



Sharp HealthCare Community Benefits Plan and Report Fiscal Year 2011

~ COMMITTED TO IMPROVING THE
HEALTH AND WELL-BEING OF THE COMMUNITY ~

Commitment

SHARP

Sharp HealthCare
Community Benefits Plan and
Report
Fiscal Year 2011

Submitted to:

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Contents

Section	Description	Page
	Preface.....	i
	Glossary of Terms and Abbreviations	iii
1	An Overview of Sharp HealthCare	1
2	Executive Summary	25
3	Community Benefits Planning Process	33
4	Sharp Chula Vista Medical Center	39
5	Sharp Coronado Hospital and Healthcare Center	63
6	Sharp Grossmont Hospital	73
7	Sharp Metropolitan Medical Campus.....	111
8	Sharp Mary Birch Hospital for Women & Newborns.....	113
9	Sharp Memorial Hospital.....	127
10	Sharp Mesa Vista Hospital and Sharp McDonald Center.....	157
11	Sharp Health Plan.....	175
Appendices		
A	Sharp HealthCare Involvement in Community Organizations	177
B	Map of Community and Region Boundaries in San Diego County .	183

Preface

Sharp HealthCare (Sharp) prepared this Community Benefits Report for Fiscal Year 2011 (FY 2011) in accordance with the requirements of Senate Bill 697, community benefits legislation.¹

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

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

Glossary of Terms and Abbreviations

A

AAA

American Automobile Association

ACHE

American College of Healthcare Executives

ACNL

Association of California Nurse Leaders

ACPE

Association for Clinical Pastoral Education

ACS

American Cancer Society

ADA

American Diabetes Association

AF

Arthritis Foundation

AFPJ

American Family Physician Journal

AHA

American Heart Association

AIS

Aging and Independence Services

ALA

American Lung Association

AMHS

Adult Mental Health Services

ANAD

National Association of Anorexia Nervosa and Associated Disorders

ANCC

American Nurses Credentialing Center

APA

American Psychological Association

APNA

American Psychiatric Nurses Association

Are You OK?

A component of San Diego County's Project CARE program where daily phone calls are made to individuals who have signed up for this service. A computer automatically makes the calls at a regularly scheduled time selected by the participant. If the call goes unanswered, volunteers check to ensure the individual is OK.

AWHONN

Association of Women's Health, Obstetric and Neonatal Nurses

B

BCBS

Blue Cross Blue Shield

BLCI

Barrio Logan College Institute

BMI

Body Mass Index

BRFSS

Behavioral Risk Factor Surveillance System

BSN
Bachelor of Science in Nursing

C

CAPG
California Association of Physician
Groups

CCARE
Center for Compassion and Altruism
Research and Education – Stanford
University School of Medicine

CDC
Centers for Disease Control and
Prevention

CDPH
California Department of Public
Health

CHA
California Hospital Association

CHAMPVA
Civilian Health and Medical Program
of the Department of Veterans
Affairs

CHAPCA
California Hospice and Palliative
Care Association

CHF
Congestive Heart Failure

CHIP
San Diego Community Health
Improvement Partners

CHIS
The California Health Interview
Survey – California’s state health
survey, conducted every two years.
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 – report on the current
health status and health-related
needs of San Diego County
residents, as well as changes and
trends in resident health status. The
needs assessment began in 1995 to
comply with state community
benefits legislation (SB 697), and is
an integral part of the community
benefits process. The most recent
CHNA was completed in
collaboration with CHIP in 2010.

CLIMB
Children’s Lives Include Moments of
Bravery

CME
Continuing Medical Education

CMHS
Children’s Mental Health Services

CNA
Certified Nursing Assistant

CPSP
Comprehensive Perinatal Services
Program

CRC
Caregiver Resource Center

CTIS
California Teratogen Information
Service

CWISH

Council of Women’s and Infants’
Specialty Hospitals

CWSG

Challenged Women’s Support Group

D

DHHS

U.S. Department of Health and
Human Services

DOL

U.S. Department of Labor

DOVIA

Directors of Volunteers in Agencies

E

ED

Emergency Department

EEG

Electroencephalogram

EKG

Electrocardiogram

EMS

Emergency Medical Services

EMT

Emergency Medical Technician

ENA

Emergency Nurses Association

EPA

Environmental Protection Agency

EV

Electric vehicle

F

FFCC

Family Friends Community
Connection

FHCSD

Family Health Centers of San Diego

First Touch

Model of care where caregivers
establish a personal connection with
the patient before starting clinical
activities. First Touch provides
caregivers with training and skills to
help put patients at ease and reduce
their fears and anxiety while
increasing trust in their caregiver.

FY

Fiscal Year

G

GC

Grossmont College

GERD

Gastro-Esophageal Reflux Disease

GUHSD

Grossmont Union High School
District

GWTG

American Heart Association’s Get
With the Guidelines - a national effort
focused on ensuring evidence-based
therapies are used with heart attack
and congestive heart failure patients.

H

HASDIC

Healthcare Association of San Diego and Imperial Counties

HASPI

Health and Science Pipeline Initiative

HCCPP

Health Care Career Pipeline Partnership – workforce diversity program aimed at promoting health care careers to high school students; partners include SCVMC, BLCI, SYHS, SWC and the San Diego Chapter of the National Association of Hispanic Nurses.

Healthy Families

Healthy Families provides low-cost insurance coverage for health, dental and vision services to children and teens that do not have insurance and do not qualify for free Medi-Cal.

HESI

Health-careers Exploration Summer Institute

HHSA

County of San Diego Health and Human Services Agency

HICAP

Health Insurance Counseling and Advocacy Program

HP 2020

Healthy People 2020 is a set of health objectives for the U.S. to achieve by 2020, and is to be used by individuals, states, communities, professional organizations, and others to help develop health improvement programs; Healthy People 2020 was developed through a broad consultation process, based

on the best scientific knowledge and designed to measure programs over time.

HPNA

Hospice and Palliative Nurses Association

HSHMC

Health Sciences High and Middle College

I

ICU

Intensive Care Unit

IDT

Interdisciplinary Team

IHN

Integrated Healthcare Network

IMRT

Intensity Modulated Radiation Therapy

J

JAMA

Journal of the American Medical Association

K

KC

Kaplan College

L

LBP

Lower Back Pain

LEED

Leadership in Energy and Environmental Design

M

MAGNET Recognition Program®

Program developed by the ANCC to recognize health care organizations that provide nursing excellence. The program also provides a vehicle for disseminating successful nursing practices and strategies.

MC

San Diego Mesa College

MICN

Mobile Intensive Care Nurse

MICU

Medical Intensive Care Unit

MRI

Magnetic Resonance Imaging

N

NAHN

National Association of Hispanic Nurses

NAMI

National Alliance on Mental Illness

NANN

National Association of Neonatal Nurses

NAPBC

National Accreditation Program for Breast Centers

NBCF

National Breast Cancer Foundation

NCADD

National Council on Alcoholism and Drug Dependence

NCHS

National Center for Health Statistics

NHPCO

National Hospice and Palliative Care Organization

NICU

Neonatal Intensive Care Unit

NIH

National Institute of Health

NIMH

National Institute of Mental Health

NPIC

National Perinatal Information Center

NU

National University

O

ORI

Outcomes Research Institute

OSHPD

California Office of Statewide Health Planning and Development

OU

University of Oklahoma

P

PATH

Parents for Addiction, Treatment and Healing

(the) Pavilion

Sharp Memorial Outpatient Pavilion

PCN
Perinatal Care Network

PEO
Philanthropic Educational
Organization

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

PET
Psychiatric Evaluation Team

PLNU
Point Loma Nazarene University

PPD
Postpartum depression

Project CARE
Community Action to Reach the
Elderly – a community program that
includes the county’s AIS, U.S.
Postal Service, San Diego Gas &
Electric, local senior centers, sheriff
and police, and many others for a
cooperative safety net designed to
ensure the well-being and
independence of older persons and
persons with disabilities in the
community through various services.

Project HELP
Project HELP – Sharp HealthCare
hospital funds that provide monies
for medications, transportation, and
other needs to assist patients who
cannot afford to pay.

PSA
Prostate-specific antigen

PSSIs
Peer Support Specialist Interns

R

RICA
Recovery Innovations of California

RN
Registered nurse

RPS
Regional Perinatal System

RT
Respiratory therapist

RWJF
Robert Wood Johnson Foundation

S

SAFE Foundation
Coronado Substance Abuse-Free
Environment

SANDAG
San Diego Association of
Governments

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

SCANN
Southern California Association of
Neonatal Nurses

SCHHC
Sharp Coronado Hospital and
Healthcare Center

SCVMC
Sharp Chula Vista Medical Center

SDC
San Diego County

SDCCOA
San Diego County Council on Aging

SDCOI
San Diego County Childhood
Obesity Initiative

SDEMCC
San Diego Emergency Medical Care
Committee

SDGE
San Diego Gas & Electric

SDSHP
San Diego Society of Health System
Pharmacists

SDSU
San Diego State University

SES
Socioeconomic status

SGH
Sharp Grossmont Hospital

Sharp
Sharp HealthCare

Sharp Rehab
Sharp Rehabilitation Services

SharpNET
Sharp's internal website

SHP
Sharp Health Plan

SICU
Surgical Intensive Care Unit

SIDS
Sudden Infant Death Syndrome

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

SMBHWN
Sharp Mary Birch Hospital for
Women & Newborns

SMC
Sharp McDonald Center

SMH
Sharp Memorial Hospital

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

SMV
Sharp Mesa Vista Hospital

SNF
Skilled Nursing Facility

SRS
Sharp Rees-Stealy Medical Centers

SSDI
Social Security Disability Insurance

SSI
Social Security Income

STEMI

ST Elevation Myocardial Infarction - acute heart attack

SUHSD

Sweetwater Union High School District

SWC

Southwestern College

SYHS

San Ysidro High School

T

TAY

Transitional Age Youth

TCOYD

Taking Care of Your Diabetes – SCVMC’s support group for Spanish-speaking people with Type II diabetes.

ThinkFirst/Sharp on Survival

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention

TLC

Tender Loving Care – a component of the HSHMC program at SGH that provides students with direct patient care opportunities under the supervision of certified nursing assistants.

TREF

Trauma Research and Education Foundation

TRICARE

The regionally-managed health care program for active-duty and retired members of the uniformed services,

as well as their loved ones and survivors.

TWIN

Tribute to Women in Industry – a YWCA-sponsored award

U

UCSD

University of California, San Diego

USD

University of San Diego

V

VA

Veterans Affairs

VIP

Volunteers Inspiring Possibilities – SMV’s volunteer group of mental health clients that participates alongside Sharp staff at community events.

VIPs

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

VIRGO

Variation in Recovery: Role of Gender on Outcomes in Young AMI patients – a National Institutes of Health research study of premature heart disease in women age 55 and younger.

W

WIC

Women, Infants and Children
Program

Y

YESS

Young Enthusiastic Stroke Survivors

YMCA

Young Men's Christian Association

YWCA

Young Women's Christian
Association



Transforming the Health Care Experience

As a not-for-profit organization, Sharp HealthCare places great value on the health of our community. Our mission is to improve the health of those we serve, with a commitment to excellence in all that we do. Everyone at Sharp is dedicated to the extraordinary level of care we call The Sharp Experience – making Sharp not only the best place to work and practice medicine, but also the best place for members of the community to receive care.

In recognition of the importance of shaping future leaders, Sharp is dedicated to promoting health care careers through a variety of internship and training programs. Each year, Sharp provides valuable guidance and support to thousands of students and interns, ranging from fifth graders to graduate-level students. Facility tours, job shadowing, technical experience, insight and mentoring are offered to help foster passion for future careers in health care.

Commitment

1 An Overview of Sharp HealthCare

Sharp is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals; three specialty hospitals; two affiliated medical groups; 20 medical clinics; five urgent care facilities; three skilled nursing facilities; two inpatient rehabilitation centers; home health, hospice, and home infusion programs; numerous outpatient facilities and programs; and a variety of other community health education programs and related services. Sharp offers a full continuum of care, including: emergency care, home care, hospice care, inpatient care, long-term care, mental health care, outpatient care, primary and specialty care, rehabilitation, and urgent care. Sharp also has a Knox-Keene-licensed health maintenance organization, Sharp Health Plan (SHP). Serving a population of approximately 3 million in San Diego County, as of September 30, 2011, Sharp is licensed to operate 2,092 beds, has approximately 2,600 Sharp-affiliated physicians and nearly 15,000 employees.

FOUR ACUTE-CARE HOSPITALS:

Sharp Chula Vista Medical Center (343 beds)

The largest provider of health care services in San Diego's rapidly expanding South Bay, Sharp Chula Vista Medical Center (SCVMC) operates the region's busiest Emergency Department (ED) and is the closest hospital to the busiest international border in the world.

Sharp Coronado Hospital and Healthcare Center (204 beds)

Sharp Coronado Hospital and Healthcare Center (SCHHC), an acute-care hospital, provides services that include sub-acute and long-term care, rehabilitation therapies, joint replacement surgery, hospice and emergency services.

Sharp Grossmont Hospital (536 beds)

Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County, and has one of the busiest EDs in San Diego County.

Sharp Memorial Hospital (656 beds)

A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopedics, organ transplantation, cardiology and rehabilitation.

THREE SPECIALTY-CARE HOSPITALS:

Sharp Mary Birch Hospital for Women & Newborns (188 beds)

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

Sharp Mesa Vista Hospital (149 beds)

The largest private freestanding psychiatric hospital in California, Sharp Mesa Vista Hospital (SMV) is a premier provider of behavioral health services.

Sharp McDonald Center (16 beds)¹

Sharp McDonald Center (SMC) is San Diego County's only licensed chemical dependency recovery hospital.

Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the nonprofit 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 (SRS) are included within the nonprofit public benefit corporation of Sharp, the parent organization. The operations of Sharp Grossmont Hospital (SGH) are reported under the nonprofit public benefit corporation Grossmont Hospital Corporation.

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 patient expectations, and are provided in a caring, convenient, cost-effective and accessible manner.

Vision

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

¹ As a licensed chemical dependency recovery hospital, SMC is not required to file a community benefits plan. Because of SMC's commitment to community programs and services, we have presented community benefits information in Section 10: SMV and SMC.

Values

- Integrity
 - Trustworthiness, Respect, Commitment to Organizational Values, and Decision Making
- Caring
 - Service Orientation, Communication, Teamwork and Collaboration, Serving and Developing Others, and Celebration
- Innovation
 - Creativity, Continuous Improvement, Initiating Breakthroughs, and Self-Development
- Excellence
 - Quality, Safety, Operational and Service Excellence, Financial Results, and Accountability



Culture: The Sharp Experience

For more than 11 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance and experience improvement initiative called *The Sharp Experience*, the entire Sharp team has recommitted to purpose, 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.

Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be:

- *The best place to work:* Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp “the best health system in the universe.”
- *The best place to practice medicine:* Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers; experience unsurpassed service as valued customers; have access to state-of-the-art equipment and cutting-edge technology; and enjoy

the camaraderie of the highest-caliber medical staff at San Diego's health care leader.

- *The best place to receive care:* Providing a new standard of service in the health care industry, much like that of a five-star hotel; employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient – treating them with the utmost care, compassion and respect; and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate.

Through all of this transformation, Sharp will continue 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 half a century.

Pillars of Excellence

In support of Sharp's organizational commitment to transform the health care experience, the six Pillars of Excellence serve as a guide for team members, providing a framework and alignment for everything the Sharp does. The six pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas:



Demonstrate and improve clinical excellence and patient safety to set community standards and exceed patient expectations



Create exceptional experiences at every touch point for customers, physicians and partners by demonstrating service excellence



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



Achieve financial results to ensure Sharp's ability to provide quality health care services, new technology and investment in the organization



Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development



Be an exemplary community citizen

Awards

Sharp recently received the following recognition:



Sharp is a recipient of the 2007 Malcolm Baldrige National Quality Award, the nation's highest Presidential honor for quality and organizational performance excellence. Sharp is the first health care system in California and eighth in the nation to receive this recognition.



Sharp was named the No. 1 "best integrated health-care network" in California and No. 12 nationally by *Modern Healthcare* magazine in 2012. The rankings are part of the "Top 100 Most Highly Integrated Healthcare Networks (IHN)," an annual survey conducted by health care data analyst IMS. This is the 14th year running that Sharp has placed among the top in the state in the survey.



Sharp was ranked 47th by *Modern Healthcare* in its 2008 “100 Best Places to Work.” The awards and honors program recognizes workplaces in health care that enable employees to perform at their optimum level to provide patients and customers with the best possible care and services.



SMH was named “Best Hospital” by *San Diego Union-Tribune* readers participating in the paper’s 2011 “Best of San Diego” Readers Poll, and SGH, SMBHWN, and SCVMC were ranked fifth, sixth and seventh, respectively. This marks the fourth year in a row that Sharp received the “Best Hospital” honor.



SGH and SMH have both received MAGNET[®] Designation for Nursing Excellence by the ANCC. The Magnet Recognition Program is the highest level of honor bestowed by the ANCC and is accepted nationally as the gold standard in nursing excellence.



Sharp was named one of the nation’s “Most Wired” health care systems from 1998 through 2009 by *Hospitals & Health Networks* magazine in the 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 July 2010, SMH was named the “Most Beautiful Hospital in America” by Soliant Health, one of the largest medical staffing companies in the country. With over 10,000 votes from visitors to the Soliant Health website, SMH was voted to the top of the second annual “20 Most Beautiful Hospitals in America” list.



In 2010, SCHCC was re-designated as a Planetree Patient-Centered Hospital. Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective. Initially designated in 2007, SCHCC is the first hospital in California to receive this designation, and the only hospital in California to achieve re-designation.



In 2010, Sharp received the Morehead Apex Workplace of Excellence Award. Morehead awards the health care industry's top achiever by objectively identifying the highest performer and acknowledging their contributions to health care. With this singular award, Morehead annually recognizes a client who has reached and sustained the 90th percentile on their employee engagement surveys. Sharp reached the 98th percentile in 2010 and the 99th percentile in 2011.



In 2011, SCVMC and SCHHC each received the Energy Star designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency. Buildings that are awarded the designation use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide into the atmosphere. In 2011, SCVMC and SCHHC were two of only six California hospitals to receive this designation.



In 2011, Sharp HealthCare was named the Crystal Winner of the 2011 Workplace Excellence Awards from the San Diego Society for Human Resource Management. This designation recognizes Sharp's Human Resources Department as an innovative and valuable asset to overall company performance.

Patient Access to Care Programs

Uninsured patients with no ability to pay, and insured patients with inadequate coverage receive financial assistance for medically necessary services through

Sharp's Financial Assistance Program. Sharp does not refuse any patient requiring emergency medical care.

Sharp provides services to help every unfunded patient received in the emergency room find coverage options. Patients use a quick, simple online questionnaire through the Foundation for Health Coverage Education to generate personalized coverage options that are filed in their account for future reference and accessibility.

Sharp also continues to offer *ClearBalance* – a specialized loan program for patients facing high medical bills. Through this collaboration with San Diego-based CSI Financial Services, both insured and uninsured patients have the opportunity to secure small bank loans in order to pay off their medical bills in low monthly payments – as low as \$25 per month – and thus prevent unpaid accounts from going to collections. Through this program, Sharp provides a more affordable alternative for patients that struggle with the ability to resolve their hospital bills.

In addition, Sharp provides post-acute care facilitation for high-risk patients, including the homeless and patients lacking a safe home environment. Patients receive assistance with transportation and placement; connections to community resources; and financial support for medical equipment, medications, and even outpatient dialysis and nursing home stays.

Through collaboration with the San Diego Rescue Mission, SCHHC, SGH and SMH discharge their chronically homeless patients to the Rescue Mission's Recuperative Care Unit, where patients not only receive follow-up medical care through Sharp in a safe environment, but through the organization's programs they also receive psychiatric care, substance abuse counseling and guidance to help get them off the street.

Since February 2011, Sharp's acute care hospitals have partnered with Father Joe's Villages to support Project SOAR – a program designed to assist with and expedite social security and disability applications for homeless individuals with urgent health care needs. As eligible homeless patients are discharged from the hospital, hospital case managers facilitate their transition to Project SOAR workers who then continue the application process on through to completion. The program helps ensure eligible at-risk individuals are able to obtain timely access to the income and medical care benefits that they may not otherwise receive as a result of their homeless status.

Also in FY 2011, Sharp collaborated with the United Way's Project 25 program to provide financial information that will help the program gauge the effectiveness of its interventions to reduce use of emergent and other front line public resources. Project 25 is a partnership between United Way of San Diego County and the City and County of San Diego with a goal to provide permanent housing (via the

San Diego Housing Commission) and supportive services (via the County of San Diego) to at least 25 of San Diego County's chronically homeless, who are often the most frequent users of public resources. In FY 2011, Sharp hospitals provided services to 14 individuals enrolled in the Project 25 program.

In addition, SCVMC continued its partnership with community clinics to provide timely access to primary care and behavioral health services by establishing medical homes for low-income, medically uninsured, and underserved patients in the South Bay that present in the SCVMC ED. The program seeks to: support safety net patients suffering from chronic conditions to better manage their pain, diseases and overall health care with the establishment of a medical home at a community clinic; inform safety net patients about obtaining affordable medications through generic prescription access education; increase patient access and timely referrals to primary care and behavioral health services; increase patient access to follow-up primary care services and establish a medical home at either Chula Vista Family Health Clinic or other community clinics; and offer enhanced access to transportation resources to the Chula Vista Family Health Clinic. It is this ability to schedule timely follow-up appointments for safety net patients that has contributed greatly to the success of this program, and since the program's inception SCVMC has served a total of 1,248 safety net patients, 55 percent of whom were referred to the Chula Vista Family Health Clinic.

Health Professions Training

Internships

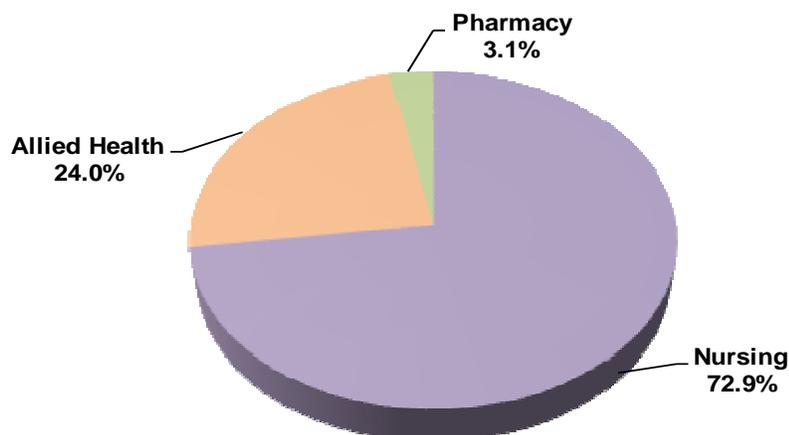
Students and recent health care graduates are a valuable asset to the community, and Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships, financial aid and career pipeline programs. In FY 2011, there were 3,933 student interns within the Sharp system, providing more than 534,000 hours in disciplines that include nursing, allied health and professional educational programs. Sharp provides education and training programs for students across the continuum of nursing (e.g., critical care, medical/surgical, behavioral health, women's services and wound care) and allied health professions such as rehabilitation therapies (speech, physical, occupational and recreational therapy), pharmacy, dietetics, lab, radiology, social work, psychology and public health. Students from local community colleges such as Grossmont College (GC), San Diego Mesa College (MC), and Southwestern College (SWC); local and national university campuses such as San Diego State University (SDSU), University of California, San Diego (UCSD), University of San Diego (USD), Point Loma Nazarene University (PLNU), and University of Oklahoma (OU); and vocational schools such as Kaplan College (KC) participate in Sharp's health professions training. **Table 1** presents the students and student hours at each of the Sharp entities in FY 2011,

and **Figure 1** presents the distribution of students at Sharp HealthCare by internship type in FY 2011.

Table 1: Sharp HealthCare Internships – FY 2011

Sharp Entity	Nursing			Ancillary		Total	
	Students	Group Hours	Precepted Hours	Students	Hours	Students	Hours
Sharp Chula Vista Medical Center	721	63,894	20,440	138	24,675	859	109,009
Sharp Coronado Hospital and Healthcare Center	443	82,776	3,600	127	22,624	570	109,000
Sharp Grossmont Hospital	566	48,974	16,183	222	39,914	788	105,071
Sharp Mary Birch Hospital for Women & Newborns	176	13,548	4,028	112	8,498	288	26,074
Sharp Memorial Hospital	547	39,084	21,365	333	61,626	880	122,075
Sharp Mesa Vista Hospital	271	27,548	1,470	12	4,148	283	33,166
Sharp HealthCare	144	3,008	5,684	121	20,923	265	29,615
Total	2,868	278,832	72,770	1,065	182,408	3,933	534,010

Figure 1: Sharp HealthCare Interns by Student Type – FY 2011



College Collaborations

In FY 2011, Sharp completed its partnership with the OU College of Nursing and SWC in providing clinical, real-world experience in San Diego County for students enrolled in the OU Online Accelerated Second Degree Bachelor of Science in Nursing (BSN) Program and the OU Career Mobility Registered Nurse (RN) to BSN Program. The partnership sought to boost the number of new nurse graduates by offering programs with increased flexibility and access for students. The Accelerated Second Degree BSN Program is for individuals with a bachelor's degree or higher in a non-nursing major. The program included more than 600 hours of online coursework and nearly 900 hours of clinical experience at Sharp facilities.

The Health Academy

For six consecutive years, the SCVMC Health Academy program provided education to the next generation of health care professionals by introducing local elementary school students to a wide variety of health care careers. This program has provided hospital tours to hundreds of fifth graders who have benefited from interactive learning in various areas of the hospital, including the laboratory, pharmacy and billing departments. In addition, a grant from the California Endowment allowed for the expansion of the program to provide a diversity initiative to high school students. The initiative, entitled the Health Care Career Pipeline Partnership (HCCPP), represents collaboration among the hospital, Barrio Logan College Institute (BLCI), San Ysidro High School (SYHS), SWC, Harder and Associates and the San Diego chapter of the National Association of Hispanic Nurses. The program provided local high school students from diverse backgrounds, many of whom are the first in their family to attend college, a greater chance of attending college and succeeding in a career in health care. The HCCPP provided tours of SCVMC, as well as opportunities for students to volunteer or intern at the hospital. The program has had tremendous success since its inception – providing tours to nearly 650 students, paid internships to 24 students, and contributing to the 100 percent high school graduation rate of participating students. In FY 2009, SCVMC won a partnership award from the San Diego Science Alliance for its work in the HCCPP. The award recognizes a San Diego business or employer that partners with youth in the community.

Health Sciences High and Middle College

Sharp has teamed up as an industry partner with charter school Health Sciences High and Middle College (HSHMC) to provide students broad exposure to careers available in health care. During FY 2011, 329 HSHMC students connected to Sharp campuses for a total of more than 58,600 student hours. The collaboration between Sharp and HSHMC prepares high school students to enter health science and medical technology careers in the following five career

pathways: Biotechnology Research and Development, Diagnostic Services, Health Informatics, Support Services and Therapeutic Services.

During a 16-week period, supervised students rotate through instructional pods in various departments such as nursing, OB-GYN, occupational and physical therapy, behavioral health, Surgical Intensive Care Unit (SICU), Medical Intensive Care Unit (MICU), imaging, rehabilitation, laboratory, pharmacy, pulmonary, cardiac services, and operations. HSHMC students not only receive hands-on experience in patient care, but also guidance from Sharp staff on professionalism, career ladder development and job/education requirements. HSHMC students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates.

With the HSHMC program, Sharp links students with health care professionals through job shadowing and internships to explore real-world applications of their school-based knowledge and skills. The program began in 2007 with HSHMC students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHHC in 2010, and SCVMC in 2011.

Lectures and Continuing Education

Sharp contributes to the academic environment of many colleges and universities in San Diego. In FY 2011, Sharp staff committed more than 500 hours to the academic community by providing lectures, courses and presentations on numerous college/university campuses throughout San Diego. Through the delivery of a variety of guest lectures, including health information technology at San Diego Mesa College, cardiovascular technology at Grossmont College, health information lectures at San Diego Mesa College, pharmacy practice lectures at UCSD, and a variety of health administration lectures to public health graduate students at SDSU, Sharp staff remain active and engaged with San Diego's academic health care community.

Sharp's Continuing Medical Education (CME) department assesses, designs, implements and evaluates educational and training initiatives for Sharp's affiliated physicians, pharmacists and other health professionals to better serve the health care needs of the San Diego community. In FY 2011 the professionals at Sharp HealthCare CME invested more than 1,800 hours in numerous CME activities open to San Diego health care providers, ranging from annual conferences on patient safety, diabetes, breast cancer, kidney-transplant, and end-of-life care, to presentations on hip preservation and hospital overcrowding.

In addition, the Outcomes Research Institute (ORI) at Sharp was formed to measure long-term results of care and to promote and develop best practices for health care delivery for members of the professional health care community. With both inpatient and ambulatory locations and a diverse patient population, Sharp

is well-positioned to study care processes and outcomes in a real-world setting, reflecting an authentic picture of the health care environment. Among its current and future goals, the ORI aims to: ensure patient care produces outcomes consistent with evidence-based medical literature; analyze the relationships between processes and outcomes for treatments, interventions and quality improvement initiatives; establish associations between practice, costs and outcomes for patient care; as well as to develop and disseminate effective approaches to quality care delivery in the health care community.

Volunteer Service

Sharp Lends a Hand

In FY 2011, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH), to further support the San Diego communities it serves. In October 2010, Sharp promoted the program both internally and in the community, requesting project ideas that: focused on improving the health and well-being of San Diego in a broad, positive way; relied on Sharp for volunteer labor only; supported nonprofit initiatives, community activities or other programs that serve the residents of San Diego County; and could be completed by September 30, 2011.

Sharp employees voted on the qualified projects posted on SharpNET (Sharp's internal website). They selected six projects: Stand Down for Homeless Veterans, San Diego Food Bank, International Coastal Cleanup Day, Special Olympics, YWCA Emergency Shelter (Becky's House), and playground beautification at the Valencia Park Drama and Dance Academy. In support of these projects, more than 1,900 Sharp employees, family members and friends volunteered over 6,700 hours.¹

During nine days in June and July 2011, 454 Sharp employees, family members and friends volunteered at Veterans Village of San Diego. The volunteers sorted and organized clothing donations and provided on-site support, medical services and companionship to hundreds of homeless veterans at Stand Down for Homeless Veterans, an annual event sponsored by Veterans Village of San Diego and held at San Diego High School.

The San Diego Food Bank feeds people in need throughout San Diego County, and advocates and educates the public about hunger-related issues. For 10 days over January, March, May, July and September, 880 SLAH volunteers inspected and sorted donated food, assembled boxes and cleaned the San Diego Food Bank warehouse.

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

The YWCA Emergency Shelter (Becky's House) provides emergency shelter and transitional housing to women and children who have been victimized by domestic violence. Eleven SLAH volunteers gave the shelter some much needed "tender love and care" by painting the children's patio in April 2011.

The Valencia Park Drama and Dance Academy provides education, health care, food, clothing and personal hygiene for some of San Diego's estimated 2,200 homeless and at-risk children. In June 2011, a group of SLAH volunteers helped improve the outside environment for the students by repainting hopscotch and four-square lines on the playground.

More than 368 SLAH volunteers provided assistance to San Diego County's Special Olympics year-round training and athletic competitions including the Fall Regional Games held in Rancho Bernardo, a Floor Hockey competition and the USA Team Training event. Special Olympics of San Diego County has more than 1,400 athletes of all ages. The program provides sports training and athletic competition for all children and adults with intellectual disabilities. The volunteers assisted with timekeeping, score-keeping and cheerleading during the Team Training for the Spring Games in Athens, Greece, which included swimming, tennis, basketball, cycling and rowing.

The SLAH team partnered with I Love a Clean San Diego and San Diego Coastkeeper to put the sparkle back in the San Diego community through the International Coastal Cleanup Day on September 17. Nearly 175 volunteers of all ages helped keep San Diego's coast a beautiful place to live and play by picking up and removing trash and debris from 16 selected sites in our communities.

Sharp Humanitarian Service Program

In FY 2011, 32 Sharp employees were funded through Sharp's Humanitarian Service Program. This program allows employees to participate in service programs that provide health care and/or other supportive services to underserved or adversely affected populations. In FY 2011, Sharp employees devoted their time and energy to organizations that included Wheels for the World, which provides wheelchairs to people with disabilities in developing countries, including Egypt and Ghana. Sharp staff brought 250 wheelchairs, crutches and walkers and worked out of a regional hospital in rural Ghana at a seating and positioning clinic. At this clinic, patients – many who had been crawling for most of their lives – received therapy sessions and their first wheelchairs and other walking supports.

In addition, Sharp staff led a team of medically-focused college students on another humanitarian program serving Ghana. Over three weeks, the team traveled to several small villages in West Africa, setting up seven temporary health clinics, and treating over 700 Ghanaians for basic medical care, such as treatment for malaria, intestinal worms, severe dehydration, scorpion stings,

snake bites and wound care. The team also provided health education around nutrition, sanitation issues and women's health. Training was provided to Ghanaian health workers so that they could continue the health education after Sharp staff returned to the U.S.

Sharp staff also participated in a medical mission trip to El Salvador, providing three medical clinics to the community serving hundreds of patients in poverty. Additionally, a week-long free health clinic was conducted by Sharp physical therapy staff in Punta Gorda, Belize. Patients received physical therapy screening and intervention, education on the benefits of exercise, an individualized home program, and referrals to the local clinic for follow-up services. Another medical mission trip was led in Ho Chi Minh City, Vietnam, during January 2011. Eight participants, including Sharp-affiliated physicians and nurses, served for a week at a local hospital and provided critical orthopedic therapy and treatment to 20 patients. Sharp staff performed surgery for eight of these patients, attending mostly to bone fractures and non-unions.

Through the Sharp Humanitarian Service Program, in FY 2011 Sharp staff continued to provide extensive support and expertise to victims of the earthquakes that devastated Haiti in January 2010. Sharp-affiliated physicians and Sharp staff provided medical services including wound care, post-op treatment, neurological and orthopedic rehabilitation, occupational therapy and general public health, in addition to equipment and supplies to those in need. Sharp staff often delivered around-the-clock care for patients affected by the earthquakes – whose ages ranged from neonates to the elderly – at various sites throughout Haiti.

Sharp staff also worked with Family Friends Community Connection (FFCC), a San Diego-based nonprofit organization, to lend vital assistance to those areas of Haiti impacted by the earthquakes. In April 2011, the FFCC team and Sharp employees set up the first mobile medical clinic in Carrefour, Haiti, and treated nearly 1,000 patients in need of critical medical care. Staff provided care, comfort, support and hope amidst a situation of complete and utter chaos, including the challenges of limited medical supplies and unsanitary living conditions.

Community Walks

For the past 16 years, Sharp has proudly supported the American Heart Association® (AHA) annual Heart Walk. In September 2011, more than 1,000 walkers represented Sharp at the San Diego Heart Walk held in Balboa Park. Sharp was the No. 1 Heart Walk team in San Diego and the AHA Western Region Affiliates, raising more than \$194,000 for the American Heart Association.

Sharp Volunteers

Sharp volunteers are a critical component of Sharp's dedication to the San Diego community. Sharp provides a multitude of volunteer opportunities throughout San Diego County for individuals to serve the community, meet new people, and assist programs ranging from pediatrics to Senior Resource Centers. Volunteers devote their time and compassion to patients as well as to the general public, and are an essential element to many of Sharp's programs, events and initiatives.

Sharp volunteers spend their time within hospitals, in the community, and in support of the Sharp HealthCare Foundation, Grossmont Hospital Foundation, and Coronado Hospital Foundation. Sharp employees also donate time to Sharp as volunteers for the Sharp organization.¹

In FY 2011, there were more than 2,300² total volunteers across the Sharp system, contributing 280,963 hours of their time in service to Sharp and its initiatives. More than 15,000 of these hours were provided externally to the San Diego community through activities such as delivering meals to homebound seniors and assisting with health fairs and events. **Table 2** details the number of volunteers and the hours provided in service to each of Sharp's entities, as well as Sharp HospiceCare, specifically for patient and community support. **Figure 2** displays the percent of these volunteers at each entity. Volunteers also spent additional hours supporting Sharp's three foundations for events such as Grossmont Hospital Foundation's annual Golf Tournament; the SMBHWN Stewardship Committee; galas held for SCVMC, SCHHC and SGH; and other events in support of Sharp entities and services.

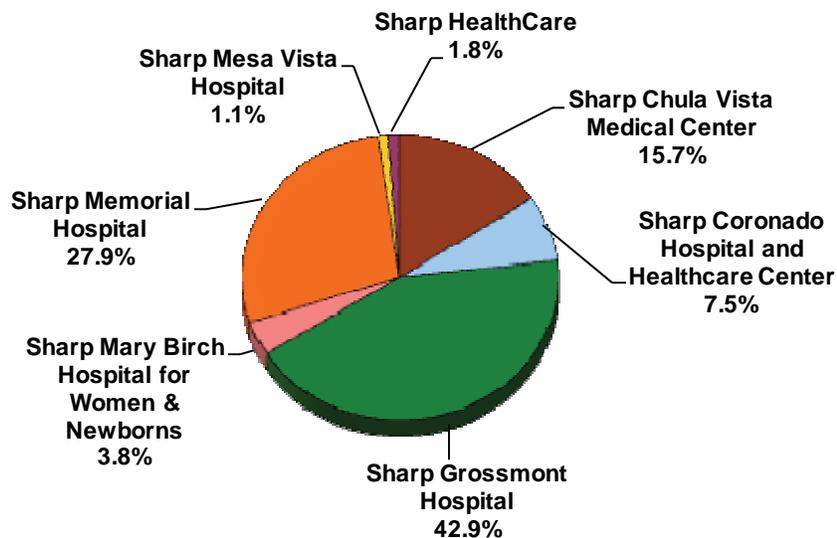
¹ Sharp volunteers' time is not financially valued in this community benefits report.

² This total includes Sharp board members, which are detailed on the following page but are not included in the table below. Sharp executives and staff serving on Sharp boards are excluded from this total.

Table 2: Sharp Volunteers and Volunteer Hours – FY 2011

Sharp Entity	Number of Volunteers (Individuals)	Volunteer Hours
Sharp Chula Vista Medical Center	347	52,990
Sharp Coronado Hospital and Healthcare Center	165	8,181
Sharp Grossmont Hospital	950	109,487
Sharp Mary Birch Hospital for Women & Newborns	85	14,873
Sharp Memorial Hospital	617	74,961
Sharp Mesa Vista Hospital	24	2,689
Sharp HealthCare	26	4,125
TOTAL	2,214	267,306

Figure 2: Sharp Volunteers by Entity – FY 2011



Sharp employees also volunteer their time for the Cabrillo Credit Union Sharp Division Board, the Sharp and Children’s MRI Board, the UCSD Medical Center/Sharp Bone Marrow Transplant Program Board, Grossmont Imaging LLC Board, and the SCVMC – SDI Imaging Center.¹

In addition, volunteers on Sharp’s auxiliary boards and the various Sharp entity Boards volunteer their time to provide program oversight, administration and decision-making regarding financial resources. In FY 2011, 129 community members contributed their time to Sharp’s boards.

