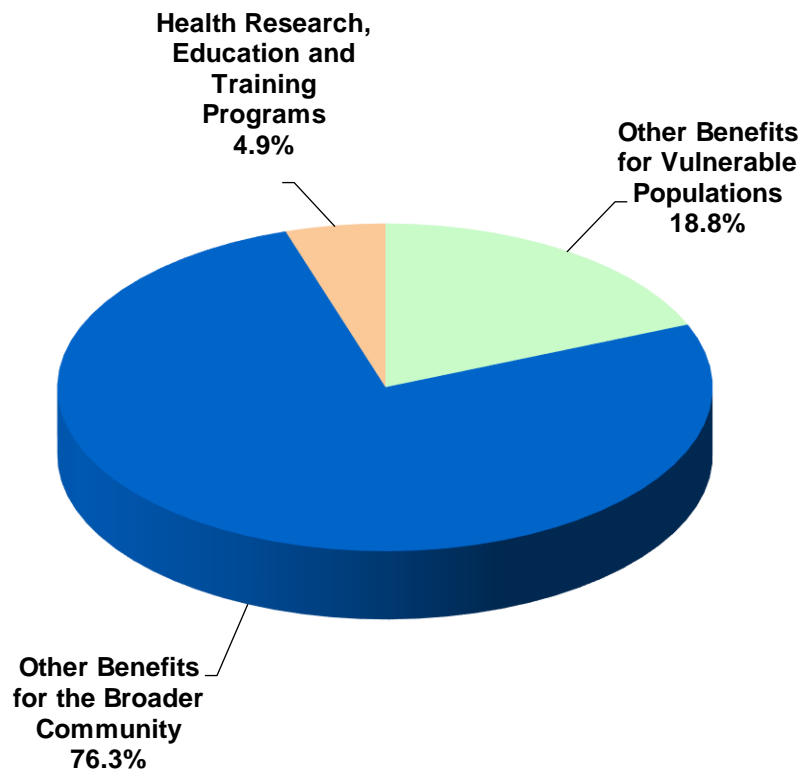
**Table 63: Economic Value of Community Benefit Provided
Sharp Health Plan — FY 2022**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2022 Unreimbursed Costs
Other Benefits for Vulnerable ⁴⁹⁰ Populations	Donations to community health centers and other agencies serving the vulnerable ⁴⁹¹	\$23,750
Other Benefits for the Broader Community	Health education programs, donations to community organizations, meeting room space, and participation in community organizations ⁴⁹¹	96,676
Health Research, Education and Training Programs	Support of education and training programs for students, interns and health care professionals ⁴⁹¹	6,251
TOTAL		\$126,677

⁴⁹⁰ “Vulnerable populations” means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children’s Services Program, or county indigent programs.

⁴⁹¹ 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 27: Percentage of Community Benefit by SB 697 Category
Sharp Health Plan — FY 2022**



Key highlights:

- **Other Benefits for Vulnerable Populations** included donations to community health centers and other agencies to support low-income and underserved populations, and other assistance for vulnerable community members.
- **Other Benefits for the Broader Community** included health education, donations to community organizations, and participation by senior leadership and other staff on community boards, committees and civic organizations, including Asian Business Association of San Diego (ABASD), Chicano Federation, California Association of Health Plans, Epilepsy Foundation San Diego County, Episcopal Community Services, Girl Scouts San Diego, Healing Wave Aquatics, Health Plan Alliance, North San Diego Business Chamber, Pacific Arts Movement, San Diego Community College District Corporate Council, San Diego Food Bank (Food Bank), Second Chance, SAY San Diego, The Nonprofit Institute at the University of San Diego (USD) Advisory Board, Union of Pan Asian Communities (UPAC) and others. See **Appendix A** for a listing of Sharp HealthCare’s (Sharp) involvement in community organizations in FY 2022. The category also includes costs associated with community benefit planning and administration.
- **Health Research, Education and Training Programs** included time devoted to intern supervision.

