



2023 Community Benefit Plan and Report Our Promise to the Community

In fiscal year 2022, Scripps Health provided

\$692 million

in community benefit services



As part of Scripps Family Medicine Residency Program, residents, faculty, and staff work as a team to focus on continuous quality improvement in patient care, including training at federally qualified health centers. Through community partnerships, residents offer perinatal care for underserved Latina women to improve birth outcomes and support parenting groups. At Scripps Well-Being Center, they help keep patients on a healthy pathway and increase patient continuity by providing post discharge services, as well as support for patients and their families at risk for readmission. In addition, residents share educational information with members of a bilingual breast cancer group, and offer street outreach services to those unhoused and in need.

Serving Our Community

In 2022, Scripps Health continued its commitment to enhancing the health of our community and serving those in need. We are proud of our multifaceted community efforts, which provide vitally needed health care services and improve the quality of life for people throughout the region. This dedication has been a driving force behind our ability to provide high quality health care to our region for the past 100 years. It has been, and will always be, at the heart of everything we do.

LETTER FROM THE CEO

The Scripps story began with a strong commitment to the San Diego community.



-A commitment that continues today-

Our founders, Ellen Browning Scripps and Mother Mary Michael Cummings, were both women ahead of their time. Their commitment to provide for the health care needs of a growing community resulted in the Scripps Health of today.

Miss Ellen, as she was known, preferred the term “investment” over “donation,” and her contributions were carefully considered as much for their future promise as for their immediate impact. Decades earlier, Mother Mary Michael’s patient logs illustrated her fundamental mission to make quality health care available to all who need it.

Today, more than 20,000 employees, physicians, and volunteers continue to build on our rich history and keep the spirit of community service alive. The pages that follow provide a comprehensive account of how we achieved that: our community benefit programs and services, and our plans for continued action in the future.

In Fiscal Year 2022 Scripps community benefit contributions totaled \$692,364,831. This includes \$643,952,528 in uncompensated care, \$36,406,050 in professional education and health research, \$8,588,962 in community health services, \$3,157,043 in subsidized health, and \$260,248 in community building activities.

Scripps has been part of the community for more than 100 years, longer than any other health care provider in San Diego. Today, Scripps continues to look forward with the launch of its Here for Good campaign, which reflects both its tenured, century-long legacy in San Diego and its dedication to continued excellence, Scripps is making lasting investments in the community – for now and for generations to come.

This year we especially want to recognize and thank our Scripps physicians, nurses and staff for their courage, sacrifice, dedication, and excellence in providing care to our community during the ongoing COVID-19 pandemic. Their contribution to the health and safety of our community has been extraordinary.

As we look ahead, we know that we will face new challenges. At Scripps we are continually changing to better meet our patients’ needs. When Ellen Browning Scripps and Mother Mary Michael Cummings brought quality health care to San Diego 100 years ago, they could never have imagined the care we provide today or the more than 600,000 lives we touch each year. As a private, tax-exempt health care system, Scripps will continue our legacy of making a vital and measurable difference in our community.

A handwritten signature in black ink, appearing to read "Chris Van Gorder". The signature is fluid and cursive.

Chris Van Gorder, FACHE
President and CEO

MISSION, VISION, AND VALUES

MISSION

Scripps strives to provide superior health services in a caring environment and to make a positive, measurable difference in the health of individuals in the communities we serve.

We devote our resources to delivering quality, safe, cost-effective, socially responsible health care services. We advance clinical research, community health education, education of physicians and health care professionals and sponsor graduate medical education.

We collaborate with others to deliver the continuum of care that improves the health of our community.

VISION

Scripps Health will continue to be the leading health care delivery system in the greater San Diego community, as evidenced by the highest clinical quality, patient safety, and patient, physician, and employee satisfaction. This will be achieved through unending focus on patient-centered and compassionate care, cost-effective operations, research, advanced technology, and innovation.

VALUES

We provide the highest quality of service

Scripps is committed to putting the patient first, and quality is our passion. In the new world of health care, we want to anticipate the cause of illness and encourage healthy behavior for all that rely on us for service. We teach and encourage patients to participate in their care and to make well-informed decisions. We will be their advocates when they are most vulnerable. We measure our success by our patients' satisfaction, their return to health and well-being, and our compassionate care for dying patients, their families, and friends.

We demonstrate complete respect for the rights of every individual

Scripps honors the dignity of all people. We show this by our actions toward one another and those we serve. We embrace the diversity that allows us to draw on the talents of one another. We respect and honor the cultural, ethnic, and religious beliefs and practices of our patients in a manner consistent with the highest standard of care. All of this is done in a compassionate setting. Our goal is to create a healing environment in partnership with all caregivers committed to serving our patients.

We care for our patients every day in a responsible and efficient manner

Scripps serves as a major community health care resource for San Diego County and, as such, we are accountable for the human, financial and ecological resources entrusted to our care as we promote healing and wholeness. We begin from a base of excellence and collaborate with co-workers, physicians, patients, and other providers to find new and creative ways to improve the delivery of health care services. All members of our community will have access to timely, affordable, and appropriate care.

ABOUT SCRIPPS HEALTH

Founded in 1924 by philanthropist Ellen Browning Scripps, Scripps Health is a \$4 billion private tax exempt, integrated health system based in San Diego, California. Scripps treats more than 600,000 patients annually through the dedication of more than 3,000 affiliated physicians and more than 16,000 employees. Scripps cares for people throughout the San Diego region with four acute care hospitals on five campuses, 31 outpatient clinics, and 15 Scripps HealthExpress sites. Scripps also offers payer products and population health services through Scripps Accountable Care Organization, Scripps Health Plan, and customized narrow network plans in collaboration with third-party payers.

Scripps Health is a leading provider of medical care, improving community health and advancing medicine in San Diego County. The system is recognized for expertise in women's health, cancer care, cardiovascular disease prevention and treatment, and neurocognitive care including dementia and therapy-induced cognitive sequela. Scripps is also at the forefront of clinical research, and digital health care. With three highly respected graduate medical education programs, Scripps is a longstanding member of the Association of American Medical Colleges. Our hospitals are consistently ranked among the nation's best by U.S. News & World Report and numerous other organizations. Scripps is frequently recognized by Fortune magazine, Working Mother magazine, and the Advisory Board as one of the best places in the nation to work. Importantly, Scripps culture is one of caring; the spirit and culture established by two pioneering founders, Ellen Browning Scripps and Mother Mary Michael Cummings still define who we are today. More information can be found at www.scripps.org.

SCRIPPS FACILITIES	
Scripps Memorial Hospital Encinitas	Scripps Clinic
Scripps Green Hospital	Scripps Coastal Medical Center
Scripps Memorial Hospital La Jolla	Scripps HealthExpress
Scripps Mercy Hospital San Diego	Scripps Urgent Care
Scripps Mercy Hospital Chula Vista	

SERVICE OFFERINGS

Scripps is an integrated health care delivery system consisting of four acute-care hospitals on five campuses, 31 outpatient centers and clinics (including 15 Scripps HealthExpress locations), palliative care, clinical research, and ancillary services for the San Diego region and beyond. Scripps primary care lines include:

CARDIOVASCULAR CARE

2022 is the 17th year the [Scripps heart program](#) has made the U.S. News national ranking. Scripps is a leading provider of exceptional quality heart care in San Diego. The Prebys Cardiovascular Institute at Scripps is one of the largest, most advanced centers on the West Coast for cardiovascular medicine, research, and training. Through a longtime partnership with Kaiser Permanente, Scripps also is the exclusive provider of cardiac surgery and interventional cardiology surgery to Kaiser Permanente members in the San Diego region.

DIABETES CARE AND PREVENTION

Nationally recognized as a leader in endocrinology and diabetes care, Scripps Health provides expertise in treating diabetes, thyroid disease and other endocrine disorders personalized to patients' unique needs. Scripps offers a comprehensive range of diabetes services and programs, including medical treatment, education, and resources to help patients care for themselves and their family members with diabetes, and programs to help people at risk of diabetes prevent the disease.

[Scripps Whittier Diabetes Institute](#) is Southern California's leading diabetes center of excellence, committed to providing the best evidence-based diabetes screening, education, and patient care in San Diego, including outpatient education, inpatient glucose management, clinical research, professional education, and community-based programs.

CANCER CARE

- In October 2018, Scripps launched a partnership with MD Anderson Cancer Center to establish the Scripps MD Anderson Cancer Center, building on Scripps' longstanding cancer expertise. There are over 200 physicians in the program (medical oncologists, radiation oncologists, surgeons, pathologists, radiologists, pulmonologists, palliative care physicians and others).
- Scripps MD Anderson Cancer Center is part of MD Anderson Cancer Network, a global collaborative network of hospitals and health care systems dedicated to MD Anderson's mission to eliminate cancer. MD Anderson has been named as one of the nation's top two hospitals for cancer care every year since the U.S. News & World Report's "Best Hospitals" survey began in 1990.
- Scripps MD Anderson Cancer Center is committed to fighting cancer through a collaborative, team approach that puts the patient at the center of care. Oncology nurse navigators give personalized assistance to help guide patients through their treatment journey.
- Since the Scripps MD Anderson Cancer Center program inception, hundreds of people facing a new cancer diagnosis have been treated by care teams where patients have been

able to see a medical oncologist, radiation oncologist, and surgeon during the same visit and receive a coordinated treatment plan for best outcomes.

- In September 2021, Scripps opened a state-of-the-art cancer center on the Scripps Mercy Hospital San Diego campus and serves as a central hub for Scripps cancer care services. The Prebys Cancer Center offers a range of cancer treatment and support services such as infusion, radiation oncology, systemic therapy, lymphedema treatment, multidisciplinary clinics, patient support services and research.
- In Fiscal Year 2022, Scripps MD Anderson Cancer Center achieved accreditation by the American Society for Radiation Oncology Accreditation Program for Excellence for all four radiation centers for the next four years, reflecting continued focus of safety and quality.

ORTHOPEDICS

- Scripps is consistently ranked by U.S. News & World Report as having one of the best orthopedic programs in the county, recognized for excellence in orthopedic surgery, joint replacement, sports medicine, and treatment of complex conditions. Treatment options include the latest FDA-approved technologies, devices, and procedures, including outpatient procedures, at multiple locations throughout San Diego County. The Donald P. and Darlene V. Shiley Musculoskeletal Center on the campus of Scripps Green Hospital is home to advanced diagnostics, treatment, surgery, and rehabilitation services, as well as orthopedic research and education.
- The Scripps Health orthopedic care team is committed to helping the greater San Diego community stay active and healthy. In addition to providing advanced clinical and non-surgical treatments, state-of-the-art diagnostics, and rehabilitation, Scripps physicians are nationally recognized in the field of orthopedic surgery.
- Dedicated to improving patient care and quality of life, Shiley Center for Orthopedic Research and Education (SCORE) at Scripps Clinic investigates the safety and efficacy of new technologies and therapies designed for the treatment of musculoskeletal diseases and disorders.
- Scripps provides musculoskeletal trauma care at Scripps Mercy Hospital San Diego, a Level I trauma center, and Scripps La Jolla Hospital, a Level I trauma center.

NEUROSCIENCES

- Scripps has been recognized in Neurology & Neurosurgery by U.S. News & World Report. From stroke care, Alzheimer's and Parkinson's disease to traumatic brain injuries, Scripps neurological specialists use the most advanced technology and treatment methods.
- Scripps is San Diego's leader in stroke prevention, life-saving stroke treatment and stroke rehabilitation. All Scripps Health hospital campuses have earned the Stroke Gold Plus and one received the Stroke Gold Quality Achievement Award by the American Heart Association/American Stroke Association for delivering high-quality, life-saving stroke care. The awards, which are part of the AHA/ASA's Get With The Guidelines stroke program, recognize hospitals across the United States that consistently comply with patient management quality measures.

- Scripps Health has four hospital campuses with emergency rooms that are stroke certified centers: Scripps Memorial Hospital La Jolla is a Comprehensive Stroke Center, Scripps Mercy San Diego is a Thrombectomy Stroke Center, and both Scripps Mercy Chula Vista & Scripps Memorial Hospital Encinitas are Primary Stroke Centers. These certifications recognize organizations that make exceptional efforts to foster better outcomes for stroke care. It signifies that our hospitals have all the critical elements in place to achieve long-term success in improving outcomes after stroke.
- Our physicians lead research activities designed to find better treatments for conditions like Parkinson's, Multiple Sclerosis (MS) and Alzheimer's.

WOMEN'S AND NEWBORN SERVICES

- Scripps delivers approximately 9,000 babies annually and provides care to thousands of women needing routine and advanced obstetrical care.
- Scripps offers a full spectrum of gynecology services throughout San Diego.
- The women and newborn services care line creates a forum to foster development of integrated women's clinical care operated at multiple Scripps Health sites, bridging together the inpatient and ambulatory continuum of care. Scripps Health prioritizes system efforts related to OB, gynecology and NICU development.
- The Scripps perinatology program delivers premium perinatal quality care to our patients. Our goal is to provide patients with compassionate and comprehensive care, accomplished by creating a collaborative and successful relationship with our patients, their family members, and their referring physicians.
- In 2022, Scripps entered into a partnership with San Ysidro Health to offer perinatology services to patients of San Ysidro Health who are experiencing [high-risk pregnancies](#). New and existing patients can access perinatology services through a referral by their San Ysidro Health obstetrician and gynecologist.
- Scripps offers specialty clinics for patients with high-risk pregnancies, Diabetes in Pregnancy, Scripps Pregnancy Heart Program, genetic counseling, and labor and delivery care.
- Scripps Memorial Hospital Encinitas is the first in San Diego designated a Baby-Friendly Hospital by UNICEF and the World Health Organization.
- In 2021 and 2022, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital San Diego and Scripps Mercy Hospital Chula Vista were all named on the Newsweek list of Best Maternity Hospitals for demonstrating excellence in maternity care. The facilities on this list met high standards for safety and quality of the care they provide to mothers and newborns.
- In 2022, Scripps Memorial Hospital La Jolla, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, and Scripps Mercy Hospital San Diego were recognized by the California Maternal Quality Care Collaborative (CMQCC). CMQCC is a nationally recognized maternal quality improvement group that focuses on hospital-based maternity care in California.

BEHAVIORAL HEALTH

- The Scripps behavioral health care line offers a variety of services to adults with emotional and behavioral disorders. Our goal is to assist patients in regaining control of their lives and reconnecting with their families and community. The Scripps behavioral health services program provides inpatient treatment and access to outpatient mental health services. Scripps Mercy Hospital's Behavioral Health Inpatient program has a 36-Bed Psychiatric Adult Inpatient Unit to help patients and their loved one's work through short-term crises, manage mental illness and resume their daily lives.
- The services of the psychiatric liaison and substance use nurses are provided at all five acute care Scripps hospital campuses and associated urgent care facilities. The Behavioral Health Care line has collaborative relationships with various community organizations including, but not limited to, the Family Health Centers of San Diego and Hazelden Betty Ford to better serve our population. Scripps also participates in the California Bridge Program. The California Bridge Program provides funding for substance use counselors to provide treatment and referrals for those patients with opioid disorders within the emergency departments. Scripps offers a supportive employment program to those seeking volunteer or employment opportunities.

PRIMARY CARE

- Scripps Health offers a countywide network of primary care physicians with expertise in family medicine, internal medicine, and pediatrics to care for individuals at every stage of their lives.
- A full range of services includes prevention, wellness and early detection services for diagnosis and treatment of injuries, illnesses, and management of chronic medical conditions.

EMERGENCY AND TRAUMA MEDICINE

- Scripps operates four emergency departments and three urgent care centers and is home to two of the region's five adult trauma centers: a Level I trauma center at Scripps Mercy Hospital San Diego, and Level I trauma center at Scripps Memorial Hospital La Jolla.
- Scripps La Jolla, Scripps Encinitas, and Scripps Mercy San Diego hospitals have all opened new, larger Emergency Departments (EDs) within the past ten years to better serve our community.
- All four Scripps emergency rooms are certified as Primary Stroke Centers by The Joint Commission and are certified by the American Heart Association as STEMI Centers (ST elevated myocardial infarction, a severe heart attack caused by clotting of one or more arteries). Scripps Memorial Hospital La Jolla is a comprehensive stroke center and recognized as a magnet center for excellence by the American Nurses Credentialing Center (ANCC).
- Scripps Emergency Departments serve as major training sites for interns, residents, nurse practitioners, and physician assistants from multiple training programs around the region,

including Naval Medical Center San Diego. These intensive, hands-on clinical rotations help train future providers not only for our local community but also for our troops overseas.

- Scripps EDs treats tens of thousands of disadvantaged and underserved patients each year, often for free or at steeply discounted rates through Medi-Cal and similar programs. Scripps EDs are part of the safety net for patients who often have nowhere else to turn for timely primary care or specialty care that is not available in the local community clinics.
- Scripps doctors have led the way for emergency care in San Diego County by leading the annual county-wide Emergency Care Summit, creating safe prescribing guidelines for controlled substances, promoting guidelines for the use of CT scan in pediatric head injuries, creating a system to reduce ambulance bypass hours, and educating providers about the appropriate use of anti-psychotic medications for psychiatric emergencies.
- All four Scripps Health emergency departments have been accredited by the American College of Emergency Physicians (ACEP) as geriatric emergency departments, a distinction that recognizes excellence in providing specialized care to elderly patients.

GOVERNANCE

As a tax-exempt health care system, Scripps takes pride in its service to the community. The Scripps system is governed by a 17-member, volunteer Board of Trustees. This single point of authority for organizational policy ensures a unified approach to serving patients across the region.

ORGANIZATIONAL FOUNDATION

Scripps provides a comprehensive range of inpatient and ambulatory services through our system of hospitals and clinics. In addition, Scripps participates in dozens of partnerships with government and not-for-profit agencies across our region to improve our community's health. And our partnerships do not stop at our local borders. Our participation at the state, national and international levels include work with government and private disaster preparedness and relief agencies, the State Commission on Emergency Medical Services, national health advocacy organizations, as well as international partnerships for physician education and training, and direct patient care. In all that we do, we are committed to quality patient outcomes, service excellence, operating efficiency, caring for those who need us today and planning for those who may need us in the future.

**Scripps Health
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2023 Community Benefit Plan and Report Our Promise to the Community

In fiscal year 2022, Scripps Health provided

\$692 million

in community benefit services



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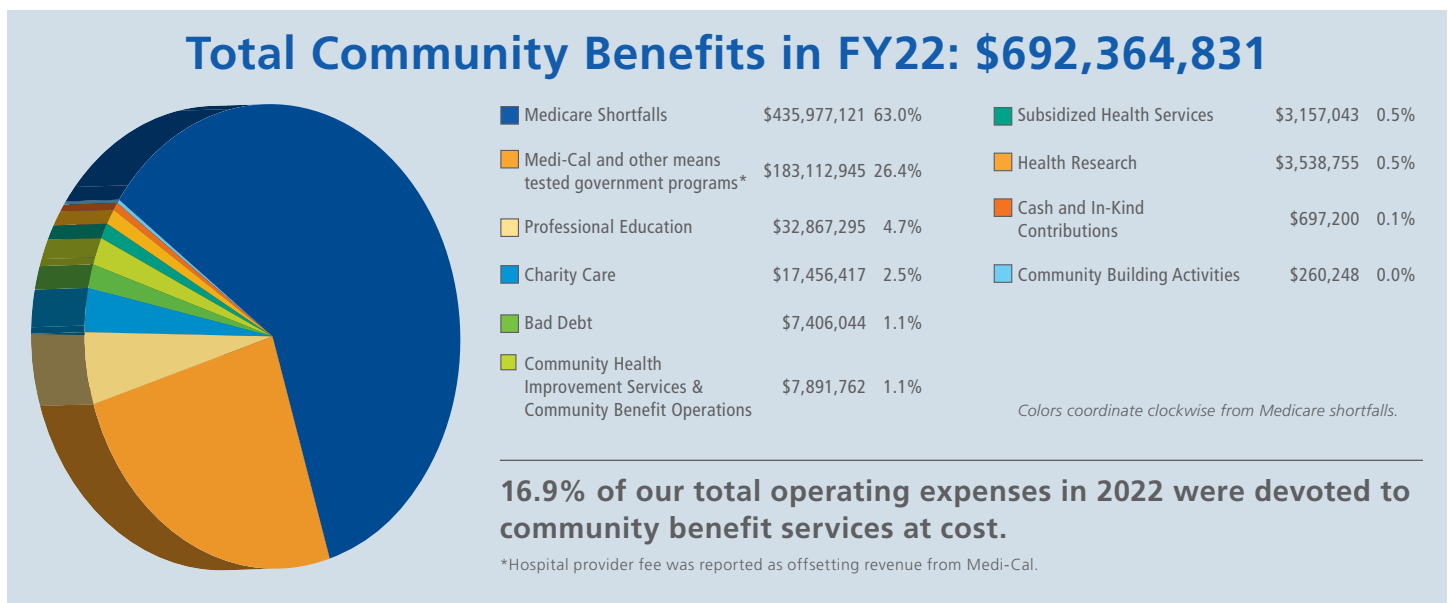
Investing in Our Community

In fiscal year 2022 Scripps Health devoted more than \$692 million to community benefit programs, including over \$17 million in charitable care. We offer many free and low-cost services, as well as, support groups, screenings for key health indicators, youth programs, professional education, special education for pregnant women, patient advocacy services, and more.

Keeping patients at the center of everything we do, Scripps collaborates with other health systems, community groups, government agencies, businesses, and community clinics to identify and serve the greatest needs in the health of our community. For more information, visit [Scripps.org/CommunityBenefit](https://www.scripps.org/CommunityBenefit).

Scripps Facts

- More than 3,000 affiliated physicians and 16,000 employees treat and support more than 600,000 patients each year.
- Scripps cares for people throughout San Diego with four acute care hospitals on five campuses, 31 outpatient locations, 15 Scripps *HealthExpress* sites.
- Three highly respected graduate medical education programs and two pharmacy resident programs train the next generation of caregivers.
- Operating revenue: \$4,128 billion
- Operating expenses: \$4,078 billion
- Total inpatient discharges: 69,817
- Total outpatient visits: 2,871,687
- Emergency visits: 183,269



Financial Assistance

Scripps' financial assistance policy reflects our commitment to help low income and uninsured patients with discounted hospital charges, charity care, and flexible billing and debt collection practices. These programs are consistent with state and federal legislation, and are available to everyone in need, regardless of their race, ethnicity, gender, religion or national origin.



For more information about the programs and services offered by Scripps Health, visit [Scripps.org/CommunityBenefit](https://www.scripps.org/CommunityBenefit) or contact the Scripps Health Office of Community Benefit Services at **858-678-7095**.

2023 COMMUNITY BENEFIT PLAN AND REPORT

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Section 1

Community Benefit Summary

COMMUNITY BENEFIT SUMMARY

This report was developed in response to Senate Bill 697. Passed in 1994, the bill requires California's not-for-profit hospitals to annually describe and document the full range of community benefits they provide. Scripps has taken this legislative requirement a step further.

This report incorporates not only documentation of community benefits, but also a more detailed explanation of the specific community benefit activities provided by our five acute-care hospital campuses, wellness centers and ambulatory care clinics.

The report details programs and services that provide community benefits beyond standard practices of care. Scripps divides community benefit services into three main categories:

- Community Health Services
- Professional Education and Health Research
- Uncompensated Care (includes charity care, bad debt, and Medi-Cal and Medicare shortfalls)

The report covers the period of Fiscal Year 2022 (October 1, 2021, through September 30, 2022). During this fiscal year, Scripps devoted \$692,364,831 to community benefit programs and services in the three areas listed above (see Figures 1.1 and 1.2). Our programs emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems. Due to rounding, numbers presented throughout this report may not add up precisely to the totals shown and percentages may not precisely reflect figures for the same reason.

The documentation and activities described in this report are commitments we make to improve the health of both our patients and the diverse San Diego communities. As a longstanding member of these communities, and as a not-for-profit community resource, our goal and responsibility are to aid all who come to us for care, and to reach out especially to those who find themselves vulnerable and without support. This responsibility is an intrinsic part of our mission. Through our continued actions and community partnerships, we strive to raise the quality of life in the whole community. Definitions of terms used in this report can be found in Appendix A.

Community benefit is defined as programs or activities that provide treatment or promote health and healing in response to an identified community need. Community benefit programs must meet at least one of the following criteria:

- Responds to a public health need
- Responds to needs of special populations
- Involves education or research that improves overall community health
- Relieves or reduces the burden of government or other community efforts

SCHEDULE H (FORM 990)

Hospitals with tax-exempt status must provide information specific to their organization on Schedule H, Form 990 (the annual information return filed by tax-exempt organizations). Schedule H is used

by tax-exempt hospitals to report community benefits and it became mandatory beginning with tax year 2009.¹

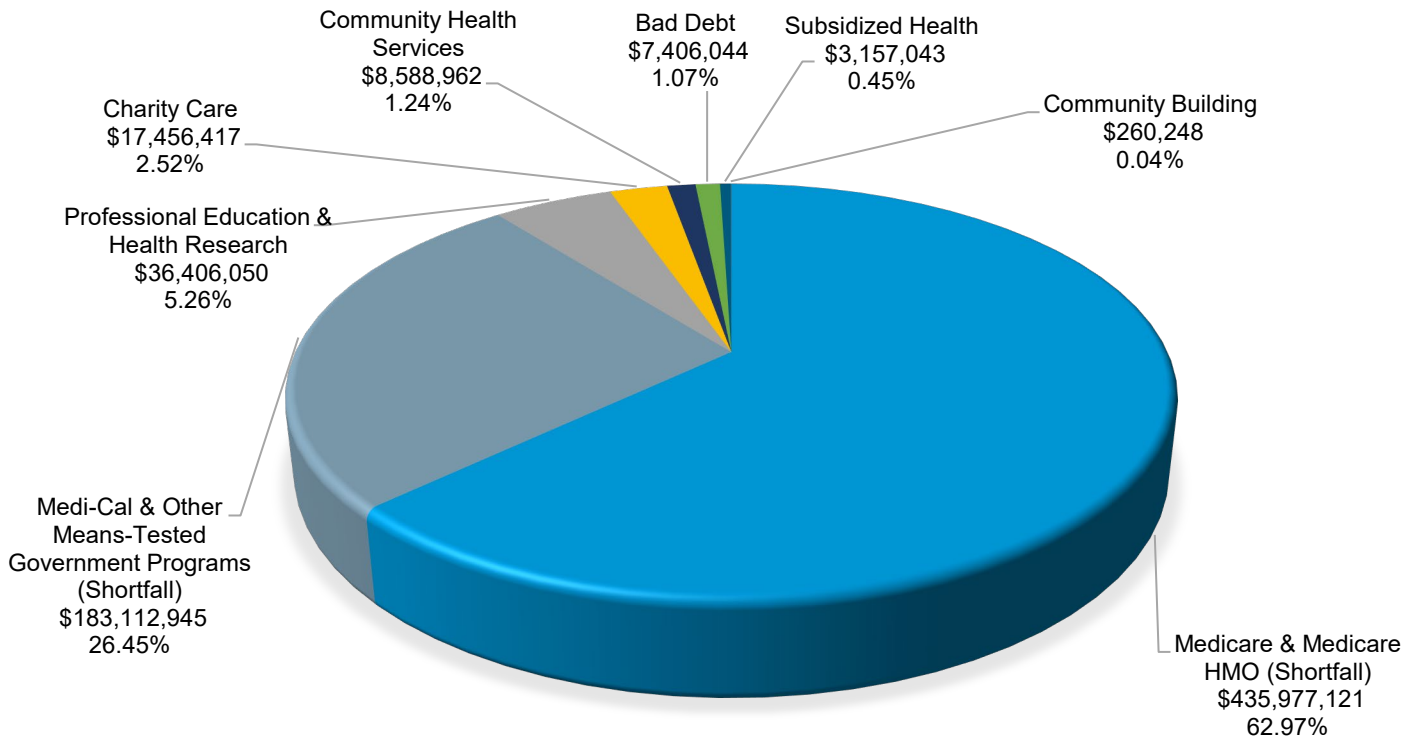
Scripps has aligned the 2023 Community Benefit Plan and Report to the Federal Schedule H categories. According to the IRS, community building activities, bad debt and Medicare shortfalls are reported, but not included in the community benefit totals. (See page 5 for a breakdown of the Scripps Schedule H Uncompensated Care Summary for Fiscal Year 2022.)

¹ Congressional Research Services, 501 (c)(3) Hospitals and the Community Benefit Standard, <https://crsreports.congress.gov/RL34605>, Updated May 12, 2010.

FIGURE 1.1

Fiscal Year 2022

SCRIPPS TOTAL COMMUNITY BENEFIT SERVICES, \$692,364,831



Community Benefits Services (Provider Fee Impact)	Bad Debt	Charity Care	Medi-Cal & Other Means Tested Government Programs (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Professional Education & Health Research	Subsidized Health Services	Community Building Activities	Total
Before Provider Fee	\$7,406,044	\$17,456,417	\$209,861,271	\$435,977,121	\$8,588,962	\$36,406,050	\$3,157,043	\$260,248	\$719,113,157
Provider Fee	-	-	(\$26,748,326)	-	-	-	-	-	(\$26,748,326)
Net After Provider Fee	\$7,406,044	\$17,456,417	\$183,112,945	\$435,977,121	\$8,588,962	\$36,406,050	\$3,157,043	\$260,248	\$692,364,831

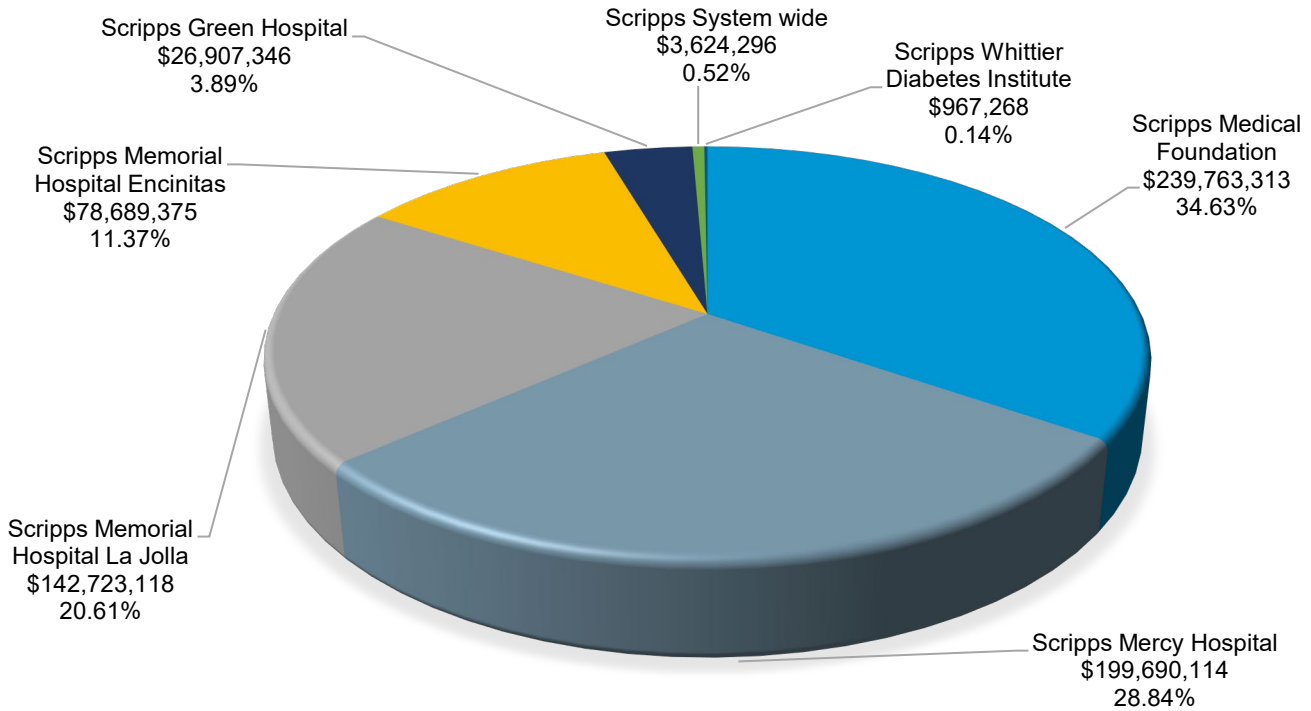
COMMUNITY BENEFIT SERVICES

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services, and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.

FIGURE 1.2

Fiscal Year 2022

SCRIPPS TOTAL COMMUNITY BENEFIT SERVICES BY OPERATING UNIT,
\$692,364,831



Community Benefits Services (Provider Fee Impact)	Scripps Memorial Hospital La Jolla	Scripps Green Hospital	Scripps Memorial Hospital Encinitas	Scripps Mercy Hospital	Scripps Whittier Diabetes Institute	Scripps Medical Foundation	Scripps System-wide	Total
Before Provider Fee	\$134,455,610	\$26,907,346	\$73,739,905	\$239,655,418	\$967,268	\$239,763,313	\$3,624,296	\$719,113,157
Provider Fee	\$8,267,508		\$4,949,470	(\$39,965,304)	-	-	-	(\$26,748,326)
Net After Provider Fee	\$142,723,118	\$26,907,346	\$78,689,375	\$199,690,114	\$967,268	\$239,763,313	\$3,624,296	\$692,364,831

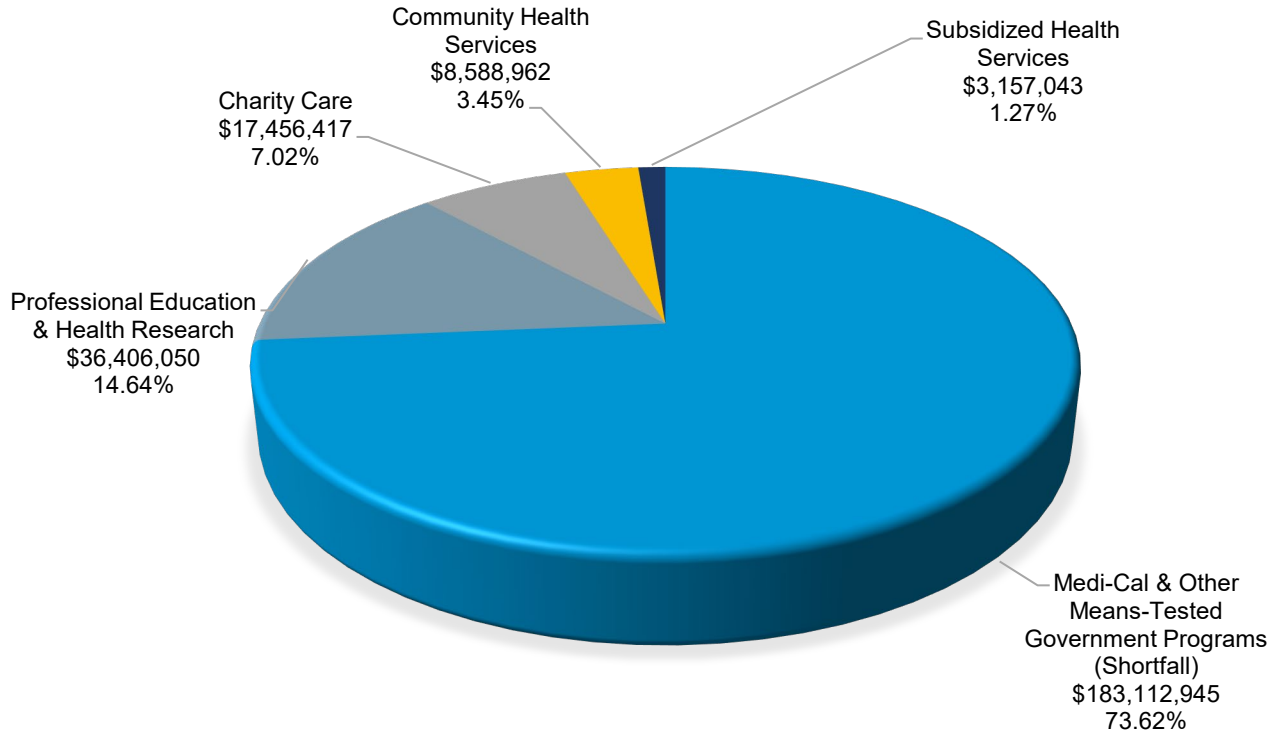
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Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services, and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.

FIGURE 1.3

Fiscal Year 2022

SCRIPPS SCHEDULE H COMMUNITY SERVICES BY CATEGORY,
\$248,721,418



Community Benefits Services (Provider Fee Impact)	Charity Care	Medi-Cal & Other Means Tested Government Programs (Shortfall)	Community Health Services	Prof Ed & Health Research	Subsidized Health Services	Total
Before Provider Fee	\$17,456,417	\$209,861,271	\$8,588,962	\$36,406,050	\$3,157,043	\$275,469,744
Provider Fee	-	(\$26,748,326)	-	-	-	(\$26,748,326)
Net After Provider Fee	\$17,456,417	\$183,112,945	\$8,588,962	\$36,406,050	\$3,157,043	\$248,721,418

COMMUNITY BENEFIT SERVICES

Community building activities, bad debt and Medicare shortfall do not count as a community benefit under the Schedule H 990 but are still reportable outside the community benefit table.

Section 2

Advancing Health Equity

ADVANCING HEALTH EQUITY

The mission of Scripps Health is to provide superior health care services in a caring environment, and to make a positive difference in the health of individuals in the communities we serve. That mission has been the driving force behind our service to the community for the past 100 years and will always be at the heart of all we do.

Across the nation, there is increasing understanding that disparities exist in the health care and health status among patient populations, and in the outcomes of medical care. Providers of inpatient and ambulatory care have the unique capability and opportunity to contribute to reducing health disparities through a focus on reducing the variation in the outcomes of the clinical care services we provide, as part of our commitment to high quality care.

To advance this work, Scripps has established a health equity council structure, composed of an acute care council, an ambulatory council, and a system workgroup which serves as the integration and oversight point for health equity efforts across the Scripps system. The work of the councils and the system work group is supported through Scripps health equity information center and operations data teams across the organization.

DEFINITION OF HEALTH EQUITY AT SCRIPPS HEALTH

To guide the work of the Council and health equity efforts across the Scripps system, Scripps has adopted the following health equity definition:

At Scripps, health equity is addressing disparities in clinical quality, outcomes, and experience regardless of patients' diverse backgrounds. Diverse backgrounds include, yet are not limited to, race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status and age, among other factors.

SCRIPPS HEALTH EQUITY FOCUS

As the foundation for the efforts of our acute, ambulatory and system health equity work, Scripps focus for 2023 and 2024 is meeting the health equity requirements established at the federal and State levels of government and regulatory bodies:

- Implement the role of our two Chief Medical Officers to lead activities to reduce health care disparities for patients
- Assess the patient's health-related social needs and provides information about community resources and support services
- Identify health care disparities in our patient population by stratifying quality and safety data using the sociodemographic characteristics of our patients

- Develop a written action plan that describes how we will address at least one of the health care disparities identified in our patient population and act when we do not achieve or sustain the goal(s) in our action plan to reduce health care disparities
- Report on:
 - Activities related to the collection equity-focused data and social determinants of health information
 - Activities related to the analysis of health equity data to identify gaps
 - Participation in quality improvement activities focused on reducing disparities
 - Activities related to incorporating equity goals into our strategic plan
 - Engagement of senior leadership in equity strategic planning and performance
- Inform key stakeholders, including leaders, licensed practitioners, and staff, about our progress to reduce identified health care disparities, at least annually
- Prepare an equity report that includes analysis of health status and access to care disparities for patients on the basis of age, sex, race, ethnicity, language, disability status, sexual orientation, gender identify and payer
 - Includes a plan to reduce disparities including specific time frame and measurable objectives
 - Is posted annually to Scripps' website
- Collect and report to the California Department of Health Care Access and Information our hospital discharge abstract and emergency and ambulatory surgery data
 - Billing Z codes (Z55-Z65) if a social determinant of health condition is captured in the medical record
 - Patient's full address is reported, including ZIP code
 - Yes/No indicator is included to flag if the patient is experiencing homelessness

[2022 INVENTORY OF HEALTH EQUITY ACTIVITIES](#)

As Scripps undertakes the work of identifying and reducing disparities in clinical outcomes and ensuring our compliance with government directives regarding health equity, it is important to recognize that Scripps has been engaged in a broad range of programs and initiatives that address health disparities for many years. The inventory of this work in 2022 is contained in Appendix H.

Section 3

**Scripps Health Community
Served**

DEMOGRAPHIC PROFILE OF SAN DIEGO COUNTY

The San Diego region is known for its 70 miles of beautiful beaches, perfect weather, and innovative economy. Many do not realize how large and diverse the county is demographically and geographically. San Diego is home to 3.4 million people is the second-largest county in California, and is the fifth-most populous in the U.S. The region includes 18 incorporated cities and expansive unincorporated areas.

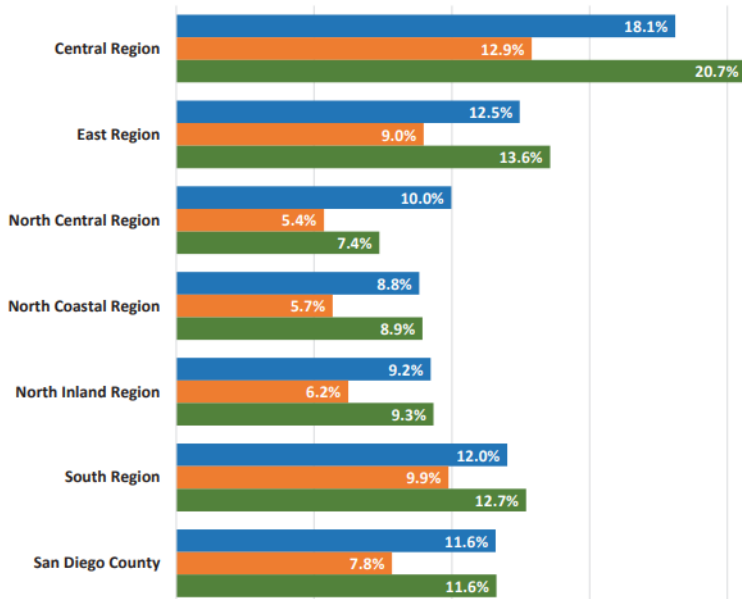
San Diego County Demographics

Source: U.S. Census Bureau. American Community Survey, 2015-2019 Five-Year Estimate.

Population	#	Race/Ethnicity	%
Total Population	3,283,665	Asian	11.6%
		Black	4.7%
		Hispanic/Latino	33.7%
		Native American/Alaska Native	0.4%
		Pacific Islander/Native Hawaiian	0.4%
		Some Other Race	0.2%
		Multiple Races	3.4%
Socioeconomic	%		
Living in Poverty (<100% federal poverty level)	11.6%		
Children in Poverty	14.7%		
Unemployment	3.1%		

Percent Below Poverty Level by HHS Region, 2019

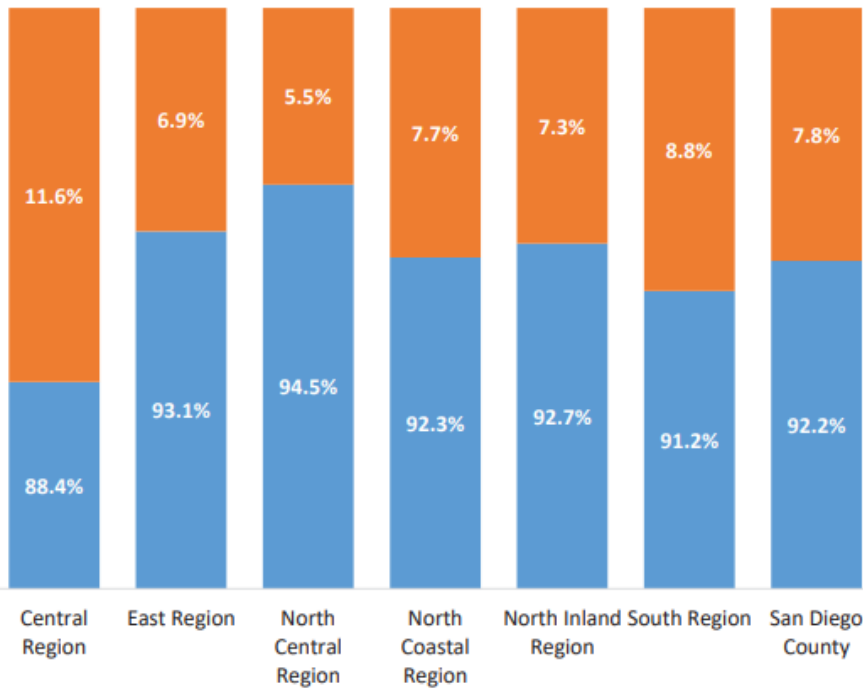
- Population below 100% federal poverty level (FPL)
- Families below poverty level (out of all families)
- Families with children under 18 years below poverty level (out of families with children)



Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table B17024, B17010.
 Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2021.

Health Insurance Status by HHS Region, 2019

- With Health Insurance
- No Health Insurance



Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table B27001.
 Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2021.

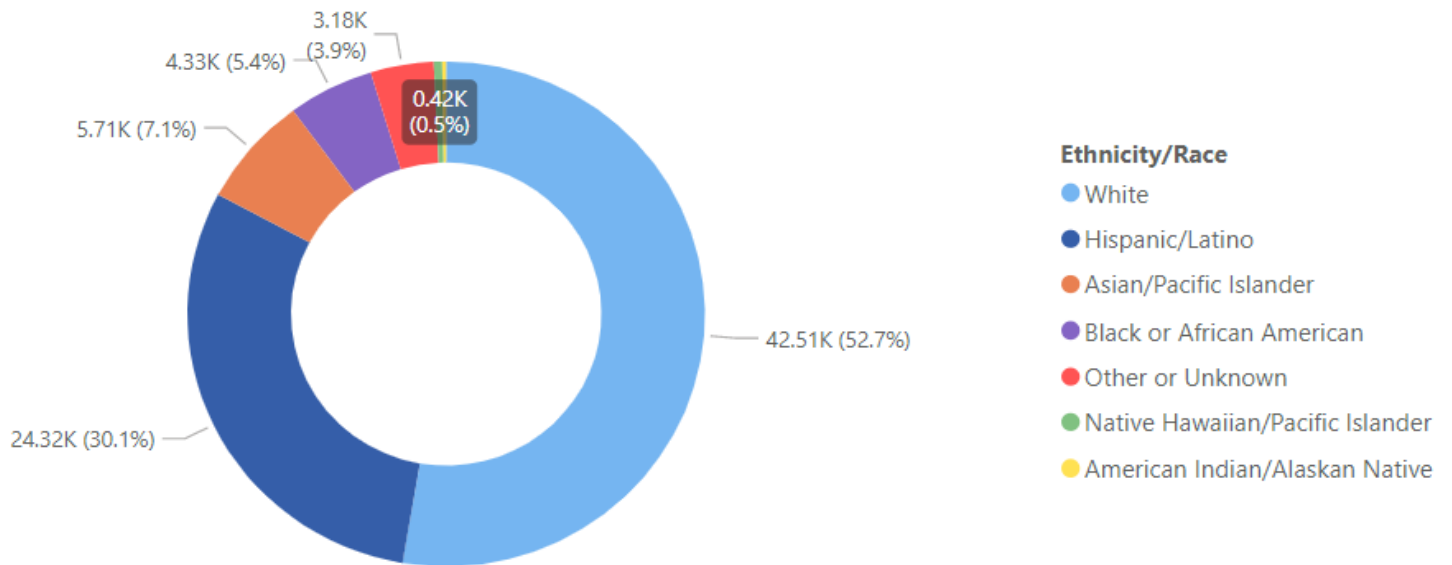
SCRIPPS HEALTH COMMUNITY SERVED

Scripps serves the entire San Diego County region with services concentrated in North Coastal, North Central, Central and Southern region of San Diego. Scripps provides significant volumes of inpatient, emergency, outpatient, and primary care. In Fiscal Year 2022, Scripps provided 2,871,687 outpatient visits and 69,817 hospital discharges. Community outreach efforts are focused in those areas with proximity to a Scripps facility. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance. Figure 3.1 is a map of Scripps Health service area.

SCRIPPS FACILITIES	
Scripps Memorial Hospital Encinitas	Scripps Clinic
Scripps Green Hospital	Scripps Coastal Medical Center
Scripps Memorial Hospital La Jolla	Scripps HealthExpress
Scripps Mercy Hospital San Diego	Scripps Urgent Care
Scripps Mercy Chula Vista	

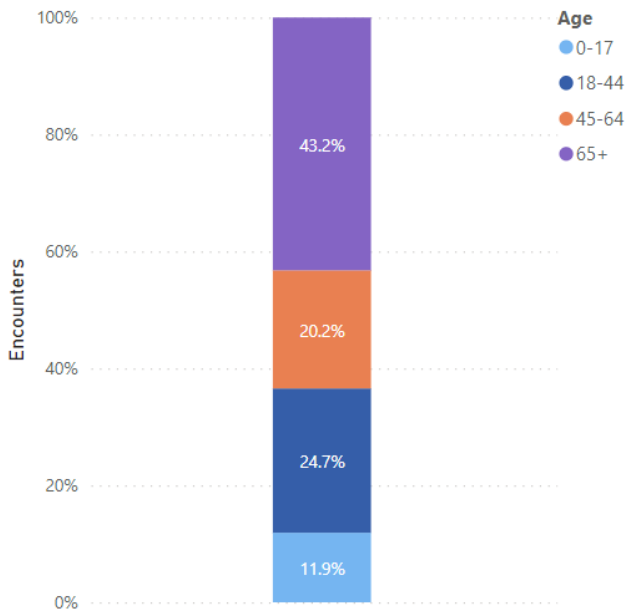
SCRIPPS HEALTH FISCAL YEAR 2022 PATIENT COMMUNITY DEMOGRAPHICS

Scripps Fiscal Year 2022 Inpatient Discharges by Race/Ethnicity

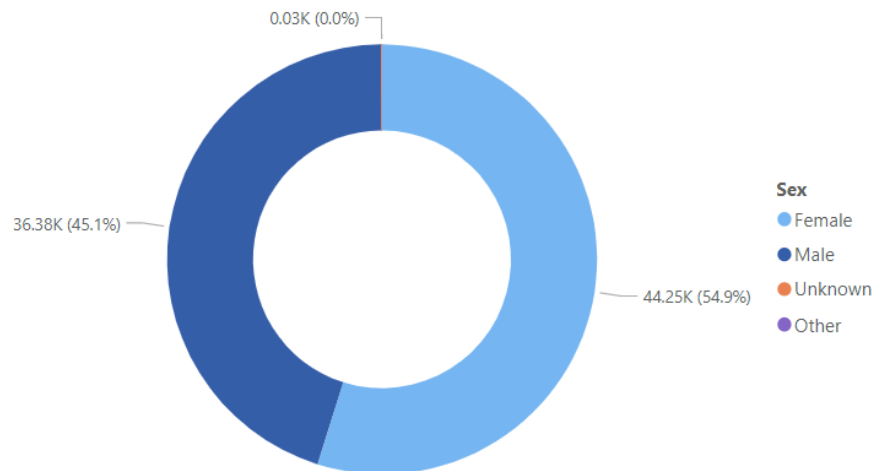


In the Scripps Health service area 52.7% of the Inpatient Discharges are White, 30.1% are Hispanic/Latino, 7.1% are Asian/Pacific Islander, 5.4% are Black or African American.

Scripps FY 2022 Inpatient Discharges by Age

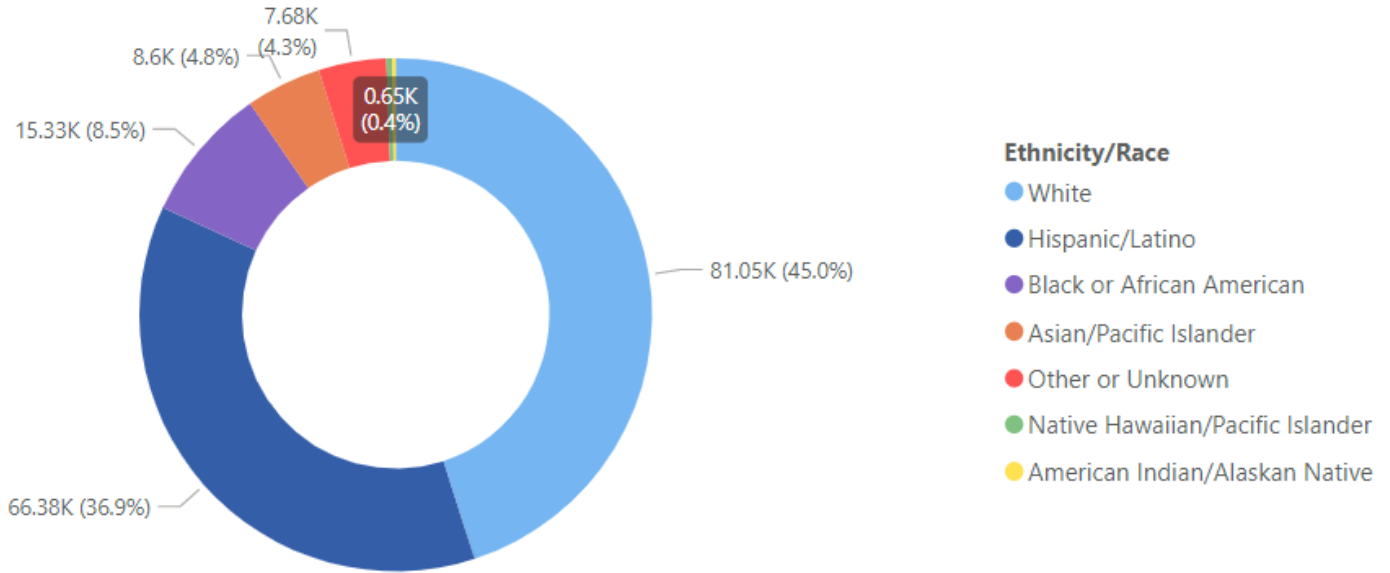


Scripps FY 2022 Inpatient Discharges by Sex



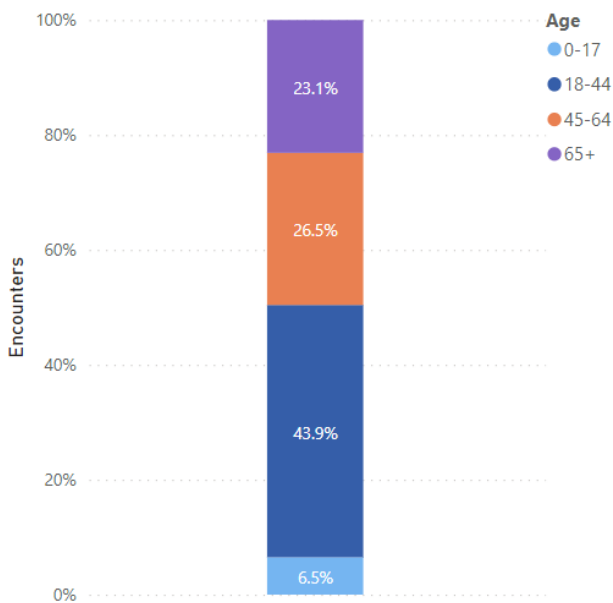
In the Scripps Health service area 54.9% of the Inpatient Discharges are Female and 45.1% are Male.

Scripps Fiscal Year 2022 Emergency Department Encounters by Race/Ethnicity

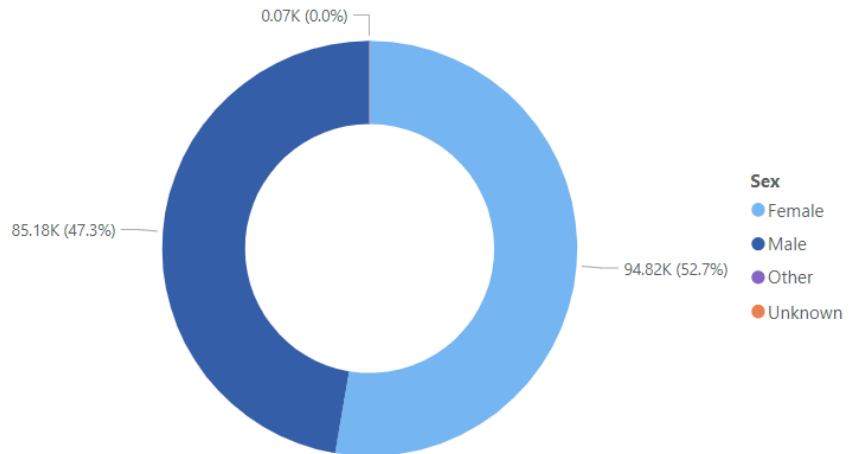


In the Scripps Health service area 45.0% of the Emergency Department encounters are White, 36.9% are Hispanic/Latino, 8.5% are Black/African American, 4.8% are Asian/Pacific Islander.

Scripps FY 2022 ED Encounters by Age

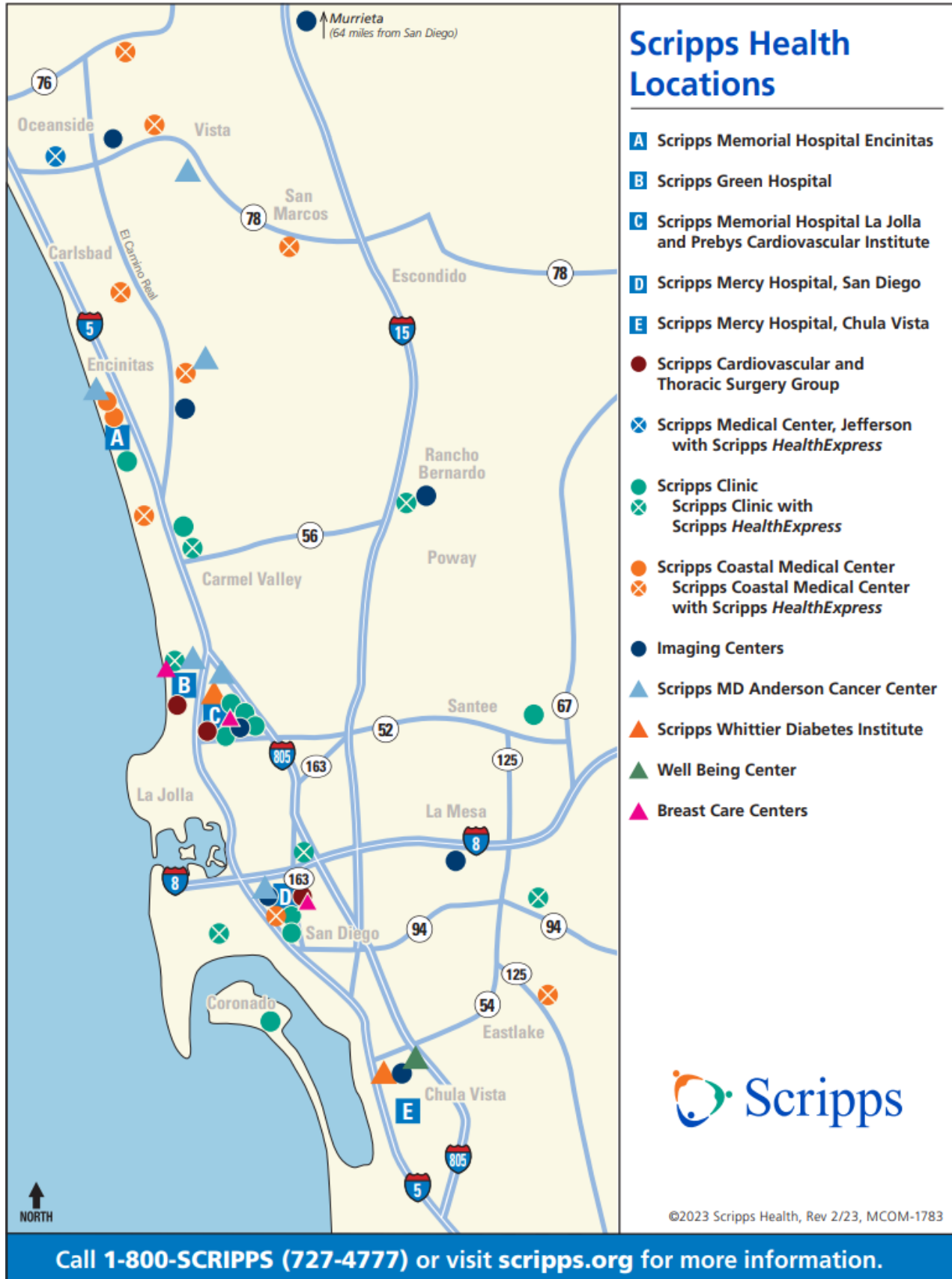


Scripps FY 2022 ED Encounters by Sex



In the Scripps Health service area 52.7% of the Emergency Department encounters are Female and 47.3% are Male.

FIGURE 3.1 - SCRIPPS HEALTH SERVICE AREA



Section 4

Uncompensated Care

UNCOMPENSATED HEALTH CARE

Scripps contributes significant resources providing low and no-cost health care for our patients in need. During Fiscal Year 2022, Scripps contributed \$643,952,528 in uncompensated health care, including \$17,456,417 in charity care, \$619,090,066 in Medi-Cal and Medicare shortfall, and \$7,406,044 in bad debt.

The health care safety net in San Diego County is highly dependent upon hospitals and community health clinics to care for uninsured and medically underserved communities. Medi-Cal provides health insurance coverage for 1,000,000 in San Diego County in 2022 (almost 1 out of 3 people in San Diego County are Medi-Cal beneficiaries). San Diego County has the 2nd largest Medi-Cal population in California. Five percent of enrollees with the highest-cost needs account for over half of Medi-Cal spending. Finding more effective ways to coordinate and enhance the safety net is a critical policy challenge. While public subsidies help finance services for San Diego County's underinsured populations, these subsidies do not cover the full cost of care. Combined with Medi-Cal and Medicare funding shortfalls, Scripps and other local hospitals absorb the cost of caring for uninsured/underinsured patients in their operating budgets. This places a significant financial burden on hospitals and physicians.

Scripps Mercy Hospital (including San Diego and Chula Vista campuses) provides 65 percent of the charity care within the Scripps system (refer to figure 4.3). Scripps Mercy's service area has a more economically disadvantaged population compared to the county, with the lowest numbers of insured adults in the county and a much higher percentage of ethnic minorities, primarily Hispanic and Asian.

Scripps Mercy Hospital San Diego and Scripps Mercy Hospital Chula Vista campuses are designated by the government as a Disproportionate Share Hospital, in reflecting the economically disadvantaged population they serve. Both hospital campuses play important health care service roles in the Central/Southern San Diego County service area (ranging from Interstate 8 to the United States-Mexico border). More than half of Scripps Mercy San Diego and Chula Vista patients are government insured Medicare and Medi-Cal.

SCRIPPS UNCOMPENSATED HEALTH CARE	
Bad Debt	\$7,406,044
Charity Care	\$17,456,417
Medi-Cal & Medicare Shortfall	\$619,090,066
Uncompensated Health Care Total	\$643,952,528

FINANCIAL ASSISTANCE

ASSISTING LOW-INCOME, UNINSURED PATIENTS

The Scripps financial assistance policy is consistent with the language of both State (AB774) California Hospital Fair Pricing legislation and the Internal revenue Code (IRC) 501(r) Regulations. These practices reflect our commitment to assisting low-income and uninsured patients with discounted hospital charges, charity care and flexible billing and debt collection practices. These programs are available to everyone in need, regardless of their race, ethnicity, gender, religion, or national origin.

Scripps makes every effort to identify patients who may benefit from financial assistance as soon as possible and provide counseling and language interpretation. Additionally, Scripps does not apply wage garnishment or liens on primary residences as a way of collecting unpaid hospital bills.

Eligibility for financial assistance is based on family income and expenses. For low-income, uninsured patients who earn less than twice the federal poverty level (FPL), Scripps forgives the entire bill. For those patients who earn between two and four times the FPL, a portion of the bill is forgiven. Patients who qualify for financial assistance are not charged more than Scripps discounted financial assistance amount. For 2023, the Department of Health and Human Services defined a family of four at 200 percent federal poverty level as \$60,000.²

SELF-SUFFICIENCY INCOME

Currently, the federal government's poverty thresholds and guidelines are used to determine poverty rates throughout the United States. They are also used to determine income limits and eligibility for federal and state financial assistance programs, including Medicaid, Food Stamps (Supplemental Nutritional Assistance Program), and low-income housing. While the measure is defined as the minimum amount of annual income that is needed for individuals and families to pay for essentials, its calculation does not consider essential household expenses such as housing, medical, and childcare costs, or the geographic variability in the cost of living.³ The self-sufficiency standard is an affordability measure that serves as an alternative to the federal government's poverty thresholds.⁴ The self-sufficiency standard measures how much income is needed for a household of a certain composition to adequately meet their basic needs without public or private assistance. The average minimum income required to be economically self-sufficient without public or private assistance (based on each adult working 40 hours per week) is \$81,988.42.⁵

² <https://www.medicaidplanningassistance.org/federal-poverty-guidelines/>

³ Office of the Assistant Secretary for Planning and Evaluation. Frequently Asked Questions Related to the Poverty Guidelines and Poverty, 2021. Frequently Asked Questions Related to the Poverty Guidelines and Poverty | ASPE (hhs.gov)

⁴ Center for Women's Welfare (CWW). Self-Sufficiency Standard. <http://www.selfsufficiencystandard.org/>

⁵ The Self-Sufficiency Standard measures how much income is needed for a household of a certain composition to adequately meet their basic needs without public or private assistance. (<http://www.selfsufficiencystandard.org/>). Estimates based on the most recent data available. See the San Diego County Self-Sufficiency Standard Brief on www.SDHealthStatistics.com for detailed information on methodology.

PUBLIC RESOURCE SPECIALIST TEAM

The Public Resource Specialists (PRS) are experienced staff with strong knowledge of county programs. PRS screens all uninsured and underinsured patients who have received services at any of the five Scripps hospital facilities. They offer support to patients and provide guidance on available funding options for county, state, and federal programs. The PRS team is responsible for submitting and monitoring all applications and following up with appeals. In addition, they serve as a technical resource to case management, social work, and other hospital staff when patient funding impacts discharge planning and level of care transfers. The PRS team serves hospital patients by offering immediate temporary coverage through the Presumptive Eligibility programs (PE), COVID-19 Uninsured Group and submitting Insurance Affordability Applications to the county for processing of ongoing benefits. Other services offered are assistance with initiating applications with DMV, VA, EDD, Social Security and Medi-Cal for Cal-Fresh enrollment.

Fiscal Year 2022, the PRS team successfully screened 5,080 food insecure patients. Out of those screenings, PRS submitted 3,854 Medi-Cal applications to the County, 674 Cal Fresh applications and 382 expedited Cal Fresh applications.

MEDICATION PATIENT FINANCIAL ASSISTANCE PROGRAM

The Medication Patient Financial Assistance Program serves patients that may be uninsured, under-insured as well as those that have insurance. Staff members search out funding sources from grants and manufacturers for high dollar medications so that patients do not have to make a choice between their physical health and financial health. The purpose is to make medications available to patients that would otherwise be unaffordable. This includes indigent patients or those without insurance. Increasingly the program is seeing Medicare seniors on a fixed income who are unable to afford their share-of-cost and may abandon therapy due to financial constraints.

In Fiscal Year 2022, Scripps served 1,801 patients through this program and funded four full-time employees dedicated to identifying and enrolling patients in free drug or reduced out-of-pocket drug costs for needy individuals throughout San Diego County. Scripps' decision to add this patient dedicated resource was in direct response to seeing patients unable to afford their self-administered medications. Those without insurance are often unable to afford the "cash pay" price of medications and they will sometimes go without these therapies. Equally impacted are those who have insurance but find their co-pay (share of cost) is still beyond their means and at times they need to make decisions between affording their medications or affording food/rent/utilities.

Within the Disproportionate Share Mercy San Diego Hospital there are many low income and indigent patients who are started on new medications within the hospital. It is vital that these life-sustaining medications are continued after discharge. However, cost is an absolute barrier for these patients. The essential patient service of the Medication Patient Financial Assistance Program is free of charge and provided regardless of where the medications are dispensed from in the community.

Estimated Economic Value of Community Benefits Provided by Scripps Health in Fiscal Year 2022

CA Senate Bill (SB) 697 & AB1204 Definitions	Community Benefit Programs & Services	Net Benefit
Medical Care Services		
Charity Care	\$	17,456,417
Medi-Cal & Other Government Means Tested Programs (Shortfall) *	\$	183,112,945
Medicare & Medicare HMO (Shortfall) **	\$	435,977,121
Bad Debt	\$	7,406,044
Total Costs of Uncompensated Care	\$	643,952,528
Benefits for Vulnerable Population		
A – Community Health Improvement Services	\$	5,610,105
C – Subsidized Health Services	\$	3,157,043
E – Cash, Grants, and In-Kind Contributions	\$	682,200
Total Benefits for Vulnerable Populations***	\$	9,449,348
Benefits for the Broader Community		
Definition: Services that improve overall community health and can include in-kind donations and sponsorships.		
A – Community Health Improvement Services	\$	1,693,280
E – Cash, Grants, and In-Kind Contributions	\$	15,000
F – Community Building Activities	\$	260,248
G – Community Benefit Operations	\$	588,378
Total Benefits for Broader Community	\$	2,556,906
Professional Education & Health Research		
B – Professional Education	\$	32,867,295
D – Health Research	\$	\$3,538,755
Total Professional Education & Research	\$	\$36,406,050
Total Community Benefit and Economic Value	\$	692,364,831

Financial Support: Calculations for bad debt and charity care are estimated by extracting the gross write-offs of bad debt and charity care charges and applying the hospital ratio of costs to charges (RCC) to estimate the cost of care. Calculations for Medi-Cal & other means-tested government programs and Medicare shortfall are derived using the payer-based cost allocation method. Bad debt, community building activities and Medicare shortfall do not count as community benefits under Schedule H 990 but are still reportable outside the community benefit table.

* Medi-Cal & Other Government Means Tested Programs includes Provider Fee as a part of Medi-Cal shortfall. The Hospital Fee Program was established in 2009 with the intent of improving hospital Medi-Cal reimbursement and maximizing federal financial participation in the Medi-Cal program. Hospital Fee Program, also known as the Hospital Quality Assurance Fee (HQAF), provides private hospitals with federally matched supplemental payments for inpatient and outpatient Medi-Cal services, both in fee-for-services (FFS) and managed care, while also generating state General Fund savings to support children's health care and provides direct grants for public and district hospitals.⁶ The Hospital Fee Program was reported as offsetting revenue from Medi-Cal. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-Kind Contributions for other vulnerable populations.

** Unpaid cost of Medicare is calculated using Scripps' cost accounting system. In IRS Form 990, Schedule H, the Medicare cost report is used.

*** "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. "Vulnerable populations" also includes racial and ethnic groups experiencing disparate health outcomes including the following:

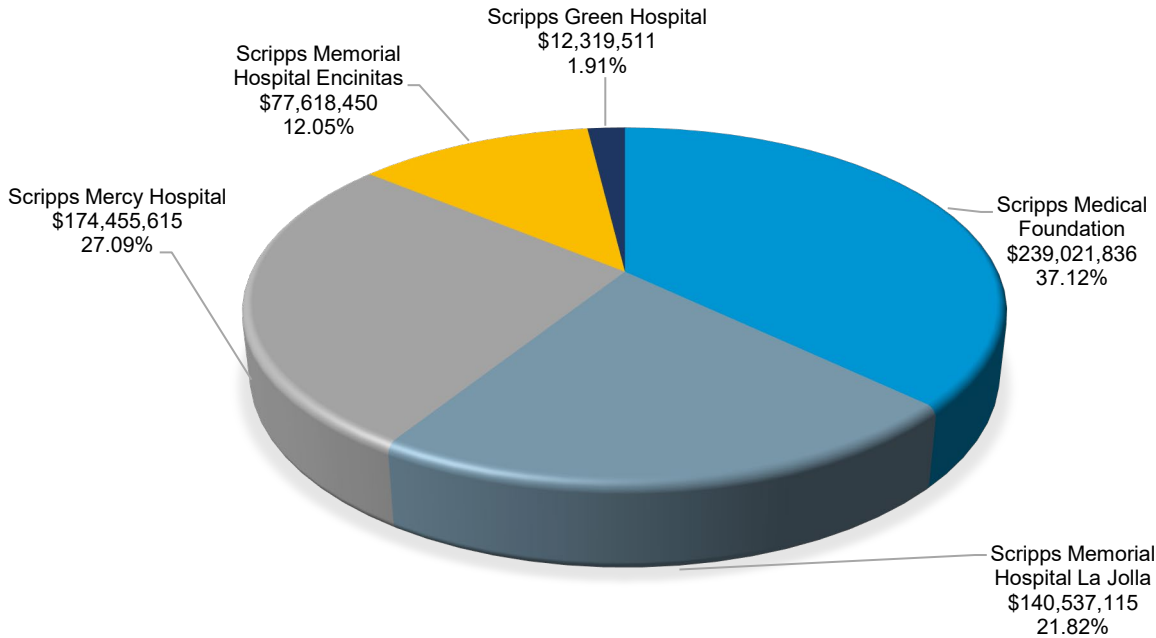
- Black/African American, American Indian, Alaska Native, Asian Indian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Vietnamese, Native Hawaiian, Guamanian or Chamorro, Samoan, or other nonwhite racial groups, as well as individuals of Hispanic/Latino origin, including Mexicans, Mexican Americans, Chicanos, Salvadorans, Guatemalans, Cubans, and Puerto Ricans
- Socially disadvantaged groups, including the following:
 - The unhoused
 - People with disabilities
 - People identifying as lesbian, gay, bisexual, transgender, or queer
 - Individuals with limited English proficiency
 - Communities with inadequate access to clean air and safe drinking water, as defined by an environmental California Healthy Places Index score of 50 percent or lower

⁶ California Hospital Association

FIGURE 4.1

FISCAL YEAR 2022

SCRIPPS TOTAL UNCOMPENSATED CARE BY OPERATING UNIT
\$643,952,528⁷



Community Benefits Services (Provider Fee Impact)	Scripps Memorial Hospital La Jolla	Scripps Green Hospital	Scripps Memorial Hospital Encinitas	Scripps Mercy Hospital (San Diego & Chula Vista)	Scripps Medical Foundation	Total
Before Provider Fee	\$132,269,607	\$12,319,511	\$72,668,980	\$214,420,919	\$239,021,836	\$670,700,854
Provider Fee	\$8,267,508	-	\$4,949,470	(\$39,965,304)	-	(\$26,748,326)
Net Community Benefit Services After Provider Fee	\$140,537,115	\$12,319,511	\$77,618,450	\$174,455,615	\$239,021,836	\$643,952,528

UNCOMPENSATED HEALTH CARE

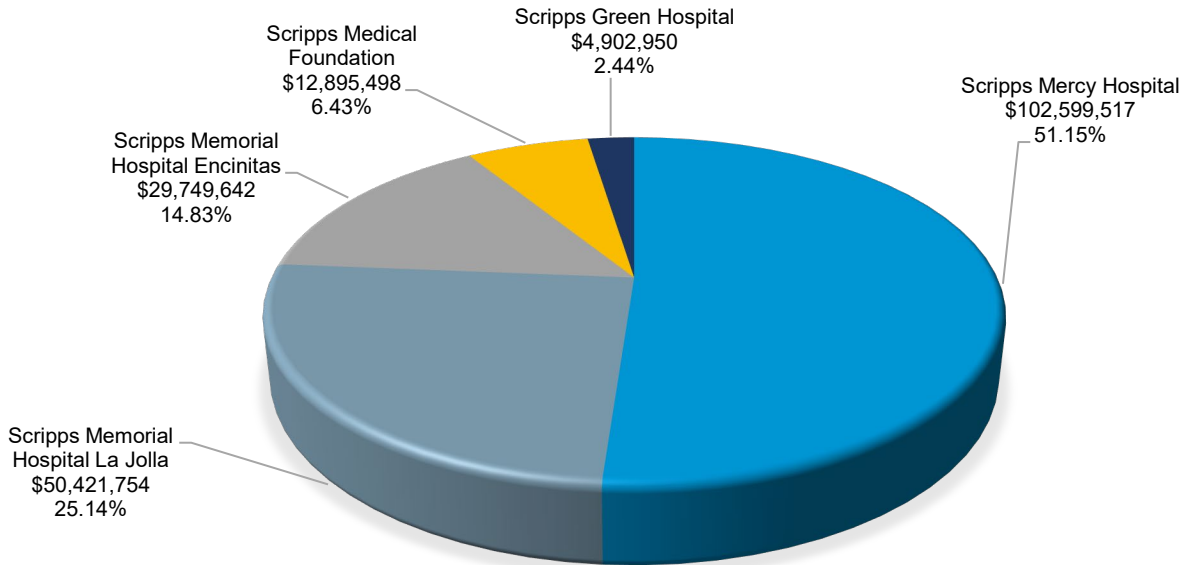
Uncompensated health care includes the sum of expenses associated with charity care, Medi-Cal and other means-tested government programs, Medicare shortfalls and bad debt. A detailed account of Scripps Fiscal Year 2022 uncompensated care expenditures is contained in the following graphs.

⁷ Calculation for Medi-Cal and other means-tested government programs and Medicare shortfall are derived using the payer-based cost allocation method. Calculations for bad debt and charity care are estimated by extracting the gross write-offs of bad debt and charity care charges and applying the hospital ratios of cost to charges (RCC) to estimate net cost of care.

FIGURE 4.2

FISCAL YEAR 2022

SCRIPPS SCHEDULE H UNCOMPENSATED CARE BY OPERATING UNIT,
\$200,569,362⁸



Community Benefits Services (Provider Fee Impact)	Scripps Memorial Hospital La Jolla	Scripps Green Hospital	Scripps Memorial Hospital Encinitas	Scripps Mercy Hospital (San Diego & Chula Vista)	Scripps Medical Foundation	Total
Before Provider Fee	\$42,154,246	\$4,902,950	\$24,800,172	\$142,564,821	\$12,895,498	\$227,317,688
Provider Fee	\$8,267,508	-	\$4,949,470	(\$39,965,304)	-	(\$26,748,326)
Net After Provider Fee	\$50,421,754	\$4,902,950	\$29,749,642	\$102,599,517	\$12,895,498	\$200,569,362

UNCOMPENSATED HEALTH CARE (SCHEDULE H)

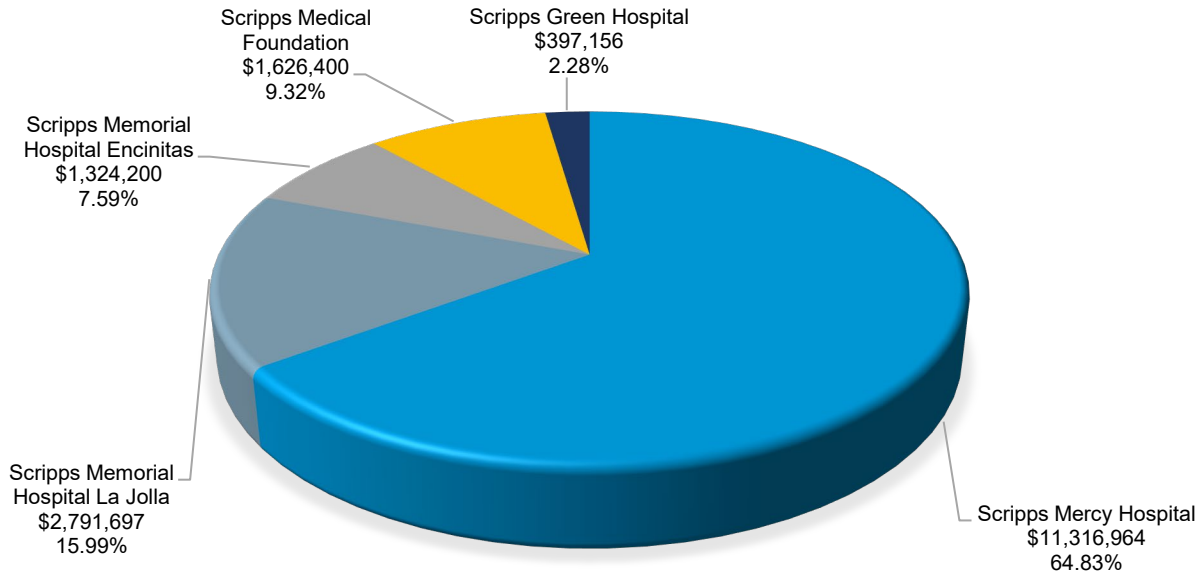
Uncompensated health care includes the sum of expenses associated with charity care, Medi-Cal, and other means-tested government programs.

⁸ Calculations for Medi-Cal and other means-tested government programs are derived using the payer-based cost allocation method. Calculations for charity care are estimated by extracting the gross write-offs of charity care charges and applying the hospital ratio of cost to charges (RCC) to estimate the cost of care. Community building activities, bad debt and Medicare shortfall do not count as community benefits under Schedule H 990 but are still reportable outside the community benefit table.

Figure 4.3

Fiscal Year 2022

SCRIPPS CHARITY CARE BY OPERATING UNIT, \$17,456,417⁹



CHARITY CARE

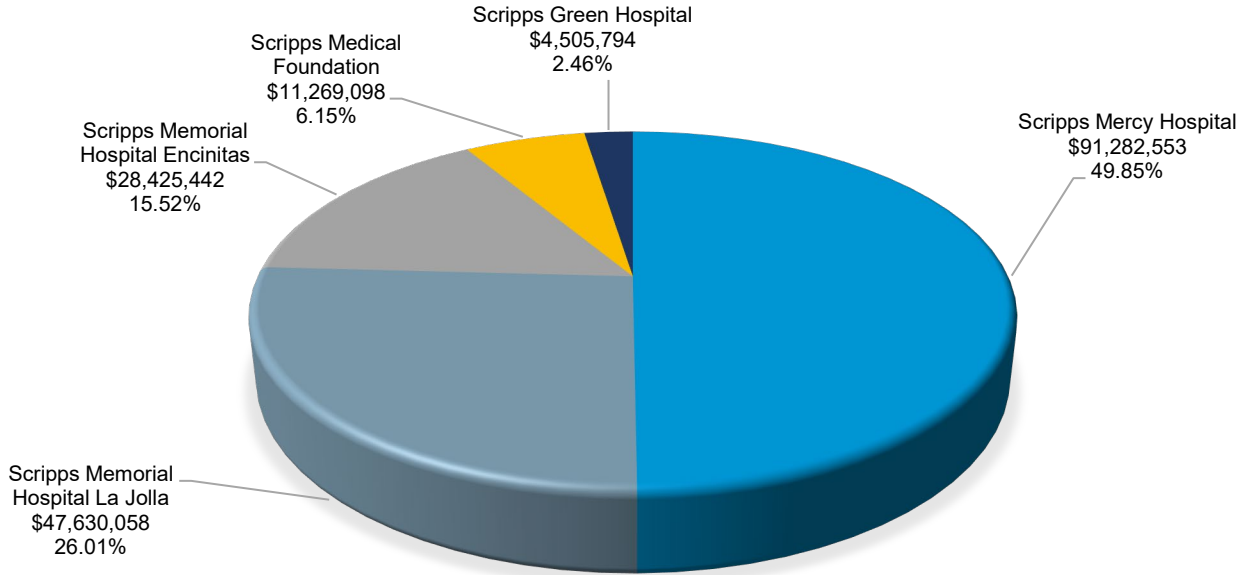
Part of Scripps legacy is its commitment to providing services for vulnerable populations. Scripps provides charity care for patients with little or no resources at all its hospitals. Traditional charity care is included in the Internal Revenue Service (IRS) Form 990 Schedule H Part I Line 7a.

⁹ Calculation for charity care is estimated by extracting the gross write-offs of charity care charges and applying the hospital ratio of cost to charges (RCC) to estimate the cost of providing charity care.

FIGURE 4.4

Fiscal Year 2022

SCRIPPS MEDI-CAL¹⁰ & OTHER MEANS-TESTED GOVERNMENT PROGRAMS BY OPERATING UNIT, \$183,112,945



Community Benefits Services (Provider Fee Impact)	Scripps Memorial Hospital La Jolla	Scripps Green Hospital	Scripps Memorial Hospital Encinitas	Scripps Mercy Hospital	Scripps Medical Foundation	Total
Before Provider Fee	\$39,362,550	\$4,505,794	\$23,475,972	\$131,247,857	\$11,269,098	\$209,861,271
Provider Fee	\$8,267,508	-	\$4,949,470	(\$39,965,304)	-	(\$26,748,326)
Net After Provider Fee	\$47,630,058	\$4,505,794	\$28,425,442	\$91,282,553	\$11,269,098	\$183,112,945

MEDI-CAL (SHORTFALL)

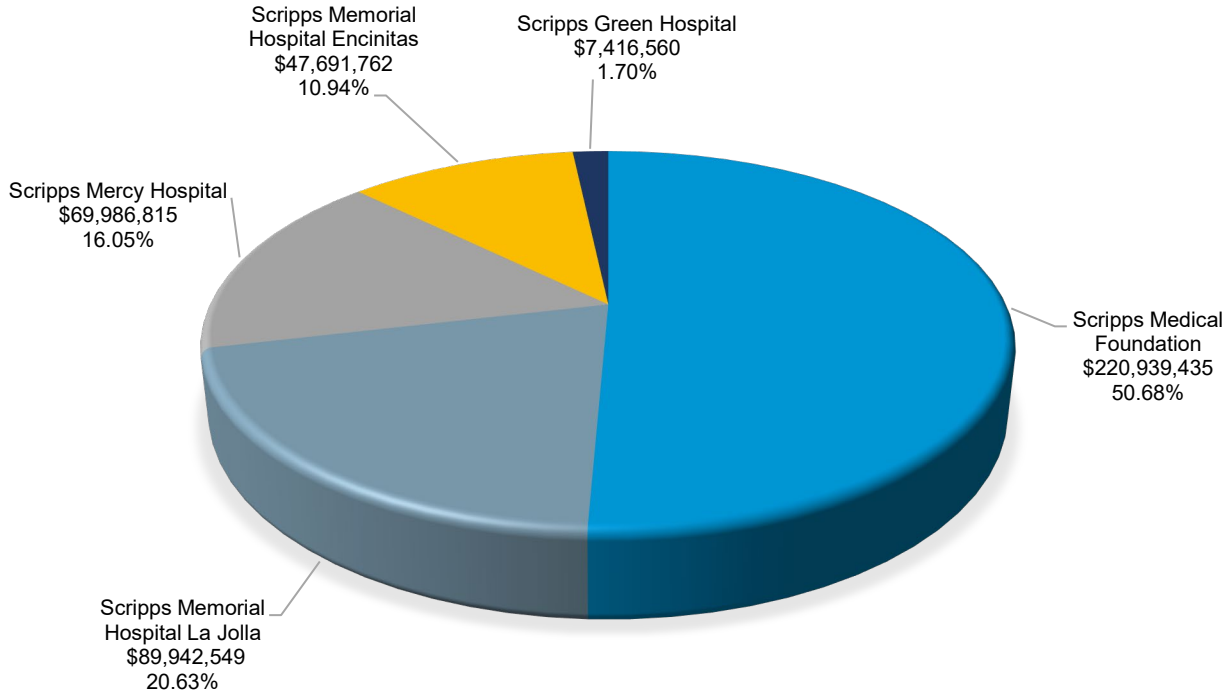
In addition to providing charity care services, Scripps accepts patients for whom it is reimbursed under various county, state, and federal indigent care programs (Medi-Cal and Medi-Cal HMO) at amounts that, in some cases, do not cover the full cost of care. These costs are included in the IRS Form 990 Schedule H Part I Line 7b. In the state of California, the Medicaid program is called Medi-Cal.

¹⁰ The Hospital Fee Program was reported as offsetting revenue from Medi-Cal. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-Kind Contributions for other vulnerable populations.

FIGURE 4.5

Fiscal Year 2022

SCRIPPS MEDICARE & MEDICARE HMO SHORTFALL BY OPERATING UNIT, \$435,977,121¹¹



MEDICARE AND MEDICARE HMO SHORTFALL

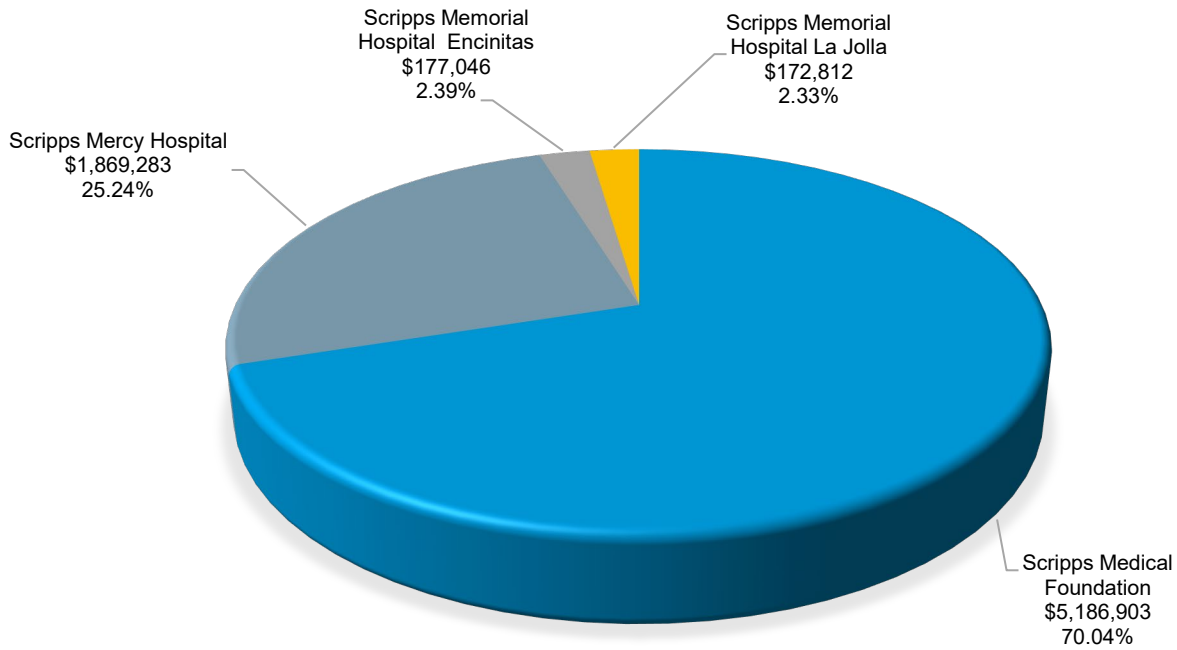
In addition to providing charity care services, Scripps accepts patients for whom it is reimbursed under various county, state, and federal programs (Medicare, Medicare PPO, Medicare HMO and Medicare SHPS) at amounts that, in some cases, do not cover the full cost of care. These costs are included in the IRS Form 990 Schedule H Part III Section B.

¹¹ Calculations for Medicare are derived using the payer-based cost allocation methodology. In Schedule H, the Medicare cost report is used.

FIGURE 4.6

Fiscal Year 2022

SCRIPPS BAD DEBT BY OPERATING UNIT, \$7,406,044¹²



BAD DEBT

Scripps also provides benefits to the broader community, including services for individuals who do not qualify for charity care, but need special services and support. Each year, Scripps provides uncompensated care to people who do not meet the criteria for charity care, are not covered by a third-party payor or have a co-payment obligation that is not met. These costs are included in the IRS Form 990 Schedule H Part III Section A.

¹² Cost of bad debt is estimated by applying the hospital ratio of cost-to-charges (RCC) to the gross write-offs of bad debt to arrive at the estimated cost of providing care.

Section 5

Community Health Services

COMMUNITY HEALTH SERVICES

Community Health Services include prevention and wellness programs, screenings, health education, support groups and health fairs, supported by operational funds, grants, in-kind-donations and philanthropy. The Community Health Needs Assessment (CHNA) aims to identify, understand, and prioritize the health-related needs of San Diego County residents facing inequities. The results of the CHNA are used to inform and adapt hospital programs and strategies better to meet the health needs of San Diego County residents. Through a prioritization process described in Appendix I, Scripps Community Health Needs Assessment (CHNA), the following needs were identified as the top community needs within San Diego County (listed below in alphabetical order):

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

FIGURE 5.1. 2022 CHNA TOP COMMUNITY NEEDS



The programs included in this section raise public awareness and understanding of the community needs documented in Scripps 2022 Community Needs Assessment Report (Refer to Appendix I Community Health Needs Assessment (CHNA)).¹³

Included in this section are health conditions and needs that Scripps addresses via community benefit programs and initiatives. Scripps defines Community Health Services according to the Schedule H 990 IRS categories. The categories are broken down into two primary areas (see the

¹³ Demographic and community need information data presented throughout the body of this document are based upon the findings of the Hospital Association of San Diego and Imperial Counties 2022 Community Health Needs Assessment, <http://www.hasdic.org/chna.htm> which includes data from the San Diego County Health and Human Services Agency (HHS), Public Health Services including Community Health Statistics, Health Equity Dashboards and Morbidity and Mortality data. Hospital discharge trend data retrieved from California's Department of Health Care Access and Information (HCAI) Limited data sets, 2017-2019, SpeedTrack® and statistics compiled by Sharp HealthCare's Community Benefit Team. Strategic Planning Department. Sharp HealthCare, 2022 (unless otherwise indicated).