¹ Sharp employees’ time on these boards is not financially valued in this community benefits report.

Sharp's Greater Good

In FY 2011, Sharp staff volunteered their time and passion to a number of unique initiatives, underscoring Sharp's commitment to the health and welfare of the San Diego community, and the greater good. Below are just a few examples of how Sharp employees gave of themselves to the San Diego community.

At SGH, the "This Bud's for You" program brought smiles to unsuspecting patients and their loved ones with the delivery of hand-picked flowers from the medical campus's abundant gardens. The SGH landscape team grew, cut, bundled and delivered colorful bouquets each week, bringing an element of natural beauty to help ease the experience of patients and visitors of both the hospital, and the SGH Hospice Houses. The team also regularly offers single-stem roses in a small bud vase to passers-by. The program's success was made possible by support from the SGH Auxiliary and volunteers who assisted the landscape crew in navigating the hospital and supplied flower vases.

Another program organized by an SGH staff member was the "Shirt Off Our Backs" program. During the 2010 holiday season, one SGH employee orchestrated and implemented a concerted effort to bring clothing, shoes, blankets and household items directly to San Diego's homeless population. The SGH Engineering Department, the SGH Auxiliary and local businesses collaborated to implement the program, and SGH's Waste Management team provided ancillary support with loaner recycle bins to use for collection. Hundreds of pounds of clothing, shoes, towels, blankets, toiletries and other items that could be put to use immediately were collected, washed, folded, boxed/bagged and prepared before delivery to the San Diego population in need.

At SMMC, the Arts for Healing program was established to improve the spiritual and emotional health of patients that face significant medical challenges. The program provides services at SMH, SMH OPP, SMBHWN, SMV and SMC. Since the inception of the program in 2007, more than 5,000 patients and their families have benefitted from the time and talent provided by dedicated staff and volunteers. Trained volunteers are the primary providers of the program, which is coordinated by a clergy member of the Spiritual Care program. The Arts for Healing program utilizes the power of art and music to enhance the healing process for patients challenged by significant illness, chronic pain and long-term hospitalization. At SMH, oftentimes these are stroke patients, cancer patients, or patients facing life with newly-acquired disabilities following catastrophic events. At SMBHWN, the program is provided to high-risk mothers who are in the hospital from one to four months, awaiting childbirth and experiencing stress and loneliness over the separation from their families. The program has recently expanded to offer special interactive group art projects in the lounges of the Stephen Birch Healthcare Center, which are open to patients, families and staff.

Participants paint and create cards and seasonal craft projects. Events have attracted more than 75 people who benefit from the healing power of art.

In addition, Sharp sponsored the TEDxSanDiego and TEDxYouth events held in November 2010, providing support in advance of the event, including show direction, technical direction, experience design and registration. TEDxSanDiego and TEDxYouth are events for members of the San Diego community and beyond, and are designed to bring together innovators, explorers, teachers and learners in an environment that encourages collaboration, conversation and interaction. TED is a nonprofit organization devoted to “Ideas Worth Spreading,” and has grown over the past 25 years to support an array of world-changing ideas with multiple initiatives. TEDxSanDiego and TEDxYouth are not-for-profit events organized entirely by local, unpaid volunteers. Between 40 to 60 Sharp staff volunteered their time on-site at each event, delivering The Sharp Experience as way finders, ushers, stage managers, speaker shadows, and in other roles.

Lastly, Sharp’s 2011 All-Staff Assembly drew from the spirit of giving back with its theme of “Greater Good.” To inspire Sharp staff to make a difference, brown paper “bags of goodness” were mailed to all Sharp employees in September, with the simple request to fill the bag “with love and generosity” and to pass it on “to create unexpected delight.” Hundreds of Sharp employees shared stories of their bags of goodness, ranging from bags of recycled eyeglasses distributed to those in need in third world countries by the La Mesa Lion’s Club; to safety supplies and necessities for neighbors during a blackout; granola bars and other foods for those in need; and treats and useful items for soldiers in Iraq and Afghanistan. In addition, a group of Sharp staff organized a trip to the YWCA “C” Street Shelter, a temporary housing facility for women and children that are victims of domestic violence. They delivered over 50 bags of goodness, filled with toiletries, snacks, gift cards, books and other kind gestures. Through these and many other simple, yet powerful acts, Sharp employees demonstrated that a single good deed can ignite a spark of possibility, setting in motion a chain reaction of kindness – all for the greater good.

All Ways Green Initiative



As San Diego’s largest private employer, Sharp recognizes that the health of its patients and employees is directly tied to the health of their environment. Sharp leadership promotes a culture of environmental responsibility by providing education and outreach to employees to improve the health of those they serve as well as their own. Sharp continues to improve its systemwide All Ways Green program, which is aimed at increasing energy efficiency, water conservation and waste minimization, as well as the promotion of other initiatives to lower Sharp’s carbon footprint. Sharp created its All Ways Green logo to brand its

environmental activities, and has established a Green Team at each entity to foster and communicate sustainable activities. Sharp has also instituted a systemwide environmental policy.

According to the EPA, inpatient hospital facilities are now the second-most energy-intensive industry after food service and sales, with energy utilization rates 2.7 times greater than that of office buildings on a square-foot basis. Unlike other industries, hospitals must operate 24 hours a day, seven days a week, and must provide service during power outages, natural disasters and other emergencies. Given this reality, Sharp has embarked on several green initiatives to enhance energy efficiency through energy-efficient lighting, retro-commissioning, occupancy sensors, energy audits, energy-efficient plant motor replacements, equipment modernization and training of staff to conserve energy. In addition, all Sharp entities participate in the EPA Energy Star database and monitor their Energy Scores on a monthly basis. In FY 2010 and FY 2011, SCHHC earned the EPA Energy Star Award. SCHHC was also named as an “Honorable Mention” at the 2011 San Diego Gas & Electric (SDG&E) annual showcase awards. SCVMC earned the EPA Energy Star Award in FY 2009, FY 2010 and FY 2011 and was the only hospital in California to be eligible for the award during this consecutive three-year period.

In an effort to conserve natural resources, Sharp has researched and implemented infrastructure changes to ensure Sharp’s facilities are optimally operated while monitoring and measuring water consumption. Such changes include: installation of motion-sensing faucets; drip irrigation systems; mist eliminators; water-saving devices and equipment; water monitoring and control systems; water practice and utilization evaluations; and drought-resistant plants and other landscape redesigns. These changes have been implemented operationally with no negative impact to patient care, resulting in significant financial savings and reduced natural resource consumption.

Sharp employees also donated or recycled personal cell phones and proceeds were given to the Community Health Improvement Partners (CHIP) Gift of Health program. CHIP uses the proceeds to provide medical and dental care for uninsured children in San Diego. In addition, Sharp employees were encouraged to recycle personal eyeglasses and sunglasses through the Lion’s Club Recycle Sight program, which distributes recycled glasses to people in need both locally and globally.

In April 2011, Sharp held its second-annual systemwide Earth Week event, partnering with 11 of Sharp’s vendors to elevate awareness of green initiatives. Sharp also held its first corporate electronic waste event at its corporate office location in Kearny Mesa.

The EPA and Hospitals for a Healthy Environment have reported that each patient generates approximately 15 pounds of waste each day, while U.S. medical centers generate approximately 2 million tons of waste each year. In recognition of this dramatic environmental impact, Sharp has implemented a systemwide single-stream recycling program to divert waste from going to landfills. Facilities also began using reusable sharps containers that can be reused up to 500 times, sterile processing equipment that allows for the elimination of blue-wrapped instrument trays, and reprocessing of surgical instruments. Other efforts to reduce waste include the use of recyclable paper for printing brochures and other marketing materials, electronic patient bills and paperless payroll, recycling of exam paper at SRS, and encouragement of reduced paper use at meetings through electronic correspondence. In addition, Sharp negotiated a contract with Office Depot to allow for 30 percent recycled copy paper to be used at all entities. Items received from Office Depot are also now delivered in a small re-useable bag rather than a large single-use cardboard box. At the SMMC, volunteers continue to pick up unwanted flower vases following patient discharge to reuse them in the hospital gift shop.

The impact of the waste reduction programs has been significant. In FY 2011, Sharp facilities diverted some 6.8 million pounds of paper, cardboard, plastic containers, glass containers, aluminum and metal cans from local landfills. In addition, SCHHC and SMMC diverted 39,960 pounds of waste through utilization of reusable sharps and pharmaceutical waste containers in FY 2011. Sharp recycled/reclaimed 180,669 pounds of hazardous and universal waste (e.g., batteries, solvents, fluorescent light bulbs, etc.) and diverted 27,088 pounds of waste through the reprocessing of surgical devices. **Table 3** presents the quantity of waste diversion at Sharp shown as pounds (lbs.) diverted.

Table 3: Sharp HealthCare Waste Diversion – FY 2011

Sharp HealthCare Entity	Recycled Waste Per Year (lbs.)	Total Waste Per Year (lbs.)	% Recycled
Sharp Chula Vista Medical Center	352,954	3,229,152	10.9%
Sharp Coronado Hospital and Healthcare Center	227,119	937,656	24.2%
Sharp Grossmont Hospital	1,422,201	4,176,332	34.1%
Sharp Metropolitan Medical Campus	1,960,931	6,355,666	30.9%
Total Sharp HealthCare¹	7,009,641	20,097,407	34.9%

¹ Includes all Sharp System Services and Sharp Rees-Stealy.

In FY 2011, Sharp promoted various other All Ways Green initiatives to enhance environmental responsibility. Green building designs are utilized throughout the Sharp system and the new SRS Downtown medical office building is designed to be LEED (Leadership in Energy and Environmental Design) Gold certified with a co-generation system which uses natural gas to produce electricity on-site.

Sharp is also implementing sustainable food practices including: removal of Styrofoam from the cafeterias; use of green-label soaps and cleaners; new dishwashing systems to reduce the use of plastics; electronic café menus; flatware and plates made from recycled materials; recycling of all cardboard, cans and grease from cafes; and partnering with vendors who are committed to reducing product packaging. Other sustainable food practices include organic markets at each hospital and the corporate office; purchasing of hormone-free milk; and increased purchasing of locally grown fruits and vegetables, approaching 65 percent at some entities. In addition, SMH and SCHHC are in the process of implementing composting systems in their kitchens, and close to having the first County-approved organic gardens.

Ride sharing, public transit programs and other transportation efforts contribute to the reduction of Sharp's transportation emissions. Sharp ensures carpool parking spaces and designated bike racks and motorcycle spaces are available at each employee parking lot. In addition, Sharp offers discounted monthly bus passes for purchase by employees. In partnership with the San Diego Association of Governments (SANDAG), a vanpool and carpool match-up program has also been created to help employees find convenient ride share partners. In FY 2011, the Sharp system participated in the SANDAG iCommute corporate challenge, achieving first place in the large employer category. Sharp is also in the process of installing electric vehicle (EV) chargers across the Sharp system, as part of the national EV Project. Sharp is the first health care system in San Diego to offer the EV chargers and is on the forefront of helping create the national infrastructure required for the promotion of EVs. In addition, Sharp uses centralized patient scheduling to improve patient vanpools, and has replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. At SMMC, battery-operated golf carts are also used to shuttle patients between campus buildings. **Table 4** highlights the All Ways Green efforts at Sharp entities.

Going forward, Sharp remains committed to the All Ways Green initiative and will continue to investigate other green opportunities to reduce Sharp's carbon footprint. Green purchasing methods will be explored as a first line of defense to reduce waste volume and toxicity with less packaging, fewer toxic materials and more recyclable packaging. Sharp's All Ways Green Committee will continue to work with our employees, physicians and corporate partners to develop new and creative ways to reduce, reuse and recycle.

Table 4: All Ways Green Initiatives by Sharp Entity – FY 2011

	Energy Efficiency	Water Conservation	Waste Minimization	Education and Outreach
SMH/ SMBHWN	Lighting retrofit Energy Star award Energy-efficient motors installed Occupancy sensors	Drip irrigation Hardscaping Water-saving practices/ utilization evaluations Mist eliminators Landscape water reduction systems Drought-tolerant plants	Reprocessing (surgical instruments, etc.) Recycling Reusable supplies	Recycling education Green Team Earth Week activities Environmental policy
SMV/SMC	Lighting retrofit Energy Star participation Motor and pump replacements	Drip irrigation Hardscaping Water-saving practices/ utilization evaluations Landscape usage reduction Landscape water reduction systems Drought-tolerant plants	Recycling Waste reduction Styrofoam elimination	Green Team Earth Week activities Environmental policy
SGH	Lighting retrofit Energy Star participation Retro-commissioning	Drip irrigation Hardscaping Water-saving practices/ utilization evaluations Landscape water reduction systems Drought-tolerant plants	Recycling Sustainable supplies Surgical instrument reprocessing	Update and enforce No Smoking Policy Green Team Earth Week activities Environmental policy
SCVMC	Energy Star participation Lighting retrofit Energy-efficient chillers/motors	Drip irrigation Hardscaping Water-saving practices/ utilization evaluations Landscape water reduction systems Drought-tolerant plants	Recycling Compactor renovation Surgical instrument reprocessing	Recycling/ride sharing promotion Green Team Earth Week activities Environmental policy

SCHHC	Lighting retrofit Energy Star award Elevator/chiller modernizations A/C replacement Energy efficient chillers/motors SDG&E “honorable mention” award	Drip irrigation Hardscaping Water-saving practices/ utilization evaluations Landscape usage/water reduction Drought-tolerant plants	Recycling Reusable supplies Reprocessing Surgical instrument reprocessing	Recycling education Green Team Earth Week activities Environmental policy Farmer’s Market
SRS	Lighting retrofit Energy Star participation Energy audits	Drip irrigation Hardscaping Water-saving practices/ utilization evaluations Landscape usage/water reduction Drought-tolerant plants Low-flow systems	Recycling	Contractor education Green Team Earth Week activities Environmental policy
SHP	Lighting retrofit Energy Star participation Occupancy sensors	Drip irrigation Hardscaping Water-savings practices/ utilization evaluations Landscape water reduction systems Drought-tolerant plants Water-saving devices	Recycling Spring Cleaning events	Mass transit education Green Team Earth Week activities Environmental policy
Sharp System Services	Energy Star participation Energy efficient chillers/motors Thermostat control software Occupancy sensors	Drip irrigation Hardscaping Water-saving practices and utilization evaluations Landscape usage/water reduction Drought-tolerant plants	Green Grocer’s market Recycling e-Waste event	Sharp-sponsored mass transit and carpooling program Green Team Earth Week activities Environmental policy



Addressing the Community's Needs

In 2011, Sharp HealthCare provided significant unreimbursed community benefits programs and services, including medical care services; benefits for vulnerable populations and the broader community; and health research, education and training programs. The *Sharp HealthCare Community Benefits Plan and Report, Fiscal Year 2011*, addresses the following community needs: access to care for individuals without a medical provider; education and

screening programs for special populations and health conditions; community flu vaccination clinics; special support services for hospice patients, families, and the community; support of community nonprofit organizations; education and training of health care professionals; student and intern supervision; and collaboration with local schools to promote interest in health care careers.

Commitment

Section

2 Executive Summary

This Executive Summary provides an overview of community benefits planning at Sharp, a listing of community needs addressed in this Community Benefits Report, and a summary of community benefits programs and services provided by Sharp in Fiscal Year (FY) 2011 (October 1, 2010, through September 30, 2011). In addition, the summary reports the economic value of community benefits provided by Sharp, according to the framework specifically identified in SB 697, for the following:

- 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 Benefits Planning at Sharp HealthCare

Sharp bases its community benefits planning on the triennial community health needs assessment (CHNA) conducted by San Diego Community Health Improvement Partners (CHIP) combined with the expertise in programs and services of each Sharp hospital.

Listing of Community Needs Addressed in This Community Benefits Report

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

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

Highlights of Community Benefits Provided by Sharp in FY 2011

The following are examples of community benefits programs and services provided by Sharp hospitals and entities in FY 2011.

- Unreimbursed **Medical Care Services** included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and TRICARE – the regionally managed health care program for active-duty and retired members of the uniformed services, their loved ones and survivors; and unreimbursed costs of workers' compensation programs. This also included financial support for on-site workers to process Medi-Cal eligibility forms.

- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; financial and other support to community clinics to assist in providing health services, and improving access to health services; Project HELP; Project CARE; contribution of time to the YWCA Emergency Shelter (Becky's House), Stand Down for Homeless Veterans, and the San Diego Food Bank; financial and other support to the Sharp Humanitarian Service Program; and other assistance for the needy.
- **Other Benefits for the Broader Community** included health education and information, and participation in community health fairs and events addressing the unique needs of the community, plus providing flu vaccinations and health screenings. Sharp collaborated with local schools to promote interest in health care careers; made Sharp facilities available for use by community groups at no charge; and executive leadership and staff actively participated in numerous community organizations, committees and coalitions to improve the health of the community. See **Appendix A** for a listing of Sharp's involvement in community organizations.
- **Health Research, Education and Training Programs** included education and training programs for medical, nursing and other health care professionals, as well as student/intern supervision. Sharp also completed its partnership with Southwestern College (SWC) and University of Oklahoma (OU) College of Nursing to provide clinical experience in SDC for students enrolled in the OU Online Accelerated Second Degree BSN Program.

Economic Value of Community Benefits Provided in FY 2011

In FY 2011, Sharp provided a total of **\$297,942,782** in community benefits programs and services that were unreimbursed. **Table 1** displays a summary of unreimbursed costs based on the categories specifically identified in SB 697. **Figure 1** presents the percentage distribution by each category, and **Figure 2** presents the percentage distribution within the Medical Care Services category.

In FY 2011, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the period April 1, 2009 through December 31, 2010, resulting in increased reimbursement of \$120.7 million and an assessment of a quality assurance fee totaling \$82.7 million. The net impact of the program totaling \$38.1 million reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, but was fully recorded in FY 2011, thereby understating the true unreimbursed medical care services performed for FY 2011.

Table 1: Total Economic Value of Community Benefits Provided¹
Sharp HealthCare Overall - FY 2011

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2011 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ²	\$29,099,719
	Shortfall in Medicare ²	159,888,631
	Shortfall in San Diego County Indigent Medical Services ²	26,653,890
	Shortfall in CHAMPVA/TRICARE ²	2,608,868
	Shortfall in Workers' Compensation ²	124,996
	Charity Care and Bad Debt ³	68,569,532
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ⁴	3,092,761
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ⁴	3,125,051
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁴	4,779,334
	TOTAL	\$297,942,782

¹ Economic value is based on unreimbursed costs.

² Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received.

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp HealthCare Overall - FY 2011

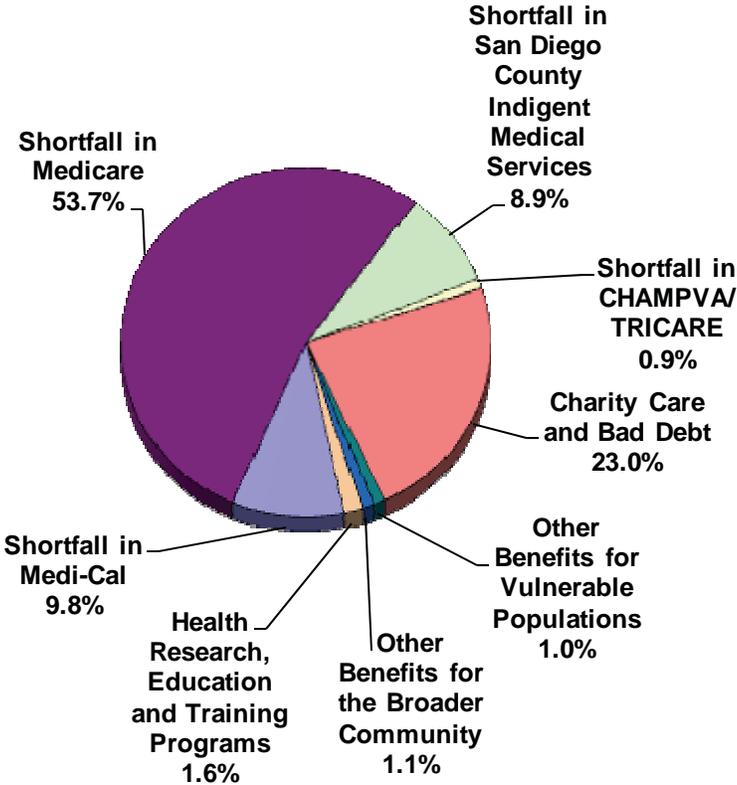


Figure 2: Percentage of Unreimbursed Medical Care Services
 Sharp HealthCare Overall - FY 2011

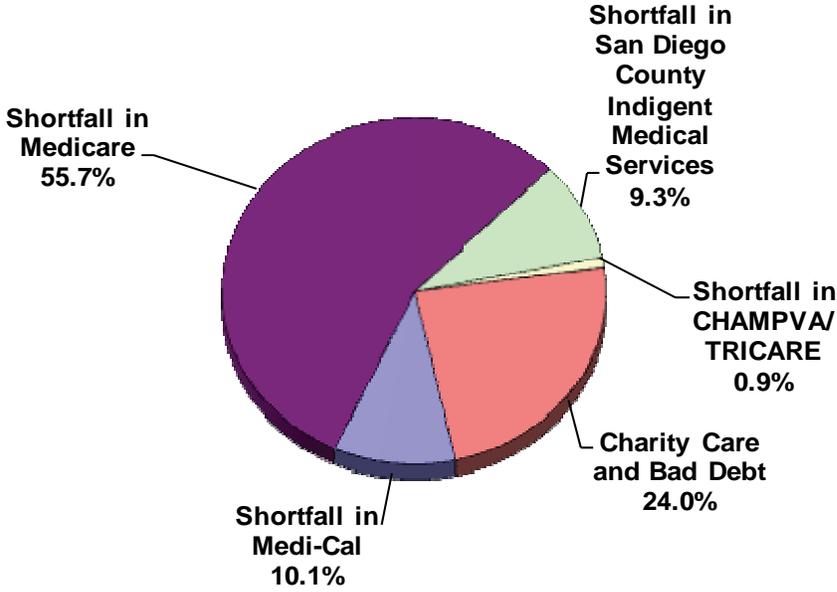
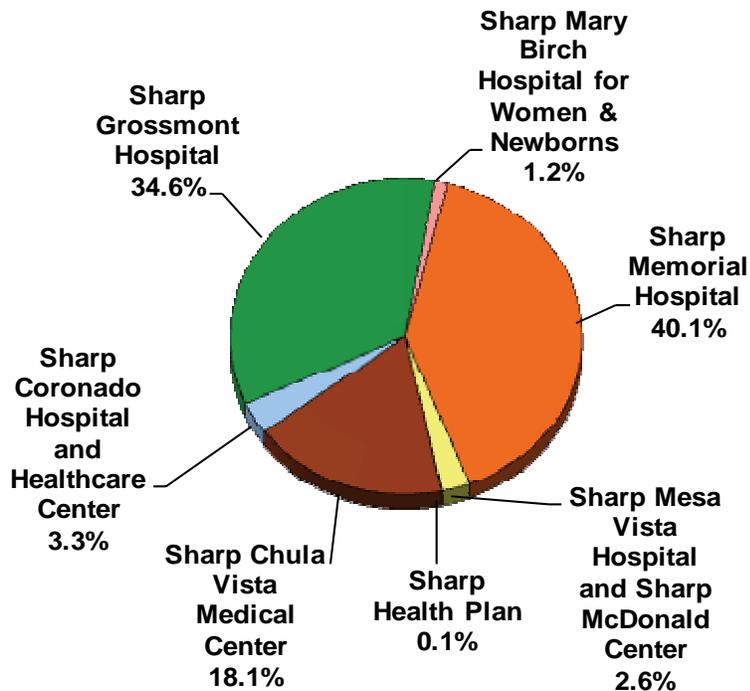


Table 2 shows a listing of these unreimbursed costs provided by each Sharp entity and **Figure 3** shows the percentage distribution by Sharp entity.

Table 2: Total Economic Value of Community Benefits Provided¹
Sharp HealthCare Entities – FY 2011

Sharp HealthCare Entity	Estimated FY 2011 Unreimbursed Costs
Sharp Chula Vista Medical Center	\$53,843,127
Sharp Coronado Hospital and Healthcare Center	9,922,973
Sharp Grossmont Hospital	103,258,405
Sharp Mary Birch Hospital for Women & Newborns	3,530,274
Sharp Memorial Hospital	119,458,481
Sharp Mesa Vista Hospital and Sharp McDonald Center	7,753,855
Sharp Health Plan	175,667
ALL ENTITIES	\$297,942,782

Figure 3: Percentage of Community Benefits Provided by Entity
Sharp HealthCare Entities – FY 2011



¹ Economic value is based on unreimbursed costs.

Table 3 includes a summary of unreimbursed costs for each Sharp entity based on the categories specifically identified in SB 697. Sharp leads the community in unreimbursed medical care services among San Diego County's SB 697 hospitals and health care systems. For a detailed summary of unreimbursed costs of community benefits provided by each Sharp entity in FY 2011, see tables presented in **Sections 4** through **11**.

Table 3: FY 2011 Detailed Economic Value of Community Benefits at Sharp HealthCare Entities Based on Senate Bill 697 Categories¹

Sharp HealthCare Entity	SENATE BILL 697 CATEGORY				Estimated FY 2011 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	\$52,084,235	\$489,363	\$450,848	\$818,681	\$53,843,127
Sharp Coronado Hospital and Healthcare Center	9,305,632	26,881	194,701	395,759	9,922,973
Sharp Grossmont Hospital	100,479,517	633,152	1,109,244	1,036,492	103,258,405
Sharp Mary Birch Hospital for Women & Newborns	2,665,218	42,169	233,139	589,748	3,530,274
Sharp Memorial Hospital	116,152,668	906,896	804,684	1,594,233	119,458,481
Sharp Mesa Vista Hospital and Sharp McDonald Center	6,258,366	984,422	171,845	339,222	7,753,855
Sharp Health Plan	-	9,878	160,590	5,199	175,667
ALL ENTITIES	\$286,945,636	\$3,092,761	\$3,125,051	\$4,779,334	\$297,942,782

¹ Economic value is based on unreimbursed costs.



Designing the Community Benefits Strategy

Since 1995, Sharp HealthCare has participated in a countywide collaborative – including hospitals, health care organizations and community agencies – to conduct a triennial needs assessment. For the *Sharp HealthCare Community Benefits Plan and Report*, Fiscal Year 2011, Sharp hospitals utilized the San Diego Community Health Improvement Partners' *Charting the Course VI: A San Diego Community Health Needs Assessment*, to determine priority needs for their communities.

In preparation of Sharp's annual Community Benefits Plan and Report, each Sharp-affiliated organization reviews community needs identified in the needs assessment, updates its community benefits objectives, reports and categorizes the economic value of community benefits provided according to Senate Bill 697, and creates a community benefits plan for the upcoming fiscal year.

Commitment

3 Community Benefits Planning Process

For the past 15 years, Sharp has based its community benefits planning on findings from the triennial Community Health Needs Assessment (CHNA) conducted by San Diego Community Health Improvement Partners (CHIP), as well as the combination of expertise in programs and services of each Sharp hospital and knowledge of the populations and communities served by those hospitals.

Methodology to Conduct the 2010 Community Health Needs Assessment

Since 1995, Sharp has participated in a countywide collaborative – including a broad range of hospitals, health care organizations, and community agencies – to conduct a triennial CHNA. The 2010 CHNA is publicly available at: <http://www.sdchip.org/initiatives/charting-the-course-vi.aspx>.

In 2010, the CHIP Needs Assessment Advisory Council, under the direction of the CHIP Steering Committee, determined a methodology and approach to the sixth edition of the triennial needs assessment, which included a community priority-setting process composed of the following steps:

- Review of the 38 Healthy People 2020 focus areas by the Needs Assessment Advisory Council, comprising more than 30 community stakeholders. Seventeen health issues emerged as a result of the combining and streamlining of these areas by the Council.
- Division of the 17 health issues into the following three categories: Overarching Issues, Health-Related Behaviors and Health Outcomes. Health issue briefs were developed to provide detailed information on each of the 17 identified health issues.
- Invitation to community leaders throughout San Diego County (72 out of 379 invitees participated) to prioritize each health issue with information from the health issue briefs and based on the following criteria:
 - Size of the health issues
 - Seriousness of the health issue
 - Community resources available to address the health issue
 - Availability of data/information to evaluate the health issue's outcomes

- Each of the health issues was scored separately within the three categories noted above (Overarching Issues, Health-Related Behaviors and Health Outcomes)
- Utilization of the Spectrum of Prevention Framework to determine which issues prioritized by the community were most impacted by prevention activities (as opposed to treatment):
 - Health access and delivery
 - Social determinants of health
 - A combination of nutrition, weight status, physical activity and fitness
 - Injury and violence
 - Mental health and mental disorders
- Discussion of the above identified issues in community forums held in the six regions of San Diego County in order to:
 - Allow community stakeholders to identify root causes related to each health issue
 - Begin the process of understanding each issue from a regional perspective
 - Foster community relationships and promote the voice(s) of San Diego's various regional and sub-regional communities in the needs assessment process
- In-depth analysis of each of the five health issues selected for the 2010 CHNA, which were the same issues identified through the Spectrum of Prevention Framework.

Depending on the level of available data, these analyses included an overview of the health issue and its importance; seriousness of the health issue in terms of economic costs, use of resources and/or loss of functional status; incidence data; prevalence of morbidity and mortality in the populations most impacted by the health issue; and the local impact of the health issue.

In addition to a review of the results from the priority-setting process, the 2010 CHNA utilized information from the following:

- Analysis of health-related statistics gathered and analyzed by the County of San Diego Health and Human Services Agency (HHSA), supplemented by data from the California Health Interview Survey (CHIS), California Office of Statewide Planning and Development (OSHPD), the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System and census data from the San Diego Association of Governments (SANDAG).

- Review of health-related scientific literature
- Review of the results from facilitated discussions of six community regional forums held with a cross-section of stakeholders from the San Diego County community

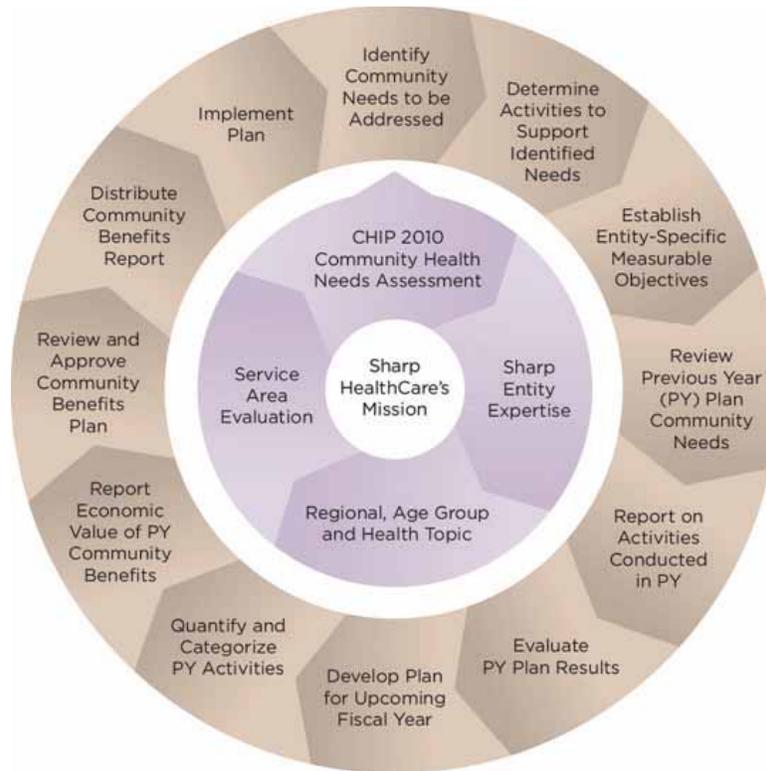
Determination of Priority Community Needs: Sharp HealthCare

Each Sharp hospital reviewed the 2010 CHNA and used it to determine priority needs for their hospital's communities.¹ In identifying these priorities, each entity considered the expertise and mission of the hospital in providing programs and services, in addition to the needs of the unique, ever-changing demographics and/or health topics that comprise the entity's service area and region.

For example, the specialty hospitals – SMBHWN, SMV, and SMC – reviewed the needs assessment priorities, specifically focusing on issues relevant to women and infants, behavioral health, and substance abuse, respectively. Sharp's general acute-care hospitals reviewed the needs assessment with a focus on the region and/or sub-regional areas, with the goal of matching community benefit programs and services to the unique needs of the region.

¹ Subsequent sections of this community benefits report use the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Figure 1: Sharp HealthCare Community Benefits Plan and Process



Steps Completed to Prepare an Annual Community Benefits Report

On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefits Report, illustrated in **Figure 1** above:

- Establishes and/or reviews hospital-specific **measurable objectives**
- Verifies the need for an ongoing focus on identified community needs and/or adds new identified community needs
- Reports on activities conducted in the prior fiscal year – **FY 2011 Report of Activities**
- Develops a plan for the upcoming fiscal year, including specific steps to be undertaken – **FY 2012 Plan**
- Reports and categorizes the **economic value of community benefits provided in FY 2011**, according to the framework specifically identified in SB 697

- Reviews and approves a Community Benefits Plan
- Distributes the Community Benefits Plan and Report to members of the Sharp Board of Directors and Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year

Ongoing Commitment to Collaboration

In support of its ongoing commitment to working with others on addressing community health priorities to improve the health status of San Diego County residents, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, statewide California Hospital Association, Hospital Association of San Diego & Imperial Counties and other local collaboratives such as the CHIP Access to Health Literacy Initiative and the CHIP Behavioral Health Work Team.



Improving Access to Routine Medical Care

~ SHARP CHULA VISTA MEDICAL CENTER ~

As the South Bay's most comprehensive medical facility, Sharp Chula Vista Medical Center is committed to supporting access to care for community members most in need.

Since 2008, the hospital has collaborated with local community clinics to establish medical homes – an approach to providing comprehensive primary care that facilitates partnerships between patients and their doctors – for low-income, medically uninsured and underserved individuals. The program connects patients who seek non-urgent care in the hospital's

Emergency Department to timely primary care and behavioral health services within the community. Services include regular care for chronic conditions in order to improve management of pain, diseases and overall health care; education on community resources for affordable medications; and facilitation of transportation to community clinics. In addition to providing important health services to these vulnerable patients, the program allows the Emergency Department to safely and effectively care for more critically ill and injured patients.

Commitment

Section

4 Sharp Chula Vista Medical Center

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

FY 2011 Community Benefits Program Highlights

SCVMC provided a total of **\$53,843,127** in community benefits in FY 2011. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SCVMC's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Chula Vista Medical Center – FY 2011

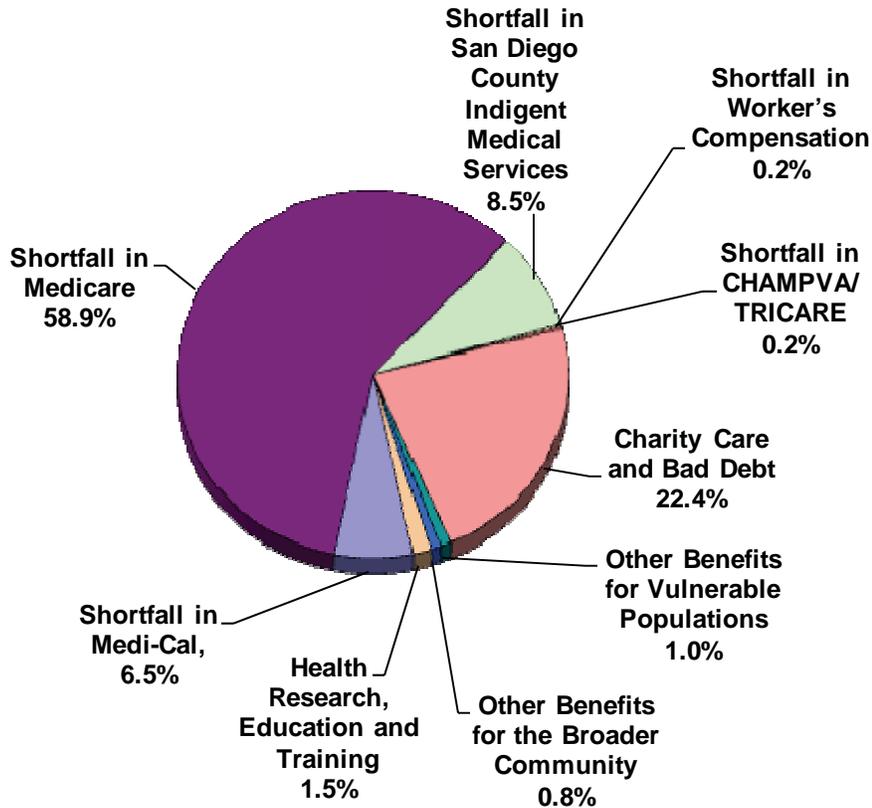
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2011 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ¹	\$3,503,631
	Shortfall in Medicare ¹	31,715,938
	Shortfall in San Diego County Indigent Medical Services ¹	4,572,427
	Shortfall in CHAMPVA/TRICARE ¹	103,188
	Shortfall in Workers' Compensation	115,224
	Charity Care and Bad Debt ²	12,073,827
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy ³	489,363
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, support groups, meeting room space, donations of time to community organizations, and cost of fundraising for community events ³	450,848
Health Research, Education and Training Programs	Education and training programs for students, interns, and health care professionals ³	818,681
	TOTAL	\$53,843,127

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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Chula Vista Medical Center – FY 2011



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services; and financial support for on-site workers to process Medi-Cal eligibility forms. In FY 2011, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the period April 1, 2009 through December 31, 2010 resulting in increased reimbursement of \$24.6 million to SCVMC and an assessment of a quality assurance fee totaling \$19.7 million from SCVMC. The net impact of the program on SCVMC (totaling \$4.9 million) reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, but was fully recorded in FY 2011 thereby understating the true unreimbursed medical care services performed for FY 2011.
- Other Benefits for Vulnerable Populations** included insulin and other diabetes treatment for underserved, uninsured individuals to care for their

diabetes at home; van transportation for patients to and from medical appointments; Project HELP that provides funding for medications, transportation and other needs to assist patients who cannot afford to pay; programming to help establish medical homes for low-income, medically uninsured and underserved patients in the South Bay; contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans and the San Diego Food Bank; support of the Sharp Humanitarian Service Program; and other assistance for the needy.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics in English and Spanish; participation in community health fairs and events; Spanish and English support groups; flu vaccinations and health screenings for blood glucose, blood pressure, cholesterol, stroke, body mass index (BMI), bone density, hand, balance, grip strength, foot drop treatment, breast cancer and prostate cancer; the Breast Cancer Patient Navigator Program; and SCVMC's collaboration with local schools to promote interest in health care careers. SCVMC also offered meeting room space at no charge to community groups. In addition, hospital staff actively participated in community boards, committees, and other civic organizations, such as the American Cancer Society (ACS), Bonita Business and Professional Association, Chula Vista Community Collaborative, Chula Vista Chamber of Commerce, Chula Vista Rotary, Susan G. Komen Breast Cancer Foundation, and the South Bay YMCA, See **Appendix A** for a listing of Sharp's community involvement.
- **Health Research, Education and Training Programs** included education and training of health care professionals; student and intern supervision; and development and submission of various grants and reports.