Identified Community Need: Support for Community-Based Nonprofit Organizations

Rationale references the findings of the Sharp 2022 CHNAs, Hospital Association of San Diego and Imperial Counties 2022 CHNA or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The Hospital Association of San Diego and Imperial Counties (HASD&IC) and Sharp 2022 CHNAs identified access to health care, aging care & support, behavioral health, children & youth well-being, chronic health conditions, community safety, and economic stability among the priority health and social needs affecting the community members served by SHP.
- The HASD&IC 2022 CHNA offered recommendations for addressing priority health needs by helping patients connect to and navigate available services to help improve their health and well-being. These recommendations fell into four categories: navigation and support, culturally appropriate care, workforce development and community collaboration.
- According to USD's *2022 State of Nonprofits and Philanthropy Annual Report*, there were nearly 12,500 registered nonprofits in San Diego County (SDC) in 2022. Nearly three-quarters of human services and health nonprofits reported increased demand for their services, attributed to inflation, influx of immigrants and refugees, and fallout from the COVID-19 (coronavirus disease 2019) pandemic. Among nonprofits who experienced an increase in demand for services, just 15% reported being able to adequately meet that demand, indicating that there is substantial unmet need in the community.⁴⁹²
- The same report notes that San Diegans continually express high levels of confidence in nonprofits to act on the public's behalf, provide high-quality services, act ethically and promote positive social change. Public confidence drives engagement in the nonprofit sector.⁴⁹²
- According to the Center for Effective Philanthropy, most U.S. nonprofit leaders report that their foundations are working differently now compared to early 2020, by streamlining processes to reduce the burden on grantees and providing more unrestricted support. Additionally, many are modifying their practices due to rising consideration of racial equity. However, nearly half of leaders say that their boards are the biggest barrier to their foundation's ability to advance racial equity.⁴⁹³
- In a report titled *Causes Count*, the California Association of Nonprofits explains that California's nonprofits bring in more than \$40 billion each year from out-of-state sources and are responsible for 1 in every 14 California jobs. Statewide, nonprofits employ over 1.2 million people, accounting for 7% of all California employment.⁴⁹⁴
- According to the American Hospital Association's Center for Health Innovation, health care providers, public health agencies and community-based organizations need to effectively coordinate their efforts together to create meaningful movement

⁴⁹² University of San Diego (2022). *2022 State of Nonprofits and Philanthropy Annual Report: State of Nonprofits in San Diego*.

⁴⁹³ The Center for Effective Philanthropy (2022), *In Their Own Words: Funders Share Stories of Change. A Companion Piece to Foundations Respond to Crisis: Lasting Change?*

⁴⁹⁴ California Association of Nonprofits (2022), *Causes Count 2019: The Economic Power of California's Nonprofits*.

toward healthy communities. Each partner should have defined roles and responsibilities within the collaborative, to help address power imbalances with decision-making processes as well as help each partner focus on their strengths to best contribute to the effort.⁴⁹⁵

- According to the National Council of Nonprofits, nonprofits are perfectly positioned to maximize public benefits with their deep knowledge of community needs, reach, and existing relationships, particularly in low-income and underserved or hard-to-reach populations. Nonprofits provide vital services and are a key part of the economy, employing more than 12.5 million people before the COVID-19 pandemic. However, resources declined for nonprofits, resulting in the loss of more than 1.6 million jobs during the first three months of the pandemic. For communities and local economies to recover, governments need to invest in the work of nonprofits.⁴⁹⁶
- Approximately 8% 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. Each year, approximately 11% to 20% of veterans of Operations Iraqi Freedom and Enduring Freedom and 12% of Gulf War veterans have PTSD, while it is estimated that 30% of Vietnam veterans have had PTSD in their lifetime.⁴⁹⁷
- Integrative medicine can help people with behavioral health conditions, cancer, persistent pain, chronic fatigue, fibromyalgia and many other conditions to better manage their symptoms and improve their quality of life by reducing fatigue, pain and anxiety. Examples of common practices include acupuncture, animal-assisted therapy, aromatherapy, dietary supplements, hydrotherapy, massage therapy, music therapy and meditation.^{498,499}
- Among SDC's 3.3 million residents, over a million people face nutrition insecurity and are unable to provide three nutritious meals a day for themselves or their households.⁵⁰⁰
- While nutrition insecurity has declined since 2021, high rates remain due to long-standing economic disparities that were exacerbated by the COVID-19 pandemic. As of March 2022, more than 1 in 4 San Diegans experienced nutrition insecurity, with disproportionate impacts noted among communities of color.⁵⁰¹

Objectives

- Participate in community-sponsored events
- Support nonprofit community organizations that address identified community needs through financial donations, board service and other contributions

⁴⁹⁵ American Hospital Association Center for Health Innovation (2022), *The Partnership for Public Health*.

⁴⁹⁶ National Council of Nonprofits (2022), *Strengthening State and Local Economies in Partnerships with Nonprofits: Principles, Recommendations, and Models for Investing Coronavirus State and Local Fiscal Recovery Funds*.