Scripps Community Health Services Summary list for more details, page 104). These costs are included in the IRS Form 990 Schedule H Part I Lines 7 e, and i.

- Community health services and community benefit operations
- Cash, grants, and in-kind contributions

During Fiscal Year 2022 (October 2021 to September 2022), Scripps invested \$8,588,962 in community health services (does not include subsidized health). This figure reflects the costs associated with providing these programs, salaries, materials, and supplies minus revenue.

Scripps Health strives to improve community health through collaboration with a wide range of partners and like-minded organizations. Working with other health systems, community groups, government agencies, businesses and grassroots movements, Scripps is better able to build upon efforts to achieve broad community health goals and partner with a wide variety of organizations on community health improvement programs. See Appendix F for a list of our community partners.

The rest of this chapter highlights Scripps activities, programs and services conducted by Scripps during Fiscal Year 2022. Refer to Figures 5.2 and 5.3 for a graphic representation of the Fiscal Year 2022 Scripps System Community Health Services program distribution.

LIFE EXPECTANCY IN SAN DIEGO COUNTY, 2010-2019

Life expectancy is one of the Top 10 Indicators measured for the County of San Diego's Live Well San Diego vision for healthier, safer, and thriving communities. This measure is a widely used indicator for the capability to live a long and healthy life and reflects the overall mortality of a population. Over time, the trends in life expectancy have experienced positive increases in the United States and in San Diego County. In 1960, the US life expectancy at birth was 69.7 years. This has risen to 78.8 years in 2019 in part, due to improvements in public hygiene, childhood immunizations, and the increase in awareness in positive health behaviors. The same can be said in San Diego County. A baby born in 1990 in San Diego County was expected to live 77 years. The life expectancy has since risen half a decade to 82.7 years in 2019 in San Diego County.¹⁴

¹⁴ San Diego County Community Health Statistics Unit, https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/CHSU_Mortality.html

LEADING CAUSES OF DEATH – MEASURES OF MORTALITY

The leading causes of death are mortality statistics useful for showing the relative burden of cause-specific mortality. Chronic diseases are now among the leading causes of death and disability worldwide. The leading cause of death rankings present the most frequently occurring cases of death in San Diego County. While diseases of the heart, commonly known as heart disease, holds the spot as the number one leading cause of death in the United States and in the state of California, Cancer continues to be the leading cause of death in San Diego County.¹⁵ See Table 5.1 for a summary of leading causes of death in San Diego County. For additional demographic and health data, please refer to the [Scripps Community Health Needs Assessment](#).

TABLE 5.1. LEADING CAUSES OF DEATH IN SAN DIEGO COUNTY, 2020

Underlying Cause of Death	Number of Deaths	Percent of Total Deaths
1. Malignant Neoplasms (Overall Cancer)	4,939	20.1%
2. Diseases of the Heart	4,853	19.8%
3. COVID-19	1,728	7.0%
4. Stroke (Cerebrovascular Diseases)	1,722	7.0%
5. Alzheimer's Disease	1,521	6.2%
6. Accidents (Unintentional Injuries)	1,513	6.2%
7. Chronic Lower Respiratory Diseases	930	4.6%
8. Diabetes Mellitus	852	3.5%
9. Essential Hypertension and Hypertensive Renal Disease	453	1.8%
10. Parkinson's Disease	429	1.7%
11. Chronic Liver Disease and Cirrhosis	411	1.7%
12. Intentional Self Harm (suicide)	391	1.6%
13. Influenza and Pneumonia	297	1.2%
14. Pneumonitis Due to Solids and Liquids	163	0.8%
15. Nutritional Deficiencies	138	0.6%
16. All Other Causes (not rankable)	4,209	17.1%
Total Deaths	25,549	100%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, [2011-2020 Leading Causes of Death 2011-2020 1.24.22.pdf \(sandiegocounty.gov\)](#).

¹⁵ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2019 on CDC WONDER Online Database, released in 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html>

ACCESS TO CARE

Access to care was identified in the 2022 HASD&IC and Scripps Community Health Needs Assessment (CHNA) as a high priority need that continues to negatively impact the overall health of our community. Access to high quality, comprehensive care is vital for preserving good health, preventing, and managing disease, decreasing disability, averting premature death, and achieving health equity for all.¹⁶ The pandemic further impacted existing challenges for both community members and health providers. Persistent challenges accessing and navigating care were consistent concerns in the community engagement interviews. Access to health care emerged as a high priority health need in both the secondary data analyses and community engagement discussions in the CHNA. Through the community engagement conducted it was heard from the community that several factors were identified as being significant in accessing health care in San Diego: transportation, health care costs & medical debt, the lack of culturally competent and linguistically appropriate care and LGBTQ+ experience in health care.

See Appendix I for individual **health briefs** on select community needs which includes analysis of secondary data, health conditions and SDOH. The health briefs are an additional resource to the 2022 Community Health Needs Assessment. Data from various local, state, and national sources are included in the health briefs. Data on hospitalization discharges from 2017 to 2019 are presented at the inpatient and ED (emergency department) levels.

- **A lack of health insurance coverage** represents a major barrier to health care services. In San Diego County, it is estimated 7.8% of San Diego County residents did not have health insurance and 12% reported not having a usual place to go when sick or needing health advice. Certain groups, including those who identify as “Other,” Native American/Alaska Natives, Hispanics, Pacific Islanders, and Blacks, have higher rates of being uninsured than others.¹⁷
- **Self-Reported Health Status.** In 2019, 1 out of 10 San Diego County residents (9.7%) reported fair/poor health.¹⁸
- **Delayed Healthcare, 2020.** The three main reasons San Diego County residents delayed or had forgone needed medical care were: 1. Cost of lack of insurance, or other insurance-related reasons (26.3%), 2. Healthcare system/provider issues and barriers (14.8%) and 3. Personal and other reasons (58.8%).¹⁹

¹⁶ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Access to health care. HealthyPeople Web site. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care> . Accessed July 5, 2022.

¹⁷ U.S. Census Bureau. American Community Survey, 2019, 1-Year Estimates

¹⁸ Source: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2017-2019. Health Status (San Diego County Health Regions). Available at <http://ask.chis.ucla.edu>. Exported on April 21, 2021. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2021.

¹⁹ Source: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2020. Available at <http://ask.chis.ucla.edu>. Exported on April 7, 2022.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2022.

- **According to findings from the California Health Care Foundation’s (CHCF’s) 2022 California Health Policy Survey²⁰**, more than half of Californians (57%) reported skipping or postponing care in the last 12 months and cited the COVID-19 pandemic as the reason they skipped or postponed care. (CHCF 2022).
- **Health care costs.** Half of Californians (49%) skipped or postponed some type of health care in the last 12 months due to cost. Among those who postponed care, 47% report that their condition worsened as a result, an increase from last year’s survey (41%). (CHCF 2022).
- **Problems paying medical bills.** One in four Californians (25%) say they or someone in their family had problems paying at least one medical bill in the past 12 months, an increase from 20% in last year’s survey. Forty-three percent of Californians with lower incomes report having issues paying for medical bills, an increase from 32% last year. (CHCF 2022).
- **Homelessness.** One in five Californians (19%) say they or someone close to them has experienced a period of homelessness in the past five years. The same proportion (19%) are “very” or “somewhat” worried about experiencing homelessness themselves. Californians also see a connection between affordable housing and health status, with 80% of Californians saying lack of affordable housing impacts the physical or mental health of people with low incomes “a lot” or “some.” (CHCF 2022).
- **Telehealth.** More Californians are receiving care via telehealth than last year. More than half (55%) report receiving care by phone in the last 12 months, an increase from 45% in last year’s poll, and more than 4 in 10 (44%) by video, an increase from 35%. Californians are satisfied with the quality of health care they receive via telehealth, with more than 8 in 10 (83%) “very satisfied” or “satisfied” with their care by video, and a similar proportion (79%) “very satisfied” or “satisfied” with care by phone. (CHCF 2022).
- **Equity.** 6 in 10 Californians (59%) believe that the health care system treats people unfairly based on their race or ethnic background — one quarter (26%) “regularly” and a third (33%) “occasionally.” Eighty-three percent of Black Californians expressed this belief, a significantly higher percentage than any other race or ethnic group. In addition, Black and Latinx Californians were more likely than White or Asian Californians to report negative experiences by a doctor or other health care provider. (CHCF 2022).

To provide for people in need, Scripps sponsored several accesses to care programs and activities in Fiscal Year 2022.

²⁰ <https://www.chcf.org/wp-content/uploads/2022/01/CHCF2022CAHealthPolicySurvey.pdf>

THE CITY OF REFUGE (CoR) SAN DIEGO RECUPERATIVE CARE UNIT PROGRAM (RCU)

Recuperative Care (also known as medical respite care, a lower level of medical care provided where a patient can heal and recover from an illness or injury) provides people who are experiencing homelessness with a safe place to stay after being discharged from the hospital to prevent them from falling back onto the streets while ill and recovering. Without a stable place to stay, community members experiencing homelessness could undo any progress they made during their hospitalization.

Scripps Health has an agreement with the City of Refuge San Diego Recuperative Care Shelter (RCS) which provides a safe discharge for chronically homeless patients with ongoing medical needs. All patients are unfunded or underfunded. Most have substance abuse and/or mental health issues. Lack of funding, mental illness, as well as alcohol and/or substance abuse, makes post-acute placement of these homeless patients difficult. During the pandemic, all San Diego homeless shelters experienced COVID-19 outbreaks, making RCS a proper place of refuge for 37 of our chronically homeless patients.

The RN (Registered Nurse) Case Management and Social Work departments assist with a needed supply of medication, appointments, Durable Medical Equipment (DME), setting up Home Health Services if needed, and connects patients to psych as part of the hospital discharge plan to the City of Refuge. The City of Refuge further supports clients in meeting these goals using community resources to meet individual social service needs. Scripps pays the City of Refuge a daily rate for housing and services they provide to the patients. The City of Refuge provides a safe, secure environment, with 24-hour supervision, medication oversight, meals, clothing, case management, assistance with Medi-Cal, with transition to Managed Medi-Cal and disability applications, referrals to rehab and other programs, and help finding permanent or transitional housing using county resources. DME and other needed services are provided by Scripps when funding is not available. All patients are connected to a medical home, and primary care in the community. Patients with psych disorders are established with a psychiatrist in the community if they are willing. Patient transportation needs are coordinated by the City of Refuge, but may include insurance funded transport services, and occasionally Scripps Shuttle, or use of taxi voucher.

The City of Refuge began taking patients routinely in October of 2019. This year 37 patients so far have met the need for RCS admission, but many did not qualify due to behavior, unstable mental illness, or unwillingness to abstain from substance abuse. As a group, the RCS patients had a cumulative of 393 hospital days of stay, an average of 10.6 hospital days of stay, before going to RCS October 2021 to date. The RCS has taken medically complex patients, including those with: IV antibiotics, wound vacs, skin grafts, fractures, abscesses, osteomyelitis, amputation, dog bites, DKA, GI bleeds, pancreatitis, ESRD on dialysis, end stage liver disease, diabetes, mild encephalopathy, ostomies, MVA, pedestrian versus auto, pleural effusion, CVA, cancer (lymphoma, pancreatic cancer), HIV/Aids, sepsis, respiratory failure, pneumonia, CHF. Patients were assault victims with gunshot and stab wounds, facial trauma, and surgical post op patients and many are

diabetic. Psych problems are common and occasionally the main issue for RCS clients. Over 67% of this group were either positive for alcohol, drugs or drug screen or had a drug history addressed by the physician in the H & P.

The following are outcome metrics tracked by Scripps for the City of Refuge program.

- For Fiscal Year 2022 total cost savings for Scripps were \$1.4 million.
- Of Recuperative Care Shelter patients, 10% had standard Medi-Cal insurance, and 67% Medi-Cal HMO's, 10% had Medicare funding, and 10% were transitioning from out of state or out of county Medicaid/Medi-Cal programs. Only one patient lacked funding.
- Approximately 8% of patients sought to secure income from government programs, social security, and CA short term disability; 3 total clients applied or received income benefits. Two have applied for and received Medi-Cal HMOs at the RCS with their case management department's help.
- There were several successes, with the RCS Manager assisting with one family reunification out of state. Four patients transitioned to drug rehab centers, and several into Alpha Project or Father Joe's Shelters, Interfaith, and mental health treatment programs.
- The Complex Care Manager ensured 100 percent of RCS patients were scheduled and connected to a primary care provider or had established care at one of the community clinics.
- Following their stay in the City of Refuge: 30% of the RCS patients completed their recuperative care and returned to their previous living and 14% went back to the hospital as they needed further treatment.

FATHER JOE'S VILLAGES STREET HEALTH INTERVENTION PROJECT

Scripps Mercy Hospital San Diego serves a large volume of San Diego's unsheltered homeless population in the Emergency Services Department. Because of the scarcity of shelter and treatment program beds available for these patients, they often leave the Hospital to return to their previous outside location. Even though these patients are stable for a safe discharge, there are many who could benefit from a follow-up health care and care management visit in the community setting.

As the Street Medicine Institute explains, "The fundamental approach of street medicine is to engage people experiencing homelessness exactly where they are and on their own terms to maximally reduce or eliminate barriers to care access and follow-through. Visiting people where they live — in alleyways, under bridges, or within urban encampments — is a necessary strategy to facilitate trust-building with this socially marginalized and highly vulnerable population."²¹

A collaboration has been established between Father Joe's Village Street Health Intervention Project and Scripps Mercy Hospital targeting unsheltered discharged patients who could benefit from a follow-up visit in the community setting where they reside. The Street Health Intervention is

²¹ CHCF Issue Brief, 'A Game Changer for Street Medicine: Key Takeaways from New Medi-Cal Guidelines, December 2022, <https://www.chcf.org/wp-content/uploads/2022/12/GameChangerStreetMedicineKeyTakeawaysNewMediCalGuidelinesIB.pdf>

for eligible, unsheltered patients prior to the Emergency Room discharge. The initiative establishes a community-setting, follow-up health care visit from Father Joe's Villages senior (FJV) multidisciplinary Street Health team the following day.

This project will help support the needs of unsheltered persons exiting the hospital by linkage with FJV street health team because:

- Limited availability of shelter beds in the City of San Diego
- Daily, there is a substantial number of unsheltered persons discharged from Scripps Mercy Hospital Emergency Department who may benefit from a nursing follow up visit – i.e., wound care and/or medication check or Primary Care Physician establishment.
- Father Joe's Villages has the clinical staff and experience to provide street health outreach to the unsheltered in the Central region of San Diego County.
- Father Joe's Villages Street Health has a relationship with PATH Outreach to assist with housing and social service benefit needs.

[GRADUATE MEDICAL EDUCATION STAFF SUPPORT, ST. LEO'S CLINIC](#)

The Graduate Medical Education (GME) program at Scripps Green Hospital and Scripps Clinic focuses on physician training and clinical research, residents, and fellows. GME residents and many attending physicians maintain an evening clinic at St. Leo's Mission Community Clinic in North County. Two residents volunteer every Wednesday to provide medical care to uninsured patients with various conditions, including diabetes, high blood pressure and high cholesterol. They also identify many acute conditions, including viral infections, skin infections, eye problems and musculoskeletal issues, and educate patients about their health. Patients may get flu vaccinations and some basic lab tests. If needed, St. Leo's patients are referred to providers who provide care at a reduced cost.

[MERCY OUTREACH SURGICAL TEAM PROVIDES LIFE-CHANGING CARE TO CHILDREN IN MEXICO](#)

For three decades, the Mercy Outreach Surgical Team (MOST) has been crossing borders and changing lives. MOST is an independent, nonprofit organization founded in 1987 at Scripps Mercy Hospital whose mission is to provide free surgeries and vision care to underserved children in Mexico. After the 9/11 terrorist attack, MOST's missions had to be shifted exclusively to trips in Mexico, due to difficulty getting children across the border from Mexico into the U.S. Working in Mexico, the Mercy Outreach Surgical Team provides reconstructive surgeries for children suffering from birth defects or accidents. In exceptional circumstances, surgeries are also provided for adults. In Mexico, MOST volunteers typically perform hundreds of surgeries per mission—and more than 14,000 overall since its founding—for issues like cleft lips, crossed eyes, burn scars, hernia repairs and more. MOST also added a vision program in 2004 that provides more than 100 pairs of eyeglasses per trip to children in need.

As the pause in travel for MOST continued into 2022, MOST sought alternative ways to serve those in need. Scripps provided a sponsorship of \$18,850 to two Rotary clubs in Mexico which funded

local surgeons to perform life changing cleft lip and palate surgeries to 27 children. These Rotary clubs were charged with dispersing the monies and making sure the funds were utilized appropriately. The two clinics where the surgeries were performed were Casa Azul in Monterey, Nuevo Leon, Mexico and Sonrisa de Luna in Tepic, Nayarit, Mexico.

SCRIPPS -SPONSORED AMERICAN RED CROSS BLOOD DRIVES

Scripps Health partnered with the American Red Cross in Fiscal Year 2022 to hosted 10 blood drives; 431 Scripps employees donated blood throughout the year. Scripps Health collected 453 pints of blood (for every pint donated 3 lives are saved), which saved approximately 1,359 lives. Scripps promoted the blood drives through our system wide communication channels and our Wellness All Around You Campaign.

SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND

In Fiscal Year 2022, Scripps Health continued to deepen its commitment to enhancing the health of our community with the Community Benefit Fund. Over the course of the year, it awarded \$138,500 in community grants to programs in San Diego. The funded projects address some of San Diego County's high priority health needs, seeking to improve access to vital health care services for at risk populations, including the homeless, economically disadvantaged, mentally ill and others. Since the Community Benefit Fund began, Scripps has awarded \$4.4 million to date. Programs funded during Fiscal Year 2022 included:

CONSUMER CENTER FOR HEALTH EDUCATION AND ADVOCACY (CCHEA)

The Consumer Center partnership is a Medical Legal Partnership with Scripps Mercy hospital. The program helps to educate consumers about health care benefits and changes occurring with eligibility and enrollment in coverage programs. Staff assist uninsured/underinsured low-income Scripps patients obtain access to Medi-Cal, County Medical Services (CMS), Covered California, and private insurance.

Funding provides low income, uninsured and behavioral health patients help obtain health care benefits, SSI, and related services, while reducing uncompensated care expenses at Mercy. This Medical Legal Partnership Places Consumer Center places staff onsite at Scripps Mercy Hospital within the Behavioral Health Unit (BHU) and provides accessible legal assistance, in addition to receiving direct referrals from other Scripps facilities. Due to the safety concerns during the Public Health Emergency, the Consumer Center staff provided high quality services to patients based on direct referrals from Scripps BHU and Patient Representative Services staff at Mercy and other Scripps facilities. The project provides advocacy services for time intensive government benefit cases and the Consumer Center stresses the importance of accessing community-based services for routine health care instead of using the ED's and hospital departments as well as the importance of establishing medical homes.

The Consumer Center has always been committed to the engagement and education of their community. Staff regularly review outreach priorities to ensure all San Diegans, but especially underserved and hard to reach consumers, are being engaged and educated about broad-based consumer health advocacy services. In the past year, they have prioritized reaching Black, Indigenous, and other Persons of Color (BIPOC) consumers that identify as being Limited English Proficient (LEP), have behavioral health needs, and/or identify as a member of the LGBTQIA+ community. In addition, the Consumer Center accommodates the needs of all consumers to ensure our services remain accessible and convenient. Bilingual staff are hired and the usage of telephone interpretation services that permits consumers to be served in over 200 languages, including TTY line, and in-person American Sign Language interpreters on an as-needed basis to communicate with clients.

THE MOBILE HEALTH AND RESOURCE FAIR

Racial/ethnic minority women continue to experience delayed diagnosis of breast cancer, cardiovascular disease, and dementia, and African American women are also more likely to be diagnosed with more aggressive breast cancers and to die from breast cancer at an earlier age. Regular screening is key to prevent delayed diagnosis, but marginalized populations such as African American and underserved Hispanic women are less likely to get mammograms and other preventive health measures. A systematic review found that one of the most effective methodologies for disease prevention in underserved populations is to reach out directly into the community rather than require individuals to come to a healthcare center.

The Mobile Health and Resource Fair has consistently served hundreds of diverse community members each month, many of whom continue to return for services. Led by a retired physician and a breast cancer survivor/advocate/CEO of community-based organization Many Shades of Pink. These volunteers hope to expand and upgrade their services (e.g., adding cholesterol screening, adding additional dementia screenings and mental health resources). Scripps funding allows to provide more regular cardiovascular health and neurocognitive screenings, as well as resources and referrals for breast cancer screening to these underserved and often high-risk populations. The objective of this program is to help prevent delayed diagnoses of breast cancer, cardiovascular disease, and dementia and promote health maintenance. The funding also supports the hiring of dedicated community-based patient navigators to help connect community members with the appropriate health care resources, especially through the Breast and Cervical Cancer Prevention and Treatment Act that can connect patients to Medi-Cal and follow-up care at Scripps Health. In conjunction to enhanced screening services, Scripps conducts research to better understand barriers unique to the underserved in Southeast San Diego and to better meet their health care needs in terms of preventive and maintenance of health care. The research findings will help the team to optimize the delivery of services and maximize their community reach.

AGING CARE AND SUPPORT

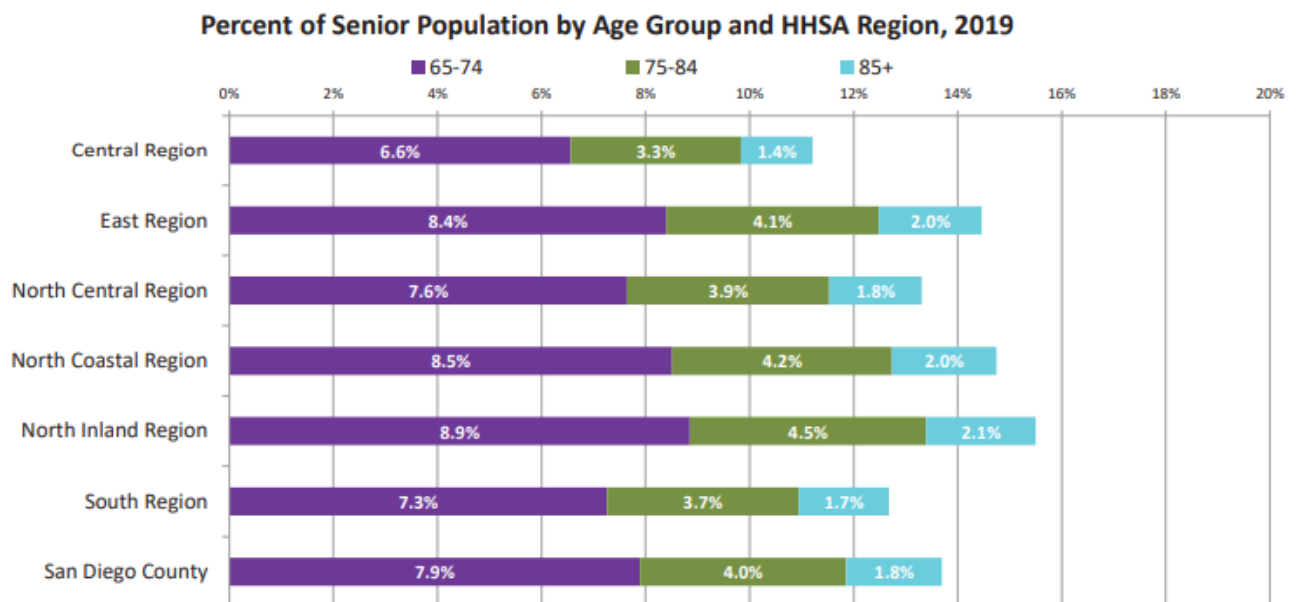
Across the United States and locally in San Diego County, the growth in the number and proportion of aging adults over the age of sixty-five has hit new and unprecedented levels in our history. According to the Centers for Disease Control and Prevention (CDC), two main factors—longer life spans and aging boomers—will “combine to double the population of Americans aged sixty-five or older during the next 25 years to about 72 million. By 2030, older adults will account for 20% of the U.S. population.”

San Diego is now home to half a million people over age 65. That number is expected to reach 1 million by 2030, in alignment with state trends showing an aging population doubling within that time. The San Diego County aging population (60 or older) continues to grow at a faster pace than the total population in San Diego County. Between 2000 and 2030 it is projected that the county’s population:

- Aged 60 and over will increase 130% — from 404,025 to 929,766
- Aged 65 and over will increase 130% — from 313,750 to 722,545
- Aged 75 and over will increase 111% — from 153,691 to 324,855

In 2019, there were 504,267 residents ages 65 and older in San Diego County representing 14.5% of the population. Between 2019 and 2024, it is anticipated that San Diego County senior population will grow by 22.4%.²²

The Population of Seniors in San Diego County is Growing



*Percent out of the total population.

Source: U.S. Census Bureau; 2015-2019 American Community Survey 5-Year Estimates, Table B01001.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2021.

²² SpeedTrack Inc.; U.S. Census Bureau

2022 California Department of Aging Population Demographic Projections – San Diego County²³

Population 60+	729,001
Non-Minority 60+	333,249
Minority 60+	395,752
Low-Income 60+	80,050
Medi-Cal Eligible 60+	132,030
Geographic Isolation 60+	22,757
Supplemental Security Income/State Supplementary Payment 65+	38,857
Population 75+	234,033
Lives Alone 60+	125,000
Non-English-Speaking 60+	25,990

Aging concerns are defined as those conditions that predominantly affect senior people who are 65 and older such as Alzheimer’s disease, Parkinson’s, dementia, falls and limited mobility. According to the National Council on Aging (www.ncoa.org), falls are the leading cause of fatal and nonfatal injuries for older Americans. Thirty percent of US adults aged sixty-five and older have fallen at least once in the past year, including 4.2% who fell three or more times.

See Appendix I for individual **health briefs** on select community needs which includes secondary data on the magnitude, disparities and prevalence of housing conditions, people experiencing homelessness and health. The health briefs are an additional resource to the 2022 Community Health Needs Assessment.

- The 2022 HASD&IC and Scripps CHNA identified aging care and support as one of the top health conditions among San Diego County hospitals.
- The 2022 HASD&IC and Scripps CHNA identified the concern for the mental and behavioral health of seniors in San Diego County was universal in community engagement interviews and focus groups. Of particular concern was the impact of increased isolation because of the COVID-19 pandemic. Economic instability was another theme that emerged in conversations about seniors. Seniors are at a higher risk of poverty for several reasons, including limited income. Low-income seniors depend on public programs like Medi-Cal and cash assistance (Supplemental Security Income) to make ends meet. Added risks such as chronic health conditions, disability, and loss of spouse all contribute to an increased risk of poverty.

²³ <https://aging.ca.gov/download.ashx?IE0rcNUV0zYSDQkxTL1zkq%3d%3d>

- Per the 2022 HASD&IC and Scripps CHNA, COVID-19 had a significant impact on older adults' ability to access health care services. This is significant because older adults are at greater risk of having multiple chronic conditions, including dementia.
- Per the 2022 HASD&IC and Scripps CHNA seniors were not willing to make in person appointments at their doctor's offices and hospitals due to concerns related to COVID-19. Mobility related to aging, being homebound, disabled, or walker/wheelchair-dependent is a significant barrier to accessing health care for many seniors.
- The most pressing concern identified in the 2022 CHNA identified by clinicians was the lack of resources for seniors with behavioral health challenges. Skilled-nursing facilities (SNFs) have limited willingness and capacity to accept patients with behavioral health diagnosis. This challenge is particularly acute for seniors who require psychotropic medications. There are few placement options for dementia (including Alzheimer's) patients who have behavioral health issues and show signs of agitation.
- Conditions that disproportionately affect older adults were identified as a high priority health need through both community engagement events and the secondary analyses in the 2022 CHNA. Community engagement participants most often described aging concerns in relation to the SDOH that affect seniors such as:
 - Transportation and its costs were consistently cited as barriers to seniors' ability to manage their health care, including getting to appointments on time or picking up prescriptions on their own.
 - Technology-based health care services and information are often not appropriate for older adults and seniors. Many older adults, especially those with lower incomes, cannot access information or needed forms because they do not own or do not know how to use technology. Lack of access to technology and discomfort using technology also makes telehealth appointments problematic for seniors. Vision and hearing challenges add to these difficulties.
 - Inadequate dental coverage for seniors continues to be a significant issue that negatively impacts overall health. San Diego County data show that emergency department (ED) and inpatient discharges have increased from 2017-2019 for disorders of the teeth and jaw for those 65+.
 - Economic insecurity (especially food insecurity and housing unaffordability)
 - Social isolation and inadequate family support (lack of companionship, anxiety, depression, hopelessness. Inadequate family support or support at home to recover, maintain one's health, or manage their medications including ordering refills, picking up prescriptions, and taking the right dose of medications at the right time, can be challenging for older adults who do not have adequate support).

OLDER ADULTS EXPERIENCING HOMELESSNESS

According to the 2022 CHNA, even before the pandemic, seniors were the fastest-growing age group among the unhoused. A sizable portion of the region's population that is experiencing homelessness is older adults. In 2020, one out of every four unsheltered San Diego County residents were adults ages 55 and over. Among San Diego's unsheltered seniors, 88% became homeless in San Diego and 43% are experiencing homelessness for the first time in their lives. Seniors are at a higher risk of poverty for several reasons, including limited income. Low-income seniors depend on public programs like Medi-Cal and cash assistance (Supplemental Security income) to make ends meet. Added risks such as chronic health conditions, disability, and loss of spouse all contribute to an increased risk of poverty. The prevalence of older adults experiencing homelessness represents an ongoing significant concern.

In September 2021, Serving Seniors released a report titled **Senior Homelessness: A Needs Assessment**. A key finding included that more than half (56%) of those interviewed reported an additional \$300 or less of monthly income would increase their rent security.²⁴

San Diego is now the ninth most expensive city in the U.S. (2019). [The Elder Index](#), developed by UCLA's Center for Health Policy Research, reports 41% of San Diego's seniors do not have enough income to pay for basic housing, food, healthcare, and transportation. Meanwhile, government housing programs are experiencing extreme waiting lists and intake tools fail to prioritize the elderly. National reports confirm the population of elderly individuals who are experiencing homelessness is expected to nearly triple over the next decade. More specifically, the national population of people 65 or older experiencing homelessness is estimated to grow from 40,000 to 106,000 by 2030.²⁵

These factors, combined with San Diego's housing crisis, are intensifying senior homelessness, as evidenced by San Diego's most recent 2022 Point in Time Count. Results from the 2022 Point in Time Count show that homelessness has increased in San Diego County by 10 percent since January 2020.²⁶ The count from February 24, 2022, found that 8,427 homeless individuals are experiencing homelessness on a given night with just over half in shelters. The other 4,106 were living outside of shelters, a 3% increase from 2020. Of that number, 713 were in vehicles. Among the 4,106 unsheltered homeless individuals, 25% are female, 25% are aged 55 years and older, 8% are youth, 15% are chronically homeless, and 9% are veterans.²⁷

During Fiscal Year 2022, Scripps engaged in the following programs and services to meet the needs of the aging population.

²⁴ <https://servingseniors.org/news-events/senior-homelessness-a-needs-assessment.html>

²⁵ <https://www.sp2.upenn.edu/new-report-predicts-aging-homeless-population-will-nearly-triple-by-2030/>
<https://aisp.upenn.edu/aginghomelessness/>

²⁶ [Reports & Data - Regional Task Force on Homelessness \(rtfhsd.org\)](#)

²⁷ Data is from the San Diego Point-in-Time Count that takes place one morning in late January where volunteers and outreach workers engage and survey those experiencing homelessness.

SCRIPPS ADVANCED CARE CLINIC

Older adults are at higher risk for chronic health problems like diabetes, osteoporosis, and Alzheimer’s disease. Older adults are also more likely to go to the hospital for some infectious diseases, including pneumonia, which is a leading cause of death for this age group. Making sure older adults get preventive care, including vaccines to protect against the flu and pneumonia, can help them stay healthy.

The Scripps Advanced Care Clinic provides intensive, proactive, medical, and social services to adults living with multiple chronic diseases. Understanding that diseases can impact all aspects of a person’s life, the program treats not just medical issues, but also the psychosocial, economic, and spiritual aspects of care. The Advanced Care Clinic interdisciplinary, patient centered team helps optimize patient health through an evidence-based extensivist clinic model that assists with care coordination and patient advocacy across health care and home settings. To date 388 patients have been served, resulting in a 39% reduction in hospitalizations, 53% reduction in 30-day readmissions and 40% reduction in ED visit rate The Advanced Care Clinic reduced potentially inappropriate medications by 50%, coupled with a significantly reduced A1C in diabetes patients and reduction in Emergency Department and hospital admissions. In addition, the program coordinates non-clinical issues. Table 5.2 displays several types of psychosocial services referrals.

TABLE 5.2 PSYCHOSOCIAL SERVICES FOR TIME PERIOD (AUGUST 2019–AUGUST 2022)

Services	Number of patients
Food Assistance	62 patients
Shelter	31 patients
Outpatient Psychiatry/Psych Resources	22 patients
Caregiver Assistance	61 patients
PACE	5 patients
Job Assistance/Volunteer	2 patients
Welfare Check/APS Report/Public Guardian	16 patients
Service Animal	1 patient
Transportation	7 patients
Public Resource Specialist Referral	32 patients

THE ALZHEIMER’S PROJECT – SAN DIEGO UNITES FOR A CURE AND CARE

The Alzheimer’s Project is a countywide initiative aimed at accelerating the search for a cure and helping the estimated 100,000 San Diegans with the disease, along with their caregivers. According to the Alzheimer’s Project Clinical Roundtable (<https://championsforhealth.org/alzheimers>), the number affected is projected to increase to 115,000 by 2030 (15% increase over 10 years). The United States spends \$214 Billion on care for patients and \$1 of every \$5 Medicare spending.

The Board of Supervisors approved the Aging Roadmap initiative in December 2014 and later voted in support of an implementation timetable. Participants began meeting in early 2016 to craft a regional roadmap to address the disease, focusing on cure, care, clinical, and public awareness, and education initiatives. Dr. Michael Lobatz from Scripps Health is a leading participant in this initiative as chairperson of the Clinical Round Table and is a member of the Steering Committee. Alzheimer's Project partners have collaborated to develop the Physician Guidelines for Screening, Evaluation, and Management of AD/DRD in 2016 to assist primary care physicians in supporting those impacted by dementia. In 2019, Kaiser Permanente, Scripps Clinic, Sharp Healthcare and UCSD Geriatric Emergency Department began incorporating the recommended actions described in the Physician Guidelines for Screening, Evaluation, and Management of AD/DRD into their daily operations. This type of systemic adoption of best practices ensures sustainable quality care.

FALL PREVENTION RESOURCE GUIDE

Falls among adults aged 65 and older are very costly. Each year about \$50 billion is spent on medical costs related to non-fatal fall injuries and \$754 million is spent related to fatal falls²⁸. As the number of Americans aged 65 and older grows, we can expect the number of fall injuries and the cost to treat these injuries to soar. Scripps Health has developed a Fall Prevention Resource Guide which includes information on fall prevention resources, exercise programs, minor home repairs and fall prevention options, education and resources for caregiving, mental health resources, emotional support resources, social connections, meditation & cultural/mental stimulation, and coronavirus resources. In addition, Scripps conducts evidence-based falls prevention programs that can help adults reduce the risk of falling and the programs are highlighted below.

FALL PREVENTION AND HOME SAFETY WORKSHOPS

According to the National Council on Aging, falls are the leading cause of fatal and nonfatal injuries for older Americans. One in four Americans aged 65+ falls each year, and every 11 seconds, an older adult is treated in the emergency room for a fall. Strategies to help older adults living on their own or in care facilities prevent falls, like interventions to increase physical activity, can reduce deaths in this age group.

Scripps Social Workers and nurses educate seniors on ways to reduce fall risk, improve safety awareness, and utilize available resources to promote independence and overall safety. Balance classes are designed to help build balance, posture and coordination through strengthening and balance exercises. This important aspect to healthy living for seniors provides education on preventing falls through exercise and being proactive through safety measures in the home. Scripps physical therapy department and physical therapy school volunteers provide fall risk assessments.

²⁸ Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. *Journal of the American Geriatrics Society*, 2018 March, DOI:10.1111/jgs.15304

STANDING STRONG FALL PREVENTION EVENT

Scripps trauma partnered with Scripps Encinitas Rehabilitation Center and Scripps Shiley along with the County of San Diego Health and Human Services, Aging and Independence Services and the San Diego Fall Prevention Task Force on a free, in-person event on September 19, 2022, during National Falls Prevention Awareness Week. Individuals received Falls risk assessment screen performed by Physical Therapist and then received an evaluation with recommendations for future actions. Comprehensive fall prevention presentations were delivered by two seasoned physical therapists and a pharmacist to learn more about what individuals can do to prevent falls. The pharmacist also provided private medication reviews. Falls are the leading cause of injury related emergency department visits for older adults. Scripps instructed five one-hour classes on fall prevention.

BINGOCIZE CLASS SERIES

This 10-week program combines a bingo-like game with exercise and health education. The unique addition of bingo addresses many of the barriers to older adults' participation because the game is fun, familiar, and done in a group setting. The program has been shown to increase older adults' functional fitness, health knowledge, and social engagement in many settings. The overall goal of the program is to help older adults improve and/or maintain mobility and independence, learn, and use health information focused on falls reduction and other health-related behaviors, and socially engage with other older adults.

TAI CHI FOR ARTHRITIS AND FALL PREVENTION

Many studies have shown Tai Chi to be one of the most effective exercises for preventing falls. Scripps provides a [Tai Chi for Arthritis and Falls Prevention](#) class which helps people with arthritis to improve all muscular strength, flexibility, balance, stamina, and more.

SENIOR HEALTH EDUCATION, PREVENTION & WELLNESS PROGRAMS

Each month a variety of senior programs are held in partnership with local senior centers, churches, and senior housing. The following programs are conducted as part of Scripps Mercy Hospital Chula Vista San Diego Border Area Health Education Center and Scripps Family Medicine Residency Program. These senior health chats are designed to provide health education to the older adult community. 288 seniors have participated in these monthly sessions. These presentations include a variety of health and age-related topics that include Heart Health, Understanding Osteoporosis, Parkinson's, Cold vs. Flu, Depression: Senior Connections, Fall Prevention and Balance, Food and Nutrition, Vitamins and Minerals, Cancer Health Talk and a variety of prevention and healthy lifestyle topics. These presentations are facilitated by various health care professionals and residents. Presentations are offered in English and Spanish. Topics are all chosen by the seniors themselves to meet their local needs. Also, the health chats provide an interchange between the community members and our medical residents and other health care professionals to foster healthy lifestyles and health prevention. The program is conducted in collaboration with Mercy Housing, St. Charles Nutrition Center, San Diego Border Area Health Education Center, Scripps

Family Medicine Residency Program, (SDSU) San Diego State University Public Health and Social Work Students. Family Medicine Residents rotate through these programs to learn more about geriatric medicine, health and wellness and overall public health and community training.

[SCRIPPS HEALTH GERIATRIC EMERGENCY DEPARTMENT ACCREDITATION BY THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS \(ACEP\)](#)

Across the country, seniors account for 18% of emergency department visits, and that number is expected to rise. All four Scripps Health emergency departments have been accredited by the American College of Emergency Physicians (ACEP) as geriatric emergency departments, a distinction that recognizes excellence in providing specialized care to elderly patients. The San Diego Senior Emergency Care Initiative (Initiative) aims to improve older adults' experience and outcomes in EDs by supporting geriatric emergency department accreditation for EDs across the San Diego region. These EDs will provide care that is tailored to the unique needs of the over-60 population by modifying the physical environment, adding senior-specific protocols, and providing staff with special training. San Diego County is home to a large population of people aged 60 and older, and that demographic is projected to continue growing over the next decade. Today, there are approximately 670,000 county residents in this age group, and by 2030, they are expected to surpass 900,000. Seniors are more likely than almost any other age group to visit the emergency room. The San Diego County reports that each year, about 275,000 county seniors make ER visits, which leads to about one-third of all hospital admissions. The Initiative is a public-private partnership involving the County, the West Health Institute, and the region's major health systems. As of August 2022, all 18 eligible hospitals in the region have now earned geriatric emergency department accreditation. Nationally, there are 344 accredited GEDs through the American College of Emergency Physicians (ACEP), 56 of which are found in California.

BEHAVIORAL HEALTH

Behavioral health encompasses many different areas including mental health and substance abuse. Because of the broadness of this health issue, it is often difficult to capture the need for behavioral health services with a single measure. Behavioral health is an important health need because it impacts an individual's overall health status and is a comorbidity often associated with multiple chronic conditions, such as diabetes, obesity, and asthma.

See Appendix I for individual **health briefs** on select community needs which includes secondary data on the magnitude, mortality, disparities, prevalence of behavioral health and drug overdose deaths in San Diego County, 2017-2020. The health briefs are an additional resource to the 2022 Community Health Needs Assessment.

Behavioral health problems include serious psychological distress, mental and substance use disorders, suicide, and alcohol and drug addiction. If left untreated, these issues can have a devastating impact. They are a leading cause of disability, are associated with chronic disease, and may lead to premature mortality (death).

- The HASD&IC and Scripps 2022 CHNA continued to identify behavioral health as a priority health issue affecting members of the communities served by Scripps. Key themes emerged such as increasing behavioral health needs and the impact of COVID-19, increase in substance use, stigma and access to behavioral health care, lack of behavioral health services and behavioral health workforce challenges.
- The HASD&IC and Scripps 2022 CHNA identified behavioral health as a top priority health issue both in the secondary data analyses and in the community engagement events.
- The community engagement events conducted in the 2022 CHNA, identified that while San Diego has innovative programs to address mental health, residents face challenges in accessing timely, consistent mental health care. Care was described as especially difficult to obtain when the mental health issue was not considered an emergency.
- The HASD&IC 2022 CHNA conducted a community engagement analysis and the need for a robust, fully coordinated, and integrated continuum of behavioral health care was evident across all interviews. Severe deficits of services are leading to dire consequences in the overall health and well-being of our community, especially for people with existing chronic behavioral health conditions. The pandemic further impacted previously existing barriers to accessing services particularly for populations who were already at a disadvantage, creating wider health disparities.
- In the HASD&IC online community survey, 70% of respondents identified behavioral health as a top health need. When asked more specifically about behavioral health needs, respondents identified the following as the top 10 most important mental or behavioral health needs in the community.

- The top ten most important identified needs were:

1. Depression	6. Substance use disorder
2. Access to help	7. Alcohol use
3. Anxiety	8. Burnout or fatigue
4. Stress	9. Opioid use (including fentanyl)
5. Drug Use	10. Suicide and suicidal thoughts

- The HASD&IC and Scripps 2022 CHNA identified severe deficits within the behavioral health continuum of care. The community expressed that there is an urgent need to improve access to early intervention services. Key challenges and barriers that cause delays or deter people from accessing necessary care and treatment are the following:
 - Extremely Long Wait Times/Long Waitlists
 - Unaffordable Treatment and Services
 - Health Insurance Provider Limitations
 - Health insurance/Health Coverage Conflicts
 - Access to Technology
 - Transportation

- The HASD&IC and Scripps 2022 CHNA identified an increased use of substances by the San Diego community to cope with stress and anxiety caused by the pandemic, such as loss of income or employment, or social isolation. Community members experiencing anxiety and depression turned to self-medication with substances, such as drugs and alcohol, further exacerbating their mental health conditions. Illicit Fentanyl-related overdose and deaths were identified by interviewees as being a large area of concern due to its potency and increased, lethal presence in the community.

- A 2022 report by the California Health Care Foundation, California Health Care Almanac, *Mental Health in California: Waiting for Care* identified that Mental illnesses are among the most common health conditions faced by Californians: 1 in 7 California adults experiences a mental illness, and one in 26 has a serious mental illness that makes it difficult to carry out daily activities. 1 in 14 children has an emotional disturbance that limits functioning in family, school, or community activities.²⁹

- Key findings from the California Health Care Foundation, California Health Care Almanac, *Mental Health in California: Waiting for Care include:*³⁰
 - The prevalence of serious mental illness varied by income, with much higher rates of mental illness for both children and adults in families with incomes below 100% of the federal poverty level.

²⁹ California Health Care Foundation, California Health Care Almanac, *Mental Health in California: Waiting for Care* July 2022, <https://www.chcf.org/publication/2022-edition-mental-health-california/>

³⁰ Ibid

- Rates of serious psychological distress reported by California adolescents and adults increased between 2016 and 2019.
- California’s suicide rate was below both the national rate and the Healthy People 2030 target, although rates varied within the state by gender, race/ethnicity, and county.
- Close to two-thirds of adults with a mental illness and two-thirds of adolescents with major depressive episodes did not get treatment.
- People incarcerated in California’s jails and prisons have high rates of mental illness. In 2019, 30% of female prison inmates and 20% of the male prison population received mental health treatment while incarcerated.

SUICIDE AND SUICIDE ATTEMPTS

Suicide is a major complication of depression and a leading cause of non-natural death for all ages in San Diego County, second only to motor vehicle accidents. According to the County of San Diego, Health, and Human Services Agency the number and rate of people who died by suicide in San Diego County declined slightly in 2021. For context, San Diego skews lower than the national rate when it comes to self-harm in 2021 with a rate of about 10.3 per 100,000 residents compared to a rate of 13.5 per 100,000 nationwide according to provisional [estimates](#) from the National Center for Health Statistics. While fewer deaths by suicide in the San Diego region is encouraging, emergency department visits for self-inflicted injuries are on the rise.

The San Diego County Suicide Prevention Council (SPC) is a community-wide collaborative focused on realizing a vision of zero suicides in San Diego County. The mission is to prevent suicide and its devastating consequences. In 2010, the County of San Diego Health and Human Services Agency (HHSA) Behavioral Health Services Department (BHS) awarded Community Health Improvement Partners (CHIP) a contract to form and establish in a public-private partnership an interagency council to inform, introduce, and drive implementation of a Suicide Prevention Action Plan (SPAP) for the entire County—and the first of its kind of California. Scripps is a partner of Community Health Improvement Partners (CHIP), which collaborates with the county on this initiative. For more information on the status of suicide and suicide prevention in San Diego County view the report at www.spcsandiego.org. The Report Card brings together the most recent data available from multiple sources (for the years 2015 through 2021) to present a profile of suicides for all ages in San Diego County. Information from the County Medical Examiner, the Access & Crisis Line, hospital emergency departments, student self-reports, suicide prevention awareness campaigns and suicide prevention training programs are presented to provide a more complete understanding of the status of suicide and efforts to prevent them in San Diego County. Since 2018 there has been a year over year decline in the number of individuals who have died by suicide across San Diego County (In 2018, 465 compared to 364 in 2021). See the table on the next page.

Indicator	2016	2017	2018	2019	2020	2021
Total Suicide Deaths						
a. Number	431	458	465	429	419	364
b. Rate per 100,000 people	13.1	13.8	13.9	12.8	12.5	10.3
*Emergency Department (ED) Discharges: Self-Inflicted Injury/Poisoning						-
a. Number	3,098	3,091	3,163	3,029	3,285	
b. Rate per 100,000 people	94.2	93.2	94.8	90.4	98.0	
Crisis Calls: Access and Crisis Line Percent of ALL Calls that are Crisis Calls						
	25.7%	31.4%	47.6%	55.0%	53.0%	59.5%

Source: County of San Diego HHSA, Emergency Medical Services, Medical Examiner Database, 2016-2020. Population Data from SANDAG. Suicide rates for previous years may not reflect values included in prior report cards due to updated population estimates.

COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) AND THE SUICIDE PREVENTION COUNCIL

The San Diego County Suicide Prevention Council (SPC) is a collaborative community-wide effort focused on realizing a vision of zero suicides in San Diego County. Its goal is to prevent suicide and its devastating consequences in San Diego County. Since 2010, with support from the County of San Diego Behavioral Health Services, CHIP provides direct oversight and guidance toward the implementation of the Suicide Prevention Action Plan. The core strategies of the Suicide Prevention Council are:

- Enhancing collaborations to promote a suicide-free community
- Conducting needs assessments to identify gaps in suicide prevention services and supports
- Disseminating vital information on the signs of suicide and effective help-seeking
- Providing resources to those affected by suicide and suicidal behavior
- Advancing policies and practices that contribute to the prevention of suicide

During Fiscal Year 2022, Scripps engaged in the following behavioral health and community programs to reduce the stigma of mental illness and help affected individuals live and work in the community.

INPATIENT BEHAVIORAL HEALTH SERVICES

Individuals suffering from acute psychiatric disorders are sometimes unable to live independently or may even pose a danger to themselves or others. In such cases, hospitalization may be the most appropriate alternative. Scripps Mercy Hospital's Behavioral Health Inpatient Program has a 36-Bed Psychiatric Adult Inpatient Unit to help patients and their loved one's work through short-term crises, manage mental illness and resume their daily lives. Team of specialists includes psychiatrists, psychologists, marriage and family therapists, nurses, social workers, activity therapists, occupational therapists, chaplains, and pharmacists. Treatment goals include resolving issues that led to hospitalization, reducing the risk of dangerous behavior, alleviating the symptoms that led to hospitalization and increasing coping skills to live more effectively in the community. When these goals are met, our dedicated staff develop a discharge plan tightly integrated with community

services to encourage ongoing care and help patients return to their families and communities. In FY22, as part of a successful Joint Commission visit the Behavioral Health Inpatient Unit received new ligature resistant furniture as part of an overall initiative to reduce suicide risk.

OUTPATIENT BEHAVIORAL HEALTH SERVICES

Scripps Behavioral Health entered into an agreement in May 2016 to transition the intensive behavioral health outpatient program to the Family Health Centers of San Diego (FHCS) and expand outpatient behavioral health offerings to the population served. Collaboration with hospital partners such as NAMI (National Alliance of Mental Illness), the Family Health Centers of San Diego, the McAlister Institute and Hazelden Betty Ford highlight Scripps commitment to the community we serve. Scripps has also received grant money as part of the Behavioral Health Pilot Project to embed substance use counselors in the emergency department to facilitate linkage to medication assisted outpatient programs.

BEHAVIORAL HEALTH CHALLENGES

- Like many behavioral health programs across the country, funding is difficult, as payment rates have not kept pace with the cost to provide care.
- In Fiscal Year 2022, the Scripps Mercy Behavioral Health Program experienced a \$7.8 million loss in total operations, with \$4.3 million of this loss being captured in Medi-Cal/CMS and Charity Care.
- In Fiscal Year 2022, 1 percent of patients in the inpatient unit were uninsured.

SCRIPPS MERCY AND FAMILY HEALTH CENTERS BEHAVIORAL HEALTH PARTNERSHIP

Scripps Mercy has established an initiative with Family Health Centers of San Diego (FHCS) to create a more robust behavioral health care system for Medi-Cal patients that receive care at Scripps Mercy Hospital. The goal is to strengthen the continuum of integrated primary and mental health services for patients discharged from various hospital settings (medical and behavioral health inpatient and emergency care) through a variety of timely patient engagement strategies including the expansion of community-based behavioral health services adjacent to the hospital. The partnership involves placing social workers and Substance Use Disorder (SUD) counselors in emergency departments to assist with diversions to community resources or to mental health care as appropriate. It is important to involve patients in appropriate outpatient care before their behavioral health issues become acute, preventing returns to the Emergency Department.

FHCS also offers a concentrated form of outpatient therapy at its Third Avenue location (near Scripps Mercy Hospital's San Diego campus). This program includes group and recreational therapy one to five days per week, along with brief individual therapy and/or medication management on each day attended. The program provides comprehensive outpatient services to patient who have moderate mental illness, including schizophrenia, schizoaffective disorder, and depression. The integrated treatment team develops individualized approaches to ensure each patient receives comprehensive care. In FY22, Scripps Behavioral Health enhanced its collaboration

with Family Health Centers to expedite patient discharges and reduced the recidivism of Psychiatric patients resulting in only 7 readmissions within the 59 patients referred to FHC for psychiatric issues. The average readmission rate of patients who kept their appointments during the 1-year recording period was 12%.

In 2022 Scripps Mercy Hospital received a HRSA grant to develop a psychiatry residency program in collaboration with the Family Health Centers of San Diego and Acadia Healthcare to address shortage of psychiatrists and improve behavioral health program quality and enhance community collaboration.

MENTAL HEALTH OUTREACH SERVICES, A-VISIONS VOCATIONAL TRAINING PROGRAM

People with psychiatric disorders are often misunderstood, feared, and shunned by society. Finding employment can be difficult for these individuals who are willing and able to work—even if they are undergoing or have completed treatment.

Behavioral Health Services at Scripps in partnership with the San Diego Chapter of Mental Health of America established the A-Visions Vocational Training Program (social rehabilitation and prevocational services for people living with mental illness) to help decrease the stigma of mental illness and offer volunteer and employment opportunities to persons with mental illness. This supportive employment program provides vocational training for people receiving mental health treatment, potentially leading to greater independence. A-Visions is an individual-centered program with three distinct phases—individual assessment, vocational training, and vocational placement.

Individual Assessment

Potential members of the program are evaluated through interviews with staff members. Physician approvals are also obtained before individuals are accepted into the program. Scripps works in collaboration with the Family Health Centers of San Diego Concentrated Mental Health Program.

Vocational Training

Once accepted into the program, each member is assigned a mentor who offers guidance and facilitates training. Members receive specific vocational training in a volunteer capacity. The curriculum includes stress management, communication, grooming, interpersonal skills, customer service skills and refresher courses in general work ethics. Members may select or be assigned to food and nutritional services, environmental services, or areas within the hospital where clerical support is needed. All members receive evaluations at 60 and 180 days and support from the program coordinator for about one year.

Vocational Placement

After successfully completing 180 days of vocational training and successful completion of the program, members are considered for paid employment. The program coordinator facilitates placement within the hospital or with outside businesses when available. A-Visions has been shown to be an effective vocational training program for candidates receiving treatment for psychiatric disorders. Outcomes show that many of the candidates find employment, have a better

understanding of their illnesses, handle stress better, improve their social skills, reduce their need for hospitalization, and improve in overall functioning over time. The program employs candidates within the hospital setting, which may be a first for disabled individuals with psychiatric diagnoses. A-Vision's participants have been employed on a casual/per diem basis by Scripps Environmental Services, Food Services and clerical support for Health and Information Services, Emergency Services, Nursing Research, Human Resources, Access, Behavioral Health, Credentialing, Labor and Delivery, Laboratory, Medical Staffing, Performance Improvement, Spiritual Care and Palliative Care Services. Paid A-Vision's candidates typically limit their work to eight hours per week, which allows them to maintain eligibility for the disability benefits, medications and ongoing behavioral healthcare that supports their work. Recruitment is currently closed but Scripps continues to support the current A-Vision's participants.

A-Visions Vocational Training Program has grown over the years and produced significant improvement in patient's functioning. As of December 31, 2021, there have been 638 inquiries from patients about the program since its inception. Of that number, 167 candidates have participated in the program; 104 as volunteers; 54 as paid employees. There are currently 13 paid casual employees and 2 volunteers. The average length of employment for all 54 employees is 7.5 years, with a range of 2 days to 15.4 years. The current paid employees have been employed for between 3.6 years to 15.4 years, with the average length of employment being 9.5 years.

- Historical total enrolled in program: 638
- Historical total employed at Scripps as casual: 54
- Track candidates currently volunteering at Scripps: 2

PSYCHIATRIC LIAISON TEAM (PLT)

The Psychiatric Liaison Team provides excellence in psychiatric evaluation and triage services throughout the Scripps system. All psychiatric liaison team members are either nurses and/or licensed mental health professionals with a broad range of skills and experience. Clinicians provide mental health evaluation to accurately assess patients and provide them with the best and safest community resources to promote ongoing care. The team aims to help people adhere to treatment plans, reduce hospital readmission rates, relieve symptoms, and ultimately ensure the long-term stabilization of the patient's mental health. The Psychiatric Liaison Team covers four emergency departments, two urgent care locations, and all inpatient medical floors. In FY22, the Psychiatric Liaison Team added culturally competent questions to the Suicide Risk assessment screening tool to help understand cultural variations among ethnic and sexual minority groups.

BEHAVIORAL HEALTH INTEGRATION PROGRAM (BEHIP) IN DIABETES

Many people find that the day-to-day tasks associated with having diabetes such as repeat testing one's blood sugar, planning/preparing meals, getting enough physical activity and remembering to take medications can lead to chronic stress among those living with diabetes, particularly when coupled with other life stressors. The general sense of feeling overwhelmed by diabetes is referred

to as diabetes distress, and when prolonged or left unaddressed, it can lead to negative health outcomes. Scripps Diabetes Care and Prevention has two Diabetes Behavioral Specialist on staff who form part of the Diabetes Behavioral Health Integration Program (BeHIP). BeHIP is an integrated, interdisciplinary approach to managing emotional and behavioral needs that often leads to burnout of individuals with Type 1 and Type 2 diabetes and Gestational Diabetes. The co-location of medical and behavioral health services in the same facility allows for a convenient, warm hand-off from physicians or educators to a behavioral health specialist. It also affords opportunities for physicians, diabetes educators and others to receive consultation on behavioral health concerns, and in turn, more comprehensively address the multi-faceted needs of their patients with diabetes.

SUPPORTIVE MENTAL HEALTH SERVICES AT LOCAL SCHOOL BASED CLINICS

Scripps Family Medicine Residency and Scripps Mercy Hospital Chula Vista Well-Being Center have partnered together to offer clinical training opportunities for Master Social Work students in training from San Diego State University and at Southwest and Palomar High Schools. These students work with local providers that address the mental health needs of vulnerable adolescents. A variety of mental health issues are present for local high school students. Many of these issues include depression, anxiety, and suicide related concerns. The program works to improve overall mental health care for local students through a school-based clinic. In Fiscal Year 2022, three hundred nine students were served by this program.

PATIENT COMMUNITY SERVICES: BEHAVIORAL HEALTH

Patients are referred from Scripps Mercy Hospital Chula Vista, for assistance with a wide variety of behavioral health needs including addiction, loss, anxiety, and other mental health issues. The Well-Being Center offers weekly counseling and/or refers patients to local mental health counseling services.

SCRIPPS SUBSTANCE USE DISORDER SERVICE (SUDS) NURSES

Aware of the impact drugs and alcohol can have on our community, Scripps has developed innovative ways to treating this destructive disease. Scripps deploys specialized nurses certified in addiction; they see patients at their bedside and work closely with the patient's entire health care team to help facilitate a safe detox while hospitalized.

The Substance Use Disorder Service (SUDS) nurses are dedicated to helping patients throughout the Scripps Health system who have been admitted to the hospital and are at risk for detox or who are actively experiencing detox from addictive substances. These nurses evaluate patients who meet certain criteria and work directly with the patient's primary care nurses and their physician to ensure the patient is adequately medicated to control symptoms of withdrawal. Proper symptom management is essential in providing safe, cost effective and socially responsible quality health care services. This mobile group of specially trained drug and alcohol resource nurses provide education, interventions, and discharge placement assistance to patients in the Scripps hospital system.

In addition to helping with the detoxification process, the SUDS nurses work with patients and their families on the disease concept of addiction and include education on its impact on their physical, mental, and social health. The SUDS nurses provide treatment options available to the patient in the community, tailored to the patient's individual needs such as insurance, ability to communicate, co-occurring medical and psychiatric diagnosis.

COMMUNITY COLLABORATION TO ADDRESS SUBSTANCE USE

Collaborating with others to deliver a continuum of care that improves the health of our community is important. Through a contract with the McAlister Institute, Scripps provides safe detox for up to three patients per week with Case Management from the Scripps Drug and Alcohol Resource Nurses to help them into community-based programs. The McAlister Institute uses intensive wrap-around approaches to provide clients with top-quality clinical services and support the need for the best course of treatment to manage their behavioral health. An enhanced case management approach is used, promoting intensive coordination and communication with Scripps staff. When patients need additional care, Scripps has linked itself to two separate treatment programs designed to meet the community's needs.

Betty Ford Center

In 2016, Scripps partnered with the Betty Ford Center, which expanded its drug and alcohol treatment programming into San Diego. This treatment center brings world-renowned alcohol and drug rehab to more people through weekday and weeknight outpatient services.

Family Health Centers of San Diego

Family Health Centers of San Diego provides an array of services, including outpatient drug and alcohol treatment along with medication-assisted treatment and harm reduction programs. Their services also include individual counseling and one-on-one support, educational sessions, HIV testing, Hepatitis B & C testing and treatment.

OPIOID STEWARDSHIP PROGRAM (OSP) - MEDICATION ASSISTED TREATMENT (MAT)

According to the Centers for Disease Control, anyone who takes prescription opioids for pain management can become dependent on opioids. One in four people on long-term opioid therapy struggle with an Opioid Use Disorder (OUD).

The Opioid Stewardship Program (OSP) at Scripps brings physicians, nurses, and other professionals together to help reduce opioid use by educating patients and providers about opioid use disorder risks as well as promoting alternative ways to manage pain. For patients being discharged from an emergency department visit or hospital stay, Scripps has created educational videos that it makes available for viewing, and Scripps has also set opioid prescription quantity limits at discharge. In addition, some Scripps hospital emergency departments have implemented medication-assisted therapy, in which specially licensed ER physicians can administer medications as a bridge for patients with opioid use disorder until they can receive further care. In addition to

providing support to patients already suffering from OUD, clinicians learn effective prescribing and multi-modal pain management techniques to help prevent new dependencies.

Scripps currently receives a state grant from the California Department of Health Care Services to help remove barriers to identifying and treating patients with OUD and to provide Medication-Assisted Treatment (MAT). Medication-assisted treatment (MAT) offers medication in combination with counseling and behavioral therapies to help address both the physical and the psychological impacts of substance use. According to SAMHSA, use of FDA-approved medications in combination with evidence-based therapies can be effective in the treatment of substance use disorder and may help recovering users stay in treatment longer, extending periods of sobriety and paving the way for successful recovery. MAT also makes people less likely to die from substance use.

Scripps hospitals have collectively received \$480K in grant funding from the California Bridge behavior health navigator program which supports emergency departments increasing access to medication-assisted treatment for opioid use disorders and co-occurring mental health conditions. This year's grant award is the fourth consecutive year Scripps has been funded.

The grant provides funding for Scripps to hire licensed substance use disorder counselors to facilitate treatment and entry into a community-based MAT program. Scripps actively promotes MAT access for patients in the form of buprenorphine. The California Bridge Program aims to help hospitals and health centers expand patient access to treatment for opioid use disorder, including on-the-spot medical treatment and coordinated outpatient care, while MAT aims to reduce the stigma of opioid addiction and increase provider support for medication assistance in treating addiction. For more information about the grant, visit the [California Bridge Program website](#).

The California Bridge program counselors are certified through the California Consortium of Addiction Programs and Professionals (CAPP) or the California Association for Drug/Alcohol Educators. They meet patients in the emergency department and other inpatient areas of both Scripps Mercy campuses to provide rapid evidence-based medication-assisted treatment. They also connect patients directly to continued treatment in the community. The California Bridge grant also enabled Scripps to hire Substance Use Disorder Service nurses (SUDS) to facilitate treatment and entry into a community-based MAT program. Scripps deploys specialized nurses certified in addiction to see patients at their bedside and work closely with the patient's entire health care team in facilitating safe detox treatment while hospitalized. They identify patients at risk or currently experiencing withdrawal from alcohol and other addictive substances. SUDS nurses evaluate patients who meet certain criteria and work directly with the nurse and physician to ensure the patient is adequately medicated to control symptoms of withdrawal. SUDS nurses at Scripps function in a proactive and reactive role at all Scripps hospitals and collaborate with community resources, including Family Health Centers of San Diego to provide MAT, McAlister Institute for detox beds and the Betty Ford Center for outpatient care.

Scripps Health was named to the 2022 Opioid Care Honor Roll, which recognizes three tiers of performance: Superior Performance, Excellent Progress and Most Improved. All four of our hospitals—the Scripps Mercy Hospital campus, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital La Jolla, and Scripps Green Hospital—received Superior Performance recognition. Hospitals achieving Superior Performance have implemented advanced, innovative opioid stewardship strategies across multiple service lines, consistently achieving the highest level of performance. In addition, these hospitals are actively measuring and monitoring performance for continued quality improvement.

Lastly, the Pharmacy department in partnership with Scripps emergency department leaders implemented a Naloxone dispensing program to provide state supplied Naloxone nasal spray to at-risk patients discharged from the emergency department.

CANCER/ONCOLOGY

Cancer is a set of diseases in which abnormal cells grow and spread.³¹ It is the second leading cause of death in the U.S.³² The annual direct medical costs for cancer are over \$140 billion in the U.S. (2019); this is an increase from \$80 billion in 2015.³³

According to the American Cancer Society, cancer survival is more likely to be successful if the cancer is diagnosed at an early stage. Such a diagnosis is an indication of screening and early detection. Regular screening that allows for the early detection and removal of precancerous growths is known to reduce mortality for cancers of the cervix, colon, and rectum. Five-year relative survival rates for common cancers, such as breast, prostate, colon and rectum, cervix, and melanoma of the skin, are 93 percent to 100 percent if they are discovered before having spread beyond the organ where the cancer began.

See Appendix I for individual **health briefs** on select community needs which includes secondary data on the magnitude, mortality, disparities, and prevalence of cancer. The health briefs are an additional resource to the 2022 Community Health Needs Assessment.

- The HASD&IC 2022 CHNA continued to identify Cancer disease as one of the top priority health conditions among San Diego County hospitals.
- From 2000 to 2020, San Diego reported an overall decrease in the percentage and rate of deaths due to chronic conditions. Despite this trend, cancer (malignant neoplasms) was San Diegans' leading cause of death in 2020, followed by diseases of the heart. Diabetes was identified as the eighth underlying leading cause of death for San Diegans in the same year.³⁴
- Community engagement interviews conducted as part of the HASD&IC 2022 CHNA identified access to cancer care as significantly challenging for our community. Delayed access to cancer screening and its long-term consequences was identified as a need for community members. The pandemic disrupted cancer screening procedures, which posed a significant challenge to access cancer care. A National Cancer Institute prediction model estimated that delays in cancer screenings and treatment postponement during the pandemic could result in a breast and colorectal cancer deaths in the U.S. over the next 10 years.

³¹ American Cancer Society. Cancer Facts & Figures 2021. <https://www.cancer.org/content/dam/cancerorg/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/cancer-facts-and-figures-2021.pdf>. Accessed November 14, 2021

³² Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Leading Causes of Death, WISQARS Fatal Injury Data. <https://webappa.cdc.gov/sasweb/ncipc/leadcause.html>. Updated January 30, 2021.

³³ Agency for Healthcare Research and Quality. Total expenditures in millions by condition, United States, 2019. <https://datatools.ahrq.gov/meps-hc>. Generated interactively on January 16, 2022.

³⁴ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2019 on CDC WONDER Online Database, released in 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html>

Scripps Health currently cares for one-third of cancer patients in San Diego. Scripps has developed a series of prevention and wellness programs to educate people about the importance of early detection and treatment for some of the most common forms of cancer. Scripps Health is committed to providing care for all those in need. We serve an ethnically and economically diverse population including caring for the traditionally marginalized and underserved community regarding health care. At Scripps, cancer care is more than just medical treatment, and many resources are provided such as counseling, support groups, complementary therapies, and educational workshops.

Below are a few highlights of Scripps cancer programs in Fiscal Year 2022.

SCRIPPS MD ANDERSON CANCER CENTER – REGISTERED NURSE NAVIGATOR PROGRAM

Scripps provides a registered nurse, dedicated to assisting cancer patients and their families with navigating through the journey from diagnosis, treatment, and survivorship from cancer. The focus is on education and outreach, as well as support services in this population.

SCRIPPS MD ANDERSON CANCER CENTER – OUTPATIENT SOCIAL WORKER

Scripps provides specially trained oncology social workers who understand the complexities of living with cancer and are dedicated to assisting cancer patients, along with providing education to health professionals and caregivers. The social workers help access the most appropriate community and medical resources, provide short-term counseling, and assist with transportation, lodging and financial concerns.

SCRIPPS MD ANDERSON CANCER CENTER – OUTPATIENT HEREDITY AND CANCER GENETIC COUNSELING PROGRAM

Scripps MD Anderson Cancer Center genetic counseling team helps individuals, and their families understand their cancer risks so that individualized cancer screening and risk reduction plans can be designed. In addition to providing information and guidance about genetic testing, genetic counselors interpret test results, advise families about their options, and provide education and support.

SCRIPPS MD ANDERSON CANCER CENTER – LUNG SCREENING AND SURVIVORSHIP PROGRAM

Scripps MD Anderson Cancer Center launched a wellness and ongoing care program (Cancer Survivorship) with clinics opened to see breast and thoracic patients. A Lung Cancer Screening Program was also launched for people at elevated risk for developing lung cancer and a virtual Gynecologic Oncology patient support group for patients with or recovering from gynecologic cancers.

SCRIPPS MD ANDERSON CANCER CENTER SUPPORT GROUPS

Through generous community support, Scripps MD Anderson Cancer Center provides free professionally facilitated support groups at various locations to help patients and loved ones find support, guidance, and encouragement. The support groups will address the emotions that come

with a cancer diagnosis and help individuals cope more effectively with their treatment regimens that nurture their physical, emotional, and spiritual well-being.

Oncology social workers and oncology nurse navigators provide counseling services and guidance regarding transportation, housing, homecare, financial, benefits, emotional concerns, and other issues. Free professionally facilitated support groups sponsored by the cancer center meet regularly (currently meeting virtually) at various locations to help patients and loved ones find support, guidance, and encouragement. In FY22, the program served 129 individuals in the various support group offerings. Free educational workshops are held at various sites. The following are locations and current schedules, <https://www.scripps.org/services/cancer-care/patient-support-services>.

SCRIPPS MD ANDERSON CANCER CENTER SURVIVOR'S DAY

Survivors Day is a time to recognize the nation's 15.5 million cancer survivors, to focus attention on issues of survivorship, and to acknowledge medical professionals dedicated to cancer treatment, research, and support services. National Cancer Survivors Day events are held in hundreds of communities nationwide throughout the month of June. Scripps holds a celebratory event at various Scripps hospitals each year to provide an opportunity for those that have battled cancer to come together and enjoy the company of friends, family, and the camaraderie of fellow cancer survivors.

Cancer survivors and other guests share inspirational stories, learn about advances in cancer treatment and research and enjoy the opportunity to connect with caregivers and fellow survivors. Each year the cancer survivor events help celebrate life, inspire those recently diagnosed, offer support to family, and loved ones and recognize all who provided support along the way. They also provide a forum for discussing the physical, financial, and social issues that many cancer survivors face following completion of treatment. A virtual event took place on June 8, 2022, and 13 people attended the event. The event was recorded and is available for the community to watch.

https://giving.scripps.org/event_schedules/3720-cancer-survivors-day-program

WOLTMAN FAMILY COLLEGE BUILDING SUPPORT SERVICES

The newly renovated Woltman Family College Building houses a wide variety of patient support services that are critical during the patient's journey from cancer diagnosis through treatment, recovery and well into survivorship. The services offered allow for a more holistic approach to caring for patients, family members and our community. The services exemplify the depth and breadth of the Scripps MD Anderson multi-disciplinary approach to cancer care. Some of the services offered are a cancer welcome center, a resource library, a wig bank and prosthetic center, pastoral counseling, an oratory room, a conference room to accommodate patient and family support groups, mindfulness and meditation, nutritional classes, and yoga classes. More information on the wig bank and resource library is described below.

Scripps MD Anderson Cancer Center Wig Bank

The Scripps MD Anderson Cancer Center offers a wig bank at the Woltman Family College Building located at the Scripps Mercy Hospital campus to support women undergoing cancer

treatment and/or experiencing hair loss. Scripps provides helpful insight on preparing for hair loss from chemotherapy and radiation and choosing a wig. In Fiscal Year 2022, free wigs and customized fittings were provided for 186 patients and the community in a safe, comforting environment. The wigs have a retail value of \$24,000 and are not included in our community benefit numbers as these wigs were donated. Scripps MD Anderson Cancer Center also gave out 89 knit caps, 23 turbans and 11 hats donated by hat companies and knitting groups. In addition, volunteers helped to assemble 416 chemotherapy bags for patients starting chemotherapy to help them feel comfort and warmth while undergoing chemotherapy infusion. The bags included donations of blankets, books, pencils, chap stick, sugar free mints and socks.

Scripps MD Anderson Cancer Center Oncology Patient Resource Library

To help patients and their families better understand their diagnoses and access a variety of educational programs and patient information, Scripps MD Cancer Center features a resource library. Scripps offers free evidenced based patient education, materials, booklets, and pamphlets regarding cancer information and care.

HIGH SCHOOL SKIN CANCER EDUCATION PROGRAM

In Fiscal Year 2022, a Scripps Green Graduate Medical Education Hematology/Oncology fellow conducted a high school skin cancer education awareness program at Patrick Henry High School. The fellow taught about skin cancers and prevention to 400 high school students in early June 2022. This was about a week before the start of summer break and survey data from half of those students was collected on the day of the event. After the hour-long session there was an appreciable increase in the students' knowledge about the types of skin cancer and how to prevent it. In August, an anonymous survey was sent to these students by text and a 75% response rate was received. It showed that the students' awareness of and use of sun protective measures increased because of the information they received on skin cancer and education awareness.

SCRIPPS MD ANDERSON CANCER CENTER RESTORATIVE YOGA AND SOUND THERAPY CLASSES FOR CANCER SURVIVORS AND CAREGIVERS

For centuries, humans have used sound, vibration, meditation, and yoga to calm the mind and sooth the body. Modern-day research has proven what our ancestors knew intuitively that music and body movement possess therapeutic benefits. Utilizing a combination of these modalities, these classes provide a 60-minute restorative yoga and sound therapy experience that focuses on relaxation and rejuvenation. Participants can choose to rest comfortably or gently move through simple stretches while receiving the healing benefits of sound from a variety of instruments: singing bowls, chimes, drums, and gongs. Cushioned mats and bolster cushions are available for use. These classes are open to the community at the Scripps Encinitas Rehabilitation Center, Shiley Fitness Center, and Scripps Prebys Cancer Center (Woltman Family College Building).

SCRIPPS MD ANDERSON CANCER CENTER LIVING LIFE WELL SESSIONS – NUTRITION AND FITNESS FOCUS

Classes are offered by Scripps Shiley Fitness staff and the Scripps MD Anderson Cancer Center Oncology Nutrition teams providing much needed evidenced based education to patients on maintaining and improving their level of health and wellness via fitness and nutrition interventions. Individuals learn about which foods to include in their diet for decreased risk of cancers, improvement in energy levels, and lower risk or chronic diseases. These classes are virtual and open to the community.

SCRIPPS MD ANDERSON CANCER CENTER - LYMPHEDEMA STRETCH

The Scripps MD Anderson Cancer Center provides therapeutic exercises known to help relieve swelling and pain caused by lymphedema. Scripps therapists provide proper exercise techniques to alleviate swelling and reduce discomfort. The 45-minute class uses seated, standing and floor exercises that include cardiovascular exercise, strength training, functional fitness, flexibility, mobility, and core control. Classes are limited and offered at the Shiley Fitness Center in Torrey Pines and the Woltman Family College Building at the Scripps Mercy Hospital campus.

AMERICAN CANCER SOCIETY - ONCOLOGY TRANSPORTATION GRANT

The American Cancer Society provided a small grant in 2022 to the Scripps MD Anderson Cancer Center to improve patient access by covering costs of transportation to and from their treatment appointments such as radiation and/or chemotherapy. Oncology Social Workers assisting patients may use this resource to supplement or assist if a patient's usual transportation is not available for 1-2 trips. The grant ends in December of 2022.

AMERICAN CANCER SOCIETY - ONCOLOGY LODGING GRANT

The American Cancer Society provided a grant in 2022 to the Scripps MD Anderson Cancer Center to help out-of-town patients in need of temporary housing while receiving cancer care. For example, funding for a hotel room for overnight stays so they may attend consultations or treatment appointments (radiation or chemotherapy). Oncology Social Workers assisting patients may use this to supplement or help if a patient's obstacle to care is lack of overnight accommodations for 1–2 visits.

SCRIPPS MERCY HOSPITAL CHULA VISTA WELL BEING CENTER: CANCER SUPPORT SERVICES: BREAST HEALTH OUTREACH, PREVENTION AND EDUCATION PROGRAM

The Chula Vista Well-Being Center provides a series of prevention and wellness programs to educate people about the importance of early detection and treatment for cancer. The goal is to increase education, outreach and access to early detection and screenings for breast health services. Many resources are provided such as counseling, screenings, support groups, complementary therapies, and educational workshops.

A *Lay Health Professional* led health and wellness program that aims to improve the lives of women in San Diego's South Bay with breast cancer education, prevention, and treatment support. *Lay Health Professionals* instruct women in their native language with sensitivity to a woman's ethnic and cultural norms. The program model includes a *local community lay health expert*, a Cancer Survivor, and a Nurse Navigator. The *community lay health expert* has knowledge of breast cancer, offers education and emotional support, and provides referrals in culturally appropriate and language sensitive way. Working together, the *lay health expert* and volunteer present a strong front for breast cancer awareness and full support system for those already diagnosed. Moreover, the fact they are bilingual lends an air of automatic trust among the community as they can connect with the residents on a cultural level. In Fiscal Year 2022, a total of 301 women were referred to clinical breast health services in the community and to Scripps Mercy Hospital Chula Vista radiology services.

Educational Services: Flyers distributed, education, phone calls, social/emotional support, case management, hospital visits, home visits, letters sent to patients/providers, mailed educational material, breast cancer supplies (i.e., medical record binder, caps, wigs, bras, hats, mastectomy pillow, etc.), to support group participants.

Outreach Services: Provides outreach to those overdue for screening and community referrals, breast cancer hospital referrals, community breast cancer referrals, follow up referrals from radiology are sent to outreach services, community outreach/educational presentation attendance.

SCRIPPS MERCY HOSPITAL CHULA VISTA BREAST CANCER SUPPORT GROUP

Scripps Well-Being Center holds a bi-monthly support group to the community that helps individuals cope with cancer. Support groups including navigating the cancer system and educational presentations by local providers are offered. A total of 109 women participated in the breast cancer support group.

CARDIOVASCULAR DISEASE

'Diseases of the heart' were the second leading cause of death in San Diego County in 2020. In addition, stroke (cerebrovascular diseases) was the fourth leading cause of death, and essential hypertension and hypertensive renal disease' was the ninth. Coronary Heart Disease is the most common form of heart disease. High blood pressure, high cholesterol, and smoking are all risk factors that could lead to CVD and stroke. About half of Americans (49%) have at least one of these three risk factors.

RISK FACTORS FOR CARDIOVASCULAR DISEASE:

Behaviors: Tobacco use, obesity, poor diet that is high in saturated fats, and excessive alcohol use.

Conditions: High cholesterol levels, high blood pressure and diabetes.

Heredity: Genetic factors play a role in heart disease and can increase risk.

See Appendix I for individual **health briefs** on select community needs which includes secondary data on the magnitude, mortality, disparities, and prevalence of cardiovascular disease. The health briefs are an additional resource to the 2022 Community Health Needs Assessment.

- The HASD&IC and Scripps 2022 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as a priority health issue affecting members of the communities served by Scripps.
- According to data presented in the HASD&IC and Scripps 2022 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. About half of all Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes, and genetic factors. High blood pressure is known as the "silent killer" because it may show no symptoms. However, hypertension puts people at an increased risk for heart disease and stroke, two of the top causes of death in the region.
- Focus groups and key informant interviews conducted as part of the HASD&IC and Scripps Health 2022 CHNAs identified numerous barriers to care for chronic conditions such as Cardiovascular Disease, including: lack of access to healthy food; transportation; physical limitations or limited mobility; high health care costs; economic insecurity; low health literacy; poor health behaviors, such as unhealthy diet or minimal physical activity; poor medication management; unsafe neighborhoods; and unstable or complete lack of housing.

The World Health Organization defines cardiovascular disease (CVD) as a group of disorders of the heart and blood vessels that include:

- Coronary heart disease
- Cerebrovascular disease
- Peripheral arterial disease
- Rheumatic heart disease
- Congenital heart disease
- Deep vein thrombosis
- Pulmonary embolism

Coronary Heart Disease is the most common form of heart disease and the leading cause of death in the U.S. High blood pressure, high cholesterol, and smoking are all risk factors that could lead to CVD and stroke.

Not only is Scripps a nationally recognized heart care leader, consistently ranked by U.S. News & World Report as one of America’s Best Hospitals for cardiology and heart surgery, but we treat more heart patients than any other health care provider in San Diego. We have state-of-the-art technology and highly trained heart care specialists, providing an innovative and expansive scope of services and high-quality outcomes. Along with the tremendous care Scripps provides within our hospitals and outpatient clinics, Scripps also supports our surrounding communities with resources, outreach programs and partnerships to ensure the heartbeat of our community continues.

During Fiscal Year 2022, Scripps engaged in the following heart health, stroke, and cardiovascular disease prevention and treatment activities.

CARDIAC TREATMENT CENTER GROUP EXERCISE PROGRAMS

Cardiac Treatment Center Group Exercise Programs are designed for cardiovascular health improvement. Classes include training in Balance, Slow Flow Yoga, Tai Chi, Chair Yoga, Harmonica Music Therapy, Drums Alive Music Therapy and Meditation, Mindfulness, Meditation and ARM Exercise. The Cardiac Treatment Center also provides exercise programs that include nutritional education through Pulmonary Class, Dietary One-On-One Counseling, and Nutrition Class. These classes are offered virtually.

PULMONARY CARDIAC CLASS

This educational class provided by the Scripps Cardiac Treatment Center is a comprehensive six-week education program for pulmonary patients to help them to manage their disease. They will learn lifestyle management for a healthy life, nutrition and exercise are part of the series. This class was offered virtually due to the ongoing pandemic.

LONG COVID SUPPORT GROUP

The Scripps Cardiac Treatment Center created a support group for patients suffering from Long COVID. This group focuses on connecting individuals, offering education, providing community resources, and teaching helpful coping skills. The monthly group began to meet virtually in April 2022 and is led by a licensed psychologist and a rehabilitation therapist.

COUNTY OF SAN DIEGO LOVE YOUR HEART BLOOD PRESSURE SCREENINGS

In San Diego region, the percentage of adults with high blood pressure not taking blood pressure medication is 35%, higher than California (29%) and the United States (21.7%)³⁵. High blood pressure is known as the “silent killer” because it may show no symptoms. However, hypertension puts people at an increased risk for heart disease and stroke, two of the top causes of death in the region. Fifty-nine percent of San Diegans had hypertension. High blood pressure also continues to be the most common underlying condition identified in San Diego County’s COVID-19 associated deaths. Ten years ago, the County launched the “Love Your Heart” campaign, an annual event with a simple mission—help prevent heart disease and stroke to reduce the percentage of deaths in San

³⁵ American Heart Association ,2020 San Diego Community Snapshot, heart.org/sandiego.

Diego County due to chronic disease. Organizations from across the U.S. and Mexico join to provide free blood pressure screenings to the public on Valentine’s Day. The Love Your Heart annual campaign was launched on Valentine’s Day 2012 to address the negative impacts of heart disease in the region.

In 2022, county leaders, regional officials and community partners had a virtual news conference to encourage people to get a blood pressure screening. High blood pressure is the most common underlying condition identified in San Diego County’s COVID-19 associated deaths and heart disease continues to be the second leading cause of death among San Diego County residents overall. This year, the campaign took place February 12—20, 2022, with organizations hosting “virtual health” events during the Love Your Heart Week of Action. With COVID-19 still prevalent fewer public-facing screening sites were held, and instead more at home screenings were encouraged. The February blood-pressure screening campaign alerted 473 people they were in imminent medical danger and warned 22,000 others they could be vulnerable to serious illness and death from heart disease, stroke, and COVID-19. This year’s campaign tested the blood pressure of more than 46,000 people, online, and in person at more than 287 sites in San Diego County and Mexico, between Feb. 12 and Feb. 20. This year’s Love Your Heart campaign reached more than 7.5 million people, through the combined mediums of print, radio, billboard, transit, and social media. It gave community partners more than 6,000 blood pressure monitors to give to underserved residents and supplied Love Your Heart educational packets at all COVID-19 testing sites. The campaign also reached more than 500 people through community events including the Refugee & Newcomer Fair.

[LEFT VENTRICULAR ASSIST DEVICE \(LVAD\) SUPPORT GROUP](#)

Scripps offers a support group for patients with a Left Ventricular Assist Device. This group provides education and support to those patients and their caregivers/partners. Topics include safety and proper mechanics required for the device. The group met virtually in FY 2022.

[JOE NIEKRO FOUNDATION](#)

Scripps Health provides meeting space for the Joe Niekro Foundation to support groups of patients, families and friends who have been affected with brain aneurysms or hemorrhagic stroke. The program is open to the public. Due to COVID-19, the support groups are being held at the La Mesa Business Center due to restricted access to the hospital.

[EDUCATING WOMEN ABOUT HEART HEALTH](#)

Scripps Women’s Heart Center is devoted to caring for women and educating patients about heart disease prevention. Heart disease is the leading cause of death for women cardiovascular disease is the number 1 killer of women, causing 1 in 3 deaths each year. That is approximately one woman every minute. Our female cardiologists focus on empowering their patients and the community to take care of their hearts through education, healthy lifestyles and expert medical care when needed.

THE ERIC PAREDES SAVE A LIFE FOUNDATION – SUDDEN CARDIAC ARREST SCREENINGS

Scripps Health is addressing cardiovascular disease and Sudden Cardiac Arrest (SCA) in teens through our partnership with the Eric Paredes Save A Life Foundation. Eric was a healthy Steel Canyon High School sophomore athlete who died suddenly and unexpectedly from Sudden Cardiac Arrest in 2009. His parents established the EP Save A Life Foundation which provides free screenings to youth to identify cardiac anomalies that may lead to SCA, with the goal of standardizing cardiac screenings among the youth. According to the National Library of Medicine [NEMSIS study](#) , it is estimated that 23,000 youth are stricken annually by SCA.

This program helps to prevent sudden cardiac arrest and death in middle and high school aged children, including underserved areas in San Diego County, through awareness, education, and action. SCA is not a heart attack, it is caused by an abnormality in the heart's electrical system that can be easily detected with a simple EKG. If abnormalities are detected, a second test called an echo cardiogram; an ultrasound for the heart is administered.

Heart screenings are not part of well-child exams or sport physicals, even though SCA is the #1 killer of student athletes and the leading cause of death on school campuses. Scripps partners with local San Diego schools to administer and read electrocardiograms and if warranted an echocardiogram screening by Scripps physicians (cardiologist) before high school students participate in organized sport and activities.

When findings are positive, Scripps takes the following steps:

- Checks for an abnormal heartbeat that could signal an underlying heart condition using an echocardiogram.
- Notify parents of the results for follow-up with their family physician.

As a sponsor for the Eric Paredes Save A Life Foundation, Scripps has supported more than 36,000 free cardiac screenings to local teens, including the homeless, uninsured, and underinsured through annual contributions since 2012. In Fiscal Year 2022, Scripps contributed \$8,500 to help pay for screenings. Studies show cardiac consideration is an often-overlooked area of assessment for youth and student athletes alike, with practitioners and parents unfamiliar with warning signs and risk factors that require follow up. One in 300 youth has an undetected heart condition that puts them at risk. Since 2012 the screenings have identified 572 teens with cardiac abnormalities.

The Eric Paredes Save A Life Foundation returned to screenings in August 2021 after an 18-month pause due to the pandemic. The organization spent ample time developing new protocols to meet current health and safety guidelines, which included purchasing new PPE and setting up a first-time registration appointment system to control attendance. Over 2,300 youth registered for five screening events, and 1,594 were screened. Thirty-two youth were identified with cardiac abnormalities, warning signs or risk factors, with 18 specifically at risk for SCA. All were referred to their physician for follow up and advised to add the ECG to the youth's medical record as a

baseline. Scripps employees collectively donated 279 hours of volunteer time across the series of screening events, including physicians, nurses, techs, analysts, and other staff. ³⁶

The following additional metrics were tracked:

- Teens Without a Pediatrician/Family Doc: 236
- Teens Who Use Community Clinic: 283
- Scripps Physician Volunteer Hours: 86
- Low to moderate Income Households: 53.4%
- Representation of Diverse Communities: 52%

THE ERIC PAREDES SAVE A LIFE FOUNDATION – PRESCRIPTION FOR PREVENTION

Prescription for Prevention is a free, accredited training for primary care practitioners on incorporating a robust cardiac risk assessment in youth into their practice. In partnership with SDSU's Institute for Public Health and UC Irvine, The Eric Paredes Save A Life Foundation provides Continuing Medical Education (CME) credits on incorporating Sudden Cardiac Arrest prevention into primary care practices. Studies show cardiac consideration is an—often overlooked—area of assessment.

The training module reviews SCA warning signs, risk factors and recommended diagnostic testing protocol. The CME development is directed and narrated by Dr. John Rogers, Scripps Cardiologist and EP Save A Life Medical Director, Scripps Health is instrumental in facilitating engagement in both a front-end needs assessment and in participation in the training module through direct communication with Primary Care Physicians (PCPs).

Funding is supported by the development and promotion of the training module on a local, state, and national level, and with the San Diego chapter of the American Academy of Pediatrics. PCPs register for the course and are exposed to the program through live/online lectures. The CME is hosted in the continuing education portal and a pre/posttest is given to participants to test for average knowledge improvement.

In Fiscal Year 2022, the organization contracted with SDSU Institute for Public Health to keep their CME/CNE accreditation current and contacted various professional associations to engage participants in the event and organized live events. To date 1,357 providers have engaged with the program.

THE ERIC PAREDES SAVE A LIFE FOUNDATION – SMART HEARTS DO NOT MISS A BEAT

Sudden Cardiac Arrest (SCA) is the leading cause of death on school campuses and the number one killer of student athletes. One in 300 youth has an undetected heart condition that puts them at risk. Smart Hearts Do Not Miss A Beat is a new program that empowers young people to prevent sudden death at home, in school, on the field, at the doctor's office and in their future families, and

³⁶ Scripps employees volunteer on their own time and therefore staff time is not included in the community benefit report totals.

workplaces. This program offers SCA prevention learning for school aged students to empower the next generation of life savers. This program served youth, including dozens through Scripps SD Border AHEC Community Benefit Program that serves health pathway students in Sweetwater Unified High School District and its Health Career Occupation Program (HCOP) summer camp. The development of a classroom or independent learning module included a series of videos, activities, and quizzes for middle and high school students. Through pre- and post-tests, students on average improved their knowledge. The program goals are:

- Educate youth to recognize warning signs and family risk factors so they can be their own heart health advocate.
- Empower youth to use CPR and an automated external defibrillator (AED) and teach others the Cardiac Chain of Survival.
- Equip youth with leadership skills that prepare them to advocate for prevention in their communities.

In Fiscal Year 2022, the organization hosted professional development sessions for educators to preview the curriculum and marketed the program through various school districts, the San Diego County Office of Education and multiple health pathway program gatekeepers. To date, 915 youth have engaged with the program, but upwards of 110 educators have downloaded it with plans to deliver it to an anticipated 7,000 students.

PARKINSON'S BOOT CAMP

Parkinson's disease is a nervous system disorder that affects movement, producing symptoms such as tremor, stiffness, rigid muscles, speech problems and trouble walking. Its onset is progressive, meaning symptoms get worse over time, but while Parkinson's cannot be cured its symptoms can be managed with proper diagnosis and treatment, and rehabilitation including physical, occupational and speech therapies. The goal of rehabilitation for people with Parkinson's is to help alleviate symptoms and compensate for some of the physical and neurological problems caused by the disease. Scripps provides a full day of education and fun activities for people with Parkinson's disease. Patients and families learn about the psychological impact of Parkinson's, the benefits of exercise and positive attitude, dietary considerations, and integrative approaches to treatment. Patients are offered preventative modalities and overall life improvement options stressing the importance of staying active and joining a support group.

STROKE CARE PROGRAMS

On average, a stroke occurs every 40 seconds in the United States. More than 1,700 stroke deaths occurred in San Diego County in 2020, and about 15 people are hospitalized due to stroke every day. Scripps sponsors a wide variety of stroke related education and awareness programs.

STROKE TRANSITIONAL CARE PROGRAM AND BRAIN INJURY SUPPORT GROUP AT SCRIPPS MERCY HOSPITAL CHULA VISTA WELL BEING CENTER

Scripps offers stroke and brain injury support groups at the Scripps Mercy Hospital Chula Vista Well Being Center. Outreach and follow up calls are provided to patients diagnosed with a Hemorrhagic Stroke, Ischemic Stroke, or Transient Ischemic attack. The key role is to help reduce additional hospital readmissions for these patients by assisting in navigating the health care system, reduce any barriers to care that may prevent the patient from accessing care post hospital discharge, and provide community resources/referrals to assist in the patient's wellness.