Definition of Community

The community served by SCVMC encompasses the South Region of San Diego County, including the sub-regional areas of Chula Vista, Imperial Beach, Otay Mesa, Bonita, Sweetwater, National City and Coronado. See **Appendix B** for a map of community and region boundaries in San Diego County (SDC). Most residents of Coronado utilize SCHHC. Information about Coronado is included in this section since the sub-regional area is part of the South Region, based on the countywide needs assessment.

Description of Community Health

In the County's South Region in 2009, 98.4 percent of children ages 0 to 11 years, 92.9 percent of children ages 12 to 17, and 80.1 percent of adults ages 18 and older had health insurance, while 98.8 percent of children ages 0 to 11 years and 80.9 percent of children ages 12 to 17 had a regular source of medical care,

failing to meet the HP 2020 national targets¹ for health insurance coverage and regular source of medical care. Among adults ages 18 to 64 years in the South Region, 23.8 percent were not currently insured in 2009. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

Table 2: Health Care Access in San Diego County’s South Region, 2009

Description	Rate	Year 2020 Target
Health Insurance Coverage		
Children 0 to 11 Years	98.4%	100%
Children 12 to 17 Years	92.9%	100%
Adults 18 and Older	80.1%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	98.8%	100%
Children 12 to 17 Years	80.9%	100%
Adults 18 and Older	91.7%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	23.8%	

Source: 2009 CHIS

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults Ages 18 to 64 yrs), 2009

Description	Rate
Medi-Cal Eligible	8.3%
Healthy Families Eligible	0.8%
Not Eligible	90.9%

Source: 2009 CHIS

Cancer and heart disease were the top two leading causes of death in the County’s South Region. See **Table 4** for a summary of leading causes of death in the South Region.

¹ The U.S. DHHS’ HP 2020 initiative represents the nation’s prevention agenda for the second decade of the 21st century. HP 2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development and healthy behaviors across all life stages.

**Table 4: Leading Causes of Death in San Diego County's South Region
2009**

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	667	26.2%
Diseases of heart	654	25.7
Cerebrovascular diseases	147	5.8
Alzheimer's disease	113	4.4
Accidents (unintentional injuries)	108	4.2
Chronic lower respiratory disease	97	3.8
Diabetes mellitus	87	3.4
Influenza and pneumonia	53	2.1
Chronic liver disease and cirrhosis	48	1.9
Intentional self-harm	37	1.5
Nephritis, nephritic syndrome and nephrosis	27	1.1
Essential (primary) hypertension and hypertensive renal disease	26	1.0
Septicemia	20	0.8
Viral Hepatitis	16	0.6
Parkinson's disease	14	0.5
All other deaths	432	17.0
Total Deaths	2,546	100.0%

Notes:

Ranking of leading causes of death based on the countywide rank among San Diego residents in 2009.

Source: County of San Diego HHSA, Public Health Services, Community Epidemiology Branch

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits 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, the prior year's experience and current funding levels
- Hosts a monthly Community Relations Committee, composed of representatives from a variety of hospital departments, to discuss, plan and implement community outreach activities

Priority Community Needs Addressed in Community Benefits Report

The SCVMC Community Benefits Report addresses the following identified community needs:

- Diabetes education and testing
- Health education and screening activities
- Cancer education and patient navigator services
- Community education for stroke and osteoporosis
- Collaboration with local schools to promote interest in health care careers and provide health professions training
- Access to primary care and behavioral health services for low-income, medically uninsured and underserved patients

For each priority community need identified above, subsequent pages include a summary of the rationale for and importance of the need, measurable objective(s), FY 2011 Report of Activities conducted in support of the objective(s), and FY 2012 Plan of Activities.

Identified Community Need: Diabetes Education and Testing

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified diabetes as the most important health outcome overall (when considering a total of seven health outcomes).
- In 2009, there were 87 deaths due to diabetes in the County's South Region. The region's age-adjusted death rate due to diabetes was 20.6 per 100,000 population, higher than the SDC age-adjusted rate of 17.5 deaths per 100,000 population. (Note: Diabetes is also a contributing cause of death.)
- In 2008, there were 831 hospitalizations due to diabetes in the County's South Region. The rate of hospitalizations for diabetes was 180.0 per 100,000 population. The hospitalization rate in the region was among the highest in San Diego County's regions and higher than the County average of 126.2 diabetes hospitalizations per 100,000 population.
- In 2008, there were 787 diabetes-related ED visits in the County's South Region. The rate of visits was 170.5 per 100,000 population. The diabetes-

related ED visit rate in the region was among the highest in San Diego County's regions and higher than the County average of 136.7 per 100,000 population.

- 9.5 percent of adults in the County's South Region participating in the 2009 CHIS indicated that they were "ever diagnosed with diabetes," higher than the County experience of 7.8 percent.
- According to the *3-4-50 Chronic Disease 2010* report from the County's Health and Human Services Agency (HHSA), the most common risk factors associated with Type II diabetes include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol. (Note: Two out of three Americans are now overweight or obese.)

Measurable Objective

- Provide diabetes education and testing in the South Region of San Diego County.

FY 2011 Report of Activities

Note: The SCVMC Diabetes Education Program is recognized by the American Diabetes Association and meets national standards for excellence and quality in diabetes education.

In FY 2011, SCVMC Diabetes Education Program conducted five blood glucose screening events at hospital sites and off-site locations, testing 199 people. As a result of the screening events, 45 people were identified with elevated blood glucose levels. Screenings were held at the Cycle Eastlake bike fair and the Kimball Senior Center, as well as the Kiku Gardens and Paradise Village retirement communities. Also, in July 2011 the SCVMC Diabetes Education Program provided education and outreach at the SCVMC Women's Heart Expo, discussing topics such as diabetes prevention, management of diabetes, nutrition, exercise, weight loss and lipid control. In addition, the SRS Diabetes Education Program – in collaboration with Sharp Multicultural Services – provided a lecture at the Bonita Golf Course entitled Small Steps to Healthy Living. This event targeted Spanish-speaking community members and provided education, resources and screenings to 15 attendees.

Also in FY 2011, the SCVMC Diabetes Education Program began to provide assistance for underserved, uninsured individuals in need of diabetes treatment. Individuals that both enrolled in and completed the SCVMC Diabetes Education Program received an outpatient number through the SCVMC Outpatient Pharmacy, which then allowed them to receive assistance for insulin and other treatments to maintain and care for their diabetes at home.

FY 2012 Plan

The SCVMC Diabetes Education Program will conduct the following activities:

- Coordinate and implement blood glucose screenings at the hospital and at community sites in the South Region of San Diego
- Conduct educational lectures at community venues
- Support American Diabetes Association's Step Out for Diabetes Walk
- Continue to collaborate with the Diabetes Behavioral Institute to host community lectures that will assist diabetes patients and their loved ones
- Host free, bimonthly Taking Care of Your Diabetes (TCOYD) support groups for Spanish-speaking people with Type II diabetes
- Evaluate the effectiveness of diabetes education participants' treatment outcomes through focus groups
- Conduct educational outpatient and inpatient symposiums for health care professionals
- Continue to provide educational lectures on healthy diet and weight management to multicultural elementary students
- Keep current on resources to give to the community for support

Identified Community Need: Health Education and Screening Activities

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Participants in the 2007 CHNA focus groups recognized the importance of various activities – health promotion, health protection, disease prevention, disease management, and navigation of the health care system – as helpful in maintaining health. Participants also recognized how various types of health and cancer screenings, such as flu vaccinations, blood pressure checks, prostate examinations and mammography, can help prevent disease. CHIP members identified improving nutrition and achieving a healthy weight status as the most important health-related behavior overall (when considering a total of six health-related behaviors).
- Other important health-related behaviors included (ranked in priority order): physical activity and fitness; substance abuse and tobacco use; injury and violence prevention; oral health; and immunization.
- CHIP members also identified the most important health outcomes as (ranked in priority order): diabetes; heart disease and stroke; mental health and mental disorders; cancer; maternal, infant and child health/family planning; infectious disease; and respiratory diseases.

- According to findings presented in the 2010 CHNA, nationally, the prevalence of obese adults has increased by 68 percent since 1995, from 16 percent to almost 27 percent.
- 2009 Behavioral Risk Factor Surveillance System (BRFSS) data for San Diego County indicate that almost 59 percent of the adult population is considered either overweight or obese.
- The prevalence rates of obesity are significantly higher among Latinos and blacks than those for whites at the national, state, and county levels.
- Obese children are 70 percent more likely to continue being obese into adulthood and more likely to die prematurely before the age of 55, compared with healthy-weight children, according to the Robert Wood Johnson Foundation (RWJF, 2010). Additionally, they are at greater risk for a variety of serious medical issues including heart disease, high cholesterol, high blood pressure, diabetes, sleep apnea and cancer. In addition to the clinical consequences of obesity, these children are more likely to experience social discrimination, low self-esteem and depression.
- According to findings presented in the 2010 CHNA, being overweight or obese as an adult increases the risk for coronary heart disease, congestive heart failure, Type II diabetes, certain cancers, hypertension, dyslipidemia, stroke, liver and gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, gynecological problems, psychological disorders and discrimination.
- Many factors contribute to overweight and obesity including genetic predisposition, environmental influences, behavior (dietary patterns and physical activity) cultural influences, and socioeconomic status, according to findings presented in the 2010 CHNA.

Measurable Objective

- Provide health education classes, support groups and screening activities for the community.

FY 2011 Report of Activities

SCVMC participated in numerous community health fairs and health screening events in FY 2011, including the Chula Vista Community Fun Walk at the Olympic Training Center, Cycle EastLake, ACS Relay for Life, Caring Hearts Health Fair, and Bonita Fest. During these events, SCVMC provided screenings for: cholesterol; blood pressure; stroke; BMI; bone density; hand, balance and grip strength; and prostate cancer. SCVMC also hosted a free community lunch for nearly 1,000 people at the Olympic Training Center Community Fun Run. In FY 2011, SCVMC served approximately 2,480 people through its participation in these community health fairs and screening events. In addition, SCVMC also held two events where flu vaccinations were provided to more than 484 community members, and in FY 2011 provided first aid booths at community events such as the AHA Heart Walk, Bonita Fest, Olympic Training Center

Community Fun Run, the Copa Univision soccer tournament, and the Susan G. Komen Race for the Cure at Balboa Park.

In FY 2011, Sharp Rehabilitation Services participated in a variety of senior outreach events including a fall and balance presentation at Sunrise Senior Living, a hand screening event at Paradise Village retirement community, and a community rehabilitation fair held at SCVMC. Through these events, more than 55 community members received hand or balance screenings. Sharp Rehabilitation Services also provided an information booth on outpatient rehabilitation services at the Chula Vista Chamber of Commerce Mixer hosted by SCVMC in November 2010. In addition, Rehabilitation Services' Outpatient Clinic offered three foot drop – a dropping of the forefoot due to weakness or other nerve/muscle damage – treatment screenings, serving a total of 45 community members. Also in September 2011, Sharp Rehabilitation Services collaborated with San Diego County on Fall Prevention Week, distributing posters and fliers in support of the event. Sharp Rehabilitation Services also provided information to community clinics in the South Bay regarding the availability of grant-funded lymphedema therapy services for underinsured or uninsured women recovering from breast cancer.

SCVMC held health education classes throughout the year on a variety of topics, including nutrition, prenatal and postpartum care, outpatient surgeries, Gastro-Esophageal Reflux Disease (GERD), robotics, bloodless medicine and surgery (offered in Spanish and English), and bariatric surgery. SCVMC hosted two (one in Spanish, one in English) day-long health expositions for more than 120 attendees in cardiac education and screening, featuring information on heart health and nutrition; cooking demonstrations; exercise classes; screenings for blood pressure, BMI and glucose; and giveaways. SCVMC also provided education and screening services on breast cancer, osteoporosis, bone health and other health issues at Sharp's annual Speaking of Women's Health Conference. In addition, in FY 2011 SCVMC conducted four blood drives, where a total of 160 SCVMC staff donated blood, helping to increase the blood supply in San Diego County.

In FY 2011, SCVMC Women's Services offered a free weekly breastfeeding support group in English and Spanish. This class supported more than 310 mothers. In addition, staff presented a two-hour lecture to the South Bay Community Public Health Department on Breastfeeding Basics and Breastfeeding for Special Populations – including teen mothers, smokers, and drug abusers. Staff also hosted a booth on breastfeeding at the Bonita Golf Course Community Baby Shower event. In addition, SCVMC Women's Services were actively involved in the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and the Regional Perinatal System.

FY 2012 Plan

SCVMC will conduct the following activities:

- Participate in community health fairs and screenings
- Conduct two day-long comprehensive health seminars with health screenings in English and Spanish
- Conduct health education classes on a variety of topics
- Conduct quarterly blood drives

Identified Community Need: Cancer Education and Patient Navigator Services

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified cancer as the fourth-most important health outcome overall (when considering a total of seven health outcomes).
- In 2009, cancer was the leading cause of death in the County's South Region, responsible for 26.2 percent of deaths.
- In 2009, there were 667 deaths due to cancer (all sites) in the County's South Region. The region's age-adjusted death rate due to cancer was 159.3 deaths per 100,000 population, higher than the SDC age-adjusted rate of 150.1 deaths per 100,000 population.
- According to the ACS, cancer survival is greatly improved if the cancer is diagnosed at an early stage. Such diagnosis is an indication of screening (ACS, 2006). Review of 2004 cancer cases diagnosed at an early stage in SDC found that early stage diagnosis among Latinos is lowest for female breast cancer, prostate cancer, and male and female colon cancer, with rates of 76 percent, 63 percent, 37 percent, and 41 percent, respectively. Low percentage of early stage diagnoses is an important indicator of inadequate cancer screening for these types of cancer among Latinos.
- Participants in the 2007 CHNA focus groups recognized the importance of various types of cancer screenings, such as mammography, pap smears and prostate examinations, in preventing disease.
- Cancer survivors face many physical, psychological, social, spiritual and financial issues at diagnosis, during treatment and for the remainder of their lives. According to findings presented in the 2007 CHNA, cancer survivors identified several significant burdens, including poorer health, spending more days in bed, increased need for help with activities of daily living and less likely to be employed.
- Breast cancer patient navigation is an intervention that addresses barriers to quality standard care by providing individualized assistance to patients, cancer survivors and their families.

- According to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, breast cancer was the most common cancer among women in California, regardless of race/ethnicity. In 2011, it is estimated there were 22,115 new cases of breast cancer for females in California. In addition, of the estimated 12,490 new cases of all cancers in San Diego County for 2011, an estimated 15.7 percent (1,960) were breast cancer. San Diego has the highest incidence rate for breast cancer (163.95 per 100,000) compared to the neighboring counties of Imperial, Los Angeles, Orange and Riverside. San Diego's incidence rate for breast cancer is also above that of California (151.82 per 100,000).
- In San Diego County, minority women have high breast cancer mortality rates and were less likely to have breast cancer detected at an early stage, according to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report. In addition, Latinos were least likely to receive a mammogram compared to other ethnic groups, with 37.3 percent reporting never having had the screening.
- According to a survey of San Diego providers in the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, the majority of providers identified Mexicans as the ethnic and the immigrant group most in need of additional resources (the survey separated Mexicans from other Latinos in order to collect more specific information).
- According to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, the most common barriers to receiving effective breast health care access included lack of awareness and knowledge, financial barriers, cultural barriers and emotional factors, while the most common challenges in the current breast health care system included cost of care, quality of providers, lack of communication and education, and language barriers. Increased advocacy, education, funding and partnerships were among the suggestions for improving programs, services and the breast health care system overall.

Measurable Objective

- Provide cancer education, support services and patient navigation to the community.

FY 2011 Report of Activities

SCVMC is certified by the American College of Surgeons Commission on Cancer as a Community Hospital Cancer Program. SCVMC is also a certified Breast Center by the National Accreditation Program for Breast Centers (NAPBC). SCVMC hosted multiple free cancer-related health seminars in FY 2011 dedicated to the awareness and prevention of various women's cancers, including ovarian, cervical, uterine and breast. Through these seminars, approximately 300 people received screenings and health education. Women's Cancer Health Expos were also held in English and Spanish, providing 85

attendees with free clinical breast exams, mammograms, and education from physicians on preventing and treating breast cancer. Nearly 50 women received clinical breast exams during these events. At the Spanish event, 28 women received clinical breast exams and eight women were considered at-risk and were referred to appropriate follow-up care. Through grant funds from the National Breast Cancer Foundation (NBCF), both the English and Spanish Women's Cancer Health Expos were able to provide valuable screening services.

SCVMC also provided the community with education and screening for prostate cancer. In FY 2011, SCVMC offered two community prostate screenings, providing free screenings to more than 40 individuals. At the Advanced Treatment Options for Prostate Cancer session held in March 2011, 12 men received free prostate-specific antigen (PSA) and digital rectal exams from two physicians, a radiation oncologist and a urologist.

In response to the need of the community, SCVMC conducted three cancer support groups in FY 2011 – weekly breast cancer support groups in English and Spanish, as well as a monthly Spanish family support group for individuals battling any type of cancer. The hospital utilized grant funding from the Susan G. Komen Breast Cancer Foundation to conduct additional outreach and educational services among Latinas, to provide diagnostic services and patient navigator services for breast cancer patients. The diagnostic services were offered free of charge to women and men of all ages.

Also in FY 2011, patients newly diagnosed with breast cancer were invited to attend one of the bimonthly Meet the Pathologist presentations. These hour-and-a-half presentations by a SCVMC pathologist provided detailed, personal information about a woman's diagnosis by reviewing her pathology report and explaining it in layman's terms.

The hospital's Breast Health Navigator Program has specialized training, certification and experience to assist patients from early detection through diagnosis and treatment. This service allows breast cancer patients and their loved ones to receive personalized support, guidance and education. In FY 2011, 179 community members were assisted through the Breast Cancer Patient Navigator Program.

FY 2012 Plan

- Continue to conduct comprehensive cancer health seminars with health screenings in English and Spanish
- Offer a Meet the Pathologist lecture bimonthly
- With continued funding support from the Susan G. Komen Breast Cancer Foundation, provide patient navigator services to all breast cancer patients
- Offer cancer support groups for patients and their loved ones in Spanish

- Provide a prostate screening and offer two seminars on prostate surgery treatment options using robotics and radiation oncology
- Continue to seek funding to support the Breast Cancer Patient Navigator program and expand services to all cancers

Identified Community Need: Community Education for Stroke and Osteoporosis

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified heart disease and stroke as the second-most important health outcomes overall (when considering a total of 7 health outcomes).
- According to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County's Health and Human Services Agency (HHSA), in 2007, stroke was the third-leading cause of death in SDC.
- In 2009, there were 147 deaths due to cerebrovascular diseases in SDC's South Region. The region's age-adjusted death rate due to cerebrovascular diseases was 34.8 deaths per 100,000 population, higher than the SDC age-adjusted rate of 32.6 deaths per 100,000 population.
- According to the 3-4-50 Chronic Disease in San Diego County 2010 report, if no changes are made in risk behavior, based on current disease rates it is projected that by the year 2020 the total number of deaths from stroke and heart disease will increase by 38 percent.
- In 2008, there were 1,071 hospitalizations due to stroke in the County's South Region. The rate of hospitalizations for stroke was 232.0 per 100,000 population. The stroke hospitalization rate in the region was among the highest in San Diego County's regions and higher than the County average of 206.2 stroke hospitalizations per 100,000 population.
- According to the 3-4-50 Chronic Disease in San Diego County 2010 report, in 2007, almost 63 percent of hospitalizations were due to heart disease and stroke. If no changes are made in risk behavior, based on current rates, it is projected that by the year 2020 the total number of hospitalizations will increase by 31 percent for stroke.
- In 2008, there were 189 stroke-related ED visits in the County's South Region. The rate of visits was 40.9 per 100,000 population. The stroke-related ED visit rate in the region was comparable to the County average of 42.0 per 100,000 population.
- According to the 3-4-50 Chronic Disease in San Diego County 2010 report, the most common risk factors associated with stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.

- According to the CDC, arthritis is the nation's most common cause of disability. An estimated 50 million U.S. adults (about one in five) report doctor-diagnosed arthritis. As the U.S. population ages, these numbers are expected to increase sharply to 67 million by 2030, and more than one-third of these adults will have limited activity as a result. In addition, a recent study indicated that some form of arthritis or other rheumatic condition affects one in every 250 children (CDC, 2011).
- According to the National Institutes of Health, osteoporosis is responsible for more than 1.5 million fractures each year, including 250,000 wrist fractures, 300,000 hip fractures, 700,000 vertebral fractures and 300,000 fractures at other sites.
- According to the 2007 CHNA, in the U.S., the age-adjusted prevalence of doctor-diagnosed arthritis is estimated to be 21.3 percent among adults ages 18 and over.
- In the County's South Region from 2006 to 2008, the number of arthritis-related hospitalizations increased from 968 to 1,011, while the rate of arthritis-related hospitalizations increased from 214.3 to 219.0 per 100,000 population.
- In the County's South Region from 2006 to 2008, the number of arthritis-related ED discharges increased from 1,912 to 2,017, while the rate of arthritis-related ED discharges increased from 423.2 to 437.0 per 100,000 population. The region's 2008 arthritis-related ED discharge rate of 437.0 per 100,000 population was higher than the 2008 age-adjusted County average of 400.2 per 100,000 population.
- In 2008, females in the County's South Region had a higher ED discharge rate for arthritis-related diagnosis than males (497.0 and 374.5 per 100,000 population, respectively). Blacks had a higher ED discharge rate for arthritis-related diagnosis than persons of other racial or ethnic groups, and persons ages 65 and over had higher ED discharge rates for arthritis-related diagnosis than younger persons.

Measurable Objectives

- Provide stroke education services to the community.
- Provide orthopedic and osteoporosis education to the community.

FY 2011 Report of Activities

Note: In FY 2011, SCVMC was a recipient of the Get With the Guidelines (GWTG) Bronze Achievement Award for Stroke. The American Heart Association's GWTG is a national effort focused on ensuring that evidence-based therapies are used with stroke patients.

In November 2011, SCVMC hosted the Chula Vista Chamber of Commerce Mixer, providing educational materials on stroke risk factors and prevention for approximately 80 attendees. SCVMC also participated in the quarterly San Diego

County Stroke Consortium – a collaborative effort to improve SDC stroke care and discuss issues impacting stroke care in SDC. In addition, SCVMC offered specialized education on osteoporosis prevention and treatment to the community. In May 2011, SCVMC provided education to 40 community members on the risks of osteoporosis as well as treatment and prevention options. Sharp-affiliated physicians provided education on the pathology of osteoporosis, its impact on daily activities, as well as how exercise, nutrition, and proper posture and body mechanics contribute to prevention. In March 2011, SCVMC provided an educational session on the care and management of osteoporosis to residents at the California Veterans Association Home. Also in FY 2011, SMH collaborated with SDC to provide data for their stroke registry.

FY 2012 Plan

SCVMC will conduct the following:

- Participate in two stroke screening and education events in the South Bay
- Provide a variety of educational resources at community events, including Speaking of Women's Health
- Provide education for individuals with identified stroke and osteoporosis risk factors, including residents at the California Veterans Association
- Provide community outreach on stroke education and prevention
- Participate with other SDC hospitals in the Stroke Consortium
- Participate in the AHA's Get With the Guidelines program for stroke
- Strive for Joint Commission Center of Excellence status for stroke

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

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The demand for RNs and other health care personnel in the U.S. will continue to rise with the growing health care needs of the 78 million baby boomers that began retiring in 2010. The DHHS estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply. In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate.
- According to the 2010 SDC *Healthcare Shortage Areas Atlas* from the County of San Diego HHS, SDC is one of 27 counties in California listed as a Registered Nurse Shortage Area.

- A 2010 report from the DOL shows that allied health professions represent about 60 percent of the American health care workforce, and projects severe shortages for many allied health care professionals.
- According to the San Diego Workforce Partnership 2011 *Healthcare Workforce Development in San Diego County: Recommendations for Changing Times*, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, registered nurses, medical record and health information technicians, radiologic technologists and technicians, pharmacists and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds, as well as a need for culturally competent workers with skills in foreign language.
- According to the San Diego Workforce partnership, despite the growing demand for health care workers, employers express an “experience gap” among recent graduates as a challenge to filling open positions. While new graduates often possess the needed academic knowledge to be hired, they lack necessary real-world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real-world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objective

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

FY 2011 Report of Activities

In FY 2011, SCVMC completed its leadership of the Health Care Career Pipeline Partnership (HCCPP), a workforce diversity program. The program is a collaboration among SCVMC, Barrio Logan College Institute (BLCI), San Ysidro High School (SYHS), Southwestern College (SWC) and the San Diego Chapter of the National Association of Hispanic Nurses (NAHN).

The HCCPP was a two-year program funded by a grant from The California Endowment to encourage entry in the health care profession by fostering student interest and learning in the health sciences through collaboration between health care and educational institutions. The program sought to offer local high school students from diverse backgrounds a greater chance of going to college and succeeding in a career in health care by providing them behind-the-scenes tours of SCVMC. Students visited various departments, including radiology, laboratory, cardiopulmonary, pharmacy, building engineering, skilled nursing, admitting and

patient financial services. In addition, the program offered students opportunities for volunteering, job shadowing and interning.

Students from SYHS and BLCI participated in the HCCPP, and 34 SCVMC mentors participated in the program, providing guidance and support to students enrolled in the program. Upon completion of the HCCPP in FY 2011, a total of 649 students toured the hospital, 54 students completed 30 hours of job shadowing, and 24 students completed paid internships. These results either met or exceeded the original goals of the program. In addition, 10 students from the program went on to college and took up studies related to health care. All other students who participated in the HCCPP currently attend high school and continue to explore additional options beyond their high school education.

Another accomplishment of the HCCPP was a partnership with SWC, which led to the creation of a two-unit biology class that ensured students were properly prepared for first-year college science classes. Thirty-two students from SYHS and BLCI completed the class, surpassing the goal of 20, which featured mentoring and presentations from the San Diego Chapter of the National Association of Hispanic Nurses (NAHN). In addition, the HCCPP provided students the opportunity to tour UCSD, USD and SWC's School of Nursing, where they learned about scholarship and grant opportunities as well as college life from current college students and professors. Upon completion of the program, a total of 223 students and parents attended these informational tours.

Through affiliations with San Diego State University (SDSU), Point Loma Nazarene University (PLNU), University of San Diego (USD), University of Oklahoma (OU), SWC, Grossmont College (GC) and other colleges and universities, SCVMC provided training, leadership and facilities for more than 850 nursing and other health care students. Nursing programs ranged from associate degrees to Master of Science degrees in Nursing. In FY 2011, nursing students received more than 20,000 preceptor hours at SCVMC. Also in FY 2011, SCVMC hosted 51 pharmacy residents, 14 pharmacy students and five pharmacy tech students, providing approximately 1,600 hours of supervision, lectures and support to these students. SCVMC provided training for obstetrics students and interns in various departments throughout the hospital. In addition, SCVMC staff provided professional education lectures on pharmacy administration. SCVMC also provided hospital tours for Job Core and ROP (Regional Occupational Program) students in FY 2011.

In addition, SCVMC participated in the Health Sciences High and Middle College (HSHMC) program in FY 2011 and provided hospital tours for 36 students. The hospital will continue to host HSHMC students in the future, providing early professional development through job shadowing, mentorship and hospital tours.

FY 2012 Plan

SCVMC will conduct the following activities:

- Continue to provide intern and professional development opportunities to health-profession students throughout SDC
- In collaboration with Sweetwater Union High School District (SUHSD), provide five tours for local high schools to promote student interest in health care careers
- Continue participation in the HSHMC program – providing tours, job shadowing and mentorship to high school students

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

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Health care access and delivery were identified as the most important overarching health issues (when considering a total of four overarching health issues) in the 2010 CHNA.
- According to the 2010 CHNA, the unemployment rate was 11.4 percent for Chula Vista and 18.6 percent for National City, whereas the unemployment rate for SDC overall was 9.8 percent. Losing a job often means people also lose their health insurance.
- According to the 2010 CHNA, 27 percent of those 18 to 64 years of age in the County's South Region are uninsured. Persons most likely to be uninsured in the South Region include those at 100 to 199 percent of the Federal Poverty Level (43 percent) and those with less than a high school education (47 percent).
- According to the 2010 CHNA, in the County's South Region for those 18-64 years of age, the most common sources of health insurance coverage include employment-based coverage (68 percent) and public programs (11 percent).
- According to the 2009 CHIS, 53 percent of adult respondents in the County's South Region had a household income below 300 percent of the Federal Poverty Level, an increase of 10.2 percent from 2007.
- In the County's South Region, 24 percent of adult respondents in the 2009 CHIS replied that they were not medically insured for all of the past year.
- SCVMC ED visits have increased over time at a rate of 5.5 percent over the three-year fiscal period FY 2006 to 2008.
- According to the 2010 CHNA, by the year 2020, the County's South Region is projected to grow by 18 percent overall, including a 22 percent growth among

Latinos and Asians, and a 51 percent growth among persons aged 65 years or older.

- California's hospital-based skilled-nursing facilities (SNFs) face proposed decreases in reimbursement to California's Medicaid program (Medi-Cal) to a level 10 percent below the rates they received in the 2008 to 2009 rate year. For most facilities, this represents a cut of approximately 23 percent from current rates (CHA Special Report, September 2011).
- Medi-Cal cuts will have a devastating impact on Medi-Cal beneficiaries whose access is already limited and who make up 77 percent of California hospital-based SNF patient days (CHA Special Report, September 2011).
- In a 2011 survey from the CHA of California's hospital case managers, 97 percent reported that they have difficulty finding beds in skilled nursing facilities (SNFs) for Medi-Cal beneficiaries. Three-quarters of respondents reported that they encounter delays all or most of the time when attempting to transfer patients to SNFs, and 38 percent of these facilities reported average delays of more than seven days. These difficulties have increased in recent years; 94 percent of case managers stated that it has become much harder or somewhat harder to discharge Medi-Cal patients to freestanding SNFs over the past three years.
- At Sharp Chula Vista Medical Center, from January 1 through June 30, 2011, 1,114 of the 1,306 referrals made for SNF care for Medi-Cal beneficiaries were declined, a rejection rate greater than 85 percent. Reasons for declined referrals included no available beds, patients being ineligible, insufficient funding and care needs exceeding current capacity (CHA Special Report, September 2011).
- If current hospital-based SNFs close, long-term-care residents will either remain in acute-care beds or will need to be relocated. Many Medi-Cal beneficiaries will be transferred to SNFs that are significantly farther away, perhaps even out of state, causing additional burden on relatives and impacting care outcomes (CHA Special Report, September 2011).

Measurable Objectives

- Establish a medical home for the safety net patient population of the South Bay.
- Provide assessment and early intervention of behavioral health issues for safety net patients presenting in the ED.

FY 2011 Report of Activities

In FY 2011, SCVMC continued to provide specialized programming to help establish medical homes for low-income, medically uninsured and underserved patients in the South Bay that present in the SCVMC ED. The program increased access and timely referrals to primary care/behavioral health services and follow-up primary care services for safety net patients, as well as helped them to establish medical homes at community clinics. SCVMC's programming provided

care and resources to support safety net patients that suffer from chronic conditions in order to better manage their pain, diseases and overall health care. SCVMC staff provided education regarding the appropriate use of the ED, as well as affordable medications available through community clinics, and also facilitated access to transportation resources to the hospital and/or clinics. In addition, the program provided pharmaceutical assistance via discount cards for Costco and Wal-Mart. Overall, in FY 2011, 913 underinsured and uninsured patients were referred to Chula Vista Family Health Center (CVFHC), and 615 scheduled appointments with the clinic. In addition, 2,680 patients were referred to other community clinics in the South Bay, and another 159 patients were referred to community clinics of their choice – not necessarily located within the South Bay. Transportation services were also provided to patients that selected CVFHC as their follow-up clinic – a total of 598 individuals in FY 2011.

In addition, SCVMC provided comprehensive behavioral health services through both a grant-funded mental health professional and the SCVMC social services staff. Individuals who presented in the ED with severe mental illness received a psychiatric evaluation team (PET) assessment and were provided information and resources as needed. In FY 2011, a total of 568 behavioral health interventions were conducted through this program. Of these, 19 required inpatient psychiatric care and 16 required counseling. In addition, 75 family conferences were conducted, as well as 132 psychosocial assessments, and 288 staff consultations. Another 137 individuals received information and referral resources. Of these interventions, 68 individuals were suicidal and/or homicidal.

As a result of this program, a new protocol has been set for community members to receive timely, appropriate referrals to facilities that quickly treat their health care needs. The program established a higher standard of care delivery for nurses and doctors that handle patients from this population. In addition, the project also contributed to readmission initiatives by helping to schedule appointments for patients at community clinics. Utilization of the emergency room as a source of primary care by this population has decreased dramatically due to the increased establishment of medical homes. This change not only improves access to and quality of care for these patients, but also continues to free up beds for urgent/emergent patients and decrease the overflow and congestion in the ED waiting area, thereby reducing wait times for more urgent patients. As a result of the success of this program, it is being considered for implementation at other Sharp entities.

FY 2012 Plan

SCVMC will conduct the following:

- Continue to collaborate with local community clinics to provide referrals, make appointments, and provide transportation to low-income, underserved and uninsured individuals in the South Bay

- Continue to provide this population with opportunities for education on the proper use of the ED, as well as help them establish medical homes, thereby reducing strain on the SCVMC ED
- Expand services for safety net patients

SCVMC Program and Service Highlights

- 24-hour emergency services with heliport
- Acute inpatient medical care
- Bariatric
- Birch Patrick Skilled Nursing Facility
- Bloodless Medicine and Surgery Center
- Breast health, including mammography
- Cardiac catheterization laboratory
- Cardiac ICU
- Cardiac program, including open-heart surgery and cardiac rehabilitation
- Chest Pain Center, specializing in emergency treatment of chest pain
- Community Hospital Cancer Care – certified by American College of Surgeons
- CT Scan
- EKG
- EEG
- Endovascular care
- Home health¹
- Hospice²
- Imaging services, including interventional radiology
- Infusion therapy
- Intensity Modulated Radiation Therapy (IMRT)
- Laboratory services
- MRI
- MICU and SICU
- NICU
- Nuclear medicine
- Orthopedics
- Outpatient diabetes services, recognized by American Diabetes Association
- Outpatient Imaging Center
- Outpatient nutrition counseling
- Outpatient pharmacy
- Outpatient surgery center
- Pathology services
- Pharmacy residency program
- Physical, occupational and speech therapy
- Pulmonary care
- Robotic Surgery
- Surgical services, including two dedicated open-heart surgical suites
- Ultrasound
- Van services
- Women's and infants' services

¹ Provided through Sharp Memorial Home Health Agency

² Provided through Sharp HospiceCare



Empowering Patients Through Education

~ SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER ~

Each year, medical manufacturers introduce a multitude of new health care technologies. At Sharp Coronado Hospital and Healthcare Center, a team of highly skilled caregivers is dedicated to helping community members navigate this information by providing education and empowering patients to make informed decisions about their health care.

Sharp Coronado held nearly a dozen free community seminars to inform prospective

patients about treatment options for a variety of conditions. Topics included robotic surgery for knee osteoarthritis, minimally invasive techniques for relieving chronic sinus pain, innovative ways to prevent osteoporosis and treat skin cancer, and advanced screening and testing methods for prostate cancer. More than 300 community members benefited from the information provided by Sharp Coronado-affiliated physicians during these seminars.

Commitment

Section

5 Sharp Coronado Hospital and Healthcare Center

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

FY 2011 Community Benefits Program Highlights

SCHHC provided a total of **\$9,922,973** in community benefits in FY 2011. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SCHHC's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Coronado Hospital and Healthcare Center – FY 2011

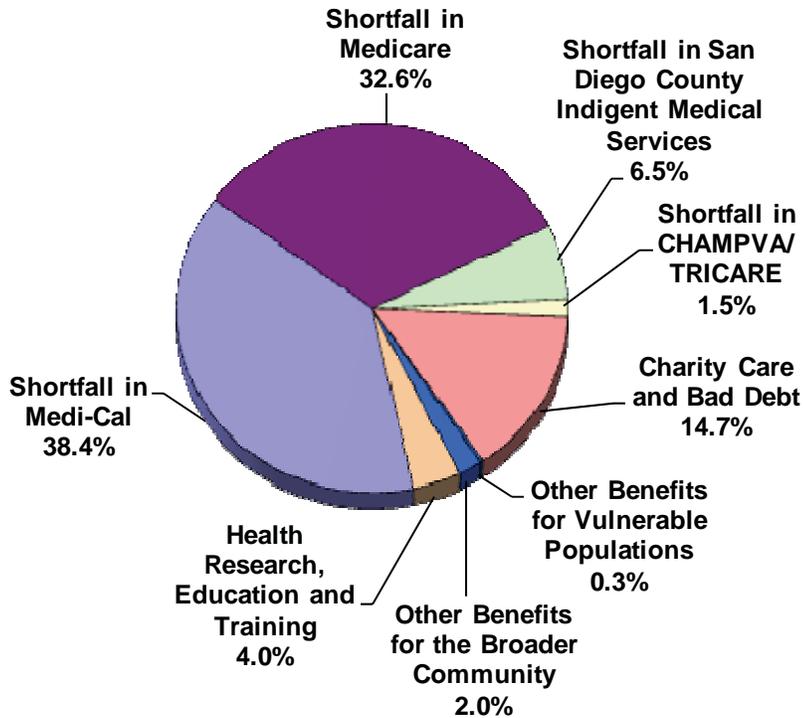
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2011 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$3,811,397
	Shortfall in Medicare ¹	3,234,183
	Shortfall in San Diego County Indigent Medical Services ¹	644,975
	Shortfall in CHAMPVA/TRICARE ¹	150,815
	Shortfall in Workers' Compensation	3,405
	Charity Care and Bad Debt ²	1,460,857
Other Benefits for Vulnerable Populations	Project HELP, patient transportation, and other assistance for the needy ³	26,881
Other Benefits for the Broader Community	Health education and information, health screenings, flu vaccinations, support groups, meeting room space and donations of time to community organizations ³	194,701
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	395,759
	TOTAL	\$9,922,973

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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Coronado Hospital and Healthcare Center- FY 2011



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services, and unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE. In FY 2011, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the period April 1, 2009 through December 31, 2010 resulting in increased reimbursement of \$707 thousand to SCHHC and an assessment of a quality assurance fee totaling \$1.5 million from SCHHC. The net impact of the program on SCHHC (totaling a negative \$782 thousand) increased the amount of unreimbursed medical care service for the Medi-Cal population. Additionally, SCHHC was successful in obtaining additional reimbursement from Medicare in FY 2011 for prior period services provided totaling \$4.5 million, which reduced the amount of unreimbursed medical care services for the Medicare population.
- Other Benefits for Vulnerable Populations** included Project HELP; Project CARE; patient transportation for patients to and from medical appointments; contribution of time to Habitat for Humanity, Stand Down for Homeless

Veterans, and the San Diego Food Bank; support of the Sharp Humanitarian Service Program; Meals-on-Wheels; and other assistance for the needy.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics; participation in community health fairs and events; flu vaccinations and health screenings for blood pressure, glucose, hearing, hand, foot, balance, and skin cancers; and SCHHC's collaboration with local schools to promote interest in health care careers. SCHHC also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees, and other civic organizations such as San Diego County HHS Aging and Independence Services (AIS); Coronado Chapter of Rotary International, San Diego Dietetic Association, Substance Abuse Free Environment (SAFE) Foundation, and San Diego Eye Bank. See **Appendix A** for a listing of Sharp community involvement.
- **Health Research, Education and Training Programs** included education and training of health care professionals, and student and intern supervision.