⁴⁹⁷ U.S. Department of Veterans Affairs (2022), *How Common is PTSD in Veterans?*

⁴⁹⁸ Mayo Clinic (2022), *Integrative Medicine and Health*.

⁴⁹⁹ Cleveland Clinic (2022), *Hydrotherapy*.

⁵⁰⁰ San Diego Food Bank (2022), *Hunger Fact Sheet 2022*.

⁵⁰¹ San Diego Hunger Coalition (2022), *March 2022 Data Release: Nutrition Insecurity Remains Above Pre-pandemic Levels and Impacts Communities of Color Most*.

FY 2022 Report of Activities

SHP supports San Diego's community organizations through a variety of activities, including participation in and coordination of community-sponsored events, service on community boards and committees, and financial support and fundraising for health and social causes.

SHP team members served on boards and committees for the following organizations in FY 2022: ABASD Board of Directors, California Association of Health Plans, Community Information Exchange (CIE) Advisory Board, Girl Scouts San Diego, Health Plan Alliance, Health Sciences High and Middle College, Health Transformation Alliance, North San Diego Business Chamber Health Committee, Pacific Arts Movement Advisory Board, San Diego Community College District Corporate Council, Second Chance Board of Directors, and The Nonprofit Institute at USD Advisory Board. Most organizations met virtually throughout FY 2022, in response to the COVID-19 pandemic.

In addition, in FY 2022, SHP provided financial support to the following organizations: ABASD, Arc of San Diego, Barney & Barney Foundation, Boys & Girls Clubs of East County, Cal Coast Cares Foundation, Chicano Federation, Electrical Workers Minority Caucus, Epilepsy Foundation San Diego County, Episcopal Community Services, Food Bank, Girl Scouts San Diego, Lions Tigers & Bears, McAlister Institute for Treatment & Education, Neighborhood House Association, North San Diego Business Chamber, Pacific Arts Movement, San Diego Association of Health Underwriters, San Diego Food System Alliance, San Diego Police Foundation, San Diego Rescue Mission, San Diego River Park Foundation, San Diego Zoo Safari Park, SAY San Diego, Second Chance, Surfrider Foundation, The Word & Brown Insurance Administrators, Inc., UPAC, The Nonprofit Institute at USD, Healing Wave Aquatics and more.

As part of its commitment to the community, SHP proudly supported local organizations, schools, families and individuals in FY 2022. SHP supported students at Vista Magnet Middle School by providing over 300 reusable grocery bags to students and their families in need at no cost. In October, SHP's chief medical officer presented information about COVID-19, including virus details and the importance of vaccines, to approximately 100 employees at the San Diego Zoo. In addition, SHP collaborated with SGH to offer flu and COVID-19 vaccines to more than 300 San Diego Zoo and San Diego Safari Park staff in January. In September, SHP provided a resource table with information about its services and resources at the City of San Diego's 2022 Employee Appreciation Event at Crown Point Park.

More than 1 in 4 (28%) San Diegans experience nutrition insecurity, and to address this ongoing need, the San Diego hunger relief sector provides food assistance equal to over 33 million meals each month. In FY 2022, SHP continued to financially support organizations that assist San Diegans experiencing food insecurity, including the Food Bank. In April, SHP sponsored the Food Bank's annual Chefs, Cork & Craft Gala, which featured live musical entertainment, silent and live auctions, hors d'oeuvres and a chef-prepared dinner for guests to enjoy outdoors. SHP also provided a year-end donation to

support the Food Bank's hunger-relief response programs. In addition, SHP continued its financial support of the San Diego Food System Alliance, a diverse and inclusive network of leaders in SDC committed to building a food system that works for everyone. To go beyond the need for temporary assistance, the Food System Alliance established a San Diego County Food Vision 2030 — a shared vision, plan, and movement to transform SDC's food system over the next 10 years toward a more equitable and resilient future, changing the way food is grown, moved, shared and perceived. SHP sponsored the organization's Annual Gathering for San Diego County Food Vision 2030 in September. Held at the California Center for the Arts in Escondido, the event featured inspirational speakers, interactive sessions, open space for dialogue, networking and local food options.

UPAC provides health and human services to improve the well-being of underserved diverse populations through its 15 SDC locations. In FY 2022, UPAC reached over 34,000 individuals, providing direct services to more than 8,400 underserved community members. SHP has been a proud supporter of UPAC for several years. In May, SHP sponsored UPAC's first annual Taste of Culture event, designed to bridge cross-cultural understanding, connect partners and friends with its mission and raise funds for vital programs and services, while offering a unique tasting experience from different cultures in the City Heights neighborhood. The event also highlighted the continued success of UPAC's Neighborhood Enterprise Center, which provides the City Heights community with impactful programs to nurture innovation, build neighborhood self-sufficiency and celebrate diversity. The center hires from within the community, and includes an affordable café, technology center, print shop and a safe gathering space for community members, as well as serves as an emergency food distribution site and community resource center. In addition, the center's staff trains and mentors local youth.