The Brain Injury support group is for Stroke, Parkinson's and Brain Injury survivors, caregivers, and loved ones. The group's goal is to educate and empower survivors. Attendees receive information and resources, reinforce inner strengths, learn self-care strategies, and develop encouraging peer relationships. Support groups offer the ability to develop encouraging peer relationships along with the goal of returning to and continuing a life of meaning and purpose.

STROKE AND BRAIN INJURY SUPPORT AND EDUCATION GROUP AT SCRIPPS MEMORIAL HOSPITAL ENCINITAS

The support group is offered to brain injury survivors, caregivers, and their loved ones on the second and fourth Tuesday of every month at the Scripps Memorial Hospital Encinitas Conference Center.

SAN DIEGO COUNTY STROKE CONSORTIUM

Scripps Stroke Program participates in the SD County Stroke Consortium, a county-wide stroke group, consisting of SD County Stroke Receiving Center Stroke Program Coordinators, Stroke Champions, and Stroke Leadership. Additionally, the meeting is attended by Stroke Program Medical Directors and SD County leadership. The Stroke Consortium serves as a point of contact for continuity of stroke care in San Diego County. Scripps Stroke Program dedicates time and resources to lead efforts to create and disseminate a unified community message urging San Diego County residents to seek emergency treatment when suffering symptoms of a stroke.

SCRIPPS HEALTH STROKE PROGRAM COMMUNITY EVENTS

Scripps Health educates and engages the San Diego community for stroke by attending at least one community event and screening for stroke via a stroke risk factor score card and educating individuals on BE FAST (how to recognize symptoms of stroke and calling 911 for someone exhibiting stroke symptoms). The BE-FAST screening tool is a straightforward way to recognize and remember the signs of stroke. The acronym stands for **B**alance, **E**yes, **F**acial Drooping, **A**rm, **S**peech, and **T**ime.

- **Balance:** Sudden loss of balance or coordination
- **Eyes:** Sudden blurred, double or loss of vision

- **Facial drooping:** Drooping or numbness of the face. Usually only on one side. This can be recognized by a crooked smile.
- **Arm:** Weakness or numbness of arms or legs on one side of the body. The inability to raise one's arm fully.
- **Speech:** Slurred speech, unable to speak, or difficult to understand.
- **Time:** If ANY of these symptoms are experienced, call 9-1-1 immediately.

In Fiscal Year 2022, the Scripps Stroke Team and their community partners worked to decrease strokes in San Diego County by educating and engaging individuals and communities in understanding and taking action to address the risk factors that cause heart attacks and strokes. The Stroke Team gave three community stroke presentations, providing education to 54 individuals. Below is a description of the Stroke Team Events.

Carmel Valley Community Library and Coronado Community Library

The Scripps Health Stroke Team participated in a Stroke Prevention Workshop at the Carmel Valley Community Library on August 15, 2022, and the Coronado Community Library on September 1, 2022. A total of 40 community members were in attendance. A Scripps Stroke Neurologist provided an educational lecture on stroke risk factors and BE-FAST—how to recognize symptoms of stroke—and calling 911 when someone is exhibiting stroke symptoms.

Health Professionals in the Classroom at Camp Scripps

The Scripps Health Stroke Team participated in an education event serving 14 high school students at Scripps Memorial Hospital Chula Vista on June 6 - July 15, 2022. Stroke Team members provided education about stroke risk factors and BE-FAST—how to recognize symptoms of stroke—and calling 911 when someone is exhibiting stroke symptoms.

[BRAINMASTERS: STROKE AND BRAIN INJURY SURVIVORS SUPPORT GROUP](#)

According to the American Heart Association, heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. Heart disease and stroke can result in poor quality of life, disability, and death. Making sure people who experience a cardiovascular emergency like stroke, heart attack, or cardiac arrest get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

In 2017, Scripps Memorial Hospital Encinitas launched a program called BrainMasters to address the communication challenges of stroke and brain injury survivors. BrainMasters is an improvisational speaking group for adults coping with acquired brain injury and is facilitated by a brain injury survivor. This fun, supportive and interactive group will help brain injury patients improve communication skills, think more quickly on their feet, and build self-confidence in a friendly, encouraging environment. Offered as a community benefit through Scripps Memorial Hospital

Encinitas, BrainMasters is free and open to the community and 71 people attended the group in Fiscal Year 2022.

HEALING ARTS CLASS AND SUPPORT GROUP

Scripps offers a self-expression through art class to brain injury survivors. Participants develop a new leisure interest and increase their art skills. Art supplies are free for participants and the class is free and open to the community. [Brain Injury Rehab Outpatient Program - Scripps Health](#)

DIABETES

Diabetes is an important health need because of its prevalence, its impact on morbidity and mortality, and its preventability. An analysis of mortality data for San Diego County found that in 2020 ‘Diabetes mellitus’ was the eighth leading cause of death.³⁷ More than 37 million Americans suffer from this chronic disease.³⁸ There are three main types of diabetes—Type 1, Type 2, and gestational diabetes (diabetes while pregnant). Type 2 diabetes is the most prevalent form of diabetes with about 90-95% of the estimated 34 million people living with diabetes having Type 2 diabetes. There are also an additional 88 million Americans with prediabetes in the U.S.—more than 1 in 3—have prediabetes but most people do not know they have it. Prediabetes is a serious health condition where your blood sugar levels are higher than normal, but not high enough yet to be diagnosed as Type 2 diabetes.

Type 2 diabetes, once known as adult onset or noninsulin dependent diabetes, is a chronic condition that affects the way your body metabolizes sugar (glucose), which is your body’s main source of fuel. With Type 2 diabetes, your body either resists the effects of insulin, a hormone that regulates the movement of sugar into your cells or does not produce enough insulin to maintain a normal glucose level. If left untreated, Type 2 diabetes can be life threatening. Clinical symptoms can include frequent urination, excessive thirst, extreme hunger, sudden vision changes, unexplained weight loss, extreme fatigue, sores that are slow to heal, and an increased number of infections. Type 2 diabetes is an important target for intervention because hospitalizations due to diabetes related complications are potentially preventable with proper management and a healthy lifestyle.

As incidences of new diabetes cases have become more prevalent among non-Hispanic Blacks coupled with existing cases being highest among American Indian and Alaska Native people, it is important to highlight and address health disparities in diabetes impacting minority populations. Factors including lack of access to healthcare, quality of care received, and socioeconomic status have disproportionately affected racial and ethnic minority populations in both this disease's prevalence and health outcomes.

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³⁷ The County of San Diego HHSA's Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics. Data is based on "underlying cause of death" reported on death certificates by ICD-10 codes. Causes are ranked based on total number of deaths in each of the National Center for Health Statistics (NCHS) "rankable" categories. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, January 2022.

³⁸ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation. National Diabetes Statistics Report, 2020. <https://www.cdc.gov/diabetes/data/statisticsreport/index.html>. Accessed August 26, 2021.

- The HASD&IC and Scripps 2022 CHNA continued to identify diabetes as a priority health issue affecting members of the communities served by Scripps.
- Focus groups and key informant interviews conducted as part of the HASD&IC and Scripps 2022 CHNAs identified numerous barriers to care for chronic conditions, such as diabetes, including lack of access to healthy food; lack of transportation; physical limitations or limited mobility; high health care costs; economic insecurity; low health literacy; poor health behaviors, such as unhealthy diet or lack of physical activity; poor medication management; unsafe neighborhoods and unstable or complete lack of housing.

See Appendix I for individual **health briefs** on select community needs which includes secondary data on the magnitude, mortality, disparities, and prevalence of diabetes. The health briefs are an additional resource to the 2022 Community Health Needs Assessment.

During Fiscal Year 2022, Scripps sponsored the following diabetes management programs and initiatives:

SCRIPPS HEALTH DIABETES PROGRAMS

Diabetes care is deeply embedded in the history of Scripps Health. In 1924, Ellen Browning Scripps founded the Scripps Metabolic Clinic in La Jolla next door to the original Scripps Memorial Hospital. Just two years earlier, the discovery of insulin had sparked a revolution in the treatment of diabetes, commonly called metabolic disease at the time, which had previously been hopelessly untreatable and deadly in most cases.

Scripps is making every effort to help patients and our communities with prediabetes reverse course and lead healthier lives. The following are Scripps Whittier Diabetes Institute, by the numbers in 2022:

- 5,271: Patient education consultations
- 4,155: Medical Nutrition Therapy
- 4,689: Visits made by Project Dulce care managers
- 1,430: Visits for women enrolled in the diabetes in pregnancy program
- 1,209: Hospitalized patients followed with Continuous Glucose Monitoring (CGM) including 20% with COVID-19
- 130: People enrolled in the diabetes prevention program
- 30: Active studies with 917 participants

WOLTMAN FAMILY DIABETES CARE AND PREVENTION CENTER IN CHULA VISTA

The Woltman Family Diabetes Care and Prevention Center in Chula Vista serves one of San Diego's communities hit hardest by the diabetes epidemic. 40 percent of patients admitted to Scripps Memorial Hospital Chula Vista, and 32 percent of patients in the heart catheterization lab, have diabetes. County statistics tell us that the rates of death, hospitalizations and emergency room visits are twice as high in Chula Vista compared to all of San Diego County. The Center offers classroom space to meet the high demand for services and offers a full range of wellness,

prevention, diabetes education, and nutrition services and endocrinology specialty visits in English and Spanish. In response to the pandemic, visits are available live or via telehealth and all group classes will continue being offered as live long-distance virtual group classes.

PROJECT DULCE CARE MANAGEMENT

Diabetes prevalence is predicted to rise dramatically during the next 20 years, and associated spending is expected to increase threefold. Low-income and uninsured individuals have been found to be at most risk for poor health status. Cultural barriers contribute to this burden by preventing optimal care among diverse ethnic groups that are at elevated risk for high-cost complications.

Scripps Whittier has led the way in developing comprehensive, culturally sensitive diabetes care management programs to provide care for people in high-risk, underserved communities through Project Dulce, which uses nurses, dietitians and specially trained educators known as “Promotoras” to counsel diabetes patients while educating them to support others with diabetes within their own cultural groups. Diabetes management classes have been adapted for Hispanic, African American, Filipino and Vietnamese populations, and are taught in the patients’ native languages. The program is team based and incorporates the Chronic Care Model.

Recognized by the American Diabetes Association ADA and 1 of 3 programs endorsed by the Centers for Medicaid and the American Diabetes Association as a best practice model, Project Dulce has been active in communities across San Diego for the past 27 years. Informed by the Chronic Care Model, Project Dulce’s nurse-led multi-disciplinary team provides clinical management while peer educators also known as Promotoras deliver culturally appropriate self-management education to adults with poorly controlled type 2 diabetes. This innovative program combines state of the art clinical diabetes management with proven educational and behavioral interventions.

One of the primary components of the program is recruiting peer educators from the community to work directly with patients. These educators reflect the diverse population affected by diabetes and help teach others about changing eating habits, adopting exercise routines, and nurturing their wellbeing to manage this chronic disease. In Fiscal Year 2022, Project Dulce provided 2,165 diabetes clinical care visits for low income and underserved individuals throughout San Diego.

DIABETES PREVENTION PROGRAM

The UCLA Center for Health Policy and Research recently published data that revealed half of California adults have prediabetes or diabetes. While the Scripps Whittier Diabetes Institute has been providing the best care for people with diabetes for decades, the Institute has continued to expand care with the Scripps Diabetes Prevention Program (DPP), which is a year-long intervention where people with prediabetes meet weekly for 16 weeks, then monthly thereafter. The DPP is an intensive lifestyle behavior change intervention program that has been proven to prevent diabetes in large-scale national studies. Scripps program is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention. The program is considered a Medicare

benefit for prediabetic patients, and a doctor's referral is not required. Orientation sessions are held in Spanish and English throughout the county.

The Diabetes Prevention Program (DPP) has been thoroughly evaluated in NIH sponsored randomized controlled trials and has been found to decrease the number of new cases of diabetes among those with prediabetes by 58%. Among people over age 60, there was a 71% reduction in new cases.

The structured research-based program is effective and provides the support needed to make healthy habits that will last for life. Sessions focus on topics such as diet and exercise, managing stress and overcoming barriers. Each participant is also paired with a lifestyle coach who helps them set and meet their goals. Participants must have prediabetes and be overweight to enroll.

In Fiscal Year 2022, 164 patients attended Scripps DPP orientation sessions. Much of the effort is focused on the South Bay for the Latino population, which is at higher risk of acquiring diabetes than their white counterparts.

HEALTH RELATED BEHAVIORS

The County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. 57 of California's 58 counties (excluding Alpine County for 2022) are ranked from 1 (healthiest) to 57 (least healthy) based on several indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Riverside County ranks 22, in the second quartile of California counties for health behaviors. San Diego County ranks 9th, placing it in the top 20% of California's counties.³⁹

Health related behavior is one of the most crucial elements in people's health and well-being. Its importance has grown as sanitation has improved and medicine has advanced. Diseases that were once incurable can now be prevented or successfully treated. Health related behaviors, such as immunization, smoking cessation, improved nutrition, increased physical activity, oral health, and injury prevention, have become important components of long-term life.

The risk factors for many chronic diseases are well known. An unhealthy diet, physical inactivity and substance use have been cited by the World Health Organization as important health behaviors that contribute to illnesses such as cardiovascular disease, cancer, chronic respiratory disease, diabetes, and others including mental disorders and oral diseases.

- The HASD&IC and Scripps 2022 CHNA identified seven top community needs in San Diego County. These community needs are access to health care, aging care and support, behavioral health, children and youth wellbeing, chronic health conditions, community safety and economic stability.
- Key informant interviews conducted as part of the HASD&IC 2022 CHNA suggested several health improvement strategies to address the health issues identified for San Diego County. These strategies include behavioral health prevention and stigma reduction; education on disease management and food insecurity; integrating physical and mental health care; better coordination of care; greater cultural competence and diversity; and engagement of patient navigators and case managers in the community.
- Some community members experienced elevated levels of inactivity and isolation due to stay at home orders associated with the pandemic, which may have had lasting impacts on children's social and physical health. A study of over 430,000 children ages 2 to 19 years found that body mass index increased two-fold during the COVID-19 pandemic when compared to a pre-pandemic period.
- In California, the self-reported obesity rate in 2020 was 30.3%. Prevalence of obesity decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates (Centers for Disease Control and Prevention (CDC), 2021).

³⁹ Source: County Health Rankings, 2022 <https://www.countyhealthrankings.org>

- According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes, and some types of cancer (CDC, 2022).
- The HHS's Live Well San Diego (LWSD) 3–4–50 initiative identified three behaviors (poor diet, physical inactivity, and tobacco use) that contribute to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes, and pulmonary diseases), which result in more than 50 percent of deaths worldwide.
- According to the NIH National Library of Medicine (NNLM), 9 out of 10 U.S. adults struggle with health literacy, which involves the information and services that people need to make well-informed health decisions. Limited health literacy is associated with poor health outcomes, including hospital stays and ED visits; medication errors; difficulty managing chronic diseases; and skipping preventive services, such as flu vaccines (NNLM, 2021).

Understanding that personal behaviors play a significant role in an individual's overall health status, Scripps has developed a series of prevention and wellness programs that help people take charge of their own, and their families, health. During Fiscal Year 2022, Scripps sponsored several health behavior modification programs.

COMMUNITY BASED HEALTH IMPROVEMENT ACTIVITIES

Community members participated in a variety of classes, prevention lectures and support groups. Approximately 1,000 attended these programs held at the Chula Vista Well Being Center. Many in-person activities have not been able to reconvene due to the large group restrictions and/or being a vulnerable population due to age and/or health condition. A few groups have been able to transition to a conference call or virtual platform to continue meeting.

HELPING PATIENTS NAVIGATE POST DISCHARGE SERVICES AND SUPPORT

A partnership between Scripps Mercy Hospital Chula Vista and Scripps Well Being Center has led to the creation of a post discharge follow up process for patients at risk for readmission. These services are offered to patients and their family to decrease the risks of readmission, keep patients on a healthy pathway and to increase patient continuity. The goal of patients participating in this service post-discharge is to reduce hospital and emergency department 30-day and 90-day readmissions. Services and assistance are provided for 30+ days post discharge and up to one year for any social work or nurse case manager referral and/or patients with the following conditions: Acute Myocardial Infarction (AMI), Chronic Obstructive Pulmonary Disease (COPD), Chronic Heart Failure (CHF), Pneumonia, Coronary Artery Bypass Grafting (CABG), Total Knee or Hip Replacement, and COVID-19. Community patient post discharge services include home visits, assistance with follow up physician visits, phone calls, providing community and social service resources, and application assistance (medical insurance, SDI, housing, SNAP, Mama's Kitchen), and a referral and/or appointment to a local community clinic or the Scripps Advanced Care Clinic.

The Well Being Center staff and Scripps Mercy Hospital Chula Vista social workers collaborate to provide ongoing follow-up services to identified social work patients for the two Mercy campuses. These patients require more support and resources (housing/homelessness, senior issues, drug/alcohol and mental health, and cancer) as these are elevated risk and require more assistance.

Helping Patients Navigate Post Discharge Services and Support Fiscal Year 2022 Metrics: During the Fiscal Year 2022, 796 patients were referred to the Scripps Mercy Hospital Chula Vista Well-Being Center. More than 80% of the patients referred were reached by staff and provided follow-up services. Data was reviewed and extracted for readmission data from Epic for 1,131 Medicare patients who were referred to the Scripps Mercy Hospital Chula Vista Well-Being Center since January 2020. The data demonstrated that patients followed by the Scripps Mercy Hospital Chula Vista Well-Being Center had a higher success rate of no readmission within 30 days post initial hospital discharge. Follow-up services provided for acute myocardial infarction had a 36% success rate, heart failure had a 15% success rate, chronic obstructive pulmonary disease had a 36% success rate, and pneumonia had a 27% success rate compared to patients not followed.

Helping Patients Navigate Post Discharge Services and Support			
Fiscal Year 2022 Metrics:			
	Patients Reached Success Rate (With no readmission within 30 days)	Patients Not Reached Success Rate (With no readmission within 30 days)	WBC phone calls can boost Success Rate (With no readmission within 30 days) by
AMI	85%	63%	36%
CABG	87%	N/A	N/A
CHF	81%	70%	15%
COPD	85%	63%	36%
Pneumonia	88%	69%	27%

The following are post discharge services offered by the Scripps Mercy Hospital Well Being Center.

- [STROKE TRANSITIONAL CARE PROGRAM](#) - Outreach and follow up calls to patients diagnosed with a Hemorrhagic Stroke, Ischemic Stroke, or Transient Ischemic attack. The key role is to help reduce additional hospital readmissions for these patients by assisting in navigating the health care system, reduce any barriers to care that may prevent the patient from accessing care post hospital discharge, and provide community resources/referrals to assist in the patient's wellness.
- [MEDICARE READMISSION PREVENTION/TRANSITIONAL CARE PROGRAM](#) - Outreach and follow up calls to patients diagnosed with Acute Myocardial Infarction, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Coronary Artery Bypass Grafting, Pneumonia, or

Total Knee Arthroplasty/Total Hip Arthroplasty. Our key role is to help reduce additional hospital readmissions for these patients by assisting in navigating the health care system, reduce any barriers to care that may prevent the patient from accessing care post hospital discharge, and provide community resources/referrals to assist in the patient's wellness.

- [COMPLEX HOSPITAL PATIENT REFERRALS](#) - Outreach, follow up calls, and home visits to patients referred by hospital social workers, transitional case managers, and providers. These patients are referred to the Well-Being Center for specific reasons. Staff complete a biopsychosocial assessment and assess the patient's needs/barriers, provide social/emotional support, reduce any barriers to care that may prevent the patient from accessing care post hospital discharge (i.e., transportation, medication assistance, etc.), and community resources/referrals to assist in the patient's wellness (i.e., CalFresh, medical, housing, addressing food insecurities, SSI, etc.)
- [HELPING PATIENTS WITH FOOD INSECURITY TO HEAL](#) - Outreach to patients with qualifying health conditions and who have Medi-Cal. The staff explains the Mama's Kitchen meal delivery program to the patient, screen if they qualify, and if patient is interested, submit a referral on behalf of the patient to Mama's Kitchen.

[PROMOTORAS IN ACTION PREVENTION, EDUCATION AND WELLNESS](#)

This program consists of conducting monthly Spanish presentations by Promotoras on community-based health topics and social issues. These community education topics are developed by the Scripps Mercy Hospital Chula Vista Well Being Center and often presented by the Scripps Family Medicine Residency team and others who rotate throughout the year. Presentations are done in Spanish and a total of eight presentations were held with more than 100 participants.

[SCRIPPS LIVE WELL SAN DIEGO PARTNERSHIP](#)

Scripps Health joined Live Well San Diego as a recognized partner on December 13, 2016. Live Well San Diego is a vision for a region that is Building Better Health, Living Safely and Thriving. It aligns the efforts of individuals, organizations, and government to help all 3.3 million San Diego County residents live well. The Live Well San Diego 5K and fitness challenger was held on September 18, 2022. In addition, the Live Well on Wheels (Wow) bus provides San Diego County residents access to a variety of health and community services—on the go! Residents can apply for CalFresh, CalWORKS or Medi-Cal, get a health screening and learn about resources.

[EXERCISE PROGRAMS AT SCRIPPS SHILEY PAVILION](#)

Scripps provides virtual community exercise classes to help motivate and improve the overall well-being of our community. Classes are designed to enhance the physical well-being of the participants from the comfort of their home while keeping the sense of community by exercising together within its virtual platform.

MATERNAL CHILD HEALTH & HIGH-RISK PREGNANCY

Mothers, infants, and children make up a large segment of the U.S. population and their well-being is a health predictor for the next generation. There is tremendous focus on maternal illness and death, and infant health and survival, including infant mortality rates, perinatal and other infant deaths. According to a New York Times article, “Huge Racial Disparities Found in Deaths Linked to Pregnancy,” May 2019, African American, Native American, and Alaska Native women are about three times more likely to die from causes related to pregnancy, compared to white women in the United States. Maternal and infant health issues include:

- Alcohol, tobacco, and illegal substances during pregnancy, which are major risk factors for low birth weight and other poor outcomes.
- Exceptionally low birth weight associated with preterm birth, spontaneous abortion, low pre-pregnancy weight and smoking.
- Infant death rates are highest among infants born to young teenagers and mothers 44 years and older.

Being pregnant, or trying to become pregnant, is only a small portion of a woman’s life. Unintended pregnancy, either mistimed or unwanted at the time of conception, accounts for an estimated 49 percent of pregnancies in the U.S. These pregnancies are associated with increased morbidity, as well as behaviors linked to adverse health. Women who can plan the number and timing of their children experience improved health, fewer unplanned pregnancies and births, and lower abortion rates.

HIGH RISK PREGNANCY

High Risk Pregnancy can be the result of a medical condition present before pregnancy or a medical condition that develops during pregnancy for either mom or baby and causes the pregnancy to become elevated risk. A high-risk pregnancy can pose problems before, during or after delivery and might require special monitoring throughout the pregnancy.

Risk factors:

- Advanced maternal age: increased risk for mother’s 35 years and older.
- Lifestyle choices: smoking, alcohol consumption, use of illegal drugs.
- Medical history: prior high-risk pregnancies or deliveries, fetal genetic conditions, family history of genetic conditions.
- Underlying conditions: diabetes, high blood pressure and epilepsy.
- Multiple pregnancy.
- Obesity during pregnancy.

A summary of the magnitude and prevalence of Maternal and Child Health & High-Risk Pregnancies are described below for San Diego County:

- In 2020, 32,891 live births received early prenatal care in San Diego County, which translates to 88.2% of all live births in the region.⁴⁰
- In 2020, 119 infants in San Diego County died before their first birthday. The infant mortality rate was 3.2 infant deaths per 1,000 live births.⁴¹
- There were 3,180 preterm births in San Diego County in 2020, representing 8.6% of all births countywide.⁴²
- Live Well San Diego's (LWSD) Report Card on Children and Families, 2019 identified the following barriers to use of prenatal care: financial barriers, such as lack of health insurance; context of care, such as biased treatment from providers or low cultural competence; and access issues, such as transportation, difficulty obtaining an appointment or inconvenient hours (LWSD, 2020).
- According to the Centers for Disease Control and Prevention (CDC), health-related factors known to cause adverse pregnancy outcomes include tobacco or substance use, infectious diseases, diabetes, high blood pressure, certain medications, depression, unsafe environmental or workplace conditions, radiation, and weight gain during pregnancy (CDC, 2021).
- Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco use, substance use, stress, prior preterm births, carrying more than one baby, and infection (CDC, 2021).
- According to March of Dimes data, the rate of preterm births in the state of California was 8.8% in 2020 — lower than the national average. However, racial disparities have worsened in California, where the rate of preterm birth among Black women is 44% higher than the rate among all other women (March of Dimes, 2021).

Scripps Health continued to enhance prenatal education for low-income women in San Diego County in Fiscal Year 2022. The following are some examples:

PERINATOLOGY SERVICES - SCRIPPS PARTNERSHIP WITH SAN YSIDRO HEALTH

Perinatology (also referred to as maternal-fetal medicine) is a medical specialty within OB-GYN that focuses on the care of women and babies who have an elevated risk of complications in pregnancy. High-risk pregnancies often result from conditions present before or during pregnancy. Some of the factors that can contribute to a high-risk pregnancy are high blood pressure, heart disease, diabetes, infectious disease, previous pregnancy complications and maternal age of younger than 17 or older than 35.

⁴⁰ County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit (2020), Maternal, Child, and Family Health Services Statistics 2011-2020.

⁴¹ Infant mortality refers to the number of deaths of infants under one year of age per 1,000 live births

⁴² Preterm birth refers to births prior to 37 completed weeks of gestation.

Scripps has developed a strong perinatology program for our patients, and we are proud to expand access to this care to patients of San Ysidro Health who are experiencing [high-risk pregnancies](#). Scripps perinatology is partnering with San Ysidro Medical Center to provide onsite comprehensive perinatology services to the Chula Vista community. This new affiliation with San Ysidro shows our dedication to improve access to the community. New and existing patients can access perinatology services through a referral by their San Ysidro Health obstetrician and gynecologist. Services include detailed fetal imaging with ultrasound exams and consultative services. Eligible patients can receive ultrasound exams and consultations at San Ysidro Health's Maternal and Child Health Center. Patients whose ultrasound exams reveal abnormalities will receive consultative services from a maternal-fetal medicine physician. An individualized care plan is developed based on each patient's unique medical needs.

[MY BRAIN AND MY BABY](#)

A national [study](#) of women aged 18 to 44 showed that complicated pregnancies are growing more prevalent in the United States—they rose by 16.4% from 2014 to 2018. The same study, which looked at 1.8 million pregnancies, revealed that childbirth complications increased by about 14% from 2014 to 2018. The study also found a significant increase in chronic health conditions in women before becoming pregnant issues such as high blood pressure and obesity have become much more common, which can make pregnancy a challenge to manage. Also on the rise are conditions that begin during pregnancy such as hypertensive-related crises, which are better known as pre-eclampsia, and gestational diabetes. These conditions increased by 19% and 16%, respectively. In addition, 15% to 20% of women struggle with postpartum depression and women going through complicated pregnancies increases their risk for depression and anxiety.

Scripps Health makes referrals to Miracle Babies for a program called My Brain and My Baby. Maternal Mental Health (MMH) Program, My Brain and My Baby, is designed to provide acute therapy, support, and resources to mothers with a high-risk pregnancy and/or experiencing Maternal Mental Health (MMH) services will be provided at no cost to the patient. MMH disorders are characterized by a prolonged period of emotional disturbance during pregnancy and the first year after childbirth. Depression is the most common, followed by anxiety, bipolar disorder, and postpartum psychosis. The program will expand access to therapists for mothers experiencing elevated risk pregnancies within 72 hours of a mental health diagnosis. The program will offer individual and group therapy sessions through telemedicine health, and the program will link mothers to long-term care providers. MMH conditions are the number one complication of pregnancy and childbirth and are 100% preventable and curable if treated. My Brain and My Baby is improving developmental outcomes for all babies by shifting the mother's mental health to a basic need. For more information, [My Brain and My Baby | Miracle Babies](#).

MATERNAL CHILD HEALTH NURSING STUDENTS

Scripps Perinatal Education program supports local nursing students with the opportunity to observe prenatal educational classes virtually. This critical aspect of nursing education allows the hours and information to meet their clinical rotation requirements in maternal child health.

MATERNAL CHILD HEALTH COMMUNITY BENEFIT SERVICES

- Offered more than 120 maternal child health classes such as Getting Ready for the Baby and Grand Parenting Today throughout San Diego County to enhance parenting skills. Low-income women in San Diego who were eligible attended classes at no charge or on a sliding fee schedule. Due to COVID-19 these classes were held virtually.
- Maintained existing prenatal education services in all regions of the county, ensuring that programs continued to demonstrate a satisfaction rating above 90 percent.
- Provided and supported a weekly breastfeeding support group. During COVID-19 groups met virtually.
- Offered 24 classes in pelvic floor and postpartum changes for new mothers throughout the community. These classes were held virtually due to COVID-19.
- The Scripps Chula Vista Wellness Center offered a variety of programs such as Parenting Education Series: Foster & Kinship Care Program at Grossmont College, Newborn First Time Mom, and Home Visiting groups.
- Scripps Encinitas continues its “Baby Friendly” designation by the World Health Organization and UNCEF, the first awarded in San Diego and sole awardee in the Scripps system.

IMPROVING HEALTH EDUCATION AND AWARENESS FOR PARENTS

Parenting classes are offered by Scripps Mercy Hospital Chula Vista Well-Being Center for foster, adoptive and kinship parents for parents with children of all ages. A wide variety of topics are covered including issues related to health, learning/development, family/safety, advocacy as well as parenting tips. Sessions are offered to the Foster, Adoptive and Kinship Care Education Program at Grossmont College. Sessions are facilitated by Scripps Family Medicine Residents and offered in English and Spanish. These sessions are being held virtually.

CENTERING PREGNANCY- SCRIPPS FAMILY MEDICINE RESIDENCY

Raising healthy families and caring for the next generation of San Diegans before they are born help create a healthier community for years to come. The Scripps Family Medicine Program at Scripps Mercy Hospital Chula Vista is providing access, education, and clinical services to 400 pregnant women in south San Diego County. The goal of the program, “Improving Perinatal Care for Underserved Latina Women—Healthy Women, Healthy Babies,” is to provide access to perinatal care for underserved Latina women to improve birth outcomes. The program applies the principles of the Center Health Care Institute and focuses on changing the way patients experience their care through assessment, education, and group support. Centering Pregnancy is the institute’s model devoted specifically to improving maternal and child health and has been shown to result in

increased prenatal visits, greater levels of breastfeeding and stronger relationships between mothers and their healthcare providers before, during and after pregnancy. Women who gave birth reported an enhanced prenatal experience, gained less weight throughout their pregnancy, and showed improved healthcare knowledge. Services include home visits, referrals, data entry, follow up phone calls, and other support services. Home visiting is offered together with Family Medicine Residency and parenting education. Since COVID-19, this program has been offered via telemedicine.

[SCRIPPS MERCY'S SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN \(WIC\)](#)

The Special Supplement Nutrition Program for Women, Infants and Children (WIC) was established as a permanent program in 1974 to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. Scripps Mercy Hospital is one of five regional organizations that administer the state funded WIC program. The program serves six locations conveniently situated near community clinics and/or hospitals in the central San Diego area. WIC targets low income pregnant and postpartum women, infants, and children (ages 0 to 5 years). Scripps Mercy WIC serves on average 6,200 women and children annually, 44 percent in the City Heights community.

In City Heights clients are 91 percent Hispanic and include pregnant and postpartum women (24%), infants (20%) and children (56%). In Fiscal Year 2022, the program provided nutrition services, counseling, and food vouchers for 72,926 women and children in South and Central San Diego.

The Scripps Mercy WIC program plays a key role in maternity care by reaching low-income women to promote prenatal care, good nutrition and breastfeeding during pregnancy and offer lactation support (one on one and group), as well as breast pumps, pads, and other supplies during the postpartum period.

OBESITY, WEIGHT STATUS, NUTRITION, ACTIVITY & FITNESS

Obesity is an important health need due to its high prevalence in the U.S. and San Diego. Although it is not a leading cause of death, it is a significant contributor to the development of other chronic conditions. Obesity increases the risk, and is recognized as the underlying or mediating cause, of several other non-communicable diseases (NCDs) such as diabetes, cardiovascular disease, liver disease and certain cancers. It also increases the risk of harmful psychological, emotional, and social outcomes. Individuals with obesity, particularly those who are genetically predisposed to Type 2 diabetes and metabolic syndrome, are at elevated risk for many infections. The roots of obesity are quite complex and can be genetic, physiological, psychological, sociocultural, commercial, economic, or environmental.

A summary of the magnitude and prevalence of Obesity, Weight Status, Nutrition and Activity & Fitness is described below:

- The HASD&IC and Scripps 2022 CHNA continued to identify obesity as a health issue affecting members of the communities served by Scripps.
- Some community members experienced elevated levels of inactivity and isolation due to stay at home orders associated with the pandemic, which may have had lasting impacts on children's social and physical health. A study over 430,000 children ages 2 to 19 years found that body mass index increased two-fold during the COVID-19 pandemic when compared to a pre-pandemic period.⁴³
- 205.5 million children ages 5-19 will be affected by obesity by 2025.⁴⁴
- The total cost of high BMI to health services globally is US \$990 billion per year, over 13% of all healthcare expenditures.⁴⁵
- In California, the self-reported obesity rate in 2020 was 30.3%. Prevalence of obesity decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates (Centers for Disease Control and Prevention (CDC), 2021).

Obesity is a chronic relapsing disease defined by the World Health Organization (WHO) as "abnormal or excessive fat accumulation that presents a risk to health. It can manifest as increased body mass index (BMI), waist circumference an/or fat tissue percentages. Overweight and obesity ranges are determined using weight and height to calculate a number known as "body mass index" (BMI).

For adults:

- BMI between 25 and 29.9 is considered overweight.
- BMI of 30 or higher is considered obese.

For children and adolescents (ages 2-19):

- BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex is considered overweight
- BMI at or above the 95th percentile for children of the same age and sex is considered obese.

⁴³ Lange SJ, Kompaniyets L, Freedman DS, et al. Longitudinal Trends in Body Mass Index Before and During the COVID-19 Pandemic Among Persons Aged 2–19 Years — United States, 2018–2020. *MMWR Morb Mortal Wkly Rep* 2021; 70:1278–1283. DOI: <http://dx.doi.org/10.15585/mmwr.mm7037a3>

⁴⁴ Ibid

⁴⁵ Ibid

- According to the Centers for Disease Control and Prevention (CDC), some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes, and some types of cancer (CDC, 2022).
- According to the Centers for Disease Control and Prevention (CDC), the estimated annual medical cost of obesity in the United States was \$173 billion in 2019 dollars. Medical costs for adults who had obesity were \$1,861 higher than medical costs for people with healthy weight (CDC, 2022).
- According to the Centers for Disease Control and Prevention (CDC), Non-Hispanic Black adults (49.9%) had the highest age-adjusted prevalence of obesity, followed by Hispanic adults (45.6%), non-Hispanic White adults (41.4%) and non-Hispanic Asian adults (16.1%) (CDC, 2022).
- The obesity prevalence was 39.8% among adults aged 20 to 39 years, 44.3% among adults aged 40 to 59 years, and 41.5% among adults aged 60 and older (CDC, 2022).
- According to the article Social and Environmental Factors Influencing Obesity, obesity prevalence is significantly associated with sex, racial or ethnic identity, and socioeconomic status. Higher odds of obesity are attributed to multiple factors, including environments experiencing deprivation, disorder, or high crime; proliferation of high calorie, energy dense food options that are perceived as more affordable; and reductions in occupational and transportation-related physical activity (Lee, Cardel & Donahoo, 2019).
- Obesity is categorized as a secondary diagnosis in hospital discharge data. When examining inpatient hospital discharge data with obesity as a secondary diagnosis, it was found that the most common primary diagnosis of those patients was nonspecific chest pain in ages 25–64, abnormal pain for those ages 15–24, and those over 65 years their primary diagnosis was osteoarthritis, septicemia followed by congestive heart failure.
- Research has shown that as weight increases to reach the levels of “overweight” and “obesity” the risk for the following conditions also increases:
 - Coronary heart disease
 - Type 2 diabetes
 - Cancers (endometrial, breast and colon)
 - Hypertension (high blood pressure)
 - Stroke
 - Liver and gallbladder disease
 - Sleep apnea and respiratory problems
 - Osteoarthritis

Obesity is addressed through general nutrition and exercise education and resources provided at Scripps as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes, and other health issues influenced by healthy weight and exercise. During Fiscal Year 2022, Scripps engaged in the following obesity prevention and treatment activities:

SAN DIEGO CHILDHOOD OBESITY INITIATIVE

The San Diego County Childhood Obesity Initiative (COI) was established in 2006 and is a private public partnership with the mission of reducing and preventing childhood obesity through policy, systems, and environment change. The COI is facilitated by UC San Diego Center for Community Health and funded by the County of San Diego Health and Human Services Agency (HHSA). The initiative has a health domain which engages healthcare stakeholders to support and advocate for healthy systems, policies, and environmental changes.

DIABETES PREVENTION PROGRAM (DPP)

A large clinical trial concluded that people with prediabetes could reduce their likelihood of developing diabetes by 58–70 percent if they lost just 5–7 percent of their body weight. The Diabetes Prevention Program is a scientifically validated lifestyle intervention-based model. The Centers for Disease Control (CDC) and the National Institutes of Health (NIH) promote widespread adoption of the DPP due to its demonstrated effectiveness. Scripps was recognized by the Centers for Disease Control as a national DPP provider and rolled out the program to patients and community members in 2016.

Scripps aims to decrease the incidence of Type 2 diabetes by managing a major diabetes risk factor, obesity in the underserved, ethnically diverse populations by testing the effectiveness of lifestyle curriculum. The program uses trained lifestyle coaches and a standardized curriculum; participants meet in groups with a coach for 16 weekly sessions and six to eight bimonthly follow-up sessions.

Participants must have prediabetes and be overweight to enroll. No physician referral is required, although many physicians do refer their patients to this valuable resource. Orientation sessions are held in Spanish and English throughout the county.

After a brief pause at the start of the pandemic, Scripps launched a virtual version of its Diabetes Prevention Program in which small cohorts meet online once a week for the first four months, then twice a month. The structured research-based program is effective and provides the support needed to make healthy habits that will last for life. Sessions focus on topics such as diet and exercise, managing stress and overcoming barriers. Each participant is also paired with a lifestyle coach who helps them set and meet their goals.

In Fiscal Year 2022, 164 people attended orientation sessions. Much of the effort is focused on the South Bay for the Latino population, which is at higher risk of acquiring diabetes than their white counterparts.

GREATER LA JOLLA MEALS ON WHEELS

Greater La Jolla Meals on Wheels is a non-profit senior service organization. It provides nutritious meals to seniors, the homebound and the disabled residing in the communities of La Jolla and University City. Scripps La Jolla Hospital provides office space to the La Jolla chapter of Meals on Wheels. This allows Meals on Wheels to conduct business and interact with volunteers from a central, established location.

UNINTENTIONAL INJURY, VIOLENCE AND COMMUNITY SAFETY

According to Healthy People 2030, “unintentional injuries and violence-related injuries can be caused by a number of events, such as motor vehicle crashes and physical assault can occur virtually anywhere.” Community Safety was identified as a priority health need in the community engagement process of the 2022 CHNA. Exposure to violence and neighborhood safety were cited as priority health needs for San Diegans. Neighborhood safety was discussed as influencing residents’ ability to maintain good health, while exposure to violence was described as traumatic and impactful on mental health.

In 2020, accidents (unintentional injuries) were the sixth leading cause of death for San Diego County overall.⁴⁶ The deaths associated with unintentional injuries are significant; yet represent only a small part of a much larger public health problem. Hospitalization data is a better measure of the injury problem than the death data alone. Unintentional injuries, motor vehicle accidents, falls, pedestrian related, firearms, fire/burns, drowning, explosion, poisoning (including drugs and alcohol, gas, cleaners, and caustic substances) choking/suffocation, cut/pierce, exposure to electric current/radiation/fire/smoke, natural disasters, and injuries at work, are one of the leading causes of death for San Diego County residents of all ages, regardless of gender, race, or region.

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; the social environment, including individual social experiences.

A summary of the magnitude and prevalence of unintentional injury and violence is described below:

- The 2022 HASD&IC and Scripps CHNA identified community safety as one of the top priority health conditions among San Diego County hospitals. Some of the themes that emerged were COVID-19 stressors, specific populations facing higher risk of violence, safety concerns for people experiencing homelessness, human trafficking, and hospital workforce safety.
- Interviews conducted as part of the HASD&IC and Scripps 2022 CHNA emphasized a noticeable rise in the amount of community members concerned about being safe in their homes, communities, schools, and workplaces. In the spring and summer of 2020, the public's awareness of long-standing inequities in their communities was heightened by the social unrest that our country experienced. Those who were already vulnerable to violence or

⁴⁶ The County of San Diego HHS's Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics. Data is based on “underlying cause of death” reported on death certificates by ICD-10 codes. Causes are ranked based on total number of deaths in each of the National Center for Health Statistics (NCHS) “rankable” categories. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, January 2022.

coercion prior to the pandemic were also experiencing new or worsened safety risks in their homes or workplaces because of the pandemic.

- The HASD&IC online community survey identified 29% of respondents as being unsafe from violence and coercion at home, work/school and in their neighborhood as a top concern.
- The 2022 HASD&IC and Scripps CHNA identified a frequent theme in conversations with the community which was the safety concerns of people experiencing homelessness. Community members who are homeless are more likely to be involved in violent acts and sustain injuries because of assaults. According to a March 2021 Media Release from the County of San Diego District Attorney Office, data revealed that individuals experiencing homelessness have higher rates of victimization when compared to the general population.
- The 2022 HASD&IC and Scripps CHNA identified human trafficking as a top concern. Human trafficking is a public health issue that intersects with all social determinants of health, making anyone vulnerable to it. Some community members are at a higher risk of being a victim of labor and/or sex trafficking due to barriers related to age, socioeconomic status, ethnicity/race, sexual orientation, or gender identity. Misinformation, especially during the pandemic, has made identifying and assisting survivors and potential victims extremely difficult. Another challenge is sensationalism of images, assumptions, and stories shared in the media/publicly. While San Diego County is part of an international border, the most recent study from the University of San Diego found that 79.3% of people trafficked for sex are U.S. Citizens.⁴⁷
- The 2022 HASD&IC and Scripps CHNA identified hospital workplace safety as a concern. San Diego hospitals and health systems have a long-standing history of being hotspots for violent encounters in all types of settings including the emergency department, inpatient, and outpatient settings. However, workplace violence has worsened during the pandemic and was identified as an alarming concern. Since the onset of the pandemic, violence against hospital employees has markedly increased—and there is no sign it is receding. Studies indicate that 44% of nurses report experiencing physical violence and 68% report experiencing verbal abuse during the pandemic.
- In 2019, unintentional injury was the third leading cause of death across all age groups in the U.S., accounting for more than 173,000 deaths. Unintentional injury was the leading cause of death in the U.S. for people ages 1 to 44, the third leading cause of death for ages 45 to 64, and the seventh leading cause of death for those over the age of 65 (CDC WONDER Online Database, 2021).
- Unintentional injuries are one of the leading causes of death for San Diego County residents of all ages, regardless of gender, race, or region. Drugs, alcohol, vehicles, falls, guns, and suicide continue to be leading causes of deaths investigated by the San Diego County Medical Examiner’s Office. Under law, the County Medical Examiner’s Office investigates all

⁴⁷ E.g., Byon H, et al., Nurses’ experience with Type II workplace violence and underreporting during the COVID-19 pandemic. *Workplace Health Saf.* 2021 21650799211031233.

“unnatural” deaths that occur by accident, homicide, or suicide due to traumas or overdose, or undiagnosed or sudden unexpected natural causes. In cases where a person dies a natural death and is under a physician’s care, that physician will certify the death and the person does not then go to the Medical Examiner for further investigation.

- CDPH and Department of Health Care Access and Information injury data indicates that, in 2020, unintentional injuries caused more than 1,500 deaths, 130,000 million ED visits, and more than 27,500 hospitalizations in San Diego County (CDPH, 2020; SpeedTrack, Inc., 2020).
- Accidental overdose deaths caused by fentanyl have reached historic levels across the nation. Fentanyl is a synthetic opioid that is 50 to 100 times more potent than morphine. Pharmaceutical fentanyl was approved for treating severe pain, typically for people suffering from advanced cancer, according to the CDC. Fentanyl overdoses and deaths have skyrocketed in recent years as illegal drug markets mix it with heroin and cocaine without the user’s knowledge.
- The Centers for Disease Control and Prevention (CDC) estimate that over 80,000 overdose deaths caused by fentanyl occurred in 2021 alone. Data from the CDC shows that accidental deaths caused by fentanyl is the number one killer of people between the ages of 18 and 45, far exceeding the number of deaths caused by car accidents, COVID, heart disease, and gun violence within this age group.⁴⁸
- 21.6 million of Americans (7.4% of the populations) 12 and older have a Substance Use Disorder (SUD). Only 12.2% (2.6 million of the 21.6 million people aged 12 or older in 2019 received treatment at a specialty facility in the past year.⁴⁹
- The number of people dying in San Diego County from fentanyl has increased exponentially over the past several years. Preliminary data from the County of San Diego’s Medical Examiner Office indicate opioids were involved in 822 drug overdose deaths; among these 743 (90%) involved fentanyl. These numbers continue to increase as pending cases are closed. Notably from 2019 to 2021, the rate of accidental fentanyl overdose deaths increased by 415%. Preliminary numbers indicate accidental fentanyl overdose deaths in 2022 will exceed those from 2021.⁵⁰
- Effective July 1, 2022, the County of San Diego contracted with the Harm Reduction Coalition of San Diego to expand the County’s Naloxone Distribution Program and saturate the community with naloxone. The goal is to distribute 33,000 naloxone kits by June 30, 2023.

⁴⁸ <https://bosagenda.sandiegocounty.gov/cob/cosd/cob/doc?id=0901127e80ebb9bc>

⁴⁹ NSDUH 2019 Survey, SAMHSA October 2020.

⁵⁰ Ibid

The Status of Methamphetamine Use in San Diego County

The Methamphetamine Strike Force, known as the Strike Force, was established by the San Diego County Board of Supervisors in 1996. Today the Strike Force is a collaboration at federal, state, and local levels, with contributions from more than 70 participating agencies. The MSF Report Card provides data from 2021 on leading indicators of methamphetamine problems.

According to the [Methamphetamine Strike Force 2022 Report Card](#), a total of 756 San Diegans died with methamphetamine in their system.

The 2022 Methamphetamine Report Card highlights the following data points:

- 587 men and 169 women died with meth in their system.
- There were 16,714 emergency room visits due to Amphetamine in 2020 compared to 16,309 in 2019.
- 4,909 people were admitted to County-funded treatment programs due to meth use.
- 54% of adult arrestees tested positive for meth in 2021, compared to 56% the previous year.
- 3% of juvenile arrestees tested positive for meth in 2021, compared to 8% in 2020.
- Arrests for selling and possession of meth increased to 10,948 compared to 7,211 in 2020

San Diego Prescription Drug Abuse Task Force

The San Diego Prescription Drug Abuse Task Force (PDATF) is a countywide initiative comprised of key stakeholders, community members and local experts working together to decrease the harms associated with the misuse of prescription drugs in San Diego County. Misuse of prescription drugs in San Diego County continues to be a growing problem. Many prescriptions related to overdose deaths are unintentional.

[The 2022 Prescription Drug Report Card](#). The Report Card provides a range of available data on the scale of prescription drug misuse by looking at multiple factors and data points over the last five years in San Diego County. It also includes statistics on fentanyl. The 2002 report card shows that a record 814 people died from fentanyl in 2021, compared to the 462 the year before that. The prescription drug and opioid deaths reported in 2021 nearly doubled the 462 fatalities in 2020.

In addition to deaths, the Prescription Drug Report Card tracks additional key indicators of opioid misuse in the region. It also shows the following (most recent years for which numbers are available vary by statistic):

- 703 men and 209 women died from prescription drugs.
- 7,918 visits to local emergency rooms in 2020, compared to 7,723 in 2019.
- Eleven percent of 11th graders reported prescription drug use in 2021. The survey is done every two years.
- Fifty-two percent of adults arrested reported misusing prescription drugs in 2021.

Scripps Health continued to address unintentional injury, violence, and community safety. Below are some examples:

OPIOID STEWARDSHIP PROGRAM (OSP)

As stated in the behavioral health section, Scripps Health was named to the 2021 Opioid Care Honor Roll, which recognizes three tiers of performance: Superior Performance, Excellent Progress and Most Improved. All four of our hospitals—the Scripps Mercy Hospital campus, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital La Jolla, and Scripps Green Hospital—received superior performance recognition. Hospitals achieving superior performance have implemented advanced, innovative opioid stewardship strategies across multiple service lines, consistently achieving the highest level of performance. In addition, these hospitals are actively measuring and monitoring performance for continued quality improvement.

For patients being discharged from an emergency department visit or hospital stay, Scripps has created educational videos that it makes available for viewing and has also set opioid prescription quantity limits at discharge. In addition, some Scripps hospital emergency departments have implemented medication-assisted therapy, in which specially licensed ER physicians can administer medications as a bridge for patients with opioid use disorder until they can receive further care.

The Opioid Stewardship Program has spearheaded multiple projects at Scripps to educate patients and providers about the risks of opioids and the benefits of alternative multi-modal pain management options to reduce opioid use. The program established prescribing standards for opioids, reducing the number of opioid pills per prescription at Scripps hospitals and outpatient centers. Scripps has drug take-back kiosks at its on-site pharmacies, offering patients year-round access to dispose of unused, unneeded, or outdated medications. Additionally, Scripps provides a range of non-pharmaceutical pain management therapies, including music and pet therapy, ice and heat treatment, spiritual care and more.

CAR SEAT PROGRAM

Scripps Memorial Hospital La Jolla Emergency Department provides car seats to patients who have been in an automobile accident and their child's car seat has been rendered unsafe to use. The service provides ease of mind for the patient in their ability to transport their child home safely.

BICYCLE/E-BIKE SAFETY AND EDUCATION

Scripps Memorial Hospital Injury Prevention participated in a Carlsbad Unified School District Event which included the Carlsbad Police Department Traffic Division, Pedego Electric Bikes, and the San Diego County Bike Coalition. Participants learned about e-bike safety, rules of the road, and current traffic laws and trauma related accidents involving bicycles and e-bikes. One hundred and twenty-five people attended the event.

SHOP WITH A COP FUNDRAISER

Scripps Memorial Hospital La Jolla Injury Prevention had a booth at the annual Shop with a Cop and provided 40 helmets and fittings. Shop with a Cop is an annual event sponsored by local law enforcement agencies, SeaWorld, Target, and STAR/PAL that aims to provide children with a happier holiday season and encourage positive relationships with police. STAR/PAL's efforts are built around providing mentorship and removing obstacles for youth in historically underserved communities, and on promoting ethical policing and cooperation in the process. Every day, officers from the San Diego Police and County Probation Departments work side by side with civilian personnel and trained law enforcement volunteers to provide leadership and mentoring to promote youth safety, highlight opportunities, and encourage academic success,

<https://www.starpal.org/about-star-pal/>

SAN DIEGO COUNTY LIFEGUARD EDUCATION CONFERENCE

In Fiscal Year 2022 Scripps Memorial Hospital La Jolla Trauma department hosted a virtual San Diego County Lifeguard Education Conference. Scripps partnered with California State Parks to host and moderate the virtual webinar. More than 100 individuals logged in for the webinar. Information was shared on several topics critical for lifeguards, including downing resuscitation: Thoughts from a Trauma Surgeon – The Critical Role Lifeguards Play in Survival and Recovery, Buoyant or Sinking, Mental Status Check-in, The Effects of COVID-19 on Lifeguard Operations and Personnel, and De-Escalation. The virtual lifeguard education conference has now been viewed over 1,000 times. The trauma department plans to continue this partnership with the county lifeguards to provide education and help them further identify opportunities for community outreach and injury prevention.

SAN DIEGO HUMAN TRAFFICKING TASK FORCE AND PROJECT LIFE

Scripps has partnered with the San Diego Human Trafficking Task Force and Project Life to offer “soft rooms” at all Scripps hospital facilities except Scripps Green Hospital, which has no Emergency Department. These soft rooms are available to Project Life on a moment's notice to serve as a safe, confidential environment for law enforcement to interview victims of human trafficking and for service providers to connect with the victims with emergency shelter and community resources. The San Diego Human Trafficking Task Force receives 3,000 to 8,000 human trafficking victims every year in San Diego County. Approximately 80 percent are born in the United States.

LA MAESTRA COMMUNITY HEALTH CENTERS' VICTIM ASSISTANCE SERVICES DIVISION

The program provides emergency hotel stays and follow up telemedicine case management services for survivors of trafficking, domestic violence, and sexual assault. A Victim Assistance Coordinator contacts the survivor to arrange an emergency short-term hotel stay and transportation to the hotel. Planning and identification of a safe location for the hotel placement ensures safety. Staff follow up with the survivor in the following days to assist them in accessing safe shelter or other safe housing programs and additional support with resource referrals. Scripps Mercy Hospital

has a longstanding partnership with La Maestra Family Clinic and is referring and tracking patients as appropriate to La Maestra Emergency Hotel Stay for Victims of Violence Assistance Services.

SAVING LIVES THROUGH STOP THE BLEED CAMPAIGN

Whether from a bullet wound or other traumatic injury, severe blood loss can kill in just five minutes. However, one-fifth of trauma deaths—the leading cause of death for Americans under age 46—could be prevented by stanching the bleeding. That is why Scripps doctors support the national [Stop the Bleed](#) campaign and convey the important messages of the national Stop the Bleed campaign. The course is developed for a nonmedical audience to address the needs of the immediate responder to control life-threatening bleeding until help arrives.

The initiative is a national awareness campaign to teach the civilian population to provide vital initial responses to stop uncontrolled bleeding in emergency situations. This preparation is done by raising awareness and teaching people how to learn three quick actions to control serious bleeding.

Scripps provides a 90-minute course including a formal presentation and hands-on practice of direct pressure application, wound packing, and use of a tourniquet. One class was held in Fiscal Year 2022 with 28 people attending.

SOCIAL DETERMINANTS OF HEALTH

Per Appendix I, Community Health Needs Assessment (CHNA), social determinants of health (SDOH) were also identified. The results of the CHNA are used to inform and adapt hospital programs and strategies better to meet the health needs of San Diego County residents. Therefore, in response to the 2022 CHNA findings, Scripps Health creates an Implementation Strategy that highlights the programs, services and resources provided by the Scripps hospitals to address the identified top community needs in its community. To learn more about these programs at <https://www.scripps.org/about-us/scripps-in-the-community/addressing-community-needs>.

Approximately 80 percent of modifiable risks for diseases are attributable to non-medical (upstream) determinants of health, such as health behaviors, socioeconomic status, and environmental conditions. To prevent chronic conditions and promote health, greater emphasis is being placed on population health, which has been defined to focus on outcomes as well as on the broader factors that influence health at a population level, including medical care systems, the social environment, and the physical environment.⁵¹

The 2022 HASD&IC and Scripps CHNA identified **economic stability** as a top community need. The profound impact that economic stability has on a person's health and well-being was a universal concern and topic of discussion among all interviews and focus groups. Economic stability refers to the ability to meet essential financial needs sustainably, including those for food, shelter, clothing, hygiene, health care, and education.⁵² Some of the themes that were brought up through the community engagement in the CHNA were workforce challenges, housing instability, food insecurity and childcare costs. The online community survey identified the top five SDOH: access to affordable, quality housing (75%), access to health care (59%), being homeless (59%), not having enough money to pay bills (50%) and isolation (being alone, feeling alone) (41%).

When a person loses their job or has unstable income, and/or is living in poverty, they are likely to experience economic instability and are unable to afford essential necessities including food, utilities, housing, childcare, and health care. Alternatively, households or individuals with steady employment may still not earn enough (low-wage earnings) to meet their health needs.⁵³ Economic instability has a domino effect and often results in people experiencing multiple challenges at once — for instance housing instability, food insecurity, and a lack of reliable transportation. The high cost of living in San Diego County, coupled with the pressure of inflation has resulted in many people expressing difficulty affording and accessing services that meet their health and social needs. Economic instability places a burden on people by forcing them to make difficult decisions. For instance, does one spend money on rent or pay for that life-saving medication, or pay for

⁵¹ UCLA Center for Health Policy Research. "Emerging Models of Diabetes and Hypertension Prevention in Los Angeles", Ying, Meng, Susan H. Babey, Natalie Bradford and Tony Kuo. November 2017.

⁵² "What is Economic Security?" The International Committee of the Red Cross. 18 June 2015.

⁵³ <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>

groceries instead of the utility bill? Having to make these trade-offs can have a dire impact on our community's overall health and well-being.

See Appendix I for individual **health briefs** on select community needs which includes secondary data on the magnitude, disparities, and prevalence of housing conditions, experiencing homelessness and health. The health briefs are an additional resource to the 2022 Community Health Needs Assessment.

FOOD INSECURITY

Food Insecurity is the inability to afford enough food for an active, healthy life. The HASD&IC 2022 CHNA identified food insecurity and access to healthy food as being a persistent issue in our community. Food insecurity is linked to negative health outcomes including poor nutrition, health, and disease management. Food insecure children are more likely to have poor school performance, higher levels of behavioral and emotional problems (anxiety and depression), asthma and iron deficiency anemia and increased emergency department visits. conditions such as hypertension, diabetes, coronary heart disease, while older adults are likely to have limitations in activities of daily living, lower cognitive function, and congestive heart failure.

STATE OF HUNGER IN SAN DIEGO COUNTY

In October 2021, the San Diego Hunger Coalition released the State of Nutrition Security in San Diego County. Key findings include:

- Total nutrition insecure population: 1 in 3 people or 30% of the total population
- Nutrition insecure adults: 1 in 3 (this is up from an estimated 1 in 4 in 2019)
- Nutrition insecure children: 2 in 5
- Nutrition insecure seniors: 146,000 or 30% of the senior population

In 2019, 25% of the population in San Diego County was nutrition insecure. However, 44% of the Black population and 37% of the Indigenous population were nutrition insecure. 44% of Hispanic or Latinx people across nationalities were nutrition insecure.

Source: San Diego Hunger Coalition Issue Brief, October 2021⁵⁴

CAL-FRESH PROGRAM

The Cal-Fresh Program, federally known as the Supplemental Nutrition Assistance Program (SNAP) is the nation's largest nutrition assistance program and helps feed 40 million Americans each year. The federal government funds SNAP benefits and shares the cost with the states. SNAP recipients receive funds monthly, which are loaded onto an electronic benefit transfer card that they can use to purchase food from participating retailers. SNAP serves as a critical piece of the social safety net and has helped ensure that millions of Americans have food to eat during the pandemic. More than 1.35 million San Diegans are enrolled in safety-net programs such as Medi-Cal,

54

<https://static1.squarespace.com/static/55130907e4b018f9300f3e63/t/6180134f62b07a676fc57c96/1635783508705/The+State+of+Nutrition+Security+i+n+SD+County+2021.pdf>

CalFresh, CalWORKs. That is more than 1 out of 3 people in San Diego County. In San Diego County, the average monthly income of Cal Fresh recipients was \$997 while the average monthly income for Medi-Cal was \$1,082 in January 2022.

Accordingly, food assistance provided by the Supplemental Nutrition Assistance Program (SNAP)—known as Cal Fresh in California, significantly reduces the rate and severity of poverty throughout the state (California Budget & Policy Center, 2018). While SNAP and Women’s, Infants, Children (WIC) have been successful in assisting low-income children and their families with additional funding for purchasing healthy foods, there is evidence that suggests screening for Food Insecurity in healthcare settings is the best indicator for patients to access food-related assistance.

The County of San Diego and Human Services Agency and its partners work together to get the word out about Cal Fresh benefits during the month of May, which is designated as Cal Fresh Awareness Month. The program is designed to reduce food insecurity and increase food budgets to improve participant’s access to fresh and healthy food. The need for supplemental nutrition assistance has increased over the last couple of years, partly due to the rising cost of living in the region and the impact of the COVID-19 pandemic. Cal Fresh plays a critical role in filling that need, with 354,204 people in San Diego County currently receiving the benefit, up 6.8% from a year earlier. Maximum monthly amounts for qualifying households range from \$250 for a single person to \$835 for a household of four and up to \$1,1316 for a household of seven. San Diegans can apply for Cal Fresh online at [GetCalFresh.org](https://www.getcalfresh.org) and [MyBenefitsCalWIN.org](https://www.mybenefitscalwin.org). for more information on the [County’s Cal Fresh program](#).

The programs highlighted below are ways that Scripps Health is addressing food insecurity, screenings, transportation, and eligibility benefits.

SCRIPPS HEALTH CAL FRESH SCREENINGS

As health care delivery systems move towards a population health paradigm that incentivizes keeping patients healthy, hospitals and clinics recognize the significance of addressing social health determinants, such as Food Insecurity (FI). Hospitals have been more proactive in intervening at some level of care to aid the individuals suffering from FI and their ability to gain control over their health. As mentioned in Section 4 of this report, the Public Resource Specialist (PRS) Team screens all uninsured patients who have received services at any of the five Scripps hospital facilities. Scripps Health began screening for Cal Fresh in June 2017 through the support of the PRS team. The team has been successful in having an important conversation about food insecurity with patients and in Fiscal Year 2022, the PRS team successfully screened 5,080 food insecure patients. Out of those screenings, PRS submitted 3,854 Medi-Cal applications to the County, 674 Cal Fresh applications and 382 expedited Cal Fresh applications.

SCRIPPS MERCY WIC PROGRAM

The Special Supplement Nutrition Program for Women, Infants and Children (WIC) was established as a permanent program in 1974 to safeguard the health of low-income women, infants, and

children up to age 5 who are at nutritional risk. Scripps Mercy Hospital is one of five regional organizations that administer the state funded WIC program. The program serves six locations conveniently situated near community clinics and/or hospitals in the central San Diego area. WIC targets low income pregnant and postpartum women, infants, and children (ages 0 to 5 years). Scripps Mercy WIC serves on average 6,200 women and children annually, 44 percent in the City Heights community.

In City Heights clients are 91 percent Hispanic and include pregnant and postpartum women (24%), infants (20%) and children (56%). In Fiscal Year 2022, the program provided nutrition services, counseling, and food vouchers for 72,926 women and children in South and Central San Diego.

The Scripps Mercy WIC program plays a key role in maternity care by reaching low-income women to promote prenatal care, good nutrition and breastfeeding during pregnancy and offer lactation support (one on one and group), as well as breast pumps, pads, and other supplies during the postpartum period.

IDENTIFYING THE SOCIAL DETERMINANTS OF HEALTH FOR PATIENTS POST DISCHARGE

Scripps Mercy Hospital Chula Vista Well Being Center staff meet with patients at the bedside or follow up with patients through phone calls and home visits to determine the patient's needs. Patients are screened for barriers using a social determinants of health (SDOH) screening tool to help identify the patient's specific needs. Addressing SDOH is vital for improving health and reducing longstanding health disparities. Once the patient's needs and root causes of hospitalization are identified, staff assist the patient in scheduling follow up doctor's appointment(s) and accessing community resources/supportive services. Through collaboration with various agencies, staff can effectively link patients to transitional care and supportive services.

SCRIPPS EMPLOYEE FOOD SHARING PROGRAM

Scripps employees have come together several times during the COVID-19 pandemic to help hundreds of colleagues' families who have experienced food insecurity. Due to these mutual concerns, the Scripps Employee Food Sharing Program was established to help Scripps families experience food insecurity as the COVID-19 crisis continued. The first distribution in May 2020 was such a success that our teams wanted to do more. To date, Scripps has held five total drives. During the most recent drive, Scripps dispensed 6,500 pounds of groceries, 100 gallons of milk, 3,000 eggs, 100 pounds of butter, 100 loaves of bread, 100 pounds of sliced cheese, and hundreds of pounds of fresh produce to 98 colleagues and nearly 391.⁵⁵ families—all thanks to the generosity and spirit of our employees. Employees also contributed \$6,191.71 that helped pay for the nonperishable food items. Many departments worked collaboratively to make this initiative a success such as human resources, food and nutrition services, and security and facilities to name a

⁵⁵ The expenses associated with the food distribution program were not included as a community benefit expense as the food distribution events were not open to the community and were solely for Scripps employees.

few. The Scripps Leadership Academy alumni also volunteered to help package and distribute the food.

FULL ACCESS AND COORDINATED TRANSPORTATION (FACT) INC.

In 2019, Scripps entered a partnership with a local nonprofit— Facilitating Access to Coordinated Transportation (FACT) Inc., for on-demand rides for patients. Scripps staff relies on FACT to arrange for patients to get to appointments and for discharged patients to return home or get to other facilities. This collaborative service has quickly proved to be a reliable, convenient, and cost-effective solution to one of the difficult and expensive challenges in accessing medical care transportation.

The program streamlines various medical transportation options through a single point of contact at FACT. FACT provided rides for patients including those who need specialized vehicles or personal assistance to complete the trip. Scripps staff use a single telephone number to contact staff at FACT, who then handle the selection of the appropriate vehicle, equipment, and personnel, and dispatch the ride. The program provides savings in processing time, cost of transportation and it offers the rider a more reliable and convenient transportation service. The initial pilot project was partly funded by a Community Enhancement grant awarded to FACT by the County of San Diego.

Scripps realized a benefit using FACT transport as a cost savings; rather than using taxi vouchers, as well as trips that could take Scripps staff a great deal of time to find a vendor to do as other vendors may not be able to do trips to the border or Imperial County as readily. FACT is a clearinghouse of sorts with multiple vendors and therefore saves the staff time in finding the appropriate transport at the right time. Transportation is available 7 days a week for Scripps discharged patients to any location within San Diego and beyond. Most rides begin and end at the curbside, however door through door rides, wheelchair accessible rides and gurney rides are available on demand.

Scripps has been using the FACT transportation service at Scripps Mercy Hospital, Green Hospital and Radiation Therapy centers for those patients that do not have other means of transport. FACT has provided 2,003 rides through June 2022 for Scripps patients throughout San Diego and as far away as Imperial County.

The following are the different transportation modalities that FACT-SD provides:

- Ambulatory – the rider can walk alone to and from the vehicle
- Curb-to-Curb – the rider will be picked up and dropped off at the curb of the facility/residence
- Door-to-Door – the rider requires the driver to walk them from the door of the facility/residence to the vehicle and from the vehicle to the door of the facility/residence
- Door-through-Door – the rider requires the driver to come inside the facility and transport them to the vehicle, the driver will drop them off at the door of the facility or residence

- Accessible vehicles and Mobility Devices – Walker, Cane, Folding Wheelchair, Wheelchair, Scooter, and vehicles equipped with Ramp or Lift
- Gurney Transportation

SAN DIEGO POINT IN TIME COUNT (PITC)⁵⁶

As mentioned in the Aging Care and Support section the annual San Diego homeless count is spearheaded by the Regional Task Force on Homelessness and provides a one-day snapshot of people who are homeless or in short-term shelters. The results are used to apply for federal and state funding to help people experiencing homelessness and find solutions to how to best serve this vulnerable population.

In 2022, 1,100 people volunteered for the count. Volunteers gather in various locations throughout the region where they are separated into teams, and they walk or drive the streets, parks, beaches, and valleys looking for people who are experiencing homelessness. Overall, the 2022 Point-in-Time Count found no less than 8,427 individuals experiencing homelessness across San Diego County, a 10% increase from 2020. This number includes 4,106 unsheltered San Diegans with 4,321 individuals in shelters. Of those surveyed, 85% said they had fallen into homelessness while living in the San Diego region. There are bright spots in the data, including a 30% decrease in the veteran homeless population and a 7% decrease in the chronic homelessness population versus 2020. These results are uplifting because of the investment and resources the region has devoted to these subpopulations. Additionally, San Diego County saw an increase in transitional aged youth in shelter, ensuring easier access to permanent housing for that vulnerable population. Additional shelter options throughout the region also made a difference as well as a large housing effort in downtown San Diego housing 150 San Diegans the week leading up to the count. The Point-in-Time Count also brought into focus some concerning trends in the homeless population:

- 2022 saw an increase in families experiencing homelessness, up 56% from 2020.
- Black San Diegans, who make up less than 5% of the total population in San Diego County, made up 24% of the region's unsheltered homeless population.
- While 24% of San Diegans experiencing homelessness were over 55 in both 2020 and 2022, this year's count showed 47% of those seniors were experiencing homelessness for the first time, with 57% having a physical disability. The oldest person surveyed living on the street in San Diego County was 87.

The Hospital Association of San Diego and Imperial Counties engaged hospitals and health systems in a supportive effort of the 2022 We All Count (Homeless Point-in Time Count). Nineteen hospitals participated in the PITC held on 2/24/22 and 377 patients were identified as experiencing homelessness on that day.

⁵⁶ [2022 Point in Time Count Data Released - Regional Task Force on Homelessness \(rtfhsd.org\)](https://www.rtfhsd.org/2022-Point-in-Time-Count-Data-Released)

HOSPITAL DATA FOR PEOPLE EXPERIENCING HOMELESSNESS (PEH)

Hospitals in San Diego County are beginning to adopt the practice of indicating select social determinants of health in patient's medical records through defined codes (ICD-10 Z codes). This information is utilized to examine hospital and emergency department (ED) discharge data for persons experiencing homelessness in 2019.

The experience of being homeless is traumatic and stressful. When unhoused community members live in unsafe conditions, the trauma they endure can further exacerbate their mental health conditions. For both Emergency Department and Inpatient Discharges of patients experiencing homelessness, 5 of the top 10 primary diagnosis codes were related to behavioral health.

For more information on hospital discharge data for persons experiencing homelessness see the table below and link, [2019 Hospital Data for Persons Experiencing Homelessness | Tableau Public](#).

Top Discharges for Patients Experiencing Homelessness (2019) ⁵⁷ Primary Diagnosis, Emergency Department	Top Discharges for Patients Experiencing Homelessness (2019) ⁵⁸ Primary Diagnosis, Inpatient
1. Skin and subcutaneous tissue infections	1. Schizophrenia spectrum and other psychotic disorders
2. Alcohol related disorders	2. Septicemia
3. Schizophrenia spectrum and other psychotic disorders	3. Skin and subcutaneous
4. Superficial injury; contusion initial encounter	4. Depressive disorders
5. Musculoskeletal pain not low back pain	5. Alcohol-related disorders
6. Nonspecific chest pain	6. Bipolar and related disorders
7. Suicidal ideation/attempt/intentional self-harm	7. Heart failure
8. Abdominal pain and other digestive/abdomen signs and symptoms	8. Diabetes mellitus with complication
9. Depressive disorders	9. Poisoning by drugs initial encounter
10. Stimulant-related disorders	10. Fracture of the lower limb (except hip)

SCRIPPS EMPLOYEE SPONSORED HOLIDAY DRIVES

The holidays inspire many with the spirit of giving, and in a year like no other, generosity was in full force at Scripps throughout the holiday season. Each year Scripps staff put time and energy into various donation drives to help those in our community who need assistance. Scripps teams donated clothing, household necessities and more, including:

- Polinsky Children’s Center Promise2Kids Campaign (organization promotes foster care in children)—680 toy gifts
- South Bay Community Services—75 toys and gift cards

In addition, Scripps employees “adopted” several families in San Diego who were experiencing a tough year. Scripps Mercy Hospital held its annual Holiday Toy Drive in early December to benefit the pediatric patients of La Maestra Community Health Center in City Heights. La Maestra’s mission goes beyond providing quality health care to the communities it serves. The La Maestra Circle of Care begins with the health of the individual at its core and extends out into the “well-being of the individual,” which captures all non-medical needs. Daily, individuals come to La Maestra for one type of service and end up identifying several other services available to meet their greater, and unrecognized needs.

This year, Scripps Mercy Hospital San Diego staff and physicians donated numerous gifts for children of all ages. Along with the toys, donations of gift cards and cash were contributed to families in need. Over the years, Scripps Mercy Hospital and La Maestra have jointly approached

⁵⁷ California Department of Health Care Access and Information (HCAI) limited data sets, 2019 Speedtrack

⁵⁸ Ibid

many challenges that face underserved families in the urban San Diego region. As these families have experienced the hardships associated with the health and economic consequences of this historic pandemic, giving to the La Maestra families took on a sense of importance.

FOSTERING VOLUNTEERISM

Scripps believes health improvement begins when people take an active role in positively impacting their community. For this reason, Scripps supports volunteer programs for Scripps employees and affiliated physicians who want to make an even larger impact on their community. Scripps matches the talents and interests of employees and physicians with community needs, such as mentoring partnerships with local schools and providing free medical and surgical care for patients in need.

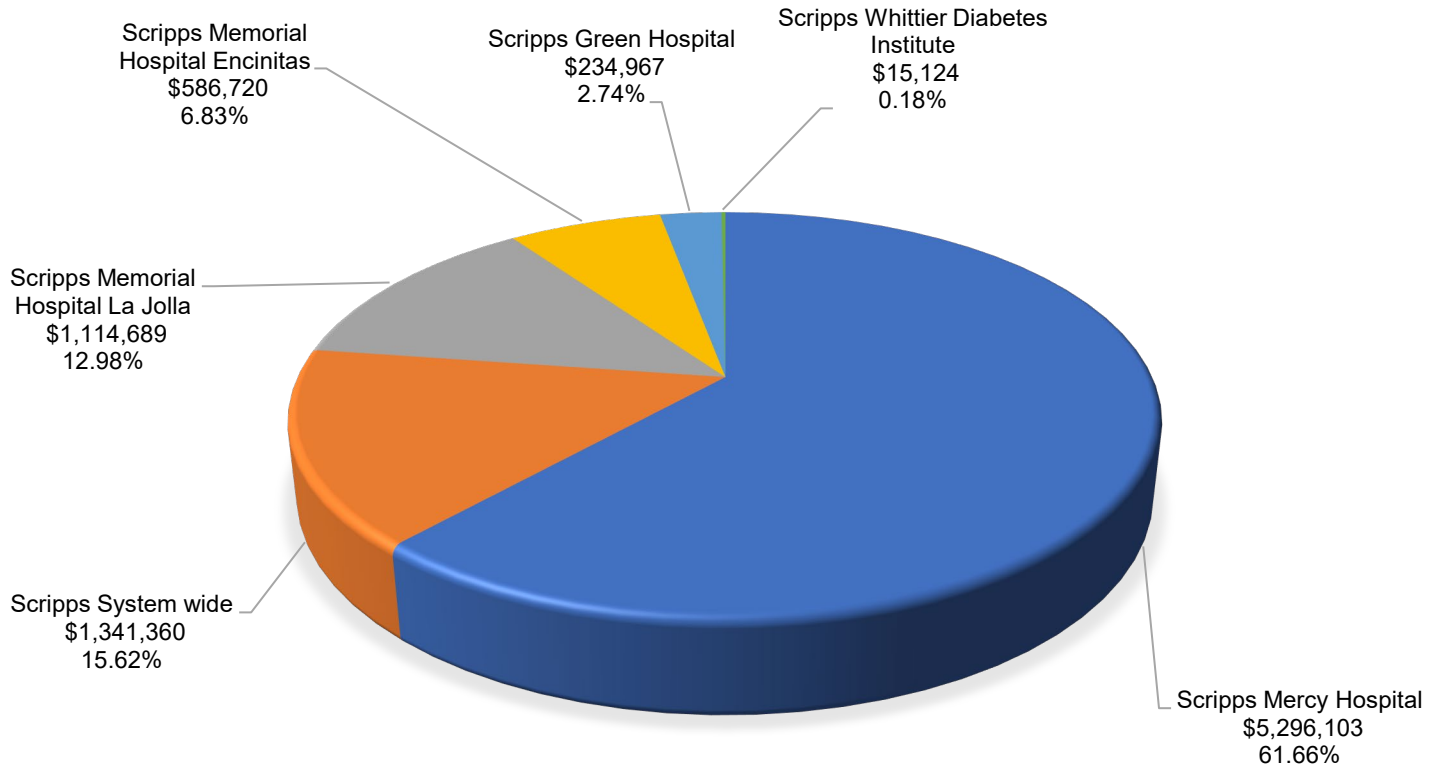
In addition to the financial community benefit contributions made during Fiscal Year 2022, Scripps employees and affiliated physicians donated a sizable portion of their personal time volunteering to support Scripps sponsored community benefit programs. With close to 10,917 hours, the estimated dollar value of this volunteer labor is \$634,348*, which is not included in the Scripps Fiscal Year 2022 community benefit programs and services totals.

*(*Calculation based upon an average hourly wage for the Scripps Health system plus benefits.)*

Figure 5.2

FISCAL YEAR 2022

SCRIPPS COMMUNITY HEALTH SERVICES BY OPERATING UNIT,
\$8,588,962 (DOES NOT INCLUDE SUBSIDIZED CARE)

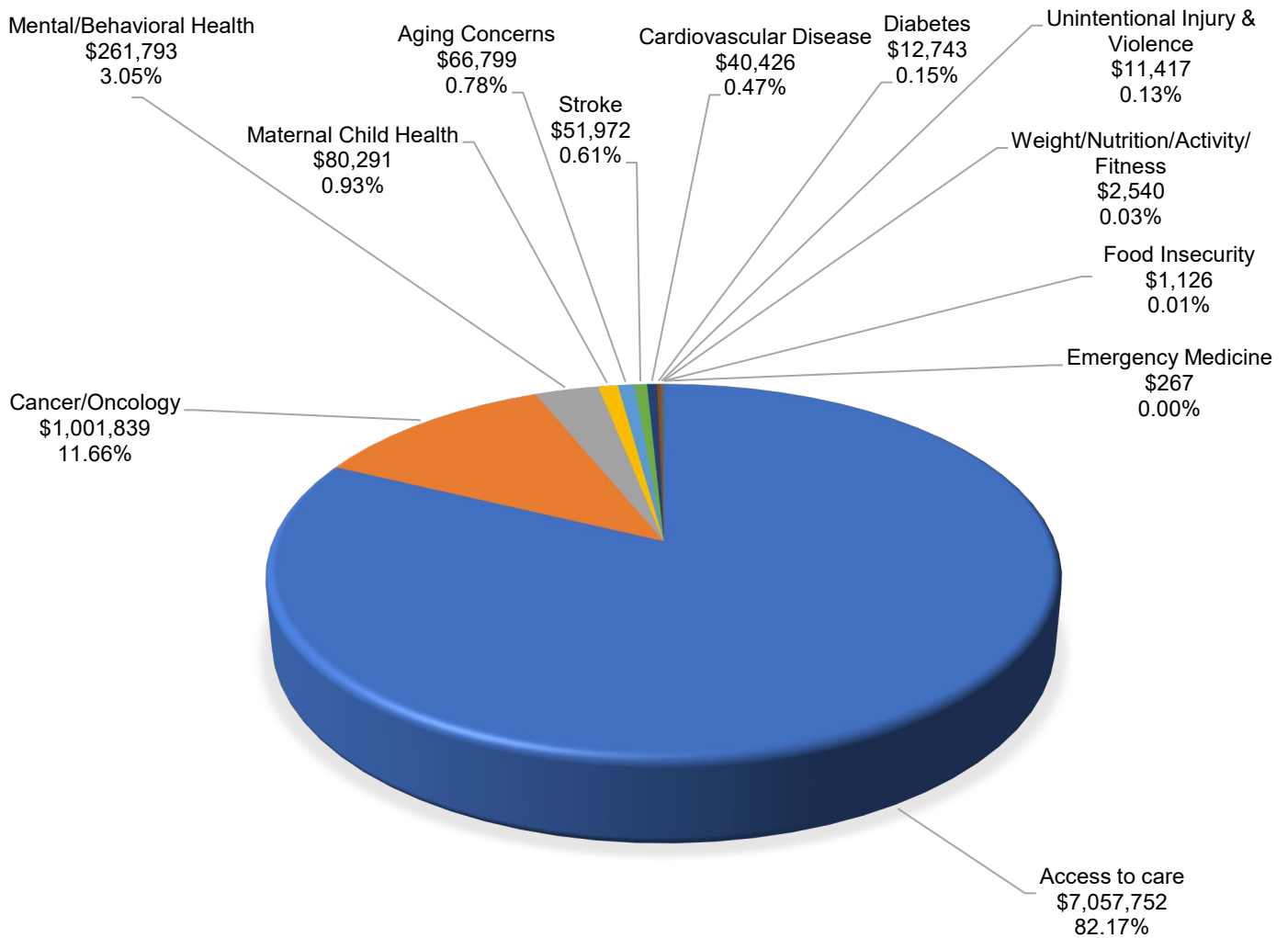


COMMUNITY HEALTH SERVICES

These services include prevention and wellness programs, screenings, health education, support groups, health fairs and other programs supported by operational funds, grants, and in-kind donations. Calculations are based on cost, less “direct offsetting revenue,” which includes any revenue generated by the activity or program, such as payment or reimbursement for services provided to program patients. According to the Schedule H 990 IRS guidelines, “direct offsetting revenue” also includes restricted grants or contributions that the organization uses to provide a community benefit.

FIGURE 5.3
FISCAL YEAR 2022

SCRIPPS COMMUNITY HEALTH SERVICES BY HEALTH ISSUE
\$8,588,962 (DOES NOT INCLUDE SUBSIDIZED CARE)



COMMUNITY HEALTH SERVICES

These services include prevention and wellness programs, screenings, health education, support groups, health fairs and other programs supported by operational funds, grants, and in-kind donations. Calculations are based on cost, less “direct offsetting revenue,” which includes any revenue generated by the activity or program, such as payment or reimbursement for services provided to program patients. According to the Schedule H 990 IRS guidelines, “direct offsetting revenue” also includes restricted grants or contributions that the organization uses to provide a community benefit.

SCRIPPS COMMUNITY HEALTH SERVICES & COMMUNITY BENEFIT OPERATIONS

Community Benefit Categories	Person Served	Staff Hours	Volunteer Hours	Financial Support*
Community Health Services				
Community Health Education	99,606	44,854	96	\$1,191,396
Community-Based Clinical Services	2,468	0	407	\$9,204
Health Care Support Services	12,377	21,766	-	\$6,047,005
Social & Environmental Activities	420	1,288	-	\$55,780
Community Benefit Operations	-	-	-	\$588,378
Totals FY 2022 Community Health Services	114,871	67,848	503	\$7,891,763
Cash, Grants, and In-Kind Contributions				
Cash Donations	-	-	-	\$344,500
Grants	-	-	-	\$341,000
In-Kind Donations	5,239	-	-	\$11,700
Totals FY 2022 Cash, Grants and In-Kind Contributions	5,239	-	-	\$697,200
Totals FY 2022 Community Health Services & Community Benefit Operations	120,110	67,848	503	\$8,588,962
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances, an entire community benefit program cost center has been divided between several initiatives.</p>				
Community Benefit Categories	Person Served	Staff Hours	Volunteer Hours	Financial Support*
Subsidized Health Services				
Total FY 2022 Subsidized Health Services	-	-	-	\$3,157,043
Community Building Activities**				
Economic Development	-	45	-	\$3,769
Community Support	-	571	-	\$36,614
Leadership Development and Leadership Training for Community Members	25	-	-	\$36,119
Advocacy for Community Health Improvement and Safety	-	62	-	\$15,194
Workforce Development	2,683	3,651	16	\$368,552
Totals FY 2022 Community Building Activities	2,708	4,329	16	\$260,248
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances, an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under Schedule H 990 but are still reportable outside the community benefit table.</p>				

Section 6

Professional Education and Health Research

PROFESSIONAL EDUCATION & HEALTH RESEARCH

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers, or to offer continuing education to existing health care professionals, the quality of health care will be diminished. Medical research also plays a vital role in improving the community's overall health by developing new and innovative treatments.

Each year, Scripps allocates resources to advance health care services through clinical research, medical education, and health professional education. During Fiscal Year 2022 (October 2021 to September 2022), Scripps invested \$36,406,050⁵⁹ in professional training programs and clinical research to enhance service delivery and treatment practices in San Diego County. This section highlights some of our professional education and health research activities.

Table 6.1 and Figure 6.1 in this section have a more detailed overview of Fiscal Year 2022 Scripps Professional Education and Health Research distribution. These costs are included in the IRS Form 990 Schedule H Part I-line 7f and 7h. Refer to Scripps Professional Education and Health Research Summary for an individual breakdown of each activity, page 132).

⁵⁹ Reflects clinical research as well as professional education for non-Scripps employees, including graduate medical education, nursing resource development and other care professional education. Research primarily take place at Scripps Clinical Research Services, Scripps Whittier Diabetes Institute, Scripps Genomic Medicine, and Scripps Translational Science Institute.

HEALTH PROFESSIONAL EDUCATION AND TRAINING

SCRIPPS HEALTH GRADUATE MEDICAL EDUCATION

A key component of Scripps Mission is to advance the education of physicians and health care professionals and sponsor graduate medical education. By investing in these areas, we help secure quality care for our community. Scripps has been training future physicians longer than any other institution in San Diego. For more than 70 years physicians in Scripps graduate medical education programs have helped care for underserved populations throughout the region. Scripps has a comprehensive range of graduate medical education programs at Scripps Mercy Hospital, Scripps Family Practice Residency Program and Scripps Green Hospital. Scripps graduate medical education programs are well-known for excellence, provide a hands-on curriculum that focuses on patient-centered care and offer residencies in a variety of practices, including internal medicine, family medicine, podiatry, pharmacy, and palliative care.

In Fiscal Year 2022, Scripps enrolled a total of 163 medical residents and 50 fellows throughout the Scripps health system. More details on these programs are included in Section 9 and Section 10 of the community benefit report. In addition, Scripps has a pharmacy residency program which trains residents with Doctor of Pharmacy degrees.

UCSD/SCRIPPS HEALTH HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAM

The UCSD/Scripps Health Hospice and Palliative Medicine Fellowship Program is a one-year program designed for physicians who wish to become sub-specialists and have a long-term career in hospice and palliative medicine. This is a unique partnership in which UCSD and Scripps Health share responsibility for the fellows, with trainees spending equal time in both institutions with all the benefits of both institutions. The fellowship prepares trainees to work in a variety of roles, including leadership positions in the field. Graduates have successfully become hospice medical directors and palliative medicine consultants in outpatient and inpatient settings across the United States. Fellows who complete the UCSD/Scripps Health program are well equipped to practice in diverse settings, including acute palliative care units, inpatient consultation, outpatient consultation, patients' homes, and long-term care facilities.

TRAUMA RESEARCH GRADUATE STUDENT INTERNSHIP

The Trauma Research Graduate Student Internship is designed for active students with an interest in public health, epidemiology, trauma and injury prevention, biomedical statistics, and health policy. This internship, in an earlier form, began in 2005 as a post-baccalaureate research internship in collaboration with the Johns-Hopkins Post-Baccalaureate Premedical Program. In 2016, the trauma research program began accepting Master of Public Health Students from San Diego State University's Graduate School of Public Health to provide practical experience in a research setting. In 2018, this program was expanded to include students in the University of California, San Diego master's in clinical research program. Students learn to construct study samples, clean data, analyze data, and write manuscripts for submission to medical journals. The rotation is conducted at

Scripps Mercy Hospital San Diego. All researchers have subsequently received authorship for publication in leading academic journals.

[SCRIPPS CONFERENCE SERVICES AND CONTINUING MEDICAL EDUCATION \(CME\)](#)

Scripps Conference Services and Continuing Medical Education (CME) is committed to improving the quality of health care and advancing the practice of medicine by providing evidence-based, up-to-date, and clinically relevant continuing medical education courses. CME is required for medical credentialing and made available to practitioners on a community-wide basis. Scripps Health is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide *AMA PRA Category 1 Credit(s)*[™] for physicians. Credits for other health professionals are also available. In Fiscal Year 2022, Scripps Continuing Medical Education Department provided a variety of annual courses, regularly scheduled series, and enduring materials which included the following educational programs listed below.

[ANNUAL MELANOMA CUTANEOUS MALIGNANCY UPDATE](#)

During this course, nationally recognized experts presented information on prevention, risk assessment, early detection, genetic factors, and current and future treatment choices for melanoma patients. Issues concerning surgical management, adjuvant therapy, advanced disease therapy, and personalizing the course of treatment for individual patients were also discussed. This course was designed to provide information that will help clinicians in their decision making when caring for melanoma patients.

[SCRIPPS MD ANDERSON CANCER CENTER 2022 CANCER CARE SYMPOSIUM](#)

Scripps MD Anderson Cancer Center Annual Cancer Care Symposium is designed for nurses, nurse practitioners, physician assistants, clinical nurse specialists, and other health care professionals who treat cancer patients. During this two-day conference, participants hear from expert faculty representing practice settings across the continuum of care as they discuss clinical developments and treatment advances in hematology and oncology.

[VENTRICULAR ASSIST DEVICE \(VAD\) SYMPOSIUM FOR COMMUNITY PARTNERS](#)

This community symposium was planned by cardiology providers from Scripps Health in partnership with Sharp HealthCare and UC San Diego. The symposium was designed to educate health care workers who do not specialize in cardiology but still need to treat patients with ventricular assist devices (VAD).

[SCRIPPS ARRHYTHMIA AND CARDIOMYOPATHY IN WOMEN SYMPOSIUM](#)

The Arrhythmias and Cardiomyopathy in Women Symposium was designed to increase competence regarding the recognition and management of cardiovascular disease in women. The symposium explored new and emerging risk factors for women's heart disease while highlighting areas of discrepancy in care management related to gender. The goal of this activity was to improve outcomes for women with cardiovascular disease and arrhythmias as well as provide educational interventions for both primary and secondary prevention.

STRUCTURAL HEART DISEASE

The Structural Heart Intervention and Imaging conference provided a practical, innovative, and live case-based assessment of the emerging area of structural heart disease interventions and cardiovascular imaging. The course placed a strong emphasis on the collaborative nature of these procedures across many disciplines within cardiology. Expert faculty discussed clinical guidelines on patient selection, pre-procedural assessment, procedural tips, techniques, and challenges (including concurrent imaging) during the performance of the procedures and concluded with assessment of outcomes and future directions.

CHRONIC LIVER DISEASE

New Treatments in Chronic Liver Disease is a comprehensive yet concise program for updating physicians on commonly encountered problems in the treatment of liver diseases. The 2022 conference reviewed the latest medications and therapies in liver treatment and transplantation. The results of trials and real-world data using oral drugs to treat chronic viral hepatitis B and C, non-alcoholic fatty liver diseases, primary biliary cirrhosis, primary sclerosing cholangitis, hepatocellular carcinoma and complications of end-stage liver disease including thrombocytopenia were discussed in detail.

SCRIPPS MD ANDERSON CANCER CENTER CLINICAL HEMATOLOGY & ONCOLOGY

The Clinical Hematology and Oncology conference, presented by Scripps MD Anderson Cancer Center, was designed for hematologists, oncologists, surgeons, radiation oncologists, internists, and others desiring an update in these specialty areas. The primary objective of this annual course is to bring together clinicians and leading experts in diverse areas of hematology and oncology, affording them an intimate environment in which to discuss new clinical developments and significant advances in care.

CLINICAL ADVANCES IN HEART FAILURE AND ARRHYTHMIAS

Expert faculty covered a wide range of topics including the diagnosis, management, and state-of-the-art treatment of heart failure, cardiac arrhythmias, and hypertension. The faculty also reviewed a variety of co-morbid and chronic conditions patients with heart disease may face. The goal of the conference was for participants to return to their practice equipped with the latest evidence base and practical information to improve patient outcomes.

CARDIOVASCULAR ATHEROSCLEROSIS: PREDICTION, PREVENTION AND MANAGEMENT

Scripps Health's Cardiovascular Atherosclerosis conference was designed to offer a comprehensive summary of new indications for medical therapies resulting from numerous clinical trials conducted in the past several years dedicated to the management and treatment of atherosclerosis and underlying risk factors. The conference also aimed to promote clinical awareness regarding prudent lifestyle and dietary choices to improve patient outcomes.

SCRIPPS MD ANDERSON'S CANCER CENTERS 2022 ONCOLOGY UPDATE

Scripps MD Anderson Cancer Center's 2022 Oncology Update was a one-day conference designed to offer clinicians and advanced practice providers a comprehensive overview of the most recent

advances in the treatment of various oncologic malignancies. During this comprehensive educational course, clinical experts in the field of hematology and oncology provided an overview of key findings from practice changing studies and the latest clinical data relevant to the oncology practice.

[CARDIOMYOPATHY & CARDIO-ONCOLOGY SYMPOSIUM 2022](#)

The Scripps Cardiomyopathy and Cardio-Oncology Symposium is designed to provide a comprehensive, case-based curriculum that addressed important clinical topics relevant to cardiomyopathy and cardiovascular health of cancer survivors. Nationally recognized faculty in the fields of cardiology and oncology discussed challenging topics related to common cardiomyopathies as well as current best practices for diagnosing, treatment and managing afflicted patients.