Definition of Community

The communities served by SCHHC include the City of Coronado, Downtown San Diego and Imperial Beach, an incorporated city. See **Appendix B** for a map of community and region boundaries in San Diego County (SDC).

Description of Community

Coronado is connected to central San Diego by a bridge to the east and an isthmus known as the Silver Strand to the south. There are three distinct neighborhoods in Coronado:

- The village or central area
- Coronado Shores, which includes a series of 10 high-rise condominium buildings that house a high percentage of seniors
- Coronado Cays, a marina community composed of retirees and professionals

In addition to these three communities, there are six military sites, with housing located both on- and off-base.

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits 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, the prior year's experience and current funding levels
- Prepares and distributes a monthly report of community activities to its board of directors, describing community benefit programs and services provided, such as education and screening activities

Priority Community Needs Addressed in Community Benefits Report

The following identified community needs are addressed in the SCHHC Community Benefits Report:

- Health education and screening activities
- Welfare of seniors and disabled people
- Professional education and health professions training

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2011 Report of Activities conducted in support of the objective(s), and FY 2012 Plan of Activities.

Identified Community Need: Health Education and Screening Activities

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Participants in the 2007 CHNA focus groups recognized the importance of various types of health and cancer screenings, such as flu vaccinations, blood pressure checks, prostate examinations and mammography, in preventing disease.
- According to Healthy People 2020, many cancers are preventable by reducing risk factors such as use of tobacco products, obesity, ultraviolet light exposure and physical inactivity and poor nutrition. Complex and interrelated factors also contribute to the risk of developing cancer. The most obvious factors are associated with a lack of health care coverage and low socioeconomic status (SES). In addition, screening is effective in identifying some types of cancers including breast cancer, cervical cancer and colorectal cancer.

- If no changes are made in risk behavior, based on current disease rates, it is projected that by the year 2020 the total number of deaths for cancer will increase by 34 percent.
- If no changes are made in risk behavior, based on current disease rates, it is projected that by the year 2020 the total number of deaths from heart disease and stroke will increase by 38 percent.
- CHIP members identified heart disease and stroke as the second-most important health outcomes overall (when considering a total of seven health outcomes) in the 2010 CHNA.
- CHIP members identified cancer as the fourth-most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA. In 2009, cancer was the leading cause of death in SDC, responsible for 24.8 percent of deaths. Heart disease was the second-leading cause of death while cerebrovascular disease was the fourth-leading cause of death in SDC in 2009.
- The most common risk factors associated with heart disease and stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.

Measurable Objective

- Provide health education and screening activities for the community.

FY 2011 Report of Activities

SCHHC volunteers offered a series of blood pressure clinics at the hospital, providing a total of 11 clinics in FY 2011 and serving 20 to 30 people each Saturday. Individuals with elevated blood pressure readings were referred to primary care physicians. In addition, the hospital provided hearing, hand, foot, fall prevention, and skin cancer screenings throughout the year, serving more than 100 community members during five screening events.

Throughout FY 2011, a variety of lectures featuring physicians, nurses, registered dietitians, occupational and physical therapists, and respiratory therapists were offered in the Sandermann Education Center at SCHHC. More than 250 community members attended the lectures. Topics included prevention and treatment of gastrointestinal and liver diseases, making sense of nutrition, minimally invasive treatment options for hip pain, defending your bones against osteoporosis, tips for chronic sinus pain, and tips for managing chronic knee pain. In addition, one session – Maximizing Your Memory– was offered at the Coronado City Library in partnership with the Alzheimer’s Association and served 25 community members. The hospital’s community calendar publicized various events and was mailed to approximately 1,000 households and community groups. In addition, a monthly e-Newsletter was sent to more than 450 households providing information on upcoming health education lectures and

screenings as well as health articles and recipes. In addition, SCHHC offered valet service to attendees at selected community events.

Throughout the year, staff at SCHHC actively participated in the American Heart Association Heart Walk, the American Liver Association Liver Walk, ACS Relay for Life, the Coronado Fire Department Open House, and the Coronado Christmas Parade.

FY 2012 Plan

SCHHC will conduct the following activities:

- Provide free health screenings and participate in community events
- Provide education on a variety of health topics
- Host ongoing physician lectures
- Provide health information at community events

Identified Community Need: Welfare of Seniors, the Disabled and Disadvantaged People

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Seniors in SDC use the 9-1-1 system at higher rates than any other age group. In 2007, 58,060 calls were made to 9-1-1 for seniors aged 65 years and older needing prehospital (ambulance) care in SDC, at a rate of 16,526 per 100,000 population, or one out of every six seniors. The rate increased with increasing age group to one out of three seniors aged 85 years and older, and was higher for females than for males.
- Project CARE is a cooperative safety net designed to ensure the well-being and independence of older persons and persons with disabilities in the community. Through its component services, Project CARE helps people live independently in their homes. The City of Coronado autonomously administers a Project CARE site located at SCHHC, to meet the unique needs of the city's large senior population.
- Meals-on-Wheels Greater San Diego programs provide nutritious meals and other nutrition services to men and women who are elderly, homebound, disabled, frail, or at risk. These services significantly improve the quality of life and health of the individuals they serve and postpone early institutionalization.

Measurable Objectives

- Collaborate with the community and County of San Diego Department of Health and Human Services to coordinate a network (Project CARE) to enable seniors and disabled people to increase their independence and reduce their social isolation.
- Assist economically disadvantaged individuals through meal delivery, transportation and pharmaceutical assistance.

FY 2011 Report of Activities

In FY 2011, SCHHC continued its implementation of Project CARE with the City of Coronado. Focusing on seniors and disabled persons in Coronado, SCHHC maintained, operated and monitored Project CARE from the hospital coordination site. Are You OK? phone calls and any necessary follow-up activities were conducted seven days a week from the hospital to 22 individuals enrolled in the program. In total, Project CARE made 1,803 phone calls to its members in FY 2011. In addition, SCHHC promoted the availability of the program within the community and attended meetings of Project CARE coordinators held by the San Diego County HHSA Aging and Independence Services (AIS).

In addition, SCHHC ensured the delivery of hot lunch and boxed dinner meals to seniors and others in their homes through a Meals-on-Wheels program, delivering 4,886 meals in FY 2011.

To assist economically disadvantaged individuals, SCHHC provided nearly \$5,300 in free medications and transportation through its Project HELP funds. In addition, SCHHC partnered with Family Health Centers of San Diego (FHCS) to provide clothing, toys and other items to the FHCS Mom and Baby program.

FY 2012 Plan

SCHHC will conduct the following:

- Maintain, operate and monitor Project CARE from the hospital coordination site
- Promote the availability of the Project CARE program within the community
- With the assistance of volunteers, continue to coordinate the delivery of hot lunches and boxed dinners to seniors and others in their homes through a Meals-on-Wheels Greater San Diego program
- Administer Project HELP funds to those in need
- Continue partnership with the Family Health Centers for Mom and Baby program

Identified Community Need: Professional Education and Development

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The demand for registered nurses and other health care personnel in the United States will continue to rise with the growing health care needs of the 78 million baby boomers that will begin to retire in 2010. The DHHS estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply. In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate. According to the CHA, SDC will face a significant shortage of RNs over the next 20 years. Currently, there is an estimated shortage of more than 2,000 nurses in SDC.
- The DOL reports that allied health professions represent about 60 percent of the American health care work force and projects severe shortages of many allied health care professionals. Areas of particular need include technicians in respiratory therapy, radiology and clinical laboratory (DOL, 2010).
- According to the San Diego Workforce Partnership 2011 *Healthcare Workforce Development in San Diego County: Recommendations for Changing Times* report, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, registered nurses, medical record and health information technicians, radiologic technologists and technicians, pharmacists and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds as well as a need for culturally competent workers with skills in foreign language.
- According to the San Diego Workforce partnership, despite the growing demand for health care workers, employers express an “experience gap” among recent graduates as a challenge to filling open positions. While new graduates often possess the needed academic knowledge to be hired, they lack necessary real world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objective

- Collaborate with the community, San Diego physicians and health care professionals, as well as schools, colleges and universities to provide professional development opportunities for health care professionals and students.

FY 2011 Report of Activities

In FY 2011, SCHHC staff supervised and trained 570 nursing and ancillary students, including 99 respiratory therapist (RT) students and 15 pharmacy student interns. Students from a variety of schools, including programs at California College San Diego; Concorde Career Colleges; Kaplan College; San Diego Mesa College; Point Loma Nazarene University; University of San Diego; San Diego State University; Southwestern College; and University of California, San Diego completed internships at SCHHC.

In FY 2011, SCHHC participated in the Health Sciences High and Middle College (HSHMC) program to provide professional development for students at the 10th grade level. During a 16-week period, 18 students spent an estimated 3,400 hours at SCHHC. They shadowed staff in the following departments: Physical Therapy, Long Term Care, Engineering, Bio-Med, Lab, Radiology, Dietary, Patient Access Services, Medical Records, Information Management, Clinical Nutrition, Respiratory Care, Discharge Planning & Social Services, Wound Care Service, and Human Resources.

Students had the opportunity to spend time with staff in the SCHHC Motion Center, which offers acupuncture, massage therapy and personal training services to patients and the community.

Students were provided instruction on educational requirements, career ladder development and job requirements. Students also had the unique opportunity to learn about the Planetree philosophy of care at SCHHC that emphasizes patient-centered care.

FY 2012 Plan

- Continue to collaborate with colleges and universities in the San Diego community on internships, externships and other opportunities for students
- Continue to participate in the HSHMC program by offering learning experiences for approximately 50 students
- Collaborate with Coronado High School to offer learning experiences for 18 students in grades 10, 11 and 12

SCHHC Program and Service Highlights

- 24-hour emergency services
- Acute care
- Mammography
- Complementary care services, including acupuncture, clinical aromatherapy, Healing Touch and massage
- CT Scan
- EEG
- EKG
- Endoscopy
- Home health¹
- Hospice²
- Imaging services
- Inpatient hospice unit
- ICU
- Laboratory services
- Liver Care
- MRI
- Motion Center, providing therapy and fitness programs
- Orthopedic surgery, including total joint replacement
- Outpatient nutrition counseling
- Pathology services
- Pharmacy
- Primary care
- Senior services
- Sub-acute services
- Support groups, including family and bereavement
- Surgical services
- Ultrasound
- Villa Coronado Skilled Nursing Facility
- Wound Care Clinic

¹ Provided through SMH Home Health Agency

² Provided through Sharp HospiceCare



Offering Cultural Outreach to Fight Diabetes

~ SHARP GROSSMONT HOSPITAL ~

In recent years, the Chaldean population of San Diego has increased dramatically. More than 15,000 Chaldeans resided in San Diego County in 2010, with El Cajon now home to the second-largest population in the U.S.

Recognizing the high prevalence of diabetes and glucose intolerance among adult Chaldeans, the Sharp Grossmont Hospital diabetes education team sought to provide culturally appropriate,

quality education to the growing population in San Diego's East County. The team compiled an extensive resource library of Arabic-language diabetes education materials and a blood glucose monitoring log. These tools, distributed at the Chaldean annual Family Health Fair, helped this community better manage diabetes and take meaningful steps toward a healthier lifestyle.

{ Commitment }

6 Sharp Grossmont Hospital

- SGH is located at 5555 Grossmont Center Drive, in La Mesa, ZIP code 91942.
- Sharp HospiceCare is located at 8881 Fletcher Parkway, in La Mesa, ZIP code 91942.

FY 2011 Community Benefits Program Highlights

SGH provided a total of **\$103,258,405** in community benefits in FY 2011. See **Table 1** for a summary of unreimbursed costs based on the categories identified in SB 697, and **Figure 1** for the distribution of SGH's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Grossmont Hospital – FY 2011

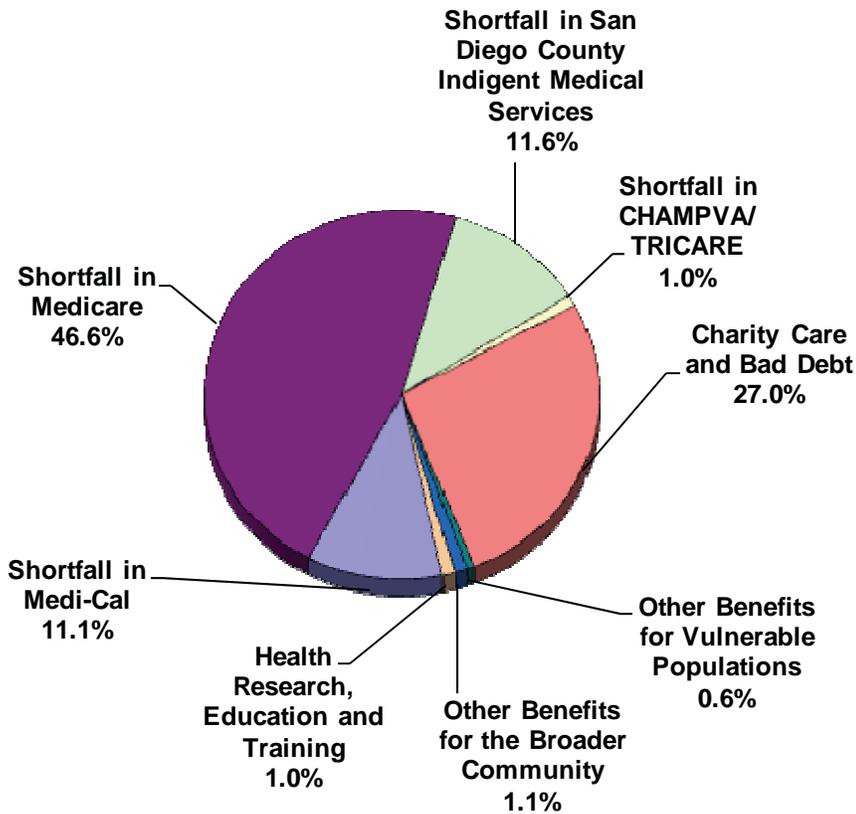
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2011 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ¹	\$11,494,217
	Shortfall in Medicare ¹	48,139,056
	Shortfall in San Diego County Indigent Medical Services ¹	12,019,736
	Shortfall in CHAMPVA/TRICARE ¹	972,245
	Charity Care and Bad Debt ²	27,854,263
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy ³	633,152
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, flu vaccinations, support groups, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	1,109,244
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,036,492
	TOTAL	\$103,258,405

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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Grossmont Hospital – FY 2011



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; the unreimbursed costs of public programs such as Medi-Cal, Medicare, and San Diego County Indigent Medical Services; and financial support for onsite workers to process Medi-Cal eligibility forms. In FY 2011, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the period April 1, 2009 through December 31, 2010 resulting in increased reimbursement of \$40.8 million to SGH and an assessment of a quality assurance fee totaling \$32.0 million from SGH. The net impact of the program on SGH (totaling \$8.8 million) reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, but was fully recorded in FY 2011 thereby understating the true unreimbursed medical care services performed for FY 2011.
- Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; comprehensive prenatal clinical

and social services to low-income, low-literacy women with Medi-Cal benefits; financial and other support to Neighborhood Healthcare; Project HELP; Project CARE; contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans, and the San Diego Food Bank; the Sharp Humanitarian Service Program; Meals-on-Wheels Greater San Diego; and other assistance for the needy.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics; support groups; participation in community health fairs and events and health screenings for stroke, blood pressure, glucose, balance/fall prevention, hand, depression, lung function, peripheral artery disease, vascular disease and carotid artery disease; flu vaccination clinics for heart disease patients and high-risk adults; and the Breast Cancer Patient Navigator Program. The hospital's Senior Resource Center offered flu vaccinations and specialized education and information. SGH staff collaborated with local schools to promote interest in health care careers. SGH also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees, and civic organizations, such as Aging and Independent Services (AIS), La Mesa Park and Recreation Foundation, Communities Against Substance Abuse, East County Chamber of Commerce, Neighborhood Healthcare Community Clinics, Santee Chamber of Commerce, Salvation Army Kroc Center Board, Meals-on-Wheels Greater San Diego Advisory Board, San Diego Nutrition Council, San Diego County Social Services Advisory Board, YMCA, San Diego Caregiver Coalition, East County Senior Service Providers and the Caregiver Education Committee. See **Appendix A** for a listing of Sharp community involvement.
- **Health Research, Education and Training Programs** included education and training of health care professionals, and student and intern supervision.

Definition of Community

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

Description of Community Health

In the County's East Region in 2009, 96 percent of children ages 0 to 11, 96.2 percent of children ages 12 to 17 and 86.6 percent of adults ages 18 and older had health insurance, while 97.7 percent of children ages 0 to 11 and 93.7

percent of children ages 12 to 17 had a regular source of medical care – failing to meet the Healthy People (HP) 2020 national targets¹ for health insurance coverage and regular source of medical care. Among adults ages 18 to 64 years in SDC’s East Region, 15.7 percent were not currently insured in 2009. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

Table 2: Health Care Access in San Diego County’s East Region, 2009

Description	Rate	Year 2020 Target
Health Insurance Coverage		
Children 0 to 11 Years	96.0%	100%
Children 12 to 17 Years	96.2%	100%
Adults 18 + Years	86.6%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	97.7%	100%
Children 12 to 17 Years	93.7%	100%
Adults 18 + Years	89.7%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	15.7%	

Source: 2009 CHIS

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults ages 18- 64 yrs) 2009

Description	Rate
Medi-Cal Eligible	8.3%
Healthy Families Eligible	0.8%
Not Eligible	90.9%

Source: 2009 CHIS

Heart Disease and cancer were the top two leading causes of death in the County’s East Region. See **Table 4** for a summary of leading causes of death in the East Region.

¹ The U.S. Department of Health and Human Services’ (DHHS) HP 2020 initiative represents the nation’s prevention agenda for the second decade of the 21st century. HP 2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development, and healthy behaviors across all life stages.

Table 4: Leading Causes of Death in San Diego County's East Region 2009

Cause of Death	Number of Deaths	Percent of Total Deaths
Diseases of heart	889	24.6%
Malignant neoplasms	831	23.0
Alzheimer's disease	238	6.6
Chronic lower respiratory diseases	199	5.5
Cerebrovascular diseases	191	5.3
Accidents (unintentional injuries)	179	5.0
Diabetes mellitus	109	3.0
Intentional self-harm (suicide)	70	1.9
Essential (primary) hypertension and hypertensive renal disease	64	1.8
Chronic liver disease and cirrhosis	59	1.6
Influenza and pneumonia	59	1.6
Parkinson's disease	35	1.0
Nephritis, nephritic syndrome and nephrosis	30	0.8
Viral hepatitis	30	0.8
Septicemia	27	0.7
All other deaths	600	16.6
Total Deaths	3,610	100.0%

Notes: Ranking of leading causes of death based on the countywide rank among San Diego residents in 2009.

Source: County of San Diego, HHSA, Public Health Services, Community Epidemiology Branch

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits 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, the prior year's experience and current funding levels
- Prepares and distributes a monthly report of community activities to its board of directors, describing community benefits provided such as education, screenings and flu vaccinations

- Prepares and distributes information on community benefits 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 Benefits Report

SGH's Community Benefits Report addresses the following identified community needs:

- Stroke education and screening
- Heart and vascular disease education and screening
- Cancer education and participation in clinical trials
- Diabetes education and testing
- Outreach for flu vaccinations
- Health education and screening for seniors
- Prevention of unintentional injuries
- Special support services for hospice patients, their loved ones and the community
- Collaboration with local schools to promote interest in health care careers
- Women's and prenatal health services and education
- Orthopedic and osteoporosis education and screening

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2011 Report of Activities conducted in support of the objective(s), and FY 2012 Plan of Activities.

Identified Community Need: Stroke Education and Screening

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified heart disease and stroke as the second-most important health outcomes overall (when considering a total of seven health outcomes).
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County's Health and Human Services Agency (HHS), in 2007, stroke was the third-leading cause of death in SDC.
- In 2009, there were 191 deaths due to cerebrovascular diseases in SDC's East Region. The region's age-adjusted death rate due to cerebrovascular diseases was 37.1 deaths per 100,000 population. The region's age-adjusted death rate was the second highest of all regions and higher than the SDC age-adjusted rate of 32.6 deaths per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, if no changes are made in risk behavior, based on current disease rates, it is projected that by the year 2020, the total number of deaths from heart disease and stroke will both increase by 38 percent.
- In 2008 there were 1,133 hospitalizations due to stroke in SDC's East Region. The rate of hospitalizations for stroke was 244 per 100,000 population. The stroke hospitalization rate in the region was among the highest in SDC's regions and higher than the County average of 206.2 stroke hospitalizations per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, in 2007, nearly 63 percent of hospitalizations were due to heart disease and stroke. If no changes are made in risk behavior, based on current rates, it is projected that by the year 2020 the total number of hospitalizations is projected to increase by 31 percent for stroke.
- In 2008, there were 213 stroke-related ED visits in the County's East Region. The rate of visits was 45.9 per 100,000 population. The stroke-related ED visit rate in the region was comparable to the County average of 42.0 per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, the most common risk factors associated with stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.
- Although the east suburban area has the same percentage of seniors age 65 and over as the county of San Diego (11 percent), a higher percentage (15.2 percent) of the east rural area population are seniors.

Measurable Objective

- Provide stroke education and screening services for the community, with an emphasis on seniors.

FY 2011 Report of Activities

Note: SGH is certified by The Joint Commission as a Primary Stroke Center. The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. Sharp Grossmont Hospital is a recipient of the American Heart Association's Get With the Guidelines (GWTG) Gold Plus Achievement Awards for Stroke. The American Heart Association's GWTG is a national effort focused on ensuring that evidence-based therapies are used with stroke patients.

SGH's Stroke Center conducted stroke screening and educational events to educate the public on stroke risk factors, warning signs and appropriate interventions, including arrival at hospitals within early onset of symptoms. In FY 2011, the hospital conducted seven community screenings and two community stroke education presentations in East SDC. A total of 270 patients participated in stroke screenings and education was provided to an additional 22 people at educational programs and health fairs. The events were held at the Sharp Grossmont Senior Resource Center; Super Saturday Health Fair at Grossmont Center; Celebrando Event at Sheraton Hotel and Marina; East County Senior Health Fair at Santee Trolley Center; Speaking of Women's Health Conference at Sheraton Hotel and Marina; and the Women's Health Fair at St. Peter's Chaldean Church. SGH provided education and advised behavior modification, including smoking cessation, weight reduction and stress reduction for community members with health risk factors identified during the stroke screenings. A Stroke Unit nurse provided education on stroke signs and symptoms and risk factor modification on the Hispanic TV stations 17 and 33. In addition, SGH's Stroke Center, presented two Meet the Physician lectures entitled Stroke Is a Brain Attack organized through the Senior Resource Center.

In FY 2011, the SGH Outpatient Rehabilitation Department offered a stroke support group at no charge to participants. In addition, SGH actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort to improve SDC stroke care and discuss issues impacting stroke care in SDC. In November 2010, SGH provided expert speakers on stroke and interventional radiology procedures to 220 attendees at the Vascular Symposium designed for local physicians and health care workers. Speakers also presented related topics to 120 attendees at the annual Heart and Vascular Nursing Symposium held in February. Also in February 2011, stroke leadership presented a poster outlining the In-House Stroke Code project designed to improve patient stroke care and use of the Tissue Plasminogen Activator (tPA) window at the International Stroke

Conference in Los Angeles. SGH also collaborated with SDC to provide data for the County's stroke registry.

FY 2012 Plan

SGH Stroke Center will conduct the following:

- Participate in stroke screening and education events in East SDC
- Provide education for individuals with identified risk factors
- Offer a stroke support group, in conjunction with the hospital's Outpatient Rehabilitation Department
- Participate with other SDC hospitals in the Stroke Consortium
- Continue to provide data to the SDC stroke registry
- Continue to collaborate with the state of California to develop a stroke registry
- Provide at least two physician speaking events around stroke care and prevention
- Participate in SGH Vascular Conference for community physicians
- Collaborate with the Vascular Department to provide carotid artery screenings for community members

Identified Community Need: Heart and Vascular Disease

Education and Screening

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified heart disease and stroke as the second-most important health outcomes overall (when considering a total of seven health outcomes).
- Vascular disease affects approximately 12 percent of the population in the U.S., but most people do not have symptoms. Among persons over age 55 years, 10 to 25 percent are affected. Those with vascular disease have a six-fold higher death rate due to cardiovascular disease than those without vascular disease.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County's HHS, in 2007 heart disease was the second-leading cause of death in SDC.
- In 2009, there were 889 deaths due to heart disease in SDC's East Region. The region's age-adjusted death rate due to diseases of the heart was 168.2 per 100,000 population. The region's age-adjusted death rate was the second highest of all regions, higher than the SDC age-adjusted rate of 139.7 deaths per 100,000 population, and higher than the Healthy People (HP) 2020 target of 100.8 deaths per 100,000.

- According to the *3-4-50 Chronic Disease in San Diego County 2010*, if no changes are made in risk behavior, based on current disease rates, it is projected that by the year 2020, the total number of deaths from heart disease and stroke will both increase by 38 percent.
- In 2008, there were 1,914 hospitalizations due to coronary heart disease in the County's East Region. The rate of hospitalizations for coronary heart disease was 412.3 per 100,000 population. The hospitalization rate in the region was among the highest in SDC and higher than the County average of 317.0 coronary heart disease hospitalizations per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, in 2007, almost 63 percent of hospitalizations were due to heart disease and stroke. If no changes are made in risk behavior, based on current rates, it is projected that by the year 2020 the total number of hospitalizations is projected to increase by 28 percent for heart disease.
- In 2008, there were 172 coronary heart disease-related ED visits in SDC's East Region. The rate of visits was 37.0 per 100,000 population. The coronary heart disease-related ED visit rate in the region was the highest of the regions with a County average of 26.3 per 100,000 population.
- In 2009, 5.2 percent of adults in the County's East Region participating in the 2009 CHIS indicated that they were ever diagnosed with heart disease, lower than the County statistic of 6.4 percent.
- The 2010 CHNA recognized smoking cessation, increasing physical activity, achieving healthy weight status and improving nutrition as health-related behaviors that are important components in long-term health.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, the most common risk factors associated with heart disease include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.

Measurable Objectives

- Provide heart and vascular education and screening services for the community, with an emphasis on adults, women and seniors.
- Participate in programs to improve the care and outcomes of individuals with heart and vascular disease.

FY 2011 Report of Activities

SGH is recognized as a Blue Distinction Center for Cardiac Care[®] by Blue Cross/Blue Shield (BCBS) for demonstrated expertise in delivering quality cardiac health care. SGH is also a recipient of the American Heart Association's GWTG Gold Performance Achievement Award for heart failure care. The American Heart Association's GWTG is a national effort focused on ensuring that evidence-based therapies are used with congestive heart failure patients.

SGH offered two community education lectures in September 2011 on Management of Risk Factors, provided by the hospital's nurse practitioner for cardiology and serving 110 people. SGH also provided three congestive heart failure (CHF) classes held in FY 2011, serving 15 people. Topics of the CHF classes included exercise, nutrition, treatment plans and symptoms. In addition, SGH's Cardiac Rehabilitation Department served approximately 350 community members through bimonthly cardiac education classes.

In FY 2011, SGH's Cardiac Rehabilitation Program participated in the Super Saturday Health Fair at Grossmont Center, as well as the Santee Senior Health Fair, serving a total of 110 community members. In addition, SGH offered cardiovascular disease preventative screenings from March through September, serving 220 people. SGH's Cardiac Rehabilitation Department also conducted five flu vaccination clinics for heart disease patients and high-risk adults, serving 80 people.

Throughout the year, SGH provided expert speakers on heart disease and heart failure for various professional events, including SGH's Cardiac Symposium and SGH's Vascular Symposium. SGH also participated in several programs to improve the care and outcomes of individuals with heart and vascular disease. To assist in improving care for acutely ill patients in the County, SGH provided data on STEMI (ST elevation myocardial infarction or acute heart attack) to San Diego County Emergency Medical Services (EMS). In addition, the hospital completed the third and final year of a study sponsored by National Institutes of Health (NIH) research, which studied heart attacks and heart disease in women age 55 and younger, known as VIRGO (Variation in Recovery: Role of Gender on Outcomes in Young AMI Patients). In FY 2011, SGH successfully screened 10 patients and enrolled two patients in the study before enrollment closed in the fall.

SGH's Cardiac Department is committed to supporting future health care leaders through active participation in student training and internship programs. The Sharp Grossmont Cardiac Catheterization Lab hosted a Grossmont College cardiovascular technologist student three days per week, eight hours per day for eight months for a total of 768 hours. The Cath lab RN and staff also worked with a nursing student every Tuesday during the school year. The Noninvasive Cardiology Department also hosted students in echocardiography, electrocardiography and vascular laboratory two days per week during the school year.

FY 2012 Plan

SGH will conduct the following:

- Provide free bimonthly cardiac education classes by the Cardiac Rehabilitation Department

- Provide three free CHF education classes
- Provide cardiac and/or vascular risk factor education and/or screening through participation in one to two community events, such as health fairs and lectures
- Provide weekly preventive heart and vascular screenings
- Provide a complimentary flu vaccination clinic to cardiac rehabilitation patients and other senior community members
- Offer educational speakers to the professional community on topics such as performance improvements in CHF and acute myocardial infarction, as invited
- Maintain BCBS Center of Excellence status
- Provide data on STEMI patients to San Diego County Emergency Medical Services
- Pursue research opportunities to benefit patients
- Provide a continuing medical education conference on vascular disease for community physicians in fall 2012
- Provide student learning opportunities from technologist training campuses

Identified Community Need: Cancer Education and Participation in Clinical Trials

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified cancer as the fourth-most important health outcome overall (when considering a total of seven health outcomes).
- In 2009, cancer was the second-leading cause of death in the County's East Region, responsible for 23.0 percent of deaths.
- In 2009, there were 831 deaths due to cancer (all sites) in the County's East Region. The region's age-adjusted death rate due to cancer was 169.3 deaths per 100,000 population, higher than the SDC age-adjusted rate of 150.1 deaths per 100,000 population, and higher than the HP 2020 target of 160.6 deaths per 100,000.
- In 2007, 23 percent of all cancer deaths in the County's East Region were due to lung cancer, 10 percent to colorectal cancer, 7 percent to female breast cancer, 6 percent to prostate cancer, and less than 1 percent to cervical cancer.
- Research for the 2010 CHNA recognized the importance of various types of preventative health screenings, including cancer, in preventing disease.
- According to a 2012 report from the California Cancer Registry, breast cancer is the most common cancer among women in California, with an estimated 292,400 existing cases (42 percent of all cancers).
- According to the 2009 Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, San Diego had the highest incidence rate for breast cancer (163.95 per 100,000) compared to the neighboring counties of

Imperial, Los Angeles, Orange and Riverside. San Diego's incidence rate for breast cancer is also above that of the State (151.82 per 100,000).

- Cancer survivors face many physical, psychological, social, spiritual and financial issues at diagnosis, during treatment and for the remainder of their lives. According to findings presented in the 2007 CHNA, cancer survivors identified several significant burdens, including poorer health, spending more days in bed, increased need for help with activities of daily living and decreased likelihood of employment.
- Behavioral and social risk factors associated with cancer deaths include overweight/obesity, poor nutrition, lack of physical activity, and lack of appropriate medical care often due to health disparities, according to research for the 2010 CHNA.
- According to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, the most common barriers to receiving effective breast health care included lack of awareness and knowledge, financial barriers, cultural barriers and emotional factors. The most common challenges in the current breast health care system included cost of care, quality of providers, lack of communication, and education and language barriers. Increased advocacy, education, funding and partnerships were among the suggestions for improving programs, services and the breast health care system overall.
- Breast Cancer Patient Navigator Programs are interventions that address barriers to quality standard care by providing individualized assistance to patients, cancer survivors and their families.

Measurable Objectives

- Provide cancer education and support services to the community.
- Participate in cancer clinical trials, including screening and enrolling patients.

FY 2011 Report of Activities

Note: The SGH Cancer Center is accredited by the National Accreditation Program for Breast Centers (NAPBC). The NAPBC grants accreditation to only those centers that voluntarily commit to providing the best possible care to patients with diseases of the breast.

In FY 2011, SGH Cancer Center participated in a variety of community cancer educational sessions. These events served more than 1,000 community members, and included the East County Senior Service Provider Health Event; the It's How We Live Festival; the Power Shop for the Cure at Grossmont Center; the East County Health Fair at Santee Trolley Station; Learn and Live Events for Breast, Colon and Prostate Cancer; the Philanthropic Educational Organization (PEO) Women's Group Breast Cancer Talk; the Senior Citizen Health Fair at Waterford Terrace; the Super Saturday Health Fair at Grossmont Center; Hospice Resource and Education Expo; Sharp's Speaking of Women's Health

Conference; the CMF Women's Association Run for Cancer; and the Ladies of Hope Health Fair at St. Peter's Chaldean Catholic Cathedral. SGH Cancer Center staff also supported the American Cancer Society (ACS) Making Strides Against Breast Cancer Walk and the Susan G. Komen Race for the Cure in Balboa Park. In addition, staff served as health and science project judges for 15 student projects at the San Diego Science Fair.

The SGH Cancer Center continued to offer support programs for cancer patients, including breast cancer support group meetings. These meetings were held twice per month at no cost to participants, with an average attendance of 12 to 15 community members. In addition, the Look Good...Feel Better program – offered through the ACS – provided quarterly classes to approximately 21 participants. The program boosts women's self-confidence by teaching them how to cope with skin changes and hair loss using cosmetic and skin care products, wigs, scarves and other accessories. In addition, the SGH Cancer Center provided its Children's Lives Include Moments of Bravery (CLIMB) support group. The program provided two six-to-eight week courses in FY 2011, offering support to children ages 6 and older whose parents or grandparents are battling cancer.

In FY 2011, SGH continued its Breast Health Navigator Program, where an RN certified in breast health personally assists breast cancer patients in their navigation of the health care system, offering support, guidance, financial assistance, and connection to community resources. The Breast Health Navigator also played an active role in community education, providing presentations and educational resources about breast cancer, mammography guidelines, and early detection, at no charge to the San Diego community. During pre-lecture educational booths at free physician lectures such as Breast Cancer Awareness, the Navigator provided breast lump models, demonstrated breast self-exam techniques and answered questions regarding breast health among community attendees. In addition, the Breast Health Navigator facilitated access to care for breast cancer patients in need through the provision of gas money and gas cards, as well as financial assistance to approximately 180 individuals.

In FY 2011, SGH Cancer Center screened approximately 120 patients for participation in cancer clinical trials, and enrolled 59 patients in cancer research studies. In addition, the SGH Cancer Center trained two California State University, Long Beach Bachelor of Science in Health Science students specializing in Radiation Therapy for 32 hours weekly for one semester each.

FY 2012 Plan

SGH Cancer Center will conduct the following:

- Provide biweekly breast cancer support groups to participants at no charge
- Provide free six- to eight-week CLIMB course
- Provide quarterly Look Good...Feel Better classes

- Continue to provide education and resources to the community with the Breast Health Navigator; also provide ongoing personalized education and information, support and guidance to breast cancer patients and their loved ones as they move through the continuum of care
- Screen and enroll oncology patients in clinical trials for research studies
- Provide educational lectures to the community on leading forms of cancer and radiation oncology treatment options
- Provide educational information on cancers and available treatments through community physician lectures and participation in health fairs and events with demonstrations on breast self-exams

Identified Community Need: Diabetes Education and Testing

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified diabetes as the most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA.
- In 2009, there were 109 deaths due to diabetes in SDC's East Region. The region's age-adjusted death rate due to diabetes was 21.9 per 100,000 population, the second highest of all regions and higher than the SDC age-adjusted rate of 17.5 deaths per 100,000 population. (Note: Diabetes is also a contributing cause of death.)
- In 2008, there were 870 hospitalizations due to diabetes in the County's East Region. The rate of hospitalizations for diabetes was 187.4 per 100,000 population. The hospitalization rate in the region was the highest in SDC's regions and higher than the County average of 126.2 diabetes hospitalizations per 100,000 population.
- In FY 2008, there were 680 diabetes-related ED visits in the County's East Region. The rate of visits was 146.5 per 100,000 population. The diabetes-related ED visit rate in the region was among the highest in SDC and higher than the County average of 136.7 per 100,000 population.
- 4.5 percent of adults in the County's East Region participating in the 2009 CHIS indicated that they were ever diagnosed with diabetes. The rate was one of the lowest among SDC's regions and lower than the County rate of 7.8 percent of adults.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County's HHS, the most common risk factors associated with Type II diabetes include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol. (Note: Two out of three Americans are now overweight or obese.)

Measurable Objective

- Provide diabetes education and testing in SDC's East Region.

FY 2011 Report of Activities

SGH Diabetes Education Program is recognized by the ADA (American Diabetes Association) and meets national standards for excellence and quality in diabetes education.

In FY 2011, the SGH Diabetes Education Program conducted three community educational lectures and four blood glucose screening events at hospital and off-site locations, testing 163 people. As a result of these screenings, 37 people were identified with elevated blood glucose levels. Screening events were located throughout San Diego's East County, including the Grossmont Healthcare District Library, Waterford Terrace in La Mesa, the 12th Annual Senior Health Fair at the Santee Trolley Square and the Ladies of Hope Health Fair at St. Peter's Chaldean Catholic Cathedral. SGH's Diabetes Education Program conducted community lectures on diabetes at libraries, community centers, educational institutions, national conferences and other hospitals.

In addition, the SRS Diabetes Education Program conducted a screening event at the Vista Promotoras at Cuyamaca College, and a Meet the Pharmacist event at the YMCA in Santee, screening a total of 104 community members at these two events. As a result of these screenings, 13 people were identified with elevated blood glucose levels.

SGH's Diabetes Education Program conducted educational seminars for health care professionals on management of diabetes in hospitalized patients and outpatients and on other topics, including prevention of diabetic heart disease, diabetes and renal failure.