SHP continued to collaborate with The Nonprofit Institute at USD, which recently celebrated its 20th anniversary and provides training, education and research to support and strengthen the nonprofit sector and philanthropy throughout the San Diego region. In FY 2022, SHP continued to serve as a member of the advisory board, providing guidance for strategic direction and community impact, as well as programming, marketing, and fundraising efforts. SHP contributed financially to the organization's Nonprofit Governance Symposium, an annual event that gathers nonprofit leaders who envision the future of governance and share best practices to build stronger organizations and communities. At the event, SHP assisted in selecting two annual award winners, including ABASD, who are recognized for and promote excellence in governance in SDC's nonprofit sector.

Representing the interests of more than 30,000 Asian-owned businesses countywide, ABASD is dedicated to building sustainable communities by providing educational workshops, technical assistance, business mentorship, and access to capital to minority-owned small and disadvantaged businesses, entrepreneurs and start-up organizations. ABASD is one of the region's largest ethnic business associations, a County of San Diego Live Well Partner and is part of America's Small Business

Development Center network, which provides low to no-cost advising and consulting services to entrepreneurs and small businesses. ABASD partners with the County of San Diego Black Chamber of Commerce and San Diego County Hispanic Chamber of Commerce through the Strategic Alliance San Diego Ethnic Chambers of Commerce, which represents the interests of tens of thousands of local businesses in SDC. Since the group's inception in 2019, the three organizations have shared business resources, events, educational workshops, business advocacy, information regarding public policy priorities and more to ensure San Diego has an inclusive economy that works well for all community members. In FY 2022, SHP continued to serve the ABASD Board of Directors and provide annual event sponsorship. SHP attended the ABASD and San Diego Business Journal's Asian Pacific Islander Leaders of the Year Awards event at the Westin Gaslamp in May, in honor of Asian American and Pacific Islander Heritage Month. The event was designed to celebrate, unite and create change in the Asian community.

Healing Wave Aquatics provides aquatic bodywork therapies for military veterans, active-duty personnel, and caregivers living with the debilitating impacts of post-traumatic stress. In FY 2022, Healing Wave Aquatics opened its new facility in San Diego, which is the first of its kind in the nation, to provide a therapeutic warm-water program. Patients receive eight one-on-one sessions of warm-water aquatic therapy with a skilled aquatic practitioner, which includes light stretching, massage and movement, offering a state of relaxation and a calm space. The organization is a unique therapeutic resource for San Diego's military community and for others who may benefit from its services. In FY 2022, SHP supported Healing Wave Aquatics' goal of establishing its own facility by donating to its capital campaign.

In addition, since 2019, SHP has been a part of Sharp's systemwide pilot partnership with 2-1-1 San Diego's (2-1-1) CIE to better understand and address the health equity barriers that influence the health and well-being of their patients. Research continues to underscore that social determinants of health (SDOH) have a significant impact on a person's ability to access care and maintain health. SHP joined the CIE pilot partnership in order to provide more informed, holistic care to patients with challenges to health equity, and to connect them directly to community resources to meet those needs.

Approximately 130 CIE community partners — including health care organizations, the County of San Diego Health and Human Services Agency, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual's SDOH needs and utilization history of community services and to make direct referrals to critical, community-based resources. SHP team members were trained on CIE to better serve patients in the acute care setting, including patients who experience homelessness, food insecurity and other hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 3 of the CIE pilot, utilization metrics were sustained after demonstrating growth between Years 1 and 2. Community members across SDC

were assisted through the CIE, including residents of Downtown San Diego, Mission Valley, Southeast San Diego, Encanto, El Cajon, Lakeside, La Mesa, Otay Mesa, National City, Chula Vista, Carlsbad, Escondido and Oceanside. The top community referrals provided to patients through the CIE included utilities, food, housing and economic support.

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

FY 2023 Plan

SHP will do the following:

- Provide health information and education at community-sponsored events to address identified health needs for San Diegans
- Provide coordination, financial support and fundraising activities for local nonprofit organizations — particularly organizations that support vulnerable communities throughout SDC
- Serve on various community boards that support the health and well-being of the community
- Participate in 2-1-1's CIE program to connect members who experience health equity barriers to critical community services

Appendices

Appendix A

Sharp HealthCare Involvement in Community Organizations

Community boards, committees and civic organizations where Sharp HealthCare executive leadership and staff participated on the organization's behalf.