[SOLID ORGAN TRANSPLANT LECTURE SERIES](#)

The Scripps Solid Organ Transplant Lecture Series is a yearlong event focused on current issues in the field that are in varied states of transition, including factors influencing organ allocation, the impact of increased oversight of regulatory agencies on quality-of-care measures, and areas that have an impact on special populations. An additional key objective of the series is to provide stimulus for subsequent interactions between regulatory agencies, leaders in the transplant community, patient advocates, and clinicians to foster continued evolution of these discussions.

[PRIMARY CARE IN PARADISE](#)

Scripps Health's Primary Care in Paradise conference is designed for primary care physicians and the interdisciplinary care team and will present content from their unique perspective. This important CME conference aims to educate and promote improved patient outcomes in a broad range of therapeutic areas commonly encountered in the busy primary care practice. In addition to an overview of the history and current science of a variety of specialty areas, content is presented in a very practical, patient-focused manner relevant to the specific primary care setting and challenges.

[CLINICAL ADVANCES IN HEART FAILURE AND SHOCK SYMPOSIUM](#)

This conference covered a wide range of topics including the diagnosis, management, and state-of-the-art treatment for inpatient and outpatient heart failure, hypertension, and a variety of co-morbid and chronic conditions patients with heart disease may face. The 2022 conference also featured a symposium dedicated to cardiogenic shock and resuscitation designed for those who care for patients with cardiogenic shock. A multidisciplinary faculty discussed various treatment options for cardiogenic shock as well as the benefits of developing a dedicated shock care team.

PRESSING ISSUES FOR MEDICINE IN 2022: AN UPDATE ON AMA ACTIVITIES FOR THE PROFESSIONAL AND OUR PATIENTS

This was a special CME event hosted by Scripps featuring the president-elect of the American Medical Association and Vice-Chair of Dermatology at UCSF, Dr Jack Resenck. The lecture was offered complimentary to all Scripps Health staff as well as to members of the San Diego Dermatological Society.

CARDIOVASCULAR ATHEROSCLEROSIS: PREDICTION, PREVENTION & MANAGEMENT

The Scripps Cardiovascular Atherosclerosis conference is designed to offer a comprehensive summary of the many new treatment options for atherosclerotic disease and to promote clinical awareness regarding prudent lifestyle and dietary choices to improve patient outcomes.

PRIMARY CARE SUMMER CONFERENCE

The Primary Care Summer Conference is designed for primary care physicians and the interdisciplinary care team and offered content from their unique perspectives. The 2022 conference offered updates in treatment guidelines for hypertension, obesity, pulmonary disease, gastroenterology, cardiology, and neurology.

SCRIPPS GME DIVERSITY COMMITTEE AND EQUITY CURRICULUM

Scripps CME offers a wide range of regularly scheduled series on assorted topics including weekly Grand Rounds from our hospitals in La Jolla and Hillcrest-San Diego. An important addition to the Grand Rounds schedule was the inclusion of a continued series of lectures designed to bring awareness to clinicians on the role of gender disparities, cultural and implicit biases, and racism in contributing to healthcare disparities within our society. These lectures will continue to be incorporated into the Grand Rounds schedule to encourage ongoing conversations around these prominent issues with the goal of igniting lasting change, not only within the Scripps system, but also society. The following bias lectures took place in Fiscal Year 2022: Understanding and Mitigating Bias in the Recruitment, Match and Hiring Process, The Myth of Meritocracy, Exploring the Physical, Psychological and Structural Impact of Racism and a Path to Healing, and Diversity in Research.

NEW ADVANCES IN INFLAMMATORY BOWEL DISEASE (IBD)

The New Advances in Inflammatory Bowel Disease conference is offered in collaboration with UCSD and the Crohn's & Colitis Foundation and highlighted the latest concepts in the diagnosis and treatment of IBD. The course is taught by nationally known experts who are actively involved in clinical trials and studies related to the management of Chron's and colitis. The course also offered a "patient" track open to anyone who suffers from a form of IBD. This track provided important health updates related to IBD treatment and management.

STUDENT EXPERIENCES WITHIN SCRIPPS

Scripps commitment to ongoing learning and health care excellence extends beyond our organization. Our student programs help promote health care careers to a new generation, shape the future workforce and develop future leaders in our community. Interacting with health care

professionals in the field expands education outside the classroom. Scripps employees play a significant role as preceptors by investing their time to create a valuable experience for the community. In Fiscal Year 2022, Scripps hosted 1,287 students within our system and provided 225,232 development hours spanning nursing and allied health settings. Table 6.1 provides a breakdown of Scripps health student placements by Scripps locations.

TABLE 6.1 SCRIPPS HEALTH STUDENT PLACEMENTS FOR FISCAL YEAR 2022

Scripps Health Location	NURSING			ANCILLARY			TOTAL		
	# of Students	Group Hours	Precepted Hours	# of Students	Group Hours	Precepted Hours	# of Students	Group Hours	Precepted Hours
Scripps Medical Foundation (Clinic & SCMC)	5	0	575	210	0	36888	215	0	37,463
Scripps Memorial Hospital Encinitas	86	6285	3342	56	0	15554	142	6,285	18,896
Scripps Green Hospital	60	4494	2788	52	0	16636	112	4,494	19,424
Scripps Memorial Hospital La Jolla	146	9030	9787	101	2148	22388	247	11,178	32,175
Scripps Mercy Hospital, Chula Vista	81	6950	3321	68	2309	20742	149	9,259	24,063
Scripps Mercy Hospital, San Diego	318	26975	3789	86	6296	21210	404	33,271	24,999
Scripps Home Health/Hospice	0	0	0	0	0	0	0	0	0
Scripps Health Administrative Services	0	0	0	17	0	3645	17	0	3,645
Scripps Integrative Medicine	0	0	0	1	0	80	1	0	80
Total	696	53,734	23,602	591	10,753	137,143	1,287	64,486	160,745

COLLEGE AND UNIVERSITY AFFILIATIONS

Scripps collaborates with local high schools, colleges, and universities to help students explore health care roles and gain firsthand experience as they work with Scripps professionals. Scripps is affiliated with more than 110 schools and programs, including clinical and nonclinical partnerships. Local schools include, but are not limited to, Point Loma Nazarene University (PLNU), University of California San Diego (UCSD), California State University San Marcos (CSUSM), San Diego State University (SDSU), University of San Diego (USD), Mesa College, San Diego City College, Grossmont College, Palomar College, and Mira Costa College.

Scripps considers new partnerships, based on community and workforce needs, and maintains an affiliation agreement committee to review all requests and provide a systemwide approach to

securing new students placements. This interdisciplinary committee represents education and department leadership across the Scripps system ensuring a proactive approach to building a career pipeline for top talent.

To ensure students from health care professions programs have access to appropriate educational experiences at Scripps and foster a smooth, efficient process for student placement requests receipt and management, Scripps is a member of the San Diego Nursing and Allied Health Service Education Consortium and American Databank's Complio online compliance tracking system.

RESEARCH STUDENTS

Scripps supports student research for master's, doctoral students and young biomedical scholars at universities and high schools with affiliation agreements. In addition to research experience in our physician training programs, non-physician students who conduct research at Scripps Health represent a variety of healthcare disciplines, including public health, physical therapy, pharmacy, and nursing. For other young biomedical scholars, Scripps supports research training for high school through graduate students studying at schools with education affiliation agreements. In Fiscal Year 2022, students on our research teams came from a variety of schools including Scripps Ranch High School, Canyon Crest Academy, Mira Costa College, De Anza College, University of Chicago, University of South Florida, Northeastern University, Keck Graduate Institute, and Ponce Health Sciences University.

SCRIPPS MERCY EMERGENCY MEDICAL SERVICES (EMS)

Through the Scripps Mercy Emergency Medical Services (EMS) Base Hospital Program, a variety of health professionals participate in hospital-based clinical internships and continuing education opportunities. The program collaborates with local and regional educational institutions to provide hands-on training to multiple levels of healthcare professionals such as: First Responders, EMTs, Paramedics, Law Enforcement, Military, Mobile Intensive Care Nurses, and Resident Physicians. During their clinical rotations and continued education offerings, students are introduced to a variety of emergency medical patient care topics that are applicable through the prehospital and hospital care continuum. These educational opportunities are designed to enhance the students' learning experience, allowing them to better serve their patients and our local communities.

HIGH SCHOOL PROGRAM PARTNERSHIPS

Scripps is dedicated to promoting health care as a rewarding career, collaborating with several high schools to offer students opportunities to explore a role in health care and gain firsthand experience working with Scripps Health care professionals. Below is a summary of the high school programs Scripps partners within the community.

YOUNG LEADERS IN HEALTH CARE

An outreach program at Scripps Hospital Encinitas, Young Leaders in Health Care targets local high schools' students interested in exploring health care careers. Students in grades 9–12 participate in the program, which provides a forum for high school students to learn about the health care system and its career opportunities.

The mission of the Young Leaders in Health Care is:

- To provide a forum for high school students to learn about the health care system and its breadth of career opportunities.
- Mentor students in the act of leadership, giving them tools to use in their daily life challenges.
- Provide a service project to satisfy high school requirements and make a positive impact on the community.
- Provide a venue for a student-run competition where each school presents a topic in line with the year's goal.

This combined experience includes weekly meetings at local schools facilitated by teachers and advisors, as well as monthly meetings at Scripps Hospital Encinitas. The advisors for the program are part of the San Dieguito Alliance for Drug Free Youth. The program mentors' students on leadership and provides tools for daily challenges. Each year the students work toward a final presentation based on their community service projects related to health care and wellness.

The 2022 class touched a variety of topics from mental illness to the opioid crisis. More than 170 students, community members and health care specialists attended the Young Leader in Health Care final meeting, culminating with student presentations on types of cancer and treatments. Students that participate in the program are eligible to apply to the High School Explorer summer internship program. Meetings were conducted as Virtual Teams Meetings for the 2021-2022 school year and the virtual format allowed to increase/expand the high schools. Over 200 students actively participate monthly.

SCRIPPS SCHOOL TO HEALTH CAREER PATHWAY PROGRAMS

Scripps is dedicated to building the future pipeline of health professionals. Scripps implements a wide variety of youth in health careers activities. A primary focus is to implement school-to-health career activities, including mentoring, camps, job shadowing, health education classes, health chats, support groups, health fairs and others.

Scripps School to Health Career Pathway Program implemented a wide variety of youth-into-health-professions activities for 2,151 youth including mentoring programs, health professionals' classroom presentations, surgery viewing, work-study, and Scripps Camp. Through several internships and other educational programs, Scripps collaborates with high schools and colleges to offer students opportunities to explore a role in health care and gain first-hand experience working with Scripps health care professionals. Nurses and other clinical and non-clinical employees play important roles in these educational experiences, as the students are interacting with them daily through the

programs. Due to COVID-19 and in-person restrictions all youth activities (mentoring, classroom presentations, hospital tours, surgery viewings) were transitioned to virtual platforms for distance learning for Fiscal Year 2022. Family Practice Medical Residents provide interactive classroom presentations on a variety of public health concerns, medically focused topics as well as hands-on clinical skills workshops mentoring at the local high schools. The following are some of the programs Scripps offers:

[HEALTH CAREERS OPPORTUNITY PROGRAM \(HCOP\) CAMP SCRIPPS](#)

This six-week camp exposes high school sophomores and juniors to health careers and fosters leadership skills and college preparedness. Weekly themes include Primary Care, Health and Wellness, Public Health, Disease and Prevention, Leaders of Tomorrow, and College Readiness. Activities include opportunities for hands-on interactions with health professionals, mentoring and clinical shadowing, tours of hospitals and community health clinics, and theme-related workshops. The camp is a collaborative effort with Scripps Family Medicine Residency Program in partnership with UCSD School of Medicine.

[SCRIPPS MERCY SCHOOL TO HEALTH CAREER MENTORING PROGRAM](#)

Designed to help high school students set a course for a successful career in health care, participants are paired virtually with various health and social service professionals for hourly sessions twice a week for five weeks in a hospital setting. Students are exposed to a variety of duties and roles and various departments. Students learn first-hand from their mentors about the particulars of that department and position including the path they need to take to achieve a specific career goal in the healthcare field. Students also receive presentations on various health careers and job readiness. Family Medicine residents are mentors for this program and meet with the students weekly. Students shadow residents during rounds and throughout the experience. Due to COVID-19 restrictions this program continued virtually.

[HEALTH PROFESSION OVERVIEW 101](#)

Family Medicine residents help pique student interest in pursuing a health care career by exposing them to 80 or more health professions and tours of hospital departments.

[HEALTH PROFESSIONALS IN THE CLASSROOM](#)

Health care professionals, such as medical residents, dietitians, nurses, and doctors, enlighten students on health care careers and health related topics. These are interactive virtual sessions on Nursing 101, Doc 101, health and nutrition, stroke prevention, breast health, teen pregnancy, substance use, STDs, health professions 101 and mental health issues that impact high school students. Students receive health career tools/brochures that include information on education requirements, scholarships, and ways to pay for college.

[YOUTH SURGERY VIEWING 101](#)

Students have an opportunity to observe such elective surgeries as total knee and hip replacements, interact with the surgeons and other operating room staff members and ask on-the-

spot questions during the surgery. This program transitioned to a virtual platform due to COVID-19 restrictions.

[CRISTO REY HIGH SCHOOL](#)

Scripps has a partnership with Cristo Rey High School to introduce and educate high school students on health careers as well as provide an overview of the hospital and health system. The program covers an entire academic year experience to expose youth participants to medicine, public health, foster leaderships skills and college preparedness. Students receive presentations on various health careers and job readiness. The curriculum is designed to weave healthcare education with service training.

[HEALTH CAREERS, WELLNESS, LEADERSHIP AND JOB READINESS WEBINARS](#)

Scripps offered self-paced webinar presentations on various healthcare careers, health/wellness, leadership, and job readiness to enhance and support the high school classroom curriculum and to introduce youth to healthcare careers.

[HEALTH PROFESSIONS EDUCATION, RESIDENT AND STUDENT TRAINING](#)

Scripps Mercy Chula Vista Well Being Center works closely with Scripps Family Medicine Residency Program to provide and expand community medicine opportunities for residents to deliver services, to place medical students in community health activities and to coordinate community experiences for visiting/rotating residents and medical students. The Well Being Center also coordinates and provides opportunities for individuals to participate in Health Career Talks, Health Training community activities and Balint support groups. A total of 1,145 health professionals have been trained.

The COVID-19 pandemic brought significant changes to resident education and patient care in the Scripps Family Medicine Residency Program at Scripps Mercy Chula Vista. The program quickly adapted to meet the needs of South Bay with high rates of COVID-19 infection. All educational and training conferences shifted to virtual modalities. Some of the resident education included presentations and town hall style workshops that address pathophysiology of coronavirus infection in adults, children and pregnant women, appropriate PPE use, testing algorithms, and health disparities in relation to COVID-19 infections. The residents have continued to meet the needs of patients at the clinic both in-person and via telehealth. Family Medicine residents have played a supporting role in the care of hospitalized patients with COVID-19, including in the ICU and Labor and Delivery.

[INTERNS AND AREA HEALTH EDUCATION SCHOLARS PROGRAM \(AHEC\)](#)

Scripps Mercy Hospital Chula Vista Well Being Center serves as an internship placement site for both undergraduate and graduate students. This education training program is designed to raise the numbers, types, diversity and retention of primary health and social service care professionals working in underserved areas. A total of twenty-one students completed their internship placement and fields of study include undergraduate social work, undergraduate public health, undergraduate

psychology, and Master's in Social Work from San Diego State University and University of San Diego. Ten interns also completed the Area Health Education Center Scholar (AHEC) Program which is a combination of clinical hours and didactic online training.

CALIFORNIA MEDICINE SCHOLARS PROGRAM (CMSP) - COMMUNITY COLLEGE AND FOUR-YEAR COLLEGE MENTORING

The California Medicine Scholars Program, part of the California Medicine Coalition, brings together community colleges, universities, medical schools, health employers, and clinics across the state to work toward one goal: shepherding more students of color from community college through medical school and beyond. CMSP is needed because California's health workforce does not look anything like its population. For example, only about 6% of California physicians are Latinx. That is an insufficient number when you consider that 39% of Californians are Latinx people. The plan is to recruit 200 students per year to participate in this program. Stipends, scholarships, mentoring, academic support, and professional development opportunities will be available as students move to four-year universities and then on to medical school. Scripps received funding from this program and will use the monies to assist students set a course for a successful career track into medicine as students interact with physician mentors and participate in career workshops developed by medical students, Family Medicine Residents, and attending physicians during five sessions. At the end of the program, these college students can become mentors for high school students participating in our high school pipeline programming.

SCHOOL-BASED CLINICS

Originally opened in 2007, Southwest High School clinic is a Scripps collaboration with San Ysidro Health and the Sweetwater Union School District. The clinic is staffed by the Scripps Family Medicine residency with a multidisciplinary approach including health educators, social work interns, and the school nurse. The clinic helps to reduce barriers for students to access mental and physical health services. In addition to clinical services, Family Medicine Residents provide mentorship and interactive classroom sessions with youth interested in health careers.

ENHANCING FAMILY PRACTICE RESIDENCY TRAINING IN OBSTETRICS AND MATERNAL AND CHILD HEALTH AT THE US/MEXICO BORDER OF SAN DIEGO AND IMPERIAL COUNTY

The Scripps Mercy Family Medicine Residency program continued to expand its obstetric and maternal child health training. This initiative enhances physician training in family medicine obstetrics and maternal and child health along the U.S/Mexico border of San Diego and Imperial counties. The Scripps training program is one of thirty-one medical residency programs in the U.S recently selected as an award recipient in HRSA's highly competitive grant funding opportunity, which was open to primary care residency programs nationwide.

The family medicine residency program is based at Scripps Mercy Hospital Chula Vista. For more than 20 years, it has trained physician residents to provide comprehensive and culturally sensitive medical care, with a focus on underserved populations of the south San Diego border region. Residents in the three-year graduate medical education program complete inpatient rotations at

Scripps Mercy Hospital Chula Vista and outpatient rotations at San Ysidro Health Center, along with providing care at other community clinics.

Scripps Mercy Family Medicine Residency Program will enhance the Family Medicine Residency training and community-based education in the areas of maternal and child health to enhance family medicine obstetrics training along the US/Mexico border of San Diego and Imperial County. This program will address three Health and Human Services (HHS) clinical priorities: Opioid addiction, value-based care and quality improvement, and telehealth strategies. Activities will expand Maternal Child Health and Obstetrics education to include collaboration with Scripps Perinatology group, expand education in care for women with substance use disorder and develop leadership and obstetrics skills for one specialized maternity care fellow. Clinical services and training in both vulnerable urban and rural communities will be met by enhancing the current prenatal program including the Centering Pregnancy Model. The residency program will also use these funds to help give underserved patients greater access to health education and care, including expanded patient access to prenatal clinics and labor-and-delivery care.

SCRIPPS WHITTIER DIABETES INSTITUTE PROFESSIONAL EDUCATION AND TRAINING

Scripps Whittier Diabetes Institute professional education teams provide state of the art education and training for people who wish to increase their diabetes management knowledge and skills. With the rise in diabetes related devices, there is a great need to equip clinicians with the latest information and clinical skills. The Whittier's professional education program is led by a team of experts, including endocrinologists, nurses, dietitians, psychologists, and other diabetes specialists.

These individuals train practicing professionals and paraprofessionals to deliver the best possible care for their diabetes patients. Courses are tailored to the needs of allied health professionals and paraprofessionals seeking to understand new and complex clinical treatment options for Type 1, Type 2 and gestational diabetes and interactive evidence-based approaches to facilitate group diabetes education for Type 2 patients.

These are Scripps designed education and training programs. Target populations are community partners, educators, clinical providers, and peer educators. For Fiscal Year 2022, there were four educational webinars and one professional education program using the curriculum for successful Project Dulce intervention.

HEALTH RESEARCH

MI PUENTE: “MY BRIDGE” TO BETTER CARDIOMETABOLIC HEALTH AND WELL-BEING

Scripps Whittier Diabetes Institute received a \$2.4 million study grant from the NIH’s National Institute of Nursing Research in 2015 to evaluate Mi Puente, a program at Scripps Mercy Chula Vista hospital that uses a “nurse + volunteer” team approach to help hospitalized Hispanic patients with multiple chronic diseases, reduce their hospitalizations and improve their day-to-day health and quality of life.

Individuals of low socioeconomic status (SES) and ethnic minority status, including Hispanics the largest U.S. ethnic minority group are disproportionately burdened by chronic cardiovascular and metabolic conditions (“cardiometabolic” e.g., obesity, diabetes, hypertension, heart disease). High levels of unmet behavioral health in this population contribute to striking disparities in disease prevalence and outcomes.

A behavioral health nurse provides in-hospital coaching to patients, who are then followed post discharge by a volunteer community peer mentor to assist them in overcoming barriers that may interfere with achieving and maintaining good health.

Mi Puente aims to improve continuity of care and address the (physical and behavioral) health needs of the at-risk Hispanic population. This program holds promise for impactful expansion to other conditions and underserved populations. The interventions for this study have been completed and the data is now being analyzed for publication. Final analysis of all the results will be completed in 2023 and analysis will be shared for the primary outcomes.

HELPING PATIENTS WITH FOOD INSECURITIES TO HEAL

Scripps has a partnership with Mama’s Kitchen to evaluate an innovative approach to improve management of Congestive Heart Failure (CHF) patients and reduce hospital readmissions. Scripps offers outreach to patients eligible for Medi-Cal with Congestive Heart Failure (CHF). Scripps works closely with Mama’s Kitchen to provide medically tailored meals and medical nutrition therapy/education for patients with CHF, Cancer, HIV/AIDS and/or health/physically challenged persons as part of the patient community services program.

The Mama’s Kitchen program is a twelve-week program, with medically tailored meals being delivered to the individual’s home. Scripps Well Being Center Staff contacts patients post-discharge or at bedside, based on a generated report in the Electronic Health Record, EPIC. Patients who qualify and are interested are provided with a referral signed by a Scripps clinician, and securely submitted to Mama’s Kitchen. The medically tailored meals and nutrition education are done in combination with regular follow-up appointments with the patient’s doctors to adhere to medications and for participants to see an improvement in their health outcomes. The program utilizes research methods such as patient knowledge questionnaires, interviews, and observation of patients with CHF being discharged from Scripps Mercy Hospital Chula Vista and San Diego.

The specific aims of the program are:

- Examine the feasibility of an intervention protocol for patients with CHF to include the provision of 12 weeks of home-based meals, plus proactive educational materials.
- In a randomized, controlled design, assess the effects of the intervention with meals and intervention with meals plus nutrition education against usual care. This is a pilot study with a small sample size, 40 in each group. The results of this pilot study will allow an estimation of the effect size of the intervention, which will facilitate future grant applications for a large-scale randomized trial. The hypothesis is that the intervention group with meals plus nutrition education will show a 30% reduction in hospital readmissions versus those in the usual care group.

MEDICAL ASSISTANT HEALTH COACHING (MAC) FOR DIABETES IN DIVERSE PRIMARY CARE Settings

Diabetes affects 30 million individuals in the U.S, and if current trends continue, 1 of 3 adults will have diabetes by 2050. Diabetes Self-Management Education and Support (DSME) is a cornerstone of effective care that improves clinical control and health outcomes; however, DSME participation is low, particularly among underserved populations, and ongoing support is often needed to maintain DSME gains.

In 2015, the National Institute of Diabetes and Digestive and Kidney Diseases (NIH/NIDDK) granted Scripps Whittier Diabetes Institute \$2.1 million to fund the MAC Trial, which is studying an innovative team care approach that trains medical assistants (MAs) to provide health coaching in the primary care setting to patients with poorly controlled Type 2 diabetes, help them problem solve, and improve their diabetes-related health outcomes. The goals include improving diabetes self-management and clinical outcomes, such as blood glucose levels, cholesterol, and blood pressure. The study is being conducted in two diverse settings: a Scripps Health primary care practice, and a community health center, Neighborhood Healthcare. The interventions for this study were completed in Fiscal Year 2019 and the data is now being analyzed for publication. Final analysis of all the results will be completed in 2023.

DIGITAL ME: AN ADAPTIVE MHEALTH INTERVENTION FOR UNDERSERVED HISPANICS WITH Diabetes

Diabetes is a fast-growing epidemic. In the U.S., 13.6% of adults were living with diagnosed diabetes in 2021, which represented an annual economic burden of \$414.5 billion, with an average annual cost of \$11,779 per case.⁶⁰ Hispanics face a higher risk of developing the disease—13.9 percent compared with 7.6 percent for non-Hispanic whites.

The NIH's National Institute of Diabetes and Digestive and Kidney Diseases awarded \$2.9 million, the largest NIH award to Scripps Whittier Diabetes Institute to date, to study an innovative approach to helping Hispanics with diabetes better manage their disease. Scripps Whittier has shown that

⁶⁰ International Diabetes Federation (IDF). IDF Diabetes Atlas. 2021: <http://www.diabetesatlas.org>

health-related text messages sent every day for six months to low-income Hispanics with type 2 diabetes helped produce blood sugar level improvements that equaled those resulting from some glucose-lowering medications. The Dulce Digital clinical trial was the first randomized controlled study to look at the use of text messages to help underserved Hispanics better self-manage their diabetes through glycemic control.

Digital-Me provided patients with tools to help them manage their diabetes day to day and improve their health, including text messaging, wireless blood glucose and medication monitoring, diet and exercise assessments, and personalized feedback and goal setting. This study was conducted in collaboration with Neighborhood Healthcare, San Diego State University, and the University of California San Diego.

The participants received health-related text messages every day for six months and they saw improvements in their blood sugar levels that equaled those resulting from some glucose-lowering medications. The Digital-Me clinical trial represents the first randomized controlled study to look at the use of text messages to help underserved Hispanics better self-manage their diabetes through glycemic control. The study finalized its enrollment of participants as of 2020 due to COVID-19. The project enrolled a total of 330 participants in the life of the study. The study is now in the process of finalizing the results for publication to come out in 2023.

[SCRIPPS WHITTIER DIABETES INSTITUTE STUDIES TO IMPROVE THE HEALTH OF AT-RISK UNDERREPRESENTED COMMUNITIES](#)

Dulce Digital Filipino Americans: The research will tailor existing diabetes self-management education and support programs, Project Dulce and Dulce Digital, specifically for Filipino-Americans, a racial/ethnic minority population with high and increasing Type 2 diabetes prevalence. This will include cultural adaptations and translation of project materials (e.g., diabetes education curriculum, text-messages) and delivery to Tagalog to enhance cultural relevancy and improve participant engagement.

Dulce Digital Arab Americans: This study will characterize Type 2 diabetes (T2D) health communication barriers in the Arab American community of San Diego, to develop a linguistically and culturally tailored diabetes self-management education curriculum and to establish a resource for a future study of the pathophysiology of T2D in Arab Americans.

Dulce Digital 2.0 Hispanic communities: Expanding access to care in populations faced with challenges of low socioeconomic status (SES) and health literacy is a step toward reducing health disparities and positively affecting care. The literature shows that identifying groups of people that are most likely to benefit from telehealth interventions is a key factor in improving the evidence base for digital health literacy. The program evaluates two mHealth adaptations of Project Dulce that are designed to improve digital health literacy, increase underserved individuals' capacity to access and engage with vital digital health information, and in turn, improve clinical and behavioral outcomes in at-risk adults with diabetes. Comparison models include: 1) a low-cost, educational, and supportive text messaging program; 2) a telehealth adaptation of Project Dulce; 3) traditional in-person Project

Dulce self-management education program. All programs will be offered in participants' preferred language (English or Spanish).

CyberGEMS: The National Institutes of Health awarded Scripps Whittier Diabetes Institute (SWDI) \$3.1 million grant to study the use of wireless continuous glucose monitoring (CGM) devices among hospitalized patients with Type 2 diabetes in hope of better controlling their blood sugar during their admission. The new study will build on earlier research conducted by [Scripps Whittier](#) and on the subsequent use of CGM devices among patients with diabetes in Scripps Health hospitals during the COVID-19 pandemic. Early in the public health crisis, the Food and Drug Administration cleared the way for hospitals to use the devices to reduce the number of times a nurse must go into a patient's room for more conventional finger pricks. Without CGM, nurses typically enter a patient's room four to six times a day to check blood glucose levels. Given the known serious consequences of uncontrolled blood sugars during hospitalization, this research integrates continuous glucose monitoring (CGM) in the hospital to test a dynamic and digitized, team-based approach to glucose management in an underserved and understudied, yet high-risk population. The trial began in early 2022 and more than 50 individuals to date are participating.

ACT1VATE: The National Institute of Diabetes and Digestive and Kidney Diseases awarded a five-year, \$3.3 million grant in 2020 to Scripps Whittier Diabetes Institute to study the integration of mental health services in the care of patients with Type 1 diabetes to better address the emotional distress than often accompanies the chronic disease. Researchers at Scripps Whittier are using the federal funding to launch a large-scale, randomized, controlled clinical trial that will evaluate whether the integration of diabetes distress care with routine medical care results in better management of diabetes and better health-related quality of life. The study is a collaborative effort that capitalizes on the complimentary expertise of a clinical psychologist/endocrinologist partnership. Diabetes distress (DD), defined as the negative emotional burden of living with a demanding chronic condition. This research will compare two interventions for DD, one novel and one established: The study called ACT1VATE is a group-based Acceptance and Commitment Therapy approach, and DSME/S (usual care) in improving clinical, behavioral, psychosocial, process among Type 1 diabetes patients with significant DD and poor glycemic control in a real world, healthcare environment.

[SCRIPPS WHITTIER DIABETES INSTITUTE - ACADEMIC, HEALTH SYSTEM AND COMMUNITY PARTNERSHIPS TO SUPPORT COMMUNITY ENGAGED RESEARCH](#)

The Scripps Whittier Diabetes Institute (SWDI), in partnership with the San Diego State University South Bay Latino Research Center have several recent examples of innovative community-engaged research projects. The Scripps Whittier Diabetes Institute (SWDI) serves as the Community Engagement (CE) Research Core for the National Institutes of Health/ National Center for Advancing Translational Sciences (NIH/NCATS) awarded Scripps Research-based Clinical Translational Science Award (CTSA). The CE Core is centered within the Scripps Whittier Diabetes Institute led by Dr. Athena Philis-Tsimikas and supported in partnership with the Institute for Public Health and the South Bay Latino Research Center, both located at San Diego State University

(SDSU). The Associate Director of the CE Core is a joint position co-located at SWDI and SDSU. The goals of the CE core include reducing health disparities and promoting health justice and equity. The following are CTSA Community Engagement Core program details:

- Project administration includes supporting strategic program planning and management; working with project teams to promote community engagement; project reporting; designing and managing evaluation systems; convening advisory board meetings; and presenting and co-authoring publications on community engagement work.
- Partner outreach and engagement includes engaging with health equity stakeholders to promote partnerships and excellence in research, clinical care, and public health practice; assisting in the development and implementation of health initiatives to reduce health inequities.
- Academic collaboration includes acting within the Scripps-SDSU partnership to leverage and enhance internal and external partnerships aligned with its mission, vision, and values; supporting scientist and trainee development in the context of community engagement; and supporting colleagues to incorporate community engagement into existing curricula and learning outcomes.

SCRIPPS HUB ACADEMIC RESEARCH CORE (SHARC)

The Scripps Hub Academic Research Core (SHARC) team is a partnership between the Scripps Research Translational Institute and Scripps Health (housed in the Scripps Whittier Diabetes Institute). The Scripps Hub is one of 60 sites around the country that are supported by the NIH's Clinical and Translational Science Award (CTSA), with a focus on improving the process of translating research from bench-side to practice. Within this hub, the SHARC team aims to support translational research at Scripps Health and the Scripps Research Translational Institute in the following ways:

- Research navigation – Provide assistance through the grant process (from pre- to post-award) and with research implementation, especially for junior or new investigators
- Statistical support – Provide statistical support for designing the study, from sample size and power calculations through data analysis and presentation
- Community engagement – Encourage bidirectional communication between communities and researchers to foster participation in research, sharing and discussion of research questions and findings, and improve community health.

REUNIDOS: FARMWORKER SKIN CANCER HEALTH NAVIGATION PROGRAM

This research for this program is supported by Scripps Hub Academic Research Core (SHARC). Scripps Health has partnered on a research project with [Farmworker Justice](#), an advocacy organization for the health and labor rights of migrant farmworkers. Farmworkers are at increased risk for skin cancer because of occupational exposure to sun and pesticides. In 2017/2018, Farmworker Justice conducted the Unidos community mobilization project to raise skin-cancer awareness and promote skin-cancer care access in farmworker communities. Unmet needs were identified in follow-up care coordination for patients who screened positive for a suspicious skin

change. The ReUnidos study documents the incidence of skin cancer in the farmworker community and evaluates the benefits of a health-navigator program to facilitate follow-up care.

Participants are assigned a trained navigator and data are collected on the number of biopsies performed, diagnoses time from screening to diagnosis, skin cancer staging, time to treatment, as well as satisfaction with and perceived effectiveness of the navigator program. Outcome measures are extracted from chart review and final semi-structured interviews of both subjects and navigators. The project seeks to screen 1,000 community members. Approximately 2% are expected to screen positive for a suspicious lesion and require follow-up care.

To date, 68 health navigators have been trained and 10 screening events have been conducted in Northern San Diego County by Vista Community Clinic. A total of 200 adult participants have been screened, with 47% identifying as farmworkers. Two participants screened positive for a potential skin cancer and have received coordinated follow-up care. Screenings will continue through the end of 2023 with the goal to screen 1,000 participants.

OTHER HEALTH EQUITY DATA ANALYSIS PROJECTS SUPPORTED BY SHARC

As previously stated, Scripps Hub Academic Research Core (SHARC) aims to support translational research at Scripps Health and the Scripps Research Translational Institute. The following are data analysis projects supported by SHARC which include a health equity component. The projects include the following:

- **Clinical outcomes of Multiple Myeloma with web-based patient portal utilization.** Analysis investigating the disparities between active and not active MyChart users who have multiple myeloma. The study looked at ethnicity, race, age, sex, insurance type, and region.
- **MyChart Use in Cancer Types based on Zip Code.** This study was to see if there was a difference in cancer patients and their use of MyChart based on the San Diego Health and Human Services Regions (based on zip codes). The study analyzed the difference in MyChart use based on race, sex, ethnicity, and language. In addition, it analyzed the difference between Hispanic and non-Hispanic patients and their regions.
- **Asian Body Mass Index (BMI).** This study was to assess if Asian patients were accurately diagnosed as overweight or obese based on BMI. People who are Asian have lower BMI measures for being diagnosed as overweight or obese, and often this is not known or not done.
- **Pulmonary embolism (PE) in COVID-19 patients: incidence, risk factors, clinical characteristics, and outcomes at Scripps Health for the alpha/beta surge.** The study analyzed patients who had COVID and a CTPA and the difference between those who did not have a PE and those who had a PE. The study looked at differences in care received by sex, race, ethnicity, race, zip code, and insurance type.
- **Financial Toxicities Tumor Boards.** Data analysis project identifying predictors of financial toxicity for a variety of cancer treatments. Predictors include, sociodemographic factors, such as age, sex, race, and ethnicity, as well as insurance status and cancer type diagnosis.

- **Rates of prediabetes diagnosis and differences by race.** The project assessed whether individuals of different races who meet the diagnostic criteria were diagnosed with prediabetes (by ICD 10 code) at different rates. Focus was on Asian patients as the threshold for overweight/obesity is lower.
- **Differences in A1c as an indicator of diabetes management pre- vs. post- pandemic.** Data analysis project examining sociodemographic differences (i.e., sex, race, ethnicity, zip code) in HbA1c management pre and post the COVID-19 pandemic.

SCRIPPS COLLABORATIVE FOR HEALTH EQUITY (SCHE) RESEARCH GRANTS

Scripps was awarded funding as part of an excess settlement funds distribution (Krueger-Wyeth funds) to support programs at Scripps MD Anderson Cancer Center for a variety of initiatives to support patient care, research, and health equity in the areas of breast cancer, cardiovascular disease, and neurocognitive conditions. Scripps MD Anderson Cancer Center is using the funds to support several efforts, including clinical trials, translational research, expanded biorepository research, community outreach and a cancer survivorship clinic program. Scripps is working on a variety of projects designed to address health care disparities, including outreach, screening and supportive services for dementia, breast cancer and cardiovascular disease. One of the initiatives funded through this grant is the Scripps Collaborative for Health Equity (SCHE). The Scripps Collaborative for Healthcare Equity is dedicated to establishing excellence in community health equity and its outcomes in vulnerable populations through three strategic priorities.

1. Focus and expand research efforts on healthcare disparities (**see SCHE Subaward recipients below**).
2. Improve access to culturally and linguistically appropriate health care resources and supportive programs for patients.
3. Expand community interventions and programs that address the needs of multicultural populations.

SCHE SUBAWARD RECIPIENTS

SCHE disseminates annual funding award for Scripps employees/physicians that submit projects that address cancer, cardiometabolic, or neurocognitive disparities in the pursuit of health equity for vulnerable populations. Ideally, projects demonstrate effective academic-community partnerships, and lead to the publication of at least one first-authored, peer reviewed manuscript and/or subsequent external funding. In Fiscal Year 2022, SCHE developed and implemented a wide array of community interventions and a new application and process for the submittal of the first annual SCHE research health equity awards. SCHE awarded \$75,000 to the six health equity programs described below.

1. **SCHE SUBAWARD #1: DEVELOPMENT OF THE HEALTH EQUITY INFORMATION CENTER: A SCRIPPS DATA AND ANALYTICS SYSTEM TO FOSTER MEANINGFUL IMPROVEMENTS IN REGIONAL HEALTH EQUITY** This project will develop The Health Equity Information Center (HEIC). This system will serve as a clearinghouse for the collective knowledge of Scripps Health's regional and local efforts to address health equity. Research within the system will help identify and

highlight areas of need and opportunity, with an overall initiative that will serve as an enterprise asset in joining together disparate solutions to the holistic problems affecting Scripps patients in their communities beyond the walls of Scripps health system. HEIC will be a collection of the latest data, original analytics research, and business intelligence information hosted within the Scripps Intranet. It will serve as a source of truth for equity-focused metrics, including developing a Scripps Health Equity Progress Report and a proposed yearly report on key performance indicators for how Scripps is addressing internal and external health equity in the community. The HEIC will leverage the best data and analytics tools available to the Enterprise Analytics Hub.

2. [SCHE SUBAWARD #2: INTEGRATION OF HOME VISITS IN VULNERABLE COMMUNITIES: IMPACT OF BEDSIDE OUTPATIENT CARE ON HEMOGLOBIN A1C AND DIABETES MANAGEMENT IN A MULTICULTURAL PATIENT POPULATION.](#) This project will assess longitudinal home visits as an effective and sustainable option for longitudinal primary and diabetes care in the pursuit of health equity for vulnerable cardiometabolic populations by evaluating improvements in diabetes disease markers, medication adherence, and improvement in qualitative factors, including patients' understanding of nutrition, blood glucose monitoring, and satisfaction of care. The project will focus on diabetes preventative care through the intervention of home visits to incorporate complete primary care, diabetes management, and nutritional education.
3. [SCHE SUBAWARD #3: UNDERSTANDING DISPARITIES IN SUBSTANCE SCREENING \(UDSS\): A CLOSER LOOK AT HOW RACIAL BIAS AFFECTS SCREENING FOR SUBSTANCE USE IN LABOR AND DELIVERY.](#) This project will examine Scripps's urine drug screening (UDS) protocol and practices to help reduce racial and socioeconomic bias and mitigate the downstream effects of the screening process. This project will benefit pregnant patients in Labor & Delivery, improve maternal and child health outcomes and help promote health equity at Scripps: by identifying the demographics of those who are being screened with UDS in labor & delivery; reviewing the current policy, workflow, and practices for obtaining UDS; and provide interdisciplinary education regarding the appropriate use and potential harms of UDS. Outcomes of this project will be shared, encouraging other institutions to review their drug screening practices in Labor & Delivery and change policies that disproportionately negatively affect minority patients.
4. [SCHE SUBAWARD #4: HEALTH CARE DISPARITIES IN CARDIOVASCULAR DISEASE AMONGST WOMEN: CHEST PAIN AND ACUTE CORONARY SYNDROME.](#) At Scripps Mercy Hospital, the patient population includes a wide range of ethnicities and socioeconomic statuses. This project will initially retrospectively identify patients who are presented with acute coronary syndrome (ACS) by looking at the admission and discharge diagnostic codes for chest pain, dyspnea, NSTEMI, and STEMI. This project will analyze additional symptoms that women presented with as well as management and treatment compared to men. This project will not only close

the gap in healthcare sex disparity in cardiovascular health but also provide culturally competent care sensitive to other social determinants of health to promote health equity.

5. **SCHE SUBAWARD #5: ROLE OF ALLOSTATIC LOAD IN RISK FACTORS AND OUTCOMES OF TAKOTSUBO CARDIOMYOPATHY.** This project will experimentally demonstrate that allostatic load shows a dose response relationship with key clinical outcomes of takotsubo cardiomyopathy. The relationship between the following outcomes: number of complications, number of readmissions, length of hospital stay, and time of mortality (when applicable) and key sociodemographic, cardiometabolic, and allostatic load features will be examined. Additionally, this project will invite all individuals with a diagnosis of takotsubo cardiomyopathy to participate in a stress sub-study using validated psychometric tools to retrospectively capture allostatic load. Through statistical analyses of sociodemographic, cardiometabolic, and allostatic load data, a takotsubo cardiomyopathy outcomes risk score calculation will be derived.

6. **SCHE SUBAWARD #6: IDENTIFYING RACIAL AND ETHNIC DISPARITIES WITHIN THE PROVISION AND UTILIZATION OF GENETIC COUNSELING AND TESTING AMONG WOMEN WITH BREAST CANCER AT HIGH GENETIC RISK.** The project will define any racial or ethnic disparities that exist within the provision and uptake of genetic counseling and testing (GCT) at the Scripps MD Anderson Cancer Center. Breast cancer patients eligible for GCT will be identified, and demographics will be compared to define any racial or ethnic disparities. It will be noted whether any difference found changed over time, particularly before and after the COVID-19 pandemic. This project hopes to define any racial or ethnic disparity regarding those offered and who undergo genetic counseling and testing among breast cancer patients at high genetic risk. Future projects will work to address these disparities and equitably provide GCT and precision oncology to our diverse patient population.

OTHER SCRIPPS MD ANDERSON CANCER RESEARCH INITIATIVES FUNDED BY KRUEGER-WYETH FUNDING

INTEGRATIVE HEALTH OUTREACH

This project seeks to establish an Integrative Wellness Center for underserved populations in Central and Southern San Diego. The Center will include both a physical space and programming offered at various Scripps and community sites to leverage clinical space, ensure the Center's wide reach, and bring new and innovative therapies to communities lacking integrative services for health and wellness. Programs will include a specific focus on cardiovascular risk reduction and disease prevention, particularly among women, and will include ways to improve stress, poor diet, and sedentary lifestyles. The Integrative Wellness Center will offer a multidisciplinary approach to wellness provided by cardiologists, registered dietitians, mental health providers, exercise specialists, and practitioners skilled in healing modalities such as Healing Touch and acupuncture. Individual and group health education will also be offered to help patients build skills for sustained health improvement.

VIRTUAL CARDIAC REHABILITATION

Scripps Mercy Hospital is a disproportionate-share hospital, providing healthcare to an underserved diverse population. Cardiac rehabilitation is a critical component of continuity of care for patients following a heart-related hospitalization, for recovery support and secondary prevention of further events (Brewer et al., 2015). Cardiac rehabilitation programs have been proven as a cost-effective and evidence-based tool to improve patient outcomes. However, despite its proven benefits, cardiac rehabilitation is very underutilized, especially among patients in rural areas, elderly, and those economically disadvantaged. Virtual cardiac rehabilitation has emerged as an alternative to an in-person program and is being explored at Scripps Mercy as this was critical during the height of the COVID-19 pandemic where individuals were not wanting to be potentially exposed to the virus and has been proven to be a continuing viable solution for improved program access.

INNOVATIVE NEUROCOGNITIVE PREVENTION

Given the underrepresentation of minorities in healthcare delivery as well in clinical research, increasing both gender and ethnic diversity in science and medicine are important goals. One barrier to drawing underrepresented minorities to graduate-level scientific activities is a lack of access and exposure to basic and clinical research work for the trainees. Scripps aims to address this barrier by offering an 8–12-week joint research and clinical experience to two underrepresented minority women currently enrolled in medical school. This training program is a hybrid between Scripps Clinic GME and Scripps Research where fourth year medical students come to train with at our institution for an 8–10-week period. Students will complete a traditional 4-week inpatient Sub-Internship (Sub-I), and then spend 4–6 weeks working on clinical or translational research at Scripps Research Translational Institute, under the direction of Dr. Jaiswal or another PI of the student's choosing (with consent of the PI). This project not only has the benefit of exposing underrepresented students to much needed research exposure, but also has the benefit of adding unique and diverse perspectives to ongoing research at Scripps Health – including Krueger-Wyeth (K-W) projects. Women medical students who are exposed to research that focuses on the benefit of women could be more likely to engage in future projects and endeavors that benefit women as well.

ELECTRONIC PLATFORMS FOR HEALTH DISPARITIES

Several potential new platforms including VisionTree, Varian Noona, Oncora, and the Digital Trials Center are under consideration to support our health disparity populations. The VisionTree platform for example, sits directly within Epic and allows for real time data sharing/monitoring, PRO collection, and clinical research to be carried out effectively. Scripps would use this tool to evaluate socioeconomic risk factors and PROs in the breast cancer populations at Scripps. Similarly, the digital trials center uses a novel approach of conducting clinical research in a digital fashion, allowing investigators to reach more patients more quickly. Scripps would use this to conduct cross-sectional analysis on breast cancer populations at Scripps and Nationwide. Novel research proposal include: “Impacts of Real-Time EHR Access in Patients with Cancer” will look at disparities and outcomes from the new state-mandated release of real-time medical records through online health

portals. The project may suggest that there may be disparities in patient access, understanding of test results, and resulting anxiety/distress based on several socioeconomic factors.

THE MOBILE HEALTH AND RESOURCE FAIR

This project will assess the health needs and behaviors of Southeast San Diego residents to understand how the Mobile Health Resource Fair can best increase preventive health behaviors and connections to essential health care resources in underserved minority populations, especially in the areas of cardiovascular health, breast cancer, and neurocognitive health. Monthly health fair participants may complete a brief questionnaire to capture information on, known acute and chronic health conditions (family and self-history), dietary and exercise behaviors, health care use/access, and personal demographics. Health screening stations include blood pressure, blood glucose, mammography, and memory screening stations. Questionnaires will help establish a baseline of Southeast San Diego residents, their demographics, their health status, and family health histories, as well as document where health care was obtained, and identify barriers faced in getting health care. Participants will be able to use iPads (powered by a mobile hotspot) to answer questionnaires in English or Spanish with printed copies also available for those who prefer and QR codes provided to those who prefer answering on a mobile device. Project staff will follow up with participants who have abnormal outcomes to ensure sufficient resources are offered. Neurocognitive screening will be introduced in year 2 or year 3, pending collaboration with additional partners.

COVID-19 RESEARCH & EDUCATION

The following are COVID-19 research efforts that generated generalizable knowledge and were made available to the public. From education and prevention to research news, Scripps is committed to keeping the community up to date on the battle against COVID-19. Projects are being led by Scripps Health or co-led by Scripps Clinical and Translational Science Award (CTSA) supported investigators.

SCRIPPS WHITTIER DIABETES INSTITUTE – DULCE DIGITAL-COVID AWARE

The Scripps Whittier Diabetes Institute received grant approval in 2020 by the National Institutes for Health and National Institute of Diabetes and Digestive and Kidney Diseases (NIH/NIDDK) for a 1-year COVID-19 specific expansion to the 5-year “*Dulce Digital-Me (DD-Me): An Adaptive mHealth Intervention for Underserved Hispanics with Diabetes*” study. This expansion was named “*Dulce Digital-COVID Aware (DD-CA) discharge texting platform for US/Mexico border Hispanics with diabetes + COVID-19.*” The primary goal of DD-CA is to use a texting platform to improve communications to guide recently discharged patients with diabetes. The Dulce Digital-COVID Aware (DD-CA) program aims to improve glucose control and reduce readmission rates and COVID-19 transmission after patients leave the hospital. The participants receive health-related text messages every day for six months and wireless blood glucose monitors to text range values in when prompted. DD-CA combines culturally and linguistically relevant diabetes and COVID-19 educational messaging with glucose management support in a low-cost, easily adoptable platform to address specific barriers in diverse underserved communities. The study is now finalizing the results for publication to come out in 2024.

NATIONAL INSTITUTE OF HEALTH (NIH) COMMUNITY ENGAGEMENT ALLIANCE (CEAL)

CEAL awards were given to eleven different statewide teams, including California. The eleven sites are academic centers and reflect the geographic and racial/ethnic diversity of the communities. Scripps Health, represented by the Scripps Hub Academic Research Core (SHARC) team, has partnered with the San Diego County COVID-19 Equity Task Force to reach San Diego communities as part of the California CEAL Team award. The SHARC team has previously partnered with the task force to deliver virtual community town halls on COVID-19 and will continue to provide outreach through virtual events and safely redesigned health and resource fairs to assess COVID-19 knowledge and perceptions about clinical trials. Supporting this NIH-wide effort are the National Institute of Minority Health and Health Disparities (NIMHD) and the National Heart, Lung, and Blood Institute (NHLBI). This study will be completed in the Spring of 2023.

SCRIPPS RESEARCH SUPPORTED BY CLINICAL RESEARCH SERVICES (CRS)

Research and clinical discovery have been part of Scripps Health's mission since its founding in 1924. In partnership with the Scripps Clinical Medical Group (SCMG) via the Research Innovation Committee (RIC), Clinical Research Services consolidates and expands access to clinical research trials for SCMG physicians and patients across the Scripps system. For more information on CRS see Section 13. Further highlights of CRS research that address health equity are described below.

FINANCIAL TOXICITY IN DIVERSE CANCER POPULATIONS AND CARE SETTINGS

Advances in therapy have significantly improved cancer survival outcomes but with a harmful patient consequence: financial toxicity. Financial toxicity consists of a patient's many economic burdens from cancer treatment, encompassing direct healthcare costs as well as additional devastating financial consequences, such as job loss and medical bankruptcy. These burdens are estimated in prior studies as affecting 30% to 50% of patients. Known predictors of financial toxicity include younger patient age, non-Medicare insurance coverage, and lower income, variables representing non-intervenable factors. This is a prospective data collection study with a long-term goal of informing future interventional strategies to improve financial toxicity coping behaviors and psychological response dimensions. This study will look to generate the early data needed to understand the relationship between constructs and measures of patients' coping resources and psychological response and measures of patients' financial toxicity. Accordingly, to collect this early descriptive data, the overall goal of this study is to identify social, behavioral, and knowledge factors associated with financial toxicity outcomes. Identifying these factors will help elucidate targets for behavioral, psychosocial, and/or educational and coaching interventions. Scripps MD Anderson is funding the study and is currently open for enrollment. The estimated end date for the study is Q4 2023.

FINANCIAL TOXICITY IN THE SPANISH SPEAKING POPULATION

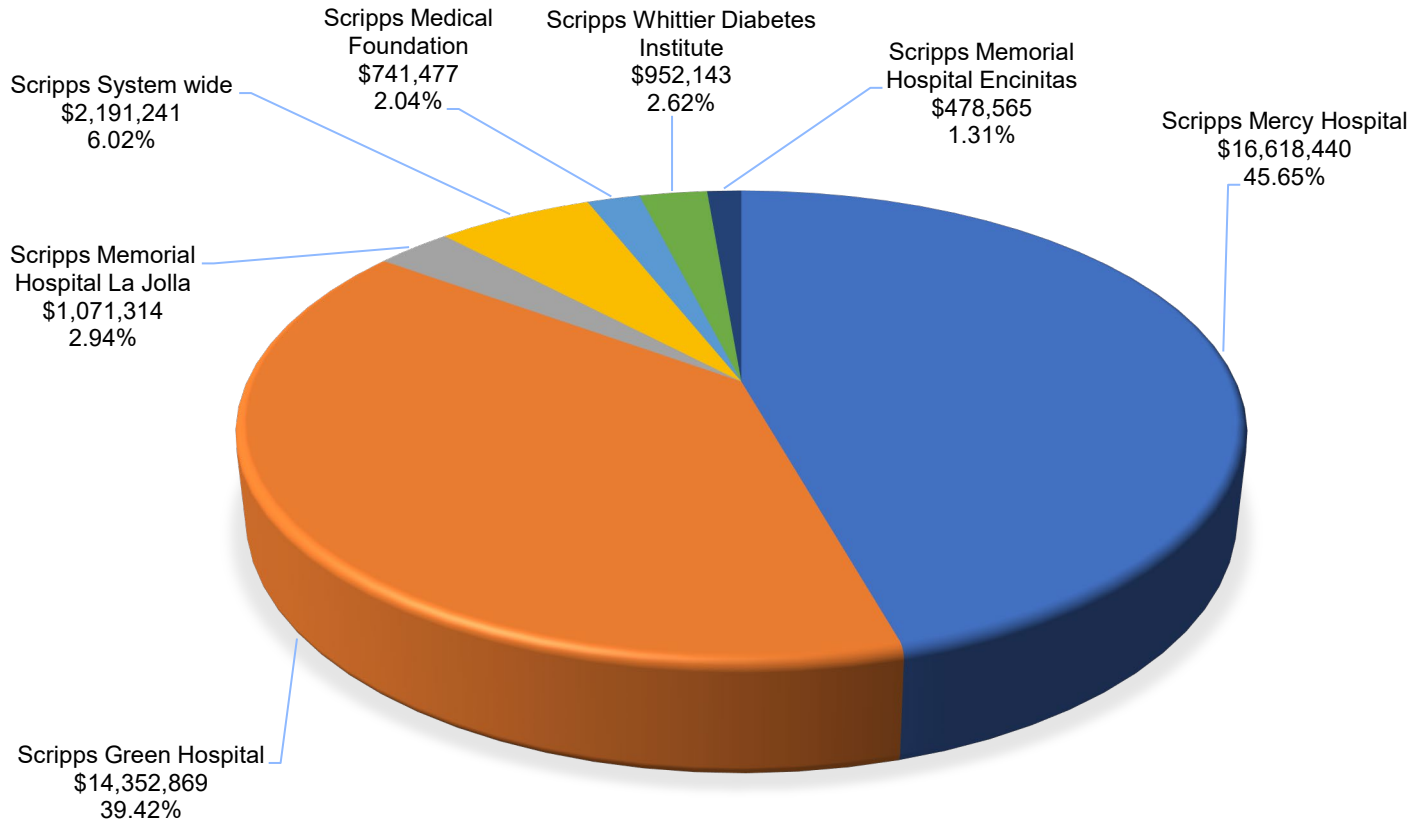
In partnership with MD Anderson, this mirrors MD Anderson's "Financial Toxicity in Diverse Cancer Populations and Care Settings" study. It will collect the same data as the MD Anderson study but for Spanish Speaking patients only. In addition, this study will also collect data on the feasibility of using a Spanish-speaking patient navigator to engage Spanish-speaking Latino cancer patients/survivors

in navigation within the setting of ambulatory care, initially focused on the feasibility of engaging patients/survivors in navigating their electronic patient portal. The conceptual model of financial toxicity in cancer patients identifies three major dimensions that comprise financial toxicity: material hardships (e.g., out of pocket expenses); psychological burden (e.g. distress and anxiety in response to the costs of cancer care); and coping resource depletion (e.g. depletion of resources to promote toward adaptive behavioral responses, such as relying on the support of friends and family for resources instead of maladaptive economizing responses, such as skipping medications or treatments to economize). However, interventions to respond to the two other major dimensions of financial toxicity, the “psychological burden” and “coping resource depletion” dimensions of financial toxicity, are lacking, including for Spanish-speaking Latino cancer patients. This is despite that minorities, including Latino populations, especially lower income and underinsured, bear a disparate burden of financial toxicity in the US. Accordingly, the long-term research goal that this study will contribute to is to develop culturally appropriate and effective patient navigation resources and psychosocial support resources for interventions to increase coping and resilience to financial toxicity in high-risk populations. This study will look to generate the early data needed to help develop the content and method of delivering strategies, tailored for an underserved, Spanish-speaking Latino population. This knowledge will contribute to the long-term impact of this research to decrease disparities in financial toxicity burden. Genentech is funding this program and currently is open for enrollment. The estimated end date for this study is Q4 2024.

Figure 6.1

Fiscal Year 2022

SCRIPPS PROFESSIONAL EDUCATION & HEALTH RESEARCH BY OPERATING UNIT, \$36,406,050



PROFESSIONAL EDUCATION AND HEALTH RESEARCH

This graph reflects clinical research, as well as professional education for non-Scripps employees, including graduate medical education, nursing resource development and other health care professional education. Research takes place primarily at Scripps Clinical Research Services, Scripps Whittier Diabetes Institute, Scripps Genomic Medicine, and Scripps Translational Science Institute. Calculations are based on cost, less “direct offsetting revenue,” which includes any revenue generated by the activity or program, such as payment or reimbursement for services provided to program patients. According to the Schedule H 990 IRS guidelines, “direct offsetting revenue” also includes restricted grants or contributions that the organization uses to provide a community benefit.

SCRIPPS PROFESSIONAL EDUCATION, GRADUATE MEDICAL EDUCATION & HEALTH RESEARCH SUMMARY LIST

Community Benefit Categories	Persons Served	Staff Hours	Volunteer Hours	Financial Support*
Health Professional Education				
Physicians/Medical Students	3,554	33,138	-	\$984,629
Nurses/Nursing Students	-	53,124	-	\$4,633,410
Other Health Professions Education	1,881	3,596	10,394	\$162,828
Totals FY 2022 Scripps Professional Health Education	5,435	89,858	10,394	\$5,780,867
Graduate Medical Education				
Scripps Family Medicine Residency Program	-	-	-	\$3,784,677
Scripps Green Hospital GME Program	-	-	-	\$13,853,736
Scripps Mercy Hospital GME Program	-	-	-	\$9,448,016
Totals FY 2022 Scripps Graduate Medical Education	-	-	-	\$27,086,429
Health Research				
Clinical Research	23	116,350	-	\$3,302,755
Community Health Research	295	3,316	-	\$236,00
Totals FY 2022 Scripps Health Research	318	119,666	-	\$3,538,755
Totals FY 2022 Scripps Health Professional Education, Graduate Medical Education & Health Research	5,753	209,524	10,394	\$36,406,050
* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances, an entire community benefit program cost center has been divided between several initiatives.				

Section 7

Scripps Memorial Hospital
La Jolla

SCRIPPS MEMORIAL HOSPITAL LA JOLLA

ABOUT SCRIPPS MEMORIAL HOSPITAL LA JOLLA



Located in North Central San Diego County, Scripps Memorial Hospital La Jolla provides health care services for 15.8 percent of the inpatient population living in the hospital's 50 percent service area. Today, the hospital has 426 licensed beds and 2,986 employees.

Scripps La Jolla provides a wide range of clinical and surgical services, including intensive care, interventional cardiology and radiology, radiation oncology, cardiothoracic and orthopedic services, neurology, ophthalmology, and mental health and psychological services, as well as skilled nursing. As one of six designated trauma centers, and one of 21 emergency departments, in San Diego County, Scripps La Jolla is a critical part of the county's emergency service network.

Within the hospital's service area, Scripps La Jolla cares for 19.9 percent of Medicare patients, 6.2 percent of Medi-Cal patients, 18.7 percent of commercially insured patients and 9.8 percent of patients with other payment sources, including self-pay and charity care.

In addition to acute care services, a wide range of specialty services and programs are located on the hospital's campus, including the Cardiac Treatment Center, Imaging Center, and Scripps Polster Breast Care Center.

DISTINGUISHING PROGRAMS AND SERVICES

- Prebys Cardiovascular Institute
- Emergency Department
- Gamma Knife Center of San Diego
- Neonatal Intensive Care Nursery (operated by Rady Children's Hospital)
- Scripps Polster Breast Care Center
- Scripps Center for Women's Health
- Scripps Mericos Eye Institute
- Scripps MD Anderson Cancer Center (programs/services referenced in Section 13)
- Level 1 Trauma Center (Barbey Family Emergency & Trauma Center)
- Primary Stroke Center designated by The Joint Commission
- Geriatric Emergency Department Accreditation by the American College of Emergency Physicians (ACEP)

SCRIPPS MEMORIAL HOSPITAL LA JOLLA 2023 COMMUNITY BENEFIT REPORT; FISCAL YEAR 2022

The Scripps La Jolla Community Benefit Report is an account of the hospital’s dedication and commitment to improving the community’s health, detailing programs that have provided benefit over and above standard health care practices in Fiscal Year 2022 (October 2021 to September 2022).

FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during Fiscal Year 2022, Scripps La Jolla employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs. With close to 71 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$4,125.⁶¹

MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2022, Scripps La Jolla devoted **\$142,723,118** to community benefit programs, including uncompensated health care, community health services, professional education, and health research. The programs offered by Scripps La Jolla emphasize community-based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

COMMUNITY BENEFIT SERVICES HIGHLIGHTS

Community Benefit Financial Commitment

\$142,723,118

Community Benefit Services

Bad Debt	\$172,812
Charity Care	\$2,791,697
Community Health Improvement Services	\$1,114,689
Medi-Cal & Other Means Tested Shortfall	\$47,630,058
Medicare & Medicare HMO Shortfall	\$89,942,549
Professional Education & Research	\$1,071,314

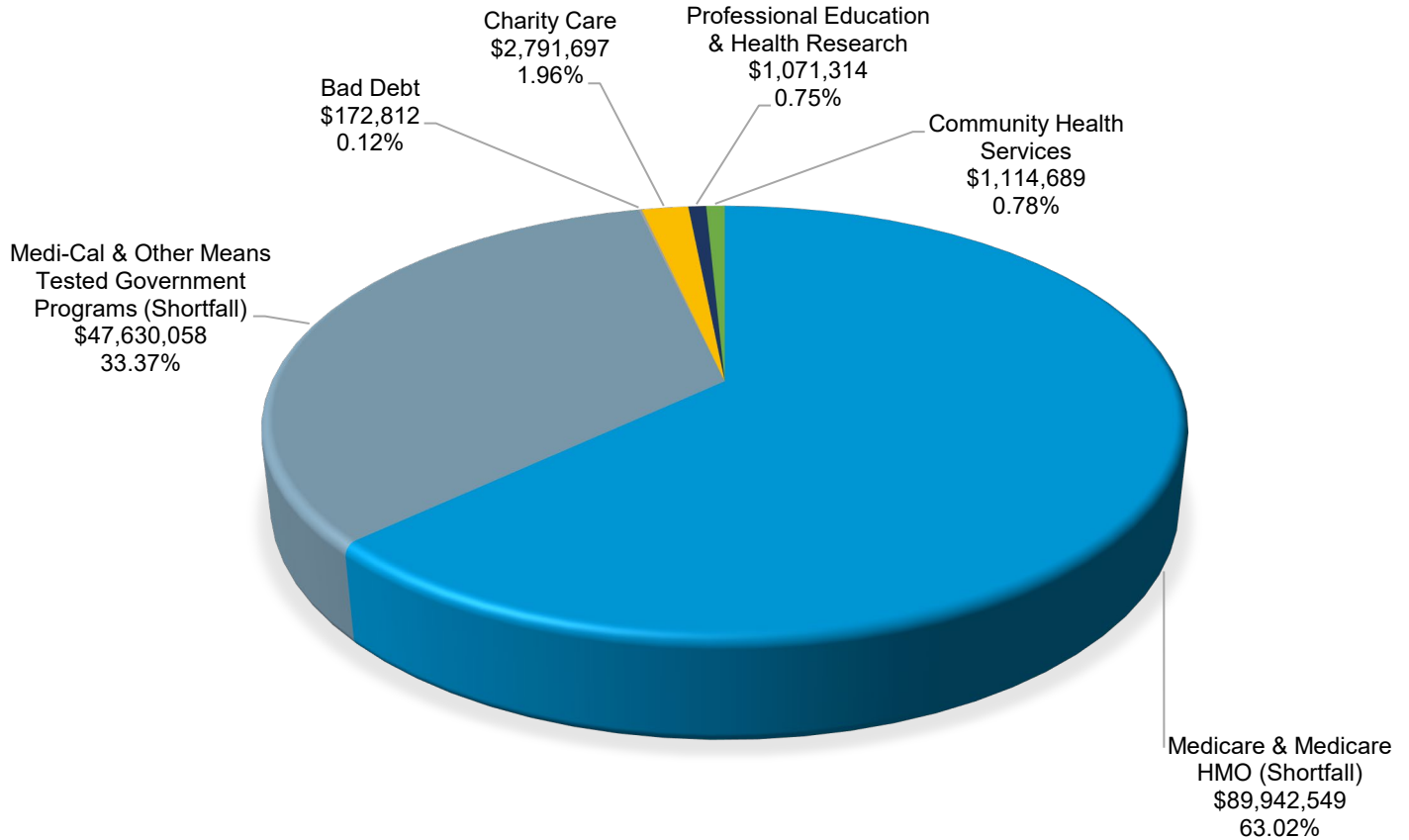
Refer to Figure 7.1 presented on the following page for a graphic representation of Fiscal Year 2022

⁶¹ Calculations based on an average hourly wage for the Scripps Health system plus benefits.

Figure 7.1

Fiscal Year 2022

SCRIPPS MEMORIAL HOSPITAL LA JOLLA COMMUNITY BENEFIT SERVICES DISTRIBUTION \$142,723,118



Community Benefits Services (Provider Fee Impact)	Bad Debt	Charity Care	Medi-Cal (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Total
Before Provider Fee	\$172,812	\$2,791,697	\$39,362,550	\$89,942,549	\$1,114,689	\$1,071,314	\$134,625,642
Provider Fee		-	\$8,267,508	-	-	-	\$8,267,508
Net After Provider Fee	\$172,812	\$2,791,697	\$47,630,058	\$89,942,549	\$1,114,689	\$1,071,314	\$142,723,118

COMMUNITY BENEFIT SERVICES

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.

SCRIPPS MEMORIAL HOSPITAL LA JOLLA COMMUNITY HEALTH SERVICES, FISCAL YEAR 2022

COMMUNITY HEALTH SERVICES HIGHLIGHTS

Community health services include prevention and wellness programs such as screenings, health education, support groups and health fairs which are supported by operational funds, grants, in-kind donations, and philanthropy. These programs are designed to raise public awareness and understanding of, and access to, identified community health needs (refer to Appendix I, Community Health Needs Assessment).

During Fiscal Year 2022 (October 2021 to September 2022) Scripps La Jolla invested \$1,114,689 in community health improvement services. This figure reflects the costs associated with providing community health improvement activities, including salaries, materials, and supplies, minus billable revenue. This section highlights some of Scripps La Jolla Fiscal Year 2022 community health services achievements.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH HIGHLIGHTS

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers, or offer continuing education to existing health care professionals, the quality of health care would be greatly diminished. Each year, Scripps La Jolla advances health care services through professional education programs. To enhance service delivery and treatment practices for San Diego County, Scripps La Jolla invested \$1,071,314⁶² in professional training and research programs during Fiscal Year 2022 (October 2021 to September 2022). This section highlights some of Scripps La Jolla professional education activities.

Scripps La Jolla is a rotation site for nursing students in virtually all clinical areas of the hospital. Support training and clinical rotations were provided in radiation oncology, the cardiac treatment center, the intensive care unit, labor and delivery, Scripps Polster Breast Care Center, the emergency department, operating room, the rehabilitation department, maternal child health and other areas. Scripps La Jolla supported clinical instruction and practice affiliations for non-nursing students. In addition, Scripps La Jolla provided clinical and non-clinical experiences in rehab services, respiratory care, radiology, cardiovascular lab, social services, food and nutrition services, maternal child health education, lactation services and cardiac treatment center.

⁶² Reflects clinical research as well a professional education for non-Scripps employees, nursing resource development and other health care professional education. Research primarily take place at Scripps Clinical Research Services, Scripps Whittier Diabetes Institute, Scripps Genomic Medicine and Scripps Translational Science Institute. Calculations based on total program expenses.

PHARMACY RESIDENCY PROGRAM

Scripps La Jolla offers four 12-month ASHP (American Society of Health System Pharmacists) accredited postgraduate year one (PGY-1) pharmacy residency positions and one post graduate year two (PGY-2) infectious disease residency position. The residency program focuses on pharmacotherapy, teaching, and research in a decentralized clinically pharmacy practice setting. Both core and elective experiences are offered in a variety of clinical specialties and services. The pharmacy department is open 24/7 and includes a central pharmacy, two OR satellite pharmacies and many decentralized clinical service areas. Our clinical pharmacists provide a broad range of clinical services, carry out pharmacist driven medication protocols, and practice under prescriptive authority granted by the Pharmacy and Therapeutics Committee. Scripps La Jolla is affiliated with multiple schools of pharmacy and annually trains 20–25 PharmD candidates. Graduates of this program are prepared to practice in tertiary academic or community hospital settings and adjunct faculty positions, as well as pursue further training such as postgraduate year two (PGY-2) residency or fellowship.

SCRIPPS MEMORIAL HOSPITAL LA JOLLA 2023 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2023

The Scripps Memorial Hospital La Jolla 2023 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's goals and strategies to support community health during Fiscal Year 2023 (October 2021 to September 2023).

THE SCRIPPS 2023 COMMUNITY BENEFIT GOAL

Make a measurable impact on the health status of the community through improved access to care, health improvement programs, and professional education and health research.

SCRIPPS LA JOLLA FISCAL YEAR 2023 COMMUNITY BENEFIT OBJECTIVES

COMMUNITY HEALTH SERVICES

CANCER OUTREACH, EDUCATION AND SUPPORT

The Polster Breast Cancer Center will offer a series of breast health education, support and treatment programs including:

- Continuing to provide education and support services in collaboration with the Rehabilitation Department for those who are experiencing or are at risk for lymphedema.
- Continuing to provide education and support for breast health by taking part in community events and health fairs.

GENERAL HEALTH EDUCATION AND WELLNESS INITIATIVES

- Continue to sponsor community-based support groups for breastfeeding, cancer, lymphedema, gynecological, aphasia, grand parenting classes, Parkinson's voice class, Parkinson's exercise class, pelvic floor wellness, fall prevention, home safety, healing touch workshops and diabetes at Scripps La Jolla and community sites.
- Coordinate four blood drives at the Scripps La Jolla campus on behalf of the American Red Cross.
- Work with other nonprofit community organizations, such as American Heart Association and Rady Children's Hospital to promote healthy behaviors.
- Support Scripps nursing in services and community-based medical outreach activities and physical therapy internships.
- Support nursing school programs by offering observations of maternal child health programs for student nurses.

HEART HEALTH AND CARDIOVASCULAR DISEASE

Enhance cardiac health education and prevention efforts in North Central San Diego County by:

- Offer education targeting women to increase public awareness about the advances in women's health care.
- Offer cardiac education programs for the community, focusing on current heart treatment options.

- Offer a pulmonary education program.
- Provide programs for heart patients, including lectures on assorted topics and to provide a supportive atmosphere for participants to work on stress management techniques dealing with chronic illness through The Cardiac Treatment Center Life Project.
- Offer programs complementary to living with chronic illness, including heart and lung disease that will promote well-being.

MATERNAL CHILD HEALTH EDUCATION

- Continue to provide prenatal, postpartum, and parenting education programs for low-income women throughout San Diego County.
- Offer maternal child health classes throughout San Diego County to enhance parenting skills. Low-income women in the County of San Diego can attend classes at no charge or on a sliding fee schedule. Military discount is provided.
- Maintain the existing prenatal education services in the county, ensuring that programs demonstrate a satisfaction rating higher than 90 percent.
- Continue to offer breastfeeding support groups on a weekly basis.
- Offer six maternal child health education classes for grand parenting in San Diego County.
- Offer pelvic floor wellness education for expectant women.

UNINTENTIONAL INJURY AND VIOLENCE

- Provide safety education programs for older adults through Trauma Services focusing on balance improvement and fall prevention.
- Provide educational programs emphasizing controlling bleeding. The Stop the Bleed program is a national campaign to cultivate grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives.
- Provide Beach Area Community Educational classes. This collaboration with the SDPD, Parks and Recreation; District Attorney's Office and Discover Pacific Beach is an educational program for first time offenders for quality-of-life crimes. Education is provided to the participants regarding these quality-of-life crimes and their effects on the community, the effects of smoking and alcohol consumption and the rules and regulations for the beach community.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH

- Continue to function as a premier site for nursing clinical rotations for all nursing programs in San Diego County; expand student exposure to outpatient and nontraditional patient care areas.
- Provide preceptor experiences to nursing students in several nursing practice roles: educator, clinical specialist, manager staff nurse.
- Continue to offer a robust student nurse externship program.
- Provide clinical education experiences for allied health students such as OT, PT, RCP, radiographers, surgical technicians, and clinical social workers.

UNCOMPENSATED CARE

During Fiscal Year 2023, Scripps La Jolla will continue to provide health care services for vulnerable patients who are unable to pay .

- Maintain, communicate, and effectively administer the Scripps financial assistance policy in a manner that meets patients' needs.
- Assure that care is available through the emergency department and trauma center, regardless of a person's ability to pay.
- Provide maternal child health programs for expectant families at a reduced rate via a sliding fee or no charge if enrolled in Medi-Cal.

SCRIPPS MEMORIAL HOSPITAL LA JOLLA COMMUNITY BENEFIT SERVICES SUMMARY LIST

Community Benefit Categories	Persons Served	Staff Hours	Volunteer Hours	Financial Support*
Uncompensated Care				
Bad Debt	-	-	-	\$172,812
Charity Care	-	-	-	\$2,791,697
Medi-Cal and Other Means Tested Government Programs (Shortfall)***	-	-	-	\$47,630,058
Medicare and Medicare HMO (Shortfall)**	-	-	-	\$89,942,549
Total FY 2022 Uncompensated Care	-	-	-	\$140,537,115
Community Health Services				
Community Health Education	11,671	3,683	71	\$351,827
Community-Based Clinical Services	250	-	-	-
Health Care Support Services	-	-	-	\$762,736
Totals FY 2022 Community Health Services	11,921	3,683	71	\$1,114,563
Professional Education				
Physicians/Medical Students	-	16,909	-	\$484,528
Nurses/Nursing Students	-	6,717	-	\$579,474
Other Health Professions Education	3	113	-	\$7,313
Totals FY 2022 Professional Education	3	23,739	-	\$1,071,314
Cash, Grants, and In-kind Contributions				
Total FY 2022 Cash, Grants, and In-Kind Donations	-	-	-	\$126
Totals FY 2022 Scripps Memorial Hospital La Jolla	11,924	-	71	\$142,723,118

* **"Financial Support"** reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances, an entire community benefit program cost center has been divided between several initiatives.

**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.

*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.

Section 8

Scripps Memorial Hospital
Encinitas

SCRIPPS MEMORIAL HOSPITAL ENCINITAS

ABOUT SCRIPPS MEMORIAL HOSPITAL ENCINITAS



Located along the coast of San Diego's North County, Scripps Memorial Hospital Encinitas provides health care services for 33.6 percent of the inpatient population living in the hospital's North County West service area. Today the hospital has 187 licensed beds and 1,555 employees.

Scripps Encinitas provides a wide range of acute clinical care services including, but not limited to, 24-hour emergency services, intensive care, cancer/oncology, nuclear medicine, radiology, orthopedics, neurology, urology, and acute care rehabilitations services. Within its service area, Scripps Encinitas cares for 39.9 percent of Medicare patients, 24.8 percent of Medi-Cal patients, 30.4 percent of commercially insured patients, and 30.1 percent of patients with other payment sources, including self-pay and charity care.

DISTINGUISHING PROGRAMS AND SERVICES

- 24-hour emergency services
- Neurological care services
- Primary stroke center designated by The Joint Commission
- Spine and Joint replacement programs
- Palliative care program
- Comprehensive Rehabilitation Services Center
- Geriatric Emergency Department Accreditation by the American College of Emergency Physicians (ACEP)

LEICHTAG FAMILY BIRTH PAVILION

- Neonatal intensive care nursery (operated by Rady Children's Hospital)
- Perinatal support program
- San Diego County's first World Health Organization designated "baby-friendly" hospital

WOMEN'S IMAGING SERVICES

- Digital mammography
- Bone density test (Densitometry or DEXA Scan)
- Ultrasound
- Magnetic Resonance Imaging (MRI)
- Breast Specific Gamma Imaging (BSGI)

SCRIPPS MEMORIAL HOSPITAL ENCINITAS 2023 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2022

The Scripps Memorial Hospital Encinitas Community Benefit Report is an account of the hospital's dedication and commitment to improving the community's health, detailing programs that have provided benefit over and above standard health care practices in Fiscal Year 2022 (October 2021 to September 2022).

FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during Fiscal Year 2022, Scripps Encinitas employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs. With close to 16 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$930.⁶³

MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2022, Scripps Encinitas devoted **\$78,689,375** to community benefit programs, including uncompensated health care, community health services, professional education, and health research. The programs offered by Scripps Encinitas emphasize community-based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

COMMUNITY BENEFIT SERVICES HIGHLIGHTS

Community Benefit Financial Commitment

\$78,689,375

Community Benefit Services

Bad Debt	\$177,046
Charity Care	\$1,324,200
Community Building Activities	\$5,639
Community Health Improvement Services	\$586,720
Medi-Cal & Other Means Tested Shortfall	\$28,425,442
Medicare & Medicare HMO Shortfall	\$47,691,762
Professional Education & Research	\$478,565

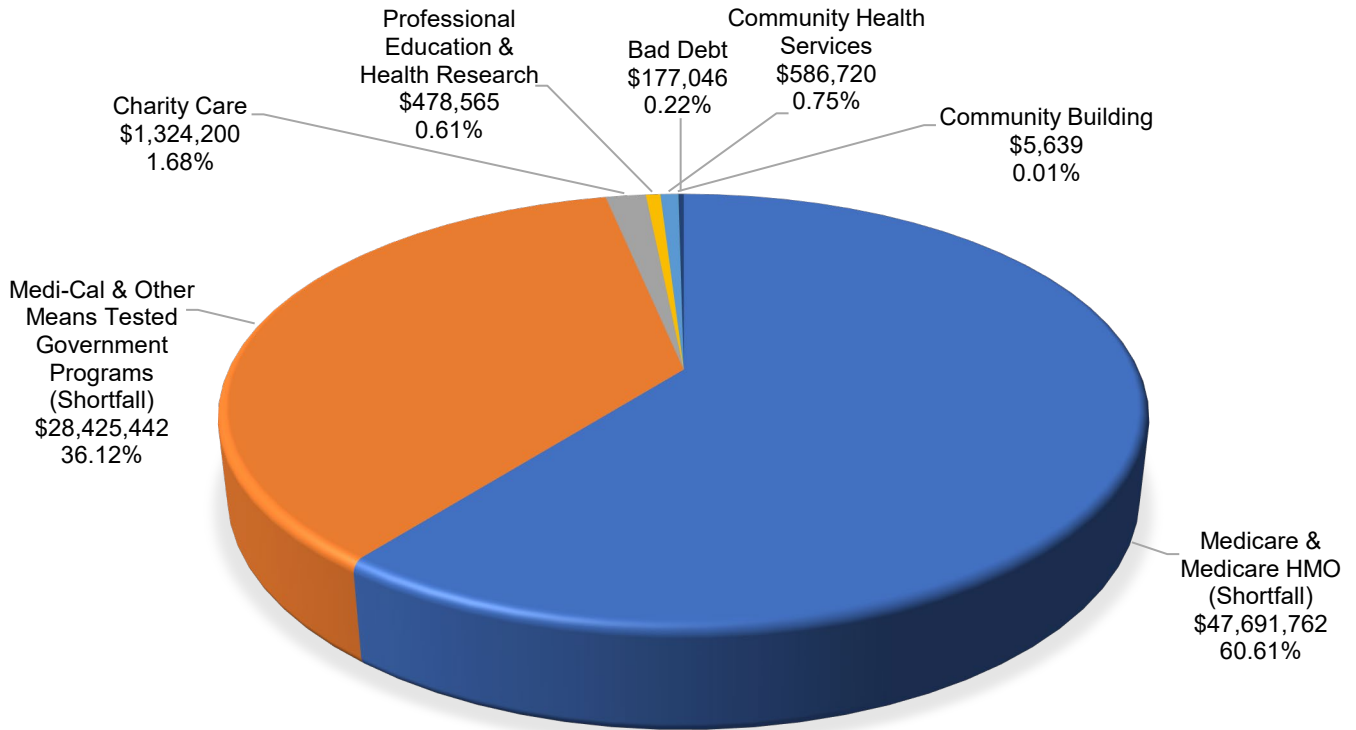
Refer to Figure 8.1 presented on the following page for a graphic representation of Fiscal Year 2022

⁶³ Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

FIGURE 8.1

FISCAL YEAR 2022

SCRIPPS MEMORIAL HOSPITAL ENCINITAS COMMUNITY BENEFIT SERVICES DISTRIBUTION, \$78,689,375



Community Benefits Services (Provider Fee Impact)	Bad Debt	Charity Care	Medi-Cal (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Community Building Activities	Total
Before Provider Fee	\$177,046	\$1,324,200	\$23,475,972	\$47,691,762	\$586,720	\$478,565	\$5,639	\$73,739,905
Provider Fee	-	-	\$4,949,470	-	-	-	-	\$4,949,470
Net After Provider Fee	\$177,046	\$1,324,200	\$28,425,442	\$47,691,762	\$586,720	\$478,565	\$5,639	\$78,689,375

COMMUNITY BENEFIT SERVICES:

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.

SCRIPPS MEMORIAL HOSPITAL ENCINITAS COMMUNITY HEALTH SERVICES, FISCAL YEAR 2022

COMMUNITY HEALTH SERVICES HIGHLIGHTS

Community health services include prevention and wellness programs such as screenings, health education, support groups and health fairs which are supported by operational funds, grants, in-kind donations, and philanthropy. These programs are designed to raise public awareness and understanding of, and access to, identified community health needs (refer to Appendix I, Community Health Needs Assessment).

During Fiscal Year 2022 (October 2021 to September 2022) Scripps Encinitas invested \$586,720 in community health improvement services. This figure reflects the costs associated with providing community health improvement activities, including salaries, materials, and supplies, minus billable revenue. This section highlights some of Scripps Encinitas Fiscal Year 2022 community health services achievements.

- The BrainMasters Stroke and Brain Injury Survivors Support Group is for survivors, caregivers and loved ones. Participants receive information and resources, reinforce inner strengths, learn self-care strategies, develop encouraging peer relationships, and continue a life of meaning and purpose. The breast cancer support group recognizes the special needs of women who have suffered from breast cancer. Group members share experiences, information, hopes, fears, and strengths in a relaxed setting.
- Coordinated three blood drives on behalf of the American Red Cross at Scripps Encinitas.
- Offered a virtual bereavement support group which was facilitated by a licensed professional.
- Offered a healing arts class and support group to brain injury survivors. Participants develop a new leisure interest and increase their art skills. Art supplies are free to participants and the class is free and open to the community.
- Standing Strong Fall Prevention Workshop helps seniors reduce risk of falls through assessments and education.
- Offered classes on Men's Pelvic Floor Health & Wellness. This is a virtual class for men to learn more about how to care for their pelvic floor to improve bowel function, sexual health, and wellness.
- Offered classes on Restorative Yoga & Sound Healing. A combination of sound, vibration, meditation, and yoga are used to calm the mind and soothe the body.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH HIGHLIGHTS

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers, or offer continuing education to existing health care professionals, the quality of health care would be greatly diminished. Medical research also plays a vital role in improving the community's overall health by developing new and innovative treatments.

Each year, Scripps Encinitas allocates resources to advance health care services through professional education health programs and research. To enhance service delivery and treatment practices for San Diego County; Scripps Encinitas invested \$478,565⁶⁴ in professional training and health research programs during Fiscal Year 2022 (October 2021 to September 2022). This section highlights some of Scripps Encinitas professional education activities.

YOUNG LEADERS IN HEALTH CARE

Scripps Encinitas continued with its long-standing Young Leaders in Healthcare program to introduce youth to careers in the health field. Young Leaders in Health Care is a forum for high school students to learn about the health care system and its career opportunities. High school students in grades 9 through 12 have the unique opportunity to discuss medicine and medical issues directly with medical professionals, to become involved in health-related community service programs and to learn about internship opportunities. The program mentors' students on leadership, providing tools to meet daily life challenges, and assigns a service project to satisfy school requirements and make a positive impact on the community. In past year, students created public service announcements about teen safety and wellness, eating disorders, prescription drug abuse, cyberbullying and dating violence. They also 3D printed and assembled face shields for the pandemic, painted inspirational rocks and delivered meals to those in need. The 2022 class touched a variety of topics from mental illness to the opioid crisis. More than 170 students participated in the program. Meetings were conducted as virtual Teams meetings for the 2021-2022 school year. Students that participate in the program are eligible to apply to the High School Explorer summer internship program.

⁶⁴ Reflects clinical research as well as professional education for non-Scripps employees, nursing resource development and other health care professional education. Research primarily takes place at Scripps Clinical Research Services, Scripps Whittier Diabetes Institute, Scripps Genomic Medicine, and Scripps Translational Science Institute. Calculations based on total program expenses.

SCRIPPS MEMORIAL HOSPITAL ENCINITAS 2023 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2023

The Scripps Memorial Encinitas 2023 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health during Fiscal Year 2023 (October 2022 to September 2023).

THE SCRIPPS 2023 COMMUNITY BENEFIT GOAL

Make a measurable impact on the health status of the community through improved access to care, health improvement programs, and professional education and health research.

SCRIPPS ENCINITAS FISCAL YEAR 2023 COMMUNITY BENEFIT OBJECTIVES

COMMUNITY HEALTH SERVICES

- Continue to coordinate quarterly blood drives on behalf of American Red Cross at Scripps Encinitas.
- Continue to offer bereavement support group, which is facilitated by a licensed professional, which meets twice a month and is free and open to the community.
- Continue to offer the Brain Masters Stroke and Brain Injury Survivors Group for survivors, caregivers and loved ones. Participants receive information and resources, reinforce inner strengths, learn self-care strategies, develop encouraging peer relationships, and continue a life of meaning and purpose. It is facilitated by a licensed professional and is free and open to the community.
- Continue Standing Strong Fall Prevention Workshops to help seniors reduce risk of falls through assessments and education.
- Continue Community Class offerings including Restorative Yoga & Sound Healing and Men's Pelvic Floor Health & Wellness.
- Continue to offer rehabilitation services with the Synergy Art Foundation Healing Arts Program. The program offers Healing Arts Classes to all in patients who are recovering from any neurological issues, including but not limited to brain injuries, strokes, spinal cord injuries, Parkinson's disease, and Multiple Sclerosis. The group is open to the community and meet twice a month. It is led by a Scripps Physical Therapist and a Synergy Art Foundation artist who designs classes to promote self-expression through art, reduce stress, increase hand-eye coordination, and stimulate imagination and creativity in a comfortable and supportive environment.
- Continue to support the Young Leaders in Health Care program, which involves local area high school students such as (San Dieguito Academy, La Costa Canyon, High Tech High San Marcos, Carlsbad High School, Torrey Pines, Canyon Crest Academy, Vista High and Pacific Ridge). The program gathers monthly from October through May at the hospital or virtually to discuss the health care system, explore career opportunities, meet medical professionals, and develop service projects to implement in their school communities. The program mentors' students on leadership and provides tools for daily challenges. Each year

the students work toward a final presentation based on their community service projects related to health care and wellness.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH

- Support California State San Marcos and Palomar College nursing school programs by providing a supportive educational environment for their clinical nursing rotations.
- Provide clinical education experiences for health students studying physical, occupational and speech therapy.
- Continue to host students from the Young Leaders in Health Care program.

UNCOMPENSATED HEALTH CARE

During Fiscal Year 2023, Scripps Encinitas will continue to provide health care services for vulnerable patients who are unable to pay for services.

- Maintain, communicate, and effectively administer Scripps financial assistance policy in a manner that meets patients' needs.
- Assure that care is available through the emergency department, regardless of a person's ability to pay.

SCRIPPS MEMORIAL HOSPITAL ENCINITAS COMMUNITY BENEFIT SERVICES SUMMARY LIST

Community Benefit Categories	Persons Served	Staff Hours	Volunteer Hours	Financial Support*
Uncompensated Care				
Bad Debt	-	-	-	\$177,046
Charity Care	-	-	-	\$1,324,200
Medi-Cal and Other Means Tested Government Programs (Shortfall)***	-	-	-	\$28,425,442
Medicare and Medicare HMO (Shortfall)**	-	-	-	\$47,691,762
Total FY 2022 Uncompensated Care	-	-	-	\$77,618,450
Community Health Services				
Community Health Education	439	282	-	\$9,466
Community-Based Clinical Services	90	-	-	-
Health Care Support Services	-	-	-	\$577,524
Totals FY 2022 Community Health Services	529	282	-	\$586,720
Professional Education				
Totals FY 2022 Nurses/Nursing Students	-	5,565	-	\$478,565
Community-Building Activities				
Totals FY 2022 Workforce Development**	442	64	16	\$5,639
Totals FY 2022 Scripps Memorial Hospital Encinitas	971	5,911	16	\$78,689,375
<p>*Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances, an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

Section 9

Scripps Mercy Hospital

SCRIPPS MERCY HOSPITAL

Located in the central service area and near the United States Mexico border Scripps Mercy Hospital provides health care services for 22.3 percent of the inpatient population living within the hospital's service areas. Today, the hospital has 655 licensed beds and more than 4,322 employees. Scripps Mercy Hospital is San Diego's longest established and only Catholic hospital. The two hospital campuses (San Diego Campus and Chula Vista Campus) share a license and report all utilization and financial data as a single entity to the Department of Health Care Access and Information (HCAI).

Scripps Mercy is designated as a disproportionate share hospital, providing care to many patients who either lack health insurance or are covered through a government subsidy program. Within the Scripps Mercy service area, Scripps Mercy cares for 27.2 percent of Medicare patients, 22.9 percent of Medi-Cal patients, 11.3 percent of commercially insured patients, and 20 percent of patients have another payment source, including self-pay, CMS, or charity care.

SAN DIEGO CAMPUS



Founded in 1890, Scripps Mercy Hospital San Diego has a long tradition of caring for the underserved. Located in Central San Diego County, Scripps Mercy San Diego has 482 licensed beds and 3,078 employees. As a major teaching hospital, Scripps Mercy San Diego, provides a primary site for the clinical education of more than 140 residents per year. Scripps Mercy San Diego provides a wide range of acute medical care services including, but not limited to, intensive care, cancer care, cardiac treatment, endoscopy, neurology, nuclear medicine, orthopedics, radiology, rehabilitation, respiratory care, and urology services, plus a variety of support services for low-income patients. As one of six trauma centers and one of 21 emergency departments in San Diego County, Scripps Mercy San Diego makes up a critical part of the county's emergency service network.

CHULA VISTA CAMPUS



Located approximately four miles from the United States-Mexico border in South San Diego County, Scripps Mercy Hospital Chula Vista has 173 licensed-care beds and 1,244 employees. It became a Scripps Mercy Hospital campus in October 2004 and together with the Scripps Mercy Hospital in Hillcrest, cares for San Diego's Metro and South Bay communities.

Scripps Mercy Chula Vista provides a wide range of acute clinical care services including, but not limited to, obstetrics and gynecology, rehabilitation (physical, occupational and speech therapies), cancer care services, inpatient and outpatient radiology, neurology, and a full range of surgical services (orthopedic, thoracic/vascular, urology and general surgery).

DISTINGUISHED PROGRAMS – SCRIPPS MERCY HOSPITAL SAN DIEGO CAMPUS

- Bariatric Surgery Program
- Behavioral Health Services
- Scripps MD Anderson Prebys Cancer Center
- Woltman Family College Building
- Cardiovascular Center
- Scripps Mercy’s Supplemental Nutrition Program for Women, Infant and Children (WIC)
- Graduate Medical Education
- Advanced Interventional Stroke Center designated by The Joint Commission
- Lithotripsy
- Robotic Surgery Program
- Maternal Child Health
- Neonatal Intensive Care Level III
- Orthopedic Center
- Spiritual Care Services
- The O’Toole Breast Center
- Geriatric Emergency Department Accreditation by the American College of Emergency Physicians (ACEP)
- Level 1 Trauma Care and Emergency Department
- Scripps Resident Clinic at the Hillcrest Family Health Center
- Community Benefit Programs

DISTINGUISHED PROGRAMS – SCRIPPS MERCY HOSPITAL, CHULA VISTA CAMPUS

- Breast Health Outreach and Education Services
- Neonatal Intensive Care Nursery
- San Diego Border Area Health Education Center (AHEC)
- Cultural Competency and Language Services
- Youth Health Careers Development Programs
- Advanced Interventional Stroke Center designated by The Joint Commission
- Health Education Programs
- Scripps Family Practice Residency Program
- Scripps Outpatient Imaging Center
- Scripps Rehabilitation Services
- Scripps Mercy Hospital Chula Vista Well-being Center
- Geriatric Emergency Department Accreditation by the American College of Emergency Physicians (ACEP)

SUBSIDIZED HEALTH SERVICES

Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of charity care, bad debt and Medi-Cal shortfalls. Nevertheless, the service is provided because it meets an identified community need, which if no longer offered would either be unavailable in the area or fall to government or another not-for-profit organization.