In FY 2011, the SGH Diabetes Education Program continued to provide targeted outreach to the newly immigrated Iraqi Chaldean population in San Diego. The program facilitated translation, as well as provided materials and resources to better understand the cultural needs of this newly immigrated population. The resources provided included an information binder on topics such as: How to Live Healthy With Diabetes; What You Need to Know About Diabetes; All About Blood Glucose for People With Type II Diabetes; All About Carbohydrate Counting; Getting the Very Best Care for Your Diabetes; All About Insulin Resistance; and All About Physical Activity With Diabetes. Handouts were provided in Arabic as well as Somali, Tagalog and Vietnamese for additional populations. Education was also provided to staff members regarding the different cultural needs of these communities.

FY 2012 Plan

The SGH Diabetes Education Program will conduct the following:

- Coordinate and implement blood glucose screenings at community and hospital sites in the County's East Region
- Conduct educational lectures at various community venues
- Support the American Diabetes Association's Step Out for Diabetes Walk
- Continue to collaborate with the Diabetes Behavioral Institute to host community lectures that will assist diabetes patients and their loved ones
- Conduct educational symposiums for health care professionals
- Explore additional opportunities for culturally competent diabetes education and/or outreach to newly immigrated populations
- Continue to provide lectures to multicultural elementary students that focus on healthy diets and weight management
- Keep current on resources to give to the community for support

Identified Community Need: Outreach for Flu Vaccinations

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified keeping immunizations current as the seventh-most important health-related behavior overall in the 2010 CHNA.
- Pneumonia and influenza ranked as the ninth-leading cause of death in SDC.
- In 2009, there were 59 deaths due to pneumonia and influenza in the County's East Region. The region's age-adjusted death rate due to pneumonia and influenza was 11.5 per 100,000 population, the second highest of all regions, and higher than the SDC age-adjusted rate of 9.6 deaths per 100,000 population.
- In SDC, an estimated 72 percent of seniors 65 years and older were vaccinated for influenza in 2007, failing to meet the HP 2020 target of at least 90 percent of adults 65 years and older vaccinated annually for influenza.
- The CDC recommends annual vaccination against influenza for the following: people aged 50 years and older; adults and children with a chronic health condition; children aged 6 months up to their 19th birthday; pregnant women; people who live in nursing homes and other long-term care facilities; and people who live with or care for those at high risk for complications from flu, including health care workers, household contacts of persons at high risk for complications from the flu, and household contacts and caregivers of children younger than 5 years of age.
- Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost or other barriers.

Measurable Objectives

- In collaboration with community partners, offer seasonal flu vaccination clinics at convenient locations for seniors and high-risk adults in the community.
- Provide information at the seasonal flu clinics about other Senior Resource Center programs and other health education materials.

FY 2011 Report of Activities

In FY 2011, SGH's Senior Resource Center participated in the San Diego Immunization Coalition to educate high-risk adults about the importance of seasonal flu immunizations and to organize seasonal flu clinics at convenient locations for seniors and high-risk adults.

SGH's Senior Resource Center coordinated notification of availability and provision of seasonal flu vaccines in selected community settings through activity reminders and newspaper notices.

The SGH Senior Resource Center provided 1,035 seasonal flu vaccinations at 16 community sites to high-risk adults with limited access to health care resources, including seniors with limited resources for transportation and those with chronic illnesses. Sites included senior centers, mobile home parks, senior housing complexes, food banks and various hospital departments. At these community sites, SGH provided activity calendars for the Senior Resource Center detailing upcoming community events, including blood pressure clinics, community senior programs and Project CARE.

FY 2012 Plan

The SGH Senior Resource Center will conduct the following:

- Provide seasonal flu vaccinations at 16 community sites for seniors with limited mobility and access to transportation, as well as high-risk adults, including low-income, minority and refugee populations
- Coordinate the notification of seniors regarding the availability of seasonal flu vaccines and the provision of seasonal flu vaccines to high-risk individuals in select community settings
- Direct seniors and other chronically ill adults to available seasonal flu clinics, including physicians' offices, pharmacies and public health centers
- Work with community agencies to ensure seasonal flu immunizations are offered at sites convenient to seniors and chronically ill adults
- Expand outreach for provision of seasonal flu immunizations to include food bank sites across SDC
- Publicize flu clinics through media and community partners

Identified Community Need: Health Education and Screening for Seniors

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified heart disease and stroke, cancer, diabetes, arthritis, overweight and obesity, and chronic respiratory disease as the top six health issues facing seniors age 65 years and older in the 2010 CHNA.
- In 2008, the top 10 leading causes of death among senior adults age 65 years and older in SDC were heart disease; cancer; Alzheimer's disease; stroke; chronic lower respiratory diseases; diabetes; influenza and pneumonia; unintentional injuries; hypertension and hypertensive renal disease; and Parkinson's disease.
- In 2007, there were 83,906 visits by seniors aged 65 years and older that were treated and discharged from a SDC ED (23,883 per 100,000), or one out of every four senior residents of SDC. The rate of ED discharge increased with age and was higher among females than males. Black and Hispanic seniors had the highest rates of ED discharge, and rates were highest among residents of the County's Central and East Regions.
- In 2008, rates of hospitalization among senior adults age 65 years and older in SDC were higher than the general population due to: coronary heart disease, cancer, stroke, diabetes, chronic lower respiratory diseases, non-fatal unintentional injuries (including falls), arthritis, and dorsopathy (diseases of the spine).
- In 2008, the top causes of ED utilization among persons age 65 years and older were falls, arthritis, chronic lower respiratory diseases, diabetes and stroke.
- Older adults utilize more ambulatory care, hospital services, nursing home services and home health services than young people.
- Seniors in SDC use the 9-1-1 system at higher rates than any other age group. In 2007, 58,060 calls were made to 9-1-1 for seniors aged 65 years and older in need of pre-hospital (ambulance) care in SDC, at a rate of 16,526 per 100,000 population, or one out of every six seniors. The rate increased with age to one out of three seniors aged 85 years and older, and was higher for females than for males.
- There are an estimated 4 million family caregivers in California today, according to the California Caregiver Resource Center (CRC). Whether aging Californians live in their own homes, with a relative, in an assisted-living residential facility, or in a nursing home, one of the keys to their care is family caregiving – defined as those family members and informal care providers who assist with the care of disabled elderly relatives. Reaching out to families and community members who care for older adults helps to maintain the health of older adults as well as their caregivers.

- Project CARE is a cooperative safety net designed to ensure the well-being and independence of older persons and persons with disabilities in the community. Through its component services, Project CARE helps people live independently in their homes. The County's East Region autonomously administers a local Project CARE site, located at SGH's Senior Resource Center, to meet the unique needs of the community's seniors.

Measurable Objectives

- Host a variety of senior health education and screening programs.
- Produce activity calendars four times a year.
- Act as lead agency for East County Project CARE.

FY 2011 Report of Activities

In FY 2011, the SGH Senior Resource Center provided free health education programs (1,067 people attended) and health screenings (739 people screened). Health education topics included: hearing, stroke, heart health, vascular disease, osteoporosis, weight loss, diabetes, senior services, Vials of Life, Advance Directives for Health Care, financial issues, memory loss, caregiver resources, end-of-life issues, Medicare, depression, stress management and sleep disturbances. Educational programs were offered at the hospital campus, the Grossmont Healthcare District Conference Center, and in various communities in East County. The hospital offered free monthly blood pressure screenings at community sites, along with four balance/fall prevention screenings, and five hand screenings. The hospital also offered health screenings for depression, lung function, peripheral artery disease, vascular disease, carotid artery disease and stroke. From these screenings, 26 attendees with abnormal results were referred to physicians for follow-up.

The SGH Senior Resource Center also provided a series of physician lectures in FY 2011, covering topics such as foot care, stroke and hearing loss. In total, 152 community members attended these lectures. In addition, the hospital provided education for seniors on how to communicate with their providers, as well as education for caregivers. Calendars highlighting SGH's Senior Resource Center activities were mailed four times a year to approximately 7,600 households.

The SGH Senior Resource Center distributed 250 Advance Directives for Health Care, as well as 2,150 Vials of Life, which provide important medical information to emergency personnel for seniors and disabled people living in their homes.

Project CARE is a community program that includes the County's AIS, Jewish Family Services, SDG&E, local senior centers, sheriff and police, and many others. The Senior Resource Center provided daily computerized phone calls – at regularly scheduled times selected by participants – to an average of 40 East County seniors who live alone each day. A total of 10,235 phone calls were

placed to seniors or disabled individuals in FY 2011. Staff completed 108 follow-up phone calls with friends or neighbors to ensure the participants' safety if staff were unable to reach them at home.

In collaboration with the San Diego Caregiver Coalition, the Senior Resource Center provided a Caregiver Conference at the United Methodist Church of Mission Valley for 100 family caregivers, focusing on emotional issues, physical aspects of care giving, and community resources. The Senior Resource Center also coordinated an end-of-life conference entitled Aging, Planning and Coping with Sharp HospiceCare – serving 84 individuals – and provided information on advance directives, end-of-life issues, and conversations with loved ones. The Senior Resource Center also participated in health fairs in Campo, El Cajon, Lakeside, Santee, La Mesa, the College Area, and San Diego. In addition, the Senior Resource Center assisted in the planning and coordination of a Meet the Pharmacist event at the Santee YMCA, serving 50 community members and also participated in another Caregiver Conference held at the La Mesa Community Center, providing resources to more than 95 attendees from the community.

In FY 2011, the Senior Resource Center maintained active relationships with organizations serving seniors, enhancing networking among East County professionals and providing quality programming for seniors. These organizations included AIS (Project CARE and the Caregiver Coalition), East County Senior Service Providers, Meals-on-Wheels Greater San Diego, and the Caregiver Education Committee.

The SGH Senior Resource Center also enhanced its educational resources on the Sharp.com website with the addition of monthly Healthy Aging podcast segments. Audio and video presentations offered important public information on fall prevention, maintaining brain health, advance directives, caregiving for older adults, and exercises to help seniors live a healthy and independent life. These podcasts were made possible by a grant from the PacifiCare/United Healthcare Charitable Commitment Program.

FY 2012 Plan

SGH's Senior Resource Center will conduct the following activities:

- Provide resources at the Senior Resource Center to address relevant concerns of seniors, including health information and community resources through educational programs, monthly blood pressure clinics, and four to eight health screenings annually
- Utilize Sharp experts in the field for 12 seminars per year that focus on issues of concern to seniors
- Maintain daily contact through phone calls with individuals (many are home bound) in rural and suburban settings who are at risk for injury or illness, and continue supporting Project CARE services for the East County community

- Participate in six community health fairs and special events targeting seniors
- Coordinate two conferences – one dedicated to family caregiver issues in collaboration with San Diego Caregiver Coalition and one focused on end-of-life issues in collaboration with Sharp HospiceCare
- Produce and distribute quarterly calendars highlighting events of interest to seniors and family caregivers
- Provide 2,000 Vials of Life to seniors
- Present an Advanced Directives and Health Care Decisions program to inform seniors about advance directives and other necessary documents available to communicate their end-of-life wishes

Identified Community Need: Prevention of Unintentional Injuries

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified injury and violence as the fourth-most important health-related behaviors overall (when considering a total of seven health-related behaviors) in the 2010 CHNA.
- Injury, including both intentional and unintentional, is the number one killer and disabler of persons aged 1 to 44 in California.
- Unintentional injuries – motor vehicle accidents, falls, firearms, fire/burns, drowning, poisoning (including drugs and alcohol, gas, cleaners and caustic substances) and injuries at work – are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region.
- During 2008, unintentional injury was the leading cause of death for persons ages 1 to 4 years and 15 to 34 years, and the sixth-leading cause of death overall in SDC.
- Between 2000 and 2008, 6,725 San Diegans died as a result of unintentional injuries, and since 2000, the rate of death has increased by 9.8 percent.
- In 2009, there were 179 deaths due to unintentional injury in the County's East Region. The region's age-adjusted death rate due to unintentional injuries was 36.3 deaths per 100,000 population, the highest of all regions and higher than the SDC age-adjusted rate of 28.9 deaths per 100,000 population.
- In FY 2008, there were 3,947 hospitalizations related to unintentional injury in the County's East Region. The rate of hospitalizations was 850. per 100,000 population, the highest of all regions and higher than the County average of 661 per 100,000 population
- In FY 2008, there were 25,466 ED visits related to unintentional injury in the County's East Region. The rate of visits was 5,485 per 100,000 population, the highest of all regions and higher than the County average of 4,764 per 100,000 population.

- According to HP 2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking; the physical environment both at home and in the community; access to health services and systems created for injury-related care; and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal-level factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

Measurable Objective

- To offer an injury and violence prevention program for children, adolescents, and young adults throughout SDC.

FY 2011 Report of Activities

In FY 2011, ThinkFirst/Sharp on Survival participated in 31 programs at elementary, middle and high schools in East County, serving 2,630 students. During these one- to two-hour classes, students learned about modes of injury, the anatomy and physiology of the brain and spinal cord, and disability awareness. They also heard personal testimonies from individuals, known as Voices for Injury Prevention (VIPs), with traumatic brain or spinal cord injuries. In addition, due to funding changes, ThinkFirst/Sharp on Survival offered schools multiple opportunities for learning. Schools were provided with a variety of lesson plans to choose from, including information on physical rehabilitation, careers in health care, and disability awareness panels to meet the needs of specific class curricula. In addition, ThinkFirst/Sharp on Survival spoke to at-risk youth about the consequences of violence, gangs, reckless driving and making poor choices.

ThinkFirst/Sharp on Survival participated in a variety of community events throughout FY 2011, including presentations for youth and their parents, as well as health- and safety-related fairs and community groups. These community-based events and presentations served more than 1,520 participants throughout the year. Events included the annual Kids Care Fest event in La Mesa sponsored by the Grossmont Healthcare District, where ThinkFirst/Sharp on Survival provided helmet-fitting information as well as education on booster and car seats to approximately 500 community members. In October, ThinkFirst/Sharp on Survival also provided information on proper helmet fitting and booster seat education for the El Cajon Fire Department Safety Fair and Open House, serving 800 people.

Also in FY 2011, through a partnership between SDSU and the Health and Science Pipeline Initiative (HASPI), 35 high school students were educated by

ThinkFirst/ Sharp on Survival staff about careers in physical rehabilitation. This teen day-camp was offered to students to help them connect with health professionals, practice career skills and explore new options for their future careers. A VIP also helped students learn more about disability awareness and how to interact with the disabled population.

Through HASPI's Gateway to Allied Health and Nursing Program, a dozen Cuyamaca College students received a presentation from ThinkFirst/ Sharp on Survival focusing on the different elements and careers within the physical rehabilitation field. As a conclusion to the careers talk, a VIP shared details on how therapists and nurses in physical rehabilitation helped him to become as independent as possible after his spinal cord injury and what the rehab experience has meant personally to him. In addition, more than 200 college students enrolled in SDSU's Disability in Society course benefited from receiving injury prevention education and learning about brain injury, spinal cord injury and disability awareness.

FY 2012 Plan

ThinkFirst/Sharp on Survival will do the following:

- With funding support from grants, provide educational programming and presentations for local schools and organizations
- Increase community awareness of the program through attendance and participation at community events and health fairs using grant funding
- Continue to evolve program curricula to meet the needs of health career pathway classes as part of the HASPI partnership

Identified Community Need: Special Support Services for Hospice Patients and Their Loved Ones and the Community

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- As patients and their loved ones deal with death and dying, many experience intense grief over the loss of life, yet have the opportunity to experience a profound transformation. A hospice model – combining medical, spiritual, emotional and other support services – can offer many patients and their families assistance, information and strategies related to bereavement, grief and healing.
- A 2004 *Journal of the American Medical Association (JAMA)* study (Source: JAMA January 7, 2004) titled, "Quality of End-of-Life Care and Last Place of Care," examined 1,578 family members of people who died in the year 2000 of non-traumatic causes. Families were asked about the quality of patients'

experiences at the last place where they spent more than 48 hours. Significant findings of the study include more than one-third of those cared for by nursing homes, hospitals and home health agencies reported either insufficient or problematic emotional support for the patient and/or family, compared to one-fifth of those in hospice.

- As presented in the 2010 CHNA, the Agency for Healthcare Research and Quality has identified coping with the end of life as a component of its National Health Care Quality Report, a conceptual framework for measuring the performance improvement of the U.S. health system in its provision of high-quality care.
- A study by the National Hospice and Palliative Care Organization (NHPCO) suggests that hospice may have a positive impact on patients' longevity. The study found that for certain well-defined terminally ill populations, patients who choose hospice care live an average of 29 days longer than similar patients who do not choose hospice, allowing patients and their families extra time for resolution and closure at the end of life (Conner, et al., 2007).
- According to a 2011 article in the *American Family Physician* journal (AFP), in the next few decades, the demand for family caregivers is expected to rise by 85 percent. Furthermore, family caregiving has been affected in several important ways over the past five years: caregivers and care recipients are older and have higher levels of disability than in years past; the duration, intensity and burden of care has increased; the financial cost associated with informal caregiving has risen; and the use of paid formal care has declined significantly.
- According to a 2010 article in the *Journal of the American Medical Association* (JAMA), when compared with nursing homes or home health nursing services, bereaved family members report fewer unmet needs for pain and emotional support when the last pace of care was hospice. In addition, lower spousal mortality at 18 months was found among bereaved wives of decedents who used hospice care versus those who did not.

Measurable Objectives

- Provide counseling and support, education, and referral services to hospice patients and their loved ones, and to the community in SDC.
- Provide professional education to community physicians and other health care professionals.
- Collaborate with community, state and national organizations to provide appropriate services to hospice patients and their loved ones and to the community in San Diego.

FY 2011 Report of Activities

Sharp HospiceCare serves patients and their loved ones through a hospice model of care. In FY 2011, key services included individual and family bereavement counseling and support; volunteer training programs; the Memory

Bear Program; community and professional education; advance care planning; and referral services to hospice and palliative care.

Using a flexible approach, Sharp HospiceCare offered a variety of bereavement service options – offered in Spanish and English – including professional bereavement counseling through individual/family and group therapy, education, support groups, and monthly newsletter mailings. In FY 2011, Sharp HospiceCare devoted more than 1,700 hours to home, office and phone contacts made to patients and their loved ones, providing them with pre-bereavement and bereavement counseling services by professionals with specific training in grief and loss. In FY 2011, 12 bereavement support groups, including two Spanish-speaking groups, were provided free of charge, serving 202 participants. The various groups were facilitated by skilled mental health care professionals who specialize in the needs of the bereaved. A unique event entitled Healing Through the Holidays served 104 adults at four locations with presentations on coping with grief during the holiday season, spirituality during the holidays, and a family's grief journey through the holidays.

In further support of bereavement counseling, 1,427 people received 13 monthly issues of the bereavement support newsletter, *Healing Through Grief* (for adults), and *Journey to My Heart* (for children under 12 years). In addition, Sharp HospiceCare bereavement counselors provided referrals to needed community services including ongoing mental health services, financial assistance, child protective services, drug and alcohol counseling, parent education courses and anger management.

Sharp HospiceCare provided extensive training for 68 new volunteers in FY 2011. Potential volunteers undergo a rigorous 32-hour training program to confirm their understanding of and commitment to hospice care. Including both new and returning volunteers, over 185 individuals served as Sharp HospiceCare volunteers during the past fiscal year. As part of the hospice interdisciplinary team, volunteers provided 6,120 hours of service through direct patient care as well as 6,150 hours of clerical and administrative support, devoting 12,270 hours in total to this project. In addition, Sharp HospiceCare coordinated a volunteer-run wig donation program that is open to community members who have suffered hair loss. During FY 2011, Sharp HospiceCare met with 32 individuals and provided 64 wigs. The Sharp HospiceCare program supported volunteers with a monthly volunteer support group and recognition during National Volunteer Month and National Hospice Month. In addition, Sharp HospiceCare provided training and supervision to 15 premedical students through the Pre-Professional Program at SDSU during FY 2011.

The Sharp HospiceCare Teen Volunteer Program trained 11 high-school-age teens (14 to 18 years old) during FY 2011. The teen program specializes in helping to create family videos; however, teens are also assigned special projects in the office or patient assignments at LakeView and ParkView homes.

Sharp HospiceCare also hosted an intern from San Diego Metropolitan Regional & Technical High School during FY 2011. The student spent one six-hour shift per week in Sharp HospiceCare's administrative office, and another six-hour shift in a Sharp HospiceCare home. The student experienced hospice care through case conferences, interdisciplinary team (IDT) meetings, and a variety of other tasks.

The Memory Bear Program, a component of the Volunteer Program, provides a unique keepsake for family members by making teddy bears from garments of the loved one who has passed on. For surviving family members, these bears become permanent reminders of their loved ones. Sharp HospiceCare volunteers, who handcraft all bears stitch by stitch, devoted more than 5,800 hours to craft 968 bears for 241 families during FY 2011.

In FY 2011, Sharp HospiceCare provided community education for more than 1,000 people. Topics included end-of-life care and symptom management; information about hospice; home-based palliative care programs; advance care planning; the grieving process; hospice and dementia; hospice and depression; the importance of humor in hospice and end-of-life care; stress management and integrative therapies; pain management; death and dying; and hospice volunteer opportunities. In addition, Sharp HospiceCare promoted Transitions – an innovative disease management program that focuses on aggressive in-home disease management and aligns patient goals of care with medical, psychological and spiritual interventions throughout the community.

In FY 2011, Sharp HospiceCare participated in multiple events and community forums at various sites throughout San Diego, including service clubs, senior centers, retirement communities, home health agencies, community planning groups, community centers, churches, libraries, colleges and universities. In addition, Sharp HospiceCare – in collaboration with the SGH Senior Resource Center and often on their own – provided a variety of caregiver conferences throughout SDC. The conferences provided information on communicating end-of-life wishes, wills and trusts, spiritual planning, and advance care planning. Also in conjunction with the SGH Senior Resource Center and the Caregiver Coalition, Sharp HospiceCare coordinated end-of-life conferences and offered resources on hospice care, financial planning, funeral planning, and advance care planning. Sharp HospiceCare has also been involved in a variety of local networking groups that provide caregiver classes, end-of-life programs, and advance care planning seminars and web presentations.

In November 2010, Sharp HospiceCare hosted its fifth annual conference for San Diego end-of-life professionals entitled Integrating the Medical, Ethical and Philosophical Aspects of End-of-Life Care. The conference featured a nationally renowned expert in hospice and palliative care, and provided over 150 members of the health care community with an in-depth perspective on what matters most for patients with advanced chronic illness as they are nearing the end of their

lives. In addition, Sharp HospiceCare provided a Continuing Medical Education (CME) Geriatric Frailty course at Grossmont Hospital to 160 community physicians and other health care professionals.

Sharp HospiceCare leadership presented at several state and national conferences, including the National Hospice and Palliative Care Association, California Association of Physician Groups (CAPG), and the California Coalition of Caring. Topics included management and leadership, the continuum of care and advance care planning. In FY 2011, Sharp HospiceCare also maintained active relationships with organizations including SDC Council on Aging (SDCCOA), Regional Home Care Council, California Hospice and Palliative Care Association (CHAPCA), Hospice and Palliative Nurses Association (HPNA), and San Diego Coalition for End of Life Care.

Sharp HospiceCare served as a training site for approximately 25 nursing students from the University of Oklahoma (OU) and Point Loma Nazarene University (PLNU) in FY 2011. Students partnered with Sharp HospiceCare case managers and staff during home visits and skilled nursing facility site visits. Offering a unique end-of-life care experience at LakeView and ParkView Homes, Sharp HospiceCare served as a training site for SDSU Nursing students for 32 hours per week throughout the 2011 spring semester. In addition, several Sharp HospiceCare staff provided guest lectures for programs at San Diego State University (SDSU), Kaplan College, and Southwestern College (SWC). At SDSU, Sharp HospiceCare provided a lecture on music therapy for hospice patients for the university's music department. Nursing students at SWC received a presentation on hospice with an emphasis on bioethics and advance care planning, and Kaplan College students were provided a lecture entitled *An Introduction to Hospice Nursing*.

FY 2012 Plan

Sharp HospiceCare will do the following:

- Offer individual and family bereavement counseling and support groups
- Provide 13 bereavement mailings
- Provide volunteer training programs for at least 75 adults and teens
- Offer a Memory Bear program to serve 250 families
- Conduct community education and referral services
- Conduct monthly outreach activities to community groups, health care facilities, colleges and universities
- Provide a National Hospice Month End-of-Life Conference in November
- Continue to provide professional education on hospice-related topics to community members, students and other health care professionals
- Continue to provide training opportunities for nursing students and interns

Identified Community Need: Collaboration With Local Schools to Promote Interest in Health Care Careers

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The demand for registered nurses and other health care personnel in the United States will continue to rise with the growing health care needs of the 78 million baby boomers that began to retire in 2010. The DHHS estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply. In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate.
- According to the 2010 *Healthcare Shortage Areas Atlas* from the County of San Diego HHSA, SDC is one of 27 counties in California listed as a Registered Nurse Shortage Area.
- The DOL reports that allied health professions represent about 60 percent of the American health care work force and projects severe shortages of many allied health care professionals (DOL, 2010).
- According to the San Diego Workforce Partnership 2011 report titled, *Healthcare Workforce Development in SDC: Recommendations for Changing Times*, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, registered nurses, medical record and health information technicians, radiologic technologists and technicians, pharmacists and medical and clinical laboratory technologists.
- According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an “experience gap” among recent graduates as a challenge to filling open positions. While new graduates often possess the requisite academic knowledge to be hired, they lack necessary real world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objective

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

FY 2011 Report of Activities

In collaboration with Grossmont Union High School District (GUHSD), SGH participated in the Health-careers Exploration Summer Institute (HESI), providing 12 students with opportunities for classroom instruction, job shadowing observations and limited hands-on experiences in hospital departments. At the conclusion of the program, students presented their experiences as case studies to family members, educators and hospital staff. Those completing the program received high school credits equal to two summer school sessions. In FY 2011, HESI students spent more than 1,150 hours on the SGH campus.

SGH also continued its participation in the Health Sciences High and Middle College (HSHMC) program in FY 2011, providing early professional development for 173 students from a broad array of backgrounds in grades nine through 12. Students spent a total of approximately 46,000 hours with an estimated 50 health professionals in 33 different departments and nursing areas, and were in direct contact with health care professionals throughout the hospital. During each semester, students were supervised in different levels of the HSHMC program as they rotated through instructional pods in areas such as nursing, obstetrics, occupational and physical therapy, behavioral health, SICU, MICU, imaging, rehabilitation, laboratory, pharmacy, pulmonary, cardiac services and food services. In May 2011, the HSHMC program achieved its first full graduating class of students.

Level I of the HSHMC program is the entry level for all students and is conducted over a 16-week period. For FY 2011, 66 ninth-graders shadow primarily in non-nursing areas of the hospital, including physical therapy, food services, laboratory, cardiac services, imaging, physician offices, pulmonary, pharmacy and radiation therapy. In FY 2011, ninth-graders spent a greater length of time within each department in order to more fully experience different clinical areas of the hospital, and in total devoted 7,128 hours to the program.

Level II of the HSHMC program offers patient interaction, where students are trained in Tender Loving Care (TLC) functions and then paired with a Certified Nursing Assistant (CNA) on nursing floors. Students assisted the CNA with patient ambulation, personal hygiene, etc. In FY 2011, sixty-four 10th graders, thirty-three 11th graders and ten 12th graders participated in the Level II TLC program, experiencing college-level clinical rotations, hands-on experience, TLC function patient care and mentoring. Students were placed in a new assignment every four to six weeks for a variety of patient care experiences, and also took additional health-related coursework at San Diego Mesa College, including Anatomy, Physiology, and Human Behavior courses. New in FY 2011, 12th graders were also trained in First Touch[®] – the patient-centered model of care provided by SGH to help ease patient anxiety and increase trust in their caregiver.

In addition, SGH staff provided HSHMC students instruction on educational requirements, career ladder development and job requirements. At the end of the academic year, SGH staff provided HSHMC students, their loved ones, community leaders and hospital mentors a symposium that showcased the lessons learned throughout the program.

FY 2012 Plan

SGH will do the following:

- In collaboration with GUHSD, participate in the HESI
- Expand integration of First Touch program into 10th and 11th grades
- Continue to track and report outcomes of HSHMC students and graduates
- Create a long-term plan for program sustainability

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

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified maternal, infant and child health/family planning as the fifth-most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA.
- According to a 2006 report by the CDC, progress in the United States to improve pregnancy outcomes – including low birth weight, premature birth, and infant mortality – has slowed, in part because of inconsistent delivery and implementation of interventions before pregnancy to detect, treat, and help women modify behaviors, health conditions and risk factors that contribute to adverse maternal and infant outcomes.
- Between 2005 and 2008, mothers in San Diego County beginning their prenatal care during their first trimester decreased from 87.2 percent to 81.3 percent, a 5.9 percent decrease.
- According to HP 2020, the risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception and interconception care. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.
- Women who deliver prematurely, experience repeated miscarriages, or develop gestational diabetes are at increased risk of complications with subsequent pregnancies, according to the CDC (2006).
- According to the CDC, only 30 percent of women ages 18 years and older engage in regular leisure-time physical activity (CDC, 2008).

- Nationally, 35 percent of women ages 20 and older are obese, and 30 percent of these women have hypertension (CDC, 2003 to 2006).
- Data from the 2005 CHIS indicate that only 38.6 percent of SDC women ages 18 to 65 consume the recommended five or more servings of fruits and vegetables daily.
- According to the 2007 CHIS, only 18.1 percent of adult women (aged 18 to 65 years) in SDC indicated that they engage in moderate physical activity.
- In the County's East Region, only 13.8 percent of adult women (aged 18 to 65 years) indicated that they engage in vigorous physical activity. The rate of self-reported vigorous physical activity was lower than all SDC regions and lower than the county average of 20.1 percent (CHIS, 2007).

Measurable Objectives

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

FY 2011 Report of Activities

In FY 2011, SGH offered four wellness and prevention-related community classes that addressed women's health topics. These classes – led by physicians and topic-experts – reached a total of 352 women. The range of topics for these classes included information on heart health, prevention of osteoporosis and arthritis, managing menopause symptoms and the ever-popular cooking demonstrations that offer tips on nutrition, cooking and how to select local seasonal ingredients. SGH provided free breastfeeding support groups to the community twice per week, reaching approximately 20 to 25 participants per session. SGH also offered weekly post-partum depression support groups for women and families struggling with the challenges and adaptations of having a newborn.

Also in FY 2011, SGH provided resources for and education on women's health issues and treatment services at various community events including the Speaking of Women's Health Conference and the Ladies of Hope Health Fair at St. Peter's Chaldean Catholic Cathedral.

SGH participated in and partnered with a number of community organizations and advisory boards for maternal and child health in FY 2011, including the local Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) chapter, WIC, the California Teratogen Information Service (CTIS), Partnership

for Smoke-Free Families, the Breast Feeding Coalition Advisory Board, Association of California Nurse Leaders (ACNL), the regional Perinatal Care Network (PCN), and the Public Health Nurse Advisory Board.

In FY 2011, SGH published an article on infant security entitled “How Safe Are Our Babies? A Community Hospital’s Innovative Approach to Hardwiring Infant Security” in the *Journal of Perinatal and Neonatal Nursing*. In addition, SGH participated in the Regional Perinatal Care Network Quality Initiative, reducing the number of elective deliveries between 37 and 39 weeks. In August 2011, SGH submitted an abstract of this work to the American Nurses Credentialing Center. In May 2011, SGH delivered a podium presentation to the Perinatal Safety Collaborative on the identification of maternal morbidities associated with induction of labor.

SGH’s Women’s Health Center’s Prenatal Clinic midwives provided in-kind help at Neighborhood Health Centers in El Cajon, Family Health Centers of San Diego (FHCSD), and Lakeside community health clinics. The SGH Prenatal Clinic participated in the California Department of Public Health (CDPH) Comprehensive Perinatal Services Program (CPSP) to offer comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits. Services provided included health education, nutritional guidance and psychological/social issue support, as well as translation services for non-English speaking women. As part of this effort, women with nutrition issues were also referred to an SGH registered dietician and the SGH Diabetes Program as needed. Free education on gestational diabetes was also provided to pregnant members of the community. In addition, the SGH Women’s Health Center partnered with Vista Hill ParentCare to assist drug-addicted patients with psychological and social issues during pregnancy. These approaches have been shown to reduce both low birth weight rates and health care costs in women and infants.

FY 2012 Plan

- Provide wellness and prevention classes
- Provide cooking and nutrition classes on eating and staying healthy
- Provide free breastfeeding support groups
- Provide parenting education classes
- Participate in community events such as Learn and Live events for breast and colon cancer and the Sharp Speaking of Women’s Health Conference
- Provide medical services to low-income patients through the prenatal clinic

Identified Community Need: Orthopedic / Osteoporosis Education and Screening

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the CDC, arthritis is the nation's most common cause of disability. An estimated 50 million U.S. adults (about one in five) report doctor-diagnosed arthritis. As the U.S. population ages, these numbers are expected to increase sharply to 67 million by 2030, and more than one-third of these adults will have limited activity as a result. In addition, a recent study indicated that some form of arthritis or other rheumatic condition affects 1 in every 250 children (CDC, 2011).
- According to the NIH (2006), osteoporosis is responsible for more than 1.5 million fractures each year, including 250,000 wrist fractures, 300,000 hip fractures, 700,000 vertebral fractures, and 300,000 fractures at other sites.
- According to an HP 2010 Progress Review released in 2006, osteoporosis is responsible for more than \$14 billion in health care costs annually.
- According to data presented in the 2007 CHNA, in the U.S., the age-adjusted prevalence of doctor-diagnosed arthritis is estimated to be 21.3 percent among adults ages 18 and over.
- According to HP 2020, approximately 80 percent of Americans experience low back pain (LBP) in their lifetime. Each year, it is estimated that 15 to 20 percent of the population develops protracted back pain, 2 to 8 percent have chronic back pain (pain that lasts more than 3 months), 3 to 4 percent of the population is temporarily disabled due to back pain, and 1 percent of the working-age population is disabled completely and permanently due to LBP.
- In addition, research for HP 2020 reveals that Americans spend \$50 billion each year for LBP, which is the third-most common reason to undergo a surgical procedure and the fifth-most frequent cause of hospitalization (2009).
- In the County's East Region from 2006 to 2008, the number of arthritis-related hospitalizations increased from 1,494 to 1,600, while the rate of arthritis-related hospitalizations increased from 329 to 345 per 100,000 population. The region's 2008 arthritis-related hospitalization rate of 345 per 100,000 population was higher than the 2008 age-adjusted County average of 291 arthritis hospitalizations per 100,000 population, as well as higher than all other SDC regions.
- In the County's East Region from 2006 to 2008, the number of arthritis-related ED discharges increased from 2,022 to 2,088, while the rate of arthritis-related ED discharges increased from 445 to 450 per 100,000 population. The region's 2008 arthritis-related ED discharge rate of 450 per 100,000 population was higher than the 2008 age-adjusted County average of 400 per 100,000 population.
- In the County's East Region in 2008, females had a higher ED discharge rate for arthritis-related diagnosis than males (488 and 410 per 100,000

population, respectively). Blacks had a higher ED discharge rate for arthritis-related diagnosis than persons of other racial or ethnic groups, and persons ages 65 and over had higher ED discharge rates for arthritis-related diagnosis than younger persons.

Measurable Objective

- Provide education on orthopedics and osteoporosis to the community, with an emphasis on seniors.

FY 2011 Report of Activities

In FY 2011, SGH offered six educational sessions on arthritis and hip and knee problems to more than 350 community members. Topics included management of arthritis and hip/knee repair and treatment. Sessions were held at the Grossmont Healthcare District Conference Center. Attendance ranged from 28 to 80 individuals at each event.

SGH offered specialized education on osteoporosis prevention and treatment to the community. As part of its Women's Healthy Hour series of talks on women's health issues, SGH offered a free community seminar in May entitled, Better Bone Health: Reduce Your Risk of Osteoporosis and Arthritis. The session was attended by 60 community members. The talk provided education on the risks of osteoporosis, treatment options and tips for maintaining good bone health. A Sharp-affiliated physician provided education on the pathology of osteoporosis and its impact on daily activities, as well as how exercise, nutrition, and proper posture and body mechanics contribute to reduced risk of the bone disease.

FY 2012 Plan

- Continue to offer orthopedic, arthritis and osteoporosis educational presentations to the community

SGH Program and Service Highlights

- 24-hour emergency services with heliport and paramedic base station – designated STEMI Center
- Acute care
- Ambulatory care services, including infusion therapy
- Behavioral Health Unit
- Breast Health Center, including mammography
- Cardiac services, recognized by the American Heart Association – GWTG
- Cardiac Training Center
- CT scan
- David and Donna Long Center for Cancer Treatment
- EEG and EKG
- Endoscopy unit
- Grossmont Plaza Outpatient Surgery Center
- Group and art therapies
- Home health¹
- Home infusion therapy
- Hospice²
- Hyperbaric treatment
- ICU
- LakeView Home³
- NICU
- Orthopedics
- Outpatient diabetes services, recognized by the American Diabetes Association
- Outpatient Imaging Centers
- Laboratory services (inpatient and outpatient)
- ParkView Home³
- Pathology services
- Pediatric services⁴
- Pulmonary services
- Radiology services
- Rehabilitation Center
- Robotic surgery
- Senior Resource Center
- Sleep Disorders Center
- Spiritual care services
- Stroke Center
- Surgical services
- Transitional Care Unit
- Van services
- Vascular services
- Women's Health Center

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare

³ Hospice residential facility

⁴ Inpatient services are provided through an affiliation with Rady Children's Hospital

- Wound Care Center

Providing Comprehensive Medical Care

~ SHARP METROPOLITAN MEDICAL CAMPUS ~

Sharp Metropolitan Medical Campus, centrally located in San Diego County, offers a wide range of medical services in one convenient location. The campus is home to Sharp Mary Birch Hospital for Women & Newborns, Sharp McDonald Center, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion and Sharp Mesa Vista Hospital.

{ *Commitment* }

Section

7 Sharp Metropolitan Medical Campus

The SMMC comprises SMBHWN, SMH, SMV, SMC, and the Sharp Memorial Outpatient Pavilion.