Appendix B

Map of Sharp HealthCare Locations

Appendix C

Map of the County of San Diego

A map of San Diego County communities and regions served by Sharp HealthCare.

Appendix

A Sharp HealthCare Involvement in Community Organizations

The list below includes organizations that Sharp executive leadership and other staff were involved with in Fiscal Year 2022. This involvement included but is not limited to program collaboration, volunteer service, donations, student placement partnerships, and board or committee leadership. Community organizations are listed alphabetically.

- 2-1-1 San Diego (2-1-1)
- 2-1-1 Community Information Exchange (CIE)
- 2-1-1 CIE Advisory Board
- A New PATH (Parents for Addiction Treatment and Healing)
- Adult Protective Services
- Advanced Care at Home Coalition
- Alliant International University
- Alzheimer's San Diego
- Alzheimer's San Diego Community Advisory Council
- American Association of Critical-Care Nurses
- American Cancer Society
- American Career College
- American Case Management Association
- American College of Healthcare Executives
- American Diabetes Association
- American Foundation for Suicide Prevention
- American Heart Association
- American Hospital Association
- American Hospital Association Regional Policy Board
- American Lung Association
- American Medical Group Association
- American Red Cross
- America's Physician Groups
- Angels Foster Family Network
- Arc of San Diego
- Asian Business Association of San Diego (ABASD)
- ABASD Board of Directors
- Association for Ambulatory Behavioral Healthcare
- Association for Clinical Pastoral Education
- Association for Community Health Improvement
- Association for Contextual Behavioral Science – Aging in Context Special Interest Group
- Association for Healthcare Philanthropy
- Association of Black Psychologists – San Diego Chapter

- Association of California Nurse Leaders
- Association of Fundraising Professionals – San Diego Chapter
- Association of Oncology Social Work
- Association of Women’s Health, Obstetric and Neonatal Nurses
- Azusa Pacific University
- Balboa Institute of Transplantation
- Barney & Barney Foundation
- Bayside Community Center
- Be There San Diego
- Beacon Council’s Patient Safety Collaborative
- Black Tech Link
- Borrego Health
- Boys & Girls Clubs of East County
- Cabrillo Credit Union Supervisory Committee
- Cal Coast Cares Foundation
- California Academy of Nutrition and Dietetics – San Diego District
- California Association Medical Staff Services – San Diego Chapter
- California Association of Health Plans
- California Association of Hospitals and Health Systems (CAHHS)
- CAHHS Committee on Volunteer Services and Directors’ Coordinating Council
- California Association of Physician Groups
- California College San Diego
- California Department of Public Health’s (CDPH) Joint Advisory Committee
- CDPH Statewide Medical and Health Exercise Workgroup
- California Doctor of Physical Therapy Advisory Committee
- California Health Care Foundation California POLST eRegistry Implementation Committee
- California Health Foundation and Trust
- California Hospice and Palliative Care Association
- California Hospital Association (CHA)
- CHA Board
- CHA Emergency Management Advisory Committee
- CHA San Diego Association of Directors of Volunteer Services
- CHA Workforce Committee
- California Maternal Quality Care Collaborative
- California Perinatal Quality Care Collaborative
- California School-Age Families Education
- California Society for Clinical Social Work Professionals
- California State University Dominguez Hills
- California State University San Marcos
- Cameron Family YMCA
- Capella University
- Caregiver Coalition of San Diego
- Chapman University
- Chicano Federation
- Chula Vista Chamber of Commerce