Subsidized services do not include ancillary services that support lines, such as lab and radiology (if these services are provided to low-income persons, they are reported as charity care/financial assistance).

The total expense for subsidized health services for Scripps Mercy Fiscal Year 2022 was \$3,157,043 which includes Scripps Inpatient Behavioral Health. Scripps offers inpatient adult behavioral health services at the Scripps Mercy Hospital, San Diego campus. The Scripps Mercy Behavioral Health Program also actively supports community programs to reduce the stigma of mental illness and help affected individuals live and work in the community.

340 B DRUG PRICING PROGRAM AND IN-LIEU OF FUNDS

Congress created the 340B drug discount program as a response to the high pharmaceutical costs faced by safety net hospitals. Section 340B of the Public Health Service Act requires pharmaceutical manufacturers that participate in the Medicaid program to provide covered outpatient drugs at a discounted rate to safety net and other health care facilities serving low-income, vulnerable communities or remote rural areas. Scripps Mercy Hospital San Diego and Chula Vista participate in the 340B Drug Pricing Program administered by the Health Resources and Services Administration. Designated as a disproportionate share hospital (DSH), Scripps Mercy is eligible to purchase outpatient drugs at a reduced price, allowing it to stretch scarce federal resources as far as possible, reaching more eligible patients, and providing more comprehensive services. Scripps Mercy provides care to many patients who either lack health insurance or are covered through a government subsidy program. One way Scripps Mercy provides care to some of our most needy patients is through in-lieu of funds. In-lieu of funds are used for unfunded or underfunded patients and their post-discharge needs. Funds are used for board and care, skilled nursing facilities, long-term acute care, and home health. In addition, funds are also used for medications, equipment, and transportation services. The total subsidized expense for In-Lieu of funds for Mercy Hospital San Diego and Chula Vista during Fiscal Year 2022 was \$3,611,879.

INPATIENT BEHAVIORAL HEALTH SERVICES

Individuals suffering from acute psychiatric disorders are sometimes unable to live independently or may even pose a danger to themselves or others. In such cases, hospitalization may be the most appropriate alternative. Scripps Mercy Hospital's Behavioral Health Inpatient Program has a 36-Bed Psychiatric Adult Inpatient Unit to help patients and their loved one's work through short-term crises, manage mental illness and resume their daily lives.

Behavioral Health Challenges

- Like many behavioral health programs across the country, funding is difficult, as payment rates have not kept pace with the cost to provide care.
- In Fiscal Year 2022, the Scripps Mercy Behavioral Health Program experienced a \$7.8 million loss in total operations, with 4.3 million of this loss being captured in Medi-Cal/CMS and Charity Care.
- In Fiscal Year 2022, 1 percent of patients in the inpatient unit were uninsured.

OUTPATIENT BEHAVIORAL HEALTH SERVICES

Scripps Behavioral Health entered into an agreement in May 2016 to transition the behavioral health outpatient day program to the Family Health Centers of San Diego to expand outpatient behavioral health offerings to the Medi-Cal population. Collaboration with hospital partners such as NAMI (National Alliance of Mental Illness), the Family Health Centers of San Diego, the McAlister Institute and Hazelden Betty Ford highlight Scripps commitment to the community we serve. Scripps has also received grant money as part of the Behavioral Health Pilot Project to embed substance use counselors in the emergency department to facilitate linkage to medication assisted outpatient programs.

SCRIPPS MERCY HOSPITAL SAN DIEGO CAMPUS 2023 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2022

The Scripps Mercy Hospital Community Benefit Report is an account of the hospital’s dedication and commitment to improving the health of the community, detailing the programs that have provided benefit over and above standard health care practices in Fiscal Year 2022 (October 2021 to September 2022).

FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during Fiscal Year 2022, Scripps Mercy Hospital employees and affiliated physicians donated a sizable portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. With close to 10,411 hours volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$604,946.⁶⁵

MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2022, Scripps Mercy Hospital (San Diego Campus, Chula Vista Campus) devoted **\$199,690,114**⁶⁶ to community benefit programs, including uncompensated health care, community health services, professional education, and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

COMMUNITY BENEFIT SERVICES HIGHLIGHTS

Community Benefit Financial Commitment

\$199,690,114

Community Benefit Services	
Bad Debt	\$1,869,283
Charity Care	\$11,316,964
Community Building Activities	\$162,913
Community Health Improvement Services	\$5,296,103
Medi-Cal & Other Means Tested Shortfall	\$91,282,553
Medicare & Medicare HMO Shortfall	\$69,986,815
Professional Education & Research	\$16,618,440
Subsidized Health Services	\$3,157,043
Refer to Figure 9.1 presented on the following page for a graphic representation of Fiscal Year 2022.	

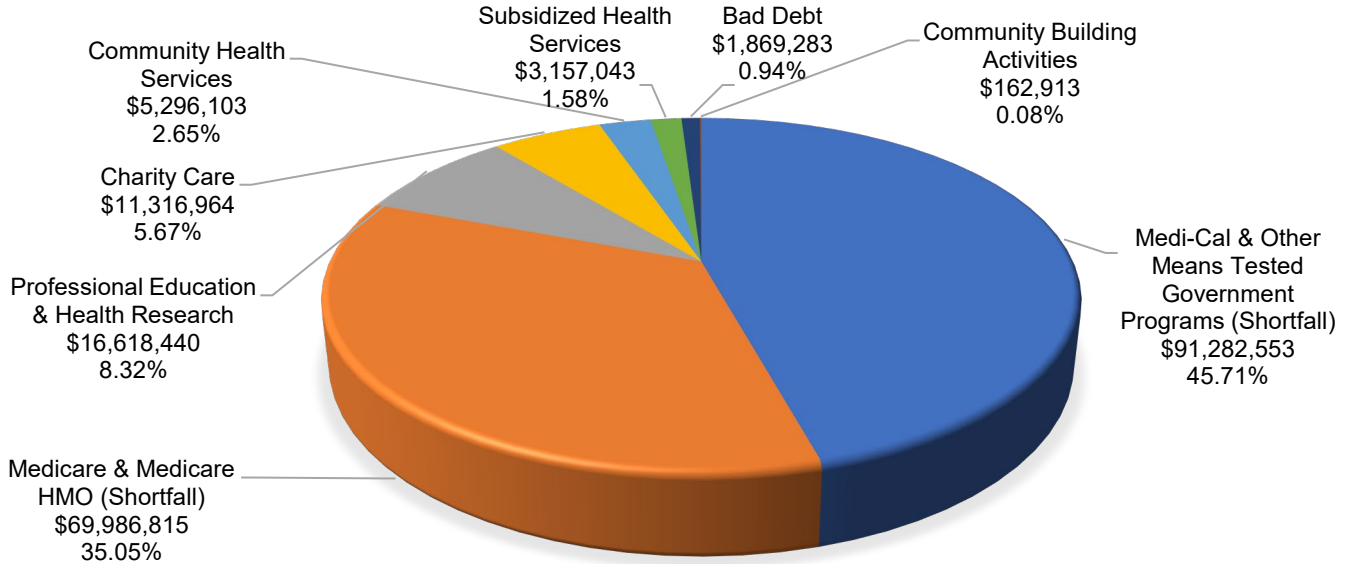
⁶⁵ Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

⁶⁶ This number includes Scripps Mercy Hospital (San Diego Campus, Chula Vista Campus)

FIGURE 9.1

Fiscal Year 2022

SCRIPPS MERCY HOSPITAL⁶⁷ COMMUNITY BENEFIT DISTRIBUTION,
\$199,690,114



Community Benefits Services (Provider Fee Impact)	Bad Debt	Charity Care	Medi-Cal ⁶⁸ (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Subsidized Health Services	Community Building Activities	Total
Before Provider Fee	\$1,869,283	\$11,316,964	\$131,247,857	\$69,986,815	\$5,296,103	\$16,618,440	\$162,913	\$3,157,043	\$239,655,418
Provider Fee	-	-	(\$39,965,304)	-	-	-	-	-	(\$39,965,304)
Net After Provider Fee	\$1,869,283	\$11,316,964	\$91,282,553	\$69,986,815	\$5,296,103	\$16,618,440	\$162,913	\$3,157,043	\$199,690,114

COMMUNITY BENEFIT SERVICES

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls. Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effect of charity care, bad debt, and Medi-Cal shortfalls. This includes Scripps inpatient behavioral health services.

⁶⁷ Includes San Diego and Chula Vista campus

⁶⁸ The Hospital Fee Program was reported as offsetting revenue from Medi-Cal. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-Kind Contributions for other vulnerable populations.

SCRIPPS MERCY HOSPITAL SAN DIEGO CAMPUS COMMUNITY BENEFIT REPORT, FISCAL YEAR 2022

COMMUNITY HEALTH SERVICES HIGHLIGHTS

Community health services include prevention and wellness programs, such as screenings, health education, support groups and health fairs, which are supported by operational funds, grants, in-kind donations, and philanthropy. These programs are designed to raise public awareness, understanding of and access to identified community health needs (refer to Section 3, Community Health Needs Assessment).

During Fiscal Year 2022 (October 2021 to September 2022), Scripps Mercy Hospital (San Diego Campus and Chula Vista Campus) invested \$5,296,103 in community health improvement services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials, and supplies, minus billable revenue.

The section below highlights some of Scripps Mercy Hospital San Diego Fiscal Year 2022 community health achievements. More detailed examples of community health programs are identified in Section 5 titled Community Health Services.

SCRIPPS BEHAVIORAL HEALTH A-VISIONS VOCATIONAL TRAINING PROGRAM

The innovative A-Visions Vocational Training Program at the San Diego campus helps prepare mental health patients for volunteer and employment opportunities by exposing them to a variety of work activities and training. A-Visions Vocational Training Program has grown over the years and produced significant improvement in patient's functioning.

A-Visions Vocational Training Program has grown over the years and produced significant improvement in patient's functioning. As of December 31, 2021, there has been a total of 638 inquiries from patients about the program since its inception. Of that number, 167 candidates have participated in the program; 104 as volunteers; 54 as paid employees. There are currently 13 paid casual employees and 2 volunteers. The average length of employment for all 54 employees is 7.5 years, with a range of 2 days to 15.4 years. The current paid employees have been employed for between 3.6 years to 15.4 years, with the average length of employment being 9.5 years.

Summary: A-Visions has been shown to be an effective vocational training program for candidates receiving treatment for psychiatric disorders. Outcomes show that many of the candidates find employment, have a better understanding of their illnesses, handle stress better, improve their social skills, reduce their need for hospitalization, and improve in overall functioning over time. The program has successfully employed 54 candidates within the hospital setting, which may be a first for disabled individuals with psychiatric diagnoses. We look forward to continuing and expanding this successful program throughout the organization and into the community. See Section 5 for more detailed information on this program.

THE CITY OF REFUGE SAN DIEGO RECUPERATIVE CARE UNIT PROGRAM (RCU)

Recuperative Care (also known as medical respite care, a lower level of medical care provided where a patient can heal and recover from an illness or injury) provides people who are experiencing homelessness with a safe place to stay after being discharged from the hospital to prevent them from falling back onto the streets while ill and recovering. Without a stable place to stay, community members experiencing homelessness could undo any progress they made during their hospitalization.

Scripps Health has an agreement with the San Diego City of Refuge Recuperative Care Shelter (RCS) which provides a safe discharge for chronically homeless patients with ongoing medical needs. All patients are unfunded or underfunded. Most have substance abuse and/or mental health issues. Lack of funding, mental illness, as well as alcohol and/or substance abuse, makes post-acute placement of these homeless patients difficult. During the pandemic, all San Diego Homeless shelters experienced COVID-19 outbreaks, making RCS a true place of refuge for 37 of our chronically homeless patients. See Section 5 for more detailed information on this program.

FATHER JOE'S VILLAGE STREET HEALTH INTERVENTION PROJECT

Scripps Mercy Hospital San Diego serves a large volume of San Diego's unsheltered homeless population in the Emergency Services Department. Because of the scarcity of shelter and treatment program beds available for these patients, they often leave the Hospital to return to their previous outside location. Even though these patients are stable for a safe discharge, there are many who could benefit from a follow-up health care and care management visit in the community setting.

Collaborating with Father Joes' Villages Street Health Team, Scripps Mercy Hospital San Diego Case Managers/Social Work staff will identify and refer eligible, unsheltered persons during discharge planning to the Father Joe's Village's (FJV) Street Health Team who will follow-up with individuals in the community-setting within 24 hours post-discharge.

This project will help support the needs of unsheltered persons exiting the hospital by linking with FJV Street Health Team because:

- Limited availability of shelter beds in the City of San Diego
- Daily, there is a substantial number of unsheltered persons discharged from Scripps Mercy Hospital Emergency Department who may benefit from a nursing follow up visit – i.e., wound care and/or medication check or Primary Care Physician establishment.
- Father Joe's Village has the clinical staff and experience to provide street health outreach to the unsheltered in the Central region of San Diego County.
- Father Joe's Village Street Health has a relationship with PATH Outreach to assist with housing and social service benefit needs.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH HIGHLIGHTS

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers, or to offer continuing education to existing health care professionals, the quality of health care would be greatly diminished. Medical research also plays a vital role in improving the community's overall health by developing new and innovative treatments.

Each year, Scripps Mercy Hospital (San Diego Campus and Chula Vista Campus) allocate resources to advance health care services through clinical research and medical education. To enhance service delivery and treatment practices for San Diego County, Scripps Mercy Hospital invested \$16,618,440⁶⁹ in professional training programs and health research during Fiscal Year 2022 (October 2021 to September 2022). The section below highlights the activities for Scripps Mercy Hospital San Diego Campus.

SCRIPPS RESIDENT CLINIC AT FAMILY HEALTH CENTER OF SAN DIEGO (FHCSO)

The collaborative relationship between SMH and FHCSO has been well established with many tremendously productive shared endeavors. The two organizations have jointly approached opportunities and challenges in the community that face the medically underserved. Some of these projects include a Family Medicine Residency Program, a Pediatric Residency training program at FHCSO North Park Family Health Center, a successful collaborative prenatal care and delivery program, Emergency Room referrals of medically underserved patients without a primary care provider/medical home and a coordinated outpatient behavioral health program for patients discharged from SMH's inpatient behavioral health facility.

Scripps Mercy Hospital transitioned the Internal Medicine ambulatory teaching program from Scripps Mercy Hospital to Family Health Centers of San Diego (FHCSO) Hillcrest Family Health Center. The Scripps Resident Clinic has been successfully incorporated into the operations of the Hillcrest Family Health Center.

The GME affiliation with FHCSO has proven to be a significant opportunity for the continuity of care patients to have access to much more comprehensive interdisciplinary care including dental, behavioral health outpatient services and a variety of social care support interventions. It has also been an opportunity for our Residents to learn more about functioning in an interdisciplinary setting and collaborating with other healthcare providers. Additional training opportunities have resulted with this affiliation in specialty care clinics, such as HIV and HBV clinics to name a few. As well, the affiliation with FHCSO has improved the patient's transition of care from the Hospital's inpatient setting to outpatient / follow-up care with the support of FHCSO Care Coordination processes.

The agreement to co-locate the GME program with Family Health Centers of San Diego (FHCSO) was an expansion of the ongoing, collaborative relationship with this federally qualified health

⁶⁹ Reflects clinical research as well as professional education for non-Scripps employees, nursing resource development and other health care professional education. Calculations based on total program expenses.

center. Scripps and FHCS D already work together in several areas that benefit the medically underserved, including a pediatric residency training program, a collaborative prenatal care and delivery program, a coordinated behavioral health program, and a Transitions of Care (ToC) Program. The ToC programs has two (2) successful strategies: (1) SMH SD and CV staff have the capability of logging onto the FHCS D appointment system with patients in the Hospital setting to schedule medical and behavioral health follow up visits post-discharge, and (2) FHCS D Social Work staff are housed at both the San Diego and Chula Vista campus meet patients in the Emergency Department or Inpatient setting to assist them with various post-discharge needs.

SCRIPPS MERCY HOSPITAL MEDICAL EDUCATION AND INTERNAL MEDICINE RESIDENCY

Since 2013, Scripps Mercy Medical Education has supported the Teaching Health Centers Family Medicine Residency at Family Health Centers, with all inpatient teaching except for Pediatrics occurring at Scripps Mercy Hospital San Diego.

Underserved Medicine Curriculum for Medical Residents

The Internal Medicine Faculty are currently developing a new optional rotation geared toward learning about modalities to serve vulnerable populations. This one or two-week rotation experience will include training with various community-based locations that serve medically underserved populations along with independent literature study related to caring for these populations. During the independent study part of the curriculum the Residents will learn about disparities (introduction and definitions), clinical care of LGBTQ+ patients and System Based Practice. The curriculum sites have an underserved medicine focus and may change year to year based on Resident interests and site availability.

The goals and objectives of the curriculum are:

- To learn more about the disparities that currently exist within the health care system and to reflect on ways the current system can be improved.
- To participate in the education and health care of underserved patients.
- To gain a deeper understanding of the resources available within the San Diego community that provide care for underserved patients in various settings.

Some of the rotations in the curriculum include the following:

- Asylum Seekers Clinic
- Rural Health Experience
- PACE (Program of All-Inclusive Care of the Elderly)
- Father Joe's Village Health Center – Ride along with the Father Joe's Village Street health team to identify unsheltered persons living out in the community who need medical care.
- San Diego American Indian Health Center - Treating the Native American and Indigenous Populations.

- Homeless Outreach Team – Family Health Center - The resident will join the homeless outreach team that travels to Chula Vista.
- Medication Assisted Treatment through Family Health Center
- San Diego Rescue Mission Outreach Team – Participation in the education of residents and join the homeless outreach team.
- Salvation Army - learn what programs are being offered through the Salvation Army that address health disparities and observe a graduation ceremony.
- San Ysidro Health Clinic: Border Health
- La Maestra Community Health Center - Assisting providers at La Maestra Community Health Center in City Heights, serving a widely diverse refugee and immigrant populations.

GRADUATE MEDICAL EDUCATION (GME) PROGRAM

Scripps Mercy Hospital is a major teaching hospital with the longest existing medical education program in San Diego County. The program has been recognized nationally for its impressive results and innovative curriculum.

Founded in 1949, Scripps Mercy Hospital, San Diego and its Graduate Medical Education program has served as training ground for more than 1,000 physicians, many of whom have assumed leadership positions in the community. There are currently 42 internal medicine residents and three chief residents enrolled in the program, as well as 18 transitional year residents, 27 family medicine residents with one chief resident and twelve podiatry residents at both the San Diego and Chula Vista sites. There are 18 Kaiser Emergency Medicine residents who do some of their training at Scripps Mercy Hospital.

In 1999, the Scripps Family Medicine Residency Program (SFMRP) began as a collaboration with San Ysidro Health and UCSD Family and Preventive Medicine department. With support from the California Area Health Education Center (AHEC), the residency program has focused on creating a future healthcare workforce that reflects the demographics and culture of our local community. The SFMRP has graduated their 21st class and 129 Family Physicians, with over half of graduates continuing work in underserved communities locally and regionally.

In 2006, the Internal Medicine Program at Scripps Mercy Hospital became one of 17 programs nationwide to be invited to participate in a multiyear educational innovation project, linking measurable improvements in resident education to measurable improvements in patient care.

The educational innovation project program continues to produce high quality research resulting in peer-reviewed publications in the areas of cardiovascular limited ultrasound examination; teaching cost-effective medicine to residents; employing ACGME (Accreditation Council for Graduate Medical Education) milestones to evaluate resident readiness for indirect supervision in the ambulatory environment; and team training to enhance family communication in the intensive care unit, among many other projects.

In 2008, Scripps Mercy Hospital became the sponsor for the Accreditation Council on Graduate Medical Education-Accredited Palliative Care Fellowship provided by San Diego Hospice and the Institute for Palliative Care. The program provides a palliative care service for inpatients and outpatients at Scripps Mercy Hospital. In 2015, the sponsorship of the program transitioned to UCSD.

In 2014, Scripps Mercy Hospital began a partnership with Family Health Centers of San Diego to provide inpatient and subspecialty teaching to 18 family medicine residents who were part of the new Teaching Health Centers Residency programs. In addition, a Teaching Health Center Psychiatric Residency Program is planned to begin in July 2024.

In 2016, Scripps Mercy Hospital began a partnership with Kaiser Emergency Medicine to provide critical care inpatient teaching in the ICU to 6 PGY-3 Residents, who are partnering with our own Mercy Internal Medicine and Transitional Year Residents in the Intensive Care Unit.

In January 2019, Scripps Mercy Hospital moved its ambulatory teaching clinics from the Mercy Clinic to the new Scripps Resident Clinic at Family Health Centers, Hillcrest, extending further its partnership with Family Health Centers. This program has given its patients access to increased services, including case management, onsite psychiatric services, dental care, onsite phlebotomy, adjacent HIV/AIDS/Hepatitis C treatment, physical therapy, acupuncture, sports medicine, and other services.

Since 2019, Scripps Mercy Hospital has received two CalMedForce grants totalling \$540,000 from Physicians for a Healthy California to help fund two internal medicine residency positions. These grants were awarded to graduate medical education programs focused on medically underserved patients and communities.

In 2020, Scripps Mercy Hospital began a partnership with San Ysidro Health Centers as a participating site for their newly established Internal Medicine Residency Program. Their residents do clinical rotations with Scripps Mercy Faculty at our San Diego and Chula Vista Sites.

In 2022 Scripps Mercy Hospital received a HRSA grant to develop a psychiatry residency program in collaboration with the Family Health Centers of San Diego and Acadia Healthcare to address shortage of psychiatrists and improve behavioral health program quality and enhance community collaboration. The goal is to recruit 6 Psychiatry residents by 2024.

Scripps faculty and residents produced over 30 articles published in scientific and educational journals over the last academic year and presented at a number of conferences (virtual presentations, due to COVID-19).

Since 1986, Scripps Mercy Hospital Trauma Services has provided graduate medical education in trauma and critical care for the Naval Medical Center San Diego (NMCS D) General Surgery Residency Program. In 1999, the Accreditation Council for Graduate Medical Education Residency Review Committee for Surgery officially integrated Scripps Mercy with the NMCS D General Surgery Residency Program. In 2011, the Trauma Service initiated a year-long trauma research fellowship

for a select number of San Diego Naval Hospital surgery residents. Today, the trauma service also provides training opportunities for residents in other programs, including: NMCSO oral maxillofacial surgery, otolaryngology, emergency medicine, transitional year residencies, Scripps Mercy Hospital transitional year residency, and Children's Specialists of San Diego Pediatric Emergency Medicine Fellowship. All these residents play a key role in managing and maintaining the continuity of care for patients in Central San Diego.

OTHER PROFESSIONAL EDUCATION TRAINING PROGRAMS

Scripps Mercy operates an academic training program for surgical residents from the Naval Medical Center San Diego and has developed education programs for partnering health care providers such Family Health Centers of San Diego, Kaiser and UCSD. In Fiscal Year 2022, clinicians provided the following.

- Provided a comprehensive graduate medical education program in trauma and surgical critical care for 91 San Diego Naval Hospital surgery and emergency medicine physicians, 12 Kaiser Emergency medicine residents, and 3 Rady Children's Hospital Fellows.
- Provided a comprehensive trauma research fellowship for 1 San Diego Naval Hospital surgery resident.
- Provided research project opportunities for 2 General Surgery residents from San Diego Naval Hospital and 1 GMO (General Medical Officer) at Miramar.
- Provided collaborative research support for an additional 2 San Diego Naval Hospital surgery residents at Rady's Children's Hospital and UCSD
- Provided comprehensive training program in trauma and critical care for 27 military physician assistants-in-training, including students and fellows.

PHARMACY RESIDENCY PROGRAM

The largest private teaching hospital in San Diego, Scripps Mercy Hospital offers four 12-month postgraduate year one (PGY-1) pharmacy residency positions and two post graduate year two (PGY-2) specialty residency positions. Both PGY2 programs underwent accreditation in June 2018 and are fully accredited. The PGY1 program has been fully accredited by the American Society of Health-System Pharmacists (ASHP) since 2002. The PGY2 oncology residency is new as of July 27, 2020 and is in candidate status. Both programs are part of Graduate Medical Education and pharmacy residents are considered "house staff." These postgraduate programs are designed to develop skilled clinicians that can deliver pharmaceutical care in a variety of health care settings.

The Scripps Mercy Hospital Pharmacy Residency Program offers residents a challenging academic experience in a progressive environment that prepares residents for leadership roles in the pharmacy profession. Clinical and distributive services are provided by full-time, unit-based pharmacists — many of whom have advanced clinical training. Scripps Mercy's pharmacists enjoy sharing their breadth of knowledge by precepting both pharmacy residents and students. The pharmacy practice residency program at Scripps Mercy Hospital focuses on pharmacotherapy, project management skills and teaching in a decentralized pharmacy setting. The pharmacy

department is open 24/7 and includes a central pharmacy along with eleven inpatient clinical pharmacist practice settings. Clinical pharmacists provide a broad range of clinical services, carry out pharmacist driven medication protocols, practice under prescriptive authority granted by Pharmacy and Therapeutics Committee, and teach pharmacy students, medical and pharmacy residents. Scripps Mercy is affiliated with six pharmacy schools and annually trains 20 to 30 Pharm D candidates and 55 medical interns and residents. Each year the residents present 4 to 7 national and international presentations as part of their residency program.

SCRIPPS MERCY HOSPITAL SAN DIEGO CAMPUS 2023 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2023

The Scripps Mercy Hospital San Diego 2023 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the hospitals and clinic's objectives and strategies to support community health improvement during Fiscal Year 2023 (October 2022 to September 2023).

THE SCRIPPS 2023 COMMUNITY BENEFIT GOAL

Make a measurable impact on the health status of the community through improved access to care, health improvement programs and professional education and health research.

Scripps Mercy Hospital, San Diego Fiscal Year 2023 Objectives

COMMUNITY HEALTH SERVICES

MERCY OUTREACH SURGICAL TEAM (M.O.S.T)

Mercy Outreach Surgical Team will continue to provide free reconstructive surgeries and eyeglasses for more than 400 children (under 18 years of age) in Mexico with physical deformities caused by birth defects or accidents.

SCRIPPS MERCY'S SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

Scripps Mercy secured another 3-year funding renewal of the Supplemental Nutrition Program for Women, Infants and Children, ages 0-5 years and Scripps Mercy will continue to offer WIC services through its largest distribution location based in the City Heights community. The Scripps Mercy WIC Program, a federally funded nutrition program targeting pregnant and parenting women and their children (ages 0 to 5), is one of five WIC programs operating in San Diego County. WIC services provide nutrition education, counseling services and food vouchers for 6,200 low-income women, infants, and children monthly. In Fiscal Year 2022, the WIC program served 72,926 clients. Lactation education and support services are offered to improve breastfeeding among postpartum and parenting women. The Scripps Mercy Supplemental Nutrition Program for Women, Infants and Children (WIC) has distribution sites City Heights, Linda Vista, National City and Chula Vista. More recently, Scripps Mercy WIC is working with Imperial Beach Health Center to assist their patients with WIC service eligibility and access. WIC has also played a key role in helping families gain access to formula during the shortage crisis.

MENTAL HEALTH ISSUES

Scripps Mercy will continue to improve awareness of mental health by providing information and support services at community events.

MENTAL HEALTH OUTREACH SERVICES, A-VISIONS VOCATIONAL TRAINING PROGRAM

Behavioral Health Services at Scripps Mercy Hospital, in partnerships with the Mental Health America San Diego Chapter established the A-Visions Vocational Training Program (social

rehabilitation and prevocational services for people living with mental illness) to help decrease the stigma of mental illness. The program will continue to provide vocational training for people receiving mental health treatment, potentially leading to greater independence.

COMMUNITY EDUCATION AND HEALTH FAIRS

Continue to educate the community on mental illness to reduce stigma and expand resources for the mentally ill. Provide at least three events per year.

INJURY PREVENTION ACTIVITIES

Provide evidence-based health education programs and injury prevention awareness campaigns throughout San Diego County. Examples include, “Bingocize,” which incorporates exercise, nutrition, and falls prevention within the game of bingo. “STOP THE BLEED” is a program that offers participants to gain the ability to recognize life-threatening bleeding and intervene effectively. Another program is the “Every 15 Minutes” a two-day immersion experience for teens on the realistic consequences of drinking and driving, which involves the schools, law enforcement, courts, emergency service providers, and the mortuary.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH

Scripps Mercy Hospital, San Diego will continue to serve as a medical education training site for University of California, San Diego Naval Hospital clinicians, Kaiser residents, and trainees from other local health centers, schools, and residency programs.

- Provide comprehensive graduate medical education training for 42 internal medicine residents, 18 transitional year residents and three chief residents.
- Provide comprehensive graduate medical education training for twelve podiatry residents.
- Provide a portion of graduate medical education training for up to eight Palliative Care Fellows under a combined Scripps-UCSD Palliative Care Fellowship.
- Provide a portion of undergraduate medical education training for approximately 60 third and fourth-year medical students at the University of California, San Diego and fourth-year medical students from other medical schools.
- Provide a comprehensive graduate medical education program in trauma and surgical critical care for 90 San Diego Naval Hospital surgery and emergency medicine physicians, 12 Kaiser Emergency medicine residents, and two Rady Children’s Hospital Fellows.
- Provide a year-long trauma research fellowship for one San Diego Naval Hospital surgery resident.
- Provide a comprehensive training program in trauma and critical care for 20 military physicians assistants-in-training.
- Provide a portion of graduate medical education for 18 Family Medicine Residents from Family Health Centers San Diego
- Provide a portion of graduate medical education for six third-year Kaiser Emergency Medicine Residents.
- Provide a portion of graduate medical education for eight first year UCSD Psychiatry Interns.

- Provide a portion of graduate medical education for eight Navy Transitional Year Interns.
- Provide a portion of graduate medical education for six residents from San Ysidro Health Centers Internal Medicine Residency Program.

UNCOMPENSATED HEALTH CARE

During Fiscal Year 2023, Scripps Mercy Hospital, San Diego will continue to provide health care for vulnerable patients who are unable to pay for services.

- Maintain, communicate, and effectively administer the Scripps financial assistance policy in a manner that meets patient's needs.
- Assure that care is available through the emergency department and trauma center, regardless of a person's ability to pay.

SCRIPPS MERCY HOSPITAL CHULA VISTA CAMPUS 2023 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2022

COMMUNITY HEALTH SERVICES HIGHLIGHTS

Community health activities include prevention and wellness programs, such as screenings, health education, support groups and health fairs, which are supported by operational funds, grants, in-kind donations, and philanthropy. These programs are designed to raise public awareness, understanding of and access to identified community health needs (refer to Section 3, Community Health Needs Assessment).

This section highlights some of Scripps Mercy Hospital, Chula Vista Fiscal Year 2022 (October 1, 2021, to September 30, 2022) community health services achievements. More detailed examples of community health programs are identified in Section 5 titled Community Health Services.

COMMUNITY HEALTH SERVICES

The Scripps Mercy Chula Vista's Well-Being Center's goal is to increase health care access, provide preventative health education, offer youth introduction into health careers education, job training and placement in South Bay. Each month approximately 100 community members participate in classes, prevention lectures and support groups held at the Center. Scripps Mercy Hospital Chula Vista Wellbeing Center served 5,428 participants collectively in their support groups, classes, outreach, education, and other community programs. In addition, there were a total of 21 students who completed their internship placement at Scripps Mercy Chula Vista Well-Being Center. Field of study included undergraduate social work and public health, and Masters in Social Work; 10 also completed the AHEC Scholar Program. Total funding of over one million dollars was received from federal and local foundation sources this year for Scripps Mercy Hospital Chula Vista Community Benefits and the Family Medicine Residency Program.

In addition, decreasing readmissions is an important goal of the Center. Services are offered directly to patients and their family post discharge to decrease the risks of readmission and to increase patient continuity. Support services are referral based and provide assistance with the following Social Determinants of Health: housing/homelessness senior issues, chronic disease issues, drug/alcohol and mental health, cancer, coordination of follow up services and more. This service is available at the Chula Vista and San Diego campuses. During Fiscal Year 2022, Scripps Mercy Hospital Chula Vista Well Being Center followed a total of 796 patient referrals to support assistance with the following: linking patients to follow up medical appointments and medication needs, housing/homelessness, senior issues, chronic disease issues (AMI, CABG, CHF, COPD, Total K/H, Pneumonia, Stroke, COVID), drug/alcohol and mental health, cancer, social work referrals and more. Most of the patients have remained out of the hospital for more than 30 days supported through the Center's staff, programs, and activities as only 4% of the patients have been readmitted.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH HIGHLIGHTS

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers, or to offer continuing education to existing health care professionals, the quality of health care would be diminished.

Each year, Scripps Mercy Hospital, Chula Vista allocates resources to advance health care services through professional health education programs. This section highlights some Scripps Mercy Hospital, Chula Vista professional education and health research activities in Fiscal Year 2022.

SCRIPPS MERCY FAMILY MEDICINE RESIDENCY PROGRAM (2021–2022)

The Scripps Mercy Family Medicine Residency Program was founded in 1999. It provides a community-based training program dedicated to training family physicians, with a commitment to providing healthcare for the underserved border community. There is a focus on promoting, increasing, and improving cultural humility, awareness of health disparities, and advocacy to support community change and equity. Residents, faculty, and staff work as a team to focus on quality improvement and patient care through training at San Ysidro Health's federally qualified health centers. Training at Scripps Mercy Hospital Chula Vista includes the full spectrum of maternity and newborn care, emergency room, inpatient, and critical care experiences.

The Family Medicine residency program collaborates with the Community Benefits Department at Scripps Mercy Hospital, Chula Vista, and the San Diego Border AHEC to support a diverse, culturally sensitive primary health care workforce in San Diego's medically underserved communities. The program has graduated their 21st class of 129 Family Physicians, with half of the graduates continuing work in underserved communities locally and regionally. Of the graduates, 60% are from ethnically diverse backgrounds, reflecting the cultural and ethnic mix of the region.

More than 65 percent of the graduates are specifically serving low-income populations by practicing in a community health center or National Health Service Corp (NHSC) site. Those working in the community provide primary care and offer a medical home for patients who might otherwise receive no care or seek care through hospital emergency departments.

San Ysidro Health, Chula Vista clinic is a Federally Qualified Health Center and the family medicine continuity site for the residency program. In Fiscal Year 2022, the residency provided over 15,000 clinic and telehealth visits at this location. The residents also train at other community clinic locations including Samahan Health Centers, Imperial Beach Clinic and SYH's Maternal and Child Health Center. Patient demographics reflect the San Diego Border region; 79 percent of patients are Latino, 86 percent live at or below 200 percent of the Federal Poverty Level, and 27 percent are uninsured and are offered a sliding fee program.

Scripps Family Medicine Resident leadership led to the development of the longitudinal "RPrIDE" curriculum (Residency Promoting Inclusion, Diversity and Equity) to augment traditional medical training. Resident and faculty leaders have collaborated to develop leaders developed curriculum to

focus on health equity and racism in medicine. In a series of discussions and workshops, issues of implicit bias, institutionalized racism, social justice, immigration, and care for marginalized communities are explored with expert presentations and personal reflection. Having this curriculum in place has helped the faculty and residents address historical and current topics of disparity, including racism in medicine against black and brown bodies, the migrant crisis in the border community and the impact of the COVID pandemic on underserved communities, and learning best practices in providing gender affirming care. The RPrIDE curriculum complements the established Medical Spanish curriculum to improve cultural and linguistic competence among residents.

The pillars of our RPrIDE program include the following: 1) Address racism as a root cause of health inequities 2) Enact structural change at an institutional and program level 3) Learn best practices in providing clinical care to patients of color and marginalized communities 4) Practice equitable recruitment of residents and faculty.

The Family Medicine residency has an extensive network of community partners and community-based activities including childhood obesity prevention, outreach to unhoused individuals, and screening services at asylum clinics. The residents rotate at three school-based clinics: Southwest, Hoover, and Lincoln High Schools where they expand access to a variety of services and address the health needs of adolescents. Students returned to campus and the residency team was able to resume a wide range of services including mental health treatment, sports physicals, football game medical coverage and post-game injury clinics.

With a focus on diversifying the health care work force to reflect the community, residents provide mentorship programs at over 10 local high schools. Camp Scripps and School to Health Career Mentoring Program are designed to help local high school students develop leadership skills and prepare for a future career in health care. Programs continued this past year with virtual weekly sessions and workshops. Students meet with the residents for individual and group mentoring and reflection. Residents provided virtual interactive classroom presentations on a variety of public health concerns, medically focused topics including practical COVID information and mental health support with local high schools to over 3,000 students.

In 2021, the SFMRP successfully applied for and received a 5-year HRSA grant to expand maternal health training for primary care physicians. The goals of the grant include expanding residency training opportunities to rural settings and improving maternal health outcomes through quality improvement initiatives. The Scripps Perinatology team has partnered with Family Medicine through this grant to expand the educational clinic case presentations, ultrasound curriculum and substance use disorder training for Family Medicine residents. The first Maternal Health Fellow started August 2022 and will have a full year to expand their training in high-risk obstetrics, deliveries, gynecologic procedures, quality improvement projects and rural medicine experiences. In addition, Scripps perinatology has partnered with San Ysidro Medical Center to provide onsite comprehensive perinatology services to the Chula Vista community.

The Scripps Mercy Hospital Chula Vista site also provides clinical training experiences for 17 San Diego Naval Medical Center Emergency Medicine residents. In addition, two UCSD Psychiatry residents rotated on the Family Medicine inpatient service. Teaching Health Center's Internal Medicine Residency was started in affiliation with San Ysidro Health Centers. A class of six residents started in July 2020 and offers broad-based medical education training in a community setting with diverse patient populations while having the opportunity to be exposed to the teaching format of Scripps Mercy Hospital, Chula Vista. The program has two main goals. First is providing graduate education in the specialty of Internal Medicine to complement the current Scripps Family Practice Residency Program. Second is the training of future Internists to serve the ongoing medical needs and challenges faced in providing accessible quality health care to all populations.

SCRIPPS MERCY HOSPITAL CHULA VISTA CAMPUS 2023 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2023

The Scripps Mercy Hospital, Chula Vista 2023 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health improvement during Fiscal Year 2023 (October 2022 to September 2023).

THE SCRIPPS 2023 COMMUNITY BENEFIT GOAL

Make a measurable impact on the health status of the community through improved access to care, health improvement programs and professional education and health research.

SCRIPPS MERCY HOSPITAL CHULA VISTA FISCAL YEAR 2023 OBJECTIVES

COMMUNITY HEALTH SERVICES

The Scripps Mercy Chula Vista's Well-Being Center (WBC) is strategically located in the heart of Chula Vista and offers patients access to support groups and health education programs including regular physician question-and-answer sessions. The goal of the Center is to increase health care access, provide preventative health education, offer youth introduction into health careers education, job training and placement in South Bay. Programs fall under different target populations including youth, seniors, maternal and child health, and chronic disease. The WBC provides these programs to better the community's health, knowledge, and overall well-being. Each month approximately 100 community members will participate in classes, prevention lectures and support groups held at the Center. Total programs and services combined will reach over 6,000 participants.

In addition, decreasing readmissions and supporting quality of life post discharge services are offered directly to patients and their family post discharge to decrease the risks of readmission and to increase patient continuity. Support services are referral based and provide assistance with the following: housing/homelessness senior issues, chronic disease issues, drug/alcohol and mental health, cancer and more. This service is currently at Chula Vista and San Diego campuses. More than 1,000 people will participate in these programs.

COMMUNITY-BASED HEALTH IMPROVEMENT ACTIVITIES

Community members will participate in classes, prevention lectures and support groups. Approximately 1,000 participants will take advantage of these programs.

SU VIDA SU CORAZON , YOUR HEART YOUR LIFE

Community members will participate in a three-week educational series for those affected by hypertension, angina, cardiac heart failure or any other heart health concerns. Topics covered will include the risk of heart disease, signs of heart attack, diabetes, cholesterol, physical activity, healthy eating and much more. Participants will learn to play a vital role in improving their health. The overall goal of Your Heart, Your Life is to decrease the readmission rates for heart failure patients, which reduces medical costs for the patient and improves their quality of life. More than 25 people will participate annually.

SCRIPPS SCHOOL TO HEALTH CAREER PATHWAY PROGRAM S

The goal is to implement a wide variety of School-to-Health Career activities including Camp Scripps which introduces young students to health careers; this three-week camp educates them on the duties performed by professionals in various medical fields. Camp activities include a tour of the hospital, hands-on activities involving health care and speakers on health-related issues. Other activities include Health Professionals in the classroom presentations, Health Professions Overview 101/Interactive hospital tour, Mentoring Program, Health Professionals in the Classroom Presentations, 5210 Wellness Message series and surgery viewings. All these activities are designed to pique the interest of students to pursue a career in healthcare. A total of 2,000 students will participate in these programs.

SENIOR HEALTH EDUCATION, PREVENTION AND WELLNESS PROGRAMS

The goal is to increase health care, information, and preventative services for seniors/older adults in South Bay. Each month a variety of senior programs will be held at local senior centers, churches, and senior housing. A total of 75 seniors will participate in a variety of activities including senior health chats.

MATERNAL AND CHILD HEALTH PROGRAMS

The goal of the program is to improve the health of pregnant women, mothers, and their babies in San Diego County. The program aims to enhance the capacity of the local maternal and child health service systems to improve birth outcomes. Services include home visits, referrals, data entry, follow-up phone calls, and other support services. Home visiting will be offered together with Family Medicine residency and parenting education.

BREAST HEALTH OUTREACH PREVENTION AND EDUCATION SERVICES

The goal is to increase education, outreach and access to early detection and screenings for breast health services. A total of 75 women will receive care coordination/case management, be referred to clinical breast health services in the community and Scripps Mercy Hospital, Chula Vista radiology services. A total of 500 services will be provided, including telephone reminders, outreach and education, social/emotional support and distribution of supplies and resources.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH

HEALTH CAREERS PROMOTION AND CONTINUING EDUCATION, SAN DIEGO BORDER AREA HEALTH EDUCATION CENTER (SAN DIEGO BORDER AHEC)

The primary mission of the San Diego Border AHEC program is to build and support a diverse, culturally competent primary health care workforce in San Diego's medically underserved communities. The program will continue in 2022-2023 to improve health care access, education, job training and placement for youth and adults in southern San Diego County. A primary focus is implementing School to Health career activities, including mentoring, camps, job shadowing, health education classes, health chats, support groups, health fairs and others.

INTERNS AND AREA HEALTH EDUCATION CENTER (AHEC) SCHOLARS

Scripps Mercy Hospital Chula Vista Well Being Center will serve as an internship placement site for both undergraduate and graduate students. Fields of study include undergraduate social work, undergraduate public health, master's in social work and master's in public health from the local colleges and universities, Interns will also participate in the Area Health Education Center (AHEC) Scholar Program which is combination of clinic and didactic online training. The education training program is designed to raise the numbers, types, diversity and retention of primary health and social service care professionals working in underserved areas. More than 10 student interns will participate at the Scripps Mercy Hospital Chula Vista Well Being Center.

HEALTH PROFESSIONS OVERVIEW 101

In 2022, students from local schools will continue to tour the hospital and spend time in clinical departments to learn about a variety of health care professions. Students interact with the staff and ask questions. The tours are two hours and there is a maximum of 12 students per tour. These tours will continue to be offered virtually until current COVID-19 restrictions are lifted.

HEALTH PROFESSIONALS IN THE CLASSROOM

Health care professionals, such as medical residents, dietitians, nurses, and doctors, enlighten students on health care careers and health related topics. These are interactive sessions on Nursing 101, Doc 101, Health and Nutrition including the 5210 Wellness series, Stroke Prevention, Breast Health, Teen Pregnancy, Substance Abuse, STD's, Mental Health Issues that Impact Youth and Health Professions 101. Family Medicine residents throughout the year present in the classroom. In 2022, students will continue to participate in the program and receive health career tools/brochures that include information on education requirements, scholarships, and way to pay for college.

HEALTH PROFESSIONS EDUCATION, RESIDENT AND STUDENT TRAINING

The goal is to raise the numbers, types, diversity and retention of primary health and social service care professionals working in underserved areas.

- Expand community medicine opportunities for family practice residents to provide services and reach at least 300 individuals.
- Continue to work closely with Scripps Family Practice Residency Program to place medical students in community health activities.
- A total of 700 individuals will participate in Health Career Talks, Health Training, community activities, internship programs, residency, and community-based rotations and Balint support groups.
- Two articles will be published in peer-reviewed journals.
- Coordinate community experience for visiting and rotating residents and medical students from local programs and schools. Provide community experience for 12 residents and medical students.

ADVISORY BOARD PARTICIPATION AND COALITION BUILDING MEETINGS

More than 700 individuals will participate in local advisory and coalition meetings.

THE CHULA VISTA COMMUNITY COLLABORATIVE

The Chula Vista Community Collaborative (CVCC) meets monthly and draws together the local community to develop strategies to protect resident health and safety, develop economic resources, promote local leadership, enhance the environment, and contribute to the celebration of and respect for cultural diversity. The CVCC has more than 150 member organizations. The CVCC is an umbrella for a variety of programs and committees, including the Family Resource Center, and acts as a platform to launch new initiatives to improve quality of life.

SOUTH COUNTY ACTION NETWORK (SOCAN)

This program will continue in 2023. This Action Network consists of individuals and service providers working together to advocate and improve services for older adults and adults with disabilities in the South County region.

UNCOMPENSATED HEALTH CARE

During Fiscal Year 2023, Scripps Mercy Hospital, Chula Vista will continue to provide health care for vulnerable patients who are unable to pay for services.

- Maintain, communicate, and effectively administer Scripps financial assistance policy in a manner that meets patients' needs.
- Assure that care is available through the emergency department, regardless of a person's ability to pay.

SCRIPPS MERCY HOSPITAL

COMMUNITY BENEFIT SERVICES SUMMARY LIST

Community Benefit Categories	Persons Served	Staff Hours	Volunteer Hours	Financial Support*
Uncompensated Care				
Bad Debt**	-	-	-	\$1,869,283
Charity Care	-	-	-	\$11,316,964
Medi-Cal and Other Means Tested Government Programs (Shortfall)***	-	-	-	\$91,282,553
Medicare and Medicare HMO (Shortfall)**	-	-	-	\$69,986,815
Total FY 2022 Uncompensated Care	-	-	-	\$174,455,615
Community Health Services				
Community Health Education	79,886	39,129	11	\$770,431
Community-Based Clinical Services	97	-	-	\$9,204
Health Care Support Services	1,621	619	-	\$3,641,656
Social & Environmental Activities	420	1,228	-	\$54,780
Total FY 2022 Community Health Services	82,024	40,976	11	\$4,476,071
Health Professional Education				
Physicians/Medical Students	-	277,563	-	\$13,732,793
Nurses/Nursing Students	-	25,426	-	\$2,274,633
Other Health Professions Education	1,831	3,347	10,394	\$149,341
Total FY 2022 Health Professional Education	1,831	306,336	10,394	\$16,156,767
Subsidized Health Services				
Total FY 2022 Subsidized Health Services	-	-	-	\$3,157,043
Health Research				
Clinical Research	-	3,730	-	\$225,673
Community Health Research	-	3,316	-	\$236,000
Total FY 2022 Health Research	-	-	-	\$461,673
Cash, Grants, and In-Kind Contributions				
Cash Donations	-	-	-	\$309,000
Grants	-	-	-	\$341,000
Total FY 2022 Cash and In-Kind Contributions	-	-	-	\$650,000
Community Building Activities				
Workforce Development**	2,241	3,587	-	\$162,913
Total FY 2022 Community Building Activities	2,241	3,587	-	\$162,913
Community Benefit Operations				
Total FY 2022 Community Benefit Operations	-	-	-	\$170,031
Total FY 2022 Scripps Mercy Hospital (San Diego and Chula Vista Campuses)				\$199,690,114

* **"Financial Support"** reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances, an entire community benefit program cost center has been divided between several initiatives.

**Community building activities, bad debt and Medicare shortfall do not count as community benefits under Schedule H 990 but are still reportable outside the community benefit table.

*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.

Section 10

Scripps Green Hospital

SCRIPPS GREEN HOSPITAL

ABOUT SCRIPPS GREEN HOSPITAL



Located on Torrey Pines Mesa in La Jolla, Scripps Green Hospital has 173 licensed beds, 1,331 employees and cares for 4.1 percent of the inpatient population living in the hospital's service area. Within the service area, Scripps Green cares for 6.4 percent of Medicare patients, 0.1 percent of Medi-Cal patients, 4.3 percent of commercially insured patients, and 1.6 percent of patients with other payment sources including self-pay and charity care.

Scripps Green offers a wide range of clinical and surgical services, including intensive care, cancer/oncology, cardiothoracic and orthopedic surgeries. Specialty services include interventional, cardiology, orthopedics, blood and bone marrow transplantation, solid organ transplantation and clinical research. Additionally, Scripps Center for Integrative Medicine was established in 1999. Scripps Green is a teaching facility, offering graduate medical education.

DISTINGUISHED PROGRAMS AND SERVICES

- Bone Marrow Transplant Program
- Heart, Lung, and Vascular Center
- Organ Transplantation, Caregiver Support Group, Living Donor, and Liver Disease Center
- Scripps Radiation Therapy Center
- Big Horn Dermatology and Mohs Surgery Center
- Scripps Shiley Center for Integrative Medicine
- Donald P. and Darlene V. Shiley Musculoskeletal Center
- Emily Fenton Hunte Breast Care Center
- Primary Stroke Center designated by The Joint Commission
- Scripps Center for Organ Transplantation

SCRIPPS GREEN HOSPITAL 2023 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2022

The Scripps Green Hospital Community Benefit Report is an account of the hospital's dedication and commitment to improving the community's health, detailing programs that have provided benefit over and above standard health care practices in Fiscal Year 2022 (October 2021 to September 2022).

FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during Fiscal Year 2022, Scripps Green employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. In Fiscal Year 2022, Scripps Green had 321 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$18,652.⁷⁰

MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2022, Scripps Green devoted **\$26,907,346** to community benefit programs, including uncompensated health care, community health services, professional education, and health research. The programs offered by Scripps Green emphasize community-based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

COMMUNITY BENEFIT SERVICES HIGHLIGHTS

Community Benefit Financial Commitment

\$26,907,346

Community Benefit Services

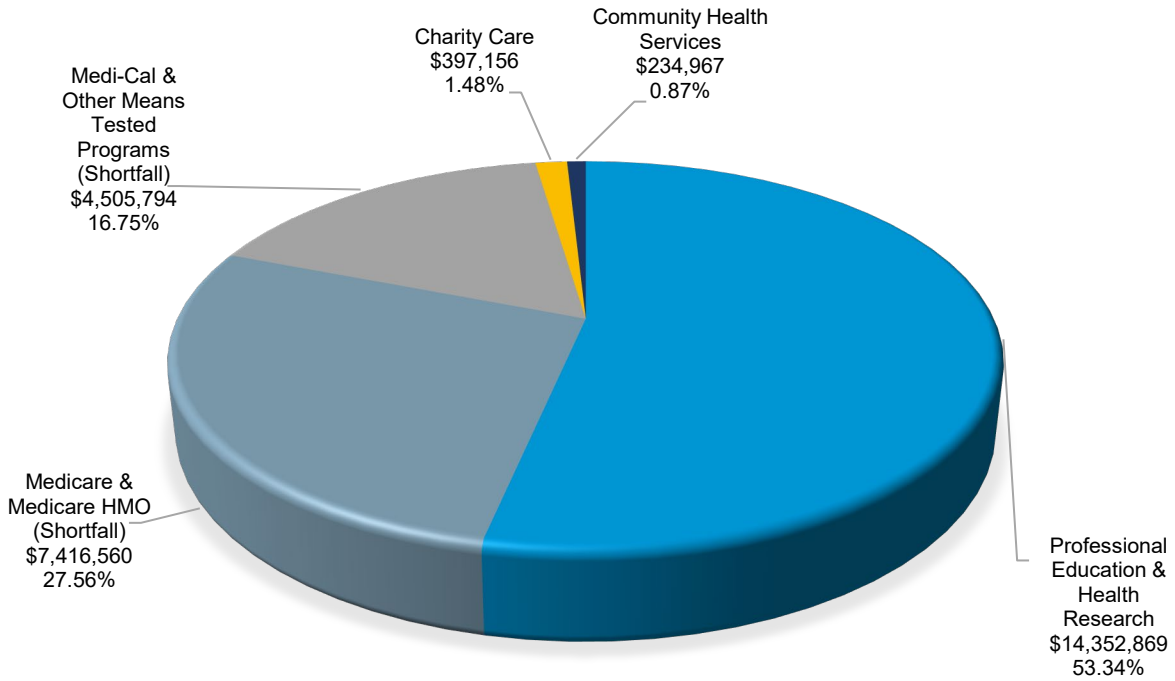
Charity Care	\$397,156
Community Health Improvement Services	\$234,967
Medi-Cal & Other Means Tested Shortfall	\$4,505,794
Medicare & Medicare HMO Shortfall	\$7,416,560
Professional Education & Research	\$14,352,869
Refer to Figure 10.1 presented on the following page for a graphic representation of Fiscal Year 2022	

⁷⁰ Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

FIGURE 10.1

Fiscal Year 2022

SCRIPPS GREEN HOSPITAL COMMUNITY BENEFIT SERVICES DISTRIBUTION, \$26,907,346



Community Benefits Services (Provider Fee Impact)	Charity Care	Medi-Cal (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Total
Before Provider Fee	\$397,156	\$4,505,794	\$7,416,560	\$234,967	\$14,352,869	\$26,907,346
Provider Fee	-	-	-	-	-	-
Net After Provider Fee	\$397,156	\$4,505,794	\$7,416,560	\$234,967	\$14,352,869	\$26,907,346

COMMUNITY BENEFIT SERVICES:

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.

SCRIPPS GREEN HOSPITAL COMMUNITY HEALTH SERVICES, FISCAL YEAR 2022

COMMUNITY HEALTH SERVICES HIGHLIGHTS

Community health services include prevention and wellness programs such as screenings, health education, support groups and health fairs which are supported by operational funds, grants, in-kind donations, and philanthropy. These programs are designed to raise public awareness and understanding of, and access to, identified community health needs (refer to Section 3, Community Health Needs Assessment).

During Fiscal Year 2022 (October 2021 to September 2022) Scripps Green invested \$234,967 in community health improvement services. This figure reflects the costs associated with providing community health improvement activities, including salaries, materials, and supplies, minus billable revenue. This section highlights some of Scripps Green's Fiscal Year 2022 community health services achievements.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH HIGHLIGHTS

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers, or offer continuing education to existing health care professionals, the quality of health care would be greatly diminished. Medical research also plays a key role in improving the community's overall health by developing new and innovative treatment options.

Each year, Scripps Green allocates resources to advance health care services through professional education programs. To enhance service delivery and treatment practices for San Diego County; Scripps Green invested \$14,352,869⁷¹ in professional training and health research programs during Fiscal Year 2022 (October 2021 to September 2022). This section highlights some Scripps Green professional education activities.

⁷¹ Reflects clinical research as well as professional education for non-Scripps employees, nursing resource development and other health care professional education. Research primarily takes place at Scripps Clinical Research Services, Scripps Whittier Diabetes Institute, Scripps Genomic Medicine and Scripps Translational Science Institute. Calculations based on total program expenses.

INTERNAL MEDICINE RESIDENCY PROGRAM AND ST. LEO'S MISSION COMMUNITY CLINIC

The Scripps Clinic/Scripps Green Hospital Department of Graduate Medical Education serves about five thousand San Diegans each year. All residents and many attending physicians in the program demonstrate a strong commitment to community service by maintaining an evening clinic at St. Leo's Mission Community Clinic. Scripps residents and many attending physicians maintain an evening clinic at St. Leo's Mission Community Clinic in North County. Two residents volunteer every Wednesday to provide medical care to uninsured patients with a variety of conditions, including diabetes, high blood pressure and high cholesterol. They also identify many acute conditions, including viral infections, skin infections, eye problems and musculoskeletal issues, and educate patients about their health. Patients may get flu vaccinations and some basic lab tests. If needed, St. Leo's patients are referred to providers who offer care at a reduced cost.

SCRIPPS GREEN GME DIVERSITY COMMITTEE AND EQUITY CURRICULUM

Scripps Green Hospital has established a graduate medical education diversity committee and equity curriculum. The mission is to systematically cultivate a more diverse health care workforce. To allow residents and fellows to work and be educated in an environment reflecting and respecting diversity. To educate trainees and faculty to recognize and strive to eliminate inequities in their training environment and in patient care. The curriculum includes coaching circles for our trainees and faculty with the conscience leadership academy, Grand Rounds - Implicit Bias Lecture Series, and Training on Implicit Bias for recruitment are a few of the areas of focus. The Bias Lecture Series has highlighted several speakers throughout the year to highlight areas in healthcare where bias and discrimination is most prevalent. Talks have focused on racism, unconscious bias and barriers that underrepresented minorities face in both healthcare and medical education.

HIGH SCHOOL SKIN CANCER EDUCATION PROGRAM

In Fiscal Year 2022, a Scripps Green Graduate Medical Education Hematology/Oncology fellow conducted a high school skin cancer education awareness program at Patrick Henry High School. The fellow taught about skin cancers and prevention to 400 high school students in early June 2022. This was about a week before the start of summer break and collected survey data from half of those students the day of the event. After the hour-long session there was an appreciable increase in the student's knowledge about the types of skin cancer and how to prevent it. In August, an anonymous survey was sent to these students by text and a 75% response rate was received. It showed that the students' awareness of and use of sun protective measures increased because of the information they received on skin cancer and education awareness.

SCRIPPS GREEN HOSPITAL 2023 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2023

The Scripps Green Hospital 2023 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health during Fiscal Year 2023 (October 2022 to September 2023).

THE SCRIPPS GREEN HOSPITAL 2023 COMMUNITY BENEFIT GOAL

Make a measurable impact on the health status of the community through improved access to care, health improvement programs, and professional education and health research.

SCRIPPS GREEN HOSPITAL FISCAL YEAR 2023 COMMUNITY BENEFIT OBJECTIVES

COMMUNITY HEALTH SERVICES

- Continue to partner with St. Leo's Mission Community Clinic. Staffed by internal medicine residents and Scripps Clinic staff physicians. This clinic serves lower income and indigent people in North County San Diego. The clinic is operated on one evening and Saturday morning each week, typically treating up to 25 patients at each session.
- Continue to conduct blood drives on behalf of the American Red Cross.
- Continue to provide physical, emotional, and spiritual support for cancer patients during their treatment.
- Continue to provide education and support for patients going through transplants, end stage liver disease and renal disease. Additional services for caregivers and those thinking about becoming an organ donor.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH

Maintain and improve the graduate medical education program at Scripps Green and Scripps Clinic. The Scripps Clinic and Scripps Green Department of Graduate Medical Education serves more than five thousand San Diegans each year, both inpatient and outpatient. All residents demonstrate a strong commitment to community service by maintaining weekly clinics at St. Leo's Mission Community Clinic.

UNCOMPENSATED HEALTH CARE

During Fiscal Year 2023, Scripps Green will continue to provide health care services for vulnerable patients who are unable to pay for services.

- Maintain, communicate, and effectively administer Scripps financial assistance policy in a manner that meets patients' needs.

SCRIPPS GREEN HOSPITAL COMMUNITY BENEFIT SERVICES SUMMARY LIST

Community Benefit Categories	Persons Served	Staff Hours	Volunteer Hours	Financial Support*
Uncompensated Care				
Charity Care**	-	-	-	\$397,156
Medi-Cal and Other Means Tested Government Programs (Shortfall)***	-	-	-	\$4,505,794
Medicare and Medicare HMO (Shortfall)**	-	-	-	\$7,416,560
Totals FY 2022 Uncompensated Care	-	-	-	\$12,319,510
Community Health Services				
Community Health Education	425	3	-	\$156,891
Community-Based Clinical Services	437	-	321	-
Health Care Support Services	-	-	-	\$78,076
Totals FY 2022 Community Health Services	862	3	321	\$234,967
Professional Education				
Physicians/Medical Students	-	212,312	-	\$13,853,736
Nurses/Nursing Students	-	5,780	-	\$499,133
Totals FY 2022 Professional Education	-	218,092	-	\$14,352,869
Totals FY 2022 Scripps Green Hospital	862	218,095	-	\$26,907,346
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances, an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

Section 11

Scripps Whittier Diabetes
Institute

SCRIPPS WHITTIER DIABETES INSTITUTE

ABOUT SCRIPPS WHITTIER DIABETES INSTITUTE

Scripps Whittier Diabetes Institute is caring for and educating people with diabetes through diabetes management and support programs. The mission is to improve quality of life for people with diabetes through innovative education programs, clinical care, research, and collaborations that pursue prevention and a cure. The Institute manages the Scripps Diabetes Clinical Care Line and provides diabetes care and education in the hospitals, ambulatory care clinics, and in the community.

Founded in 1982 Scripps Whittier stands alone as the region's leading comprehensive diabetes organization. The mandate at Scripps Whittier has always been to achieve excellence in diabetes care, research, and education. The Institute accomplishes its mission by being a resource and partner with Scripps Health and collaborating with other institutions, their researchers and physician's, including the University of California San Diego, San Diego State University, Scripps Research Translational Institute, and San Diego Community Clinics.

SCRIPPS WHITTIER DIABETES INSTITUTE DISTINGUISHING PROGRAMS

- Recognized as a comprehensive international center of excellence in diabetes care and prevention, professional education, community benefit programs, and clinical, health services and behavioral, health equity and clinical research.
- Operates diabetes self-management education programs accredited by the American Diabetes Association. Nurses and dieticians certified in diabetes education, along with community-based diabetes health educators, provide thousands of people with diabetes and nutrition education and support each year live and virtually.
- Provides education and care management to women with gestational diabetes and is recognized as a Sweet Success provider by the State of California.
- Credited with the first successful replication of insulin producing human islet cells outside the human body. Dr. Alberto Hayek's achievement is a milestone on the pathway to a cure.
- Internationally recognized as one of the most effective approaches to diabetes management in low-income and diverse populations, Project Dulce has provided diabetes care and self-management education at community health centers, and other community-based locations for over 20 years. The program is certified by the American Diabetes Association (ADA) and is one of three evidence-based diabetes self-management education and support programs recognized by CMS. Nurse-led teams focus on achieving measurable improvements in the health of their patients, while peer educators help patients overcome cultural, economic, or behavioral barriers to successfully managing their disease. Program results have been published in medical literature and have been recognized as innovative solutions to the diabetes epidemic with an emphasis on marginalized populations. Project Dulce has expanded its reach throughout California, Baja California, and nationally through its training and replication model program.

- Provides retinal screenings for low-income people to detect vascular eye problems to prevent serious complications and blindness.
- Conducts community-based research programs, building on a long history of partnerships with San Diego County Health and Human Services Agency, federally qualified health centers and community clinics, Scripps Research Translational Institute (SRTI) and San Diego State University, to prevent and treat diabetes in San Diego's multi-ethnic communities.
- Serves as the community engagement arm for the Clinical Translational Science Award (CTSA) funded by the National Institute of Health. In collaboration with the Scripps Research Translational Institute, the scientific and community worlds are merged to develop community driven research agendas in diabetes, wireless medicine, and genomics.
- Established the Scripps San Diego Diabetes Genebank, a biobank designed to analyze the genetic predisposition of developing Type 2 diabetes and associated metabolic abnormalities in a Mexican American cohort. There have been tremendous advances in genomics medicine with minimal focus on minority groups, such as Latinos, who develop Type 2 diabetes at much higher rates than other groups. Work will continue in this realm by furthering efforts to understand the pathophysiology of Type 2 diabetes with Arab Americans who are disproportionately affected by Type 2 diabetes. A Genome Wide Association Study (GWAS) would provide more insights into the genetic effects of type 2 diabetes in this population.
- With a commitment to growth and innovation, Scripps Whittier is building on Project Dulce's proven success, Dulce Digital reached 125 participants to test the effectiveness of using health technology via text messages tailored to support patients with managing Type 2 diabetes with prompts ranging from healthy eating habits, physical activity reminders and behavior change management.
- Scripps Whittier recently completed two NIH community-based research trials focused on closing the health disparities gap. The first, Mi Puente/The Bridge, used a nurse/volunteer team to help patients with behavioral health and chronic disease get the services they need after hospital discharge to prevent readmissions and improve health and quality of life. The second built on Project Dulce's successful texting program, Dulce-Digital Me, by testing the effectiveness of real time digital feedback to people with diabetes. The studies are now in the process of finalizing the results for publication and the results will be completed in 2023 and shared for the primary outcomes.
- Train health professionals locally and across the nation to provide the highest quality and most up-to-date diabetes care. Courses are designed for health care providers seeking to understand the new and complex clinical treatment options for Type 1, Type 2, gestational diabetes, and prevention. Scripps Whittier's professional education program is led by a team of experts that include endocrinologists, nurses, dietitians, psychologists, and community health workers.

- Leads the diabetes care line at Scripps and deploys diabetes educators and advance practice nurses in Scripps inpatient and ambulatory environments to support quality diabetes care and patient education.
- The National Institute of Diabetes and Digestive and Kidney Diseases awarded a five-year, \$3.3 million grant in 2020 to Scripps Whittier Diabetes Institute to study the integration of mental health services in the care of patients with Type 1 diabetes to better address the emotional distress than often accompanies the chronic disease. Researchers at Scripps Whittier will use the federal funding to launch a large-scale, randomized, controlled clinical trial that will evaluate whether the integration of diabetes distress care with routine medical care results in better management of diabetes and better health-related quality of life. The innovative, RN/CDCES + Psychologist model called ACT1VATE will specifically be designed to provide wrap-around support for patients struggling with glycemic control (HbA1c>8%) and emotional distress related to their “Diabetes Distress”. The study is a collaborative effort that capitalizes on the complimentary expertise of a clinical psychologist/endocrinologist partnership.
- A second award was received from the National Institute of Diabetes and Digestive and Kidney Diseases for a 5-year \$3 million study to begin in 2021 conducted by Scripps Whittier Diabetes Institute. The study will be based at Scripps Mercy Hospital which provides services to many of our under-resourced communities. Given the known serious consequences of uncontrolled blood sugars during hospitalization, this research proposes to seamlessly integrate continuous glucose monitoring (CGM) in the hospital to test a dynamic and digitized, team-based approach to glucose management in an understudied, yet high-risk population. A Digital Dashboard will be used, as it facilitates real-time, remote monitoring of a large volume of patients simultaneously; automatically identifies and prioritizes patients for intervention; and will detect all potentially dangerous hypoglycemic episodes in a hospital environment. The study will focus on clinical metrics (glucose control, infection) that are in-line with patient priorities and US hospital quality initiatives will increase relevance to healthcare systems and enhance incentive to adopt this innovative digital monitoring approach.
- In Fiscal Year 2022, Scripps Whittier submitted 41 total grants to 11 federal funding mechanisms and 13 funded resulting in \$1,888,780 in revenue to date; Scripps Whittier delivered six Project Dulce peer education training programs and educational webinars as well as implemented a Spanish-speaking group class offerings for Type 2 diabetes patients.

SCRIPPS WHITTIER DIABETES INSTITUTE 2023 COMMUNITY BENEFIT REPORT; FISCAL YEAR 2022

The Scripps Whittier Diabetes Institute 2023 Community Benefit Report is an account of Scripps Whittier's dedication and commitment to improving the community's health, detailing programs that have provided benefit over and above standard health care practices in Fiscal Year 2022 (October 2021 to September 2022).

MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2022, Scripps Whittier Diabetes Institute devoted \$967,268 to community benefit programs, including uncompensated health care, community health services, professional education, and health research. The programs offered by Scripps Whittier emphasize community-based prevention efforts and use innovative approaches to reach residents at greater risk for health problems through a health equity lens.

The diabetes epidemic permeates every facet of our community. The percentage of individuals entering hospitals with diabetes is rising, the number of children developing diabetes is growing, and larger numbers of people are experiencing complications from diabetes, such as renal failure and heart disease, at an earlier age. Developing unique and innovative clinical programs and community-based research is urgently needed to combat this epidemic. The diabetes and obesity epidemic have a disproportionate impact on low-income ethnic groups, yet there is little research demonstrating clinically and cost-effective care and treatment models for these populations. Diabetes leads to school and work absenteeism, elevated hospitalization rates, frequent emergency room visits, permanent physical disabilities and sometimes death.

Diabetes is an important health issue because of its prevalence, its impact on morbidity and mortality, and its preventability. Diabetes is a major cause of heart disease and stroke and an analysis of mortality data for San Diego County found that in 2020 'Diabetes mellitus' was the eight-leading cause of death.

In San Diego County diabetes has been steadily rising since 2005 according to the National Center for Chronic Disease Prevention and Health Promotion. Type 2 diabetes is an important target for intervention because hospitalizations due to diabetes related complications are potentially preventable with proper management and a healthy lifestyle.

More than 1 out of 3 adults have prediabetes and 15–30% of those with prediabetes will develop Type 2 diabetes within 5 years. Non-Hispanic African Americans, Hispanic/Latinos, and American Indian/Alaska Natives have a higher risk of developing type 2 diabetes. Among Health and Human Services Agency (HHSA) regions, South Regions has the highest percentage of adults with pre-or borderline diabetes (25.3%), followed by North Central Region (17.8%) and East Region (17.6%).⁷²

⁷² https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/dips/Diabetes_Slide%20Set_08.22.pdf

SCRIPPS WHITTIER DIABETES INSTITUTE PROFESSIONAL EDUCATION AND TRAINING

Scripps Whittier Diabetes Institute professional education teams provide state of the art education and training for people who wish to increase their diabetes management knowledge and skills. With the rise in diabetes related devices, there is a great need to equip clinicians with the latest information and clinical skills related to the disease and technological advancements to support individuals with this chronic condition. The Whittier's professional education programs are led by a team of experts, including endocrinologists, nurses, dieticians, psychologists, and other diabetes specialists.

These individuals train practicing professionals and paraprofessionals to deliver the best possible care for their diabetes patients. Courses are tailored to the needs of allied health professionals and paraprofessionals seeking to understand new and complex clinical treatment options for Type 1, Type 2 and gestational diabetes and interactive evidence-based approaches to facilitate group diabetes education for Type 2 patients.

These are Scripps designed education and training programs. Target populations are community partners, educators, clinical providers, and peer educators. For Fiscal Year 2022, there were three Project Dulce training programs and four educational webinars and one professional education program using the curriculum for successful Project Dulce intervention.

PROJECT DULCE MODEL, 27 YEARS OF EXPERIENCE

The key elements of Project Dulce are multidisciplinary clinical teams and peer educators (Promotoras) who work together to improve health and empower patients by providing culturally tailored diabetes education and support through a health equity lens. This model has improved clinical outcomes for glucose, blood pressure and LDL cholesterol. It has improved behavior outcomes and patient satisfaction and lowered costs to the health system through fewer ER visits and hospitalizations.

WOLTMAN FAMILY DIABETES CARE AND PREVENTION CENTER IN CHULA VISTA

The Center offers classroom space to meet the high demand for services and offers a full range of wellness, prevention, diabetes education, and nutrition services and endocrinology specialty visits in English and Spanish. In response to the pandemic, visits are available live or via telehealth and all group classes will continue being offered as live telehealth virtual group classes.

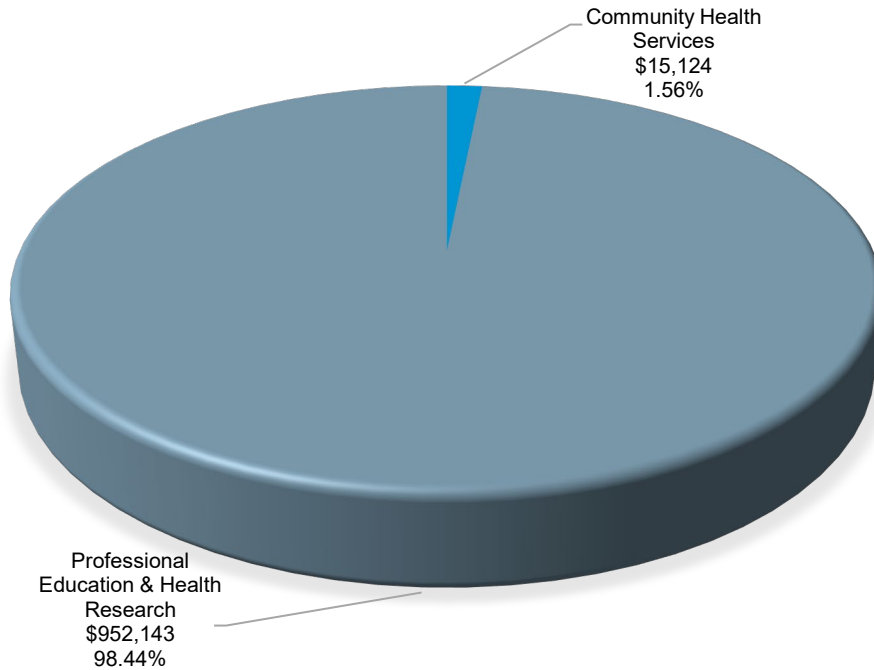
SCRIPPS WHITTIER DIABETES INSTITUTE PARTNERED WITH THE COMMUNITY ON VACCINATION EVENTS

The Scripps Whittier Diabetes Institute (SWDI) has been educating and informing the San Diego community about COVID-19 vaccines to those who wanted them. From handing out vaccine card holders to get a vaccine conversation started, to informative flyers in multiple languages, to games that test your vaccine knowledge, Scripps Whittier Diabetes Institute staff have been on the community frontlines holding events and promoting health and safety during the pandemic.

FIGURE 11.1

Fiscal Year 2022

SCRIPPS WHITTIER DIABETES INSTITUTE COMMUNITY BENEFIT SERVICES DISTRIBUTION, \$967,268



COMMUNITY BENEFIT SERVICES

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.

SCRIPPS WHITTIER DIABETES INSTITUTE 2023 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2023

Scripps Whittier Diabetes Institute 2023 Community Benefit Plan provides a description of the overall Scripps community benefit goal of Scripps Whittier Diabetes Institute's objectives and strategies to support community health during Fiscal Year 2023 (October 2022 to September 2023).

THE SCRIPPS 2023 COMMUNITY BENEFIT GOAL

Make a measurable impact on the health status of the community through improved access to care, health improvement programs, and professional education and health research.

SCRIPPS WHITTIER DIABETES INSTITUTE FISCAL YEAR 2023 OBJECTIVES

SCRIPPS WHITTIER DIABETES PROGRAM

Scripps Whittier diabetes self-management training and education program has integrated the diabetes education services of two large primary and multi-specialty groups, Scripps Clinic and Scripps Coastal Medical Group. This consolidation has expanded individual and group education and diabetes support through enhanced efficiencies.

GESTATIONAL DIABETES MANAGEMENT AND EDUCATION PROGRAM

Scripps Whittier Diabetes Program will continue to collaborate with Scripps Clinic OB- GYNs and endocrinologists to provide comprehensive care and education to women with gestational diabetes.

PROJECT DULCE

Scripps Whittier will continue to offer a comprehensive, culturally sensitive diabetes self-management program for underserved and uninsured populations.

During Fiscal Year 2023, Project Dulce will:

- Continue to provide diabetes self-management education in community clinics and free diabetes education and support groups throughout San Diego County contingent on the pandemic.
- Collaborate and train ethnic specific organizations to provide health education and resources in their communities.
- Continue to train community health workers and health providers in underserved communities in California to implement the Project Dulce model in their communities.
- Collaborate with Scripps Mercy Hospital San Diego to reach patients with diabetes who need a medical home, reducing preventable hospital readmissions.

COMMUNITY ENGAGEMENT

- Continue to identify and develop partnerships with community health providers, researchers, and community stakeholders to promote bi-directional dialogues that foster equitable research agendas, discovery, application, and dissemination of science that improves health and reduces disparities.

COMMUNITY EDUCATION

- Participate in community health fairs and screenings in Fiscal Year 2022 to expand public awareness about diabetes and COVID-19 risk factors, prevention, and health maintenance for those with diabetes.
- Community events are planned in collaboration with the American Diabetes Association, Dia de La Mujer (Day of the Woman), Take Control of Your Diabetes (TCOYD) conference and Scripps Wellness Day.
- Continue the collaboration with Many Shades of Pink, a non-for-profit organization, and the Multicultural Health Foundation to support the KW Mobile Health Fair with an emphasis to serve the marginalized communities from the Southeast San Diego region by providing lifesaving screenings and education focusing on cardiometabolic and breast health awareness and prevention.

DIABETES PREVENTION

- Scripps Whittier will provide the evidence-based Diabetes Prevention Program, a year-long intensive lifestyle behavior change intervention that aims to reduce the incidence of diabetes among those at risk (with prediabetes), and with a focus on the highest risk populations in San Diego's South Bay.

PROFESSIONAL EDUCATION

- Scripps Whittier's education department will provide ongoing classes and programs tailored to the health care professional in communities throughout the United States and globally.
- Participate in a research partnership in collaboration with San Ysidro Health. This collaboration will allow Scripps Whittier to test cultural adaptations of Project Dulce's Diabetes Among Friends curriculum and Dulce Digital texting program for Filipino and Arab American populations.
- Continue the STOP-COVID efforts as part of a National Institute Health (NIH) 11-state multi-site grant to focus efforts on combating misinformation on COVID-19 in low resource communities.

SCRIPPS WHITTIER DIABETES INSTITUTE COMMUNITY BENEFIT SERVICES SUMMARY LIST

Community Benefit Categories	Persons Served	Staff Hours	Volunteer Hours	Financial Support*
Community Health Education	5,344	1,527		\$15,124
Clinical Research	118	43,960		\$952,143
Totals FY 2022 Scripps Whittier Diabetes Institute	5,462	45,487		\$967,268

* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances, an entire community benefit program cost center has been divided between several initiatives.

Section 12

Scripps Medical Foundation

SCRIPPS MEDICAL FOUNDATION

ABOUT SCRIPPS MEDICAL FOUNDATION

Scripps Medical Foundation provides health programs and services throughout San Diego County through care delivered principally by Scripps Clinic Medical Group (Scripps Clinic) and Scripps Coastal Medical Group (Scripps Coastal Medical Center).

SCRIPPS CLINIC

Scripps Health contracts for the exclusive services of Scripps Clinic Medical Group physicians through the Scripps Medical Foundation. Scripps Clinic Medical Group includes more than 900 physicians and providers practicing in more than 50 areas of medicine and surgery. Throughout its 90-year history, Scripps Clinic physicians have been national leaders in clinical research and in the innovation of new medical and surgical therapies.

SCRIPPS COASTAL MEDICAL CENTER

Scripps Health contracts for the exclusive services of Scripps Coastal Medical Group physicians through the Scripps Medical Foundation. Scripps Coastal Medical Group includes more than 250 physicians and providers practicing throughout San Diego County in areas of medicine including family medicine, internal medicine, obstetrics and gynecology, pediatrics, physical rehabilitation, and geriatrics.

SCRIPPS MEDICAL FOUNDATION 2023 COMMUNITY BENEFIT REPORT; FISCAL YEAR 2022

This section is an account of Scripps dedication and commitment to improving the health of the community, detailing the Scripps Medical Foundation programs that have provided benefit over and above standard health care practices in Fiscal Year 2022 (October 2021 to September 2022).

MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2022, Scripps Medical Foundation devoted **\$239,763,313** to community benefit programs, including uncompensated health care, community health services, professional education, and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

COMMUNITY BENEFIT SERVICES HIGHLIGHTS

Community Benefit Financial Commitment

\$239,763,313

Community Benefit Services

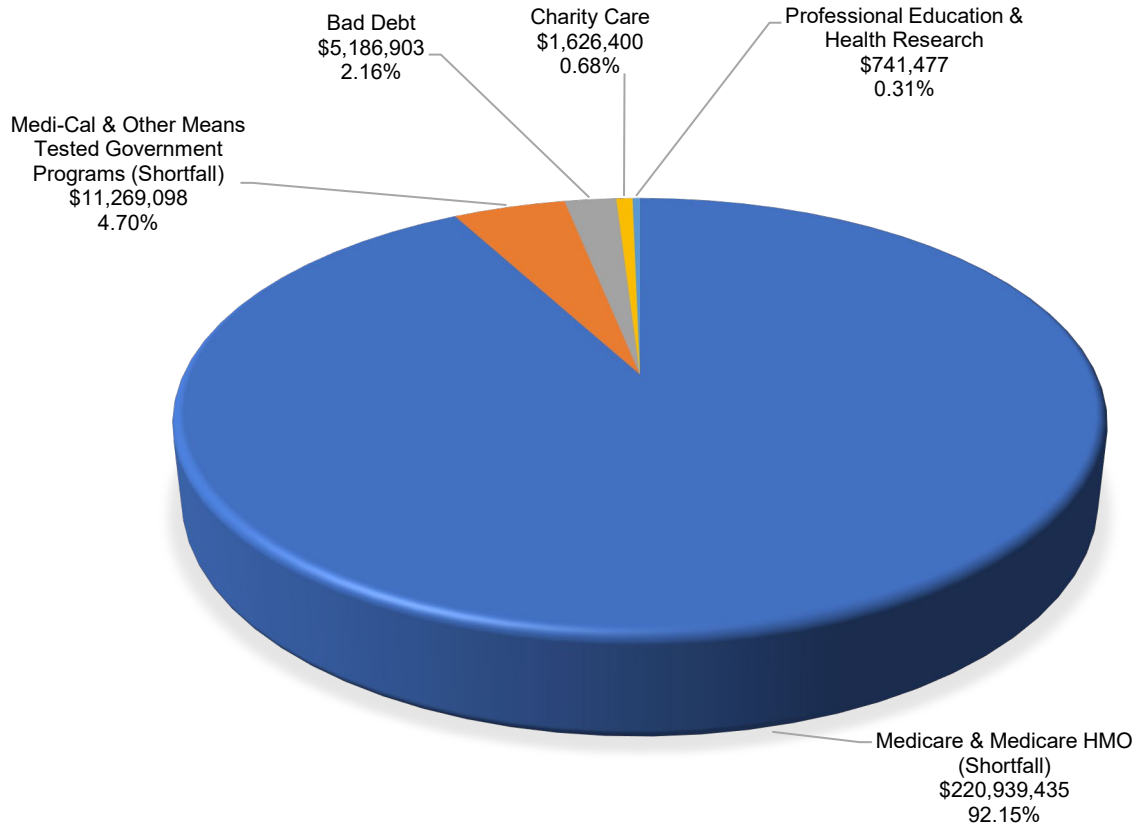
Bad Debt	\$5,186,903
Charity Care	\$1,626,400
Medi-Cal & Other Mean Tested Shortfall	\$11,269,098
Medicare Shortfall & Medicare HMO	\$220,939,435
Professional Education & Research	\$741,477

Refer to Figure 12.1 presented on the following page for a graphic representation of fiscal year 2022.

FIGURE 12.1

Fiscal Year 2022

SCRIPPS MEDICAL FOUNDATION COMMUNITY BENEFIT SERVICES
DISTRIBUTION, \$239,763,313



COMMUNITY BENEFIT SERVICES

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.

SCRIPPS MEDICAL FOUNDATION COMMUNITY HEALTH SERVICES; FISCAL YEAR 2022

COMMUNITY HEALTH SERVICES HIGHLIGHT

Community health services include prevention and wellness programs such as screenings, health education, support groups and health fairs which are supported by operational funds, grants, in-kind donations, and philanthropy. These programs are designed to raise public awareness and understanding of, and access to, identified community health needs (refer to Section 3, Community Health Needs Assessment).

SCRIPPS MOBILIZATION TO FIGHT THE COVID-19 PANDEMIC

Scripps continued with the implementation of Command Centers, COVID-19 Nurse Line, Testing and Surge Tents as Testing Cabanas and Community Support in the early part of 2022. In addition, Scripps provided awareness and education for the community via YouTube educational video content which showcased Scripps physicians addressing various topics such as vaccine safety and availability and other health and wellness topics. Physicians participated in interviews and public education for media.

Scripps Coastal implemented pediatric COVID vaccines in its pediatric offices and HealthExpress locations and continued to administer monoclonal antibody therapy infusion clinics at Coastal Cedar and Hillcrest locations.

Scripps Health developed the Post-COVID Continuing Care Program to address the lingering complications endured by many patients previously infected with the COVID-19 virus. The COVID Care Companion team began working with the ambulatory providers to get immunosuppressed patients to Pre-Exposure Prophylaxis treatment. The COVID recovery program is now offered at Scripps Mercy Hospital and at the Geisel Pavilion at Scripps Torrey Pines.

SCRIPPS MEDICAL FOUNDATION 2023 COMMUNITY BENEFIT PLAN; FISCAL YEAR 2023

The Scripps Medical Foundation 2023 Community Benefit Plan describes the overall Scripps community benefit goal and the hospitals and clinics objectives/strategies to support community health improvement during Fiscal Year 2023 (October 2022 to September 2023).

THE SCRIPPS 2023 COMMUNITY BENEFIT GOAL

Make a measurable impact on the health status of the community through improved access to care, health improvement programs, professional education, and health research.

SCRIPPS MEDICAL FOUNDATION FISCAL YEAR 2023 COMMUNITY BENEFIT OBJECTIVES

COMMUNITY HEALTH SERVICES

- Scripps Clinic will continue to provide hip and knee orthopedic surgery education for the public.

UNCOMPENSATED HEALTH CARE

During Fiscal Year 2023, Scripps Medical Foundation will continue to provide health care services for vulnerable patients who are unable to pay for services.

- Maintain, communicate, and effectively administer Scripps financial assistance policy in a manner that meets patients' needs.

SCRIPPS MEDICAL FOUNDATION COMMUNITY BENEFIT SERVICES SUMMARY LIST

Program	Persons Served	Staff Hours	Volunteer Hours	Financial Support*
Bad Debt**	-	-	-	\$5,186,903
Charity Care	-	-	-	\$1,626,400
Medi-Cal and Other Means Tested Government Programs***	-	-	-	\$11,269,098
Medicare and Medicare HMO**	-	-	-	\$220,939,435
Professional Education and Health Research	-	-	-	\$741,477
Totals FY 2022 Scripps Medical Foundation	-	-	-	\$239,763,313

* **"Financial Support"** reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances, an entire community benefit program cost center has been divided between several initiatives.

**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.

*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.

Section 13

Scripps System wide Programs

SCRIPPS SYSTEM WIDE PROGRAMS

ABOUT SCRIPPS SYSTEM WIDE PROGRAMS

Scripps supports number of programs that meet the health care needs of patients and community members throughout San Diego County. These include programs operated by Seaport Scripps Home Health, Scripps MD Anderson Cancer Center, the Scripps Clinical Research Center, and Scripps System wide Community Benefit Services.

SCRIPPS MD ANDERSON CANCER CENTER

In 2016, Scripps Health and The University of Texas MD Anderson Cancer Center announced a partnership agreement to create a comprehensive and clinically integrated cancer center in San Diego, to be known as Scripps MD Anderson Cancer Center. This center combined Scripps leading knowledge with MD Anderson's world-renowned expertise, best practices, and guidelines to serve patients in San Diego and Southern California. Scripps MD Anderson is committed to fighting cancer through a collaborative, team approach that puts the patient at the center of care. Scripps and MD Anderson are both nationally recognized leaders in cancer therapy and are combining their strength to bring some of the most advanced cancer care available to San Diego. Scripps MD Anderson's physicians and staff work collaboratively toward cancer prevention, early detection, coordinated treatment and community support services, and are actively involved in leading-edge clinical, translational, and basic research. Additional resources include specialized breast care centers, infusion clinics, nurse navigators, nutrition program, genetic counselors, Shiley Fitness Center, rehabilitation services, support groups and Scripps Center for Integrative Medicine.

SCRIPPS MD ANDERSON CANCER REGISTRY

Scripps formed the system-wide cancer registry in the early 2000s, before which, each Scripps hospital had its own. Since 1975, the Scripps Cancer Registry has been collecting cancer data on Scripps patients for research, epidemiological studies, education, and patient treatment. Analysis of this data gives Scripps physicians the ability to measure the quality and effectiveness of the care cancer patients receive within the Scripps system. The data also aids in determining which Cancer Center programs should be developed or further expanded and helps drive cancer statistics at the national level.

SCRIPPS MD ANDERSON CANCER CENTER - \$22 MILLION FOR HEALTH PROGRAMS

Scripps was awarded funding as part of an excess settlement funds distribution (Krueger-Wyeth funds) to support programs at Scripps MD Anderson Cancer Center for a variety of initiatives to support patient care, research, and health care disparities, including outreach, screening, and supportive services in the areas of breast cancer, cardiovascular disease, and neurocognitive conditions in underserved populations. Scripps MD Anderson Cancer Center is using the funds to support several efforts, including clinical trials, translational research, expanded biorepository research, community outreach and a cancer survivorship clinic program. The following are some of the programs being funded by this initiative to address health disparities:

THE MOBILE HEALTH AND RESOURCE FAIR

Racial/ethnic minority women continue to experience delayed diagnosis of breast cancer, cardiovascular disease, and dementia, and African American women are also more likely to be diagnosed with more aggressive breast cancers and to die from breast cancer at an earlier age. Regular screening is key to prevent delayed diagnosis, but marginalized populations such as African American and underserved Hispanic women are less likely to get mammograms and other preventive health measures. A systematic review found that one of the most effective methodologies for disease prevention in underserved populations is to reach out directly into the community rather than require individuals to come to a healthcare center.

The Mobile Health and Resource Fair has consistently served hundreds of diverse community members each month, many of whom continue to return for services. Led by a retired physician and a breast cancer survivor/advocate/CEO of community-based organization Many Shades of Pink. These volunteers hope to expand and upgrade their services (e.g., adding cholesterol screening, adding additional dementia screenings and mental health resources). Scripps funding allows to provide more regular cardiovascular health and neurocognitive screenings, as well as resources and referrals for breast cancer screening to these underserved and often high-risk populations. The objective of this program is to help prevent delayed diagnoses of breast cancer, cardiovascular disease, and dementia and promote health maintenance. The funding also supports the hiring of dedicated community-based patient navigators to help connect community members with the appropriate health care resources, especially through the Breast and Cervical Cancer Prevention and Treatment Act that can connect patients to Medi-Cal and follow-up care at Scripps Health. In conjunction to enhanced screening services, Scripps conducts research to better understand barriers unique to the underserved in Southeast San Diego and to better meet their health care needs in terms of preventive and maintenance of health care. The research findings will help the team to optimize the delivery of services and maximize their community reach.

SCRIPPS COLLABORATIVE FOR HEALTH EQUITY (SCHE)

Scripps Collaborative for Healthcare Equity (SCHE) is committed to fostering multicultural diversity and promoting equity in health care. Scripps MD Anderson Health Disparities Projects is dedicating funding from Krueger-Wyeth to provide outreach, prevention, and supportive services to directly impact patients with cancer, cardiovascular disease and/or dementia in underserved populations. The Scripps Collaborative for Healthcare Equity is dedicated to establishing excellence in community health equity and its outcomes in our vulnerable populations through three strategic priorities.

1. Focus and expand research efforts on healthcare disparities.
2. Improve access to culturally and linguistically appropriate health care resources and supportive programs for patients.
3. Expand community interventions and programs that address the needs of multicultural populations.

ELECTRONIC NETWORK FOR HEALTH DISPARITIES

Population-based studies indicate that significant health care disparities exist within the US for the diseases of breast cancer, heart disease and dementia. Disparities can contribute to poorer outcomes due to incompleteness or delay of recommended treatments and/or lack of social support services for economically disadvantaged populations. Health care disparity research in these diseases have described that financial out-of-pocket expenses, access to transportation for treatment, child-care, inability to leave work, and lack of trust of health care system all effect adherence to treatment schedules to optimize outcome. However, few interventions have been targeted for specific individual barriers described by the patients themselves. Accordingly, there is an urgent need to better understand patient challenges on an individual level and customize solutions for each patient in need.

Scripps MD Anderson Health Disparities Projects is dedicating funding from Krueger-Wyeth to provide a customized electronic network, linked to Scripps patient electronic medical record and patient portal, which provides women with breast cancer, heart disease, and/or dementia with necessary solutions to their individualized barriers to care. The program's specific objective is to develop and implement a unique software product that will enable patients to combine their social network with Scripps' health care networks and philanthropic communities. The Scripps' networks will serve as support groups, identify patient volunteers with similar histories, and provide educational materials concerning their disease and treatment. Importantly, patients can also use this platform to register their specific needs to allow for them to receive recommended optimal care. Their social network can see their requests and address them much in the way a wedding registry works. The program will allow patients to request for financial support and service needs such as food, child-care services, home services, transportation services, etc. The network will also be linked to our philanthropic communities to serve as a vehicle for giving to underserved families with medical needs in breast cancer, heart disease, and/or dementia.