FY 2011 Community Benefits Program Highlights

SMMC provided a total of **\$130,742,610** in community benefits in FY 2011. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SMMC's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Metropolitan Medical Campus – FY 2011

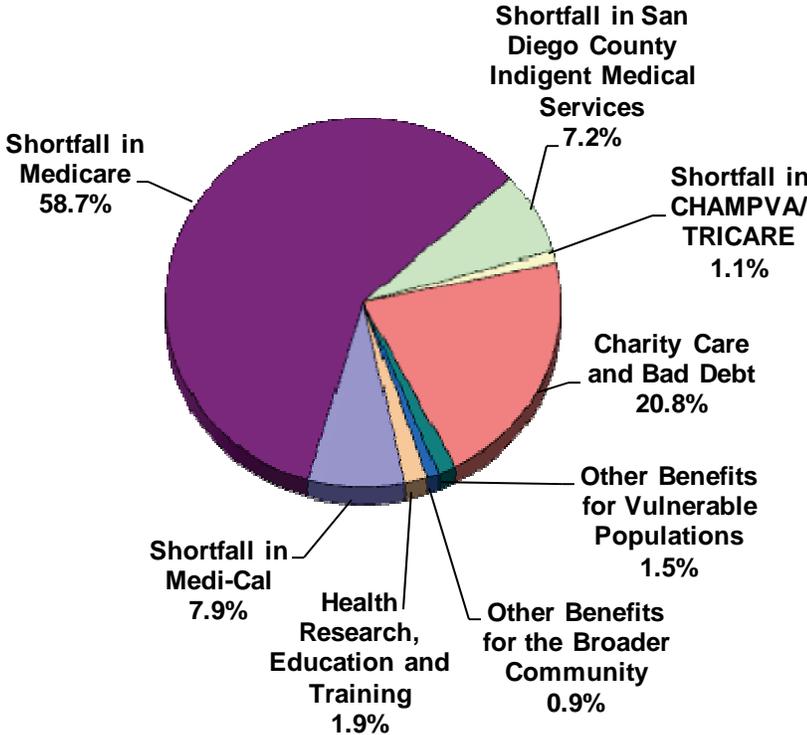
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2011 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$10,290,475
	Shortfall in Medicare ¹	76,799,454
	Shortfall in San Diego County Indigent Medical Services ¹	9,416,752
	Shortfall in CHAMPVA/TRICARE ¹	1,382,620
	Shortfall in Workers' Compensation	6,367
	Charity Care and Bad Debt ²	27,180,584
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	1,933,487
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	1,209,668
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	2,523,203
	TOTAL	\$130,742,610

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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
Sharp Metropolitan Medical Campus – FY 2011





Celebrating the Littlest Graduates

~ SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS ~

Each year, more than 1,000 babies are cared for in Sharp Mary Birch Hospital for Women & Newborns' Level III Neonatal Intensive Care Unit (NICU), and the celebration of their care continues long after these little ones leave the hospital.

For nearly two decades, Sharp Mary Birch has hosted an annual NICU Little Graduate Reunion to honor the lives of some of the most fragile infants. Young children and babies

who spent more than 10 days in the NICU are reunited with their medical team, while enjoying festivities such as a bounce house and petting zoo. Free developmental screenings and referrals to follow-up services are also offered. In addition, parents are invited to volunteer for the NICU Navigator Program where they provide emotional support to families with infants currently in the hospital's NICU.

Commitment

Section

8 Sharp Mary Birch Hospital for Women & Newborns

SMBHWN is located at 3003 Health Center Drive, in San Diego, ZIP code 92123.

FY 2011 Community Benefits Program Highlights

SMBHWN provided a total of **\$3,530,274** in community benefits in FY 2011. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SMBHWN's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Mary Birch Hospital for Women & Newborns – FY 2011

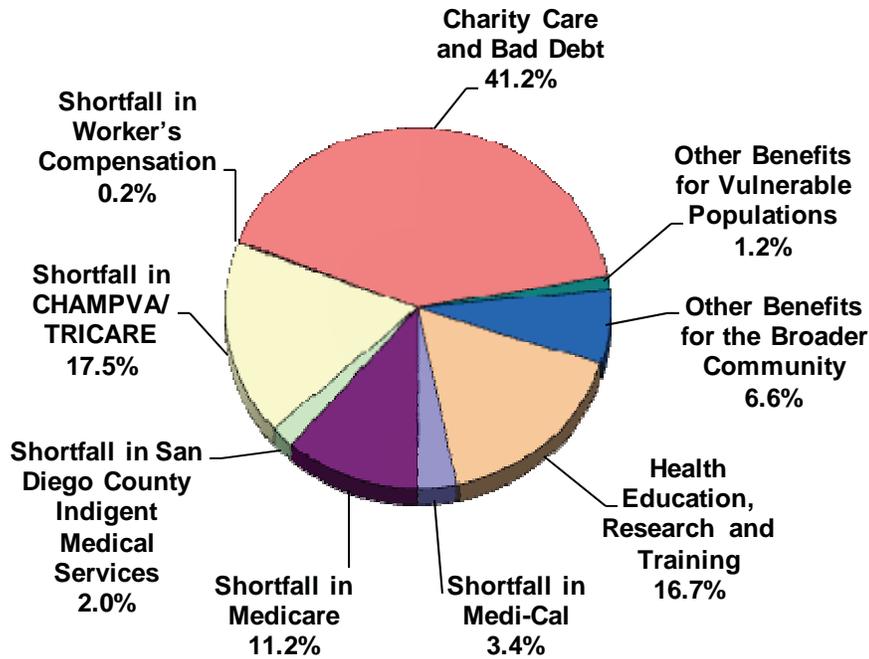
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2011 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$118,851
	Shortfall in Medicare ¹	397,303
	Shortfall in San Diego County Indigent Medical Services ¹	71,403
	Shortfall in CHAMPVA/TRICARE ¹	617,260
	Shortfall in Workers' Compensation	6,367
	Charity Care and Bad Debt ²	1,454,034
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	42,169
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	233,139
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	589,748
	TOTAL	\$3,530,274

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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Mary Birch Hospital for Women & Newborns – FY 2011



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, and CHAMPVA/TRICARE; unreimbursed costs of workers' compensation programs; and financial support for on-site workers to process Medi-Cal eligibility forms. In FY 2011, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the period April 1, 2009 through December 31, 2010 resulting in increased reimbursement of \$31.5 million to SMBHWN and an assessment of a quality assurance fee totaling \$10.8 million from SMBHWN. The net impact of the program on SMBHWN (totaling \$20.7 million) reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, but was fully recorded in FY 2011 thereby understating the true unreimbursed medical care services performed for FY 2011.
- Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; "bags of goodness" for the YWCA "C" Street Shelter; contribution of time to Habitat for Humanity, Stand Down

for Homeless Veterans, and the San Diego Food Bank; the Sharp Humanitarian Service Program; and other assistance for the needy.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics; support groups; participation in community health fairs and events; and collaboration with local schools to promote interest in health care careers. SMBHWN also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as the American Cancer Society (ACS); the American Heart Association (AHA); Miracle Babies; the National Perinatal Information Center; the Council of Women's and Infants' Specialty Hospitals (CWISH); the Southern California Association of Neonatal Nurses (SCANN); Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN); the Young Women's Christian Association (YWCA) Tribute to Women in Industry (TWIN); the International Lactation Consultants Association (ILCA); the National Association of Neonatal Nurses (NANN); the American Hospital Association; the Perinatal Social Work Cluster; and the Regional Perinatal System.
- **Health Research, Education and Training Programs** included education and training of health care professionals, and student and intern supervision.

Definition of Community

As a specialty hospital, SMBHWN serves the community of San Diego County. See **Appendix B** for a map of community and region boundaries.

Description of Community Health

In San Diego County in 2009, 95.4 percent of children ages 0 to 11, 95.6 percent of children age 12 to 17, and 84.8 percent of adults ages 18 and older had health insurance, while 97.2 percent of children ages 0 to 11, 87.3 percent of children ages 12 to 17, and 88.3 percent of adults ages 18 and older had a regular source of medical care – failing to meet the Healthy People (HP) 2020 national targets¹ for health insurance coverage and regular source of medical care. Among adults ages 18 to 64 years in San Diego County, 17.7 percent were not currently insured in 2009. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

¹ The U.S. Department of Health and Human Services' (DHHS) HP 2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP 2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development, and healthy behaviors across all life stages.

**Table 2: Health Care Access in San Diego County
2009**

Description	Rate	Year 2020 Target
Health Insurance Coverage		
Children 0 to 11 Years	95.4%	100%
Children 12 to 17 Years	95.6%	100%
Adults 18 + Years	84.8%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	97.2%	100%
Children 12 to 17 Years	87.3%	100%
Adults 18 + Years	88.3%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	17.7%	

Source: 2009 CHIS

**Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured
in San Diego County (Adults ages 18 to 64 years), 2009**

Description	Rate
Medi-Cal Eligible	8.3%
Healthy Families Eligible	0.8%
Not Eligible	90.9%

Source: 2009 CHIS

On average, there were 46,415 live births a year in San Diego County during the three-year period from 2007 through 2009. During this time, San Diego County met the HP 2020 national targets for all maternal and infant health indicators. Additionally, in 2007, fetal mortality in San Diego County was 4.0, also meeting the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births and fetal deaths. See **Table 4** for a summary of maternal and infant health indicators.

**Table 4: Maternal and Infant Health Indicators in San Diego County
Three-Year Average (2007 through 2009)**

Maternal and Infant Health Indicator	Rate	Year 2020 Target
First Trimester Prenatal Care	81.9%	77.9%
Preterm Births	10.2%	11.4%
Very Low Birth Weight (VLBW) Infants	1.1%	1.4%
Low Birth Weight (LBW) Infants	6.7%	7.8%
Infant Mortality	4.8%	6.0%

Notes:

Preterm births are births with less than 37 weeks gestation.

Very low birth weight infants weigh less than 1,500 grams, approximately 3.5 pounds.

Low birth weight infants weigh less than 2,500 grams, approximately 5.5 pounds.

Fetal mortality describes the death of the fetus after at least 20 complete weeks of gestation, commonly referred to as stillbirths.

Infant mortality refers to the death of infants less than one year of age.

Infant mortality rates are per 1,000 live births. Fetal mortality rates are per 1,000 live births and fetal deaths.

Sources: County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services.

During the three-year period from 2007 through 2009, San Diego County regions met all HP 2020 national targets except for preterm births in the Central and East Regions. Additionally, in 2007, fetal mortality was 2.9 (fetal deaths per 1,000 live births and fetal deaths) in the North Coastal Region, 3.7 in the North Central Region, 5.6 in the Central Region, 4.0 in the South Region, 4.8 in the East Region and 3.4 in the North Inland Region. In 2007, the Central Region was the only region failing to meet the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births and fetal deaths. See **Table 5** for a summary of maternal and infant health indicators by region.

Table 5: Maternal and Infant Health Indicators by Region in San Diego County, Three-Year Average (2007 through 2009)

Indicator	North Coastal	North Central	Central	South	East	North Inland
Prenatal Care	78.8%	89.9%	80.6%	84.4%	78.3%	79.4%
Preterm Births	9.4%	10.1%	11.8%	9.5%	11.6%	9.1%
VLBW Infants	1.1%	1.0%	1.2%	1.0%	1.2%	1.0%
LBW Infants	6.4%	6.8%	7.2%	6.4%	6.9%	6.4%
Infant Mortality	4.4	4.1	5.6	5.0	5.1	4.5

Sources: County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services.

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits 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 prior year's 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 (Note: This is beyond the scope of current efforts of CHIP.)

Priority Community Needs Addressed in Community Benefits Report

The following identified community needs are addressed in the SMBHWN Community Benefits Report:

- Reducing the incidence of neonatal morbidity and mortality associated with preterm delivery
- Providing professional education and development

- Meeting the needs of new mothers and their loved ones

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2011 Report of Activities conducted in support of the objective(s), and FY 2012 Plan of Activities.

Identified Community Need: Reducing the Incidence of Neonatal Morbidity and Mortality Associated With Preterm Delivery

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified maternal, infant and child health/family planning as the fifth-most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA.
- Preterm births account for 75 percent of newborn deaths. Preterm infants are 40 times more likely to die in the neonatal period than full-term infants and 22 times more likely to develop neurodevelopment handicaps such as cerebral palsy, seizure disorders and mental retardation.
- On average, there were 4,847 preterm births (less than 37 weeks gestation) a year in San Diego County (SDC) during the three-year period from 2006 through 2008. The preterm birth rate was 10.5 percent. In 2008, preterm births were higher in male newborns when compared to females, and highest among black mothers when compared to mothers of other race/ethnicity and mothers age 35 years and older when compared to mothers in two other age groups (15 to 24 years and 25 to 34 years).
- On average, 229 infants died each year before their first birthday in SDC during the three-year period from 2005 through 2007. The infant mortality rate was 4.9 infant deaths per 1,000 live births. In 2007, infant mortality was equal in males when compared to females and highest among black infants when compared to infants of other race/ethnicity.
- Behavioral and social risk factors for infant mortality include substance use, medical complications, lack of prenatal care, environmental exposures, poor nutrition and lack of social supports. Demographic risk factors for infant mortality include race/ethnicity, genetics/family history, maternal age (young, older), socioeconomic status and cultural stress.
- The cost of caring for a premature infant in a hospital Neonatal Intensive Care Unit (NICU) ranges from \$20,000 to \$2.5 million, depending on the degree of prematurity. In addition to the economic costs of preterm births, the human costs to families and infants are immeasurable. It is estimated that for every dollar spent on prenatal prevention services, three dollars in neonatal costs are saved. Education of parents and health care providers regarding risk

reduction, early detection, and intervention is effective in preventing preterm births.

Measurable Objectives

- Develop, coordinate and provide educational programs on preterm labor and births, as well as prenatal and women's health to women, physicians and other health care staff.
- Conduct community outreach on preterm births, prenatal health and women's health.

FY 2011 Report of Activities

In FY 2011, SMBHWN offered classes on the warning signs of preterm labor and preventing preterm births, serving 96 people (including women and partners). SMBHWN also offered its Teen Child Birth Preparation course to 42 pregnant San Diego teens in FY 2011. The program provided support and information on a variety of topics, including preparing for birth, what to expect postpartum, breastfeeding and topics selected by group members – ranging from childproofing one's home to communication skills.

SMBHWN actively participated in Miracle Babies in FY 2011, raising \$14,062. These funds helped provide financial assistance and support to San Diego families in need with newborns in the NICU. In addition, SMBHWN hosted an informational booth and distributed health education related to preterm births at the 4S Ranch Fall Festival. SMBHWN also participated in other community events, including the American Heart Association Heart Walk, the ACS Go Red for Women luncheon, Carmel Mountain Ranch Holiday Festival, Rancho Penasquitos Health Fair, Rancho Bernardo Alive and the Speaking of Women's Health Conference. SMBHWN also participated in A Woman's Guide to Staying Healthy, a free seminar offered through the Cancer Institute at Sharp Memorial Hospital (SMH) providing information on risk factors, diagnosis, treatment options and technology innovations for breast and ovarian cancer, as well as education on healthy cooking and complementary therapies.

In April 2011, SMBHWN served as a major sponsor for the Natural Birth Fair held at Liberty Station. Hospital staff manned two resource booths and provided educational materials on preterm birth, breastfeeding, natural birth and other services to approximately 500 attendees. In addition, SMBHWN staff delivered a presentation on birth doulas to Fair attendees.

Also, as part of Sharp's "Greater Good" initiative, in late September SMBHWN and other Sharp staff personally delivered over 50 "bags of goodness" to the YWCA "C" Street Shelter – a temporary housing facility for women and children that are victims of domestic violence. Bags filled with toiletries, snacks, gift cards,

books and other thoughtful goodies represented a simple yet impactful gesture to San Diego's women and children in need.

FY 2012 Plan

SMBHWN will do the following:

- Continue to offer preterm birth prevention classes
- Continue to conduct community outreach and education at various health fairs and events
- Continue to support the Miracle Babies foundation in San Diego

Identified Community Need: Providing Professional Education and Development

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The demand for RNs and other health care personnel in the United States will continue to rise with the growing health care needs of the 78 million baby boomers that began to retire in 2010. The U.S. Department of Health and Human Services (DHHS) estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply. In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate. According to the California Hospital Association (CHA), SDC will face a significant shortage of RNs over the next 20 years. Currently, there is an estimated shortage of more than 2,000 nurses in the County.
- The DOL reports that allied health professions represent about 60 percent of the American health care work force, and projects severe shortages of many allied health care professionals (DOL, 2010).
- According to the San Diego Workforce Partnership 2011 *Healthcare Workforce Development in San Diego County: Recommendations for Changing Times* report, health care occupations that will be in highest demand in the next three to five years include physical therapists; medical assistants; occupational therapists; registered nurses; medical record and health information technicians; radiologic technologists and technicians; pharmacists; and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds as well as a need for culturally competent workers with skills in foreign language.
- According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions. While new

graduates often possess the needed academic knowledge to be hired, they lack necessary real-world experience.

- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real-world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objectives

- Provide education and training for health care professionals.
- Participate in professional organizations to enhance staff learning and share expertise.
- Provide education and training for students interested in health care careers.

FY 2011 Report of Activities

In FY 2011, SMBHWN served as a training site for interns, residents, educators, and student nurses in the following specialized areas: paramedics; social work; pharmacy; lactation; childbirth; obstetrics/gynecology; labor and delivery; neonatal; and perioperative nursing. Academic institution partners included University of San Diego (USD), Point Loma Nazarene University (PLNU), National University (NU), San Diego State University (SDSU), and the University of California, San Diego (UCSD). In addition, SMBHWN participated in the San Diego Society of Health System Pharmacists (SDSHP) Classic Seniors Medication Review, precepting pharmacy students who provided counseling to seniors about their medications. The review was a “brown bag” event, where patients would collect all of their medications and bring them to the event in a brown grocery bag. Medications were screened for drug interactions and duplications, and both students and preceptors served as resources for a variety of questions, including pharmacology, adverse effects and storage conditions. The event took place at the “V”, a senior housing facility in University City, where approximately 100 seniors were provided counseling and insight regarding their prescriptions.

In FY 2011, SMBHWN continued to learn and share its expertise with staff at other hospitals and agencies through participation in organizations such as the International Lactation Consultants Association, Association of Women’s Health, Obstetrics and Neonatal Nurses (AWHONN), Council of Women’s and Infants’ Specialty Hospitals (CWISH), National Association of Neonatal Nurses (NANN), March of Dimes, American Hospital Association, Perinatal Social Work Cluster, the National Perinatal Information Center, and the California Journal of Health System Pharmacy.

In addition, SMBHWN offered professional education classes for physicians, nurses and other health care professionals in FY 2011. SMBHWN gave

numerous local and national presentations to organizations, including the Regional Perinatal System (RPS), CWISH, AWHONN, the International Sigma Theta Tau annual conference, and NANN. Presentations covered a variety of topics including breastfeeding, neonatology, elective labor induction, RN-physician collaboration and intrapartum fetal heart rate monitoring. SMBHWN pharmacists also contributed to research and professional articles and letters, covering topics such as treatment options for patients with difficult-to-treat infections and optimal methods for treating deep venous thrombosis in overweight to morbidly obese patients.

In FY 2011, SMBHWN continued its participation in the Health Sciences High and Middle College (HSHMC) program, providing valuable health care experiences to students in grade levels nine, 11 and 12. SBMHWN has collaborated with HSHMC since 2007. In FY 2011, SMBHWN provided 32 students with professional development opportunities where students spent more than 2,200 hours at the hospital. During a 16-week period, students were supervised as they rotated through a variety of departments, including NICU, Family Home Care classes, transportation, laboratory services, surgical services, newborn hearing screening program, and nursery. Students received instruction on educational and job requirements, as well as career ladder development.

FY 2012 Plan

SMBHWN will do the following:

- Serve as a training site for interns, residents, educators and student nurses
- Participate in collaboratives to learn and share specialty expertise
- Continue to participate in the HSHMC program

Identified Community Need: Meeting the Needs of New Mothers and Their Families

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Maternal, infant and child health/family planning was identified as the fifth-most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA.
- According to a report from the National Center for Health Statistics (NCHS), preterm infants are at increased risk of life-long disability and early death compared with infants born later in pregnancy. The U.S. preterm birth rate (less than 37 weeks of gestation) rose by more than one-third from the early 1980's through 2006. The first two-year decline in nearly three decades

occurred from 2006 to 2008, during which the preterm birth rate decreased from 12.8 percent to 12.3 percent (NCHS, 2010).

- According to a 2006 report by the Centers for Disease Control (CDC), progress in the United States to improve pregnancy outcomes – including low birth weight, premature birth, and infant mortality – has slowed, in part because of inconsistent delivery and implementation of interventions before pregnancy to detect, treat, and help women modify behaviors, health conditions, and risk factors that contribute to adverse maternal and infant outcomes.
- Between 2005 and 2008, mothers in SDC beginning their prenatal care during their first trimester decreased from 87.2 percent to 81.3 percent, a 5.9 percent decrease.
- According to the CDC, maternal health conditions that are not addressed before a pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy, and maternal deficiency of folic acid.
- Women who deliver prematurely, experience repeated miscarriages or develop gestational diabetes are at increased risk of complications with subsequent pregnancies, according to the CDC.
- According to the American Psychological Association (APA), between 9 and 16 percent of postpartum women will experience postpartum depression (PPD), and among women who have already experienced PPD following a previous pregnancy, some prevalence estimates increase to 41 percent.

Measurable Objectives

- Provide outreach, education and support to new mothers and their families around preterm birth, prenatal health and women's health.
- Provide support and education to new mothers and their families on postpartum care.
- Provide NICU-specific support services to new mothers and their families.

FY 2011 Report of Activities

In FY 2011, SMBHWN conducted a variety of complimentary educational programs and workshops for new mothers and their families, covering various aspects of prenatal care and women's health. The hospital's Family Home Care classes were offered daily and provided critical support and information to new mothers and their families. Topics included car seat safety; sudden infant death syndrome (SIDS); shaken baby syndrome; signs and symptoms of illness for mothers and babies; breastfeeding; and jaundice. In FY 2011, staff devoted more than 550 hours to the classes and reached nearly 3,600 mothers and their family members.

SMBHWN offered new mothers and their families free outpatient breastfeeding support groups. Facilitated by an experienced lactation educator, the groups met two to three times per week and provided support to mothers and education on the joys and challenges of breastfeeding for more than 4,000 individuals.

In addition, SMBHWN provided a weekly NICU Breastfeeding Support Group – the Mother’s Milk Club – open to all mothers in the community with a baby who spent any length of time in the NICU. The group provides support and counseling for specific topics of concern in this particular population, including milk supply, latching, sleeping, the stress of having a baby who is having problems and any other concerns of the group. Mothers are provided the opportunity to talk and share their experiences, as well as to feed and show off their babies. In addition, there is a scale at the support group for mothers to measure and track their baby’s growth. In FY 2011, nearly 50 mothers in the community attended the Mother’s Milk Club.

SMBHWN also provided specialized education and support to more than 190 mothers in FY 2011 through its open, ongoing, free postpartum support groups. Support groups met weekly and were open to new mothers and babies of newborn age up to 12 months. The groups were led by licensed social workers and provided emotional support to women and their families dealing with the challenges associated with new motherhood. SMBHWN also offered its multiple loss support in FY 2011, providing support and education for 24 mothers and families who lost a child during their pregnancy with twins or more.

SMBHWN also offers a unique opportunity for patients and families who have spent time in the NICU to continue the celebration of their care even after they leave the hospital through the NICU Little Graduate Reunion. At this annual event, young children and babies who spent more than 10 days in the NICU are invited to reunite with their medical team, and to celebrate with great festivities, including a bounce house and a petting zoo. Often, former patients well into their teens continue to attend the event. The reunion offers free developmental screenings, with connection to the Developmental Follow-up Program provided as needed. In addition, parents are invited to volunteer for the NICU Navigator Program, where they provide emotional support to families whose infants are current patients in the NICU.

FY 2012 Plan

- Continue to offer a variety of free educational classes, workshops and outreach activities targeting new mothers and their families
- Continue to offer free postpartum and breastfeeding support groups to new mothers and their families
- Continue to provide the NICU Little Grad Reunion for former NICU patients and their families

SMBHWN Program and Service Highlights

- Antenatal Diagnostic Center
- Breast Milk Depot
- Gynecologic oncology
- Lactation services
- Labor and delivery
- Mother and baby services
- NICU
- New Beginnings boutique
- Obstetrical and women's triage services
- Parent education programs
- Perinatal Special Care Unit
- Robotic gynecologic surgery
- Prenatal Diagnostic Center
- Spiritual care and education
- Teen pregnancy program
- Van services
- Women's and infants' pathology services
- Women's education programs
- Women's surgery services



Promoting Health and Wellness Education

~ SHARP MEMORIAL HOSPITAL ~

As one of the most comprehensive outpatient centers in San Diego, the Sharp Memorial Outpatient Pavilion complements the high-quality medical care provided by Sharp Memorial Hospital, and also offers a variety of health classes and seminars to the community. The Pavilion provides a variety of free educational seminars focused on leading a healthy lifestyle, including integrative therapies such as acupressure, acupuncture, holistic healing, medicinal Chinese herbs and mindfulness-based stress reduction.

In addition, the Pavilion provides nutrition and fitness education to help individuals establish and achieve their health goals. Through these programs, community members are informed of alternative healing therapies to improve their health and quality of life.

To complement these efforts, the Pavilion also strengthens community members' health literacy by facilitating access to health information and providing guidance on the best resources to inform health decisions.

Commitment

9 Sharp Memorial Hospital

- SMH is located at 7901 Frost Street, in San Diego, ZIP code 92123.
- Sharp Memorial Outpatient Pavilion is located at 3075 Health Center Drive, in San Diego, ZIP code 92123.
- Sharp Home Care is located at 8080 Dagget Street, in San Diego, ZIP code 92111.
- Sharp Senior Health Center Downtown is located at 956 10th Avenue, in San Diego, ZIP code 92101; Sharp Senior Health Center Clairemont is located at 4320 Genesee Avenue, ZIP code 92117.

FY 2011 Community Benefits Program Highlights

SMH provided a total of **\$119,458,481** in community benefits in FY 2011. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SMH's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Memorial Hospital – FY 2011

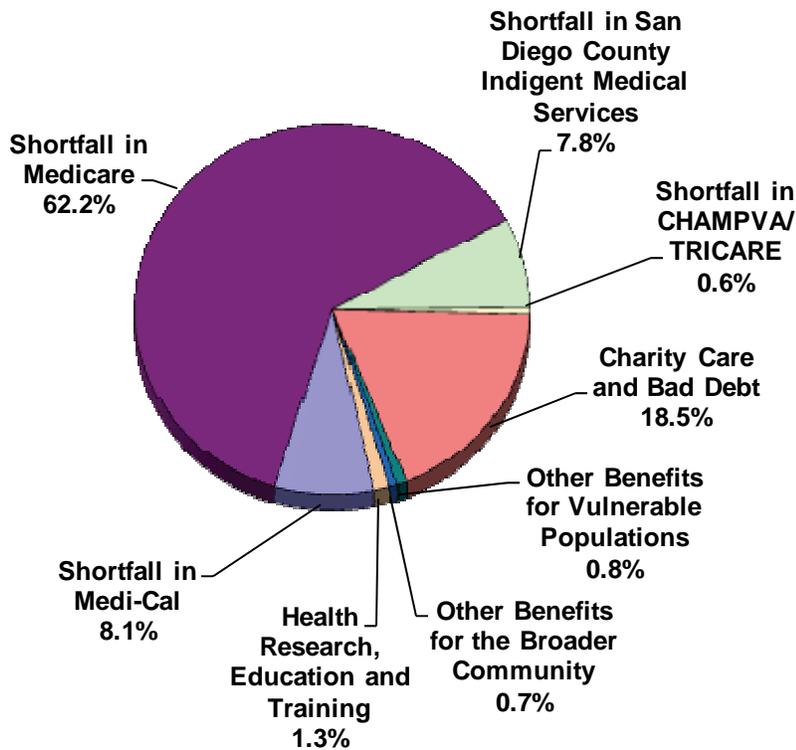
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2011 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for onsite workers to process Medi-Cal eligibility forms ¹	\$9,672,076
	Shortfall in Medicare ¹	74,368,244
	Shortfall in San Diego County Indigent Medical Services ¹	9,337,194
	Shortfall in CHAMPVA/TRICARE ¹	694,170
	Charity Care and Bad Debt ²	22,080,984
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy ³	906,896
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	804,684
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals	1,594,233
	TOTAL	\$119,458,481

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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Memorial Hospital – FY 2011



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare and San Diego County Indigent Medical Services; and financial support for on-site workers to process Medi-Cal eligibility forms. In FY 2011, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the period April 1, 2009 through December 31, 2010 resulting in increased reimbursement of \$23.1 million to SMH and an assessment of a quality assurance fee totaling \$18.6 million from SMH. The net impact of the program on SMH (totaling \$4.5 million) reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, but was fully recorded in FY 2011 thereby understating the true unreimbursed medical care services performed for FY 2011.
- Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; Project HELP; contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans, and the San Diego Food Bank; the Sharp Humanitarian Service Program; and other assistance for the needy.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics; participation in community health fairs and events; support groups; health screenings for diabetes, stroke, osteoporosis, depression, blood pressure, heart disease, hearing, balance, hand, arthritis, nutrition, and BMI; and the Breast Cancer Patient Navigator Program. SMH collaborated with local schools to promote interest in health care careers. A dedicated Senior Resource Center and Senior Health Centers offered flu vaccinations and specialized education and information for seniors. SMH also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as the American Cancer Society (ACS); the American Heart Association (AHA); Health Sciences High and Middle College (HSHMC) Board; San Diego Association of Diabetes Educators; San Diego Eye Bank Nurse Advisory Board; University of California, San Diego (UCSD) Advisory Board; Emergency Nurses Association – San Diego Chapter; YMCA; Association for Clinical Pastoral Education (ACPE); San Diego Community Health Improvement Partners (CHIP); Healthcare Association of San Diego and Imperial Counties (HASDIC); San Diego Emergency Medical Care Committee (SDEMCC); San Diego Blood Bank; San Diego Healthcare Disaster Council; and San Diego Interreligious Committee. See **Appendix A** for a listing of Sharp community involvement.
- **Health Research, Education and Training Programs** included education and training of health care professionals, and student and intern supervision.

Definition of Community

The community served by SMH includes the North Central Region of San Diego County, including the sub-regional areas of Kearny Mesa and Clairemont, and the Central Coast of San Diego County from Del Mar to the Point Loma area. See **Appendix B** for a map of community and region boundaries in San Diego County.

Description of Community Health

In the County's North Central Region in 2009, 97 percent of children ages 0 to 11, 96 percent of children ages 12 to 17, and 90.4 percent of adults age 18 and older had health insurance, while 99 percent of children ages 0 to 11, 94.7 percent of children ages 12 to 17, and 89.1 percent of adults ages 18 and older

had a regular source of medical care – failing to meet the Healthy People (HP) 2020 national targets¹ for health insurance coverage and regular source of medical care. Among adults ages 18 to 64 years in the North Central Region, 11.4 percent were not currently insured in 2009. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

Table 2: Health Care Access in San Diego County’s North Central Region, 2009

Description	Rate	Year 2020 Target
Health Insurance Coverage		
Children 0 to 11 Years	97.0%	100%
Children 12 to 17 Years	96.0%	100%
Adults 18 + Years	90.4%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	99.0%	100%
Children 12 to 17 Years	94.7%	100%
Adults 18 + Years	89.1%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	11.4%	

Source: 2009 CHIS

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults Ages 18 to 64 years), 2009

Description	Rate
Medi-Cal Eligible	8.3%
Healthy Families Eligible	0.8%
Not Eligible	90.9%

Source: 2009 CHIS

Heart disease and cancer were the top two leading causes of death in the County’s North Central Region. See **Table 4** for a summary of leading causes of death in the North Central Region.

¹ The U.S. Department of Health and Human Service’s (DHSS) HP 2020 initiative represents the nation’s prevention agenda for the second decade of the 21st century. HP 2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development, and healthy behaviors across all life stages.

**Table 4: Leading Causes of Death in San Diego County's
North Central Region, 2009**

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	885	25.7%
Disease of heart	811	23.5
Alzheimer's disease	196	5.7
Cerebrovascular diseases	194	5.6
Chronic lower respiratory diseases	168	4.9
Accidents (unintentional injuries)	158	4.6
Diabetes mellitus	78	2.3
Intentional self-harm (suicide)	77	2.2
Influenza and pneumonia	63	1.8
Essential (primary) hypertension and hypertensive renal disease	59	1.7
Chronic liver disease and cirrhosis	53	1.5
Parkinson's disease	52	1.5
Nephritis, nephritic syndrome and nephrosis	29	0.8
Septicemia	28	0.8
Viral hepatitis	14	0.4
All Other Deaths	581	16.9
Total Deaths	3,446	100.0%

Notes:

Ranking of leading causes of death based on the countywide rank among San Diego residents in 2009.

Source: County of San Diego, HHSA, Public Health Services, Community Epidemiology Branch.

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits 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, the prior year's 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 Benefits Report

The following identified community needs are addressed in the SMH Community Benefits Report:

- Outreach for flu vaccines
- Health education and screening for seniors
- Diabetes education and testing
- Health education and wellness
- Support of community nonprofit health organizations
- Health professions education and training, and promotion of interest in health care careers
- Education, support and screening for stroke
- Orthopedic and osteoporosis community education
- Prevention of unintentional injuries

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2011 Report of Activities conducted in support of the objective(s), and FY 2012 Plan of Activities.

Identified Community Need: Outreach for Flu Vaccinations

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified keeping immunizations current as the seventh-most important health-related behavior overall in the 2010 CHNA.
- Pneumonia and influenza ranked as the ninth-leading cause of death in SDC.
- In 2009, there were 63 deaths due to pneumonia and influenza in the County's North Central Region. The region's age-adjusted death rate due to pneumonia and influenza was 8.8 per 100,000 population.
- In SDC, an estimated 72 percent of seniors age 65 years and older were vaccinated for influenza in 2007, failing to meet the Healthy People (HP) 2020

target of at least 90 percent of adults age 65 years and older vaccinated annually for influenza.

- The Centers for Disease Control (CDC) recommends annual vaccination against influenza for the following: people age 50 years and older; adults and children with a chronic health condition; children aged six months up to their 19th birthday; pregnant women; people who live in nursing homes and other long-term care facilities; and people who live with or care for those at high risk for complications from flu, including: health care workers, household contacts of persons at high risk for complications from the flu, and household contacts and caregivers of children younger than 5 years of age.
- Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost, or other barriers.

Measurable Objective

- In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations.

FY 2011 Report of Activities

The SMH Senior Resource Center participated in the San Diego Immunization Coalition, both to educate high-risk adults about the importance of seasonal flu immunizations and organize seasonal flu clinics at convenient locations for seniors and high-risk adults.

The SMH Senior Resource Center coordinated notification of availability and provision of seasonal flu vaccines in selected community settings through activity reminders, newspaper notices and Sharp's website, Sharp.com.

In FY 2011, seasonal flu vaccinations were offered to seniors and high-risk adults. The SMH Senior Resource Center and the Sharp Senior Health Centers (Clairemont and Downtown) sponsored 14 community seasonal flu clinics, serving more than 883 seniors and others with chronic illnesses. Seasonal flu clinics were held in a variety of locations including Sharp Senior Health Center Clairemont, Sharp Senior Health Center Downtown, Live Well San Diego, Jewish Family Services, Bayside Community Center, the Potiker Family Senior Residence, City Heights Senior Residence and Downtown Community Center on Broadway, All Souls' Episcopal Church, the Gary and Mary West Senior Wellness Center, and the Orchard Apartments (low-income senior housing). Additional sites included senior community centers, senior centers, senior health centers, nutrition sites and community health fairs. At these community sites, the SMH Senior Resource Center provided calendars of the activities at the Senior Resource Center and upcoming community events, including blood pressure clinics, community senior programs, and health services.

FY 2012 Plan

The SMH Senior Resource Center and the Sharp Senior Health Centers will do the following:

- Provide seasonal flu vaccinations at 16 community sites for seniors with limited mobility and access to transportation, as well as for high-risk adults, including low-income, minority and refugee populations
- Coordinate the notification of seniors regarding the availability of seasonal flu vaccines and the provision of flu vaccines to high-risk individuals in selected community settings
- Direct seniors and other chronically ill adults to available seasonal flu clinics, including physicians' offices, pharmacies and public health centers
- Work with community agencies to ensure seasonal flu immunizations are offered at sites convenient to seniors and chronically ill adults
- Expand outreach for provision of seasonal flu immunizations to include food bank sites across SDC
- Publicize flu clinics through media and community partners

Identified Community Need: Health Education and Screening for Seniors

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified heart disease and stroke; cancer; diabetes; arthritis; overweight and obesity; and chronic respiratory disease as the top six health issues facing seniors ages 65 years and older in the 2010 CHNA.
- In 2008, the top 10 leading causes of death among senior adults age 65 years and older in SDC were heart disease; cancer; Alzheimer's disease; stroke; chronic lower respiratory diseases; diabetes; influenza and pneumonia; unintentional injuries; hypertension and hypertensive renal disease; and Parkinson's disease.
- In 2007, there were 83,906 visits by seniors aged 65 years and older that were treated and discharged from a SDC ED (23,883 per 100,000), or one out of every four senior residents of SDC. The rate of ED discharge increased with age group and was higher among females than males. Black and Hispanic seniors had the highest rates of ED discharge, and rates were highest among residents of the County's Central and East Regions.
- In 2008, rates of hospitalization among senior adults age 65 years and older in SDC were higher than the general population due to: coronary heart disease, cancer, stroke, diabetes, chronic lower respiratory diseases, non-fatal unintentional injuries (including falls), arthritis and dorsopathy (diseases of the spine).

- In 2008, the top causes of ED utilization among persons age 65 years and older were falls, arthritis, chronic lower respiratory diseases, diabetes and stroke.
- Older adults utilize more ambulatory care, hospital services, nursing home services and home health services than young people.
- Seniors in SDC use the 9-1-1 system at higher rates than any other age group. In 2007, 58,060 calls were made to 9-1-1 for seniors ages 65 years and older needing pre-hospital (ambulance) care in SDC, at a rate of 16,526 per 100,000 population, or one out of every six seniors. The rate increased with increasing age group to one out of three seniors ages 85 years and older, and was higher for females than for males.
- There are an estimated 4 million family caregivers in California today, according to the California Caregiver Resource Center. Whether aging Californians live in their own homes, with a relative, in an assisted-living residential facility, or in a nursing home, one of the keys to their care is family caregiving – defined as those family members and informal care providers who assist with the care of disabled elderly relatives. Reaching out to families and community members who are caring for older adults helps to maintain the health of older adults as well as their caregivers.

Measurable Objective

- Coordinate and host a variety of senior health programs, including education, information and screenings. Programs are based on topics identified in recent CHNAs and other expressed interests of seniors.

FY 2011 Report of Activities

In FY 2011, SMH Senior Resource Center provided free health education programs to 582 seniors, caregivers and loved ones of the elderly. In addition, the SMH Senior Resource Center served more than 420 seniors through health screenings and provided follow up referrals to 103 individuals with abnormal screening results. The SMH Senior Resource Center also participated in 12 community health fairs in FY 2011, reaching more than 2,400 attendees. In addition, the SMH Senior Resource Center coordinated health promotion classes on topics such as lung disease, fall prevention, nutrition, hearing, incontinence, memory loss, end-of-life issues, Vials of Life, Medicare and insurance, advance directives for health care, and communication with health care providers. Screenings were provided for blood pressure, heart disease, stroke, hearing, balance, hand, arthritis, nutrition and diabetes.

In FY 2011, SMH Senior Resource Center distributed 556 Vials of Life – providing important medical information to emergency personnel for seniors and disabled people living in their homes – and 38 advance directives for health care. The Senior Health Center also presented educational health information to seniors regarding advance directives, and Medicare and Medi-Cal benefits.