- Chula Vista Police Foundation
- City of Chula Vista
- City of La Mesa
- City of San Diego
- Climate Action Campaign
- Climate Action Campaign Public Health Advisory Council
- Coalition for Compassionate Care of California
- Coast Center for Orthopedic and Arthroscopic Surgery Board of Directors
- College Area Pregnancy Services
- Community Center for the Blind and Visually Impaired
- Community Health Improvement Partners (CHIP) Behavioral Health Work Team
- CHIP Farm to Institution Center's Nutrition in Healthcare Leadership Team
- CHIP Independent Living Association Work Team
- CHIP Suicide Prevention Council (SPC)
- CHIP SPC Media, Means Restriction and Higher Education Subcommittees
- Concorde Career College
- Concorde Career College – San Diego Program Advisory Committee
- Concordia University
- Connect Foundation
- Consortium for Nursing Excellence, San Diego
- Coronado Chamber of Commerce
- Coronado Public Library
- Coronado Senior Planning Committee
- Corporate Directors Forum
- Council of Women's and Infants' Specialty Hospitals
- County of San Diego
- County of San Diego Aging and Independence Services (AIS)
- County of San Diego AIS Advisory Board
- County of San Diego AIS Health Promotion Committee
- County of San Diego Emergency Medical Care Committee
- County of San Diego Emergency Medical Services
- County of San Diego Health Services Capacity Task Force
- County of San Diego Healthcare Disaster Coalition Hospital Preparedness Program Budget, Decontamination and SharePoint Subcommittees
- County of San Diego Public Health Nursing Advisory Board
- County Service Area – 69 Advisory Board
- Doris A. Howell Foundation for Women's Health Research
- Downtown San Diego Partnership
- Downtown San Diego Silvercrest Residence
- East County Action Network
- East County Pregnancy Clinic
- East County Senior Service Providers
- Electrical Workers Minority Caucus
- Emergency Nurses Association – San Diego Chapter
- Employee Assistance Professionals Association
- EMSTA College

- Epilepsy Foundation San Diego County
- Episcopal Community Services
- Equality Alliance of San Diego County
- Evidence-Based Practice Institute
- Family Health Centers of San Diego
- Father Joe's Villages
- Feeding San Diego
- Gary and Mary West Senior Wellness Center
- Girl Scouts San Diego
- Glendale Career College
- Grand Canyon University
- Grossmont College
- Grossmont College Occupational Therapy Assistant Advisory Board
- Grossmont Health Occupations
- Grossmont Healthcare District
- Grossmont Imaging
- Grossmont Union High School District
- Gurmilan Foundation
- Health and Science Pipeline Initiative
- Health Information and Management Systems Society
- Health Insurance Counseling & Advocacy Program
- Health Plan Alliance
- Health Sciences High and Middle College (HSHMC)
- HSHMC Board
- Healing Wave Aquatics
- Health Transformation Alliance
- HELPS International
- Highly Infectious Disease Advisory Committee
- Honor Flight San Diego
- Hospice and Palliative Nurses Association — San Diego Chapter
- Hospital Association of San Diego and Imperial Counties (HASD&IC)
- HASD&IC Board of Directors
- HASD&IC Community Health Needs Assessment Committee
- Hunger Advocacy Network
- I Love a Clean San Diego
- Integrated Healthcare Association
- Integrated Network Cancer Program
- Integrative Therapies Collaborative
- International Association of Eating Disorders Professionals
- International Bipolar Foundation
- Jacobs & Cushman San Diego Food Bank
- Jewish Family Service of San Diego (JFS)
- JFS Behavioral Health Committee
- JFS Public Affairs Committee
- John A. Davis Family YMCA
- John D. Spreckels Center & Bowling Green

- Keck Graduate Institute
- La Maestra Community Health Centers
- La Mesa Lion's Club
- La Mesa Parks & Recreation Foundation
- La Mesa Rotary Club
- Lantern Crest Senior Living Advisory Board
- Las Patronas
- LGBTQ Victory Fund
- Life Rolls On Foundation
- Lions Tigers & Bears
- Live Well San Diego Check Your Mood Committee
- Loma Linda University
- Lucky Duck Foundation
- Mama's Kitchen
- MANA de San Diego
- March of Dimes
- Maximo Nivel
- McAlister Institute for Treatment & Education
- McGrath Family YMCA
- Meals on Wheels San Diego County
- Meals on Wheels San Diego County East County Advisory Board
- Midwestern University
- MiraCosta College
- Mission Edge
- Mothers' Milk Bank
- National Active and Retired Federal Employees Association
- National Alliance on Mental Illness
- National Association of Emergency Medical Services Educators
- National Association of Orthopedic Nurses
- National Conflict Resolution Center
- National Eating Disorders Association
- National Hospice and Palliative Care Organization
- National University
- Neighbor 2 Neighbor
- Neighborhood Healthcare
- Neighborhood House Association
- New Americans Museum
- North San Diego Business Chamber
- North San Diego Business Chamber Health Committee
- Pacific Arts Movement
- Pacific Arts Movement Advisory Board
- Palo Alto University
- Palomar College
- Partnership for Smoke-Free Families
- Peninsula Shepherd Senior Center
- Perinatal Care Network