SCRIPPS CLINICAL RESEARCH SERVICES (CRS)

Research and clinical discovery have been part of Scripps Health's mission since its founding in 1924. In partnership with the Scripps Clinical Medical Group (SCMG) via the Research Innovation Committee (RIC), Clinical Research Services consolidates and expands access to clinical research trials for SCMG physicians and patients across the Scripps system.

The mission of the RIC is to provide comprehensive oversight and allocation of resources for research, so that patients have access to new and emerging treatment opportunities when appropriate. In addition, there are several specialties with nationally accredited continuing and graduate medical education programs supported through the RIC and CRS.

The Research Innovation Committee was created in 2018. Currently there are more than 25+ Scripps Clinic medical specialties under one operations team. As a result, RIC can accelerate the access to new technologies for patients by consolidating the various components of clinical investigation into a seamless, streamlined regulatory, operational, and administrative process.

Scripps continues building in its strong foundation for clinical and translational research through small pilot studies to large multicenter trials placed at various locations across the system, engaging both inpatient and outpatient settings. As ambulatory-based research increases across the system, RIC, Scripps Clinic and CRS support more than 92 principal investigators and about 450 active clinical research protocols crossing interdisciplinary disease categories.

SCRIPPS CLINICAL RESEARCH TRIALS

- Arthritis
- Cancer
- MD Anderson Partner Trials
- Cardiology
- Cardiac Stem Cell
- Chronic Lung Disease
- Cosmetic Procedures
- Dermatology
- Diabetes
- Eye Infections
- Eye–Cataracts
- Eye–Macular Degeneration
- Genomic Directed
- Growth Hormone Deficiency
- Hepatitis C
- High Cholesterol
- Integrative Medicine
- Joint Replacement (hip, shoulder, knee, cartilage stem cell)
- Liver Disease
- Migraine Headaches
- Neuro Imaging
- Nephrology
- Obesity/Weight Loss
- Organ Transplant
- Osteoporosis
- Orthopedics
- Stroke
- Sleep

SCRIPPS WHITTIER DIABETES INSTITUTE AND SCRIPPS RESEARCH TRANSLATIONAL INSTITUTE (SRTI) PARTNERSHIP

The Scripps Research Translational Institute (SRTI) partners with Scripps Health to combine strong patient care and clinical research capabilities with the exceptional biomedical science expertise of Scripps Research to leverage the power of genomic medicine and digital medicine technologies, for the advancement of individualized medicine. SRTI is dedicated to accelerating the “translation” of basic laboratory discoveries into clinical trials and ultimately approved treatments. Under the direction of Scripps Research, SRTI is supported in part by the National Institutes of Health Clinical and Translational Science Award (CTSA). A five-year, \$20 million grant to support translational clinical research, infrastructure and training first awarded in 2008 was renewed in 2013 and renewed again in 2018 for its 3rd five-year NIH grant through 2023 for \$31.5 million.

The Community Engagement Program for this award is led by Scripps Whittier Diabetes Institute which has provided the San Diego community with the most advanced diabetes care, education, research, and support for more than 30 years at Scripps Health. In the last two years with grant support, the community engagement core has evolved and grown into the Scripps Hub Academic Research Core (SHARC), to broaden its research support beyond diabetes and cardiometabolic disease to include nearly all disease states (e.g., cancer, orthopedics, transplant,

allergy/immunology, dermatology and many more) across the Scripps health system. The team now includes a research navigator, biostatistician, and community engagement program manager that provide consultations and guidance in expanding the research platform within Scripps and the San Diego community. The SHARC team enhances the involvement of community and clinicians in all areas of translational and transformational research. Scripps supports community-engaged research that aim to bring researchers and community partners together to share their knowledge, skills, and resources with a common goal of improving community health. Over the last two decades, health research and practice has increasingly employed community-engaged research methods, defined as “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interests, or similar situations to address issues affecting the well-being of those people.”

SCRIPPS COMMUNITY BENEFIT SERVICES

Scripps System wide Community Benefit Services provides oversight, support, guidance and coordination of Scripps community health and outreach programs, helping ensure that they are in accordance with the Scripps mission, values, and strategic objectives. This program also supports the Strategic Planning Committee, a committee of the Scripps Board of Trustees, in assessing and planning to meet community need. Additionally, this program is responsible for developing the triennial health needs assessment and, through the Community Benefit Fund, supports community programs that address San Diego County’s high-priority health needs.

SCRIPPS SYSTEM WIDE 2023 COMMUNITY BENEFIT REPORT; FISCAL YEAR 2022

This section is an account of Scripps dedication and commitment to improving the health of the community, detailing the Scripps System wide programs that have provided benefit over and above standard health care practices in Fiscal Year 2022 (October 2021 to September 2022).

FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during Fiscal Year 2022, Scripps System wide employees donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. With 98 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$5,694.43.

MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2022, **\$3,624,296** was devoted by Scripps System wide programs to community benefit programs, including uncompensated health care, community health services, professional education, and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

COMMUNITY BENEFIT SERVICES HIGHLIGHTS

Community Benefit Financial Commitment

\$3,624,296

Community Benefit Services

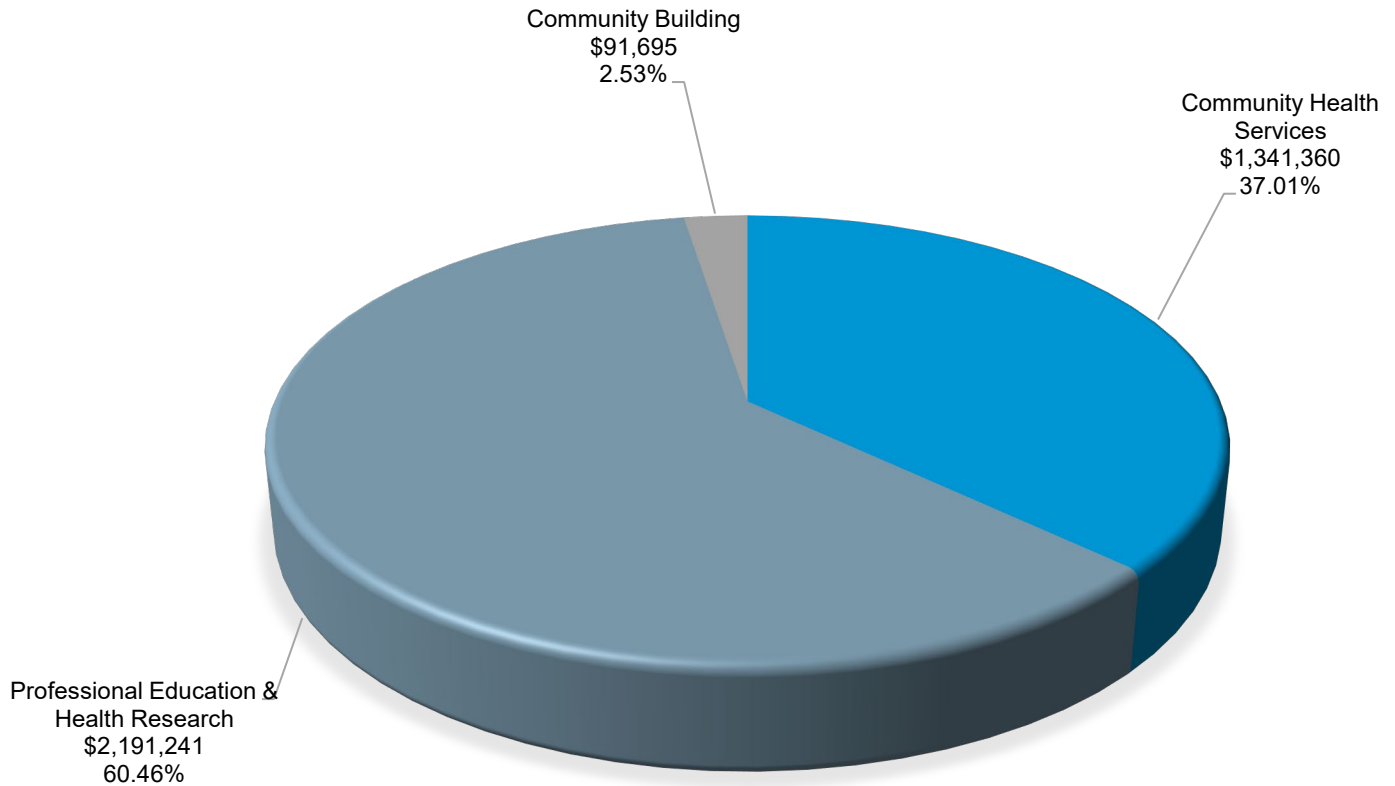
Community Building Activities	\$91,695
Community Health Improvement Services	\$1,341,360
Professional Education & Research	\$2,191,241

Refer to Figure 13.1 presented on the following page for a graphic representation of Fiscal Year 2022.

FIGURE 13.1

Fiscal Year 2022

SCRIPPS SYSTEM WIDE COMMUNITY BENEFIT SERVICES
DISTRIBUTION, \$3,624,296



COMMUNITY BENEFIT SERVICES

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.

SCRIPPS SYSTEM WIDE COMMUNITY HEALTH SERVICES; FISCAL YEAR 2022

COMMUNITY HEALTH SERVICES HIGHLIGHTS

Community health services include prevention and wellness programs such as screenings, health education, support groups and health fairs which are supported by operational funds, grants, in-kind donations, and philanthropy. These programs are designed to raise public awareness and understanding of, and access to, identified community health needs (refer to Appendix I, Community Health Needs Assessment).

During Fiscal Year 2022 (October 2021 to September 2022) \$1,341,360 was invested by Scripps System wide programs in community-based health improvement activities. This figure reflects the costs associated with providing community health improvement activities, including salaries, materials, and supplies, minus billable revenue. This section highlights some of Scripps System wide Fiscal Year 2022 community health services achievements.

SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND

In Fiscal Year 2022, Scripps Health continued to deepen its commitment to enhancing the health of our community with the Community Benefit Fund. Over the course of the year, it awarded community grants to programs throughout San Diego. Scripps awarded grants ranging from \$5,000 to \$120,000 each. The projects that received funding address some of San Diego's County's high-priority health needs. The goal is to improve access to vital health care services for a variety of at-risk populations, including the homeless, economically disadvantaged, mentally ill and others. Since the Community Benefit Fund began, Scripps has awarded \$4.4 million dollars. Programs funded during Fiscal Year 2022 include the following (see Section 5 for more details on these programs):

CATHOLIC CHARITIES – SHELTER BEDS FOR UNSHELTERED PATIENTS AT SCRIPPS MERCY HOSPITAL

Funding was not provided in Fiscal Year 2022, but the partnership continued. Catholic Charities provides several shelter bed options for people experiencing homelessness. Because of the long-standing partnership between Scripps Health and Catholic Charities, Catholic Charities makes every effort to accommodate the needs of SMH patients, if a bed is available and the referral is appropriate. Once a bed is secured, shelter residents are assisted through case management to obtaining other health and social supports needed to stabilize and improve their current life situation.

CONSUMER CENTER FOR HEALTH EDUCATION AND ADVOCACY (CCHEA)

Funding provides low income, uninsured and behavioral health patients help obtaining health care benefits, SSI, and related services, while reducing uncompensated care expenses at Mercy. This Medical Legal Partnership, places Consumer Center staff onsite at Scripps Mercy Hospital within the Behavioral Health Unit and provides accessible legal assistance, in addition to receiving direct referrals from other Scripps facilities. The project provides advocacy services for time intensive government benefit cases and the Consumer Center stresses the importance of accessing

community-based services for routine health care instead of using the ED's and hospital departments as well as the importance of establishing medical homes.

[ERIC PAREDES SAVE A LIFE FOUNDATION](#)

Funding provides sudden cardiac arrest screenings for youth ages 12-25 to identify the 1 in 300 at risk from an undetected heart condition that can cause sudden cardiac arrest. As a sponsor for the Eric Paredes Save A Life Foundation, Scripps has supported more than 35,000 free cardiac screenings to local teens, including the homeless, uninsured, and underinsured. In Fiscal Year 2022 Scripps made a \$8,500 contribution to help pay for screenings. The support has funded free youth heart screenings, which have identified a total of 550 with cardiac abnormalities – 239 serious enough to cause sudden cardiac arrest.

CANCER/ONCOLOGY

In 2020 cancer was the leading cause of death, 4,939 deaths due to cancer (all sites) in San Diego County, responsible for 20.1% percent of deaths.⁷³ See Appendix I for individual **health briefs** on select community needs which includes secondary data on the magnitude, mortality, disparities, and prevalence of cancer.

In response to this serious health concern, Scripps has developed a series of prevention and wellness programs to educate people on the importance of early detection and treatment for some of the most common forms of cancer. During Fiscal Year 2022, Scripps engaged in the following cancer programs and activities. See Section 5 for more detailed Scripps cancer programs and offerings.

SCRIPPS MD ANDERSON CANCER CENTER – REGISTERED NURSE NAVIGATOR PROGRAM

Scripps provides a registered nurse, dedicated to assisting cancer patients and their families with navigating through the journey from diagnosis, treatment, and survivorship from cancer. The focus is on education and outreach, as well as support services in this population.

SCRIPPS MD ANDERSON CANCER CENTER – OUTPATIENT SOCIAL WORKER

Scripps provides specially trained oncology social workers who understand the complexities of living with cancer and are dedicated to assisting cancer patients, along with providing education to health professionals and caregivers. The social workers help to access the most appropriate community and medical resources and provide short term counseling as well as assist with transportation, lodging and financial concerns.

SCRIPPS MD ANDERSON CANCER CENTER – OUTPATIENT HEREDITY AND CANCER GENETIC COUNSELING PROGRAM

Scripps MD Anderson Cancer Center genetic counseling team helps individuals, and their families understand their cancer risks so that individualized cancer screening and risk reduction plans can be designed. In addition to providing information and guidance about genetic testing, genetic counselors interpret test results, advise families about their options, and provide education and support.

SCRIPPS MD ANDERSON CANCER CENTER SUPPORT GROUPS

Through generous community support, Scripps MD Anderson Cancer Center provides free professionally facilitated support groups at various locations to help patients and loved ones find support, guidance, and encouragement. The support groups will address the emotions that come

⁷³ The County of San Diego HHSA's Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics. Data is based on "underlying cause of death" reported on death certificates by ICD-10 codes. Causes are ranked based on total number of deaths in each of the National Center for Health Statistics (NCHS) "rankable" categories. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, January 2022.

with a cancer diagnosis and help individuals cope more effectively with their treatment regimens that nurture their physical, emotional, and spiritual well-being.

Oncology social workers and oncology nurse navigators provide counseling services and guidance regarding transportation, housing, homecare, financial, benefits, emotional concerns, and other issues. Free professionally facilitated support groups sponsored by the cancer center meet regularly (currently meeting virtually) at various locations to help patients and loved ones find support, guidance, and encouragement. Free educational workshops will be held at various sites. The following are locations and current schedules, <https://www.scripps.org/services/cancer-care/patient-support-services>.

SCRIPPS MD ANDERSON CANCER CENTER SURVIVOR'S DAY

Survivors Day is a time to recognize the nation's 15.5 million cancer survivors, to focus attention on issues of survivorship, and to acknowledge medical professionals dedicated to cancer treatment, research, and support services. National Cancer Survivors Day events are held in hundreds of communities nationwide throughout the month of June. Scripps holds a celebratory event at various Scripps hospitals each year to provide an opportunity for those that have battled cancer to come together and enjoy the company of friends, family, and the camaraderie of fellow cancer survivors.

Cancer survivors and other guests share inspirational stories, learn about advances in cancer treatment and research and enjoy the opportunity to connect with caregivers and fellow survivors. Each year the cancer survivor events help celebrate life, inspire those recently diagnosed, offer support to family and loved ones, and recognize all who provided support along the way. They also provide a forum for discussing the physical, financial, and social issues that many cancer survivors face following completion of treatment. A virtual event took place on June 8, 2022, and 13 people attended the event. The event was recorded and is available for the community to watch, https://giving.scripps.org/event_schedules/3720-cancer-survivors-day-program

AMERICAN CANCER SOCIETY - ONCOLOGY TRANSPORTATION GRANT

The American Cancer Society provided a small grant in 2022 to the Scripps MD Anderson Cancer Center to help patients obtain taxi rides to and from their treatment appointments such as radiation and/or chemotherapy. Oncology Social Workers assisting patients may use this resource to supplement or assist if a patient's usual transportation is not available for 1-2 trips. The grant will end in December of 2022.

AMERICAN CANCER SOCIETY - ONCOLOGY LODGING GRANT

The American Cancer Society provided a grant in 2022 to the Scripps MD Anderson Cancer Center to assist us with out-of-town patients in need of a hotel room for overnight stays so they may attend consultations or treatment appointments (radiation or chemotherapy). Oncology Social Workers assisting patients may use this to supplement or help if a patient's obstacle to care is lack of overnight accommodations for 1–2 visits

CARDIOVASCULAR DISEASE AND STROKE

'Diseases of the heart' were the second leading cause of death in San Diego County in 2020. In addition, 'Cerebrovascular Diseases' were the fourth leading cause of death and 'Essential (primary) hypertension and hypertensive' was the ninth⁷⁴. Heart disease claims more than 950,000 American's⁷⁵ lives every year. Stroke is a leading cause of serious, long-term disability. See Appendix I for individual **health briefs** on select community needs which includes secondary data on the magnitude, mortality, disparities, and prevalence of cardiovascular disease.

During Fiscal Year 2022, Scripps engaged in the following heart health and cardiovascular disease prevention and treatment activities. For more detailed information on the partnerships and initiatives see Section 5 starting on page 60.

THE ERIC PAREDES SAVE A LIFE FOUNDATION - SUDDEN CARDIAC ARREST SCREENINGS

Each year, 7,000 teens lose their lives due to sudden cardiac arrest (SCA). SCA is not a heart attack, it is caused by an abnormality in the heart's electrical system that can easily be detected with a simple Electrocardiogram (EKG). Unfortunately, heart screenings are not part of a regular, well-child exam or pre-participation sports physical. The first symptom of SCA could be death. San Diego alone loses three to five teens from SCA annually. Scripps funding assists with screening for youth athletes countywide.

SCRIPPS HEALTH STROKE PROGRAM COMMUNITY EVENTS

Scripps Health educates and engages the San Diego community for stroke by attending at least one community event and screening for stroke via a stroke risk factor score card and educating individuals on BE FAST (how to recognize symptoms of stroke and calling 911 for someone exhibiting stroke symptoms). Scripps stroke team also provides BE-FAST "know the signs of stroke" cards at primary care physician offices starting with Scripps Coastal with a QR code link to stroke information on Scripps.org.

The BE-FAST screening tool is a straightforward way to recognize and remember the signs of stroke. The acronym stands for **B**alance, **E**yes, **D**rooping, **A**rm, **S**peech, and **T**ime.

- **B**alance: Sudden loss of balance or coordination
- **E**yes: Sudden blurred, double or loss of vision
- **F**acial drooping: Drooping or numbness of the face. Usually only on one side. This can be recognized by a crooked smile.
- **A**rm: Weakness or numbness of arms or legs on one side of the body. The inability to raise one's arm fully.
- **S**peech: Slurred speech, unable to speak, or difficult to understand.

⁷⁴ The County of San Diego HHS's Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics. Data is based on "underlying cause of death" reported on death certificates by ICD-10 codes. Causes are ranked based on total number of deaths in each of the National Center for Health Statistics (NCHS) "rankable" categories. Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, January 2022.

⁷⁵ San Diego Hospital Association and Imperial Counties 2022 Community Health Needs Assessment and the most recent San Diego County Community Health Statistics (unless otherwise indicated). <https://hasdic.org/chna/>

- Time: If ANY of these symptoms are experienced, call 9-1-1 immediately.

EMERGENCY AND DISASTER PREPAREDNESS

SCRIPPS MOBILIZATION TO FIGHT THE COVID-19 PANDEMIC

Since the pandemic began, Scripps has been in overdrive – finding new ways to connect with patients, caring for those who become ill and administering lifesaving vaccines to the people of San Diego. Across the Scripps Health system, doctors, nurses, caregivers, and support staff continued to work together in Fiscal Year 2022 to fight the COVID-19 pandemic.

Scripps continued with the implementation of Command Centers, COVID-19 Nurse Line, Testing and Surge Tents as Testing Cabanas and Community Support in the early part of 2022. In addition, awareness and education for the community in vaccine safety and availability including production, educational material, coordination of media response and telephone hotlines for answering questions continued. In addition, Scripps hospitals and Information Services implemented a comprehensive summary of Covid related metrics with 45 data points delivered daily for State compliance through Information Services technology tools.

SCRIPPS POST-COVID RECOVERY PROGRAM

Scripps Health developed the Post-COVID Recovery Program to address the lingering complications endured by many patients previously infected with the COVID-19 virus. Some patients experience ongoing symptoms such as shortness of breath, continued loss of taste or smell, dizziness or headaches, fatigue, and fog. The program is designed for Scripps patients recovering from a hospital stay, as well as those who did not require hospitalizations but are recovering from COVID. The goal of the program is to help patients on the road to recovery and ensure that post-COVID patients get proper, compassionate medical treatment customized to their needs. The effort gives post-COVID patients a medical home base, where they have access to the expertise of physicians in 18 specialties.

The program has enrolled 3,200 patients as of August 2022. The focus of the program in 2022 evolved to screening COVID-19 positive patients and coordinating the monoclonal treatments if patients met the criteria. In addition, the COVID Care Companion team began working with the ambulatory providers to get immunosuppressed patients to Pre-Exposure Prophylaxis treatment. The COVID recovery program is now offered at Scripps Mercy Hospital and at the Geisel Pavilion at Scripps Torrey Pines. For more information on this program visit, Scripps.org/SDCOVIDRecovery

SCRIPPS WHITTIER DIABETES INSTITUTE PARTNERED WITH THE COMMUNITY ON VACCINATION EVENTS

The Scripps Whittier Diabetes Institute (SWDI) has been educating and informing the San Diego community about COVID-19 vaccines to those who wanted them. From handing out vaccine card holders to get a vaccine conversation started, to informative flyers in multiple languages, to games that test your vaccine knowledge, SWDI staff have been on the community frontlines holding events and promoting health and safety during a pandemic.

SCRIPPS EMPLOYEE FOOD SHARING PROGRAM

Scripps employees have come together several times during the COVID-19 pandemic to help hundreds of colleagues' families who have experienced food insecurity. While many of these colleagues have been able to continue working, the unexpected unemployment or reduction in work hours for family members has impacted their ability to consistently provide three daily meals for themselves and their children. As a result of these mutual concerns the Scripps Employee Food Sharing Program was established to assist Scripps families experiencing food insecurity as the COVID-19 crisis continued. A food distribution event was held on December 18, 2021. The Scripps Employee Food Sharing Program successfully distributed food to 391 family members.⁷⁶ Food distributed: 6,500 pounds of groceries and each staff member received milk, eggs, bread, fruit, vegetables, a box of non-perishable food. Much of the food was distributed on December 18 but at least 25 additional packages of food was distributed the following week. Many departments worked collaboratively to make this initiative a success such as human resources, food and nutrition services, and security and facilities to name a few. The Scripps Leadership Academy alumni also volunteered to help package and distribute the food. Much appreciation to the employees, physicians and vendors who donated to the program as their generosity helped to make a difference for many during a difficult time.

DONATIONS FOR UKRAINE RESPONSE

In response to employee and physician requests for Ukraine support, Scripps partnered with MedShare, a global organization providing requested and needed medical supplies to Ukraine. Scripps first learned of MedShare when the Scripps Medical Response Team was assisting in Haiti after the country's earthquake. Medshare is actively collecting cash donations and other support for their efforts and had more than seven shipments scheduled over several weeks, ranging in size and scope from two pallets of wound care dressings to a full 40-foot ocean container of assorted medical supplies, biomedical equipment, and surgical tools. MedShare also partners with an array of other international relief organizations to ensure aid is handled appropriately and reaches the most critical communities. Scripps staff and physicians rallied to the worthy cause with their own cash contributions in the amount of \$10,710.⁷⁷ (made through payroll deduction), and Scripps Health took the lead with its own lead gift of \$10,000. Staff were also able to make donations directly through the MedShare website.

⁷⁶ The expenses associated with the food distribution program were not included as a community benefit expense as the food distribution events were not open to the community and were solely for Scripps employees.

⁷⁷ The expenses associated with the employees' donations were not included as a community benefit expense.

SOCK AND BLANKET DRIVE

The Sock and Blanket Drive was held as part of Scripps Spirit Week. Donations across the Scripps system were collected and given to Father Joe's Villages to benefit the homeless in the community. Contributions were made by about every site throughout the system. Father Joe's included the donated items in hygiene kits for the homeless and distribute them at shelters and day centers and during weather events. There were 3,312 pairs of socks donated, estimated by supply chain at a value of \$5,862 and 204 blankets given at an estimated value of \$5,712.

COMMUNITY OUTREACH AND EDUCATION

Having the ability to provide emergency services for those injured in a local disaster, while continuing to care for hospitalized patients, is a critical community need. Our employees' connection to our Mission is apparent every day—including during times of crisis. Following the terrorist attacks of September 11, 2001, Scripps developed a system wide disaster preparedness program. As part of this effort, Scripps created the volunteer Scripps Medical Response Team (SMRT).

SCRIPPS MEDICAL RESPONSE TEAM (SMRT)

Scripps maintains active readiness for the Scripps Medical Response Team (SMRT). The SMRT is available to deploy when the State of California Emergency Medical System Authority (EMSA) activates the California Medical Assistance Team (Cal-Mat), and requests team augmentation to respond to an active event like a wildfire or earthquake where medical assistance is needed in the affected area(s).

SMRT includes clinical staff and others from across the organization ready to mobilize during times of crisis to provide care where it is needed. Currently, the team has 76 active members, plus hundreds of other employees who have joined a reserve list to volunteer their services. The team has responded to numerous local, national, and international emergencies. This genuine response in times of need sends a powerful message about the organization's dedication to be helping our community—and beyond. There were no deployments in 2022, but the unit maintains readiness for future calls for assistance.

SAN DIEGO COUNTY NATIONAL COMMUNITY SUPPORT AND OUTREACH EDUCATION

Scripps Health maximizes awareness and encourages participation in disaster preparedness activities to affect change at the community level. Scripps contributes to the health and safety of the San Diego community through essential emergency and disaster planning activities and services. Scripps participates in San Diego County and State of California Advisory groups to plan, implement, and evaluate key disaster preparedness response plans and exercises. In addition, Scripps is an advisor to San Diego County for federal and state grant development and planning. In Fiscal Year 2022, Scripps participated in the following:

- Scripps Health participated in San Diego County Healthcare Disaster Coalition and State of California advisory groups to plan, implement, and evaluate key disaster preparedness response plans and exercises.

- Scripps participates in a standardized, on-scene federal emergency management training for hospital leaders titled Hospital Incident Command System National Advisory Committee (HICS) as well as a training focused specifically on HICS, an incident management system that can be used by hospitals to manage threats, planned events or emergencies. Scripps Health is an active member in the Hospital Incident Command System (HICS) National Advisory Committee, and currently working on the review/revision of HICS. Due to COVID-19 restrictions there were no opportunities to participate in FY22, but the unit maintains readiness for future events.
- Scripps participated in the annual San Diego Regional Full-Scale Exercise. This is a one-day exercise designed to increase the proficiency of the San Diego Operational Area to respond to mass casualty complex attacks that require a coordinated multi-agency and multi-disciplinary response. Due to COVID-19 restrictions, three Scripps facilities participated in a tabletop exercise and two Scripps facilities participated in the full-scale exercise that included the corporate command center.
- Scripps Health participates in the San Diego Healthcare Coalition Advisory Committee. This is a funding workgroup which provides leadership and funding through grants and cooperative agreements to states, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies.

SCRIPPS DRUG TAKE BACK KIOSKS

Scripps offers year-round access to safe, free disposal of unused and outdated prescription medications. Three drug take-back kiosks are available adjacent to on-site ambulatory pharmacies at Scripps Mercy San Diego, Scripps Green, and Scripps Encinitas. These drug take-back kiosks are part of the Scripps Opioid Stewardship Program, which aims to reduce the use of opioids and to help prevent patients from becoming dependent on these useful but potent pain reducing medications.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH HIGHLIGHTS

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers, or offer continuing education to existing health care professionals, the quality of health care would be greatly diminished. Medical research also plays an important role in improving the community's overall health by developing new and innovative treatments.

Each year, resources are allocated by Scripps System wide programs and services to advance health care services through professional health education programs and research. To enhance service delivery and treatment practices for San Diego County; \$2,191,241⁷⁸ was invested by Scripps System wide programs and services in professional education and health research programs during Fiscal Year 2022 (October 2021 to September 2022). This section highlights some of Scripps System wide professional education and research activities. For more detailed information on programs see Section 6 of the report.

SCRIPPS HIGH SCHOOL EXPLORATION INTERNSHIP PROGRAM

Launched by Scripps Health, the program reaches out to young people to pique their interest on health care occupations in dire need of recruits. From the emergency room to surgery, the students rotate through numerous departments, exploring career options and learning life lessons about health and healing along the way. Due to COVID-19, the High School Exploration internship program was paused in Fiscal Year 2022.

UNIVERSITY CITY HIGH SCHOOL COLLABORATION

University City High School and Scripps partnered to provide a real-life context to the school's Health Care Essentials course. Students are selected to rotate through five different Scripps locations, during the spring semester, to increase their awareness of health care careers. UC High students are exposed to different departments, exploring career options, and learning valuable life lesson about health and healing. This internship program was paused for Fiscal Year 2022, due to the pandemic.

⁷⁸ Reflects clinical research as well as professional education for non-Scripps employees, nursing resource development and other health care professional education. Calculations based on total program expenses. Clinical research includes the subsidy, which is the operating income/loss of Scripps research entities. Scripps research entities: Scripps Clinical Research Services, Scripps Whittier Institute, Scripps Genomic Medicine and the Scripps Translational Science Institute.

SCRIPPS SYSTEM WIDE 2023 COMMUNITY BENEFIT PLAN; FISCAL YEAR 2023

The Scripps System wide 2023 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the system wide objectives and strategies to support community health improvement during Fiscal Year 2023 (October 2022 to September 2023).

THE SCRIPPS 2023 COMMUNITY BENEFIT GOAL

Make a measurable impact on the health status of the community through improved access to care, health improvement programs and professional education and research.

SCRIPPS SYSTEM WIDE PROGRAM FISCAL YEAR 2023 COMMUNITY BENEFIT OBJECTIVES

COMMUNITY HEALTH SERVICES

COMMUNITY BENEFIT FUND

Provide grant funding or in-kind support to support community programs that address San Diego County's high priority health needs.

SCRIPPS MD ANDERSON CANCER CENTER

The following are the Fiscal Year 2023 objectives for Scripps MD Anderson Cancer Center.

- Continue to offer genetic counseling and cancer risk assessment for individuals at high risk for hereditary and familial cancer syndromes, including education, assessment of family history and genetic testing based on the evaluation.
- Provide education outreach to physicians on the genetic risks associated with breast, ovarian and hereditary cancers.
- Continue to offer outpatient oncology social workers which provide psychological support services and community resources for individuals diagnosed with cancer, their family members, caregivers, and health care workers in conjunction with other health care providers. Outpatient oncology social worker provides counselling services and resource information to address emotional and social distress, including needs and risk assessments, transportation resources, financial and assistance programs and benefits, housing issues, and the challenges before, during, and after diagnosis and treatment.
- In conjunction with rehabilitation services and Shiley Fitness Center continue to support education and exercise classes, focusing on healing and recovery.
- Scripps MD Anderson Cancer Center Registered Dieticians will provide education and nutritional counseling for cancer patients undergoing cancer treatment and recovery.
- Continue to work with the community to develop the oncology nurse navigator role. The oncology nurse navigator distributes resource information to both patients and their families.
- Continue to foster relationships and participate with professional organizations and community outreach organizations at both the local and national level.

- Plan and develop community-based informational and celebratory events specific to patient populations and community needs.
- Provide community support and education through monthly breast cancer, head and neck cancer and gynecological support groups.
- Scripps MD Anderson Health Disparities Projects will continue to dedicate funding from Krueger-Wyeth to provide outreach, prevention, and supportive services to directly impact patients with cancer, cardiovascular disease and/or dementia in underserved populations. The three health disparities projects; Electronic Network for Health Disparities, Mobile Health Fair and Scripps Collaborative for Health Equity (SCHE) will address health care disparity and research to expand community interventions and programs that address the needs of multicultural populations and socioeconomic barriers to receiving care.
- Scripps Collaborative for Healthcare Equity (SCHE) is committed to fostering multicultural diversity and promoting equity in health care. The collaborative will disseminate annual funding awards for Scripps employees/physicians that submit projects that address cancer, cardiometabolic, or neurocognitive disparities in the pursuit of health equity for vulnerable populations. Ideally, projects will demonstrate effective academic-community partnerships, and lead to the publication of at least one first-authored, peer reviewed manuscript and/or subsequent external funding. Other outcomes proposed for FY23 (Year 2 of KW funding) are:
 - Develop a yearly Scripps Symposium to showcase health equity related research and community interventions.
 - Create healthcare disparities mentorship program that provides resources for disparities researchers and trainees.
 - Track social determinants of health (SDOH) via a survey to be able to support patients post-discharge with accessing culturally linguistic and appropriate resources and services.
 - Track community interventions and programs that address the needs of multicultural populations.
- The Mobile Health and Resource Fair will provide cholesterol screening, dementia screenings and mental health resources. Scripps funding will allow to provide more regular cardiovascular health and neurocognitive screenings, as well as resources and referrals for breast cancer screening to underserved and often high-risk populations.
- Electronic Platforms for Health Disparities will be evaluating several new platforms including Vision Tree, Varain Noona, Oncor and the Digital Trials Center to support our health disparity populations.

EMERGENCY AND DISASTER PREPAREDNESS: COMMUNITY OUTREACH AND EDUCATION

Scripps Health's goal is to continue to enhance our organization's emergency preparedness program to benefit the community. We aim to establish activities to maximize our overall medical surge capacity and help to enhance the community's emergency preparedness and response. Having the ability to provide emergency services to those injured in a local disaster while continuing to care for hospitalized patients, is a critical community need. Scripps, together with hospital

partners and other first responder agencies (public and private), will engage in a variety of training, outreach, and planning initiatives (if offered) during Fiscal Year 2023, including:

- Participate in the San Diego County Medical and Health Full Scale Exercise
- Participate in the California Statewide Medical & Health Full Scale Exercise
- Participate in the San Diego County Coalition Surge Test No Notice Exercise
- Continue active participation with San Diego County in planning and preparing for emergencies with the San Diego County Healthcare Disaster Coalition. The intent of this group is to increase the preparedness, responsive capabilities and surge capacities of hospitals and other healthcare facilities.
- Continue active participation with the San Diego County Healthcare Coalition Advisory Committee and participate in the following committees: budget, cyber security, burn surge and pediatric.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH

SCHOOL PARTNERSHIPS

- Continue to align Scripps Talent Development Services programs with the organization's workforce development strategy.
- Partner with identified high schools in San Diego County to offer internships in support of student success in future healthcare occupations.
- Host an annual school and service partnership breakfast to discuss community workforce and education needs.
- Strategically build academic partnerships by working with the San Diego Nursing & Allied Health Services-Education Consortium to include local schools with programs that support Scripps talent pipeline.
- Continue to expand visibility of our academic partners by providing information to employees during workforce development month.
- Continue to oversee new requests for affiliation agreements with a focus on establishing agreements that support Scripps talent pipeline.

SCRIPPS HIGH SCHOOL EXPLORATION INTERNSHIP PROGRAM

Scripps High School Exploration Internship Program will continue to provide education internships for students offering five week-long paid internships, in which students rotate through clinical departments to learn about health care.

TRANSITION PROGRAMS

- In alignment with predictive analytics for Scripps hiring and staffing needs, continue to provide Specialty Training Programs in ICU, MCH, OR, ED, Case Management and Sterile Processing Technician.
- Continue to provide Scripps Health New Grad RN Residency Programs. Explore expansion of this program to the clinic setting.

UNCOMPENSATED HEALTH CARE

Uncompensated care is reflected in each of the hospital facilities. During Fiscal Year 2023, Scripps Health will continue to provide health care services for vulnerable patients who are unable to pay for services.

- Maintain, communicate, and effectively administer Scripps financial assistance policy in a manner that meets patients' needs.

SCRIPPS SYSTEM WIDE COMMUNITY BENEFIT SERVICES SUMMARY LIST

Community Benefit Categories	Persons Served	Staff Hours	Volunteer Hours	Financial Support*
Community Benefit Health Services				
Community Health Education	1,841	231	14	\$19,737
Community-Based Clinical Services	1,594	-	86	-
Health Care Support Services	10,756	21,148	-	\$987,282
Social and Environmental Activities	-	-	-	\$1,000
Totals FY 2022 Community Benefit Improvement Services	14,191	21,379	100	\$1,008,019
Professional Education				
Physicians/Medical Students	3,554	-	-	-
Nurses/Nursing Students	-	723	-	\$60,128
Other Health Professions Education	47	134	-	\$6,176
Totals FY 2022 Professional Education	3,601	867	-	\$66,303
Health Research				
Clinical Research	-	-	-	\$2,124,939
Total FY 2022 Research	-	-	-	\$2,124,939
Cash, Grants, and In-kind Contributions				
Cash Donations	-	-	-	\$35,500
Grants	-	-	-	\$11,574
Totals FY 2022 Cash, Grants, and In-Kind Contributions	-	-	-	\$47,074
Community Building Activities**				
Economic Development**	-	45	-	\$3,769
Community Support**	-	571	-	\$36,614
Leadership Development & Leadership Training for Community Members**	25	-	-	\$36,119
Workforce Development**	-	62	-	\$15,194
Totals FY 2022 Community Building Activities	25	678	-	\$91,695
Community Benefit Operations				
Community Benefit Operations	-	-	-	\$286,266
Total FY 2022 Community Benefit Operations	-	-	-	\$286,266
Totals FY 2022 Scripps System Wide	17,817		100	\$3,624,296
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances, an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p>				

Section 14

Appendices

APPENDIX A

DEFINITION OF TERMS

Bad Debt – Unpaid costs for care that are provided to people who do not meet the criteria for charity care, are not covered by a third-party payer or have a co-payment obligation that is not met.

Cash and In-Kind Contributions – contributions made by the organization to health care organizations and other community groups for one or more of the community benefit activities.

Charity Care – free or discounted health services provided to people who meet the organization’s criteria for financial assistance and are unable to pay for all or a portion of the services. Charity care shall be recorded at cost. Charity care does not include bad debt or uncollectible charges that the organization recorded as revenue but wrote off due to a patient’s failure to pay.

Community Benefit Operations – activities associated with conducting community health needs assessments, community benefit program administration, and the organization’s activities associated with fundraising or grant-writing for community benefit programs. Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community.

Community Building Activities – can include, but are not limited to, the following:

- a. Physical improvements and housing, which can include the provision or rehabilitation of housing for vulnerable populations.
- b. Economic development, which can include assisting small business development in neighborhoods with vulnerable populations and creating new employment opportunities in areas with high rates of joblessness.
- c. Community support, which can include childcare and mentoring programs for vulnerable populations or neighborhoods, neighborhood support groups, violence prevention programs, and disaster readiness and public health emergency activities.
- d. Environmental improvements, which can include activities to address environmental hazards that affect community health, such as alleviation of water or air pollution, safe removal or treatment of garbage or other waste products, and other activities to protect the community from environmental hazards.
- e. Leadership development and training for community members, which can include training in conflict resolution; civic, cultural, or language skills; and medical interpreter skills for community residents.
- f. Coalition building which can include participation in community coalitions and other collaborative efforts with the community to address health and safety issues.

- g. Community health improvement advocacy, which can include efforts to support policies and programs to safeguard or improve public health, access to health care services, housing, the environment, and transportation.
- h. Workforce development, which can include recruitment of physicians and other health professionals to medical shortage areas or other areas designated as underserved, and collaboration with educational institutions to train and recruit health professionals needed in the community.
- i. Other community building activities that protect or improve the community's health or safety that are not described in the categories listed in lines a through h above.

Community Health Improvement Services – activities or programs, subsidized by the hospital, carried out or supported for the express purpose of improving community health.

Community Health Needs Assessment Report (CHNA) – the written report adopted for the hospital facility by an authorized body of the hospital facility.

Community Health Needs – those requisites for improvement or maintenance of health status in the community.

Cost Accounting – Cost accounting systems provide the most accurate portrayal of the true cost of community benefit activities. Measurement of the costs associated with specific activities and programs to provide information meaningful to management. For example, cost accounting is used to determine the amount of an organization's total expense that can be attributed to community benefit, to assign indirect (overhead) expense to the direct cost of a program, and to estimate the cost associated with serving a subset of patients, such as Medicaid recipients.

Direct Costs – “Direct costs” means salaries and benefits, supplies, and other expenses directly related to the actual conduct of each activity or program.

Direct Offsetting Revenue – Revenue from the activity during the year that offsets the total community benefit expense of that activity. Includes any revenue generated by the activity or program, such as reimbursement for services provided to program patients. Direct offsetting revenue also includes restricted grants or contributions that the organization uses to provide a community benefit, such as a restricted grant to provide financial assistance or fund research. Direct offsetting revenue does not include unrestricted grants or contributions that the organization uses to provide a community need.

Health Research – can include, but is not limited to, clinical research, community health research, and generalizable studies on health care delivery.

Hospital Fee Program – The Hospital Fee Program was established in 2009 with the intent of improving hospital Medi-Cal reimbursement and maximizing federal financial participation in the Medi-Cal program. Hospital Fee Program, also known as the Hospital Quality Assurance Fee

(HQAF), provides private hospitals with federally matched supplemental payments for inpatient and outpatient Medi-Cal services, both in fee-for-services (FFS) and managed care, while also generating state General Fund savings to support children's health care and provides direct grants for public and district hospitals. Through the Hospital Fee Program arrangements, providers pay funds to states that then are appropriated to Medicaid agencies and serve as a source of matching funds that yields federal Medicaid revenue. These fees are included in community benefit accounting as Medicaid cost, and any revenues they yield are also included in Medicaid "direct offsetting revenue."

Implementation Strategy – the written document that describes the hospital facility's strategy to meet the community health needs identified through the hospital facility's Community Health Needs Assessment (CHNA).

In-Kind Contributions – Donations made (or received) using resources that are not legal tender (e.g., cash, checks, credit cards). Donations of supplies (e.g., pharmaceuticals), equipment, or staff time that benefits another organization are examples of in-kind contributions. In community benefit accounting, in-kind contributions are valued fairly. For example, the hospital donates a two-year old computer to a community clinic. The community benefit expense would be \$1,000 if the computer were purchased for \$3,000 and after two years of use it has depreciated to a value on the books of the hospital of \$1,000.

In-Lieu of Funds – Funds used for unfunded or under-funded patients and their post-discharge needs. Funds are used for board and care, skilled nursing facilities, long-term acute care, and home health. In addition, funds are also used for medications, equipment, and transportation services.

Net Community Benefit Expense – Total community benefit expense minus direct offsetting revenue.

Other Means-Tested Government Programs – Government-sponsored health programs where eligibility for benefits or coverage is determined by income or assets. Examples include: the State Children's Health Insurance Program (SCHIP), or the California Children's Services (CCS) Program.

Payer – Insurance companies, health care service plans, Medicare, Medi-Cal and other private or public entities that pay hospitals for health care provided to their sponsored patients.

Professional Education and Health Research – includes clinical research as well as professional education of non-Scripps employees including graduate medical education (GME), nursing resource development, and other health care professional training. Costs for medical residents and interns may be included as health professions education costs. Calculations based on total program expense.

Restricted Contributions (Grants) – Donations, gifts, bequests and other transfers of money or property made by a donor or grantor that has stipulated a temporary or permanent use for the resources provided. Donors or grantors provide restricted contributions with the intent of supporting a particular activity or program. Restrictions are stated in writing by the donor or grantor when they make a gift or grant.

Subsidized Health Services – Patient care services the organization provides despite a financial loss, (even) after removing the effects of charity care and Medi-Cal shortfalls (and bad debt). Clinical programs are provided at a loss because the community needs them. The service meets an identified community need if it is reasonable to conclude that if the organization no longer offered the service, the service would be unavailable in the community, the community's capacity to provide the service would be below the community's need, or the service would become the responsibility of government or another tax-exempt organization. Examples of such services are inpatient psychiatric units; satellite clinics serving low-income communities and burn units.

Total Community Benefit Expense – Total gross expense of the activity incurred during the year.

Uncompensated Health Care – Includes charity, under-reimbursed care, and bad debt. Shortfalls are derived using the payer-based cost allocation methodology. Bad debt and charity care are estimated by extracting the gross write offs of bad debt and charity care charges and applying the hospital RCC (Ratio of Cost to Charge) to estimate net uncompensated cost.

Under-Reimbursed Care – Care that is reimbursed below cost by County Medical Services, Medi-Cal and Medi-Cal HMO, Medicare, Medicare PPO, Medicare HMO and SHPS Medicare.

Unrestricted Contributions (Grants) – Donations, gifts, bequests and other transfers of money or property that are free from any external restrictions and are available for general use.

Volunteer Hours – includes the labor hours contributed by Scripps employees and affiliated physicians in support of Scripps-sponsored activities for which no compensation is received. The dollar value is not included in Scripps "community benefit contribution."

Vulnerable Population – Any population that is exposed to medical or financial risk, by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children’s Service Program, or county indigent programs. “Vulnerable populations” also includes both of the following:

- Racial and ethnic groups experiencing disparate health outcomes. Includes Black/African American, American Indian, Alaska Native, Asian Indian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Vietnamese, Native Hawaiian, Guamanian or Chamorro, Samoan, or other nonwhite racial groups, as well as individuals of Hispanic/Latino origin, including Mexicans, Mexican Americans, Chicanos, Salvadorans, Guatemalans, Cubans, and Puerto Ricans. It also includes Socially disadvantaged groups: The unhoused; communities with inadequate access to clean air and safe drinking water; people with disabilities; LGBTQ; individuals with limited English proficiency.
- Socially disadvantaged groups, including all the following:
 - The unhoused.
 - Communities with inadequate access to clean air and safe drinking water, as defined by an environmental California Healthy Places Index score of 50 percent or lower.
 - People with disabilities.
 - People identifying as lesbian, gay, bisexual, transgender, or queer.
 - Individuals with limited English proficiency.

APPENDIX B

SCRIPPS UNCOMPENSATED CARE METHODOLOGY FISCAL YEAR 2022

Scripps continues to contribute resources to provide low and no-cost health care services to populations in need. During fiscal year 2022, Scripps contributed \$643,952,528 in uncompensated health care, \$17,456,417 in charity care, \$619,090,066 in Medi-Cal and Medicare shortfall, and \$7,406,044 in bad debt.

Schedule H Methodology — Schedule H requires the uncompensated care to be divided into four categories: Charity care, under-reimbursed Medi-Cal and Other Means-Tested Government Programs, Bad Debt, and under-reimbursed Medicare. Bad debt and Medicare shortfalls are reportable under the Schedule H guidelines but do not count towards the community benefit totals. Thus, the categories are reported in a specific order/hierarchy. Charity Care and under-reimbursed Medi-Cal and Other Means-Tested Government Programs are counted first.

Charity Care Methodology — Uncompensated cost is estimated by applying ratio-cost-to-charge (RCC) percentages for the hospital to the gross charity adjustments. The following costs are excluded: Community health services, professional education and research, and expenses excluded in the Medicare cost report. Traditional Charity Care is included in the Internal Revenue Service (IRS) Form 990 Schedule H Part I Line 7a.

Medi-Cal Shortfall — The shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare, Medicare PPO, Medicare HMO, Medicare Capitated program at the hospitals, Medi-Cal, Medi-Cal HMO, and CMS primary insurance carriers. Operating margin is defined as net revenue less all variable, fixed, and overhead costs. Profitability is estimated as follows: Net revenue is equivalent to payments plus an estimation of the account balance for all open accounts, plus revenue from uncompensated care pools including Medi-Cal DSH. Cost is derived using the relative value allocation methodology per the Syntellis Performance Solutions. The following costs are excluded: Charity adjustments at cost for Medi-Cal patients, community health services, professional education and research, and expenses excluded in the Medicare cost report. These costs are included in the IRS Form 990 schedule H Part I Line 7b. In the State of California, the Medicaid program is called Medi-Cal.

Medicare and Medicare HMO Hospitals — Shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare and Medicare Senior primary insurance carriers. Operating margin is defined as net revenue less all variable, fixed, and overhead costs. Profitability is estimated as follows: net revenue is equivalent to payments plus an estimation of the capitation account balance for all open accounts, plus other revenue including. Cost is derived using the relative value allocation methodology per the McKesson HPM cost accounting system. These costs are included in the IRS Form 990 Schedule H Part III Section B.

Bad Debt Methodology — Uncompensated cost is estimated by applying ratio- cost-to-charge (RCC) percentages for the hospital to the gross bad debt adjustments less recoveries. The following costs are excluded: Bad debt adjustments at cost for Medi-Cal and CMS patients, community health services, professional education and research, and expenses excluded in the Medicare cost report. These costs are included in the IRS Form 990 Schedule H Part III Section A.

Shortfall Methodology Clinics — Shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare and Medicare Senior primary insurance carriers. Operating margin is defined as net revenue less all variable, fixed, and overhead costs. Profitability is estimated as follows: net revenue is equivalent to payments plus an estimation of the capitation account balance for all open accounts, plus other revenue including. Cost is derived using the relative value allocation methodology per the McKesson HPM cost accounting system. These costs are included in the IRS Form 990 Schedule H Part III Section B.

Provider Relief Fund — The World Health Organization designated COVID-19 as a global pandemic. Scripps received funding from the CARES Act Provider Relief Fund. These distributions from the Provider Relief Fund are not subject to repayment, provided Scripps is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for health care-related expenses or lost revenue attributable to COVID-19. The provider relief payments are accounted as a restricted grant and used to direct offset revenue related to costs.

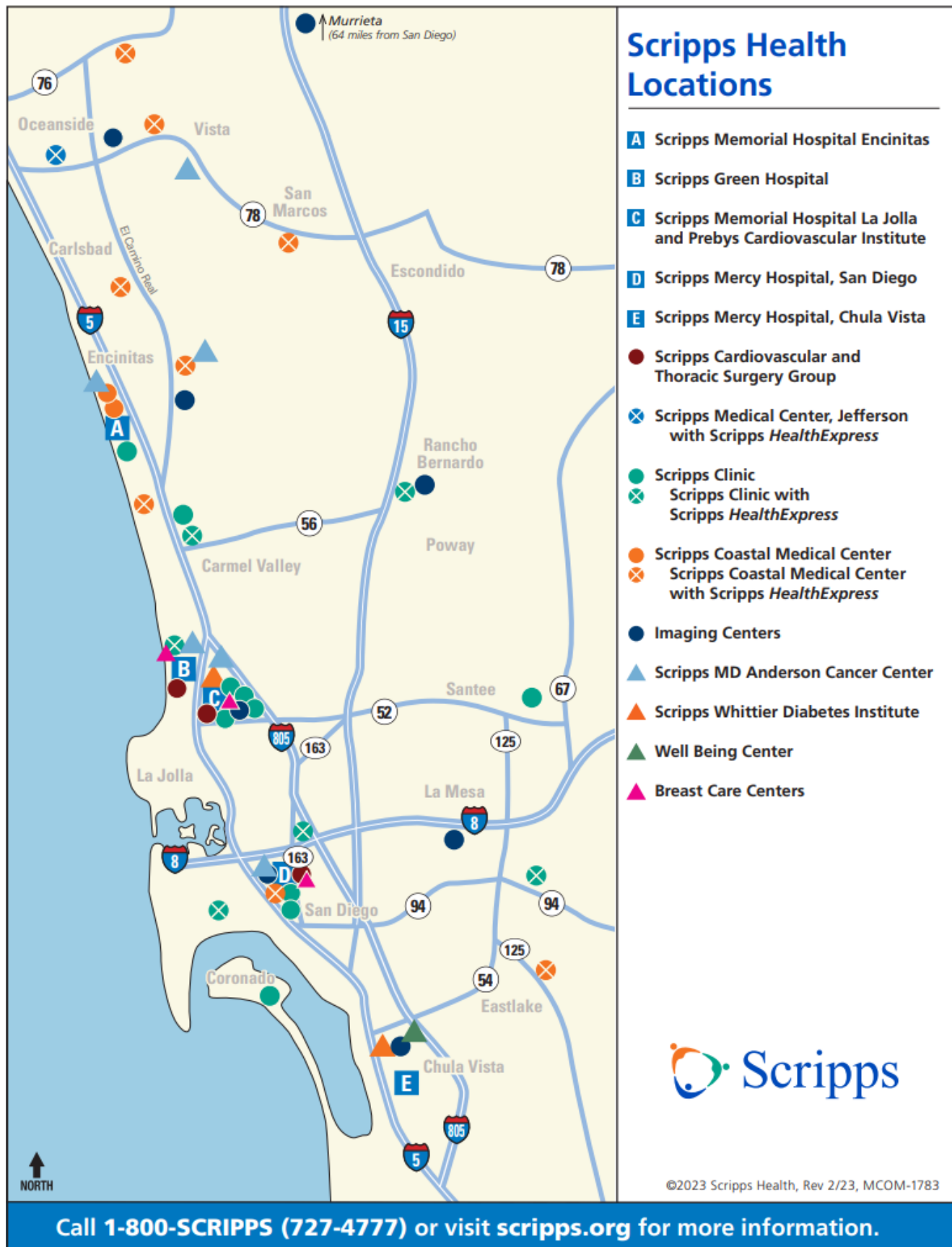
Hospital Provider Fee Program

The State of California enacted legislation for a provider fee program to fund certain Medi-Cal coverage expansions. The provider fee program charges hospitals a quality assurance fee that is used to obtain federal matching funds for Medi-Cal with the proceeds redistributed as supplemental payments to California hospitals that treat Medi-Cal patients. In February 2020, the Centers for Medicare & Medicaid Services (“CMS”) approved the July 1, 2019, through December 31, 2021, provider fee program. In September 2022, CMS approved the January 1, 2022, through December 31, 2022, provider fee program. The Organization’s policy is to recognize program revenues and expenses on the accrual basis once the Federal waiver has been approved. Accordingly, all related supplemental payments have been recognized as revenue and related quality assurance fees have been recognized as expense as of September 30, 2022, and 2021. Federal and state payments received from these programs are included as provider fee revenue in total patient service revenue, and fees paid or payable to the state and California Health Foundation and Trust (“CHFT”) are included in provider fee expense in operating expenses.

Provider fee program revenue recorded for the years ended September 30 is summarized below (in thousands):

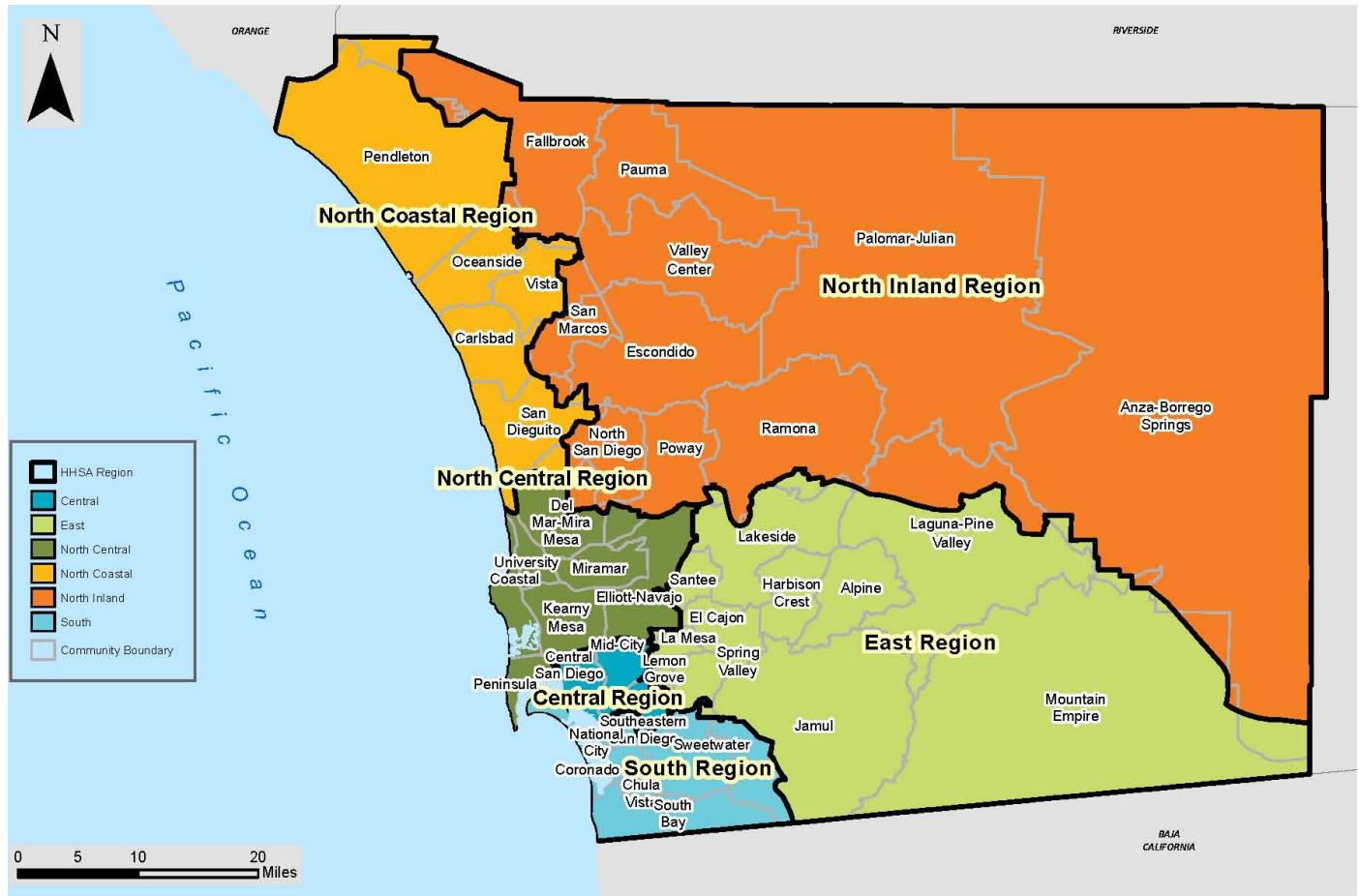
	<u>2022</u>	<u>2021</u>
Provider fee revenue	\$ 129,378	\$ 152,003
Provider fee expense	(102,408)	(105,914)
CHFT (fee) accrual adjustment	(221)	2,420
Net operating income from provider fee	<u>\$ 26,749</u>	<u>\$ 48,509</u>

APPENDIX C



APPENDIX D

SAN DIEGO COUNTY HHSА GEOGRAPHIC SERVICES REGIONS⁷⁹



Source: County of San Diego:
https://www.sandiegocounty.gov/content/dam/sdc/live_well_san_diego/indicators/Map_and_Regional_Data.pdf

Central	North Coastal	East	North Inland	North Central	South
<ul style="list-style-type: none"> • Central San Diego • Mid-City • Southeast San Diego 	<ul style="list-style-type: none"> • Carlsbad • Del Mar • Oceanside • Pendleton • San Dieguito • Vista 	<ul style="list-style-type: none"> • Alpine • El Cajon • Harbison Crest • Jamul • La Mesa • Laguna/Pine Valley • Lakeside • Lemon Grove • Mountain Empire • Santee • Spring Valley 	<ul style="list-style-type: none"> • Borrego Springs • Escondido • Fallbrook • North San Diego • Palomar/Julian • Pauma • Poway • Ramona • San Marcos • Valley Center 	<ul style="list-style-type: none"> • Coastal • Elliott Navajo • Kearny Mesa • Mira Mesa • Miramar • Peninsula • University 	<ul style="list-style-type: none"> • Chula Vista • Coronado • National City • South Bay • Sweetwater

⁷⁹ These regions have been designated by the County of San Diego Health and Human Services Agency (HHSА) for the purpose of service delivery. The regions include different sub-regional area (SRA) groupings that the regions designated by the San Diego Association of Governments (SANDAG)

APPENDIX E

REGULATORY REQUIREMENTS

SB 697 and Scripps History with Past Assessments

Scripps Health has a long history of responding to the health needs of the communities it serves, extending beyond traditional hospital care to address the health care needs of the region's most vulnerable populations. In 1994, California legislators passed Senate Bill 697 (SB 697), which requires all private not-for-profit hospitals in the state to conduct a CHNA every three years. Since 1994, these programs have been created based on an assessment of needs identified through hospital data, community input, and major trends. Previous collaborations among not-for-profit hospitals, health care systems, and other community partners have resulted in numerous well regarded Community Health Needs Assessments (CHNA) reports. Information is gathered through the CHNA for the purposes of reporting community benefit, developing strategic plans, creating annual reports, providing input on legislative decisions, and informing the general community of health issues and trends.

Federal Requirements

In 2010, Congress added several new requirements for hospital organizations to maintain federal income tax exempt status under Section 501 (r) of the Internal Revenue Code (the "Code") as part of the Affordable Care Act (ACA). One of the requirements set forth in Section 501 (r) of the Code is for each hospital organization to conduct a Community Health Needs Assessment (CHNA) at least once every three tax years. The requirement to conduct a CHNA applies to Scripps Health, which is a health system that operates four hospital facilities. In addition, Scripps Health must adopt a triennial Implementation Plan which is a separate written document to address certain community health needs identified in the CHNA. Additional information on the ACA requirements for nonprofit hospitals can be found at www.irs.gov, keyword: "Charitable Organizations."

Required Components of the Community Health Needs Assessment

Per IRS requirements, (Treas. Reg. § 1.501 (r)-3(b) (6) (i)) the following are components the CHNA must include:

- A description of the community served by the health system and how it was determined
- A description of the processes and methods used to conduct the assessment
- A description of how the hospital organization considered input from people who represent the broad interests of the community served by the hospital facility
- Prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.
- A description of the existing health care facilities and other resources with the community available to meet the community health needs identified in the CHNA.

- An evaluation of the impact of any actions that were taken since the hospital finished conducting its immediately preceding CHNA to address the significant health needs identified in the prior CHNA.
- Make the CHNA widely available to the public via the hospital's website.

Required Components of the Implementation Strategy

Provisions in the Affordable Care Act permit a hospital facility that adopts a joint CHNA report to also adopt a joint implementation strategy which, with respect to each significant health need identified through the joint CHNA, either describes how one or more collaborating facilities plan to address the health need or identifies the health need as one collaborating facilities do not intend to address. The joint implementation strategy adopted for the hospital facility must: (Treas. Reg. § 1.501 (r)-3(c) (4)).

- Meet community health needs identified in the CHNA. Describe any needs identified in the CHNA that are not being addressed and the reasons for not addressing them
- Be clearly identified as applying to the hospital facility
- Clearly identify the hospital facility's particular roles and responsibilities in taking the actions described in the implementation strategy, and the programs and resources the hospital facility plans to commit to such actions
- Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relates to the hospital facility.

APPENDIX F

SCRIPPS HEALTH FISCAL YEAR 2022 COMMUNITY BENEFIT PROGRAMS

The list below highlights Scripps community health improvement programs and professional education and research programs by alphabetical order for Fiscal Year 2022.

Category A – Community Health Services

Bereavement Support Group

Bingocize-Fall Prevention Class Series

Blood Drive - American Red Cross

Brainmasters - Stroke & Brain Injury Survivors Communication Skill

Cardiac Treatment Center - Dietary Counseling - Community Program

Cardiac Treatment Center - Balance: Fall Proof Education

Cardiac Treatment Center - Group Exercise Programs

Cardiac Treatment Center - Tai Chi - Fitness Program

Center for Learning - HeartSaver CPR, AED and Basic First Aid - American Heart

Centering Pregnancy, Healthy Moms, Healthy Babies

Chula Vista Community Collaborative

CPR Classes for Patients and Families of the Cardiac Treatment Center

Eric Paredes Save a Life Foundation – Screenings

Eric Paredes Save A Life Foundation – Smart Hearts Don't Miss A Beat

Full Access and Coordinated Transportation (FACT)

Getting Ready for Baby - Child Safety and Prevention Class

Grandparenting Today - Child Safety and Prevention Class

Health Chats: Teaching Seniors about Health & Prevention

Helping Address Breast Health and Awareness

Helping Patients Navigate Post Discharge Services and Support

High School Skin Cancer Education Program

Improving Health and Education Awareness for Parents

In Lieu of Funds

Left Ventricular Assist Device (LVAD) Support Group

Meditation Class - Wellness Program – Cardiac Treatment Center

Mental Health Awareness Month

Mental Health Outreach Services, A-Visions Vocational Training Program

Mercy Outreach Surgical Team (MOST)

National Alliance of Mental Illness (NAMI)

Pelvic Floor Wellness: Prenatal and Postnatal

Psychiatric Liaison Team (PLT)

Pulmonary Cardiac Class

Residency Led Health and Well Being Programs

Saving Lives through Stop the Bleed Campaign

Scripps Advanced Care Clinic

Scripps Green Hospital Medical Library

Scripps MD Anderson Cancer Center - Cancer Support Groups

Scripps MD Anderson Cancer Center - Cancer Survivor Day Event

Scripps MD Anderson Cancer Center - Cancer Wig Program

Scripps MD Anderson Cancer Center - Exercise and Stretch for Lymphedema Class

Scripps MD Anderson Cancer Center - Exercise Programs

Scripps MD Anderson Cancer Center - Healthy Bones and Balance

Scripps MD Anderson Cancer Center - Heredity & Cancer Gene Counseling Program

Scripps MD Anderson Cancer Center - Living Life Well Sessions

Scripps MD Anderson Cancer Center - Nutrition Referral Program

Scripps MD Anderson Cancer Center - Outpatient Social Worker and Liaison

Scripps MD Anderson Cancer Center - Restorative Yoga w/Sound Therapy Classes for Cancer Survivors

Scripps Memorial Hospital La Jolla Medical Library

Scripps Mercy & Family Health Centers Behavioral Health Partnership

Scripps Mercy Hospital Medical Library

Scripps Mercy Supplemental Nutrition Program for WIC

Scripps Shiley Center - Men's Pelvic Health & Wellness

Scripps Substance Use Disorder Service (SUDS) Nurses

Scripps Whittier Diabetes Institute - Behavioral Health Intervention Program in Diabetes

Scripps Whittier Diabetes Institute - Diabetes Prevention Program

Scripps Whittier Diabetes Institute - National Institute of Health (NIH) Community Engagement

Scripps Whittier Diabetes Institute - Project Dulce 2.0

Scripps Whittier Diabetes Institute - Project Dulce Care Management

South County Action Network (SoCAN) Meeting

Southwestern College Foundation

St. Leo's Mission Medical Clinic

Stroke and Brain Injury Support and Education Group

Stroke Risk Program Community Education

Synergy Art Foundation - Healing Arts Class for People with Neurology

Tai Chi for Arthritis and Fall Prevention

Trauma Education Programs

Category B – Professional Education

Center for Learning - Pediatric Advanced Life Support (PALS) Provider Class
Center for Learning - Advanced Cardiac Life Support (ACLS) Renewal Course
Center for Learning - Basic Life Supp for Healthcare Provider Online Skills Check
Center for Learning - Neonatal Resuscitation Program (NRP)
Center for Learning - Pediatric Advanced Life Support (PALS) Renewal Course
Continuing Medical Education Programs (CME)
Eric Paredes Save a Life Foundation - Prescription for Prevention
Health Professions Training
Navy Research Fellow Research Program - Program Admin & Research
Nursing Clinical Rotations
Pharmacy Residency
Physical Therapist and Physical Therapy Assistant Student Program
Scripps Family Medicine Residency Program
Scripps Green Hospital Graduate Medical Education
Scripps Mercy Hospital Graduate Medical Education
Student Preceptorships at Cardiac Treatment Center
Supportive Mental Health Services at Local School-Based Clinics

Category D – Health Research

Clinical Research Services

IRB 12-6045 AAST Vascular Trauma Registry - PROOVIT

IRB 15-6721 Epidemiology, Injury Control, Treatments, Outcomes

IRB 16-6744 Outcomes & Trends in Traumatic Injury & Surgical

IRB 18-7126 The Pathogenesis of Post Traumatic PE

IRB 18-7249 Penetrating Thoracic Trauma Management

IRB 19-7412 Surgical Device Reporting and the FDS: MAUDE vs ASR

IRB 19-7421 Hospital Readmissions: Use of the Nationwide Readmission Rate

IRB 20-7626 Evaluating Financial Vulnerability of Trauma Centers

IRB 20-7646 Mechanically Ventilated COVID-9 Patients

IRB 20-7679 Impact of COVID-19 Pandemic on Trauma Related Mortality

IRB-22-7946 Bedside Lung Ultrasound COVID Evaluation

Project 201585: Pediatric Trauma along the California-Mexico Border

ReUnidos: Farmworker Skin Cancer Health Navigation Program

Scripps Whittier Diabetes Institute - Continuous Glucose Monitoring Study

Scripps Whittier Diabetes Institute - Federal Grants

Scripps Whittier Diabetes Institute - Scripps Whittier Diabetes Distress Study

Category E – Cash, Grants and In Kind

American Heart Association Heart Walk - Sponsorship

Consumer Center for Health Education and Advocacy (CCHEA)

Family Health Center of San Diego Internal Medicine Outpatient Teaching Clinic Partnership

Family Health Centers of San Diego - Spirit of the Barrio

Greater La Jolla Meals on Wheels

Lawrence Family Jewish Community Center

MedShare - Donation for Ukraine Response

San Ysidro Health Center

Scripps Blanket and Sock Drive

Category F – Community Building Activities

Disaster Preparedness - Community Outreach and Education

Enlisted Leadership Foundation - The Foundry

Hospital Incident Command System National Advisory Committee

North San Diego Business Chamber Health Committee Meeting

Residency Led Youth Programs

San Diego County Healthcare Disaster Coalition

San Diego County Operational Area Full Scale Exercise

San Diego Healthcare Coalition Advisory Committee

Young Leaders in Healthcare Program

APPENDIX G

SCRIPPS HEALTH PARTICIPATION WITH COMMUNITY ORGANIZATIONS

The list below highlights Scripps community partners and coalitions in Fiscal Year 2022. Community organizations are listed alphabetically.

2-1-1 San Diego

Aging & Independence Services - Fall Prevention Task Force

Alcoholic Anonymous

Alliant International University San Diego

Alpha Project

Alzheimer's San Diego

American Cancer Society

American College of Health care Executives (ACHE)

American College of Surgeons

American Diabetes Association

American Heart Association

American Lung Association

American Red Cross of San Diego

American Society of Echocardiography

Association of Clinical Research Professionals

BAME Community Development Corporation

Be There San Diego

Beach Area Community Court Program

Bethel University/Bethel Seminary San Diego

Braille Institute of America

Brookdale Senior Apartments

California Association of Hospital & Health Systems

California College San Diego

California Department of Public Health

California Emergency Medical Services Authority - CAL MAT

California Hospital Association

California Southern University
California State University San Marcos (CSUSM)
Canyon Crest Academy
Canyon Villas
Carlsbad High School
Casa Familiar San Ysidro
Castle Park Elementary School
Castle Park High School
Castle Park Middle School
Catholic Charities, Diocese of San Diego
Catholic Charities, Rachel's Promise – Night Shelter - SDHC
Catholic Charities, Rachel's Women's Center (Homeless Clothing)
Central Region HHS Public Health
Chelsea's Light Foundation
Chicano Federation San Diego County
Children's Care Connection (C3)
CHIP - Childhood Obesity Initiative
CHIP Resident Leadership Academy
Chula Vista Community Collaborative (CVCC)
Chula Vista Library
Chula Vista Medical Plaza
Chula Vista Middle School
Chula Vista Promise Neighborhood
Chula Vista Rotary Club
City of Chula Vista
City of Coronado Fire Department
City of Refuge – A Recuperative Care Home
City of San Diego Fire-Rescue
Claremont Library
Community Health Improvement Exchange (CIE)
Community Health Improvement Partners (CHIP)

Community Health Improvement Partners (CHIP) Behavioral Health Work Team
Community Housing Works Inc.
Consumer Center for Health Education & Advocacy (CCHEA)
Coronado Fire Department
County of San Diego Emergency Medical Services
Diabetes Prevention Program (DPP)
Eastlake High School
EMSTA College
Enlisted Leadership Foundation - The Foundry
Eric Paredes Save a Life Foundation
Every 15 Minutes Organization
FACT San Diego
Family Health Centers of San Diego Counseling Center
Family Health Centers of San Diego Hillcrest Family Health Center - Scripps Resident Clinic
Family Health Centers of San Diego MAT and SA Services
Family Health Centers of San Diego North Park Family Health Center - GME Transitional Residents
Family Health Centers of San Diego - Transitions of Care Project - FHCSO Social Workers at Scripps Mercy Hospital
Father Joes' Villages Shelter and Health Center
Feeding San Diego
Fiji Alliance School of Medicine
First Five San Diego
Food Finders
Francis Parker School
Golden Age Apartments
Goodwill Industries of San Diego County
Grand Canyon University
Granger Junior High School
GRASP - Grief Recovery After Substance Passing
Greater La Jolla Meals on Wheels
Grossmont College
Grossmont Health Occupations Center

Grossmont-Cuyamaca College District Auxiliary
Hospital Association of San Diego & Imperial Counties (HASDIC)
Hospital Association of San Diego Community Health Needs Assessment Advisory Group
Health and Human Services County of San Diego
Health and Science Pipeline Initiative
Health Resources and Services Administration - HRSA
Health Science Middle - High School Inc.
Health Services Advisory Group (HSAG)
High Tech High
High Tech San Marcos
Hoover High School
Imperial Beach Fire Department
Interfaith Community Services
Jackie Robinson Family YMCA
Jacob & Cushman San Diego Food Bank
Jewish Family Services
Joe Niekro Foundation
Juvenile Diabetes Research Foundation
Kaiser Permanente
La Costa Canyon High School
La Maestra Family Clinic, Inc.
La Maestra's MCH Continuum
Legal Aid Society of San Diego
Leukemia & Lymphoma Society
Live Well San Diego
Mana De San Diego
Mar Vista High School
March of Dimes
McAlister Institute
Mental Health Association of San Diego County
Mira Costa College District of San Diego County

Mira Mesa Women's Club
Miramar Fire Department
Mission Hills High School
Mission Vista High School
National Alliance on Mental Illness (NAMI)
National Institute of Health (NIH)
National University
Naval Medical Center San Diego (NMCS D) General Surgery Residency Program
Navy Medicine & Training Command (NMETC)
Neighborhood Health care - Federally Qualified Health Center
Norman Park Senior Center
North County Lifeline Inc.
Ocean View Hills Middle School
Oceanside High School
Olive Green Apartments
Operation Samahan Health Clinic
Orchard Senior Living
Pacific Ridge High School
Palomar College Community College District
Palomar High School
Pancreatic Cancer Action Network
Para las Familia's
Pima Medical Institute - Chula Vista & San Marcos
Point Loma Nazarene University (PLNU)
Program of All-Inclusive Care for the Elderly (PACE)
Psychiatric Emergency Response Team (PERT) San Diego
Rancho Bernardo High School
Redwood Villa Seniors Apartments
Regional Task Force on the Homeless- Continuum of Care Housing Collaborative
San Diego Academy
San Diego Association of Governments (SANDAG)

San Diego Blood Bank
San Diego Border Area Health Center (AHEC)
San Diego Breastfeeding Coalition
San Diego City College
San Diego Community College District
San Diego County Alcohol Policy Panel
San Diego County Emergency Medical Services
San Diego County Health and Human Services Agency
San Diego County Medical Society
San Diego County Office of Education
San Diego County Prescription Drug Abuse Task Force
San Diego County Sheriff's Department
San Diego County Sheriff's Foundation
San Diego County Stroke Consortium
San Diego County Stroke System
San Diego County Suicide Prevention Council (Facilitated by CHIP)
San Diego County Taxpayers Association
San Diego Covered California Collaborative
San Diego Echo Society
San Diego Family Care
San Diego Fall Prevention Task Force
San Diego High School
San Diego Human Trafficking Task Force
San Diego Hunger Coalition
San Diego LGBT Community Center
San Diego Mesa College
San Diego Methamphetamine Strike Force
San Diego Miramar College
San Diego Police Foundation
San Diego Psychiatric Society
San Diego Public Library

San Diego Regional Chamber of Commerce
San Diego Regional Continuum of Care Collaborative Governance
San Diego Regional Economic Development Corporation
San Diego State University (academic partner)
San Diego State University Graduate School of Public Health
San Diego State University School of Social Work
San Diego Unified School District
San Diego Workforce Partnership
San Dieguito Union High School District
Salvation Army
San Ysidro Health Center - Federally Qualified Health Center
San Ysidro High School
San Ysidro Middle School
San Ysidro School District
Santa Fe Christian Schools
South Bay Community Services
South County Action Network (SoCAN)
South County Career Center
South County Economic Development Council
South County Regional Task Force on the Homeless
South Bay YMCA
Southwest Senior High School
Southwest Sports Wellness Foundation
Southwestern Community College District
Spondylitis Association of America
St. Charles Nutrition Center
St. Leo's Clinic
St. Paul's Senior Services
Supplemental Nutrition Program for Women, Infant and Children Program (WIC)
Susan G. Komen San Diego
Sweetwater High School

Sweetwater Union High School District
Synergy Arts Foundation
Team Survivors San Diego
TELACU Housing
Temple Heights Elementary
The Downtown San Diego Partnership
The Grauer School
The Jacobs & Cushman San Diego Food Bank
The Patrician Senior Apartments
The San Diego Brain Injury Foundation
The San Diego Foundation
Torrey Pines High School
Trinity Manor
U.S. Border Patrol, San Diego Sector, Paramedic Unit
U.S. Customs & Border Protection, Office of Field Operations
U.S. Drug Enforcement Agency (DEA)
UCSD Extension Health care
UCSD School of Medicine
University City High School
University of California San Diego (UCSD)
University of California San Diego Health System
University of California San Diego (Academic Partner)
University of California San Diego Free Clinic
University of California San Diego Health Careers Opportunity Program
University of California San Diego, Skaggs School of Pharmacy & Pharmaceutical Sciences
University of San Diego (USD)
University of Southern California
Vista Adult School
Vista Chamber of Commerce
Vista High School
Vista La Rosa

Vista Unified School District
Viva Life Health Hub
Western Governors University
Westminster Manor
Westview High School
Women, Infant and Children Program (WIC)
Young Leaders in Health Care

APPENDIX H
SCRIPPS HEALTH INVENTORY OF HEALTH EQUITY
PROGRAMS, FISCAL YEAR 2022

Scripps Health Inventory of Health Equity Programs Fiscal Year 2022

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Aging Care and Support

SCRIPPS ADVANCED CARE CLINIC

Older adults are at higher risk for chronic health problems like diabetes, osteoporosis, and Alzheimer's disease. Older adults are also more likely to go to the hospital for some infectious diseases, including pneumonia, which is a leading cause of death for this age group. Making sure older adults get preventive care, including vaccines to protect against the flu and pneumonia, can help them stay healthy.

The Scripps Advanced Care Clinic provides intensive, proactive, medical, and social services to adults living with multiple chronic diseases. Understanding that diseases can impact all aspects of a person's life, the program treats not just medical issues, but also the psychosocial, economic, and spiritual aspects of care. The Advanced Care Clinic interdisciplinary, patient centered team helps optimize patient health through an evidence-based extensivist clinic model that assists with care coordination and patient advocacy across health care and home settings. To date 388 patients have been served, resulting in a 39% reduction in hospitalizations, 53% reduction in 30-day readmissions and 40% reduction in ED visit rate. The Advanced Care Clinic reduced potentially inappropriate medications by 50%, coupled with a significantly reduced A1C in diabetes patients and reduction in Emergency Department and hospital admissions. In addition, the program coordinates non-clinical issues.

SENIOR HEALTH EDUCATION, PREVENTION & WELLNESS PROGRAMS

The following programs are conducted as part of Scripps Mercy Hospital Chula Vista San Diego Border Area Health Education Center and Scripps Family Medicine Residency Program. Each month a variety of senior programs are held in partnership with local senior centers, churches, and senior housing. These senior health chats are designed to provide health education to the older adult community. These presentations include a variety of health and age-related topics that include Heart Health, Understanding Osteoporosis, Parkinson's, Cold vs. Flu, Depression: Senior Connections, Fall Prevention and Balance, Food and Nutrition, Vitamins and Minerals, Cancer Health Talk and a variety of prevention and healthy lifestyle topics. Various health care professionals and residents facilitate these presentations. Presentations are offered in English and Spanish. Topics are all chosen by the seniors themselves to meet their local needs. Also, the health chats provide an interchange between the community members and our medical residents and other health care professionals to foster healthy lifestyles and health prevention. The program is conducted in collaboration with Mercy Housing, Imperial Beach Senior Center, San Diego Border Area Health Education Center, Scripps Family Medicine Residency Program, (SDSU) San Diego State University Public Health and Social Work Students. Family Medicine Residents rotate through these programs to learn more about geriatric medicine, health and wellness and overall public health and community training.

Behavioral Health

SCRIPPS MERCY AND FAMILY HEALTH CENTERS BEHAVIORAL HEALTH PARTNERSHIP

Scripps Mercy has established an initiative with Family Health Centers of San Diego (FHCS D) to create a more robust behavioral health care system for Medi-Cal patients that receive care at Scripps Mercy Hospital. The goal is to strengthen the continuum of integrated primary and mental health services for patients discharged from various hospital settings (medical and behavioral health inpatient and emergency care) through a variety of timely patient engagement strategies including the expansion of community-based behavioral health services adjacent to the hospital. The partnership involves placing social workers and Substance Use Disorder (SUD) counselors in emergency departments to assist with diversions to community resources or to mental health care as appropriate. It is important to involve patients in appropriate outpatient care before their behavioral health issues become acute, preventing returns to the Emergency Department.

FHCS D also offers a concentrated form of outpatient therapy at its Third Avenue location (near Scripps Mercy Hospital's San Diego campus). This program includes group and recreational therapy one to five days per week, along with brief individual therapy and/or medication management on each day attended. The program provides comprehensive outpatient services to patient who have moderate mental illness, including schizophrenia, schizoaffective disorder, and depression. The integrated treatment team develops individualized approaches to ensure each patient receives comprehensive care.

MENTAL HEALTH OUTREACH SERVICES, A-VISIONS VOCATIONAL TRAINING PROGRAM

Behavioral Health Services at Scripps in partnership with the San Diego Chapter of Mental Health of America established the A-Visions Vocational Training Program (social rehabilitation and prevocational services for people living with mental illness) to help decrease the stigma of mental illness and offer volunteer and employment opportunities to persons with mental illness. This supportive employment program provides vocational training for people receiving mental health treatment, potentially leading to greater independence. A-Visions is an individual-centered program with three distinct phases—individual assessment, vocational training, and vocational placement.

Individual Assessment

Potential members of the program are evaluated through interviews with staff members. Physician approvals are also obtained before individuals are accepted into the program. Scripps works in collaboration with the Family Health Centers of San Diego Concentrated Mental Health Program.

Vocational Training

Once accepted into the program, each member is assigned a mentor who offers guidance and facilitates training. Members receive specific vocational training in a volunteer capacity. The curriculum includes stress management, communication, grooming, interpersonal skills, customer service skills and refresher courses in general work ethics. Members may select or be assigned to food and nutritional services, environmental services, or areas within the hospital where clerical support is needed. All members receive evaluations at 60 and 180 days and support from the program coordinator for about one year.

Vocational Placement

After successfully completing 180 days of vocational training and successful completion of the program, members are considered for paid employment. The program coordinator facilitates placement within the hospital or with outside businesses when available. A-Visions has been shown to be an effective vocational training program for candidates receiving treatment for psychiatric disorders. Outcomes show that many of the candidates find employment, have a better understanding of their illnesses, handle stress better, improve their social skills, reduce their need for hospitalization, and improve in overall functioning over time. The program employs candidates within the hospital setting, which may be a first for disabled individuals with psychiatric diagnoses. A-Vision's participants have been employed on a casual/per diem basis by Scripps Environmental Services, Food Services and clerical support for Health and Information Services, Emergency Services, Nursing Research, Human Resources, Access, Behavioral Health, Credentialing, Labor and Delivery, Laboratory, Medical Staffing, Performance Improvement, Spiritual Care and Palliative Care Services. Paid A-Vision's candidates typically limit their work to eight hours per week, which allows them to maintain eligibility for the disability benefits, medications and ongoing behavioral healthcare that supports their work. Recruitment is currently closed but Scripps continues to support the current A-Vision's participants.

A-Visions Vocational Training Program has grown over the years and produced significant improvement in patient's functioning. As of December 31, 2021, there have been 638 inquiries from patients about the program since its inception. Of that number, 167 candidates have participated in the program; 104 as volunteers; 54 as paid employees. There are currently 13 paid casual employees and 2 volunteers. The average length of employment for all 54 employees is 7.5 years, with a range of 2 days to 15.4 years. The current paid employees have been employed for between 3.6 years to 15.4 years, with the average length of employment being 9.5 years.

- Historical total enrolled in program: 638
- Historical total employed at Scripps as casual: 54
- Track candidates currently volunteering at Scripps: 2

OPIOID STEWARDSHIP PROGRAM - MEDICATION ASSISTED TREATMENT (MAT)

According to the Centers for Disease Control, anyone who takes prescription opioids for pain management can become dependent on opioids. One in four people on long-term opioid therapy struggle with an opioid use disorder (OUD).

The Opioid Stewardship Program (OSP) at Scripps brings physicians, nurses, and other professionals together to help reduce opioid use by educating patients and providers about opioid use disorder risks as well as promoting alternative ways to manage pain. For more information, [Scripps Fights Against Opioid Epidemic - Scripps Health](#). In addition to providing support to patients already suffering from OUD, clinicians learn effective prescribing and multi-modal pain management techniques to help prevent new dependencies.

Scripps currently receives a state grant from the California Department of Health Care Services to help remove barriers to identifying and treating patients with OUD and to provide Medication-Assisted Treatment (MAT). Medication-assisted treatment (MAT) offers medication in combination with counseling and behavioral therapies to help address both the physical and the psychological impacts of substance use. According to SAMHSA, use of FDA-approved medications in combination with evidence-based therapies can be effective in the treatment of substance use disorder and may help recovering users stay in treatment longer, extending periods of sobriety and paving the way for successful recovery. MAT also makes people less likely to die from substance use. The grant provides funding for Scripps to hire licensed substance use disorder counselors to facilitate treatment and entry into a community-based MAT program. For more information about the grant, visit the [California Bridge Program website](#).

SCRIPPS SUBSTANCE USE DISORDER SERVICE (SUDS) NURSES

Aware of the impact drugs and alcohol can have on our community, Scripps has developed innovative ways to treating this destructive disease. Scripps deploys specialized nurses certified in addiction; they see patients at their bedside and work closely with the patient's entire health care team to help facilitate a safe detox while hospitalized.

The Substance Use Disorder Service (SUDS) nurses are dedicated to helping patients throughout the Scripps Health system who have been admitted to the hospital and are at risk for detox or who are actively experiencing detox from addictive substances. These nurses evaluate patients who meet certain criteria and work directly with the patient's primary care nurses and their physician to ensure the patient is adequately medicated to control symptoms of withdrawal. Proper symptom management is essential in providing safe, cost effective and socially responsible quality health care services. This mobile group of specially trained drug and alcohol resource nurses provide education, interventions, and discharge placement assistance to patients in the Scripps hospital system.

In addition, to assisting in the detoxification process, the SUDS nurses work with patients and their families on the disease concept of addiction and include education on the impact of the disease on their physical, mental, and social health. The SUDS nurses provide treatment options available to the patient in the community, tailored to the patient's individual needs such as insurance, ability to communicate, co-occurring medical and psychiatric diagnosis.

Collaborating with others to deliver a continuum of care that improves the health of our community is important. Through a contract with the McAlister Institute, Scripps provides safe detox for up to three patients per week with Case Management from the Scripps Drug and Alcohol Resource Nurses to help them into community-based programs. The McAlister Institute uses intensive wrap-around approaches to provide clients with top-quality clinical services, as well as support the need for the best course of treatment to manage their behavioral health. An enhanced case management approach is used, promoting intensive coordination and communication with Scripps staff. When patients need additional care, Scripps has linked itself to two separate treatment programs designed to meet the community's needs.

Betty Ford Center

In 2016, Scripps partnered with the Betty Ford Center, which expanded its drug and alcohol treatment programming into San Diego. This treatment center brings world-renowned alcohol and drug rehab to more people through weekday and weeknight outpatient services.

Family Health Centers of San Diego

Family Health Centers of San Diego provides an array of services, including outpatient drug and alcohol treatment along with medication-assisted treatment and harm reduction programs. Their services also include individual counseling and one-on-one support, educational sessions, HIV testing, Hepatitis B & C testing and treatment.

Cancer

SCRIPPS MD ANDERSON CANCER CENTER WIG BANK

The Scripps MD Anderson Cancer Center offers a wig bank at the Woltman Family College Building located at the Scripps Mercy Hospital campus to support women undergoing cancer treatment and/or experiencing hair loss. Scripps provides helpful insight on preparing for hair loss from chemotherapy and radiation and choosing a wig. In Fiscal year 2022 free wigs and customized fittings were provided for 186 patients and the community in a safe, comforting environment. The wigs have a retail value of \$24,000 and are not included in our community benefit numbers as these wigs were donated. Scripps MD Anderson Cancer Center also gave out 89 knit caps, 23 turbans and 11 hats donated by hat companies and knitting groups. In addition, volunteers helped to assemble 416 chemotherapy bags for patients starting chemotherapy to help them feel comfort and warmth while undergoing chemotherapy infusion. The bags include donations of blankets, books, pencils, chap stick, sugar free mints and socks.

AMERICAN CANCER SOCIETY - ONCOLOGY TRANSPORTATION GRANT

The American Cancer Society provided a small grant in 2022 to the Scripps MD Anderson Cancer Center to help patients obtain taxi rides to and from their treatment appointments such as radiation and/or chemotherapy. Oncology Social Workers assisting patients may use this resource to supplement or assist if a patient's usual transportation is not available for 1-2 trips. This grant ends in December of 2022.

AMERICAN CANCER SOCIETY - ONCOLOGY LODGING GRANT

The American Cancer Society provided a grant in 2022 to the Scripps MD Anderson Cancer Center to help our of town patients in need of a hotel room for overnight stays so they may attend consultations or treatment appointments (radiation or chemotherapy). Oncology Social Workers assisting patients may use this to supplement or help if a patient's obstacle to care is lack of overnight accommodations for 1-2 visits.

SCRIPPS MD ANDERSON CANCER CENTER SURVIVOR'S DAY

Survivors Day is a time to recognize the nation's 15.5 million cancer survivors, to focus attention on issues of survivorship, and to acknowledge medical professionals dedicated to cancer treatment, research, and support services. National Cancer Survivors Day events are held in hundreds of communities nationwide throughout the month of June. Scripps holds a celebratory event at various Scripps hospitals each year to provide an opportunity for those that have battled cancer to come together and enjoy the company of friends, family, and the camaraderie of fellow cancer survivors.

Cancer survivors and other guests share inspirational stories, learn about advances in cancer treatment and research and enjoy the opportunity to connect with caregivers and fellow survivors. Each year the cancer survivor events help celebrate life, inspire those recently diagnosed, offer support to family and loved ones, and recognize all who provided support along the way. They also provide a forum for discussing the physical, financial, and social issues that many cancer survivors face following completion of treatment. A virtual event took place on June 8, 2022, and 13 people attended the event. The event was recorded and is available for the community to watch, https://giving.scripps.org/event_schedules/3720-cancer-survivors-day-program

SCRIPPS MERCY HOSPITAL CHULA VISTA WELL BEING CENTER: CANCER SUPPORT SERVICES:

BREAST HEALTH OUTREACH AND EDUCATION PROGRAM

The Chula Vista Well-Being Center provide a series of prevention and wellness programs to educate people about the importance of early detection and treatment for cancer. The goal is to increase education, outreach and access to early detection and screenings for breast health services. A wide array of resources are provided such as counseling, screenings, support groups, complementary therapies, and educational workshops.

A *Lay Health Professional* led health and wellness program that aims to improve the lives of women in San Diego's South Bay with breast cancer education, prevention, and treatment support. *Lay Health Professionals instruct* women in their native language with sensitivity to a woman's ethnic and cultural norms. The program model includes a *local community lay health expert*, a cancer survivor, and a nurse navigator. The *community lay health expert* has knowledge of breast cancer, offers education and emotional support, and provides referrals in culturally appropriate and language sensitive way. Working together, the *lay health expert* and volunteer present a strong front for breast cancer awareness and full support system for those already diagnosed. Moreover, the fact they are bilingual lends an air of automatic trust among the community as they can connect with the residents on a cultural level.