Throughout FY 2011, the SMH Senior Resource Center provided education and resources to seniors through a variety of community health fairs and events. Among these, the SMH Senior Resource Center attended and provided information at the SDC Aging and Independent Services (AIS) Vital Aging Conference held at Liberty Station, offering resources to 1,000 attendees. In addition, the SMH Senior Resource Center participated in the San Diego County Action Network's End-of-Life Conference; Caregiver Conferences held at Pt. Loma Presbyterian, United Methodist Church, and the Stevens Senior Center; an Aging, Planning, and Coping Conference held at St. Peter's by the Sea Lutheran Church; and two events held at the War Memorial in Balboa Park. Through a presence at these community venues, the SMH Senior Resource Center provided education and resources to a total of 503 community members. The SMH Senior Resource Center also coordinated a senior health fair in Point Loma that provided 325 attendees with flu vaccinations, health screenings, health resources, and community services. Calendars highlighting SMH's Senior Resource Center activities were mailed four times a year to more than 3,000 households.

In addition, the Senior Health Center provided two lectures in FY 2011 including, Ten Ways to Stay Healthy and Heart Disease to approximately 60 attendees.

In FY 2011, the SMH Senior Resource Center and/or Sharp Senior Health Centers maintained active relationships with Peninsula Shepherd Senior Center, Senior Community Centers of San Diego, Bayside Community Center, Jewish Family Services, Live Well San Diego, AIS Caregiver Coalition, Adult Protective Services, Southern Caregiver Resource Center, Alzheimer's Association, American Parkinson Disease Association, Inc., Arthritis Foundation, San Diego Action Network, and Health Insurance Counseling and Advocacy Program (HICAP) – ensuring ongoing networking among community professionals and the provision of quality programs for seniors. The Senior Health Center's collaboration with HICAP included the provision of biweekly counseling and education by a HICAP representative to community members at the Senior Health Center. HICAP staff offered objective counseling on Medicare rights, benefits, and insurance policy options to address senior needs.

FY 2012 Plan

The SMH Senior Resource Center and/or Sharp Senior Health Centers will do the following:

- Coordinate, publish and mail a quarterly calendar of activities to more than 3,000 San Diego households
- Provide information on various senior issues such as senior depression, memory loss, hospice, senior services, healthy aging, and balance and fall prevention

- Provide health information, health promotion classes and health screenings to the community
- Participate in community health fairs
- Coordinate two conferences – one dedicated to family caregiver issues in collaboration with San Diego Caregiver Coalition and one focused on end-of-life issues in collaboration with Sharp HospiceCare
- Continue support of the Vials of Life program by distributing 1,000 vials
- Maintain active relationships with other organizations serving seniors in the City of San Diego, Point Loma, the county's North Central and Central Regions, and downtown San Diego
- Sharp Senior Health Center physicians will provide educational presentations on general senior health

Identified Community Need: Diabetes Education and Testing

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified diabetes as the most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA.
- In 2009, there were 78 deaths due to diabetes in the County's North Central Region. The region's age-adjusted death rate due to diabetes was 11.7 per 100,000 population. (Note: Diabetes is also a contributing cause of death.)
- In 2008, there were 413 hospitalizations due to diabetes in the County's North Central Region. The rate of hospitalizations for diabetes was 68.4 per 100,000 population. The hospitalization rate in the region was the lowest among SDC's regions and lower than the County average of 126.2 diabetes hospitalizations per 100,000 population.
- In 2008, there were 465 diabetes-related ED visits in the County's North Central Region. The rate of visits was 77.0 per 100,000 population. The diabetes-related ED visit rate in the region was the lowest in SDC and lower than the County average of 136.7 per 100,000 population.
- 7.4 percent of adults in SDC's North Central Region participating in the 2009 CHIS indicated that they were ever diagnosed with diabetes, lower than the County statistic of 7.8 percent.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County's Health and Human Services Agency (HHSA), the most common risk factors associated with Type II diabetes include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol. (Note: Two out of three Americans are now overweight or obese.)

Measurable Objective

- Provide diabetes education and testing in SDC's North Central Region.

FY 2011 Report of Activities

The SMH Diabetes Education Program is recognized by the American Diabetes Association and meets national standards for excellence and quality in diabetes education.

In FY 2011, the SMH Diabetes Education Program conducted two community educational lectures about living with diabetes for transplant staff in the community. The program also conducted a blood glucose screening event at the SMH Senior Resource Center, testing 10 people and identifying one attendee with elevated blood glucose levels. In addition, the SMH Diabetes Education Program provided a variety of educational events and lectures to the San Diego community, including the We are Well women's support group entitled Connecting the Dots...Diabetes, Blood Pressure, Cholesterol providing education to a total of 72 attendees. In February, a talk on nutrition was also provided to 15 students at the Logan Heights Elementary School. SMH's Diabetes Education Program also provided nutrition education through Channel 10 News.

In addition, the SRS Diabetes Education Program conducted screening and education at a variety of events throughout San Diego, including Mana San Diego de la Mujer Latina Festival, Celebrando! (Hispanic women's health event), December Nights, and the Speaking of Women's Health Conference. The SRS Diabetes Education Program tested 568 people, and as a result of these screenings, 100 people were identified with elevated blood glucose levels. The SRS Diabetes Education Program also provided a screening event to the YMCA Mission Valley, screening 101 people and identifying 16 with elevated blood glucose levels.

In collaboration with Sharp Multicultural Services, the SRS Diabetes Education Program offered educational sessions to the Vista Promotoras entitled Facts and Myths of Diabetes, as part of the Conviva y Aprende (Share and Learn) educational series provided by Sharp Multicultural Services. These events targeted Spanish-speaking community members and provided education, resources and screenings to 60 attendees. As a result of these screenings, three people were identified as having elevated blood glucose levels.

FY 2012 Plan

SMH's Diabetes Education Program will do the following:

- Coordinate and implement blood glucose screenings at community and hospital sites in the County's North Central Region

- Conduct educational lectures at various community venues
- Support the American Diabetes Association's Step Out for Diabetes Walk
- Continue to collaborate with the Diabetes Behavioral Institute to host community lectures that will assist diabetes patients and their loved ones
- Conduct educational symposiums for health care professionals that include a focus on special population needs such as transplant patients
- Keep current on resources to support the community

Identified Community Need: Health Education and Wellness

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified improving nutrition and achieving a healthy weight status as the most important health-related behavior overall (when considering a total of six health-related behaviors) in the 2010 CHNA.
- Other health-related behaviors considered to be important components in long-term health included (ranked in priority order) physical activity and fitness; substance abuse and tobacco use; injury and violence prevention; oral health; and immunization.
- CHIP members also identified the most important health outcomes (ranked in priority order) as: diabetes; heart disease and stroke; mental health and mental disorders; cancer; maternal, infant and child health/family planning; infectious disease; and respiratory diseases.
- According to findings presented in the 2010 CHNA, nationally, the prevalence of obese adults has increased by 68 percent since 1995, from 16 percent to almost 27 percent.
- 2009 Behavioral Risk Factor Surveillance System (BRFSS) data for SDC indicate that almost 59 percent of the adult population is considered either overweight or obese.
- Obese children are 70 percent more likely to continue being obese into adulthood and more likely to die prematurely before the age of 55, compared with healthy-weight children, according to the Robert Wood Johnson Foundation (RWJF, 2010). Additionally, they are at greater risk for a variety of serious medical issues including heart disease, high cholesterol, high blood pressure, diabetes, sleep apnea and cancer. In addition to the clinical consequences of obesity, these children are more likely to experience social discrimination, low self-esteem and depression.
- According to research presented in the 2010 CHNA, being overweight or obese as an adult increases the risk for coronary heart disease; congestive heart failure; Type II diabetes; certain cancers; hypertension; dyslipidemia; stroke; liver and gallbladder disease; osteoarthritis; sleep apnea and respiratory problems; gynecological problems; psychological disorders; and discrimination.

- Many factors contribute to overweight and obesity including genetic predisposition, environmental influences, behavior (dietary patterns and physical activity), cultural influences, and socioeconomic status, according to research presented in the 2010 CHNA.

Measurable Objective

- Coordinate and host a variety of health education and wellness offerings for the community. Programs are based on topics identified in recent Community Health Needs Assessments and other expressed interests of the community.

FY 2011 Report of Activities

The Sharp Memorial Outpatient Pavilion (the Pavilion) and various departments of the hospital conduct a broad spectrum of health education classes. In FY 2011, classrooms were booked for 2,012 hours and set up for 13,280 students. Topics discussed included integrative medicine, holistic healing, breast cancer, diabetes, fall prevention, brain health, spine health, caregiver issues, arthritis, yoga, aromatherapy, acupuncture, massage, healing touch, hearing loss, urinary incontinence, healthy families, guided imagery, reflexology, stress reduction, time-efficient exercise, Healthy Steps (Lebed exercises), cooking classes, senior resources, advance directives, estate planning, high blood pressure and Celebration of Life classes for cancer survivors. In addition, the Pavilion hosted numerous health screenings for diseases such as osteoporosis, stroke, diabetes and depression, and included blood pressure and BMI screenings. The Pavilion also delivered a presentation on preventative cardiology to community members at the Mission Valley YMCA.

Various support groups – for diabetes, cancer, heart disease, breastfeeding, postpartum support, bereavement, disability support groups and heart transplantation – were also conducted at the Pavilion Community Conference Center and SMH Rehabilitation Services. Cancer support groups included Cancer Survivors, Young Cancer Survivors, Friends and Family of Cancer Patients, Breast Cancer, and Stage IV Cancer. The cancer support groups were provided for approximately 124 hours and served 790 patients. Heart disease and stroke support groups included Women with Heart Disease, Congestive Heart Failure, and Young Enthusiastic Stroke Survivors (YESS).

Sharp Rehabilitation Services (Sharp Rehab) also offered the Challenged Women's Support Group (CWSG) Initiative and Men with Disabilities support groups. The CWSG strives to empower women with disabilities by offering facilitated support groups, peer support, lectures and social events. In FY 2011, the group met monthly at the Sharp Memorial Rehabilitation Center, where women gathered to share thoughts and emotions about their current life challenges, victories and visions. The CWSG also held several social events, including the Lois Herr Holiday Tea, educational meetings and cooking

demonstrations facilitated by two experienced Sharp Rehab licensed social workers and included 50 participants. With 125 disabled women and/or community partners on their email list, the CWSG is the only support group strictly for women with disabilities in the San Diego area.

In addition, Sharp Rehab gave numerous professional presentations and published professional articles contributing to the advancement and improvement of rehabilitation services in the community.

In FY 2011, the Pavilion participated in a variety of events for women's health, including Sharp's annual Speaking of Women's Health Conference, providing massage, reflexology, acupuncture and breast cancer screening to attendees. The Pavilion also held a session on women's health issues and provided massage, reflexology, acupuncture, women's imaging and mammography information, as well as discussions on a variety of women's health issues. In addition, the Pavilion provided health awareness booths to over 50 community members at a women's health event in Escondido, and to 375 community members at the Between Women annual breast cancer fundraiser in El Centro in September.

The Pavilion continued to conduct additional free outreach and educational services to prevent lymphedema among breast cancer patients and survivors in FY 2011. The program, partially sponsored by grant funding from the Susan G. Komen Breast Cancer Foundation, served over 600 women through education, a weekly exercise course called Healthy Steps, quarterly Nutrition, Exercise and Complimentary Therapy courses, two Food for Life nutrition courses and services for the uninsured. In addition, staff held community seminars on lymphedema – Lymphedema: What It Is and Lymphedema: What to Do If You Get It – at no cost to participants. Uninsured patients at risk for or suffering from lymphedema were referred to appropriate preventive services and resources for need-based compression sleeves and gauntlets available in the community.

The Pavilion also includes a Community Health Library featuring DVDs, CDs, books, pamphlets, access to the Internet and two staff members to help consumers locate health information. The library publishes and distributes a quarterly newsletter, as well as a classroom community calendar for the Pavilion and other pertinent health news and information. In FY 2011, 150 newsletters were mailed and 450 newsletters were delivered electronically. The library also collaborates with and provides resources to all the Sharp entities as needed. In FY 2011, outreach to the local community was a high priority. The Consumer Health Librarian and library staff attended 12 health fairs and community events, and delivered presentations on health literacy topics to several community organizations. Presentations were held for the Sharp Senior Health Fair at the Presbyterian Church of Point Loma, the LGBT Senior Health Fair at the San Diego LGBT Community Center, the Speaking of Women's Health Conference, the Southern California Indian Health Fair for Women, the National Association of

Women Insurance Professionals, the East County Senior Service Providers, and the Earth Fair at Balboa Park. In addition, presentations were provided to two senior communities – the Remington Senior Community and the Wesley Palms Senior Community. The Consumer Health Librarian and staff also presented on health literacy at Newbridge College as well as at a public event entitled Women’s Health Issues at the Pavilion. Presentations provided health literacy education and self-advocacy training for community members who utilize traditional, complementary and/or alternative medicine. Further, the Consumer Health Librarian served on the CHIP Health Literacy Task Force and developed health literacy resources for other consumer health librarians and consumers, as well as provided educational talks on health literacy on behalf of CHIP and Sharp. To further extend education to community members, the Pavilion has created the Text-a-Health-Librarian Program through which community members have the capability to text questions to and receive responses from Sharp’s health librarians.

In addition, SMH served over 200 hours in a variety of community education activities through their Breast Cancer Patient Navigator Program. The SMH Breast Cancer Patient Navigator Program held two Celebration of Life events at the Pavilion. The two events were open to all cancer patients in the community, and provided a total of 110 cancer patients with a celebratory meal as well as interactive healing music. The SMH Breast Cancer Patient Navigator program also held two lymphedema seminars in FY 2011, providing 52 community members with free lymphedema education, including risk factors, steps for prevention and next steps for dealing with the condition. In addition, weekly Healthy Steps exercise classes were offered to all community members at the Pavilion free of charge, serving a total of 384 community members throughout FY 2011. Four breast cancer education classes were also offered to the community, serving a total of 65 women with new diagnoses of breast cancer. Classes provided education from five specialty physicians on all aspects of breast cancer treatment, including surgery, reconstruction, pathology and medical and radiation oncology. In addition, 790 people were served through five breast cancer support groups that were open to all community members. The SMH Breast Cancer Patient Navigator Program also participated in multiple community events including the Making Strides Breast Cancer Walk, Daffodil Days, the Women’s Health Event in North County, and San Diego Women’s Week.

SMH also provided its Arts for Healing Program in FY 2011, through which student volunteers from Point Loma Nazarene University (PLNU) and San Diego Mesa College (MC) provided healing through art activity. In December, Arts for Healing provided art activities for children at Saturday with Santa, a public event hosted by the SMH auxiliary for children to have their picture taken with Santa. Approximately 250 people attended this event. In February, SMH hosted registration for the second annual Chelsea’s Run, serving as the primary fundraiser for the Chelsea’s Light Foundation Sunflower Scholarship Fund, which provides scholarships for SDC college-bound teens. Arts for Healing offered art

activities to approximately 100 community members attending this event. Throughout FY 2011, Arts for Healing also provided art therapy for the Pavilion cancer support group on Saturday mornings.

FY 2012 Plan

SMH will do the following:

- Develop and coordinate quarterly calendars and newsletters of community health education and screening events
- Continue to host community support groups on a variety of topics
- Continue to partner with local and national organizations to increase health literacy in the community as well as train front and back office staff on health literacy
- Continue to increase awareness of the Pavilion Community Health Library and its resources
- Continue to provide health information, health promotion classes and health screenings to community members
- Continue to participate in community health fairs

Identified Community Need: Support of Community Nonprofit Health Organizations

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

Support of community nonprofit health organizations is an effective means to raise awareness of various health conditions, such as heart disease and cancer; collaborate to maximize community efforts without needless duplication of resources; and continue to share experiences and/or leadership capacity with others that share similar goals. To this end, SMH participates in community-sponsored events, assists with coordination, supports and fundraises for health-related causes, and participates in community boards and committees.

Measurable Objective

- Participate in community-sponsored events and support nonprofit health organizations.

FY 2011 Report of Activities

In FY 2011, SMH participated in numerous community-sponsored health fairs, providing first-aid booths, health screenings and health information to the general community. Events included the Fresenius Health Fair, San Diego Earth Fair, San Diego Crew Classic, December Nights, March of Dimes March for Babies Walk, American Heart Association Heart Walk, Fiesta de los Penasquitos, Rancho Bernardo Alive!, and the Multiple Sclerosis Society Challenge Walk. SMH also provided public hospital tours of its newly redesigned facility to various hospitals and not-for-profit organizations, including San Diego Society for HR Management; Sage Consulting; IBM; Nautilus Designs; Community Medical Centers, Fresno; and Stanford University School of Medicine's Center for Compassion and Altruism Research and Education (CCARE).

In addition, SMH provided coordination, support and related fundraising activities for nonprofit organizations in FY 2011, including the American Heart Association Heart Walk, Susan G. Komen Race for the Cure, the American Diabetes Association's Step Out to Fight Diabetes Walk, the San Diego Crew Classic, the March of Dimes March for Babies and the San Diego Blood Bank (quarterly blood drives).

In FY 2011, executive leadership and others donated their time to multiple community organizations and agencies, such as:

- American Cancer Society
- American Heart Association
- Association for Clinical Pastoral Education
- CHIP
- Emergency Nurses Association
- Healthcare Association of San Diego and Imperial Counties
- San Diego Association of Diabetes Educators
- San Diego Blood Bank
- San Diego Emergency Medical Care Committee
- San Diego Eye Bank Nurse Advisory Board
- San Diego Healthcare Disaster Council
- San Diego Interreligious Committee
- Universities and colleges in San Diego

FY 2012 Plan

SMH will conduct the following:

- Participate in community-sponsored events to provide health information and education, first-aid and health screenings as requested by community partners

- Provide coordination, support and fundraising-related activities for local nonprofit organizations
- Participate in community and public organizations, donating time and expertise to important issues facing the community

Identified Community Need: Health Professions Education, Training, and Promotion of Interest in Health Care Careers

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The demand for RNs and other health care personnel in the U.S. will continue to rise with the growing health care needs of the 78 million baby boomers that began to retire in 2010. The DHHS estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply. In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate.
- According to the 2010 SDC *Healthcare Shortage Areas Atlas* from the County of San Diego's HHSA, SDC is one of 27 counties in California listed as a Registered Nurse Shortage Area.
- In 2010, the DOL reported that allied health professions represent about 60 percent of the American health care work force and projected severe shortages of many allied health care professionals.
- According to the San Diego Workforce Partnership 2011 report titled *Healthcare Workforce Development in San Diego County: Recommendations for Changing Times*, health care occupations that will be in highest demand in the next three to five years include physical therapists; medical assistants; occupational therapists; registered nurses; medical record and health information technicians; radiologic technologists and technicians; pharmacists; and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds as well as a need for culturally competent workers with skills in foreign language.
- According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions. While new graduates often possess the needed academic knowledge to be hired, they lack necessary real world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objectives

- In collaboration with local schools, colleges and universities, offer opportunities for students to explore and train for a vast array of health care professions.
- Provide training for health care professionals in SDC.

FY 2011 Report of Activities

SMH is a recipient of the MAGNET[®] designation, the highest honor given by the American Nurses Credentialing Center (ANCC) for nursing excellence and quality patient care.

In FY 2011, SMH offered students and interns throughout San Diego various placement and professional development opportunities. Students and interns from 15 nursing and 34 allied health programs from a variety of colleges and universities spent more than 121,000 hours at SMH in FY 2011. Among some of the nursing program schools were San Diego State University (SDSU), PLNU, University of Oklahoma (OU), California State University San Marcos, National University (NU) and University of San Diego (USD). The allied health programs hosted students from EMSTA College, Palomar Community College, Alliant International University, Emory University, MC and the University of Phoenix, among others. Students from a variety of disciplines were represented including nurses; marriage and family therapy students; radiology and pharmacy technicians; health administration students; and clinical pastoral students. Ten Clinical Pastoral Education Program chaplain interns received 200 hours of training.

Through affiliations with Southwestern College (SWC), Palomar Community College, EMSTA College and National University Polytechnic College, SMH provided clinical training and observation for paramedic interns and Emergency Medical Technicians (EMTs). Students included 39 EMT students who received eight hours of observation each, two EMT dive students who received 40 hours of observation each, and 59 paramedic interns who spent 144 hours each in clinical training in the ED, which included rotations to other specialties on campus such as Labor & Delivery, Trauma, NICU, the Operating Room, Cath Lab and Pulmonary departments. SMH staff contributed a total of 8,496 hours of clinical training and supervision to these specialized community programs in FY 2011.

In addition, SMH provided training, leadership and space for nursing students in the San Diego area through affiliations with the OU College of Nursing, USD, SDSU, PLNU, Kaplan College, SWC, InterAmerican College and other colleges and universities. Degree programs ranged from Associate degrees to Master of Science degrees in Nursing. In FY 2011, nearly 589 nursing students received more than 61,800 preceptor hours at SMH.

SMH also continued its participation in the Health Sciences High and Middle College (HSHMC) program to provide early professional development for students at all levels of high school. During the school year, October through May, students in grades nine, 11, and 12 spent an estimated 5,192 supervised hours at SMH and 412 hours at the Pavilion. The majority of departments at SMH participated in the program, including inpatient nursing and the ED, ancillary support departments (laboratory, non-invasive, rehabilitation and radiology), as well as hospital operations (cafeteria, engineering and security). In addition, several students worked in specialized departments such as wound healing, pathology and the operating room. SMH also expanded the HSHMC program to include leadership training for students. The program included a special focus not only on patient-and-family-centered care, but also on professionalism, the culture of a professional environment and helping students to identify a personal vision. In FY 2011, SRS also devoted nearly 770 hours to 12 HSHMC students.

Also in FY 2011, SMH provided its Junior Volunteer Program to high school students in the community. The program is open to all grade levels, and most new volunteers are placed as Guest Ambassadors at the concierge desk. Junior volunteers augment and enhance the services of staff by greeting and escorting patients and their loved ones, answering questions for visitors, and running errands throughout the SMMC. They also have the opportunity to transfer to different departments such as gift shops, nursing units and the ED, allowing them to explore different careers offered in medically related fields. In FY 2011, there were 76 active junior volunteers, providing a total of 5,700 hours of service to the program.

In addition, SMH and SGH have partnered to provide one of only two new Mobile Intensive Care Nurse (MICN) training programs in SDC. Together, they offer an extensive six-week training program – open to any San Diego base station emergency nurse – three to four times a year. The course is a 48-hour classroom program. Certification is provided through County Emergency Medical Services (EMS) upon successful completion of the classroom program, passing the County EMS final examination of SDC protocols with a score of 85 percent or higher, and completion of the mandatory ride-along hours in a paramedic unit. The program has been very successful and continues to receive positive reviews from the nurses who completed the program.

SMH also leads the Consortium for Nursing Excellence, San Diego. For the past five years, this consortium has sought to inspire clinical excellence through the promotion of evidence-based practices in the nursing community. The consortium represents a partnership between Sharp HealthCare, Scripps Health, Rady Children's Hospital – San Diego, UC San Diego Medical Center, and San Diego VA Medical Center, as well as three academic institutions – PLNU, SDSU and USD. Six full-day workshops are provided over one year, where staff nurses are paired with Master's-prepared mentors to guide and assist them through the

process of evidence-based practice. In FY 2011, approximately 60 nurses graduated from the program.

FY 2012 Plan

- Continue to provide intern and professional development opportunities to health professions students throughout SDC
- Continue to collaborate with HSHMC to provide opportunities for students to explore health care careers, including leadership training and a junior volunteer program
- Provide professional development opportunities to massage therapy and other art students through the Integrative Healing Program
- Implement new systemwide HSHMC student orientation
- Annually review and evaluate HSHMC program

Identified Community Need: Education, Support and Screening for Stroke

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified heart disease and stroke as the second-most important health outcomes overall (when considering a total of seven health outcomes) in the 2010 CHNA.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County's Health and Human Services Agency (HHS), in 2007, stroke was the third-leading cause of death in SDC.
- On average, there were 202 deaths a year due to stroke in the County's North Central Region during the three-year period from 2005 through 2007. In SDC, the age-adjusted death rate due to stroke during this period was 38.8 deaths per 100,000 population, higher than the HP 2020 target of 33.8 deaths per 100,000.
- If no changes are made in risk behavior, based on current disease rates it is projected that by the year 2020 the total number of deaths from heart disease and stroke will increase by 38 percent, according to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County of San Diego HHS.
- In 2008, there were 1,103 hospitalizations due to stroke in the County's North Central Region. The rate of hospitalizations for stroke was 182.6 per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County of San Diego HHS, in 2007, nearly 63 percent of hospitalizations were due to heart disease and stroke. If no changes are made in risk behavior, based on current rates, it is projected that by the year

2020 the total number of hospitalizations will increase by 31 percent for stroke.

- In 2008, there were 231 stroke-related ED visits in the County's North Central Region. The rate of visits was 38.2 per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County* 2010 report from the County of San Diego HHS, the most common risk factors associated with stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.

Measurable Objective

- Provide stroke education and screening services for the community, with an emphasis on seniors.

FY 2011 Report of Activities

Note: SMH is certified by The Joint Commission as a Primary Stroke Center (recertified in FY 2011). The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. SMH is also a recipient of the Get With the Guidelines (GWTG) Gold Plus Achievement Award for Stroke. The American Heart Association's GWTG is a national effort focused on ensuring that evidence-based therapies are used with stroke patients.

In conjunction with the seasonal flu clinics conducted by the SMH Senior Resource Center in FY 2011, the SMH Stroke Center provided stroke screenings to seniors and high-risk adults. In FY 2011, SMH held its annual Senior Health and Safety Fair at the Point Loma Community Presbyterian Church, providing stroke screenings for 32 seniors as well as stroke education to attendees. In collaboration with the Sharp Senior Resource Center, SMH also provided a presentation to community members, in which a neurologist spoke about stroke prevention and warning signs. At this event, approximately 12 seniors also received a stroke screening.

SMH Rehabilitation Center provided meeting space for Young Enthusiastic Stroke Survivors (YESS), a free weekly support group for survivors of stroke and head injuries and their loved ones, as well as professionals and educators. Education topics included coping skills; adjustment; family and intimacy; work and school re-entry; and support. SMH also offered specialized assistance to YESS, as well as the Challenged Women's Support Initiative and Men with Disabilities, to help these groups prioritize their learning needs, and plan and implement successful educational presentations.

In addition, SMH actively participated in the quarterly San Diego County Stroke Consortium – a collaborative effort to improve SDC stroke care and discuss

issues impacting stroke care in SDC. In FY 2011, SMH collaborated with SDC to provide data for their stroke registry.

FY 2012 Plan

SMH Stroke Center will do the following:

- Participate in stroke screening and education events in SDC, including events targeting seniors and high-risk adults
- Provide a stroke prevention presentation for the community during Stroke Month (May)
- Provide education for individuals with identified risk factors
- Participate with other SDC hospitals in the Stroke Consortium
- Collaborate with the state of California to develop a Stroke Center Registry
- Continue to offer and support stroke support groups through Sharp Memorial Rehabilitation Services

Identified Community Need: Orthopedic and Osteoporosis

Community Education

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the Centers for Disease Control (CDC), arthritis is the nation's most common cause of disability. An estimated 50 million U.S. adults (about one in five) report doctor-diagnosed arthritis. As the U.S. population ages, these numbers are expected to increase sharply to 67 million by 2030, and more than one-third of these adults will have limited activity as a result. In addition, a recent study indicated that some form of arthritis or other rheumatic condition affects one in every 250 children (CDC, 2011).
- According to the National Institute of Health (NIH), osteoporosis is responsible for more than 1.5 million fractures each year, including 250,000 wrist fractures, 300,000 hip fractures, 700,000 vertebral fractures and 300,000 fractures at other sites (2006).
- According to a Healthy People (HP) 2010 Progress Review released in 2006, osteoporosis is responsible for more than \$14 billion in health care costs annually.
- According to the 2007 CHNA, in the U.S., the age-adjusted prevalence of doctor-diagnosed arthritis is estimated to be 21.3 percent among adults ages 18 and over.
- According to HP 2020, approximately 80 percent of Americans experience low back pain (LBP) in their lifetime. Each year, it is estimated that 15 to 20 percent of the population develop protracted back pain, 2 to 8 percent have chronic back pain (pain that lasts more than three months), 3 to 4 percent of

the population is temporarily disabled due to back pain and 1 percent of the working-age population is disabled completely and permanently due to LBP.

- In addition, research for HP 2020 reveals that Americans spend \$50 billion each year for LBP, which is the third-most common reason to undergo a surgical procedure and the fifth-most frequent cause of hospitalization (2009).
- In the County's North Central Region from 2006 to 2008, the number of arthritis-related hospitalizations increased from 1,525 to 1,693, while the rate of arthritis-related hospitalizations increased from 258 to 280 per 100,000 population.
- In SDC's North Central Region from 2006 to 2008, the number of arthritis-related ED discharges increased from 1,727 to 1,794, while the rate of arthritis-related ED discharges increased from 292 to 297 per 100,000 population.
- In 2008, females had a higher hospitalization rate for arthritis-related diagnosis than males in the County's North Central Region (310 and 251 per 100,000 population, respectively).
- In the County's North Central Region in 2008, blacks had a higher ED discharge rate for arthritis-related diagnosis than persons of other racial or ethnic groups, and persons ages 65 and over had higher ED discharge rates for arthritis-related diagnosis than younger persons.

Measurable Objective

- Provide education on orthopedics and osteoporosis to the community.

FY 2011 Report of Activities

In FY 2011, in collaboration with the Scoliosis Research Society, SMH provided a free, live spine tutorial to both national and international physicians on minimally invasive scoliosis surgery. Via live Web feed from the Operating Room, 15 physicians attended an educational session at SMH to observe innovative, minimally invasive spinal surgical techniques. In addition, an educational session on MRI Complexities of the Hip was provided at the SMH Hip Preservation Center for national and community physicians, residents, interns and Navy. The SMH Hip Preservation Center provides specialized treatment of orthopedic hip conditions.

In addition, in collaboration with the Sharp Senior Resource Center, SMH provided two presentations on Minimizing the Effect of Arthritis in Your Hands for 67 seniors, as well as three community hand screening events for 32 seniors during FY 2011. Hand screenings allowed seniors in the community to meet individually with a hand therapist for a 15-minute session to discuss concerns such as difficulties with their hands, decreased function and pain.

FY 2012 Plan

- Offer arthritis and osteoporosis educational presentations to the community
- Continue to offer live, on-site tutorials for minimally invasive spinal surgeries to physicians in the local, national and international communities
- Provide three continuing education lectures to community physicians, residents, interns and Navy at the SMH Hip Preservation Center
- Provide an orthopedic conference for community physicians

Identified Community Need: Prevention of Unintentional Injuries

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified injury and violence prevention as the fourth-most important health-related behaviors overall (when considering a total of six health-related behaviors) in the 2010 CHNA.
- Injury, including both intentional and unintentional, is the number one killer and disabler of persons aged 1 to 44 in California.
- Unintentional injuries – motor vehicle accidents, falls, firearms, fire/burns, drowning, poisoning (including drugs and alcohol, gas, cleaners and caustic substances) and injuries at work – are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region.
- During 2008, unintentional injury was the leading cause of death for persons ages 1 to 4 years and 15 to 34 years, and the sixth-leading cause of death overall in SDC.
- Between 2000 and 2008, 6,725 San Diegans died as a result of unintentional injuries, and the rate of death has increased by 9.8 percent.
- In 2009, there were 158 deaths due to unintentional injury in the County's North Central Region. The region's age-adjusted death rate due to unintentional injuries was 23.5 deaths per 100,000 population.
- In 2008, there were 3,545 unintentional hospitalizations related to injury in SDC's North Central Region. The rate of hospitalizations due to unintentional injury was 587 per 100,000 population. The hospitalization rate in the region was lower than the County average of 661 per 100,000 population.
- In 2008, there were 22,894 unintentional injury-related ED visits in the County's North Central Region. The rate of visits due to unintentional injury was 3,789 per 100,000 population. The ED visit rate in the region was the lowest in SDC and lower than the County average of 4,764 per 100,000 population.
- According to HP 2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices such as alcohol use or risk-taking; the physical environment both at home and in the

community; access to health services and systems created for injury-related care; and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods, and communities) and societal-level factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

Measurable Objective

- To offer an injury and violence prevention program for children, adolescents and young adults throughout SDC.

FY 2011 Report of Activities

In FY 2011, ThinkFirst/Sharp on Survival participated in an after-school educational event at Caesar Chavez Elementary School, serving 50 elementary school students and their parents. During this event, students and parents learned about modes of injury, the importance of protecting the brain and spinal cord, and the permanency of these injuries. The presentation was offered in both English and Spanish and post-event informational booths were provided for families to obtain handouts and further information. The event not only provided injury prevention information, but also served as a good disability awareness venue. Students interacted one-on-one with Voices for Injury Prevention (VIP) volunteers, who are also spinal cord injury survivors. Opportunities for learning included the physical consequences of making poor choices as well as raising awareness of the similarities that people with disabilities share with students, as opposed to their differences.

In October, ThinkFirst/Sharp on Survival partnered with the American Automobile Association (AAA) and the Trauma Research and Education Foundation (TREF) in a teen driving safety event. Nearly 500 teens and parents received safety information from the ThinkFirst/Sharp on Survival booth, and had the opportunity to talk with several VIPs who sustained spinal cord injuries as a result of a car crash. The event focused on the reduction of teen car crashes in San Diego's North County and aimed to raise awareness for parents about safe driving practices as their teenagers become licensed drivers.

ThinkFirst/Sharp on Survival also participated in the HSHMC program in FY 2011. Several students spent one or two semesters in the physical rehabilitation center learning about different therapies and how the multidisciplinary team works together to treat the patient as a whole. Students were assigned an outpatient to "shadow" each day as they went through their various therapy sessions. Weekly activities included physical, occupational and speech therapy sessions as well as community therapy sessions (shopping, bowling, parks and museums). This shadowing provided students with an understanding of the

benefits of different therapies in treating individual clients, and thus offered further insight into each unique patient experience.

In addition, ThinkFirst/Sharp on Survival expanded into San Diego's South Bay Region in FY 2011. ThinkFirst/Sharp on Survival health educators and VIP's provided a presentation for 40 students at Sweetwater High School in the South Bay about the consequences of poor behavioral choices. The group was also a part of the Health and Science Pipeline Initiative (HASPI), and thus presentations also offered a focus on physical rehabilitation careers within health care.

FY 2012 Plan

- With funding support from grants, provide educational programming and presentations for local schools and organizations
- Increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation at community events and health fairs using grant funding
- Continue to evolve program curricula to meet the needs of health career pathway classes as part of the HASPI partnership

SMH Program and Service Highlights

Sharp Memorial Hospital:

- 24-hour emergency services with heliport and base station
- Acute care
- Bariatric
- Breast health, including mammography
- Cancer care
- Cardiac care
- Cardiac rehabilitation
- Chest Pain Center, specializing in emergency chest pain treatment
- Congestive Heart Failure Management Program
- Warfarin Clinic
- CT Scan
- EEG
- EKG
- Group and art therapy
- Home health
- Home infusion services
- Hospice¹
- ICU
- Laboratory services
- Mechanical Assist Device Program
- Nutrition and metabolic services
- Organ transplantation (heart, kidney, pancreas)
- Orthopedics Program
- Pathology services
- Primary care
- Radiology services
- Rehabilitation Center
- Robotic surgery
- Senior health services
- Senior Resource Center
- Sharp and Rady Children's MRI Center
- Spiritual Care and Education
- Stroke Center
- Surgical services
- Trauma Center
- Van services
- Wound and Ostomy Center

Sharp Memorial Outpatient Pavilion:

- Cancer Services
- Cushman Wellness Center, including health screening and the Community

¹ Provided through Sharp HospiceCare.

Health Library and Resource Center

- Diabetes services – recognized by American Diabetes Association
- Diagnostic services
- Endoscopy Center
- Executive Health Program
- Eye and Laser Treatment Center
- General and Diagnostic Imaging Center
- Integrative Medicine
- Outpatient surgery
- Pain Management Center
- Radiation Oncology and Infusion Center
- SRS Ophthalmology
- Virtual Colonoscopy
- Women's Imaging Center

Sharp Senior Health Center Downtown:

- Community health education programs
- Community health services
- Primary and comprehensive physical and mental health care services to seniors

Sharp Senior Health Center Clairemont:

- Community health services
- Primary and comprehensive health care services to seniors



Enhancing Healing and Recovery

~ SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER ~

Recognizing the importance for all San Diego County residents to have access to excellent mental health care, Sharp Mesa Vista Hospital is dedicated to providing expertise and mentorship to future health care leaders. Through multiple educational opportunities, the hospital provides tens of thousands of hours in training and hands-on experience to students and interns. Areas of focus include social work, nursing, psychology, rehabilitation counseling and peer support.

Students, ranging from high school to post-doctorate, participate in clinical rotations where they study evidence-based interventions and best practices. Additionally, students learn the guiding principles, aims and components of mental health recovery: hope, empowerment, self-responsibility, connection and a meaningful life; and how individuals – regardless of job title or function – may create a positive and hopeful experience of healing and recovery through their words and actions.

Commitment

Section

10 Sharp Mesa Vista Hospital and Sharp McDonald Center

- SMV is located at 7850 Vista Hill Avenue, in San Diego, ZIP code 92123.
- SMC is located at 7989 Linda Vista Road, in San Diego, ZIP code 92111.
- SMV Mid-City Outpatient Program is located at 4275 El Cajon Boulevard, Suite 100, in San Diego, ZIP code 92115; SMV East County Outpatient Program is located at 1460 East Main Street, in El Cajon, ZIP code 92021.