- Perinatal Social Work Cluster
- Philippine Nurses Association of San Diego County
- Phlebotomy Training Academy
- Pima Medical Institute
- Point Loma/Hervey Library
- Point Loma Nazarene University
- Potiker Family Senior Residence
- Poway Chamber of Commerce Government Affairs Committee
- Practice Greenhealth
- Press Ganey
- Produce Good
- Psychiatric Emergency Response Team
- Risk Management Society – San Diego Chapter
- Ronald McDonald House Operations Committee
- Rotary Club of Chula Vista
- Rotary Club of Coronado
- Safe Harbor Coronado
- San Diego Adolescent Pregnancy and Parenting Program
- San Diego & Imperial Counties Community Colleges Regional Consortium
- San Diego Association of Diabetes Educators
- San Diego Association of Health Underwriters
- San Diego Black Nurses Association, Inc.
- San Diego Blood Bank
- San Diego Blood Bank Board of Directors
- San Diego Brain Injury Foundation
- San Diego Central Seventh-day Adventist Church's Love in Action medical mission
- San Diego City College
- San Diego Clinical Pastoral Educators
- San Diego Coalition for Compassionate Care
- San Diego Coalition for Mental Health
- San Diego Committee on Employment for People with disABILITIES
- San Diego Community Action Network
- San Diego Community College District Corporate Council
- San Diego County Breastfeeding Coalition Advisory Board
- San Diego County Coalition for Improving End-of-Life Care
- San Diego County Council on Aging
- San Diego County Hospice Veteran Partnership
- San Diego County Medical Society Bioethics Commission
- San Diego County Meth Strike Force
- San Diego County Older Adult Behavioral Health System of Care Council
- San Diego County Stroke Consortium
- San Diego Crew Classic
- San Diego East County Chamber of Commerce
- San Diego East County Chamber of Commerce East County Homeless Task Force

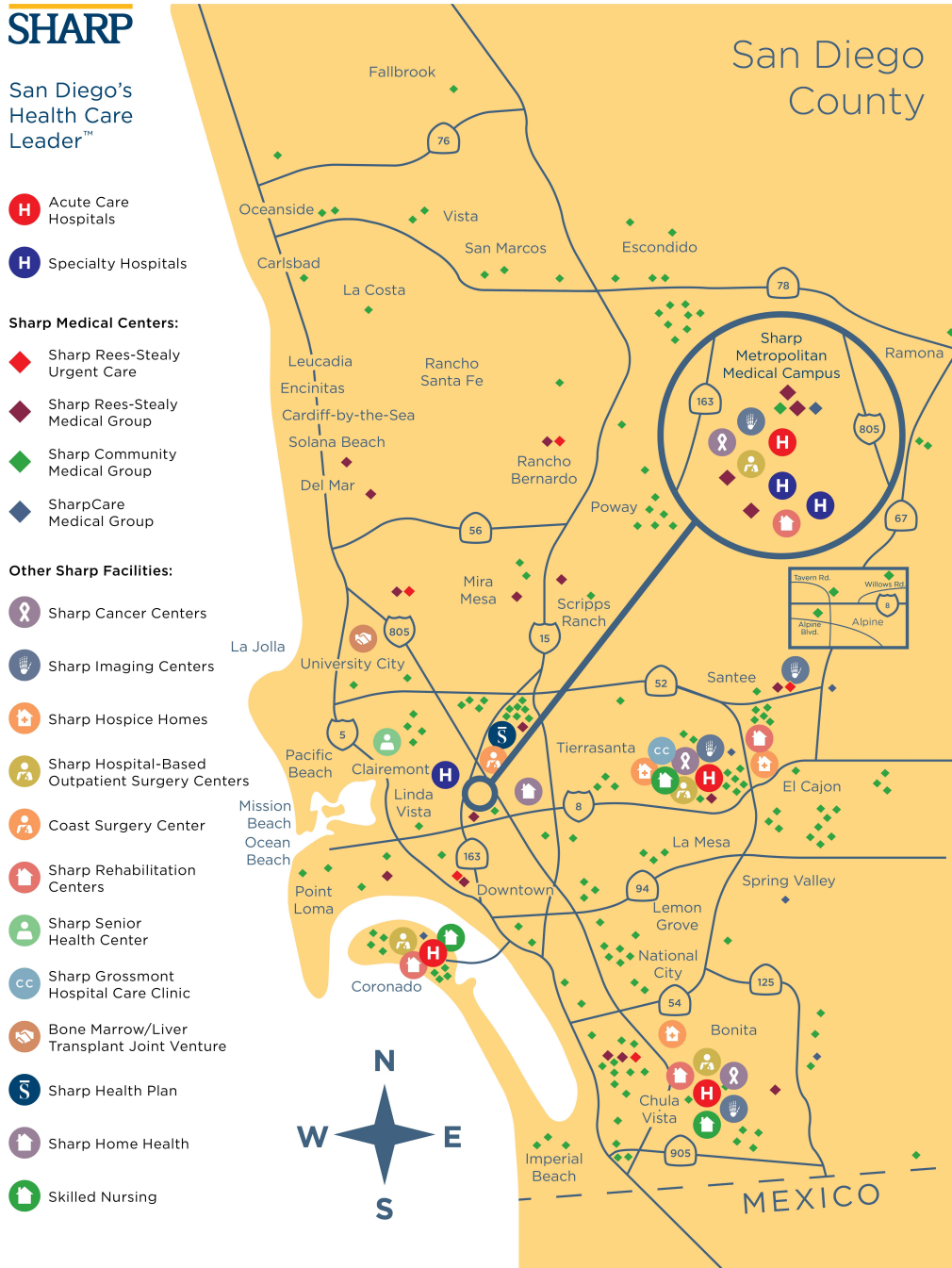
- San Diego East County Chamber of Commerce Government Affairs Committee
- San Diego East County Chamber of Commerce Leadership East County Program
- San Diego Economic Development Council
- San Diego Education Collaborative
- San Diego Family Care
- San Diego Fire-Rescue Department
- San Diego Food System Alliance
- San Diego Freedom Ranch
- San Diego Housing Commission
- San Diego Imaging – Chula Vista
- San Diego Imaging – Kearny Mesa
- San Diego-Imperial County Council of Hospital Volunteers
- San Diego International Airport Aviation Security and Public Safety Department
- San Diego Mental Health Coalition
- San Diego Mesa College
- San Diego Military Family Collaborative
- San Diego National Association of Hispanic Nurses
- San Diego Oasis
- San Diego Opera
- San Diego Police Foundation
- San Diego Pride
- San Diego Psychological Association Membership and Public Education Media Committees
- San Diego Public Health Advisory Council
- San Diego Regional Chamber of Commerce
- San Diego Regional Economic Development Corporation
- San Diego Regional Human Trafficking and Commercial Sexual Exploitation of Children (CSEC) Advisory Council
- San Diego Regional Human Trafficking and CSEC Advisory Council – Health Subcommittee
- San Diego Rescue Mission
- San Diego River Park Foundation
- San Diego Square
- San Diego State University (SDSU)
- SDSU Institute for Public Health
- San Diego Unified School District’s College Career and Technical Education Department
- San Diego Women, Infants and Children (WIC)
- San Diego WIC Dietetic Internship program
- San Diego Workforce Partnership
- San Diego Zoo Safari Park
- San Joaquin Valley College
- San Ysidro Health
- Santee Chamber of Commerce Government Affairs Committee
- SAY San Diego