Educational Services: Flyers distributed, education, phone calls, social/emotional support, case management, hospital visits, home visits, letters sent to patients/providers, mailed educational material, breast cancer supplies (i.e., medical record binder, caps, wigs, bras, hats, mastectomy pillow, etc.), to support group participants.

Outreach Services: Outreach to those overdue for screening and community referrals, breast cancer hospital referrals, community breast cancer referrals, follow up referrals from radiology are sent to outreach services, community outreach/educational presentation attendance.

SCRIPPS MERCY HOSPITAL CHULA VISTA BREAST CANCER SUPPORT GROUP

Scripps Well-Being Center holds a bi-monthly support group to the community that helps individuals cope with cancer. Support groups including navigating the cancer system and educational presentations by local providers are offered. A total of 109 women participated in the breast cancer support group in FY22. Due to COVID-19 this support group transitioned to conference calls, virtual offerings and most recently has started meeting in person.

REUNIDOS: FARMWORKER SKIN CANCER HEALTH NAVIGATION PROGRAM

Scripps Health has partnered on a research project with [Farmworker Justice](#), an advocacy organization for the health and labor rights of migrant farmworkers. Farmworkers are at increased risk for skin cancer because of occupational exposure to sun and pesticides. In 2017/2018, Farmworker Justice conducted the Unidos community mobilization project to raise skin-cancer awareness and promote skin-cancer care access in farmworker communities. Unmet needs were identified in follow-up care coordination for patients who screened positive for a suspicious skin change. The ReUnidos study documents the incidence of skin cancer in the farmworker community and evaluates the benefits of a health-navigator program to facilitate follow-up care

Participants are assigned a trained navigator. Data are collected on the number of biopsies performed, diagnoses time from screening to diagnosis, skin cancer staging, time to treatment, as well as satisfaction with and perceived effectiveness of the navigator program. Outcome measures are extracted from chart review and final semi-structured interviews of both subjects and navigators. The project seeks to screen 1,000 community members. Approximately 2% are expected to screen positive for a suspicious lesion and require follow-up care.

To date, 68 health navigators have been trained and 10 screening events have been conducted in Northern San Diego County by Vista Community Clinic. A total of 200 adult participants have been screened, with 47% identifying as farmworkers. Two participants screened positive for a potential skin cancer and have received coordinated follow-up care. Screenings will continue through the end of 2023 and goal is to screen 1,000 participants.

Cardiovascular Disease

THE ERIC PAREDES SAVE A LIFE FOUNDATION – SUDDEN CARDIAC ARREST SCREENINGS

Scripps Health is addressing cardiovascular disease and Sudden Cardiac Arrest (SCA) in teens through our partnership with the Eric Paredes Save A Live Foundation. Eric was a healthy Steel Canyon High School sophomore athlete who died suddenly and unexpectedly from Sudden Cardiac Arrest in 2009. His parents established the EP Save A Life Foundation which provides free screenings to youth to identify cardiac anomalies that may lead to SCA, with the goal of standardizing cardiac screenings among the youth. According to a National Library of Medicine [NEMSiS study](#) , it is estimated that 23,000 youth are stricken annually by SCA.

As a sponsor for the Eric Paredes Save A Life Foundation, Scripps has supported more than 36,000 free cardiac screenings to local teens, including the homeless, uninsured, and underinsured through more than \$120,000 in annual contribution since 2012.

This program helps to prevent sudden cardiac arrest and death in middle and high school aged children, including underserved areas in San Diego County, through awareness, education, and action. SCA is not a heart attack, it is caused by an abnormality in the heart's electrical system that can be easily detected with a simple EKG. If abnormalities are detected, a second test called an echo cardiogram; an ultrasound for the heart is administered.

Heart screenings are not part of well-child exams or sport physicals, even though SCA is the #1 killer of student athletes and the leading cause of death on school campuses. Scripps partners with local San Diego schools to administer and read electrocardiograms and if warranted an echocardiogram screening by Scripps physicians (cardiologist) before high school students participate in organized sport and activities. When findings are positive, Scripps takes the following steps:

- Checks for an abnormal heartbeat that could signal an underlying heart condition using an echocardiogram.
- Notify parents of the results for follow-up with their family physician.

VIRTUAL CARDIAC REHABILITATION

Scripps Mercy Hospital San Diego and Chula Vista is a disproportionate-share hospital, providing healthcare to an underserved diverse population virtual cardiac rehabilitation has emerged as an alternative to an in-person program. Cardiac rehabilitation is a critical component of continuity of care for patients following a heart-related hospitalization, for recovery support and secondary prevention of further events (Brewer et al., 2015). This program will be piloted at Scripps Mercy Hospital. Cardiac rehabilitation programs have been demonstrated as a cost-effective and evidence-based tool to improve patient outcomes. However, despite its proven benefits, cardiac rehabilitation is very underutilized, especially among patients in rural areas, elderly, and those economically disadvantaged. This was critical during the height of the COVID-19 pandemic where individuals were not wanting to be potentially exposed to the virus and has been proven to be a continuing viable solution for improved program access.

MI PUENTE: “MY BRIDGE” TO BETTER CARDIOMETABOLIC HEALTH AND WELL-BEING

Scripps Whittier Diabetes Institute received a \$2.4 million study grant from the NIH’s National Institute of Nursing Research in 2015 to evaluate Mi Puente, a program at Scripps Mercy Chula Vista hospital that uses a “nurse + volunteer” team approach to help hospitalized Hispanic patients with multiple chronic diseases, reduce their hospitalizations and improve their day-to-day health and quality of life.

Individuals of low socioeconomic status (SES) and ethnic minority status, including Hispanics the largest U.S. ethnic minority group are disproportionately burdened by chronic cardiovascular and metabolic conditions (“cardiometabolic” e.g., obesity, diabetes, hypertension, heart disease). High levels of unmet behavioral health in this population contribute to striking disparities in disease prevalence and outcomes.

A behavioral health nurse provides in-hospital coaching to patients, who are then followed post discharge by a volunteer community peer mentor to assist them in overcoming barriers that may interfere with achieving and maintaining good health.

Mi Puente aims to improve continuity of care and address the (physical and behavioral) health needs of the at-risk Hispanic population. This program holds promise for impactful expansion to other conditions and underserved populations. The interventions for this study have been completed and the data is now being analyzed for publication. Final analysis of all the results will be completed in 2023 and analysis will be shared for the primary outcomes.

HELPING PATIENTS WITH FOOD INSECURITIES TO HEAL

Scripps has a partnership with Mama's Kitchen to test an innovative approach to improve management of Congestive Heart Failure (CHF) patients and reduce hospital readmissions. Scripps offers outreach to patients eligible for Medi-Cal with Congestive Heart Failure (CHF). Scripps works closely with Mama's Kitchen to provide medically tailored meals and medical nutrition therapy/education for patients with CHF, Cancer, HIV/AIDS and/or health/physically challenged persons as part of the patient community services program.

The Mama's Kitchen program is a twelve-week program, with medically tailored meals being delivered to the individual's home. Scripps Well Being Center Staff contacts patients post-discharge or at bedside, based on a generated report in the Electronic Health Record, EPIC. Patients who qualify and are interested re provided with a referral signed by a Scripps clinician, and securely submitted to Mama's Kitchen. The medically tailored meals and nutrition education are done in combination with regular follow-up appointments with the patient's doctors to adhere to medications and for participants to see an improvement in their health outcomes. The program utilizes research methods such as patient knowledge questionnaires, interviews, and observation of patients with CHF being discharged from Scripps Mercy Hospital Chula Vista and San Diego.

The specific aims of the program are:

- Examine the feasibility of an intervention protocol for patients with CHF to include the provision of 12 weeks of home-based meals, plus proactive educational materials.
- In a randomized, controlled design, assess the effects of the intervention with meals and intervention with meals plus nutrition education against usual care. This is a pilot study with a small sample size, 40 in each group. The results of this pilot study will allow an estimation of the effect size of the intervention, which will facilitate future grant applications for a large-scale randomized trial. The hypothesis is that the intervention group with meals plus nutrition education will show a 30% reduction in hospital readmissions versus those in the usual care group.

Diabetes

WOLTMAN FAMILY DIABETES CARE AND PREVENTION CENTER IN CHULA VISTA

The Woltman Family Diabetes Care and Prevention Center in Chula Vista serves one of San Diego's communities hit hardest by the diabetes epidemic. 40 percent of patients admitted to Scripps Memorial Hospital Chula Vista, and 32 percent of patients in the heart catheterization lab, have diabetes. County statistics tell us that the rates of death, hospitalizations and emergency room visits are twice as high in Chula Vista compared to all of San Diego County. The Center has added critical classroom space to meet the high demand for services and offers a full range of wellness, prevention, diabetes education, and nutrition services and endocrinology specialty visits in English and Spanish. In response to the pandemic, visits are available live or via Telehealth and all group classes will continue being offered as live long-distance virtual group classes.

PROJECT DULCE

Scripps Whittier has led the way in developing comprehensive, culturally sensitive diabetes care management programs to provide care for people in high-risk, underserved communities through Project Dulce, which uses nurses, dietitians and specially trained educators known as "Promotoras" to counsel diabetes patients while educating them to support others with diabetes within their own cultural groups. Diabetes management classes have been adapted for Hispanic, African American, Filipino and Vietnamese populations, and are taught in the patients' native languages. The program is team based and incorporates the chronic care model.

Recognized by the American Diabetes Association ADA and 1 of 3 programs endorsed by the Centers for Medicaid and the American Diabetes Association as a best practice model, Project Dulce has been active in communities across San Diego for the past 27 years. Informed by the Chronic Care Model, Project Dulce's nurse-led multi-disciplinary team provides clinical management while peer educators also known as Promotoras deliver culturally appropriate self-management education to adults with poorly controlled Type 2 diabetes. This innovative program combines state of the art clinical diabetes management with proven educational and behavioral interventions.

One of the primary components of the program is recruiting peer educators from the community to work directly with patients. These educators reflect the diverse population affected by diabetes and help teach others about changing eating habits, adopting exercise routines, and nurturing their well-being to manage this chronic disease. In Fiscal Year 2022, Project Dulce provided 2,165 diabetes clinical care visits for low income and underserved individuals throughout San Diego.

DIABETES PREVENTION PROGRAM

The UCLA Center for Health Policy and Research recently published data that revealed half of California adults have pre-diabetes or diabetes. While the Scripps Whittier Diabetes Institute has been providing the best care for people with diabetes for decades, the Institute has continued to expand care with the Scripps Diabetes Prevention Program (DPP), which is a year-long intervention where people with pre-diabetes meet weekly for 16 weeks, then monthly thereafter. The DPP is an intensive lifestyle behavior change intervention program that has been proven to prevent diabetes in large-scale national studies. Scripps program is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention. The program is considered a Medicare benefit for pre-diabetic patients, and a doctor's referral is not required. Orientation sessions are held in Spanish and English throughout the county.

The Diabetes Prevention Program (DPP) has been thoroughly evaluated in NIH sponsored randomized controlled trials and has been found to decrease the number of new cases of diabetes among those with prediabetes by 58%. Among people over age 60, there was a 71% reduction in new cases.

The structured research-based program is effective and provides the support needed to make healthy habits that will last for life. Sessions focus on topics such as diet and exercise, managing stress and overcoming barriers. Each participant is also paired with a lifestyle coach who helps them set and meet their goals. Participants must have prediabetes and be overweight to enroll.

In Fiscal Year 2022, 164 patients attended Scripps DPP orientation sessions. Much of the effort is focused on the South Bay for the Latino population, which is at higher risk of acquiring diabetes than their white counterparts.

DIABETES IN PREGNANCY PROGRAM - CARE MANAGEMENT AND EDUCATION

Scripps Diabetes in Pregnancy program provides women with diabetes during pregnancy (gestational diabetes, Type 2 and Type 1) with education that is coordinated with their obstetrician, and perinatologist or endocrinologist when necessary. Comprehensive education includes blood glucose monitoring/goals, individualized nutritional guidance from a registered dietitian, and recommendations for postpartum care. Each patient is also screened for diabetes distress and referred to behavioral health services as appropriate. In addition, each woman is assigned a care manager who monitors their blood glucose levels throughout the pregnancy.

Care managers review data (blood glucose/food logs, CGM and pump data) bi-weekly or weekly, depending on the acuity level and feedback is provided to patients regarding any needed changes/modifications. When medications are required, this is managed by a nurse care manager in collaboration with the provider. Care management also includes pre-delivery planning in coordination with inpatient diabetes teams. Bilingual (English/Spanish) providers and staff are provided. Successes of the program include continuity of care for high-risk women to deliver safely at a Scripps' hospital and access to additional pregnancy support and pharmacy services is seamless.

THE MOBILE HEALTH AND RESOURCE FAIR

This project assesses the health needs and behaviors of Southeast San Diego residents to understand how the Mobile Health Resource Fair can best increase preventive health behaviors and connections to essential health care resources in underserved minority populations, especially in the areas of cardiovascular health, breast cancer, and neurocognitive health. Monthly health fair participants may complete a brief questionnaire to capture information on, known acute and chronic health conditions (family and self-history), dietary and exercise behaviors, health care use/access, and personal demographics. Health screening stations include blood pressure, blood glucose, mammography, and memory screening stations. Questionnaires will help establish a baseline of Southeast San Diego residents, their demographics, their health status, and family health histories, as well as document where health care was obtained, and identify barriers faced in getting health care. Participants will be able to use iPads (powered by a mobile hotspot) to answer questionnaires in English or Spanish with printed copies also available for those who prefer and QR codes provided to those who prefer answering on a mobile device. Project staff will follow up with participants who have abnormal outcomes to ensure sufficient resources are offered. Neurocognitive screening will be introduced in year 2 or year 3, pending collaboration with additional partners.

DIGITAL ME: AN ADAPTIVE MHEALTH INTERVENTION FOR UNDERSERVED HISPANICS WITH DIABETES

Diabetes is a fast-growing epidemic. In the U.S., 13.6% of adults were living with diagnosed diabetes in 2021, which represented an annual economic burden of \$414.5 billion, with an average annual cost of \$11,779 per case.⁸⁰ Hispanics face a higher risk of developing the disease—13.9 percent compared with 7.6 percent for non-Hispanic whites.

The NIH's National Institute of Diabetes and Digestive and Kidney Diseases awarded \$2.9 million, the largest NIH award to Scripps Whittier Diabetes Institute to date, to study an innovative approach to helping Hispanics with diabetes better manage their disease. Scripps Whittier has shown that health-related text messages sent every day for six months to low-income Hispanics with type 2 diabetes helped produce blood sugar level improvements that equaled those resulting from some glucose-lowering medications. The Dulce Digital clinical trial was the first randomized controlled study to look at the use of text messages to help underserved Hispanics better self-manage their diabetes through glycemic control.

Digital-Me provided patients with tools to help them manage their diabetes day to day and improve their health, including text messaging, wireless blood glucose and medication monitoring, diet and exercise assessments, and personalized feedback and goal setting. This study was conducted in collaboration with Neighborhood Healthcare, San Diego State University, and the University of California San Diego.

The participants received health-related text messages every day for six months and they saw improvements in their blood sugar levels that equaled those resulting from some glucose-lowering medications. The Digital-Me clinical trial represents the first randomized controlled study to look at the use of text messages to help underserved Hispanics better self-manage their diabetes through glycemic control. The study finalized its enrollment of participants as of 2020 due to COVID-19. The project enrolled a total of 330 participants in the life of the study. The study is now in the process of finalizing the results for publication to come out in 2023.

⁸⁰ International Diabetes Federation (IDF). IDF Diabetes Atlas. 2021: <http://www.diabetesatlas.org>

SCRIPPS WHITTIER DIABETES INSTITUTE STUDIES TO IMPROVE HEALTH OF AT-RISK UNDERREPRESENTED COMMUNITIES

Dulce Digital Filipino Americans: The research will tailor existing diabetes self-management education and support programs, Project Dulce, and Dulce Digital, specifically for Filipino-Americans, a racial/ethnic minority population with high and increasing Type 2 diabetes prevalence. This will include cultural adaptations and translation of project materials (e.g., diabetes education curriculum, text-messages) and delivery to Tagalog to enhance cultural relevancy and improve participant engagement.

Dulce Digital Arab Americans: This study will characterize Type 2 diabetes (T2D) health communication barriers in the Arab American community of San Diego, to develop a linguistically and culturally tailored diabetes self-management education curriculum and to establish a resource for a future study of the pathophysiology of T2D in Arab Americans.

Dulce Digital 2.0 Hispanic Communities: Expanding access to care in populations faced with challenges of low socioeconomic status (SES) and health literacy is a step toward reducing health disparities and positively affecting care. The literature shows that identifying groups of people that are most likely to benefit from Telehealth interventions is an important factor in improving the evidence base for digital health literacy. The program evaluates two mHealth adaptations of Project Dulce that are designed to improve digital health literacy, increase underserved individuals' capacity to access and engage with vital digital health information, and in turn, improve clinical and behavioral outcomes in at-risk adults with diabetes. Comparison models include: 1) a low-cost, educational, and supportive text messaging program; 2) a Telehealth adaptation of Project Dulce; 3) traditional in-person Project Dulce self-management education program. All programs will be offered in participants' preferred language (English or Spanish).

CyberGEMS: The National Institutes of Health awarded Scripps Whittier Diabetes Institute (SWDI) \$3.1 million grant to study the use of wireless continuous glucose monitoring (CGM) devices among hospitalized patients with Type 2 diabetes in hope of better controlling their blood sugar during their admission. The new study will build on earlier research conducted by [Scripps Whittier](#) and on the subsequent use of CGM devices among patients with diabetes in Scripps Health hospitals during the COVID-19 pandemic. Early in the public health crisis, the Food and Drug Administration cleared the way for hospitals to use the devices to reduce the number of times a nurse must go into a patient's room for more conventional finger pricks. Without CGM, nurses typically enter a patient's room four to six times a day to check blood glucose levels. Given the known serious consequences of uncontrolled blood sugars during hospitalization, this research integrates continuous glucose monitoring (CGM) in the hospital to test a dynamic and digitized, team-based approach to glucose management in an underserved and understudied, yet high-risk population. The trial began in early 2022 and more than 50 individuals to date are participating.

ACTIVATE: The National Institute of Diabetes and Digestive and Kidney Diseases awarded a five-year, \$3.3 million grant in 2020 to Scripps Whittier Diabetes Institute to study the integration of

mental health services in the care of patients with Type 1 diabetes to better address the emotional distress than often accompanies the chronic disease. Researchers at Scripps Whittier are using the federal funding to launch a large-scale, randomized, controlled clinical trial that will evaluate whether the integration of diabetes distress care with routine medical care results in better management of diabetes and better health-related quality of life. The study is a collaborative effort that capitalizes on the complimentary expertise of a clinical psychologist/endocrinologist partnership. Diabetes distress (DD), defined as the negative emotional burden of living with a demanding chronic condition. This research will compare two interventions for DD, one novel and one established: The study called ACT1VATE is a group-based Acceptance and Commitment Therapy approach, and DSME/S (usual care) in improving clinical, behavioral, psychosocial, process among Type 1 diabetes patients with significant DD and poor glycemic control in a real world, healthcare environment.

SCRIPPS WHITTIER DIABETES INSTITUTE - ACADEMIC, HEALTH SYSTEM AND COMMUNITY PARTNERSHIPS TO SUPPORT COMMUNITY ENGAGED RESEARCH

The Scripps Whittier Diabetes Institute (SWDI), in partnership with the San Diego State University South Bay Latino Research Center have several recent examples of innovative community-engaged research projects. The Scripps Whittier Diabetes Institute (SWDI) serves as the Community Engagement (CE) Research Core for the National Institutes of Health/ National Center for Advancing Translational Sciences (NIH/NCATS) awarded Scripps Research-based Clinical Translational Science Award (CTSA). The CE Core is centered within the Scripps Whittier Diabetes Institute led by Dr. Athena Philis-Tsimikas and supported in partnership with the Institute for Public Health and the South Bay Latino Research Center, both located at San Diego State University (SDSU). The Associate Director of the CE Core is a joint position co-located at SWDI and SDSU. The goals of the CE core include reducing health disparities and promoting health justice and equity. The following are CTSA Community Engagement Core program details:

- Project administration includes supporting strategic program planning and management; working with project teams to promote community engagement; project reporting; designing and managing evaluation systems; convening advisory board meetings; and presenting and co-authoring publications on community engagement work.
- Partner outreach and engagement includes engaging with health equity stakeholders to promote partnerships and excellence in research, clinical care, and public health practice; assisting in the development and implementation of health initiatives to reduce health inequities.
- Academic collaboration includes acting within the Scripps/SDSU partnership to leverage and enhance internal and external partnerships aligned with its mission, vision, and values; supporting scientist and trainee development in the context of community engagement; and supporting colleagues to incorporate community engagement into existing curricula and learning outcomes.

SCRIPPS WHITTIER DIABETES INSTITUTE – DULCE DIGITAL-COVID AWARE

The Scripps Whittier Diabetes Institute received grant approval in 2020 by the National Institutes for Health and National Institute of Diabetes and Digestive and Kidney Diseases (NIH/NIDDK) for a 1-year COVID-19 specific expansion to the 5-year “*Dulce Digital-Me (DD-Me): An Adaptive mHealth Intervention for Underserved Hispanics with Diabetes*” study. This expansion was named “*Dulce Digital-COVID Aware (DD-CA) discharge texting platform for US/Mexico border Hispanics with diabetes + COVID-19.*” The primary goal of DD-CA is to use a texting platform to improve communications to guide recently discharged patients with diabetes. The Dulce Digital-COVID Aware (DD-CA) program aims to improve glucose control and reduce readmission rates and COVID-19 transmission after patients leave the hospital. The participants receive health-related text messages every day for six months and wireless blood glucose monitors to text range values in when prompted. DD-CA combines culturally and linguistically relevant diabetes and COVID-19 educational messaging with glucose management support in a low-cost, easily adoptable platform to address specific barriers in diverse underserved communities. The study is now in the process of finalizing the results for publication to come out in 2024

Maternal Child Health and High-Risk Pregnancy

PERINATOLOGY SERVICES - SCRIPPS PARTNERSHIP WITH SAN YSIDRO HEALTH

Perinatology (also referred to as maternal-fetal medicine) is a medical specialty within OB-GYN that focuses on the care of women and babies who have an elevated risk of complications in pregnancy. High-risk pregnancies often result from conditions present before or during pregnancy. Some of the factors that can contribute to a high-risk pregnancy are high blood pressure, heart disease, diabetes, infectious disease, previous pregnancy complications and maternal age of younger than 17 or older than 35.

Scripps has developed a strong perinatology program for our patients, and we are proud to expand access to this care to patients of San Ysidro Health who are experiencing [high-risk pregnancies](#). Scripps perinatology is partnering with San Ysidro Medical Center to provide onsite comprehensive perinatology services to the Chula Vista community. This new affiliation with San Ysidro shows our dedication to improve access to the community. New and existing patients can access perinatology services through a referral by their San Ysidro Health obstetrician and gynecologist. Services include detailed fetal imaging with ultrasound exams and consultative services. Eligible patients can receive ultrasound exams and consultations at San Ysidro Health's Maternal and Child Health Center. Patients whose ultrasound exams reveal abnormalities will receive consultative services from a maternal-fetal medicine physician. An individualized care plan is developed based on each patient's unique medical needs.

IMPROVING HEALTH EDUCATION AND AWARENESS FOR PARENTS

Parenting classes are offered by Scripps Mercy Hospital Chula Vista Well-Being Center for foster, adoptive and kinship parents with children of all ages. A wide variety of topics are covered including issues related to health, learning/development, family/safety, advocacy as well as parenting tips. Sessions are offered to the Foster, Adoptive and Kinship Care Education Program at Grossmont College. Sessions are facilitated by Scripps Family Medicine Residents and offered in English and Spanish. These sessions are being held virtually.

MY BRAIN AND MY BABY

A national [study](#) of women aged 18 to 44 showed that complicated pregnancies are growing more prevalent in the United States—they rose by 16.4% from 2014 to 2018. The same study, which looked at 1.8 million pregnancies, revealed that childbirth complications increased by about 14% from 2014 to 2018. The study also found a significant increase in chronic health conditions in women before becoming pregnant issues such as high blood pressure and obesity have become much more common, which can make pregnancy a challenge to manage. Also on the rise are conditions that begin during pregnancy such as hypertensive-related crises, which are better known as pre-eclampsia, and gestational diabetes. These conditions increased by 19% and 16%, respectively. In addition, 15% to 20% of women struggle with postpartum depression and women going through complicated pregnancies increases their risk for depression and anxiety.

Scripps Health makes referrals to Miracle Babies for a program called My Brain and My Baby. Maternal Mental Health (MMH) Program, My Brain and My Baby, is designed to provide acute therapy, support, and resources to mothers with a high-risk pregnancy and/or experiencing Maternal Mental Health (MMH) services will be provided at no cost to the patient. MMH disorders are characterized by a prolonged period of emotional disturbance during pregnancy and the first year after childbirth. Depression is the most common, followed by anxiety, bipolar disorder, and postpartum psychosis. The program will expand access to therapists for mothers experiencing high risk pregnancies within 72 hours of a mental health diagnosis. The program will offer individual and group therapy sessions through telemedicine health, and the program will link mothers to long-term care providers. MMH conditions are the number one complication of pregnancy and childbirth and are 100% preventable and curable if treated. My Brain and My Baby is improving developmental outcomes for all babies by shifting the mother's mental health to a basic need. For more information, [My Brain and My Baby | Miracle Babies](#).

CENTERING PREGNANCY, SCRIPPS FAMILY MEDICINE RESIDENCY

Raising healthy families and caring for the next generation of San Diegans before they are born help create a healthier community for years to come. The Scripps Family Medicine Program at Scripps Mercy Hospital Chula Vista is providing access, education, and clinical services to nearly 400 pregnant women in south San Diego County. The goal of the program, “Improving Perinatal Care for Underserved Latina Women—Healthy Women, Healthy Babies,” is to provide access to perinatal care for underserved Latina women to improve birth outcomes. The program applies the principles of the Centering Health Care Institute and focuses on changing the way patients experience their care through assessment, education, and group support. Centering Pregnancy is the Institute’s model devoted specifically to improving maternal and child health and has been shown to result in increased prenatal visits, greater levels of breastfeeding and stronger relationships between mothers and their healthcare providers before, during and after pregnancy. Women who gave birth reported an enhanced prenatal experience, gained less weight throughout their pregnancy, and showed improved healthcare knowledge. Services include home visits, referrals, data entry, follow up phone calls, and other support services. Home visiting is offered together with Family Medicine Residency and parenting education. Since COVID-19, this program has been offered via telemedicine.

SCRIPPS MERCY’S SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

The Special Supplement Nutrition Program for Women, Infants and Children (WIC) was established as a permanent program in 1974 to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. Scripps Mercy Hospital is one of five regional organizations that administer the state funded WIC program. The program serves six locations conveniently situated near community clinics and/or hospitals in the central San Diego area. WIC targets low income pregnant and postpartum women, infants, and children (ages 0 to 5 years). Scripps Mercy WIC serves on average 6,200 women and children annually, 44 percent in the City Heights community.

In City Heights clients are 91 percent Hispanic and include pregnant and postpartum women (24%), infants (20%) and children (56%). In Fiscal Year 2022, the program provided nutrition services, counseling, and food vouchers for 72,926 women and children in South and Central San Diego.

The Scripps Mercy WIC program plays a key role in maternity care by reaching low-income women to promote prenatal care, good nutrition and breastfeeding during pregnancy and offer lactation support (one on one and group), as well as breast pumps, pads, and other supplies during the postpartum period.

ENHANCING FAMILY PRACTICE RESIDENCY TRAINING IN OBSTETRICS AND MATERNAL AND CHILD HEALTH AT THE US/MEXICO BORDER OF SAN DIEGO AND IMPERIAL COUNTY.

The Scripps Mercy Family Medicine Residency implements initiatives to enhance physician training in family medicine obstetrics and maternal and child health along the U.S/Mexico border of San Diego and Imperial counties. The Scripps training program is one of 31 medical residency programs in the U.S recently selected as an award recipient in HRSA's highly competitive grant funding opportunity, which was open to primary care residency programs nationwide.

The family medicine residency program is based at Scripps Mercy Hospital Chula Vista. For more than 20 years, it has trained physician residents to provide comprehensive and culturally sensitive medical care, with a focus on underserved populations of the south San Diego border region. Residents in the three-year graduate medical education program complete inpatient rotations at Scripps Mercy Hospital Chula Vista and outpatient rotations at San Ysidro Health Center, along with providing care at other community clinics.

Scripps Mercy Family Medicine Residency Program will enhance the Family Medicine Residency training and community-based education in the areas of maternal and child health to enhance family medicine obstetrics training along the US/Mexico border of San Diego and Imperial County. This program will address three Health and Human Services (HHS) clinical priorities: Opioid addiction, value-based care and quality improvement, and Telehealth strategies. Activities will expand Maternal Child Health and Obstetrics education to include collaboration with Scripps Perinatology group, expand education in care for women with substance use disorder and develop leadership and obstetrics skills for one specialized maternity care fellow. Clinical services and training in both vulnerable urban and rural communities will be met by enhancing the current prenatal program including the Centering Pregnancy Model. The residency program will also use these funds to help give underserved patients greater access to health education and care, including expanded patient access to prenatal clinics and labor-and-delivery care.

Professional Education

GRADUATE MEDICAL EDUCATION STAFF SUPPORT, ST. LEO'S CLINIC

The Graduate Medical Education (GME) program at Scripps Green Hospital and Scripps Clinic focuses on physician training and clinical research, residents, and fellows. GME residents and many attending physicians maintain an evening clinic at St. Leo's Mission Community Clinic in North County. Two residents volunteer every Wednesday to provide medical care to uninsured patients with a variety of conditions, including diabetes, high blood pressure and high cholesterol. They also identify many acute conditions, including viral infections, skin infections, eye problems and musculoskeletal issues, and educate patients about their health. Patients may get flu vaccinations and some basic lab tests. If needed, St. Leo's patients are referred to providers who provide care at a reduced cost.

SCRIPPS GREEN GME DIVERSITY COMMITTEE AND EQUITY CURRICULUM

Scripps CME offers a wide range of regularly scheduled series on assorted topics including weekly Grand Rounds from our hospitals in La Jolla and Hillcrest-San Diego. An important addition to the Grand Rounds schedule was the inclusion of a continued series of lectures designed to bring awareness to clinicians on the role of gender disparities, cultural and implicit biases, and racism in contributing to healthcare disparities within our society. These lectures will continue to be incorporated into the Grand Rounds schedule to encourage ongoing conversations around these prominent issues with the goal of igniting lasting change, not only within the Scripps system, but also society. The following bias lectures took place in Fiscal Year 2022: Understanding and Mitigating Bias in the Recruitment, Match and Hiring Process, The Myth of Meritocracy, Exploring the Physical, Psychological and Structural Impact of Racism and a Path to Healing, and Diversity in Research.

FAMILY MEDICINE RESIDENCY PROGRAM (OUR RPRIDE COMPONENT): RESIDENT LEADERSHIP LED TO THE DEVELOPMENT OF THE LONGITUDINAL "RPRIDE" CURRICULUM (RESIDENCY PROMOTING INCLUSION, DIVERSITY AND EQUITY) TO AUGMENT TRADITIONAL MEDICAL TRAINING

Scripps Family Medicine Resident leadership led to the development of the longitudinal "RPrIDE" curriculum (Residency Promoting Inclusion, Diversity and Equity) to augment traditional medical training. Resident and faculty leaders have collaborated to develop curriculum to focus on health equity and racism in medicine. In a series of discussions and workshops, issues of implicit bias, institutionalized racism, social justice, immigration, and care for marginalized communities are explored with expert presentations and personal reflection. Having this curriculum in place has helped the faculty and residents address historical and current topics of disparity, including racism in medicine against black and brown bodies, the migrant crisis in the border community and the impact of the COVID pandemic on underserved communities, and learning best practices in providing gender affirming care. The RPrIDE curriculum complements the established medical Spanish curriculum to improve cultural and linguistic competence among residents.

The pillars of our RPrIDE program include the following: 1) Address racism as a root cause of health inequities 2) Enact structural change at an institutional and program level 3) Learn best practices in

providing clinical care to patients of color and marginalized communities 4) Practice equitable recruitment of residents and faculty.

SCRIPPS MERCY HOSPITAL MEDICAL EDUCATION AND INTERNAL MEDICINE RESIDENCY

Since 2013, Scripps Mercy Medical Education has supported the Teaching Health Centers Family Medicine Residency at Family Health Centers, with all inpatient teaching except for Pediatrics occurring at Scripps Mercy Hospital San Diego.

Underserved Medicine Curriculum for Medical Residents

The Internal Medicine Faculty are currently developing a new optional rotation geared toward learning about modalities to serve vulnerable populations. This one or two-week rotation experience will include training with various community-based locations that serve medically underserved populations along with independent literature study related to caring for these populations. During the independent study part of the curriculum the Residents will learn about disparities (introduction and definitions), clinical care of LGBTQ+ patients and System Based Practice. The curriculum sites have an underserved medicine focus and may change year to year based on Resident interests and site availability.

The goals and objectives of the curriculum are:

- To learn more about the disparities that currently exist within the health care system and to reflect on ways the current system can be improved.
- To participate in the education and health care of underserved patients.
- To gain a deeper understanding of the resources available within the San Diego community that provide care for underserved patients in various settings.

Some of the rotations in the curriculum include the following:

- Asylum Seekers Clinic
- Rural Health Experience
- PACE (Program of All-Inclusive Care of the Elderly)
- Father Joe's Village Health Center – Ride along with the Father Joe's Village Street health team to identify unsheltered persons living out in the community who need medical care.
- San Diego American Indian Health Center - Treating the Native American and Indigenous Populations.
- Homeless Outreach Team – Family Health Center - The resident will join the homeless outreach team that travels to Chula Vista.
- Medication Assisted Treatment through Family Health Center
- San Diego Rescue Mission Outreach Team – Participation in the education of residents and join the homeless outreach team.

- Salvation Army - learn what programs are being offered through the Salvation Army that address health disparities and observe a graduation ceremony.
- San Ysidro Health Clinic: Border Health
- La Maestra Community Health Center - Assisting providers at La Maestra Community Health Center in City Heights, serving a widely diverse refugee and immigrant populations.

Health Research

SCRIPPS COLLABORATIVE FOR HEALTH EQUITY (SCHE)

Scripps Collaborative for Healthcare Equity (SCHE) is committed to fostering multicultural diversity and promoting equity in health care on many levels. Scripps MD Anderson Health Disparities Projects is dedicating funding from Krueger-Wyeth to provide outreach, prevention, and supportive services to directly impact patients with cancer, cardiovascular disease and/or dementia in underserved populations. Scripps Collaborative for Health Equity (SCHE) addresses health care disparity and research to expand community interventions and programs that address the needs of multicultural populations and socioeconomic barriers to receiving care.

The collaborative will work on the following strategies:

1. Focus and expand research efforts on healthcare disparities (see SCHE Subaward recipients below).
2. Improve access to culturally and linguistically appropriate health care resources and supportive programs for patients.
3. Expand community interventions and programs that address the needs of multicultural populations.

SCRIPPS COLLABORATIVE FOR HEALTH EQUITY RESEARCH GRANTS

Scripps MD Anderson Health Disparities Projects dedicated funding from Krueger-Wyeth to address health care disparity, research and to expand community interventions and programs that address the needs of multicultural populations and socioeconomic barriers to receiving care. One of the strategies of SCHE is to lead, and support initiatives focused on incentivizing physician and training to focus and expand research efforts on underserved populations and healthcare disparities. In Fiscal Year 2022, SCHE awarded \$75,000 to the six programs described in the next pages.

DEVELOPMENT OF THE HEALTH EQUITY INFORMATION CENTER: A SCRIPPS DATA AND ANALYTICS SYSTEM TO FOSTER MEANINGFUL IMPROVEMENTS IN REGIONAL HEALTH EQUITY

This project will develop The Health Equity Information Center (HEIC). This system will serve as a clearinghouse for the collective knowledge of Scripps Health's regional and local efforts to address health equity. Research within the system will help identify and highlight areas of need and opportunity, with an overall initiative that will serve as an enterprise asset in joining together disparate solutions to the holistic problems affecting Scripps patients in their communities beyond the walls of Scripps health system. HEIC will be a collection of the latest data, original analytics research, and business intelligence information hosted within the Scripps Intranet. It will serve as a source of truth for equity-focused metrics, including developing a Scripps Health Equity Progress Report and a proposed yearly report on key performance indicators for how Scripps is addressing internal and external health equity in the community. The HEIC will leverage the best data and analytics tools available to the Enterprise Analytics Hub.

INTEGRATION OF HOME VISITS IN VULNERABLE COMMUNITIES: IMPACT OF BEDSIDE OUTPATIENT CARE ON HEMOGLOBIN A1C AND DIABETES MANAGEMENT IN A MULTICULTURAL PATIENT POPULATION.

This project will assess longitudinal home visits as an effective and sustainable option for longitudinal primary and diabetes care in the pursuit of health equity for vulnerable cardiometabolic populations by evaluating improvements in diabetes disease markers, medication adherence, and improvement in qualitative factors, including patients' understanding of nutrition, blood glucose monitoring, and satisfaction of care. The project will focus on diabetes preventative care through the intervention of home visits to incorporate complete primary care, diabetes management, and nutritional education

UNDERSTANDING DISPARITIES IN SUBSTANCE SCREENING (UDSS): A CLOSER LOOK AT HOW RACIAL BIAS AFFECTS SCREENING FOR SUBSTANCE USE IN LABOR AND DELIVERY.

This project will examine Scripps's urine drug screening (UDS) protocol and practices to help reduce racial and socioeconomic bias and mitigate the downstream effects of the screening process. This project will benefit pregnant patients in Labor & Delivery, improve maternal and child health outcomes and help promote health equity at Scripps: by identifying the demographics of those who are being screened with UDS in labor & delivery; reviewing the current policy, workflow, and practices for obtaining UDS; and provide interdisciplinary education regarding the appropriate use and potential harms of UDS. Outcomes of this project will be shared, encouraging other institutions to review their drug screening practices in Labor & Delivery and change policies that disproportionately negatively affect minority patients.

HEALTH CARE DISPARITIES IN CARDIOVASCULAR DISEASE AMONGST WOMEN: CHEST PAIN AND ACUTE CORONARY SYNDROME.

At Scripps Mercy Hospital, the patient population includes a wide range of ethnicities and socioeconomic statuses. This project will initially retrospectively identify patients who are presented with acute coronary syndrome (ACS) by looking at the admission and discharge diagnostic codes for chest pain, dyspnea, NSTEMI, and STEMI. This project will analyze additional symptoms that women presented with as well as management and treatment compared to men. This project will not only close the gap in healthcare sex disparity in cardiovascular health but also provide culturally competent care sensitive to other social determinants of health to promote health equity.

ROLE OF ALLOSTATIC LOAD IN RISK FACTORS AND OUTCOMES OF TAKOTSUBO CARDIOMYOPATHY.

This project will experimentally demonstrate that allostatic load shows a dose response relationship with key clinical outcomes of takotsubo cardiomyopathy. The relationship between the following outcomes: number of complications, number of readmissions, length of hospital stay, and time of mortality (when applicable) and key sociodemographic, cardiometabolic, and allostatic load features will be examined. Additionally, this project will invite all individuals with a diagnosis of takotsubo cardiomyopathy to participate in a stress sub-study utilizing validated psychometric tools to retrospectively capture allostatic load. Through statistical analyses of sociodemographic,

cardiometabolic, and allostatic load data, a takotsubo cardiomyopathy outcomes risk score calculation will be derived.

IDENTIFYING RACIAL AND ETHNIC DISPARITIES WITHIN THE PROVISION AND UTILIZATION OF GENETIC COUNSELING AND TESTING AMONG WOMEN WITH BREAST CANCER AT HIGH GENETIC RISK.

The project will define any racial or ethical disparities that exist within the provision and uptake of genetic counseling and testing (GCT) at the Scripps MD Anderson Cancer Center. Breast cancer patients eligible for GCT will be identified, and demographics will be compared to define any racial or ethnic disparities. It will be noted whether any difference identified changed over time, particularly before and after the COVID-19 pandemic. This project hopes to define any racial or ethnic disparity regarding those offered and who undergo genetic counseling and testing among breast cancer patients at high genetic risk. Future projects will work to address these disparities and equitably provide GCT and precision oncology to our diverse patient population.

ELECTRONIC NETWORK FOR HEALTH DISPARITIES

Several potential new platforms including VisionTree, Varian Noona, Oncora, and the Digital Trials Center are under consideration to support our health disparity populations. The VisionTree platform for example, sits directly within Epic and allows for real time data sharing/monitoring, PRO collection, and clinical research to be carried out effectively. Scripps would use this tool to evaluate socioeconomic risk factors and PROs in the breast cancer populations at Scripps. Similarly, the digital trials center uses a novel approach of conducting clinical research in a digital fashion, allowing investigators to reach more patients more quickly. Scripps would use this to conduct cross-sectional analysis on breast cancer populations at Scripps and Nationwide. Novel research proposal include: “Impacts of Real-Time EHR Access in Patients with Cancer” will look at disparities and outcomes from the new state-mandated release of real-time medical records through online health portals. The project may suggest that there may be disparities in patient access, understanding of test results, and resulting anxiety/distress based on several socioeconomic factors.

INNOVATIVE NEUROCOGNITIVE PREVENTION

Given the underrepresentation of minorities in healthcare delivery as well in clinical research, increasing both gender and ethnic diversity in science and medicine are important goals. One barrier to drawing underrepresented minorities to graduate-level scientific activities is a lack of access and exposure to basic and clinical research work for the trainees. Here, we aim to address this barrier by offering an 8–12-week combined research and clinical experience to two underrepresented minority women currently enrolled in medical school. This training program is a hybrid between Scripps Clinic GME and Scripps Research where 4th year medical students come to train with at our institution for an 8–10-week period. Students will complete a traditional 4-week inpatient Sub-Internship (Sub-I), and then spend 4-6 weeks working on clinical or translational research at Scripps Research Translational Institute, under the direction of Dr. Jaiswal or another PI of the student’s choosing (with consent of the PI). This project not only has the benefit of exposing

underrepresented students to much needed research exposure, but also has the benefit of adding unique and diverse perspectives to ongoing research at Scripps Health – including Krueger-Wyeth (K-W) projects. Women medical students who are exposed to research that focuses on the benefit of women could be more likely to engage in future projects and endeavors that benefit women as well.

SCRIPPS HUB ACADEMIC RESEARCH CORE (SHARC)

The Scripps Hub Academic Research Core (SHARC) team is a partnership between the Scripps Research Translational Institute and Scripps Health (housed in the Scripps Whittier Diabetes Institute). The Scripps Hub is one of 60 sites around the country that are supported by the NIH's Clinical and Translational Science Award (CTSA), with a focus on improving the process of translating research from bench-side to practice. Within this hub, the SHARC team aims to support translational research at Scripps Health and the Scripps Research Translational Institute in the following ways:

- Research navigation – Provide assistance through the grant process (from pre- to post-award) and with research implementation, especially for junior or new investigators
- Statistical support – Provide statistical support for designing the study, from sample size and power calculations through data analysis and presentation
- Community engagement – Encourage bidirectional communication between communities and researchers to foster participation in research, sharing and discussion of research questions and findings, and improve community health.

NATIONAL INSTITUTE OF HEALTH (NIH) COMMUNITY ENGAGEMENT ALLIANCE (CEAL)

CEAL awards were given to eleven different statewide teams, including California. Scripps Health, represented by the Scripps Hub Academic Research Core (SHARC) team, has partnered with the San Diego County COVID-19 Equity Task Force to reach San Diego communities as part of the California CEAL Team award. The SHARC team has previously partnered with the task force to deliver virtual community town halls on COVID-19 and will continue to provide outreach through virtual events and safely redesigned health and resource fairs to assess COVID-19 knowledge and perceptions about clinical trials. Supporting this NIH-wide effort are the National Institute of Minority Health and Health Disparities (NIMHD) and the National Heart, Lung, and Blood Institute (NHLBI). This study will be completed in the Spring of 2023.

FINANCIAL TOXICITY IN DIVERSE CANCER POPULATIONS AND CARE

Advances in therapy have significantly improved cancer survival outcomes but with a harmful patient consequence: financial toxicity. Financial toxicity consists of a patient's many economic burdens from cancer treatment, encompassing direct healthcare costs as well as additional devastating financial consequences, such as job loss and medical bankruptcy. These burdens are estimated in prior studies as affecting 30% to 50% of patients. Known predictors of financial toxicity include younger patient age, non-Medicare insurance coverage, and lower income, variables representing non-intervenable factors. This is a prospective data collection study with a long-term goal of informing future interventional strategies to improve financial toxicity coping behaviors and psychological response dimensions. This study will look to generate the early data needed to understand the relationship between constructs and measures of patients' coping resources and psychological response and measures of patients' financial toxicity. Accordingly, to collect this early descriptive data, the overall goal of this study is to identify social, behavioral, and knowledge factors associated with financial toxicity outcomes. Identifying these factors will help elucidate targets for behavioral, psychosocial, and/or educational and coaching interventions. Scripps MD Anderson is funding the study and is currently open for enrollment. The estimated end date for the study is Q4 2023.

FINANCIAL TOXICITY IN THE SPANISH SPEAKING POPULATION

In partnership with MD Anderson, this mirrors MD Anderson's "Financial Toxicity in Diverse Cancer Populations and Care Settings" study. It will collect the same data as the MD Anderson study but for Spanish Speaking patients only. In addition, this study will also collect data on the feasibility of using a Spanish-speaking patient navigator to engage Spanish-speaking Latino cancer patients/survivors in navigation within the setting of ambulatory care, initially focused on the feasibility of engaging patients/survivors in navigating their electronic patient portal. The conceptual model of financial toxicity in cancer patients identifies three major dimensions that comprise financial toxicity: material hardships (e.g., out of pocket expenses); psychological burden (e.g. distress and anxiety in response to the costs of cancer care); and coping resource depletion (e.g. depletion of resources to promote toward adaptive behavioral responses, such as relying on the support of friends and family for resources instead of maladaptive economizing responses, such as skipping medications or treatments to economize). However, interventions to respond to the two other major dimensions of financial toxicity, the "psychological burden" and "coping resource depletion" dimensions of financial toxicity, are lacking, including for Spanish-speaking Latino cancer patients. This is despite that minorities, including Latino populations, especially lower income and underinsured, bear a disparate burden of financial toxicity in the US. Accordingly, the long-term research goal that this study will contribute to is to develop culturally appropriate and effective patient navigation resources and psychosocial support resources for interventions to increase coping and resilience to financial toxicity in high-risk populations. This study will look to generate the early data needed to help develop the content and method of delivering strategies, tailored for an underserved, Spanish-

speaking Latino population. This knowledge will contribute to the long-term impact of this research to decrease disparities in financial toxicity burden. Genentech is funding this program and currently is open for enrollment. The estimated end date for this study is Q4 2024.

Youth Career Pathways/Pipeline Programs

SCRIPPS HIGH SCHOOL EXPLORATION INTERNSHIP PROGRAM

Scripps is dedicated to promoting health care as a rewarding career, collaborating with several high schools to offer students opportunities to explore a role in health care and gain firsthand experience working with Scripps Health care professionals. This program reaches out to San Diego high school students interested in exploring a career in health care. During their five-week rotation, the students visit Scripps Mercy Chula Vista, Scripps Mercy San Diego, Scripps Memorial Hospital La Jolla, Encinitas, and Green Hospital. The students view surgeries and shadow healthcare professionals in the emergency department, ICU, pharmacy, urgent care, internal medicine, pharmacy, ambulatory services, rehab therapy, patient planning, lab, and trauma. The High School Exploration internship program was paused in Fiscal Year 2022 due to the pandemic.

UNIVERSITY CITY HIGH SCHOOL COLLABORATION

University City High School and Scripps partnered to provide a real-life context to the school's Health Care Essentials course. Students are selected to rotate through five different Scripps locations, during the spring semester, to increase their awareness of health care careers. UC High students are exposed to different departments, exploring career options, and learning valuable life lessons about health and healing. This internship program was paused for Fiscal Year 2022 due to the pandemic.

YOUNG LEADERS IN HEALTH CARE

An outreach program at Scripps Hospital Encinitas, Young Leaders in Health Care targets local high schools' students interested in exploring health care careers. Students in grades 9–12 participate in the program, which provides a forum for high school students to learn about the health care system and its career opportunities.

The mission of the Young Leaders in Health Care is:

- To provide a forum for high school students to learn about the health care system and its breadth of career opportunities.
- Mentor students in the act of leadership, giving them tools to use in their daily life challenges.
- Provide a service project to satisfy high school requirements and make a positive impact on the community.
- Provide a venue for a student-run competition where each school presents a topic in line with the year's goal.

This combined experience includes weekly meetings at local schools facilitated by teachers and advisors, as well as monthly meetings at Scripps Hospital Encinitas. The advisors for the program are part of the San Dieguito Alliance for Drug Free Youth. The program mentors' students on leadership and provides tools for daily challenges. Each year the students work toward a final presentation based on their community service projects related to health care and wellness.

The 2022 class touched a variety of topics from mental illness to the opioid crisis. More than 170 students, community members and health care specialists attended the Young Leader in Health Care final meeting, culminating with student presentations on types of cancer and treatments. Students that participate in the program are eligible to apply to the High School Explorer summer internship program. Meetings were conducted as Virtual Teams Meetings for the 2021-2022 school year and the virtual format allowed to increase/expand the high schools. Over 200 students actively participate monthly.

SCRIPPS SCHOOL TO HEALTH CAREERS PROGRAM (YOUTH PIPELINE PROGRAMS)

Scripps is dedicated to building the future pipeline of health professionals. Scripps implements a wide variety of youth in health careers activities. A primary focus is to implement school-to-health career activities, including mentoring, camps, job shadowing, health education classes, health chats, support groups, health fairs and others.

Scripps School to Health Career Pathway Program implemented a wide variety of youth-into-health-professions activities for 2,151 youth including mentoring programs, health professionals' classroom presentations, surgery viewing, work-study, and Scripps Camp. Through several internships and other educational programs, Scripps collaborates with high schools and colleges to offer students opportunities to explore a role in health care and gain first-hand experience working with Scripps health care professionals. Nurses and other clinical and non-clinical employees play important roles in these educational experiences, as the students are interacting with them daily through the programs. Due to COVID-19 and in-person restrictions all youth activities (mentoring, classroom presentations, hospital tours, surgery viewings) were transitioned to virtual platforms for distance learning for Fiscal Year 2022. Family Practice Medical Residents provide interactive classroom presentations on a variety of public health concerns, medically focused topics as well as hands-on clinical skills workshops mentoring at the local high schools. The following are some of the programs Scripps offers:

Health Careers Opportunity Program (HCOP) Camp Scripps

This six-week camp exposes high school sophomores and juniors to health careers and fosters leadership skills and college preparedness. Weekly themes include Primary Care, Health and Wellness, Public Health, Disease and Prevention, Leaders of Tomorrow, and College Readiness. Activities include opportunities for hands-on interactions with health professionals, mentoring and clinical shadowing, tours of hospitals and community health clinics, and theme-related workshops. The camp is a collaborative effort with Scripps Family Medicine Residency Program in partnership with UCSD School of Medicine.

Scripps Mercy School to Health Career Mentoring Program

Designed to help high school students set a course for a successful career in health care, participants are paired virtually with various health and social service professionals for hourly sessions twice a week for five weeks in a hospital setting. Students are exposed to a variety of duties and roles and various departments. Students learn first-hand from their mentors about the particulars of that department and position including the path they need to take to achieve a specific career goal in the healthcare field. Students also receive presentations on various health careers and job readiness. Family Medicine residents are mentors for this program and meet with the students weekly. Students shadow residents during rounds and throughout the experience. Due to COVID-19 restrictions this program continued virtually.

Health Professionals in the Classroom

Health care professionals, such as medical residents, dietitians, nurses, and doctors, enlighten students on health care careers and health related topics. These are interactive virtual sessions on nursing 101, Doc 101, health and nutrition, stroke prevention, breast health, teen pregnancy, substance use, STDs, health professions 101 and mental health issues that impact high school students. Students receive health career tools/brochures that include information on education requirements, scholarships, and ways to pay for college.

Youth Surgery Viewing 101

Students have an opportunity to observe such elective surgeries as total knee and hip replacements, interact with the surgeons and other operating room staff members and ask on-the-spot questions during the surgery. This program transitioned to a virtual platform due to COVID-19 *restrictions*.

Cristo Rey High School

Scripps has a partnership with Cristo Rey San Diego High School to introduce and educate high school students on health careers as well as provide an overview of the hospital and health system. The program covers an entire academic year experience to expose youth participants to medicine, public health, foster leaderships skills and college preparedness. Students receive presentations on various health careers and job readiness. The curriculum is designed to weave healthcare education with service learning/training.

INTERNS AND AREA HEALTH EDUCATION CENTER (AHEC) SCHOLARS

Scripps Mercy Hospital Chula Vista Well Being Center serves as an internship placement site for both undergraduate and graduate students. This education training program is designed to raise the numbers, types, diversity and retention of primary health and social service care professionals working in underserved areas. A total of twenty-one students completed their internship placement and fields of study include undergraduate social work, undergraduate public health, undergraduate psychology, and Master's in Social Work from San Diego State University and University of San Diego. Ten interns also completed the Area Health Education Center Scholar (AHEC) Program which is a combination of clinical hours and didactic online training.

CALIFORNIA MEDICINE SCHOLARS PROGRAM - COMMUNITY COLLEGE AND FOUR-YEAR COLLEGE MENTORING

The California Medicine Scholars Program, part of the California Medicine Coalition, brings together community colleges, universities, medical schools, health employers, and clinics across the state to work toward one goal: shepherding more students of color from community college through medical school and beyond. CMSP is needed because California's health workforce does not look anything like its population. For example, only about 6% of California physicians are Latinx. That is an insufficient number when you consider that 39% of Californians are Latinx people. The plan is to recruit 200 students per year to participate in this program. Stipends, scholarships, mentoring, academic support, and professional development opportunities will be available as students move to four-year universities and then on to medical school. Scripps received funding from this program and will use the monies to assist students set a course for a successful career track into medicine as students interact with physician mentors and participate in career workshops developed by medical students, Family Medicine Residents, and attending physicians during five sessions. At the end of the program, these college students can become mentors for high school students participating in our high school pipeline programming.

SCHOOL-BASED CLINICS

Originally opened in 2007, Southwest High School clinic is a Scripps collaboration with San Ysidro Health and the Sweetwater Union School District. The clinic is staffed by the Scripps Family Medicine residency with a multidisciplinary approach including health educators, social work interns, and the school nurse. The clinic helps to reduce barriers for students to access mental and physical health services. In addition to clinical services, Family Medicine residents provide mentorship and interactive classroom sessions with youth interested in health careers.

Community Outreach

CITY OF REFUGE (CoR) RECUPERATIVE CARE PROGRAM

Recuperative Care (also known as medical respite care, a lower level of medical care provided where a patient can heal and recover from an illness or injury) provides people who are experiencing homelessness with a safe place to stay after being discharged from the hospital to prevent them from falling back onto the streets while ill and recovering. Without a stable place to stay, community members experiencing homelessness could undo any progress they made during their hospitalization.

Scripps Health has an agreement with the San Diego City Refuge of Recuperative Care Shelter (RCS) which provides a safe discharge for chronically homeless patients with ongoing medical needs. All patients are unfunded or underfunded. Most have substance abuse and/or mental health issues. Lack of funding, mental illness, as well as alcohol and/or substance abuse, makes post-acute placement of these homeless patients difficult. During the pandemic, all San Diego homeless shelters experienced COVID-19 outbreaks, making RCS a true place of refuge for our chronically homeless patients.

The Case Management and Social Work departments assist with a needed supply of medication, appointments, Durable Medical Equipment (DME), setting up Home Health Services if needed, and connects patients to psych as part of the hospital discharge plan to the City of Refuge. The City of Refuge further supports clients in meeting these goals using community resources to meet individual social service needs. Scripps pays the City of Refuge a daily rate for housing and services they provide to the patients. The City of Refuge provides a safe, secure environment, with 24-hour supervision, medication oversight, meals, clothing, case management, assistance with Medi-Cal, with transition to Managed Medi-Cal and disability applications, referrals to rehab and other programs, and help finding permanent or transitional housing using county resources. DME and other needed services are provided by Scripps when funding is not available. All patients are connected to a medical home, and primary care in the community. Patients with psych disorders are established with a psychiatrist in the community if they are willing. Patient transportation needs are coordinated by the City of Refuge, but may include insurance funded transport services, and occasionally Scripps Shuttle, or use of taxi voucher. All patients are connected to a medical home, and primary care in the community. Patients with psych disorders will be established with a psychiatrist in the community if they are willing.

FATHERS JOE'S VILLAGES STREET HEALTH INTERVENTION PROJECT

Scripps Mercy Hospital San Diego serves a large volume of San Diego's unsheltered homeless population in the emergency services department. Because of the scarcity of shelter and treatment program beds available for these patients, they often leave the hospital to return to their previous outside location. Even though these patients are stable for a safe discharge, there are many who could benefit from a follow-up health care and care management visit in the community setting.

Collaborating with Father Joes' Villages Street Health Team, Scripps Mercy Hospital San Diego Case Managers/Social Work staff will identify and refer eligible, unsheltered persons during discharge planning to the Father Joe's Village's (FJV) Street Health Team who will follow-up with individuals in the community-setting within 24 hours post-discharge.

This project will help support the needs of unsheltered persons exiting the hospital by linking with FJV Street Health Team because:

- Limited availability of shelter beds in the City of San Diego
- Daily, there is a substantial number of unsheltered persons discharged from Scripps Mercy Hospital Emergency Department who may benefit from a nursing follow up visit – i.e., wound care and/or medication check or Primary Care Physician establishment.
- Father Joe's Village has the clinical staff and experience to provide street health outreach to the unsheltered in the Central region of San Diego County.
- Father Joe's Village Street Health has a relationship with PATH Outreach to assist with housing and social service benefit needs.

CATHOLIC CHARITIES – SHELTER BEDS FOR UNSHELTERED PATIENTS AT SMH

Catholic Charities provides several shelter beds options for people experiencing homelessness. Because of the long-standing partnership between Scripps Health and Catholic Charities, Catholic Charities makes every effort to accommodate the needs of SMH patients, if a bed is available and the referral is appropriate. Once a bed is secured, shelter residents are assisted through case management to obtain other health and social support services needed to stabilize and improve their current life situation.

MERCY OUTREACH SURGICAL TEAM PROVIDES LIFE-CHANGING CARE TO CHILDREN IN MEXICO

For three decades, the Mercy Outreach Surgical Team (MOST) has been crossing borders and changing lives. MOST is an independent, nonprofit organization founded in 1987 at Scripps Mercy Hospital whose mission is to provide free surgeries and vision care to underserved children in Mexico. After the 9/11 terrorist attack, MOST's missions had to be shifted exclusively to trips in Mexico, due to difficulty getting children across the border from Mexico into the U.S. Working in Mexico, the Mercy Outreach Surgical Team provides reconstructive surgeries for children suffering from birth defects or accidents. In exceptional circumstances, surgeries are also provided for adults. In Mexico, MOST volunteers typically perform hundreds of surgeries per mission—and more than 14,000 overall since its founding—for issues like cleft lips, crossed eyes, burn scars, hernia repairs and more. MOST also added a vision program in 2004 that provides more than 100 pairs of eyeglasses per trip to children in need.

As the pause in travel for MOST continued into 2022, MOST sought alternative ways to serve those in need. Scripps provided a sponsorship of \$18,850 to two Rotary clubs in Mexico which funded local surgeons to perform life changing cleft lip and palate surgeries to 27 children. These Rotary clubs were charged with dispersing the monies and making sure the funds were utilized appropriately. The two clinics where the surgeries were performed were Casa Azul in Monterey, Nuevo Leon, Mexico and Sonrisa de Luna in Tepic, Nayarit, Mexico.

SCRIPPS HEALTH CALFRESH SCREENINGS

As health care delivery systems move towards a population health paradigm that incentivizes keeping patients healthy, hospitals and clinics recognize the significance of addressing social health determinants, such as Food Insecurity (FI). Hospitals have been more proactive in intervening at some level of care to aid the individuals suffering from FI and their ability to gain control over their health. The Public Resource Specialist (PRS) Team screens all uninsured patients who have received services at any of the five Scripps hospital facilities. Scripps Health began screening for Cal Fresh in June 2017 through the support of the PRS team. The team has been successful in having an important conversation about food insecurity with patients and in Fiscal Year 2022, the PRS team successfully screened 5,080 food insecure patients. Out of those screenings, PRS submitted 3,854 Medi-Cal applications to the County, 674 Cal Fresh applications and 382 expedited Cal Fresh applications.

CONSUMER CENTER FOR HEALTH EDUCATION AND ADVOCACY (CCHEA)

The Consumer Center partnership is a Medical Legal Partnership with Scripps Mercy hospital. The program helps to educate consumers about health care benefits and changes occurring with eligibility and enrollment in coverage programs. Staff assist uninsured/underinsured low-income Scripps patients obtain access to Medi-Cal, County Medical Services (CMS), Covered California, and private insurance.

Funding provides low income, uninsured and behavioral health patients help obtain health care benefits, SSI, and related services, while reducing uncompensated care expenses at Mercy. This Medical Legal Partnership Places Consumer Center places staff onsite at Scripps Mercy Hospital within the Behavioral Health Unit (BHU) and provides accessible legal assistance, in addition to receiving direct referrals from other Scripps facilities. Due to the safety concerns during the Public Health Emergency, the Consumer Center staff provided high quality services to patients based on direct referrals from Scripps BHU and Patient Representative Services staff at Mercy and other Scripps facilities. The project provides advocacy services for time intensive government benefit cases and the Consumer Center stresses the importance of accessing community-based services for routine health care instead of using the ED's and hospital departments as well as the importance of establishing medical homes.

The Consumer Center has always been committed to the engagement and education of their community. Staff regularly review outreach priorities to ensure all San Diegans, but especially underserved and hard to reach consumers, are being engaged and educated about broad-based consumer health advocacy services. In the past year, they have prioritized reaching Black, Indigenous, and other Persons of Color (BIPOC) consumers that identify as being Limited English Proficient (LEP), have behavioral health needs, and/or identify as a member of the LGBTQIA+ community. In addition, the Consumer Center accommodates the needs of all consumers to ensure our services remain accessible and convenient. Bilingual staff are hired and the usage of telephone interpretation services that permits consumers to be served in over 200 languages, including TTY line, and in-person American Sign Language interpreters on an as-needed basis to communicate with clients.

PROMOTORAS IN ACTION PREVENTION, EDUCATION AND WELLNESS

This program consists of conducting monthly Spanish presentations by Promotoras on community-based health topics and social issues. These community education topics are developed by the Scripps Mercy Hospital Chula Vista Well Being Center and often presented by the Scripps Family Medicine Residency team and others who rotate throughout the year. Presentations are done in Spanish and a total of eight presentations were held with more than 100 participants.

IDENTIFYING THE SOCIAL DETERMINANTS OF HEALTH FOR PATIENTS POST DISCHARGE

Scripps Mercy Hospital Chula Vista Well Being Center staff meet with patients at the bedside or follow up with patients through phone calls and home visits to determine the patient's needs. Patients are screened for barriers using a social determinants of health (SDOH) screening tool to help identify the patient's specific needs. Addressing SDOH is vital for improving health and reducing longstanding health disparities. Once the patient's needs and root causes of hospitalization are identified, staff assist the patient in scheduling follow up doctor's appointment(s) and accessing community resources/supportive services. Through collaboration with various agencies, staff can effectively link patients to transitional care and supportive services.

HELPING PATIENTS NAVIGATE POST DISCHARGE SERVICES AND SUPPORT

A partnership between Scripps Mercy Hospital Chula Vista and Scripps Well Being Center has led to the creation of a post discharge follow up process for patients at risk for readmission. These services are offered to patients and their family to decrease the risks of readmission, keep patients on a healthy pathway and to increase patient continuity. The goal of patients participating in this service post-discharge is to reduce hospital and emergency department 30-day and 90-day readmissions. Services and assistance are provided for 30+ days post discharge and up to one year for any social work or nurse case manager referral and/or patients with the following conditions: Acute Myocardial Infarction (AMI), Chronic Obstructive Pulmonary Disease (COPD), Chronic Heart Failure (CHF), Pneumonia, Coronary Artery Bypass Grafting (CABG), Total Knee or Hip Replacement, and COVID-19. Community patient post discharge services include home visits, assistance with follow up physician visits, phone calls, providing community and social service resources, and application assistance (medical insurance, SDI, housing, SNAP, Mama's Kitchen), and a referral and/or appointment to a local community clinic or the Scripps Advanced Care Clinic. The Well Being Center staff and Scripps Mercy Hospital Chula Vista social workers collaborate to provide ongoing follow-up services to identified social work patients for the two Mercy campuses. These patients require more support and resources (housing/homelessness, senior issues, drug/alcohol and mental health, and cancer) as these are elevated risk and require more assistance. The following are post discharge services offered by the Scripps Mercy Hospital Well Being Center.

- **STROKE TRANSITIONAL CARE PROGRAM** - Outreach and follow up calls to patients diagnosed with a Hemorrhagic Stroke, Ischemic Stroke, or Transient Ischemic attack. Our main role is to help reduce additional hospital readmissions for these patients by assisting in navigating the health care system, reduce any barriers to care that may prevent the patient from accessing care post hospital discharge, and provide community resources/referrals to assist in the patient's wellness.
- **MEDICARE READMISSION PREVENTION/TRANSITIONAL CARE PROGRAM** - Outreach and follow up calls to patients diagnosed with Acute Myocardial Infarction, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Coronary Artery Bypass Grafting, Pneumonia, or

Total Knee Arthroplasty/Total Hip Arthroplasty. Our main role is to help reduce additional hospital readmissions for these patients by assisting in navigating the health care system, reduce any barriers to care that may prevent the patient from accessing care post hospital discharge, and provide community resources/referrals to assist in the patient's wellness.

- **COMPLEX HOSPITAL PATIENT REFERRALS** - Outreach, follow up calls, and home visits to patients referred by hospital social workers, transitional case managers, and providers. These patients are referred to the Well-Being Center for specific reasons. Staff complete a biopsychosocial assessment and assess the patient's needs/barriers, provide social/emotional support, reduce any barriers to care that may prevent the patient from accessing care post hospital discharge (i.e., transportation, medication assistance, etc.), and community resources/referrals to assist in the patient's wellness (i.e., CalFresh, medical, housing, addressing food insecurities, SSI, etc.)
- **HELPING PATIENTS WITH FOOD INSECURITY TO HEAL** - Outreach to patients with qualifying health conditions and who have Medi-Cal. The staff explains the Mama's Kitchen meal delivery program to the patient, screen if they qualify, and if patient is interested, submit a referral on behalf of the patient to Mama's Kitchen.

FULL ACCESS AND COORDINATED TRANSPORTATION (FACT) INC.

In 2019, Scripps entered a partnership with a local nonprofit— Facilitating Access to Coordinated Transportation (FACT) Inc., for on-demand rides for patients. Scripps staff relies on FACT to arrange for patients to get to appointments and for discharged patients to return home or get to other facilities. This collaborative service has quickly proved to be a reliable, convenient, and cost-effective solution to one of the difficult and expensive challenges in accessing medical care transportation.

The program streamlines various medical transportation options through a single point of contact at FACT. FACT provided rides for patients including those who need specialized vehicles or personal assistance to complete the trip. Scripps staff use a single telephone number to contact staff at FACT, who then handle the selection of the appropriate vehicle, equipment, and personnel, and dispatch the ride. The program provides savings in processing time, cost of transportation and it offers the rider a more reliable and convenient transportation service. The initial pilot project was partly funded by a Community Enhancement grant awarded to FACT by the County of San Diego.

Scripps realized a benefit using FACT transport as a cost savings; rather than using taxi vouchers, as well as trips that could take Scripps staff a great deal of time to find a vendor to do as other vendors may not be able to do trips to the border or Imperial County as readily. FACT is a clearinghouse of sorts with multiple vendors and therefore saves the staff time in finding the appropriate transport at the right time. Transportation is available 7 days a week for Scripps discharged patients to any location within San Diego and beyond. Most rides begin and end at the curbside, however door through door rides, wheelchair accessible rides and gurney rides are available on demand.

Scripps has been using the FACT transportation service at Scripps Mercy Hospital, Green Hospital and Radiation Therapy centers for those patients that do not have other means of transport. FACT has provided 2,003 rides through June 2022 for Scripps patients throughout San Diego and as far away as Imperial County.

The following are the different transportation modalities that FACT-SD provides:

- Ambulatory – the rider can walk alone to and from the vehicle
- Curb-to-Curb – the rider will be picked up and dropped off at the curb of the facility/residence
- Door-to-Door – the rider requires the driver to walk them from the door of the facility/residence to the vehicle and from the vehicle to the door of the facility/residence
- Door-through-Door – the rider requires the driver to come inside the facility and transport them to the vehicle, the driver will drop them off at the door of the facility or residence
- Accessible vehicles and Mobility Devices – Walker, Cane, Folding Wheelchair, Wheelchair, Scooter, and vehicles equipped with Ramp or Lift
- Gurney Transportation

APPENDIX I

SCRIPPS HEALTH 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

As part of the federal reporting requirement for private, not-for-profit (tax exempt) hospitals, Scripps conducts a consolidated Community Health Needs Assessment (CHNA) and corresponding joint Implementation Strategy for its licensed hospital facilities. This comprehensive account of health needs in the community is designed for hospitals to plan their community benefit programs together with other local health care institutions, community-based organizations, and consumer groups.

To conduct this regulatory requirement, Scripps has been actively involved in a triennial community health needs assessment (CHNA) process. This process began in 1995, in accordance with the requirements of Senate Bill 697, community benefit legislation that requires not-for-profit hospitals in California to file a triennial CHNA that identifies community health needs. Further, Scripps Health 2022 Community Health Needs Assessment responds to federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring private not-for-profit (tax exempt) hospitals as described in Code section 501 (c)(3) to conduct and make public a triennial community health needs assessment and corresponding implementation strategy. The implementation strategy identifies, and details current or planned strategies intended to address the needs identified in the hospital's CHNA. For more detailed information on the CHNA regulatory requirements and Implementation Strategy see Appendix E.

Scripps Health actively participates in the collaborative CHNA process led by the Hospital Association of San Diego & Imperial Counties (HASD&IC). Although only not-for-profit 501(c)(3) hospitals and health systems are subject to state and IRS regulatory requirements, the 2022 CHNA collaborative process also includes hospitals and health systems who are not subject to any CHNA requirements but are deeply engaged in the communities they serve and committed to the goals of a collaborative CHNA.

The 2022 CHNA includes extensive quantitative analysis of San Diego County emergency department and in-patient hospital discharge data and other secondary sources. Taken together, these qualitative and quantitative approaches allowed the CHNA Committee to view community needs from multiple perspectives. The results of the 2022 CHNA will be used to inform and adapt hospital programs and strategies to better meet the health needs of San Diego County residents.

The 2022 Scripps Health CHNA is designed to provide a deeper understanding of barriers to health improvement in San Diego County. Keeping patients at the center of everything we do, Scripps strives to improve community health through collaboration with a wide range of partners and like-minded organizations. Working with other health systems, community groups, government agencies, businesses and community clinics, Scripps is better able to build upon efforts to achieve broad community health goals. Therefore, the report will help us better understand our community's

health needs and inform community benefit planning and the implementation strategy for Scripps Health.

In addition, the assessment allows interested parties and members of the community a mechanism to access the full spectrum of information relative to the development of the Scripps Health 2022 Community Health Needs Assessment report.

Scripps Health hopes to leverage the information collected for this report to benefit the community at-large in other future planning initiatives. For more information about Scripps Health, please visit www.scrippshealth.org.

CHNA Executive Summary Background

This executive summary provides a high-level summary of the 2022 CHNA methodology and findings. The full CHNA report contains in-depth information and explanations of the data that participating hospitals and healthcare systems use to evaluate the health needs of their patients and determine, adapt, or create programs at their facilities.

The 2022 Scripps Health Community Health Needs Assessment (CHNA) includes community engagement discussions: focus groups with residents, community-based organizations, service providers, and health care leaders; key informant interviews with health care experts; and an online survey for residents and stakeholders. In addition, the CHNA includes extensive quantitative analysis of national and state-wide data sets, San Diego County emergency department and inpatient hospital discharge data, county mortality and morbidity data, and data related to social determinants of health. These two different approaches allowed the CHNA Committee to view community health needs from multiple perspectives.

2022 CHNA Objectives

The objectives of the 2022 CHNA were to accomplish the following goals:

- Identify, understand, and prioritize the health-related needs of San Diego County residents facing inequities.
- Provide a deeper understanding of barriers to health improvement in San Diego County, as well as inform and guide local hospitals in the development of their programs and strategies that address identified community health needs.
- Build on and strengthen community partnerships established through the previous CHNA process.

Community Priority Process (CHNA Methodology)

There are social drivers of health and equity at all levels: individual, community, and structural. Historical and systemic inequities disproportionately impact vulnerable populations, including people of color, socially disadvantaged groups, and those living in poverty. The CHNA completed an extensive review of national best practices and evidence-based frameworks to develop a research

approach to health equity. Figure 3.2. below describes the CHNA Committee’s shared values and commitment to understanding the social drivers of health and equity through our collective research, analysis, and community engagement.

Figure 3.2 CHNA Shared Values Framework



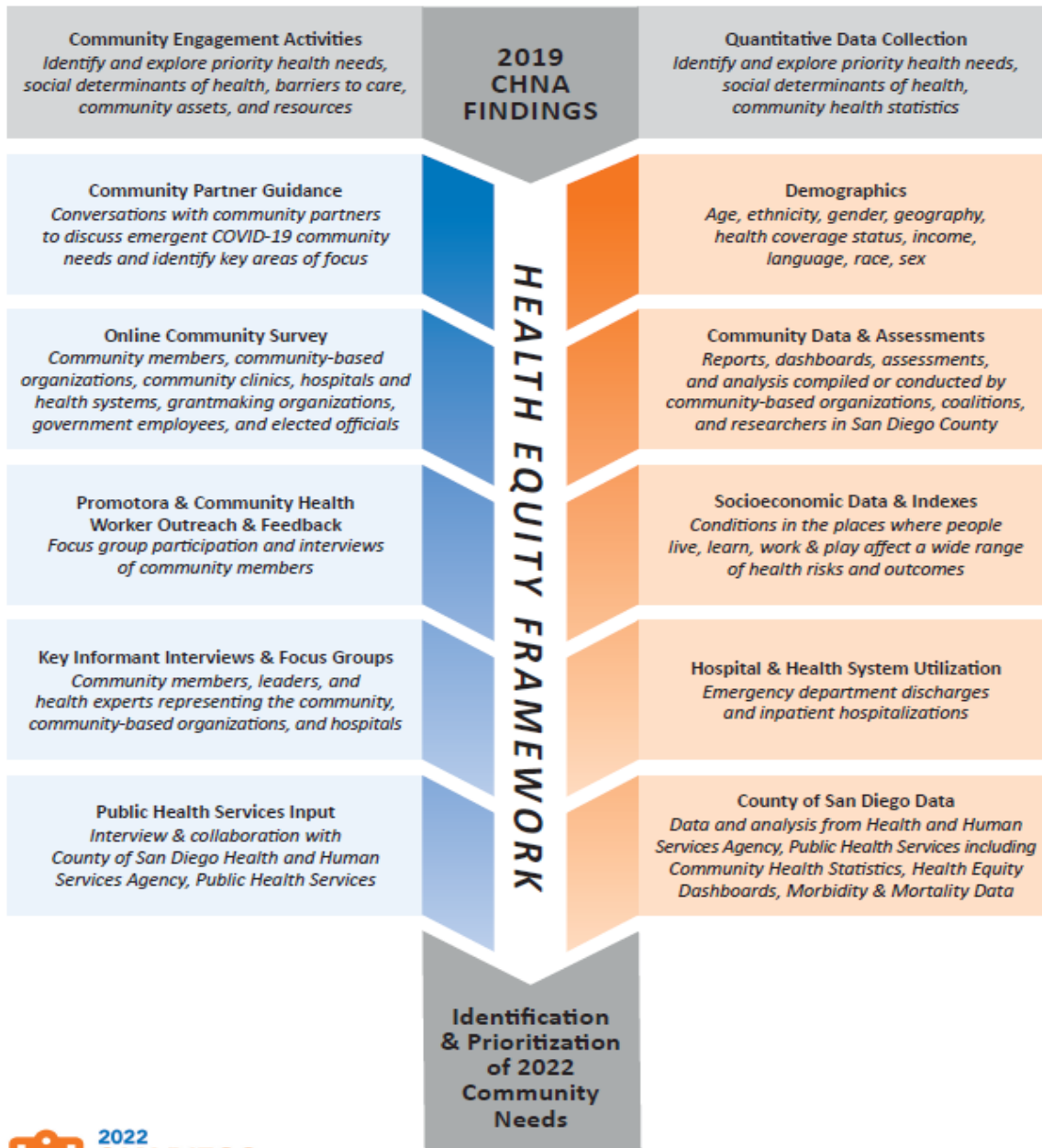
Research Methods and Approach

To gain a deep and meaningful understanding of the health-related needs of San Diego County residents, two primary methods were employed in the 2022 CHNA:

1. Quantitative analyses of existing publicly available data were conducted to provide an overarching view of critical health issues across San Diego County.
2. Qualitative information was gathered through a comprehensive community engagement process to understand people's lived experiences and needs in the community.

The CHNA Committee reviewed the feedback and data to prioritize the top health needs in San Diego County. Please see figure below for more information on the CHNA process.

2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP



Quantitative Data Collection and Analysis

Quantitative data were used for three primary purposes:

- Describe the San Diego County community
- Plan and design the community engagement process
- Facilitate the "prioritization process" – identifying the most serious community health needs of San Diego County residents facing inequities

Quantitative data include:

- California's Department of Health Care Access and Information (HCAI) limited data sets, 2017-2019 SpeedTrack⁸¹
- [Community Need Index \(CNI\)](#)⁸²
- [Public Health Alliance of Southern California Healthy Places Index](#) (HPI)
- Data from national and state -wide data sets were analyzed including San Diego mortality and morbidity data, and data related to social determinants of health.

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

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

Reports

County of San Diego Community Health Statistics

Health Disparities Executive Summary Report⁸³

Racial Equity: Framework and Outcomes Brief

San Diego County Self-Sufficiency Standard, Household with Two Adults, One Preschool-Age Child, and One School-Age Child, 2021

Overdose Data to Action (OD2A)

Community Health Statistics Dashboards

LGBTQ Health and Well-Being Dashboard

Health Equity Dashboard Series: Racial Equity Dashboards

San Diego County Self-Sufficiency Standard Dashboard

COVID-19 in San Diego County

⁸¹ SpeedTrack 's Population Health Decision Support (PHDS) Platform, was utilized to export emergency department and inpatient hospital discharge data.

⁸² 2021 Community Health Need Index <http://cni.dignityhealth.org/Watson-Health-2021-Community-Need-Index-Source-Notes.pdf>

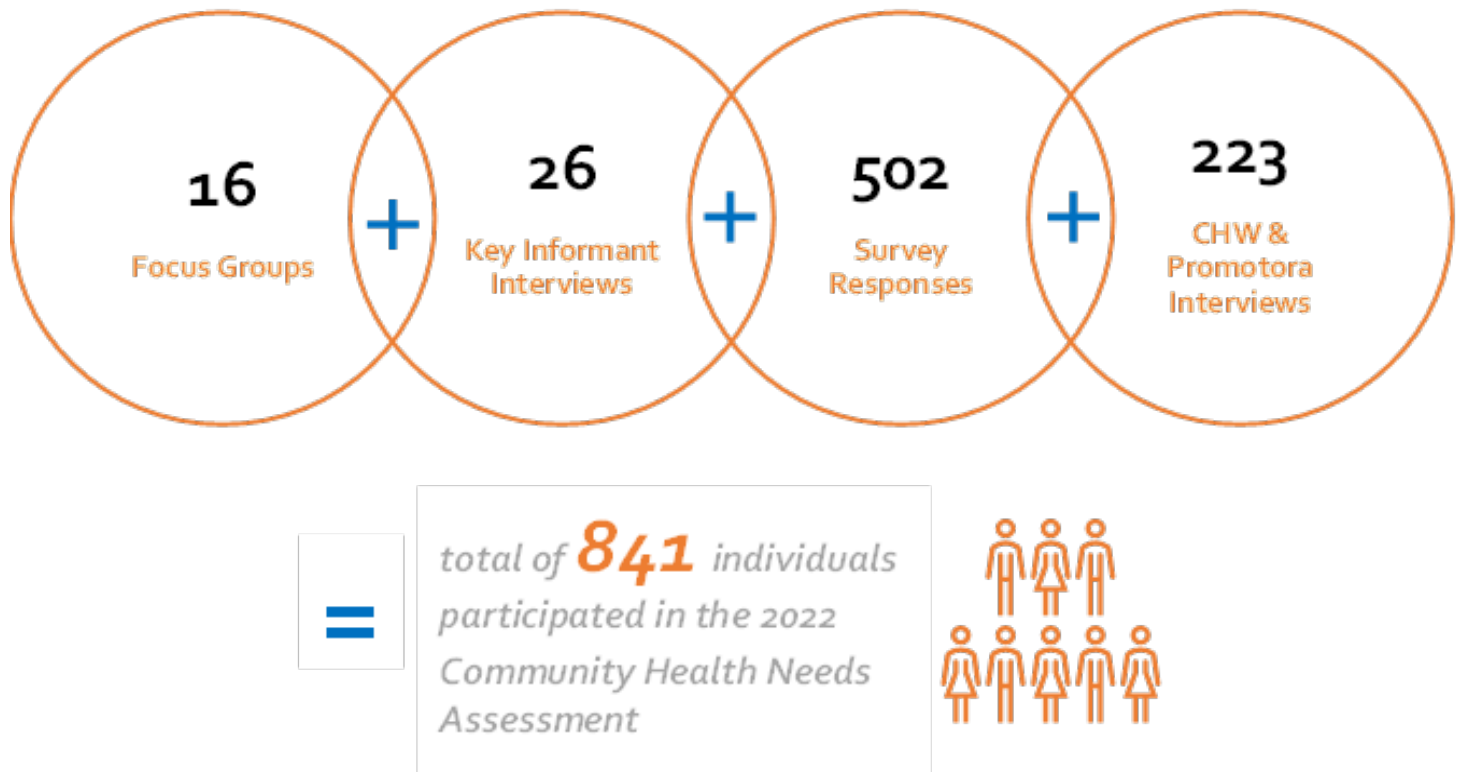
⁸³ https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Health%20Equity%20Report%20Series_Executive%20Summary_2022.pdf

Community Engagement

The goal of the community engagement process was to solicit input from a wide range of stakeholders so that the sample was as representative as possible of those facing inequities in San Diego County. Input from the community was gathered through the following discussions:

- Collaborating with community health workers to conduct interviews with community members
- Conducting focus groups and key informant interviews with community members, community health workers, community-based organizations, service providers, civic leaders, and health care leaders (conducted in collaboration with Kaiser Foundation Hospital (KFH)-San Diego)
- Conducting focus groups and key informant interviews with hospital and health system clinicians, case managers, social workers, and executive leaders
- Distributing an online survey to community members, hospital staff, community-based organizations, federally qualified health centers, and local government staff

Community Engagement Participants



2022 CHNA Prioritization of the Top Community Needs

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

2022 Top Community Needs Findings

Through the prioritization process described in the methodology section, the CHNA Committee identified the most critical community needs within San Diego County, listed below in alphabetical order:

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

2022 Top Community Needs



In addition to these identified community needs, the graphic above illustrates **foundational challenges**, and **key underlying themes** identified through the latest CHNA process. Those needs identified as most critical for San Diegans are listed in the center of the circle in alphabetical — not ranked — order. The blue outer arrows of the circle represent the negative impact of two foundational challenges — health disparities and workforce shortages — which impacted every need. The orange bars (stigma, trauma) represent latent themes pervasive during the pandemic. The graphic demonstrates how each of the components impact one another. The outer ring interacts to heighten the needs, while simultaneously hampering health equity and community well-being efforts.

Foundational Challenges

The 2022 CHNA recognized health disparities and workforce shortages as foundational challenges that are contributing to the growth of every health need.

Health Disparities

Decades of research has demonstrated that even in pre-pandemic times, some communities and populations have much poorer health care and outcomes than other communities or populations. These may be issues of access rooted in geography, issues of finance and insurance coverage, or systemic issues rooted in racism and discrimination. For example, “frontline” workers (people who are most involved in direct customer contact) could not work from home during the pandemic and were at higher risk of COVID exposure. This contributed to disproportionately higher mortality rates compared to groups that could work from home or quit work. In addition, the health of San Diegans who were vulnerable before the pandemic — such as people experiencing homelessness, isolated seniors, LGBTQ+ youth, and children with special needs — deteriorated more acutely as they lost access to critical services and faced new barriers to their safety and economic stability.

Workforce Shortages

Community engagement participants in previous CHNAs often mentioned the need for more health care providers, mostly with a view toward bolstering workforce pipelines. In the 2022 CHNA focus groups and interviews, workforce shortages were consistently at the front of discussions.

In most occupations, workers are experiencing exhaustion, emotional trauma, and a sense of “feeling burned out after over two years of the COVID pandemic.” Clinical workers and social work staff at all levels of health care delivery faced the same challenges and frustrations, as workforce shortages and the increased medical demands of COVID stressed health care services across the region.

Key Underlying Themes

Stigma

As in our 2019 CHNA findings, stigma and the barriers it creates arose across community engagement discussions in 2022. Stigma impacts the way people access needed services (CalFresh, Medi-Cal, other economic support) that address the social determinants of health. This impacts the ability of people to improve and successfully manage health conditions.

Community engagement participants expressed concerns about the impact of stigma in relation to specific populations including LGBTQ+ communities, people experiencing homelessness, people of color, seniors, Medi-Cal beneficiaries, and survivors of domestic violence and human trafficking. Stigma was also discussed in relation to specific health conditions such as behavioral health, cancer, diabetes, and obesity.

Trauma

Trauma and vicarious trauma⁸⁴, were cited as factors contributing to compassion fatigue and workforce burnout in community interviews and focus groups. Trauma occurs both at work and at home, and consequently, there may be no escape and downtime from traumatic experiences. Traumatized community members are seeking assistance from health care providers and community-based organizations who themselves have experienced great stress since the start of the pandemic.

Community Voice and Experiences

The findings of the 2022 CHNA attempt to respond to the San Diego community needs and concerns, as identified through focus groups, key informant interviews, interviews regarding access to care, and an online survey. The quantitative research and the community engagement confirmed the interconnectedness of the seven identified needs. When discussing the findings, the CHNA highlights how they may differ for San Diegans based on their experiences. These differing experiences may include homelessness, immigration status, gender and sexual orientation, age, and poverty.

⁸⁴ Researchers have identified two types of compassion fatigue: secondary and vicarious. According to SAMHSA, for some responders, *secondary* traumatic stress refers to the negative effects of this work that can make them feel like the trauma people are experiencing that they help is happening to them or someone in their lives. When these feelings are prolonged, they can develop into *vicarious* trauma.

Community Recommendations

During the Access to Care interviews and in the online Community Survey, we asked “what are the most important things that hospitals and health systems could do to improve health and well-being in our community?” Overwhelmingly, respondents agreed that there is a critical need to help patients navigate available services that will help improve their health and well-being. In both the interviews and the surveys, options that centered around improved patient care rose to the top.

Most responses fell into four categories: navigation and support, culturally appropriate, workforce development, and community collaboration.

Provide Navigation & Support to Patients

Connect patients to services that will improve their health & well-being

Help patients understand and use health coverage

Help patients coordinate their health services

Help patients apply for health coverage or other benefits

Help patients pay for their healthcare bills

Provide Culturally Appropriate Care to Patients

Ensure that a patient’s care meets their needs

Provide culturally appropriate health care in more languages

Train hospital staff on biases

Workforce Development

Diversify the healthcare workforce

Hire more doctors, nurses, and other healthcare professionals

Create more health care job opportunities and career pathways

Community Collaboration

Collaborate with community groups and schools

Provide health education

Next Steps

The 2022 CHNA is utilized by Scripps Health and participating hospitals and health systems to evaluate opportunities for next steps to address the top community needs in their respective patient communities. In addition, the CHNA report is made available as a resource to the broader community and is intended to serve as a useful resource to both residents and health care providers to further communitywide health improvement efforts.

HASD&IC and the CHNA Committee are proud of their collaborative relationships with local community organizations and are committed to regularly seeking input from the community to inform community health strategies. Scripps is currently working with the Hospital Association of San Diego and Imperial Counties (HASD&IC) and the Community Health Needs Assessment Committee on the planning of Phase 2 of the CHNA, which will include gathering community feedback on the CHNA process and strengthening partnerships around the identified community needs.

SCRIPPS HEALTH IMPLEMENTATION STRATEGY

With the 2022 CHNA complete and health priority areas identified, Scripps Health has developed a corresponding implementation strategy: a multi-faceted, multi-stakeholder plan that addresses community health needs identified in the CHNA. The implementation strategy translates the research and analysis presented in the assessment into actual measurables and objectives that can be conducted to improve community health outcomes.

Scripps evaluates the implementation strategy annually because a flexible approach is well-suited to developing a response to the CHNA. The evaluation of the implementation strategy assesses available resources and interventions and adjusts as needed to achieve the implementation strategy's stated goals and outcome measures.

Plans to monitor the implementation strategy are also tailored to each objective and include the collection and documentation of tracking measures. Scripps describes challenges encountered to achieve the outcomes and makes modifications as needed. In addition, Scripps Health implementation strategy is filed annually with the Internal Revenue Service using Form 990 Schedule H. Scripps Health has a consistent focus on the initiatives, measures of implementation and metrics used to evaluate the effectiveness of the community needs identified through the 2022 CHNA.

The complete [FY23–FY25 Implementation Strategy Report](#) is available online at Scripps.org.

Scripps Health 2022 Community Health Needs Assessment Health Briefs

September 2022

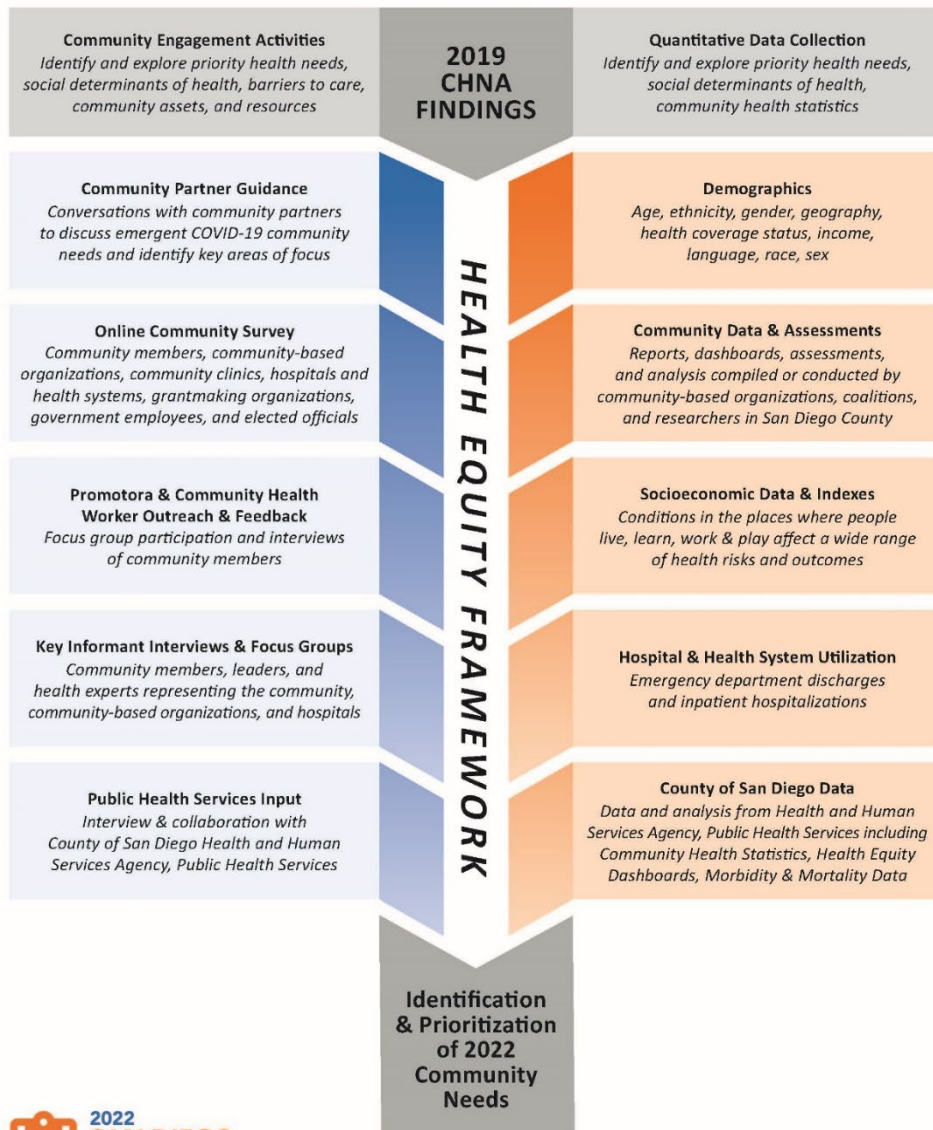


Health Briefs Purpose

The health briefs are an additional resource to the [2022 Community Health Needs Assessment \(CHNA\)](#). They consist of **quantitative data** and **analyses** conducted on publicly available data to provide an overarching view of critical health issues in San Diego County.