FY 2011 Community Benefits Program Highlights

SMV and SMC provided a total of **\$7,753,855** in community benefits in FY 2011. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697, and **Figure 1** for the distribution of SMV’s community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital – FY 2011

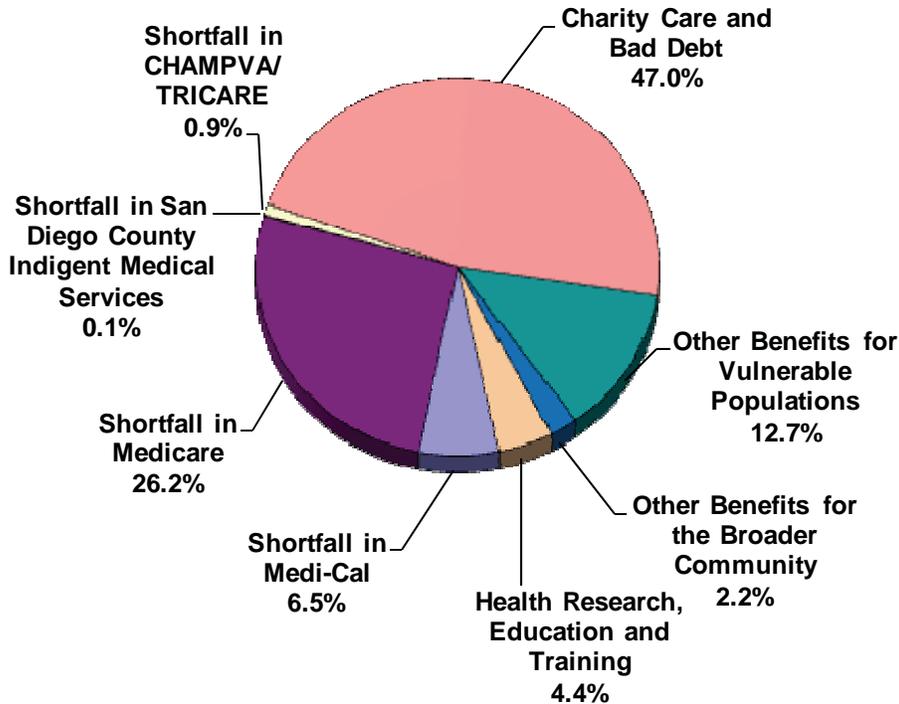
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2011 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$499,548
	Shortfall in Medicare ¹	2,033,907
	Shortfall in San Diego County Indigent Medical Services ¹	8,155
	Shortfall in CHAMPVA/TRICARE ¹	71,189
	Charity Care and Bad Debt ²	3,645,567
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	984,422
Other Benefits for the Broader Community	Health education and information, support groups, participation in community events, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	171,845
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	339,222
	TOTAL	\$7,753,855

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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Mesa Vista Hospital and Sharp McDonald Center – FY 2011



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare and CHAMPVA/TRICARE; and financial support for on-site workers to process Medi-Cal eligibility forms.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; free psychiatric assessments and referrals; monthly VIP volunteer-served lunch at Father Joe’s Villages/St. Vincent de Paul Village; Ticket to Work Employment Network program; Cross Cultural Mental Health Program to address barriers to mental health services for disadvantaged, culturally diverse urban seniors; contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans and the San Diego Food Bank; the Sharp Humanitarian Service Program; and other assistance for the needy.
- **Other Benefits for the Broader Community** included health education and information on a variety of topics, participation in community health events, and collaboration with local schools to promote interest in health care careers. SMV also offered meeting room space at no charge to community groups. In

addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as Mental Health America; Residential Care Council; San Diego Committee on Employment of People with Disabilities; Schizophrenics in Transition; Recovery Innovations of California (RICA); Community Health Improvement Partners (CHIP) Behavioral Health Work Team; Association of Ambulatory Behavioral Healthcare; Employee Assistance Professionals Association; Parents for Addiction, Treatment, and Healing (PATH); National Council on Alcoholism and Drug Dependence (NCADD); California Behavioral Health Board; and the American College of Healthcare Executives (ACHE). See **Appendix A** for a listing of Sharp community involvement.

- **Health Research, Education and Training Programs** included education and training of health care professionals, and student and intern supervision.

Definition of Community

As specialty hospitals, SMV and SMC serve the community of San Diego County. See **Appendix B** for a map of community and region boundaries in San Diego County.

Description of Community Health

In San Diego County in 2009, 95.4 percent of children ages 0 to 11, 95.6 percent of children age 12 to 17, and 84.8 percent of adults ages 18 and older had health insurance, while 97.2 percent of children ages 0 to 11, 87.3 percent of children ages 12 to 17, and 88.3 percent of adults ages 18 and older had a regular source of medical care – failing to meet the Healthy People (HP) 2020 national targets¹ for health insurance coverage and regular source of medical care. Among adults ages 18 to 64 years in San Diego County, 17.7 percent were not currently insured in 2009. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

¹ The U.S. Department of Health and Human Services' (DHHS) HP 2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP 2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities and improve the health of all groups; to create social and physical environments that promote good health for all; and to promote quality of life, healthy development, and healthy behaviors across all life stages.

Table 2: Health Care Access in San Diego County, 2009

Description	Rate	Year 2020 Target
Health Insurance Coverage		
Children 0 to 11 Years	95.4%	100%
Children 12 to 17 Years	95.6%	100%
Adults 18 + Years	84.8%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	97.2%	100%
Children 12 to 17 Years	87.3%	100%
Adults 18 + Years	88.3%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	17.7%	

Source: 2009 CHIS

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults ages 18- 64 yrs), 2009

Description	Rate
Medi-Cal Eligible	8.3%
Healthy Families Eligible	0.8%
Not Eligible	90.9%

Source: 2009 CHIS

Heart disease and cancer were the top two leading causes of death in San Diego County. Suicide was the ninth-leading cause of death. See **Table 4** for a summary of leading causes of death in San Diego County.

**Table 4: Leading Causes of Death in San Diego County
Three-Year Average (2007 through 2009)**

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	4,754	24.7%
Diseases of Heart	4,731	24.6
Cerebrovascular diseases	1108	5.8
Alzheimer's disease	,1092	5.7
Chronic lower respiratory diseases	1006	5.2
Accidents (unintentional injuries)	959	5.0
Diabetes mellitus	549	2.9
Intentional self-harm (suicide)	361	1.9
Chronic liver disease and cirrhosis	319	1.7
Influenza and pneumonia	317	1.7
Essential (primary) hypertension and hypertensive renal disease	265	1.4
Parkinson's disease	203	1.1
Nephritis, nephrotic syndrome and nephrosis	176	0.9
Septicemia	115	0.6
Viral hepatitis	114	0.6
All other deaths	3,146	16.4
Total Deaths	19,213	100.0%

Note:

Ranking of leading causes of death based on the countywide rank among San Diego residents in 2009.

Source: County of San Diego, HHSA, Public Health Services, Community Epidemiology Branch.

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits planning, SMV and SMC:

- Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals
- Estimate an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels
- Host a bimonthly committee to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefits Report

The SMV and SMC Community Benefits Report addresses the following identified community needs:

- Mental health and substance abuse education for the community
- Improving outcomes for seniors at risk
- Mental health and substance abuse education for health care professionals

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2011 Report of Activities conducted in support of the objective(s), and FY 2012 Plan of Activities.

Identified Community Need: Mental Health and Substance Abuse Education for the Community

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Mental health and mental disorders were identified as the third-most important overall health outcome (when considering a total of seven health outcomes) in the 2010 CHNA.
- Substance abuse and tobacco use were identified as the third-most important overall health-related behaviors (when considering a total of six health-related behaviors) in the 2010 CHNA.
- According to 2007 prevalence estimates presented in the 2010 CHNA, there are 141,420 persons in SDC with serious mental illness. This represents 4.9 percent of the household population in SDC.
- According to findings presented in the 2010 CHNA, primary care clinics in SDC reported 73,269 patient encounters with a diagnosis of mental disorder in 2009, representing 4 percent of all clinic encounters.
- According to findings presented in the 2010 CHNA, the number of clients served by the Children's Mental Health Services (CMHS) of the County of San Diego Health and Human Services Agency (HHS) increased by 4.3 percent, from 16,874 in FY 2005/2006 to 17,600 in FY 2007/2008. Since FY2006/2007, clients served by the Adult Mental Health Services (AMHS) increased by 8 percent, with 41,132 adults and older adults served in FY2007/2008.
- Between 2006 and 2008, 60,246 persons in SDC were discharged from hospital EDs with a principal diagnosis related to mental disorders, averaging

23,081 persons per year. During this three-year period, the annual number of ED discharges following treatment related to mental disorders increased by 21.8 percent. The age-adjusted ED discharge rate has increased from 682 per 100,000 in 2006 to 810 per 100,000 in 2008, a change of 18.7 percent.

- In 2009, suicide was the eighth-leading cause of death in SDC, responsible for 365 deaths. The age-adjusted death rate due to suicide was 11.2 deaths per 100,000, failing to meet the HP 2020 target of 10.2 deaths per 100,000.
- In SDC, between 1998 and 2007, suicide was the second-leading cause of non-natural death for all ages. In 2008, males, whites, persons between the ages of 35 and 64, and those ages 85 and older were most impacted by suicide, as measured by the age-adjusted rate per 100,000. Between 2000 and 2008, there was a 3.3 percent increase in the number of suicides.
- In 2008, the age-adjusted rate of self-inflicted injury ED discharges in SDC was 76 per 100,000 population. Between 2006 and 2008, the annual number of ED discharges following treatment for self-inflicted injuries increased by 27.4 percent, and the age-adjusted ED discharge rate increased by 24.6 percent. In 2008, females, whites, blacks and persons ages 15 or 64 were those most impacted by self-inflicted injury based on ED utilization, measured by the age-adjusted rate per 100,000.
- The causes of mental illness are thought to be related to a variety of biochemical, genetic and environmental factors, including having biological relatives with mental illness, malnutrition or exposure to other viruses before birth, stressful life situations, chronic medical conditions, combat, taking psychoactive drugs during adolescence, childhood abuse or neglect, and lack of friendships or healthy relationships, according to findings presented in the 2010 CHNA.
- During the three-year period from 2007 to 2009, the average rate of age-adjusted overdose/poisoning hospitalizations among SDC residents increased from 69 hospitalizations per 100,000 population in 2007 to 73 hospitalizations per 100,000 in 2009. In 2009, age-adjusted rates for overdose/poisoning hospitalizations were higher in females when compared to males, highest among senior adults ages 65 years and older when compared to other age groups, and highest among blacks when compared to other race/ethnic groups.
- In FY 2008, the age-adjusted rate of overdose/poisoning-related ED visits in SDC was 147 per 100,000 population. Age-adjusted rates were higher in females when compared to males, highest among adolescents and young adults ages 15 to 24 years when compared to other age groups, and highest among blacks when compared to other race/ethnic groups.
- In 2009, 3.8 percent of adolescents ages 12 to 17 in SDC reported engaging in binge drinking in the past month. The rate of binge drinking is lower than the HP 2020 target of no more than 8.5 percent of adolescents ages 12 to 17 engaging in binge drinking during the past month. (Male binge drinking is defined as having five or more drinks on one occasion in the past month, and female binge drinking is defined as having four or more drinks on one occasion in the past month.)

- In 2009, 6.1 percent of adolescents ages 12 to 17 in SDC reported to have used marijuana in the past year.
- Behavioral and social risk factors associated with substance abuse include negative peer pressure, poor role models, depression and poor self-image, social isolation, and lack of education about consequences, according to findings presented in the 2007 CHNA. Environmental risk factors associated with substance abuse include genetics and family history, poverty, lack of employment, media promotion, accessibility of substances, and poor family functioning. Intermediate outcomes associated with substance abuse include binge drinking and illicit drug use.
- According to the National Institute of Health (NIH) National Institute of Drug Abuse website, important risk factors for drug abuse among children and adolescents include early aggressive behavior, lack of parental supervision, substance abuse, drug availability and poverty. As a child gets older, interactions with family, classmates and the community can affect that child's risk for later drug abuse. In adolescents, association with drug-abusing peers is often the most immediate risk for exposure to drug abuse and delinquent behavior. Other factors – such as drug availability, trafficking patterns and beliefs that drug abuse is generally tolerated – are risks that can influence young people to start abusing drugs.
- According to HP 2020, substance abuse has a major impact on individuals, families and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems, including teenage pregnancy, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), other sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide and suicide.

Measurable Objective

- Provide mental health and substance abuse education for patients, their loved ones and the community, and facilitate community reintegration through community service activities.

FY 2011 Report of Activities

In FY 2011, SMV psychiatric evaluation and intake teams provided approximately 8,500 free psychiatric evaluations and referrals for the general community. On an ongoing basis, a SMV Psychiatric Evaluation Team provided 16 hours a week to senior community centers for senior clients and eight hours a week at Potiker Family Senior Center, a residential site for low-income, at-risk seniors. Seniors received a variety of early intervention services, including examination by a nurse or psychiatrist, medication, referrals, and/or counseling to reduce risks of hospitalization and/or homelessness.

To increase awareness of mental health and substance abuse, SMV and SMC hosted numerous community speaking engagements and workshops, addressing a variety of behavioral health topics including cognitive therapy and child psychiatry, and also hosted a geriatric psychiatry session entitled Battling the Blues. In addition, monthly lectures were delivered through a cognitive therapy lecture series and included topics such as anxiety, anger, depression, stress and post-traumatic stress disorder. SMV offered two sessions focused on Transitional Age Youth (TAY) to the community, entitled Understanding TAY with Mental Illness, and provided education and resources to a total of 120 attendees.

In recognition of Mental Health Month in May, SMV assisted with coordinating a community-wide drum circle, making a powerful statement to end the stigma around mental illness. More than 100 community members participated in the drum circle held at Balboa Park, where SMV provided educational resources, an awareness campaign, as well as a patient speaker on mental illness.

In FY 2011, SMV and SMC sponsored and participated in four walks to increase awareness and raise funds for mental health services, including the National Alliance on Mental Illness (NAMI) walk, National Suicide Prevention Walk, Save a Life San Diego (for suicide prevention), and San Diego Alzheimer's Association Annual Memory Walk. In addition, SMV contributed \$2,500 to the NAMI walk and SMV employees and patients contributed an additional \$2,500 through fundraising activities.

In response to the need for information and support for caregivers of individuals with mental illness, SMV continued its partnership with the San Diego chapter of NAMI to provide monthly support groups at the hospital, serving residents of SDC. In addition, SMV continued to collaborate with the Independent Living Association to advocate in community forums for safer living options for people with serious mental illness. SMV also collaborated with CHIP to organize the first gathering of independent living operators and mental health professionals. The meeting was held at the War Memorial in Balboa Park, where SMV provided a resource fair and education on safer living conditions and mental illness to more than 75 attendees.

Throughout the year, SMV provided free meeting space for a variety of self-help groups on a weekly basis including Alcoholics Anonymous, Al-Anon, Alcoholics Anonymous – Dual Diagnosis, Women's Alcoholics Anonymous, Child and Adolescent Support Group, Men's 12-Step Group, Supporting Adolescents and Families in Recovery, Serenity Promotions, Narcotics Anonymous, Teenage Narcotics Anonymous, Co-Dependents Anonymous, Gambler's Anonymous, Nicotine Anonymous, Shyness and Social Anxiety Group, San Diego Phobia Foundation, Supporting Adolescents and Families in Recovery, National Association of Anorexia Nervosa and Associated Disorders (ANAD), RICA's Wellness Recovery Action Plan (WRAP) Classes, and the NAMI – Electroconvulsive Therapy Support Group.

In January 2009, SMV launched its Volunteers Inspiring Possibilities (VIP) group. This volunteer group of current and former SMV mental health consumers, as well as their friends and loved ones, participated alongside Sharp staff at a variety of community events, including Sharp Lends a Hand – Stand Down for Homeless Veterans, the American Heart Association (AHA) Heart Walk, and the NAMI walk. In addition, VIP volunteers served lunch each month at Father Joe's Villages/St. Vincent de Paul Village and helped provide support to SMV's free outpatient boutiques. In FY 2011, more than 75 community members participated in the VIP group. The group not only provides an invaluable service to the San Diego community, but also empowers and mobilizes mental health care consumers, helps reduce the stigma associated with mental illness, and provides mental health care consumers with further opportunities for recovery.

The VIP group is one element of SMV's Psychiatric Rehabilitation Program, which is dedicated to creating possibilities for social reintegration of individuals with mental illness by involving them in community service activities. The program's community service activities included the Green Thumbs Club, where patients of the outpatient programs maintain a community garden in a transitioning neighborhood; Sharp Sluggers, where current and former SMV patients as well as community members with mental illness participate on a co-ed softball team; the Client Advisory Board, where outpatients provide feedback on how to improve programs, empower patients, promote advocacy, and better serve the community; and Transit Training, where clients learn to utilize public transportation.

In addition, SMV has been the first and only hospital-based Ticket to Work Employment Network in California, providing a variety of services to the entire disabled community. Services include counseling and advice, and/or information and referrals on post-employment topics such as benefits (Social Security Income / Social Security Disability Insurance cash and insurance benefits), regulations (American Disabilities Act, Family Medical Leave Act, disclosure and requests for accommodations), conflict resolution (relating to employment needs, goals, and opportunities), and interactions (Social Security, supervisors, coworkers, etc.).

FY 2012 Plan

SMV and SMC will do the following:

- Provide free psychiatric assessments and referrals for the community
- Participate in community events to raise awareness and funds for behavioral health services
- Host and facilitate various monthly support group meetings

- In association with the Creative Arts Consortium, participate in and host art classes for mental health care consumers that are also facilitated by consumers
- Participate in key mental health events and activities alongside patients
- Provide free meeting space for use by a variety of self-help groups
- Continue participation in the VIP group and other psychiatric rehabilitation programs and activities that benefit the San Diego community
- Continue to participate in the Ticket to Work program
- Host a variety of community education events as well as provide educational programs to the mental health community
- Continue collaboration with community providers and provide education to independent living facilities to improve living conditions for individuals with mental illness
- Continue serving as the media's go to experts for information on mental health conditions and treatment
- Continue to strategically align with nonprofit allies and key community partners through board and committee membership

Identified Community Need: Improving Outcomes for Seniors at Risk

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the Centers for Disease Control (CDC), among adults ages 65 and over, 28 percent of those who had Medicaid and Medicare health care coverage experienced feelings of sadness for all, most or some of the time, compared with 12 percent of those who had Medicare-only health care coverage and 10 percent of those who had private health insurance. Also, adults ages 65 and over who had Medicaid and Medicare health care coverage were at least two times as likely to feel hopeless, worthless or that everything is an effort for all, most, or some of the time, as adults ages 65 and over who had either Medicare-only health care coverage or private health insurance (National Health Interview Survey, 2009).
- The 2009 California Health Interview Survey (CHIS) revealed that 6.7 percent of adults over the age of 65 in SDC saw any health care provider for emotional mental health problems and/or alcohol-drug issues in the past year.
- Older adults at particularly high risk for depression include those who are unmarried, widowed and/or lack a strong social support network (SDC Network of Care).
- According to the National Institute of Mental Health (NIMH), older Americans are disproportionately likely to die by suicide. Of every 100,000 people ages 65 and older, 14.3 died by suicide in 2007, higher than the national average of 11.3 suicides per 100,000 people in the general population (NIMH, 2007).

- According to findings presented in the 2010 CHNA, suicide was the leading cause of non-natural death in SDC among adults ages 55 to 74 between 1998 and 2007.
- In 2008, adults ages 65 and older had the highest suicide rate (19.0 per 100,000 population) among all age groups (15 to 24 and 25 to 64) in San Diego. Adults ages 85 or older were among the groups most impacted by suicide during 2008, as measured by the age-adjusted rate per 100,000.
- Since 2000, the population of those over 65 or older has increased by 20 percent and is expected to grow steadily over the next 20 years. Current projections indicate that by the year 2030, this population will account for almost one in five residents in SDC. An aging population presents challenges for the treatment of older adults, such as an increase in the number of new cases of depression and risk of suicide; an increase in the number of new cases of dementia and the associated cost of treatment; and the co-occurrence of depression and chronic diseases associated with aging.
- According to the Substance Abuse and Mental Health Services Administration (SAMSHA), 20 to 25 percent of the homeless population in the United States suffers from some form of severe mental illness (NIMH, 2009).
- According to the *International Journal of Geriatric Psychiatry*, a recent study of how uninsured or publicly insured older adults with severe mental illness access mental health services in SDC revealed that older adults were more likely to access the public mental health system PERT (Psychiatric Emergency Response Team), a combined law-enforcement and psychiatric service that responds to psychiatric-related 9-1-1 calls. Older adults were also less likely to receive follow-up care, due to both the initial site of service – and an associated lower rate of follow-up among PERT clients – as well as a lower rate of follow-up among older adult clients initiating services in other sectors (Gilmer, et al., 2009).
- According to the *Community Mental Health Journal*, in a qualitative study of unmet mental health needs of Latino older adults in SDC, barriers to appropriate mental health care included housing, transportation, social support, as well as language and cultural barriers secondary to a lack of translators, lack of information on available services, and scarcity of providers representative of the Latino community (Barrio, et al., 2008).

Measurable Objective

- Provide culturally competent outreach services to high-risk seniors in San Diego's disadvantaged communities.

FY 2011 Report of Activities

In FY 2011, SMV continued to collaborate with Potiker Family Senior Residence and Senior Community Centers of San Diego to operate the Cross Cultural Mental Health Program. The program coordinates community-based mental health services for disadvantaged, culturally diverse urban seniors. In addition,

the program seeks to provide prevention and early intervention methods to improve the utilization and effectiveness of mental health services for high-risk seniors. The program is designed to address barriers to mental health services for older adults, including stigma, isolation and lack of services.

In FY 2011, approximately 400 high-risk seniors were screened through the program's efforts, whereupon assessments and appropriate referrals were provided. Assessments, interventions and resources were provided by two skilled, culturally competent psychiatric RNs stationed at Potiker Family Senior Residence, Downtown Senior Community Centers and City Heights Senior Housing. In addition, psychiatric services were provided by a culturally diverse psychiatrist contracted with SMV. Regardless of their income or ability to pay, seniors were provided with both early intervention services and additional medical services that potentially prevented hospitalization and homelessness.

FY 2012 Plan

- In collaboration with Sharp Senior Health Center Downtown, provide outreach and education to seniors without stable housing
- Continue participation in the Cross Cultural Mental Health Program

Identified Community Need: Mental Health and Substance Abuse Education for Health Care Professionals

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the 2010 CHNA, the projected growth of the aging population will present the challenge of an insufficient geriatric mental health workforce to provide treatment and care for this population.
- There is a critical shortage of individuals trained to meet the needs of children and youth, and their families, as well as older adults (*An Action Plan for Behavioral Health Workforce Development, 2007*)
- An important component of strengthening the workforce involves increasing the relevance, effectiveness, and accessibility of training and education.
- The 2008 County of San Diego Mental Health Services Workforce Education and Training Needs Assessment revealed that limited opportunities and/or training for job advancement and leadership skills exist among behavioral health staff. In addition, the lack of a clearly defined career pathway in mental health before the graduate level of education poses a challenge to SDC's behavioral health workforce.

Measurable Objectives

- Provide mental health and substance abuse education for health care professionals.
- Further collaborate with the behavioral health community through health professions education and training.

FY 2011 Report of Activities

In FY 2011, SMV provided a variety of educational offerings for behavioral health care professionals, including continuing education classes, conferences and trainings. These opportunities were provided to a variety of audiences including psychologists, psychiatrists, community physicians, social workers, nurses and other health care providers, as well as the community at large. Topics covered included wellness and resilience; recognizing stress; substance abuse; treating depression, anxiety, panic, agoraphobia; and caring for individuals who have schizophrenia, bipolar and schizoaffective disorders. SMV staff participated in four of San Diego's PERT police officer trainings on understanding psychiatric emergencies and community psychiatric services.

In FY 2011, SMV staff participated in an online psychiatric education project for the Emergency Nurses Association (ENA), which is expected to be available in early 2012. The project was initiated as a response to surveyed ENA members who reported that their priority educational need was information on caring for patients with psychiatric problems in the emergency room. In collaboration with the American Psychiatric Nurses Association (APNA), the online curriculum includes lessons on safety, suicide assessment, restraint use, psychiatric disorders, communication skills, documentation and regulatory consideration.

Throughout the year, SMV participated in internship and clinical training programs for psychology students, rehabilitation counseling students, and social work students, and also served as a clinical placement site for medical students and nursing students. SMV trained 10 psychology interns, four post-doctoral psychology fellows, and five social work student interns, with psychology students serving approximately 20,000 hours on the SMV campus. In addition, 321 nursing students completed placements at SMV over an eight- to 14-week period. Nursing students completed clinical rotations of eight or 12 hours in length, often with two clinical rotations in one day (day and evening), and spent more than 23,500 hours at SMV in FY 2011. SMV also presented two lectures for San Diego State University's M.S. in Rehabilitation Counseling course entitled Medical and Psychosocial Aspects of Disability.

Also in FY 2011, SMV continued to participate in the Health Sciences High and Middle College (HSHMC) program. The program provided 11 students with professional development opportunities within SMV's nursing units (Intensive Treatment Program, Mood Disorders, Older Adults, and Chemical Dependency

Recovery), as well as nutrition services. Students also received instruction on educational and job requirements, as well as career ladder development. HSHMC students spent more than 712 hours at SMV in FY 2011.

In addition, in FY 2011 SMV launched its Peer Support Specialist Internship Program, a pilot project to develop and implement an emerging best practice of peer support on mental health inpatient units. The internship is the first of its kind in San Diego, providing a transformational opportunity for superior mental health care training and delivery, and also supporting a community partnership with Recovery Innovations of California (RICA), a local peer-run provider funded by the County of San Diego through the Mental Health Services Act. The project identifies RICA graduates to serve as Peer Support Specialist Interns (PSSIs), or essentially, recovery counselors. PSSIs are then placed in one of SMV's programs to help newly-diagnosed or recurrent patients develop coping mechanisms that allow them to address and manage their disease. PSSIs provide non-judgmental, reflective listening and share the experience, strength, and hope of someone who has endured the same challenges as many patients. In addition, PSSIs have not only successfully emerged on the other side of their recovery intact, but have thrived in their recovery. In FY 2011, the first group of three PSSIs worked alongside ICU staff at SMV – where patients are typically in their most acute phase – and provided support as well as a message of hope for a successful recovery through the healing process.

In FY 2011, staff at SMV and SMC regularly led and/or attended various boards, committees, and advisory and work groups in the area of behavioral health. Community and professional groups included the San Diego HHSA's Adult Council; Association of Ambulatory Behavioral Healthcare; CHIP Behavioral Health Work Team; Disabled Services Advisory Board; The Meeting Place; Mental Health Coalition; Residential Care Council; San Diego Committee on Employment of People with Disabilities; Employee Assistance Professionals Association; Parents for Addiction, Treatment, and Healing (PATH); Schizophrenics in Transition; National Council on Alcoholism and Drug Dependence (NCADD); California Behavioral Health Board; the American College of Healthcare Executives (ACHE); and the CHIP Suicide Prevention Work Team.

FY 2012 Plan

SMV and SMC will conduct the following activities:

- Offer internship programs in psychology, social work and peer support
- Serve as a placement site for medical and nursing students
- Continue to offer the Peer Support Specialist program with RICA
- Provide educational offerings for behavioral health care professionals
- Actively participate on boards, committees, and advisory and work groups to address behavioral health issues

- Expand the mental health careers curriculum within the HSHMC program to 12 students, and provide them with experience in a broader range of programs including therapeutic activities services, environmental services, and health information services
- Conduct a professional education event at SMC for the Employee Assistance Professionals Association to provide substance abuse lectures on current trends and fads in substance abuse

SMV and SMC Program and Service Highlights

Sharp Mesa Vista Hospital:

- Child and adolescent psychiatric services
- Clinical supervision site for graduate psychology doctorate interns
- Cognitive behavioral therapy program
- Eating disorders outpatient and partial hospitalization programs
- Geriatric inpatient and specialized outpatient program
- Inpatient psychiatric treatment services
- Intensive outpatient programs
- Medication research studies
- On- and off-campus outpatient programs
- Psychosocial rehabilitation services
- Van services

Sharp McDonald Center:

- Chemical dependency and substance abuse treatment services for teens, adults and seniors
- Dual-diagnosis outpatient treatment services for adults and seniors
- Family and aftercare programs
- Inpatient and outpatient treatment for chemically dependent teens, adults and seniors
- Sober living and substance abuse education programs
- Inpatient detoxification services

Sharp Mesa Vista Mid-City Outpatient Program:

- Caring for adults with severe and persistent mental health issues
- Individualized treatment planning and medication management
- Group and art therapies
- Psychosocial rehabilitation services
- Transitional Age Youth programs

Sharp Mesa Vista El Cajon Outpatient Program:

- Caring for adults with severe and persistent mental health issues
- Individualized treatment planning and medication management
- Group and art therapies
- Psychosocial rehabilitation services
- Adult and adolescent programs



Putting San Diego First

~ SHARP HEALTH PLAN ~

Sharp Health Plan is a not-for-profit health insurance plan and the only commercial health plan based in San Diego. Through financial contributions and leadership on boards and in organizations, Sharp Health Plan supports community programs focused on improving the health of San Diegans.

Sharp Health Plan assisted numerous organizations in Fiscal Year 2011, including 211 San Diego; Arc of San Diego; Asian

Business Association; Chelsea's Light Foundation; Chicano Federation of San Diego County; Community Health Improvement Partners; Girl Scouts, San Diego-Imperial Council; La Maestra Community Health Centers; San Diego Asian Film Foundation; San Diego Council on Literacy; San Diego Food Bank; Second Chance; and St. Paul's Retirement Homes Foundation.

Commitment

Section

11 Sharp Health Plan

SHP is located at 4305 University Avenue, Suite 200 in San Diego, ZIP code 92105. SHP is not required to develop a community benefits plan as part of Senate Bill 697. However, SHP offered a variety of community benefits programs and services in FY 2011, a selection of which are highlighted in this section. SHP services include health plans for both large and small employers.

FY 2011 Community Benefits Program Highlights

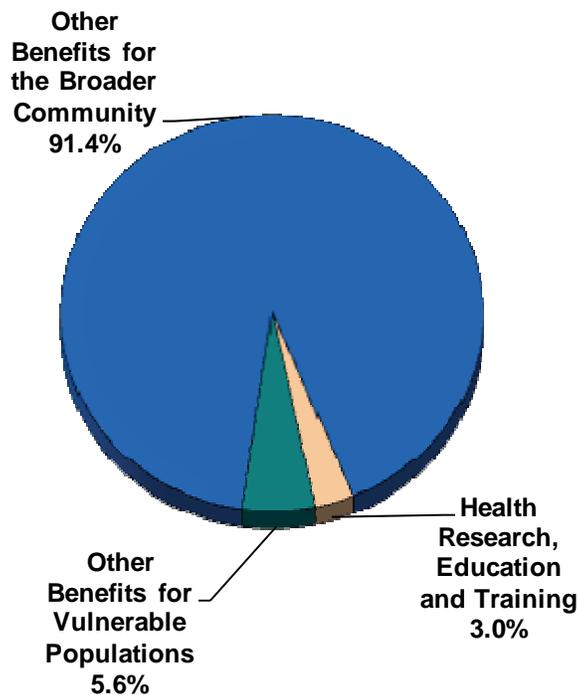
SHP provided a total of **\$175,667** in community benefits in FY 2011. See **Table 1** in this section for a summary of unreimbursed costs for SHP based on the categories identified in SB 697, and **Figure 1** for the distribution of SHP's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Health Plan – FY 2011

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2011 Unreimbursed Costs
Other Benefits for Vulnerable Populations	Donations to community health centers and other agencies serving the needy, and contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank ¹	\$9,878
Other Benefits for the Broader Community	Health education programs, donations to community organizations and participation in community organizations ¹	160,590
Health Research, Education and Training Programs	Support of education and training programs for students, interns and health care professionals ¹	5,199
	TOTAL	\$175,667

¹ 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 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 1: Percentage of Community Benefits by SB 697 Category
Sharp Health Plan – FY 2011



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 the needy.
- **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 such as the Health Sciences High and Middle College (HSHMC) Board, San Diego Community Health Improvement Partners (CHIP), 211 San Diego, and the San Diego County Childhood Obesity Initiative (SDCOI). See **Appendix A** for a listing of Sharp community involvement.
- **Health Research, Education and Training Programs** included education and training of health care professionals and student and intern supervision.

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 SAN DIEGO COUNTY

A map of San Diego County communities and regions served by Sharp HealthCare.

Commitment

Appendix

A Sharp HealthCare Involvement in Community Organizations

The list below shows the involvement Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2011. Community organizations are listed alphabetically.

- 211 San Diego Board
- Academy of Medical-Surgical Nurses
- ACS
- AF
- AIS
- ALA
- Alzheimer's Association
- American Association of Critical Care Nurses San Diego Chapter
- American College of Healthcare Executives
- American Diabetes Association
- American Health Information Management Association
- American Heart Association
- American Hospital Association
- American Psychiatric Nurses Association
- American Red Cross of San Diego
- Arthritis Foundation
- Association for Ambulatory Behavioral Health Care (National)
- Association for Ambulatory Behavioral Health Care of Southern California
- Association for Clinical Pastoral Education
- Association of California Nurse Leaders
- Association of Rehabilitation Nurses
- AWHONN
- BLCI
- Boys and Girls Club of San Diego
- Breast Feeding Coalition Advisory Board
- Breast Health Coordinators
- California Association of Health Plans
- California Association of Medical Staff Services
- California Association of Physician Groups
- California Council for Excellence
- California Dietetic Association, Member Council
- California HealthCare Foundation
- California Health Information Association
- California Hospice and Palliative Care Association
- CHA
- California Perinatal Quality Care Collaborative
- California Physical Therapy Association

- California Society of Health System Pharmacists
- California State Bar, Health Subcommittee
- California Teratogen Information Service
- California Women Lead
- CHIP Access to Care Committee
- CHIP Access to Care Committee Health Literacy
- CHIP Access to Care Gift of Health
- CHIP Behavioral Health Work Team
- CHIP Board
- CHIP Executive Partners Committee
- CHIP Health Literacy Task Force
- CHIP Needs Assessment Committee
- CHIP Public Policy Committee
- CHIP Steering Committee
- Chula Vista Chamber of Commerce
- Chula Vista Community Collaborative
- City of Chula Vista Wellness Program
- City of Poway – Housing Commission
- College Area Pregnancy Services
- Community Emergency Response Team
- Consortium for Nursing Excellence, San Diego
- Coronado Chapter of Rotary International
- Coronado Christmas Parade
- Coronado Flower Show
- Creative Arts Consortium
- CWISH
- Cycle Eastlake
- Diabetes Behavioral Institute
- Disabled Services Advisory Board
- DOVIA
- East County Chamber Health Committee
- East County Pregnancy Care Center
- East County Refugee Center
- East County Senior Service Providers
- ECOLIFE Foundation
- El Cajon Rotary
- Emergency Nurses Association, San Diego Chapter
- Employee Assistance Program Association
- Family Health Centers of San Diego
- First Five Commission
- Gay Men’s Spiritual Retreat Board
- Grossmont College
- Grossmont Healthcare District
- Grossmont Union High School District
- Health Care Communicators Board
- Healthcare Financial Management Association San Diego/Imperial Chapter

- Hospital Association of San Diego and Imperial Counties
- HSHMC Board
- Huntington's Disease Society of America
- Immunize San Diego Coalition
- Institute of Internal Auditors San Diego Chapter Board
- International Lactation Consultants Association
- Kiwanis Club of Bonita
- Komen Board
- Komen Breast Cancer Coalition Committee
- Komen Race for the Cure Committee
- La Mesa Lion's Club
- La Mesa Park and Recreation Finance Committee
- La Mesa Park and Recreation Foundation Board
- Las Hermanas
- LEAD, San Diego, Inc.
- Leukemia & Lymphoma Society
- March of Dimes
- Meals-on-Wheels East County
- Medical Library Group of Southern California and Arizona
- Mended Hearts
- Mental Health America Board
- Mental Health Coalition
- Mesa College
- Miracle Babies
- Mountain Health and Community Services, Inc. Board
- NAMI
- NAMI Schizophrenics in Transition Board of Directors
- NANN
- National Association of Hispanic Nurses, San Diego Chapter
- National Association of Psychiatric Healthcare Systems
- National Foundation for Trauma Care
- National Hospice and Palliative Care Association
- National Kidney Foundation
- National Ovarian Cancer Coalition
- National Perinatal Information Center
- National Trauma Foundation Board
- Neighborhood Healthcare Community Clinic - Board of Directors
- *NurseWeek*
- Parents for Addiction, Treatment, and Healing
- Partnership for Philanthropic Planning of San Diego (formerly San Diego Planned Giving Roundtable)
- Partnership for Smoke-Free Families
- Peninsula Shepherd Senior Center
- Perinatal Social Work Cluster
- Planetree Board of Directors
- Planned Parenthood of San Diego and Imperial Counties

- Potiker Family Senior Residence
- Port of San Diego Marketing Committee
- Premier, Inc. HIT Collaborative
- Premier, Inc. Medication Use Committee
- Professional Oncology Network
- Project CARE Council
- Public Health Nurse Advisory Board
- Recovery Innovations of California
- Regional Home Care Council
- Regional Perinatal System
- Residential Care Council
- SAFE Foundation
- Safety Net Connect
- SanDi-Can
- San Diegans for Healthcare Coverage
- San Diego Healthcare Disaster Council
- San Diego Asian Film Festival Foundation
- San Diego Association for Diabetes Educators
- San Diego Association of Directors of Volunteer Services
- San Diego Association for Healthcare Recruitment
- San Diego Blood Bank
- San Diego Brain Injury Foundation
- San Diego Breastfeeding Coalition
- San Diego Caregiver Coalition
- San Diego Center for Patient Safety Task Force
- San Diego Chapter of Rotary International
- San Diego City Parks and Recreation
- San Diego Committee on Employment of People with Disabilities
- San Diego Council of Hospital Volunteers
- San Diego County Perinatal Care Network
- San Diego County Pharmacists Association
- San Diego County Safety Net Workgroup
- San Diego County Social Services Advisory Board
- San Diego County Taxpayer Association
- San Diego Delta Leadership Academy
- San Diego Diabetes Coalition
- San Diego Dietetic Association Board
- San Diego East County Chamber of Commerce Board
- San Diego Emergency Medical Care Committee
- San Diego Eye Bank
- San Diego Foundation
- San Diego Health Information Association
- San Diego Healthcare Disaster Council
- San Diego Immigrants' Rights Consortium
- San Diego Interreligious Committee
- San Diego Mental Health Coalition

- San Diego North Chamber of Commerce
- San Diego Nutrition Council
- San Diego Organization of Healthcare Leaders, a local ACHE Chapter
- San Diego Patient Safety Consortium
- San Diego Regional Energy Office
- San Diego Regional Homecare Council
- San Diego Restorative Justice Mediation Program
- San Diego Society for Human Resource Management
- San Diego Society of Hospital Pharmacists, California Society of Health System Pharmacists Chapter
- San Diego Urban League
- San Diego-Imperial Council of Hospital Volunteers
- San Diego Regional Chamber of Commerce
- Santee Chamber of Commerce
- Santee-Lakeside Rotary
- Schizophrenics in Transition
- Scoliosis Research Society
- SDCOI
- SDSU
- SDSU Nursing Evidence-Based Practice Institute
- Senior Community Centers of San Diego
- Serra Foundation
- Sidney Kimmel Cancer Center
- Sigma Theta Tau International Honor Society of Nursing
- Society of Trauma Nurses
- South Bay Community Services
- South Bay Community Services, Baby First Program
- South County Economic Development Council
- South County Education Board and Policy Committee
- Southern California Association of Neonatal Nurses
- Southern California Society of Gastroenterology Nurses and Associates
- Southwestern College
- Susan G. Komen Breast Cancer Foundation
- Sustainable San Diego
- SYHS
- The Meeting Place Clubhouse
- The Polinsky Center
- Trauma Intervention Programs of San Diego County, Inc.
- Trauma Managers Association of California
- Union of Pan Asian Communities
- United Behavioral Health Medical Credentials Committee
- United Way of San Diego County
- UCSD
- VA San Diego Healthcare System
- Vista Hill ParentCare
- Wellpoint/US Behavioral Health Clinical Advisory Board

- WIC
- YMCA
- YWCA Becky's House®
- YWCA Board of Directors
- YWCA Executive Committee
- YWCA In the Company of Women Luncheon
- YWCA TWIN Event

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