- Second Chance
- Second Chance Board of Directors
- Serra Mesa Planning Group Board
- Serving Seniors
- Sharp and Children's MRI Board
- Sharp and University of California (UC) San Diego Health's Joint Venture
- Soroptimist International of Coronado
- South County Action Network
- South County Economic Development Council
- Southern California Association of Neonatal Nurses
- Southern Caregiver Resource Center
- Southwestern College
- Special Needs Trust Foundation
- St. Paul's PACE
- St. Paul's Senior Services
- St. Peter's by the Sea Lutheran Church
- Surfrider Foundation
- Survivors of Suicide Loss
- The Campanile Foundation (SDSU)
- The Word & Brown Insurance Administrators, Inc.
- ThinkFirst National Injury Prevention Foundation
- Transplant Life Foundation
- Trauma Center Association of America Board of Directors
- Union of Pan Asian Communities
- UC San Diego
- UC San Diego Extension
- University of Denver
- University of Illinois
- University of Massachusetts Global
- University of Oregon
- University of San Diego (USD)
- USD – The Nonprofit Institute
- USD – The Nonprofit Institute Advisory Board
- University of Southern California
- University of St. Augustine for Health Sciences
- VA San Diego Healthcare System
- Vanderbilt University
- Veterans Village of San Diego
- Vista Hill Foundation
- Vista Hill ParentCare
- Walk With Me Impact
- We Honor Veterans
- West Coast University Los Angeles
- Western Governors University
- Western University of Health Sciences
- Westminster Manor

- Wreaths Across America San Diego
- YMCA of San Diego County
- YWCA of San Diego County
- YWCA of San Diego County Becky's House®

Appendix

B Map of Sharp HealthCare Locations



SYSTEM

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Appendix

C

Map of Community and Region Boundaries in San Diego County