For more information on the quantitative data collection used in the **2022 Community Health Needs Assessment (CHNA) Process Map**, please see the figure below.

2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP



Data from various local, state, and national sources are included in the health briefs. Data on hospitalization discharges from 2017 to 2019 are presented at the inpatient and ED (emergency department) levels. These data are intended to be updated periodically.

For the 2022 CHNA, *quantitative data collection* and *analysis of quantitative data* were used for three primary purposes:

1. Describe the San Diego County community
2. Plan and design the community engagement process
3. Facilitate the “prioritization process” — identify the most serious community health needs of San Diego County communities

Please see the **methodology** section of the [2022 CHNA](#) for more in-depth information on our research method and approach.

Special Thank You

Thank you to our partners at the County of San Diego Health & Human Services Agency for generously sharing their research and expertise. We are especially grateful to the Behavioral Health Services, Population Health Unit for their invaluable assistance with our Behavioral Health Brief - Overdose Deaths research.

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Access to Health Care

In the U.S., 28 million people are without health insurance.¹



Access to high-quality, comprehensive care is vital for preserving good health, preventing, and managing disease, decreasing disability, averting premature death, and achieving health equity for all.²

To access care, people need health insurance coverage and a consistent source of care that provides evidence-based, culturally competent preventive and emergency medical services in a timely manner.³

Uninsured in the U.S.⁴ (2019)

In the U.S., 8.6% of people are without health insurance.

By Age⁵

Seniors and children are the least likely to be uninsured, while a large percentage of working adults have no coverage:

- People ages 65 and over have the highest rates of coverage, with only 1% uninsured.
- Of children under the age of 19, 5.6% are uninsured (7.8% for children living in poverty).
- Adults ages 19-25 have the highest uninsured rate among the working-age population (14.4%).

By Race⁶

- Uninsured rates are highest for people who identify as Hispanic (18.3%), followed by Black (10.4%), and Asian (5.9%).

By Educational Attainment⁷

- The uninsured rate decreases as the education level increases. While only 3.5% of people with a graduate or professional degree are uninsured, 31.9% of people without a high school diploma are uninsured.

By Income⁸

- Uninsured rates increase as the income-to-poverty ratio decreases. The highest uninsured rates are among those below 100% of the federal poverty level (17.2%). The lowest are among those at or above 400% of the federal poverty level (3.4%).

Ongoing Care with a Primary Care Provider in the U.S.⁹ (2017)

In 2017, 76% of people in the U.S. had a usual primary care provider (PCP). That number slightly decreased, compared to 2016 (76.4%).

Uninsured in San Diego County

In 2019, 8% of adults ages 19-64 years were uninsured¹⁰ in San Diego County.

- Uninsured rates have decreased across all racial/ethnic groups. Those who identify as Hispanic, however, are disproportionately without health insurance, 14.3% compared to 4.3% (non-Hispanic white).

Figure 1. Percentage of Population without Health Insurance in San Diego County and California, Ages 19-64*, 2015-19

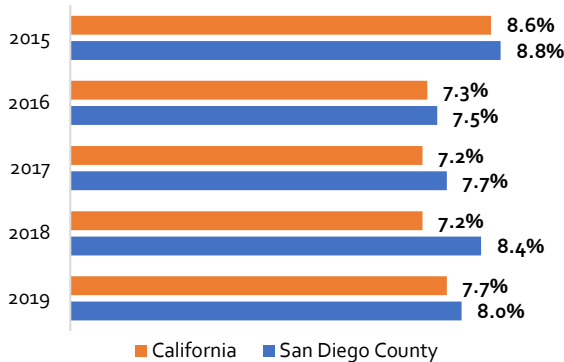
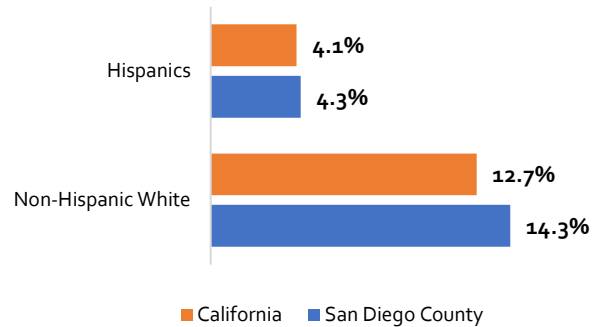


Figure 2. Percentage of Population without Health Insurance in San Diego County and California, Ages 19-64 by Ethnicity, 2019



*Note: Includes civilian noninstitutionalized population. 2015-2016 data includes 18-64 years old.

Preventive & Primary Care in San Diego County

In 2019, San Diego had fewer hospital discharges for preventable conditions (27.7 per 1,000) than the state average (30.7 per 1,000); however, Black individuals have a far greater number of these events (51.9 per 1,000).¹¹

Figure 3. Preventable Hospital Events for Medicare Beneficiaries, 2019¹²

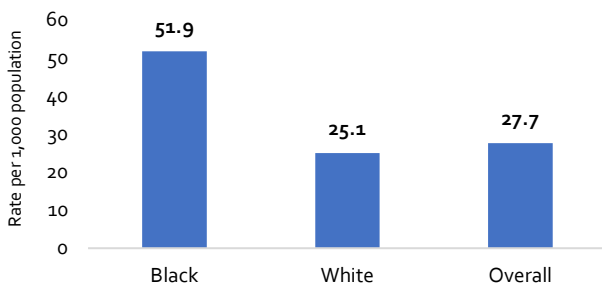
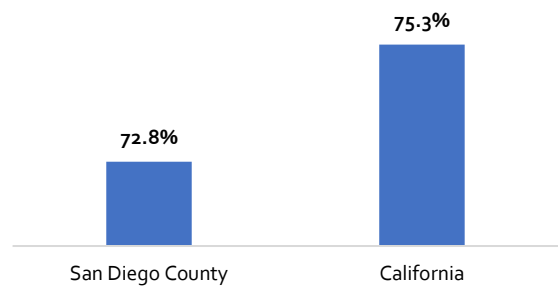


Figure 4. Medicare Beneficiaries who Have Seen a PCP Within Past Year, 2019¹³



In 2019, 72.8% of Medicare beneficiaries in San Diego County had seen a PCP in the past year; however, Black Medicare beneficiaries had lower rates (62.1%).¹⁴

Health Impacts

Being uninsured is associated with:^{15, 16, 17}

- Poor mental health
- Asthma
- Obesity
- Low birth weight
- Smoking
- Lower usage of preventive services for chronic health conditions such as diabetes, cancer, and cardiovascular disease

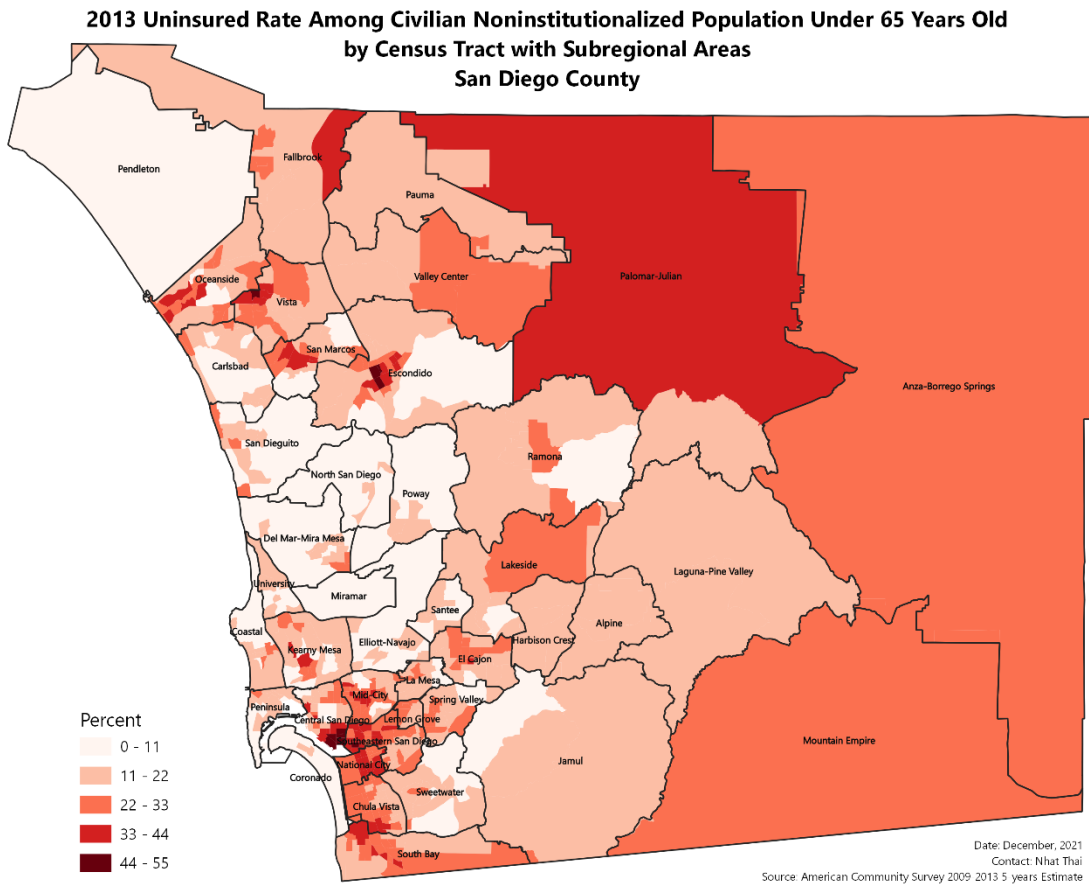
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- ¹ Keisler-Starkey K, Bunch L. Health Insurance Coverage in the United States: 2019, U.S. <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf>. Published September 2020. Accessed February 27, 2021.
- ² U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Access to health care. HealthyPeople Web site. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care>. Accessed July 5, 2022.
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- ⁹ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Health Care Access and Quality: Increase the proportion of people with a usual primary care provider – AHS-07. HealthyPeople 2030 Web site. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/increase-proportion-people-usual-primary-care-provider-ahs-07>
- ¹⁰ U.S. Census Bureau. American Community Survey, 2019, 1-Year Estimates.
- ¹¹ The Dartmouth Institute for Health Policy and Clinical Practice. Primary care access and quality measures, 2019. https://atlasdata.dartmouth.edu/static/general_atlas_rates
- ¹² The Dartmouth Institute for Health Policy and Clinical Practice. Primary care access and quality measures, 2019. https://atlasdata.dartmouth.edu/static/general_atlas_rates
- ¹³ UCLA Center for Health Policy Research. California Health Interview Survey, 2019.

Access to Health Care

Early Enrollment Trends After Implementation of the Affordable Care Act (ACA)^{1, 2}

Figure 1. Uninsured Rate Among Civilian Noninstitutionalized Population Aged Less Than 65 Years by Census Tract, San Diego County, 2013

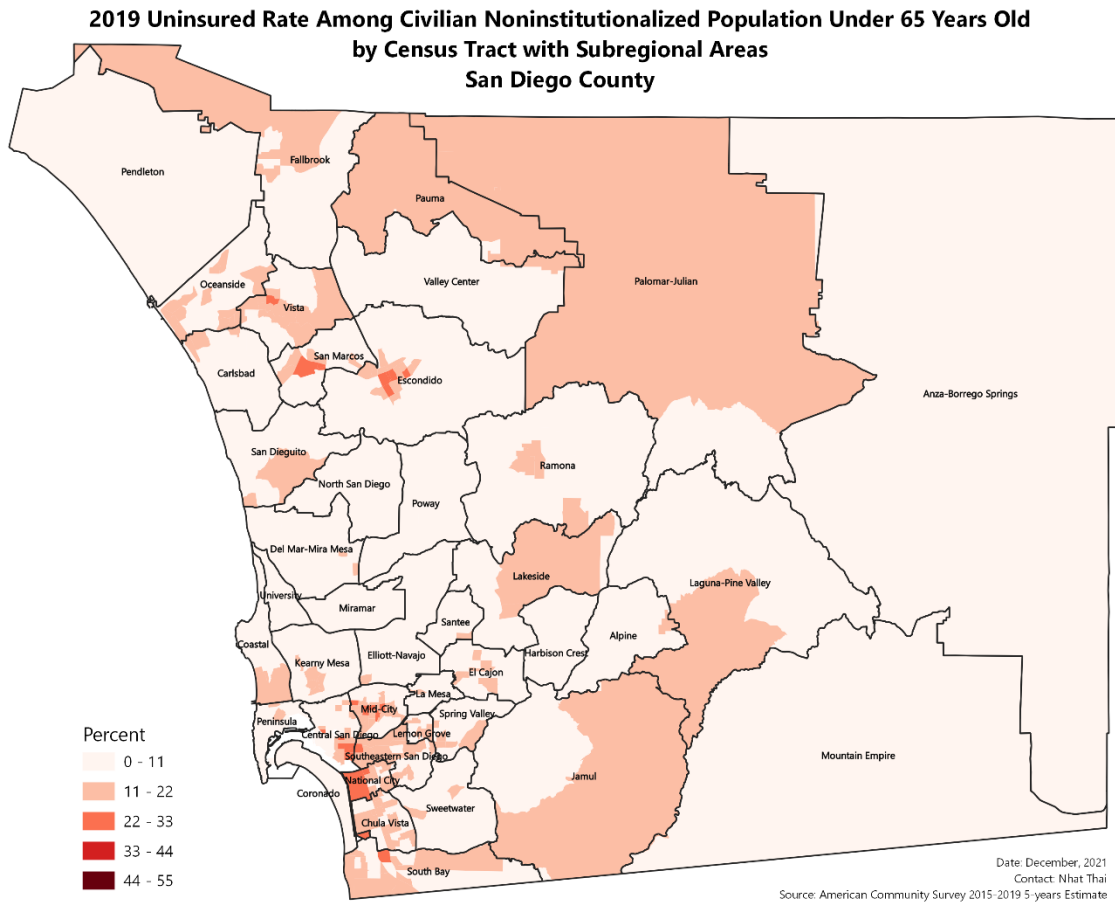


The ACA and Uninsured Rate in San Diego County

According to the five-year estimates from the 2009-13 American Community Survey, the 2013 uninsured rate among the civilian noninstitutionalized population under age 65 ranged from 0% to 54.6% in various census tracts within San Diego County. After the implementation of the ACA, the 2019 uninsured rate among the civilian noninstitutionalized population under age 65 in San Diego County ranged from 0% to 30.7%, resulting in an average decrease of 10%.

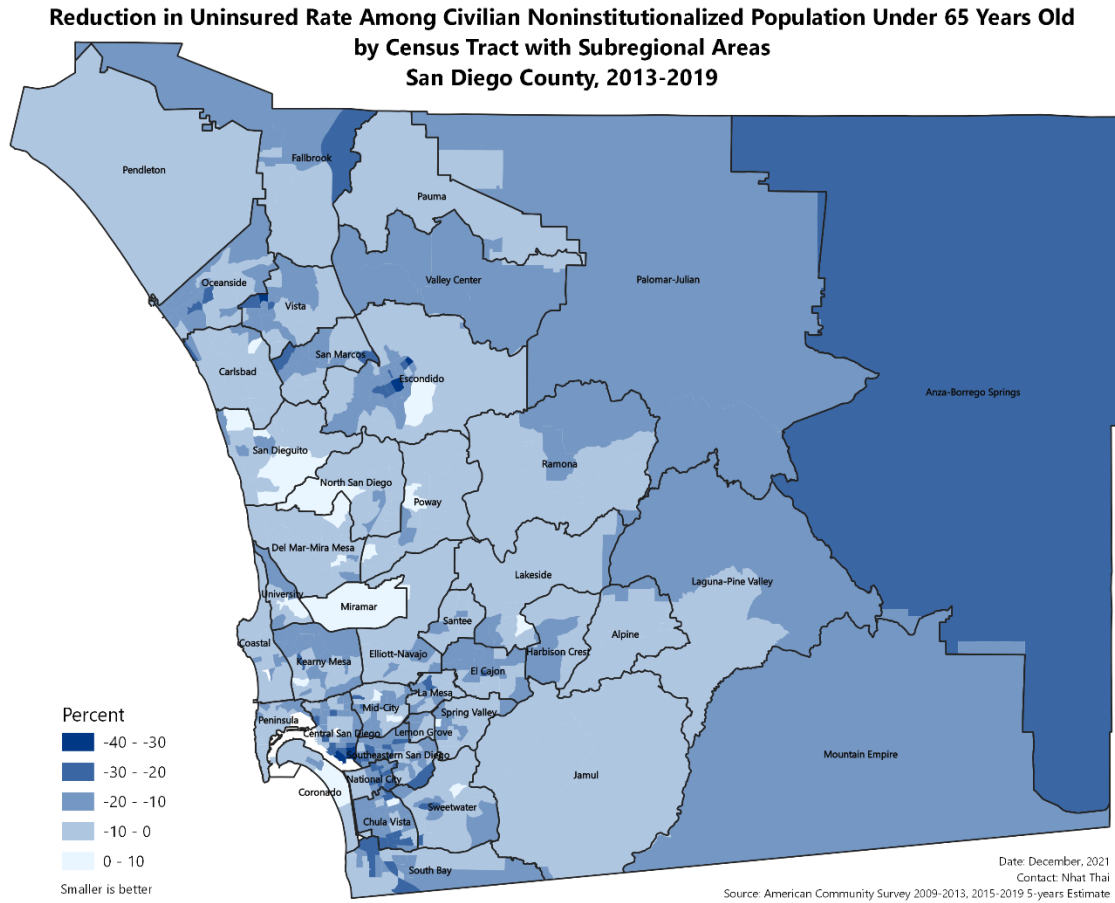
Census tracts with the highest uninsured rate in 2013 were mostly found in the following sub-regional areas: Vista, Oceanside, Palomar-Julian, Central San Diego, Mid City, National City, Southeastern San Diego, Chula Vista, South Bay, Fallbrook, Escondido, Mountain Empire, Anza-Borrego Springs, and San Marcos (Figure 1).

Figure 2. Uninsured Rate Among Civilian Noninstitutionalized Population Aged Less Than 65 Years by Census Tract, San Diego County, 2019



Compared to 2013, the highest uninsured rates in 2019 were only observed in Vista, San Marcos, Escondido, Mid-City, Central San Diego, Southeastern San Diego, National City, Chula Vista, and South Bay (Figure 2).

Figure 3. Change In The Uninsured Rate Among Civilian Noninstitutionalized Population Aged Less Than 65 Years by Census Tract, San Diego County, 2013-19



After the implementation of the ACA, the uninsured rate mostly decreased throughout San Diego County — with the following exceptions: Miramar, some tracts within Escondido, Carlsbad, San Dieguito, North San Diego, Poway, Del Mar-Mira Mesa, and University (Figure 3). Overall, the ACA substantially and significantly reduced the uninsured rate for the following groups in San Diego County: persons over 25 with a high school education or more, individuals below the federal poverty level, and unemployed individuals over age 16.

SOURCES

¹ Spatial Analysis of Uninsured Rate Before and After the Implementation of Affordable Care Act in San Diego County, 2013-2019. Analyzed from original sources. U.S. Census Bureau. 2009-2013 American Community Survey 5-year Estimates. Retrieved from <https://data.census.gov/cedsci/table?q=S2701&g=0500000US06073&tid=ACST5Y2013.S2701>

² County of San Diego Health and Human Services Agency. Demographic Profiles 2019 San Diego County. <https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/demographics/2019%20SRA%20Demographic%20Profiles.pdf>

Aging Care & Support

By 2060, 1 in 4 Americans will be 65 years or older.¹



Older adults are at greater risk of having multiple chronic conditions, including dementia, and of suffering injury and death from falls.^{2,3}

Dementia in the U.S. (2019)

- Dementia is a general term used to describe symptoms indicative of cognitive decline, like memory loss or confusion. The most common cause of dementia is Alzheimer’s disease.^{4,5}
- There are approximately 6.2 million people living with dementia; that number is projected to reach 12.7 million by 2050.
- Alzheimer’s disease accounts for about 60%-80% of these cases.⁶
- Dementia is the third-leading cause of death in the U.S. when combining all four causes of dementia: unspecified dementia, Alzheimer’s disease, vascular dementia, other degenerative disease of nervous system.⁷
- About 262,000 people will die from dementia each year.
- 46.4% of these deaths result from Alzheimer’s disease.⁸
- The age-adjusted death rate due to dementia is 66.7 per 100,000.⁹
- Alzheimer’s disease is the fifth leading cause of death among those over age 65 in the U.S.¹⁰

By Sex

- More women than men have Alzheimer’s disease or other dementias.
- Among people age 65 and older, approximately 66% of people with Alzheimer’s disease are women.¹¹

By Race and Ethnicity

- Black and Hispanic individuals are more likely to have Alzheimer’s disease or other dementias than white people.¹²

Figure 1. Leading Causes of Death Among Persons 65 and Over (2018-20)¹³

Ranking	Causes of Death (2018)	Causes of Death (2019)	Causes of Death (2020)
1	Heart disease (25.1%)	Heart disease (25.1%)	Heart disease (22.2%)
2	Cancer (20.5%)	Cancer (20.6%)	Cancer (17.6%)
3	Chronic lower respiratory disease (6.5%)	Chronic lower respiratory disease (6.3%)	COVID-19 (11.3%)
4	Stroke (6.1%)	Stroke (6.1%)	Stroke (5.5%)
5	Alzheimer’s disease (5.7%)	Alzheimer’s disease (5.7%)	Alzheimer’s disease (5.3%)

Dementia And Alzheimer's Disease in San Diego County^{14, 15} (2019)

San Diego County data show that inpatient discharges have increased from 2017-19 for Alzheimer's disease. For Alzheimer's disease, the emergency department (ED) discharge rate increased by 0.1%, and the inpatient discharge rate increased by 11.9%.¹⁶

In addition, Alzheimer's disease was the fourth-leading cause of death and Parkinson's disease was the 10th-leading cause of death in San Diego County in 2019.¹⁷

Figure 2. ED Discharge Rates for Alzheimer's Disease in San Diego County, 2017-19

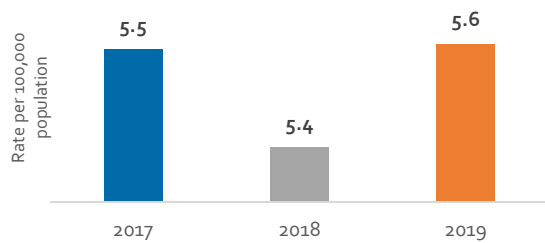


Figure 3. Inpatient Discharge Rates for Alzheimer's Disease in San Diego County, 2017-19

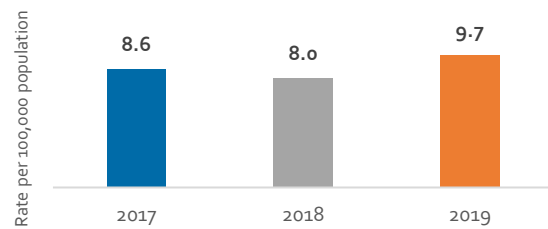


Figure 4. Death Rates for Alzheimer's Disease in San Diego County by Race/Ethnicity, 2019

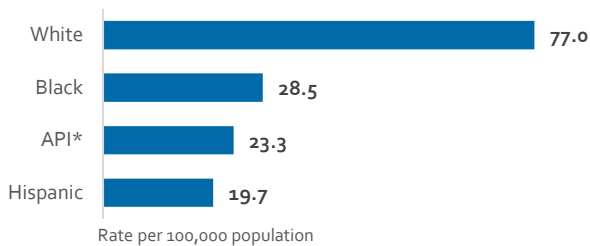
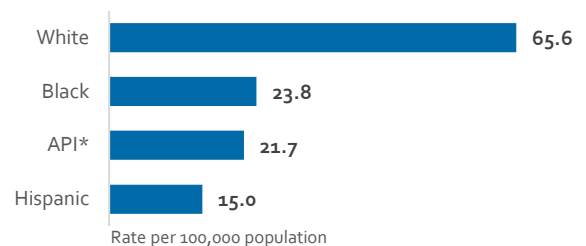


Figure 5. Death Rates for Dementia in San Diego County by Race/Ethnicity, 2019



*Asian/Pacific Islander

In San Diego, white residents, followed by Black residents, are disproportionately affected by dementia and Alzheimer's disease.

Falls in San Diego County^{18,19} (2019)

San Diego County data show that falls disproportionately affect those over age 65.

Figure 6. ED Discharge Rates for Falls in San Diego County, Ages 65+, 2017-19

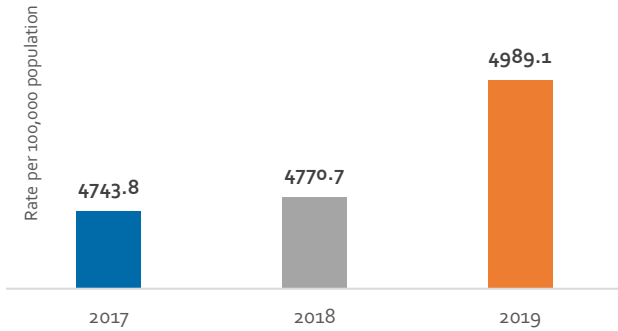


Figure 8. Death Rates for Falls in San Diego County, Ages 65+, 2017-19

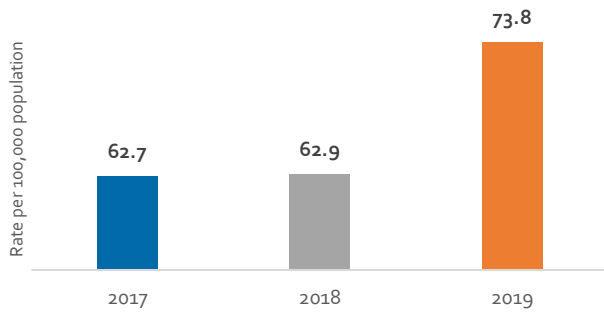


Figure 7. Hospital Discharge and Death Rates for Falls in San Diego County, Ages 65+, 2019

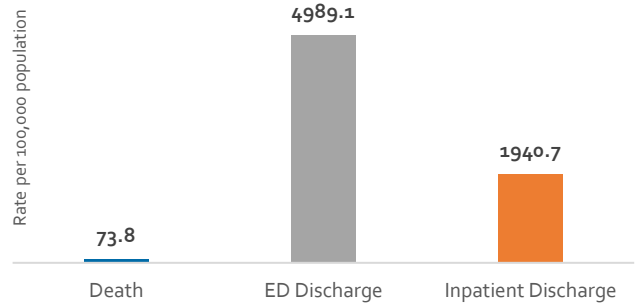
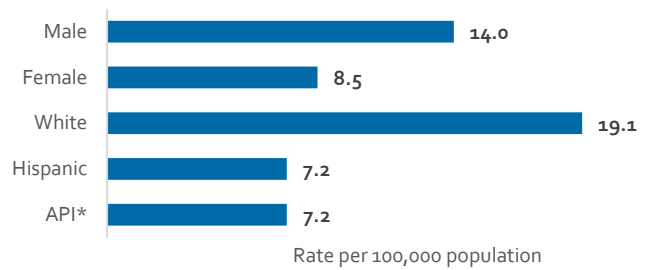


Figure 9. Death Rates for Falls in San Diego County by Sex and Race/Ethnicity, 2019



In San Diego County, thousands of residents 65 and older visit an ED for fall-related injuries.

Figure 10. ED Discharge Rates for Falls in San Diego County by Age Group, 2019

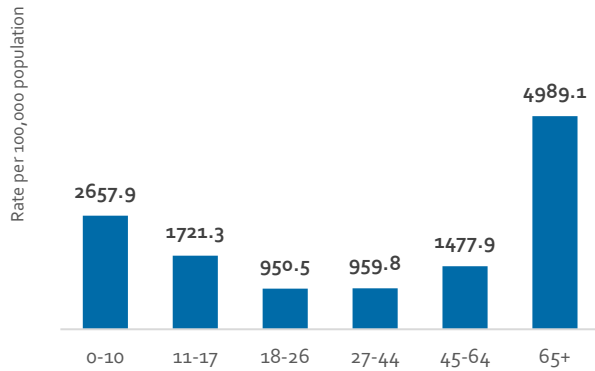
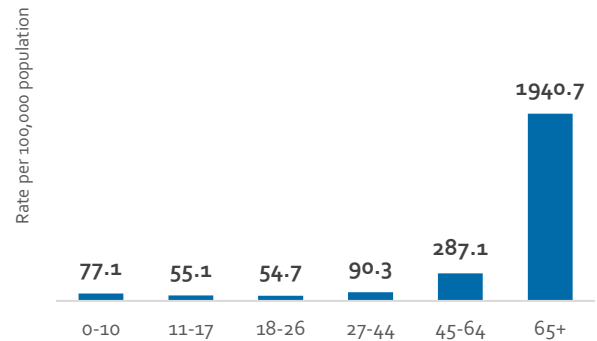


Figure 11. Inpatient Discharge Rates for Falls in San Diego County by Age Group, 2019



From 2017 to 2019, ED discharges for seniors (65+) increased by 5.2%, while the mortality rate for falls increased by 17.6% in the same time period.²⁰

In San Diego County, male residents and white residents are more likely to die from a fall than any other group.

- Males are 1.6 times more likely to die than females.
- Whites are at least 2.7 times more likely to die than Asian and Pacific Islander and Hispanic.

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Behavioral Health

Nearly one in every five adults in the U.S. lives with a mental illness, estimated at 52.9 million in 2020.¹



Behavioral health problems include serious psychological distress, mental and substance use disorders, suicide, and alcohol and drug addiction.² If left untreated, these issues can have a devastating impact.

They are a leading cause of disability, are associated with chronic disease, and may lead to premature mortality (death).^{3, 4,5}

Mental Illness in the U.S.

Among Adults, 18 years old and older (2019)

- 20.6% of adults 18 and older have a mental illness in this past year⁶
- 7.8% of adults experienced a major depressive episode (MDE) in the past year; 66.3% received treatment⁷

Among Youth and Young Adults (2019)

- 36.7% of high school students are so sad or hopeless every day for 2 or more weeks in a row that they stop doing some usual activities. Rates are particularly high (66.3%) among gay, lesbian, and bisexual students and are higher among females (46.6%) than males (26.8%).^{8,9}
- 15.9% of youth aged 12 to 17 had an MDE in the past year; only 43.3% received treatment for depression.¹⁰
- 15.2% of young adults aged 18-25 had an MDE in the past year; only 50.9% received treatment.¹¹

Mood Disorders* and Anxiety in San Diego County¹²

The most common mood disorders include depression, bipolar disorder, and seasonal affective disorder.¹³

- From 2017-2019, rates of emergency department (ED) discharge for mood disorders decreased by 16.7%.
- From 2017-2019, rates of ED discharge for anxiety decreased by 9.0%.

**Mood disorders include Depressive disorders, Bipolar and related Disorders, and Other specified and unspecified mood disorders*

***Depression includes depressive disorders*

****Substance Use includes Opioid-related disorders, Cannabis-related disorders, Sedative-related disorders, Stimulant-related disorders, Hallucinogen-related disorders, Inhalant-related disorders, and Other specified substance-related disorders*

ED Discharge Rates for Mood Disorders in San Diego County

Figure 1. ED Discharge Rates for Mood Disorders in San Diego County, 2017-19

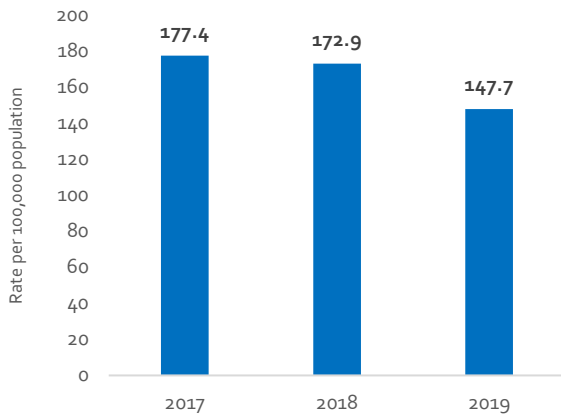


Figure 2. ED Discharge Rates for Mood Disorders in San Diego County by Age Group, 2017-19

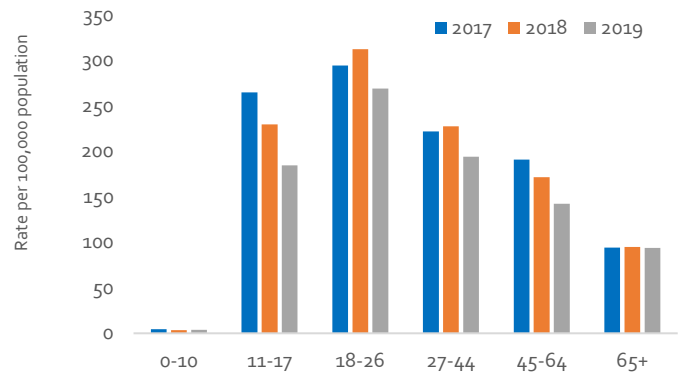
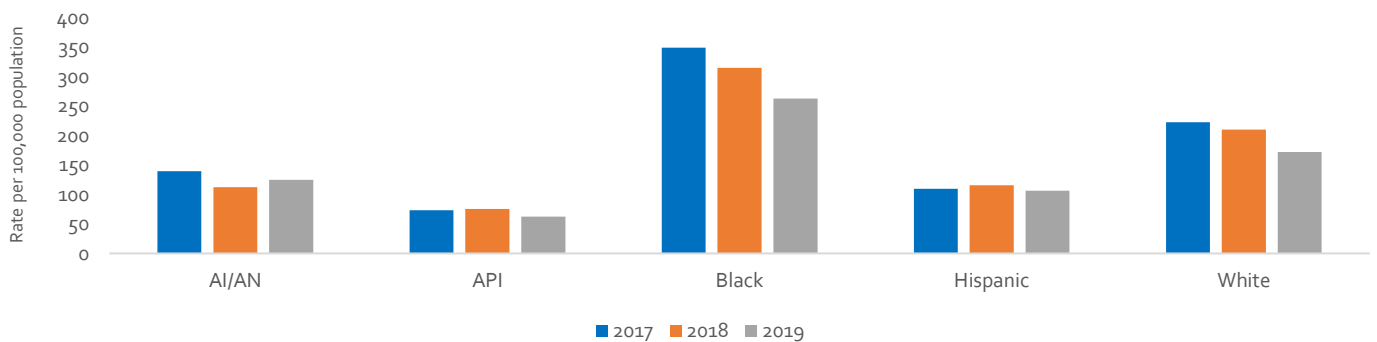


Figure 3. ED Discharge Rates for Mood Disorders in San Diego County by Race/Ethnicity, 2017-19



ED Discharge Rates for Anxiety in San Diego County

Figure 4. ED Discharge Rates for Anxiety in San Diego County, 2017-19

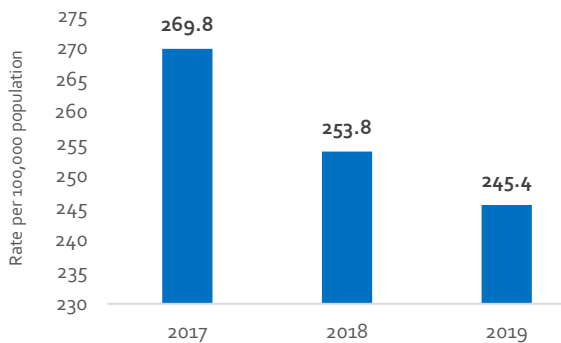


Figure 5. ED Discharge Rates for Anxiety in San Diego County by Age Group, 2017-19

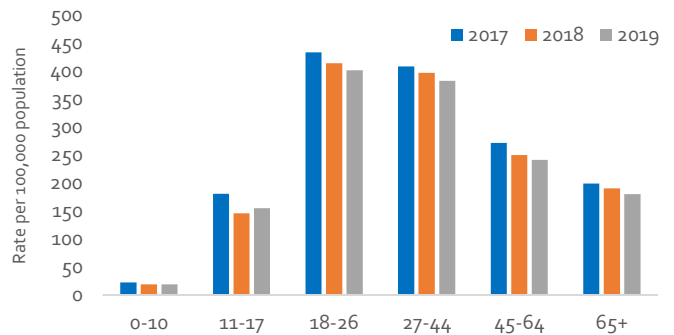
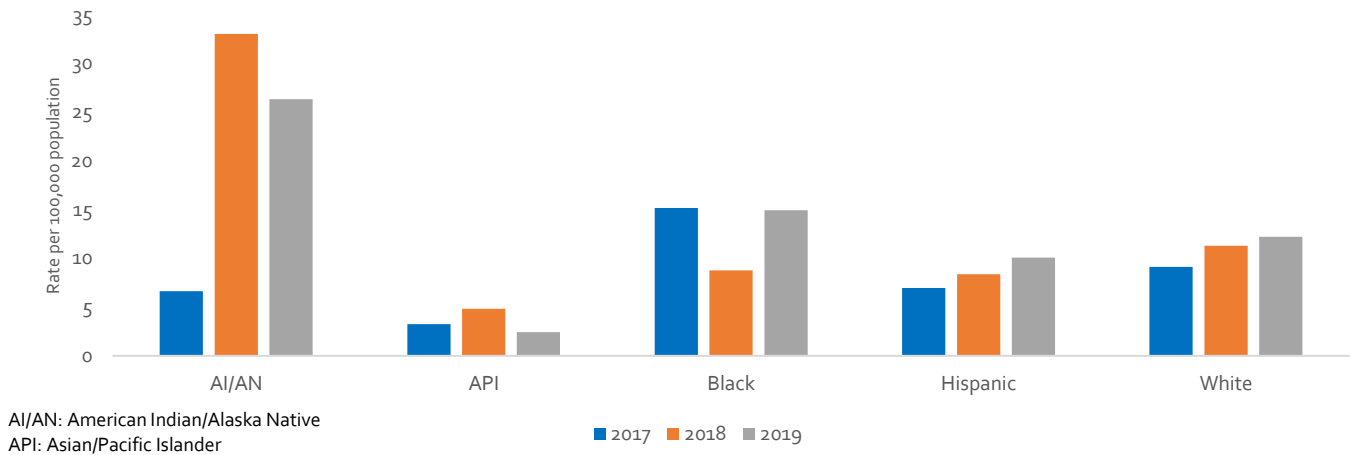


Figure 6. ED Discharge Rates for Anxiety in San Diego County by Race/Ethnicity, 2017-19



ED Discharge Rates for Depression in San Diego County

Figure 7. ED Discharge Rates for Depression in San Diego County, 2017-19

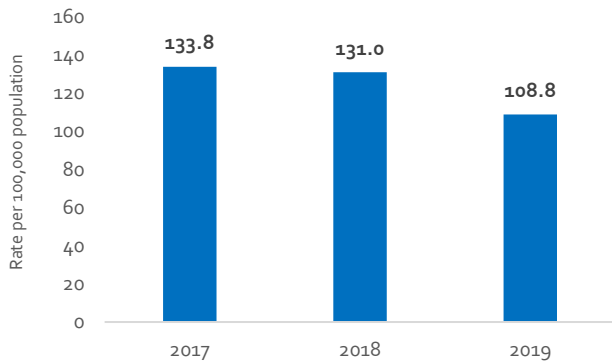


Figure 8. ED Discharge Rates for Depression in San Diego County by Age Group, 2017-19

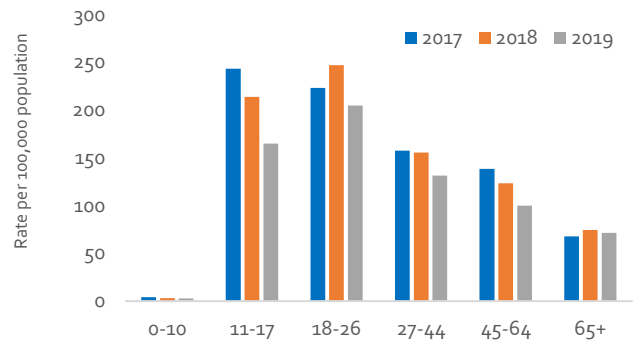
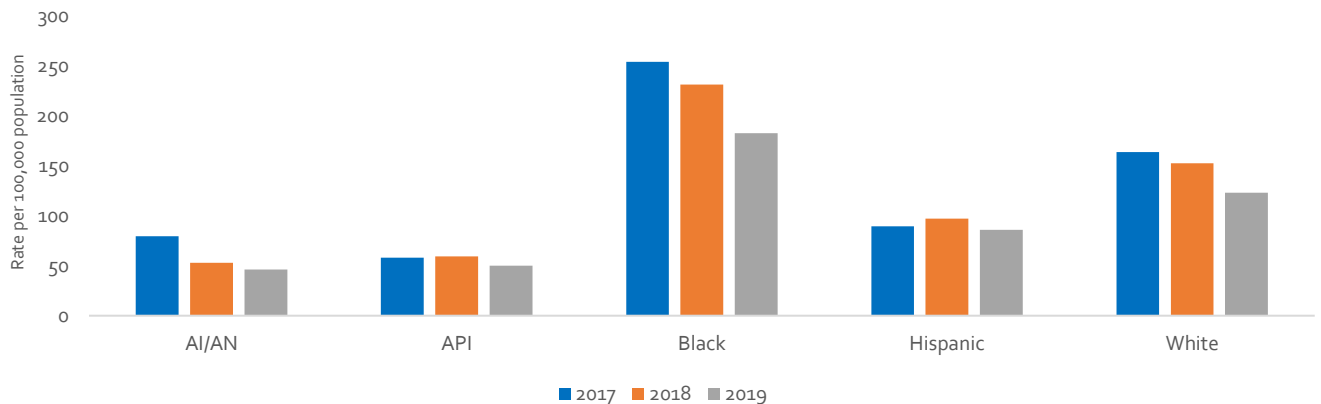


Figure 9. ED Discharge Rates for Depression in San Diego County by Race/Ethnicity, 2017-19



*Mood disorders include Depressive disorders, Bipolar and related Disorders, and Other specified and unspecified mood disorders

**Depression includes depressive disorders

***Substance Use includes Opioid-related disorders, Cannabis-related disorders, Sedative-related disorders, Stimulant-related disorders, Hallucinogen-related disorders, Inhalant-related disorders, and Other specified substance-related disorders

Suicide in the U.S.

Among Adults, 18 years and older (2019)

- Suicide is the **2nd** leading cause of death among 10-34-year-olds and the **3rd** leading cause of death among those who are 35-44-year-old¹⁴
- **1.4 million** people made nonfatal suicide attempts each year¹⁵
- **12 million** people (4.8%) think seriously about trying to kill themselves each year¹⁶

Among Youth and Young Adults (2019)

- Rates of suicide attempts in high school students are higher among females (11.0%) than males (6.6%) and much higher among gay, lesbian, and bisexual students (23.4%) than among heterosexual students (6.4%)¹⁷
- 18.8% of high school students¹⁸ and 11.8% of young adults seriously considered suicide in the past year¹⁹

Suicide in San Diego County

- In 2019, suicide was the 9th leading cause of death in San Diego County.²⁰
- 15.1% of adults in San Diego have seriously considered suicide.²¹ (2019)
- Rates of suicide (rate of persons that died by suicide) was 12.4 per 100,000 among all San Diegans.²² (2019)
 - Rates of suicide are highest for non-Hispanic White (18.4) and non-Hispanic Black (11.9) individuals.²³ (2019)
 - Rates of suicide are highest for two age groups: for those 65+ years old (17.3%) and 45-64 years old (17.2%).²⁴ (2019)
- ED discharge rates for suicide (self-Inflicted injury/poisoning) among all San Diegans was 201.6 per 100,000.²⁵ (2019)
 - Rates are highest among those 15-24 years old (449.7) and among people who identify their race/ethnicity as "non-Hispanic Other," (525.0), non-Hispanic Black (335.4), and non-Hispanic White (208.8).²⁶ (2019)

Substance Misuse in the U.S.²⁷ (2019)

- 35.8 million people (13.0 percent) 12 and older have used an illicit drug in the past 30 days.
- Approximately 20.4 million people ages 12 and older have a substance use disorder:
 - 14.5 million have an alcohol use disorder
 - 8.3 million have an illicit drug use disorder
- Only 4.2 million people 12 and older received substance use treatment in the past year.
- 9.5 million adults 18 or older (3.8%) have both a mental illness and a substance use disorder.

Substance-Related Disorders in San Diego County²⁸ (2019)

- The ED discharge rate for San Diego County was 114.2 per 100,000. (2019)
- The ED discharge rate was highest for non-Hispanic Black individuals (242.8 per 100,000) followed by those who identify as non-Hispanic Other race (217.1 per 100,000). (2019)
- The ED discharge rate are highest for two age groups: those age 15-44 years old and those age 15-24 years old. (2019)

ED Discharge Rates for Alcohol-Related Disorders in San Diego County

Figure 10. ED Discharge Rates for Alcohol-Related Disorders in San Diego County, 2017-19

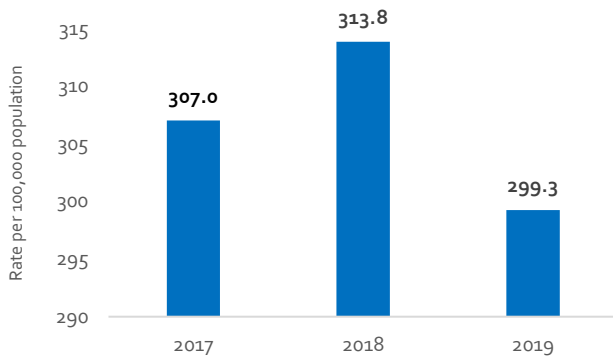


Figure 11. ED Discharge Rates for Alcohol-Related Disorders in San Diego County by Age Group, 2017-19

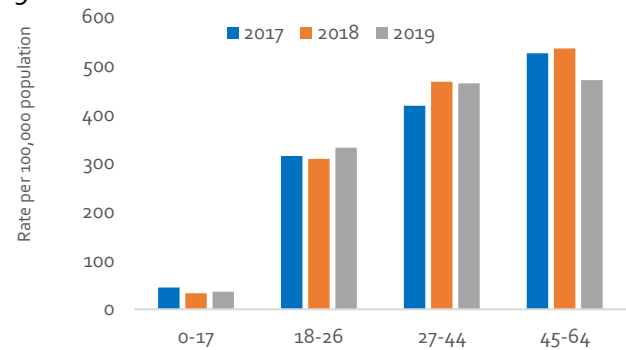
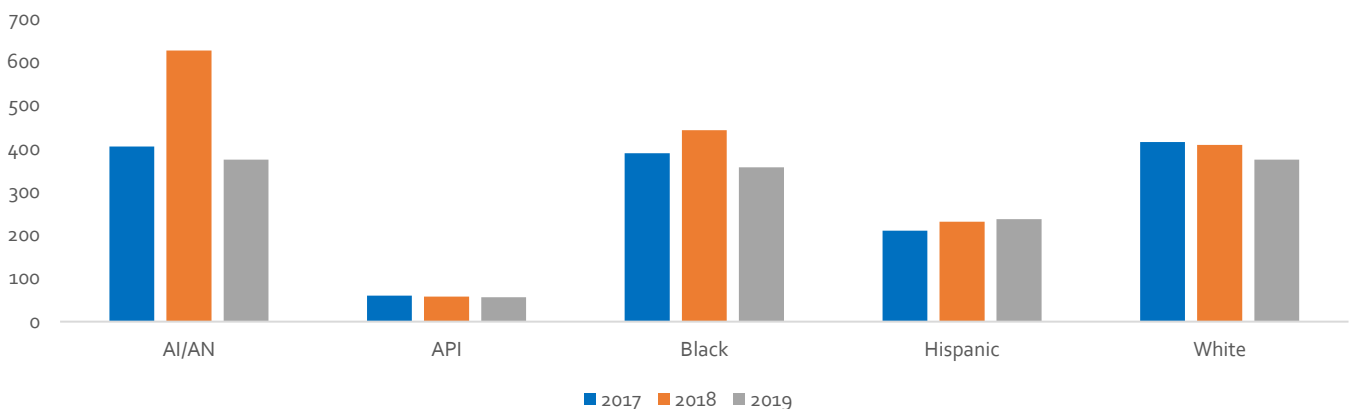


Figure 12. ED Discharge Rates for Alcohol-Related Disorders in San Diego County by Race/Ethnicity, 2017-19



Opioid Misuse in the U.S.

Opioid misuse is defined as the use of opioids without a prescription or in a manner other than as directed by a doctor, which can result in an overdose.²⁹

Opioid Deaths in the U.S.³⁰ (2018)

- The rate of opioid overdose deaths decreased by 2.0% from 2017-2018.
- Males are twice as likely to die from an opioid overdose than females (20.1 per 100,000 vs 9.0 per 100,000).
- Non-Hispanic White individuals have the highest opioid overdose death rate (18.6 per 100,000), followed by non-Hispanic American Indian/Alaska Native (14.2 per 100,000).
- The highest opioid overdose death rate is among those 25-34 years old (28.1 per 100,000).

Opioids in San Diego County

- Opioids were prescribed 1,519,978 times in San Diego County in 2018, an annual age-adjusted rate of 419.6 times per 1,000 residents. And in 2019, opioids were prescribed 1,342,904 times in San Diego County at an annual age-adjusted rate of 366.2 per 1,000 residents.³¹
 - This represents a 12.7% decrease in rates from 2018 to 2019.
- Death rates from opioid **overdose** are highest for individuals who are Native American, followed by Black, White, Latino, and Asian individuals.³² (2018)
- ED discharges for opioid **misuse** rose 22.1% from 2017-2019.³³
 - ED discharge rates increased the most for those 27-44 years old (44.3% increase) from 2017-2019.
- ED discharge rates for opioid overdose rose by 16.8% from 2017-2019.³⁴

Opioid Misuse and Overdose in San Diego County³⁵

Figure 13. ED Discharge Rates for Opioid *Misuse* in San Diego County by Age Group, 2017-19

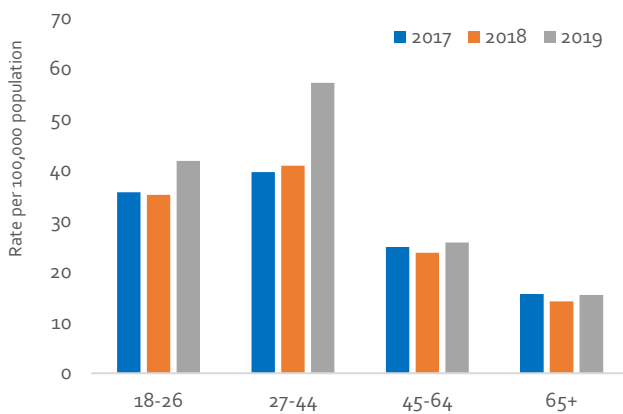
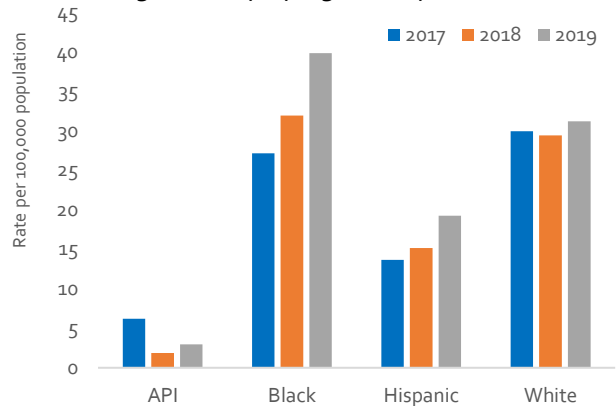
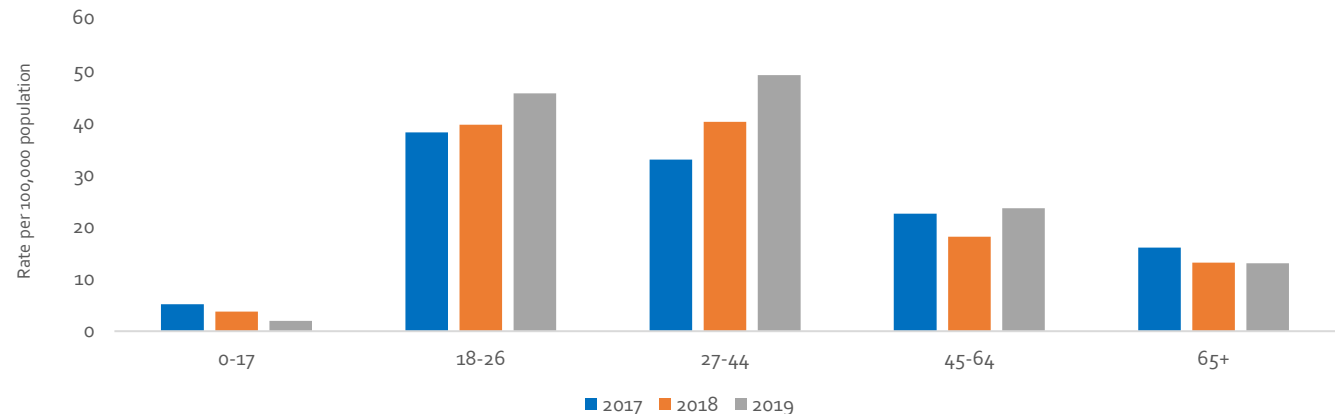


Figure 14. ED Discharge Rates for Opioid *Overdose* in San Diego County by Age Group, 2017-19



Note: Data, including rates, are suppressed for counts that are less than 5

Figure 15. ED Discharge Rates for Opioid *Overdose* in San Diego County by Race/Ethnicity, 2017-19



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Drug Overdose Deaths in San Diego County, 2017-2020

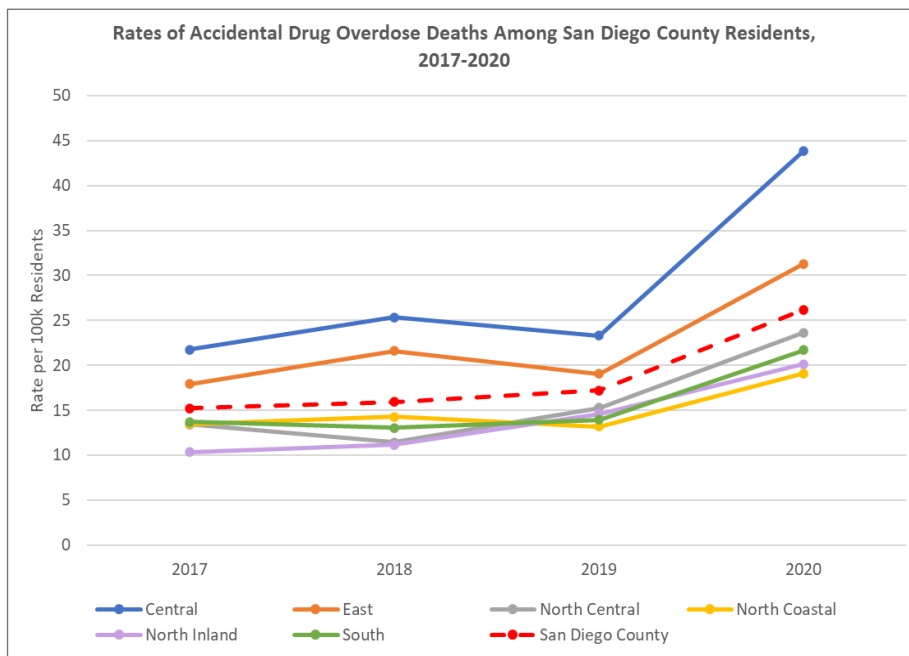
Data Prepared by: County of San Diego, Health & Human Services Agency, Behavioral Health Services, Population Health Unit



Rates of Accidental Drug Overdose Deaths Among San Diego County Residents by Region, 2017-2020¹

By Region

- From 2017-2019, the most significant rate increase (38.4%) was for North Inland region, followed by North Central region increased rate by 13.5%.
- From 2019-2020, every region in San Diego county had an increase in the rate of accidental drug overdose deaths. The rate of accidental drug overdose deaths in Central region (increase of 88.4%) and East region (increase of 64.5%) were the highest from 2019-2020.



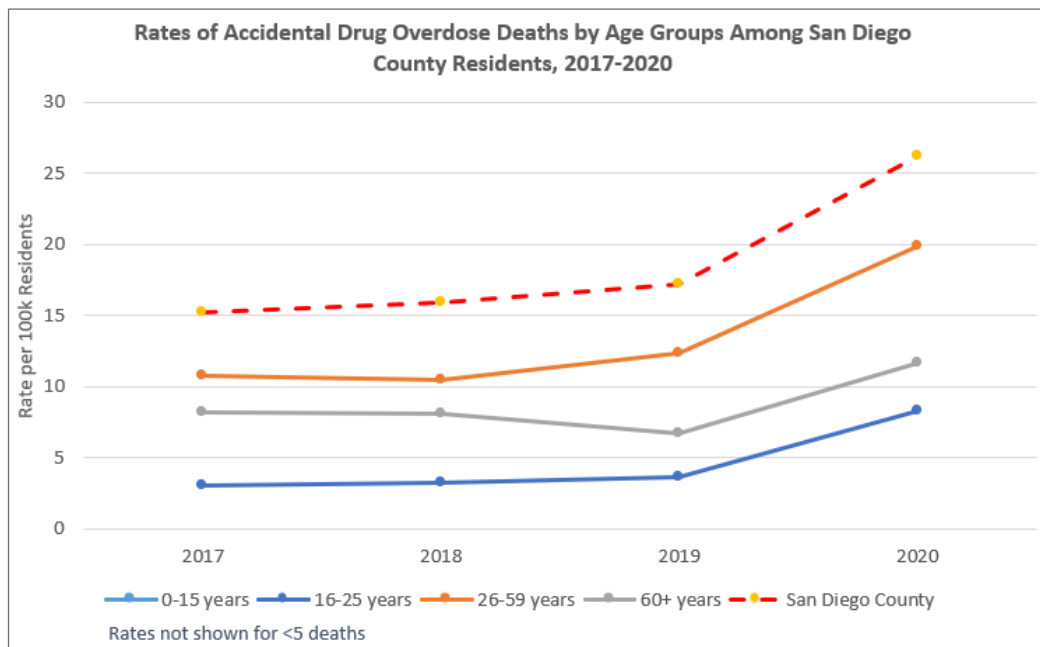
HHSA Region	2017	2018	2019	2020
Central	21.75	25.32	23.29	43.87
East	17.90	21.62	19.03	31.30
North Central	13.44	11.43	15.25	23.62
North Coastal	13.46	14.26	13.20	19.09
North Inland	10.35	11.14	14.62	20.14
South	13.68	13.06	13.93	21.69
San Diego County	15.23	15.93	17.18	26.20

*Rates are calculated for deaths among San Diego County residents only. Does not include deaths among out of county residents.

Rates of Accidental Drug Overdose Deaths Among San Diego County Residents by Age Group, 2017-2020²

By Age Group

- From 2017-2019, the most significant rate increase (19.2%) was for those who were 16-25 years old, followed by those who were 26-59 years old; rates increased rate by 15.0%.
- From 2019-2020, every age group with non-suppressed data (counts higher than 5), had an increase in rates of accidental drug overdose deaths. The highest rate increases were for those aged 16-25 years old (increase by 131.4%) and those aged 60+ (increase by 75.0%).



Age Groups	2017	2018	2019	2020
0-15 years	<5	<5	<5	<5
16-25 years	3.02	3.20	3.60	8.33
26-59 years	10.72	10.45	12.33	19.88
60+ years	8.18	8.10	6.67	11.67
San Diego County	15.23	15.93	17.18	26.20

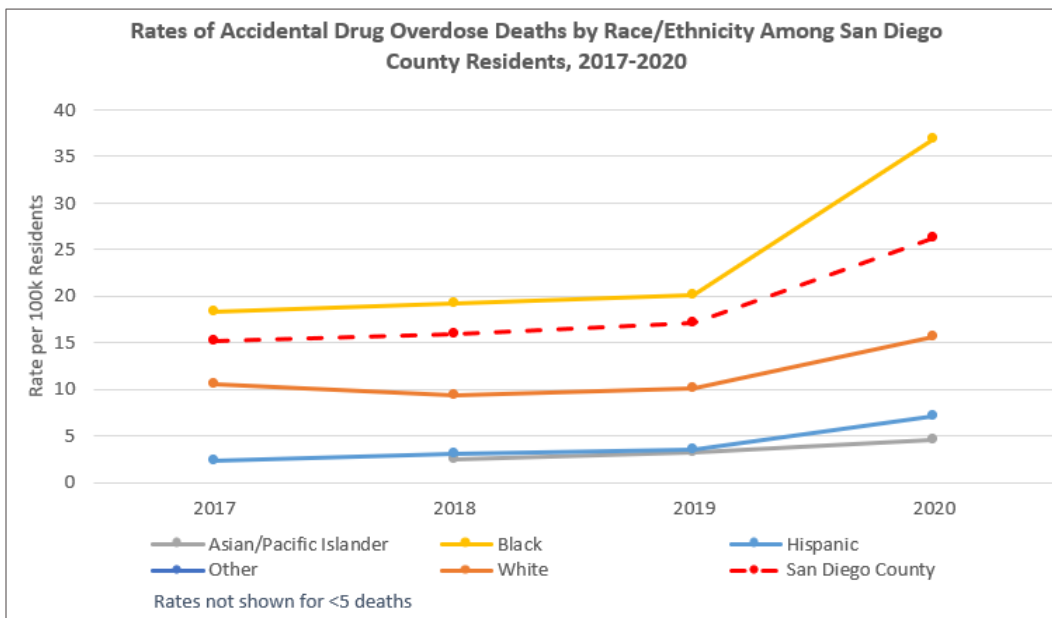
*Rates are calculated for deaths among San Diego County residents only. Does not include deaths among out of county residents.

Rates not calculated for fewer than 5 deaths.

Rates of Accidental Drug Overdose Deaths Among San Diego County Residents by Race/Ethnicity, 2017-2020³

By Race/Ethnicity

- From 2017-2019, the most significant rate of accidental drug overdose death increase (49.4%) was for Hispanic individuals followed by Black individuals where rates increased rate by 10.0%.
- From 2019-2020, every race/ethnic group with non-suppressed data (counts higher than 5), had an increase in accidental drug overdose deaths. The highest increases were for Hispanic individuals (increase by 102.3%) and Black individuals (increase by 82.4%).



Race/Ethnicity	2017	2018	2019	2020
Asian/Pacific Islander	<5	2.55	3.17	4.53
Black	18.34	19.22	20.18	36.81
Hispanic	2.33	3.14	3.48	7.04
Native American	<5	<5	<5	<5
Other	<5	<5	<5	0.91
White	10.59	9.30	10.06	15.63
San Diego County	15.23	15.93	17.18	26.20

*Rates are calculated for deaths among San Diego County residents only. Does not include deaths among out of county residents.
Rates not calculated for fewer than 5 deaths.

SOURCES

¹ County of San Diego, Department of the Medical Examiner, Data as of 6/2022
Prepared by: County of San Diego, Behavioral Health Services, Population Health Unit, Date: 7/7/2022

² County of San Diego, Department of the Medical Examiner, Data as of 6/2022
Prepared by: County of San Diego, Behavioral Health Services, Population Health Unit, Date: 7/7/2022

³ County of San Diego, Department of the Medical Examiner, Data as of 6/2022
Prepared by: County of San Diego, Behavioral Health Services, Population Health Unit, Date: 7/7/2022

Cancer

There are 16.9 million Americans with a history of cancer and 608,570 Americans would die from cancer and 1.9 million new cases will be diagnosed.¹(2021)



Cancer is a set of diseases in which abnormal cells grow and spread.² It is the second leading cause of death in the U.S.³ The annual direct medical costs for cancer are over \$140 billion in the U.S. (2019); this is an increase from \$80 billion in 2015.⁴

Cancer in the U.S.

The Most Common Cancers: Prevalence and Mortality Estimates for 2021⁵

The most common types of cancer among women are breast, lung, colorectal, and uterine. Among men, they are prostate, lung, colorectal, and urinary. Mortality rates for women are highest for lung, breast, colorectal, and pancreatic, and for men are highest for lung, prostate, colorectal, and pancreatic cancer.

The **American Cancer Society Cancer Facts & Figures for 2021 Report** estimates the following new cancer cases (cases that will be diagnosed) and deaths (mortality) based on their model for cancer projections:⁶

Breast (invasive)

- 284,200 cases will be diagnosed
- 44,130 people will die

Lung

- 235,760 cases will be diagnosed
- 131,880 people will die

Prostate

- 248,530 cases will be diagnosed
- 34,130 men will die

Colorectal

- 149,500 cases will be diagnosed
- 52,980 people will die

Urinary

- 83,730 cases will be diagnosed
- 17,200 people will die

Uterine/Cervical

- 66,570 cases will be diagnosed
- 12,940 people will die

Pancreatic

- 60,430 cases will be diagnosed
- 48,220 people will die

Please note: The projected numbers of new cancer cases and deaths in 2021 should not be compared with previous years to track cancer trends because they are model-based and vary from year to year for reasons other than changes in cancer occurrence. Age-standardized incidence and death rates should be used to measure cancer trends.

* Cancer mortality (death) rates are from years 2013-17 and cancer incidence rates are from years 2014-18 unless otherwise stated.

Disparities in the U.S.*

Disparities related to cancer in the U.S. across socioeconomic status and race/ethnicity from the **American Cancer Society's Cancer Facts & Figures 2021** and **Cancer Facts & Figures for African American/Black People 2022-2024** projections are presented below:^{7, 8}

By Socioeconomic Status⁹ (SES)

- Individuals with lower SES have higher cancer *mortality* rates than people with higher SES, regardless of factors such as race/ethnicity.

By Race/Ethnicity¹⁰

- The overall cancer *incidence* (2013-17) and *mortality* rates (2014-18) for all race/ethnicities per 100,000 is 449.0 and 155.5 respectively.
- 465.6/160.2 for Non-Hispanic white individuals
- 457.6/182.5 for Non-Hispanic Black individuals
- 291.0/97.2 for Asian/Pacific Islander individuals
- 379.8/141.1 per American Indian/Alaska Native individuals
- 346.9/110.8 for Hispanic/Latino individuals

Non-Hispanic Black Individuals^{11, 12}

- Collectively, Black people have the highest death rates (2014-18).
- Black women have nearly 11% higher cancer mortality rates than white women (2015-19).
- Mortality rates from uterine cancer for Black women are nearly double that of white women and 28.9% higher for breast cancer (2015-19).
- Mortality rates from prostate cancer for Black men are more than double those of every other group (2014-18).
- Black men have the highest cancer incidence rates compared to all other racial/ethnic groups (2013-17).
- Black people have the highest incidence rates of colorectal cancers of any racial/ethnic groups (2013-17).

Hispanic/Latino Individuals¹³

- Collectively, Hispanics have lower overall cancer incidence (2013-17) and mortality rates (2014-18).
- Hispanics have the highest incidence rates for cancers linked to infectious agents such as cervical cancer (2013-17).

Asian/Pacific Islander (API) Individuals¹⁴

- APIs have the lowest overall cancer incidence (2013-17) and mortality rates (2014-18).
- APIs have the one of the highest rates of stomach cancer compared to other races/ethnic groups (2013-17).

American Indian/Alaska Native (AI/AN) Individuals¹⁵

- AI/ANs have lower than average overall cancer incidence (2013-17) and mortality rates (2014-18).
- AI/ANs have the highest kidney cancer incidence (2013-17) and mortality (2014-18) rate of any population – nearly three times the rates among APIs.

San Diego County Disparities

The California Cancer Registry (CCR) statistics show the following for San Diego County disparities in terms of site-specific cancer incidence rates and cancer mortality rates across race/ethnicity.

Incidence¹⁶ (2019)

- The following table shows age-adjusted incidence rates per 100,000 for the top cancers in San Diego County, by race. Of note:
- Black individuals have the highest rates of prostate cancer (150.9) and kidney and renal pelvis cancer (25.8).
- White individuals have the highest rates of female breast cancer (146.2), lung and bronchus cancer (45.9), and non-Hodgkin's lymphoma (21.3). (2019)
- Hispanic individuals have the highest rates of colorectal and liver and intrahepatic bile duct (IBD) cancer (16.2). (2019)
- API individuals have the second-highest rates of colorectal cancer (34.9) and liver and IBD cancer (13.2). (2019)

Figure 1. Age-Adjusted Incidence Rates for Site-Specific Cancer in San Diego County by Race/Ethnicity (per 100,000)

	White	Black	Hispanic	API
Female Breast	146.2	125.1	117.7	108.9
Prostate	115.0	150.9	110.6	67.7
Lung and Bronchus	45.9	44.7	23.6	36.5
Colorectal	32.4	33.8	35.4	34.9
Non-Hodgkin's Lymphoma	21.3	12.2	19.0	14.5
Kidney and Renal Pelvis	15.3	25.8	23.9	8.2
Leukemia	14.6	**	13.1	8.8
Pancreatic	13.4	13.4	10.9	9.7
Thyroid	12.0	**	13.0	15.9
Ovarian	10.2	**	12.3	5.4
Brain and Other Nervous System	8.4	**	6.7	4.5
Liver and Intrahepatic Bile Duct	8.0	10.8	16.2	13.2
Cervix Uteri	6.5	**	9.7	7.7
Stomach	4.7	**	10.0	7.3

**Rates are too low to be statistically stable

Mortality¹⁷ (2019)

The following table shows age adjusted *mortality* rates per 100,000 for the top cancers in San Diego County by race. Of note:

- Black individuals have the highest mortality rates from lung and bronchus cancer (25.9), and colorectal cancer (12.2). (2019)
- White individuals and Hispanic individuals have the highest mortality (death) rates from pancreatic cancer (10.7).
- API individuals have the second-highest mortality (death) rate from colorectal cancer (11.7). (2019)

Figure 2. Age-Adjusted Death Rates for Site-Specific Cancer in San Diego County by Race/Ethnicity (per 100,000)

	White	Black	Hispanic	API
Lung and Bronchus	24.4	25.9	13.1	22.6
Prostate	22.0	35.2	26.3	9.4
Female Breast	20.5	**	13.0	17.5
Colorectal	11.5	12.2	8.5	11.7
Pancreatic	10.7	9.0	10.7	8.1
Ovarian	7.2	**	6.1	**
Liver and Intrahepatic Bile Duct	6.4	**	12.9	9.2
Leukemia	5.8	**	4.4	**
Brain and Other Nervous System	5.7	**	4.9	**
Non-Hodgkin's Lymphoma	5.1	**	3.9	5.0
Kidney and Renal Pelvis	2.7	**	4.1	**
Stomach	1.7	**	5.6	3.5
Cervix Uteri	1.5	**	3.4	**
Thyroid	**	**	**	**

**Rates are too low to be statistically stable

Cancer Rates in San Diego County

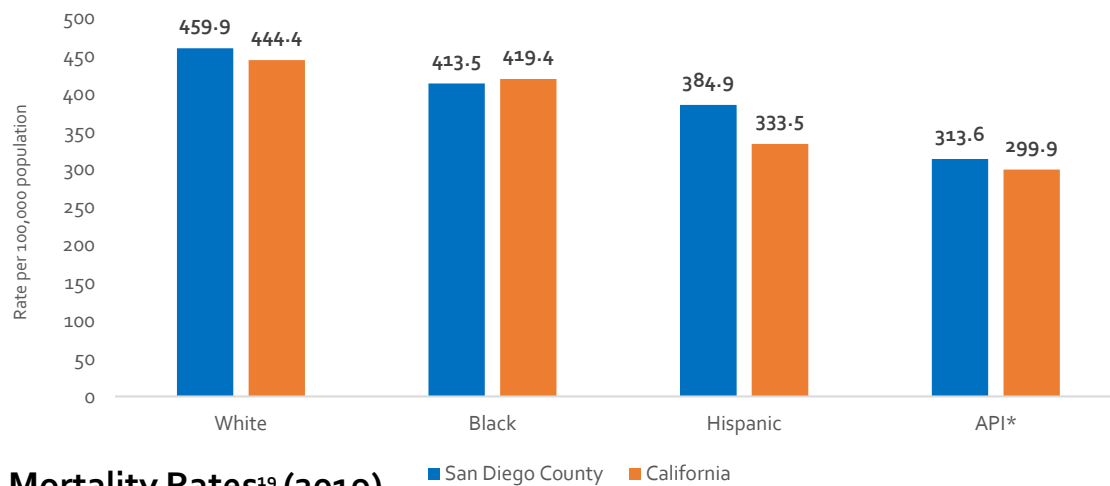
The California Cancer Registry (CCR) statistics show the following San Diego County to California comparisons for incidence rates and mortality rates across race/ethnicity.

Incidence Rates¹⁸ (2019)

The age-adjusted cancer (all-sites) incidence rates per 100,000:

San Diego County	436.2
California	402.8

Figure 3. Incidence Rates for Cancer, California Compared to San Diego County by Race/Ethnicity, 2019

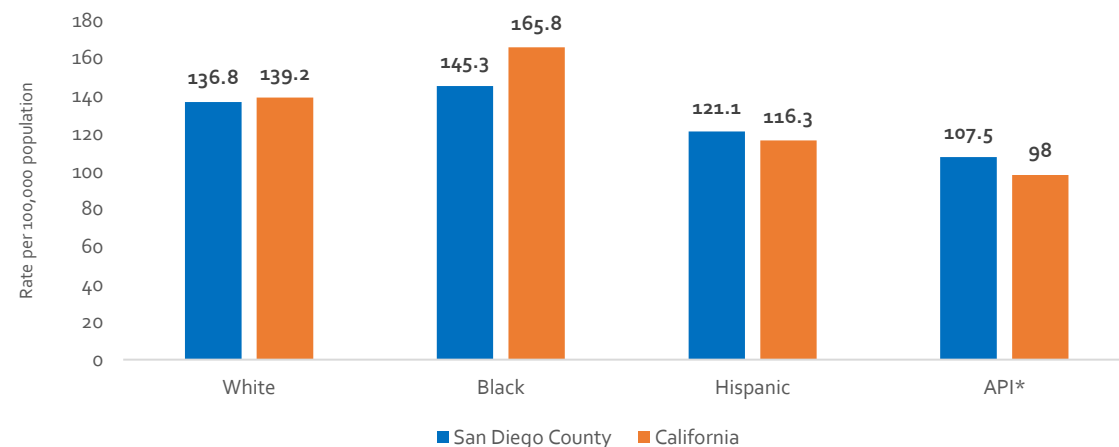


Mortality Rates¹⁹ (2019)

The age adjusted cancer (all-sites) mortality rates per 100,000:

San Diego County	132.9
California	130.7

Figure 4. Death Rates for Cancer, California Compared to San Diego County by Race/Ethnicity, 2019



Top Cancers in San Diego County

Data related to the top cancers in San Diego County by incidence rate and mortality across race/ethnicity are presented below. These data come from **California Cancer Registry (CCR)** statistics.

Figure 5. Incidence Rates for Cancer in San Diego County by Site, 2019²⁰

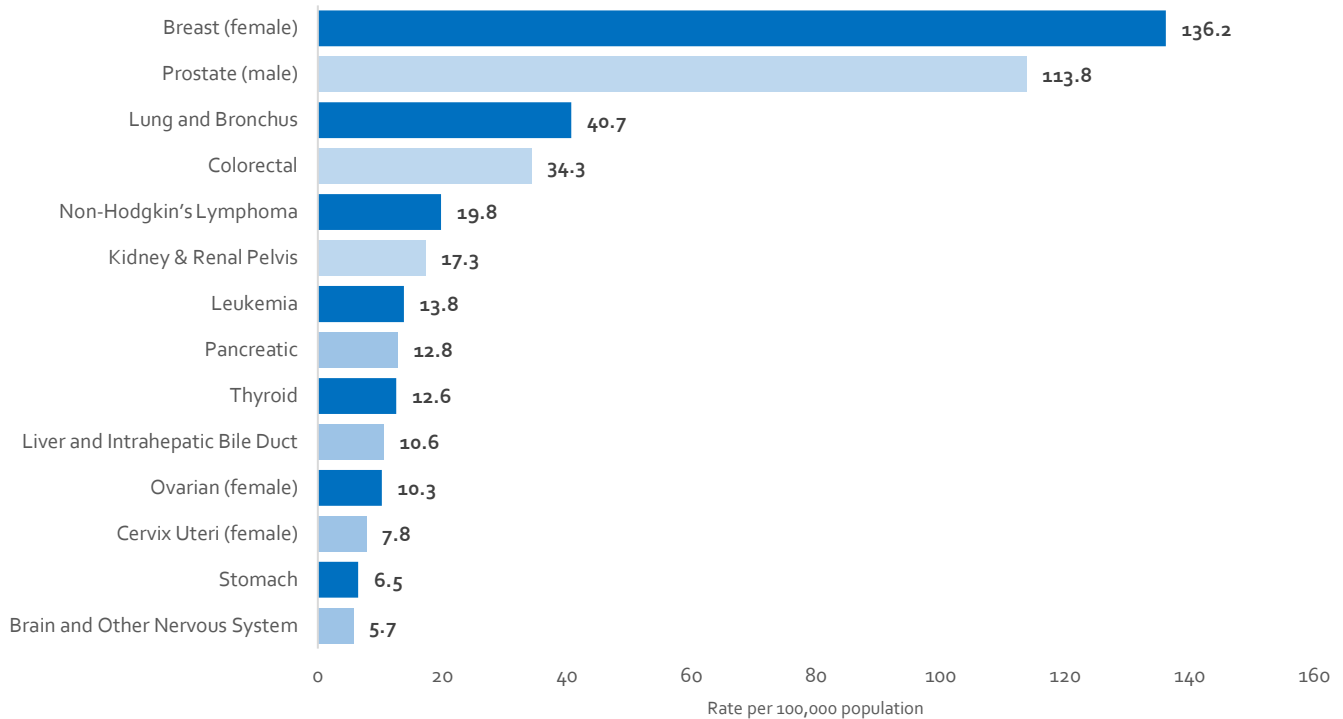
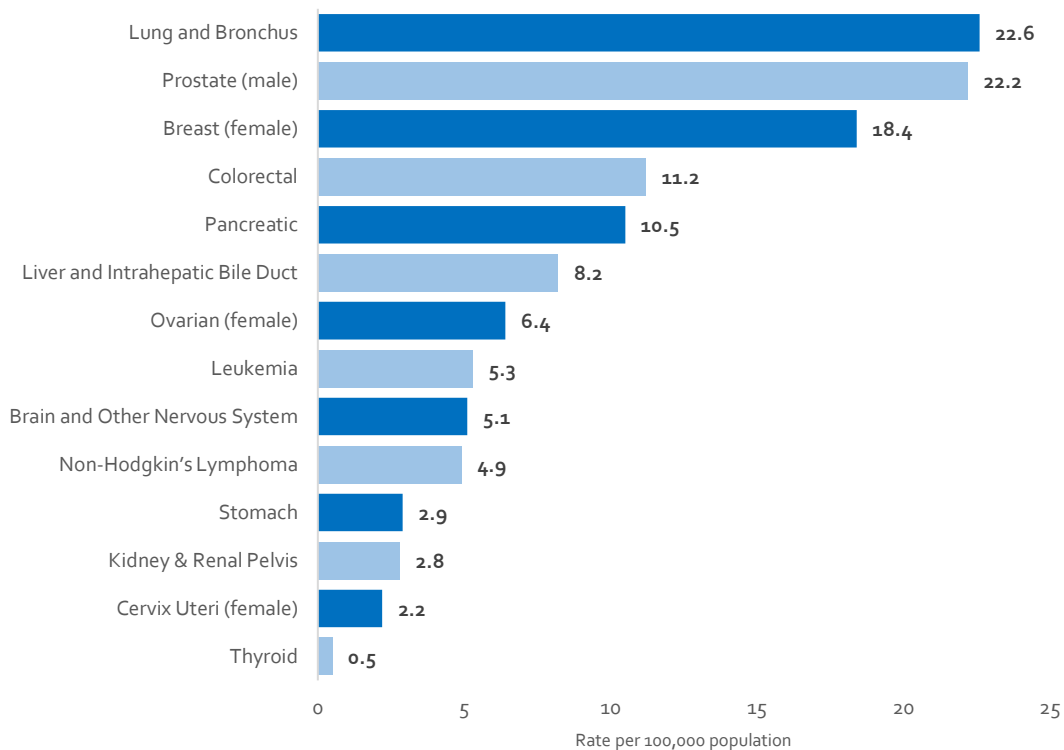


Figure 6. Death Rates for Cancer in San Diego County by Site, 2019²¹



Cancer Mortality by Region in San Diego County (Per 100,000 Population)

Cancer is the leading cause of death in San Diego County and represents 22.9% of all underlying causes of death in 2019.²²

Cancer mortality rates by region in San Diego County were found through County of San Diego Health and Human Services Agency Public Health Services Regional & Community Data's Community Profiles for Non-Communicable (Chronic) Diseases Workbook 2019. The top five areas for the highest and lowest age-adjusted mortality rates are presented below.

Breast²³ (2019)

Age-adjusted female mortality rates were highest in Lakeside (32.3), Spring Valley (25.6), National City (24.9), Ramona (24.6), and South Bay (24.1) and lowest in Peninsula (10.8), North San Diego (12.2), Central San Diego (13.4), Escondido (15.0), Carlsbad (15.0).

Lung²⁴ (2019)

Age-adjusted mortality rates were highest in Palomar-Julian (42.2), Jamul (36.4), Lemon Grove (36.2), National City (35.6), and Harbison Crest (34.0) and lowest in Ramona (12.8), Central (13.0), Poway (14.3), Elliott-Navajo (15.2), and La Mesa (15.6).

Colorectal²⁵ (2019)

Age-adjusted mortality rates were highest in National City (22.0), Chula Vista (21.2), Santee (19.1), Ramona (17.2), and Mid-City (15.9) and lowest in Elliott-Navajo (4.5), Spring Valley (5.5), Coastal (6.1), University (7.5), and Central San Diego (8.0).

Liver²⁶ (2019)

Age-adjusted mortality rates were highest in South Bay (17.2), Ramona (16.1), Fallbrook (16.1), Southeastern San Diego (15.2), and National City (14.2) and lowest in Vista (5.2), North San Diego (5.4), Del Mar-Mira Mesa (5.6), Poway (5.6), and Carlsbad (6.0).

Prostate²⁷ (2019)

Age-adjusted male mortality rates were highest in South Bay (37.3), Carlsbad (34.1), Vista (31.4), National City (29.0), and Oceanside (28.5) and lowest in Del Mar-Mira Mesa (13.9), Mid-City (14.3), Fallbrook (14.7), Poway (15.0), and North San Diego (15.2)

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Cardiovascular Disease

More than one-third of the U.S. adult population has cardiovascular disease (CVD)¹



Cardiovascular disease refers to a set of conditions related to the heart and blood vessels, including: heart disease, heart attack, stroke, heart failure, arrhythmia, and heart valve problems.²

Cardiovascular Disease in the U.S.

- More than 870,000 people die from CVD annually while the annual financial burden from direct and indirect costs was \$378.0 billion annually.³ (2019)
- By 2035, more than 130 million adults, or 45.1%, are projected to have CVD with total costs expected to reach \$1.1 trillion.⁴
- 49.2% of adults have been diagnosed with a CVD.⁵ (2015-2018)

Heart Disease

- The most common CVD is **heart disease**, which occurs in 11.2% of adults and is the leading cause of death accounting for more than 659,000 deaths annually.^{6,7} (2019)
 - **Coronary artery or coronary heart disease (CHD)** is the most common type of heart disease.⁸

Stroke

- **Stroke** affects 2.8% of the population.⁹ (2019)

Reducing the Risk of CVD

Seven health factors and behaviors can reduce the risk of developing and dying from CVD:¹⁰

1. Not smoking
2. Being physically active
3. Having normal blood pressure
4. Maintaining normal blood glucose levels
5. Having low total cholesterol levels
6. Maintaining a healthy weight
7. Eating a healthy diet

Adults who meet at least six of these criteria reduce their risk of death from CVD by 76% compared to those who meet none.¹¹ Only 8.8% of Americans meet at least six of these criteria.¹²

Coronary Heart Disease & Stroke In San Diego County¹³

Coronary Heart Disease (CHD)

Emergency department (ED) discharge rates for CHD stabilized from 2017-2019. Inpatient discharge rates decreased slightly (by 1%) from 2017-2019.

Figure 1. ED Discharge Rates for Coronary Heart Disease in San Diego County, 2017-19

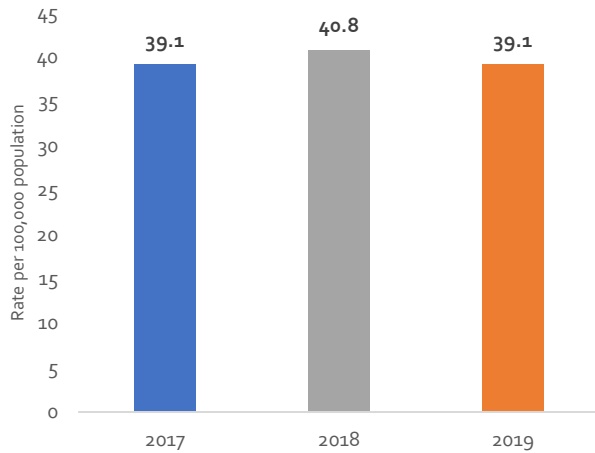


Figure 2. ED Discharge Rates for Coronary Heart Disease in San Diego County by Age Group, 2017-19

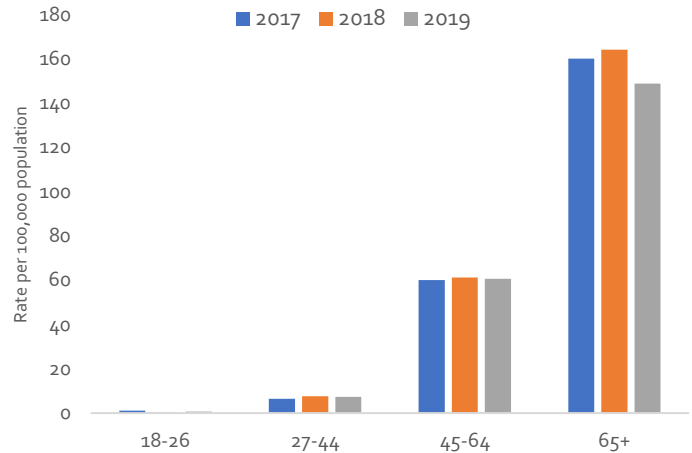


Figure 3. ED Discharge Rates for Coronary Heart Disease in San Diego County by Race/Ethnicity, 2017-19

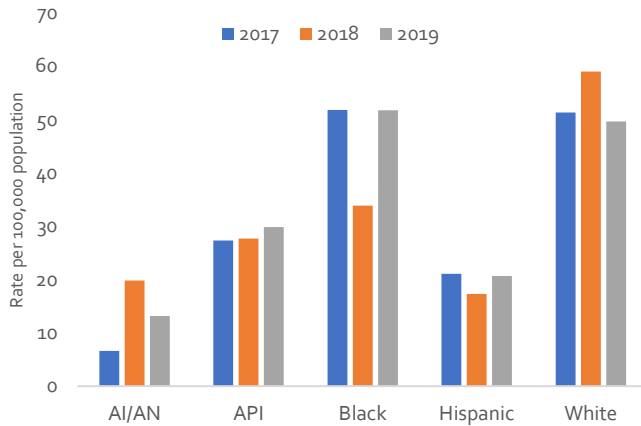
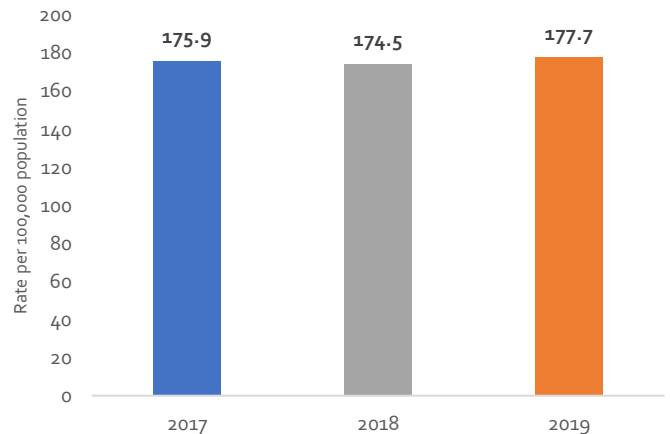


Figure 4. Inpatient Discharge Rates for Coronary Heart Disease in San Diego County, 2017-19



Please note: AI/IN: American Indian/Alaska Native API: Asian/Pacific Islander

The steepest increases were for ages 27-44 (13.1%) and Asian/Pacific Islanders (9%).

Figure 5. Inpatient Discharge Rates for Coronary Heart Disease in San Diego County by Age Group, 2017-19

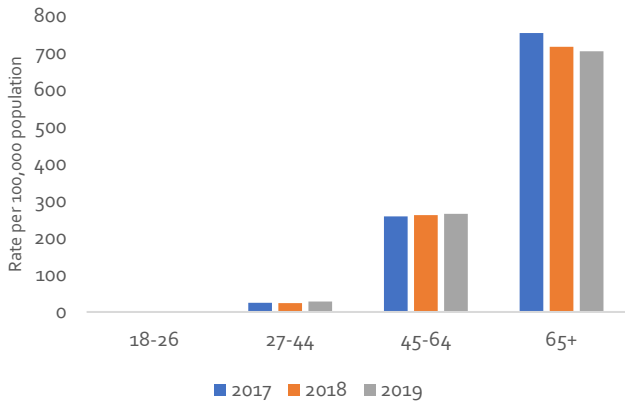
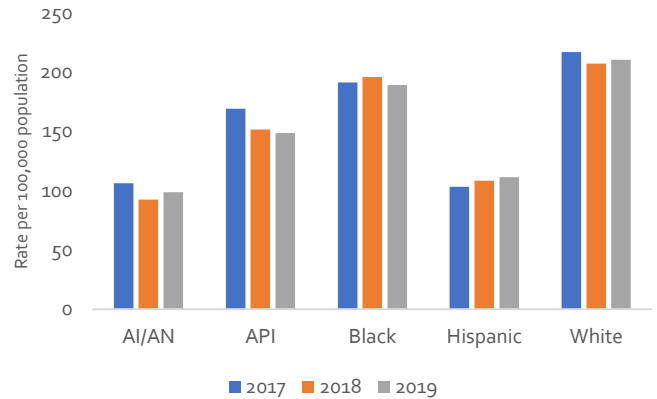


Figure 6. Inpatient Discharge Rates for Coronary Heart Disease in San Diego County by Race/Ethnicity, 2017-19



Stroke¹⁴

Rates of ED discharge for *stroke* increased slightly by 1.1% from 2017-19. Rates of inpatient discharge for stroke decreased by 7% for that same time period.

Figure 7. ED Discharge Rates for Stroke in San Diego County, 2017-19

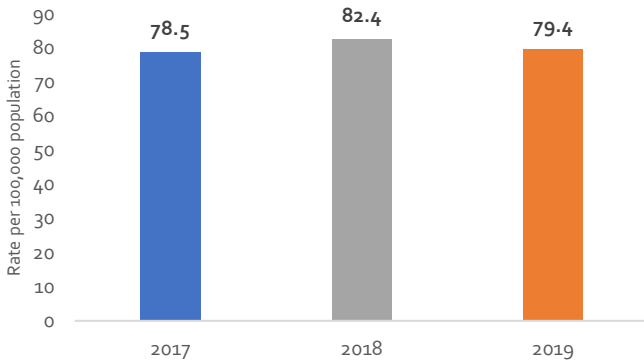


Figure 8. ED Discharge Rates for Stroke in San Diego County by Age Group, 2017-19

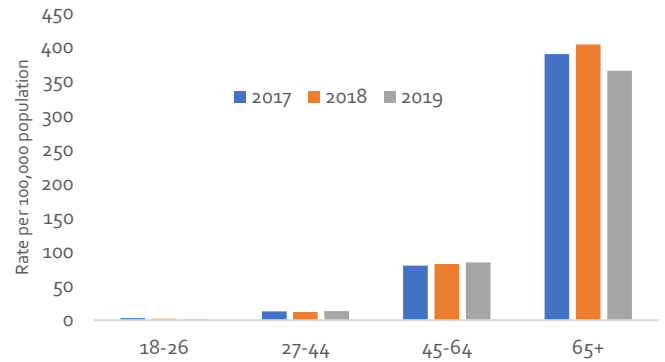


Figure 9. ED Discharge Rates for Stroke in San Diego County by Race/Ethnicity, 2017-19

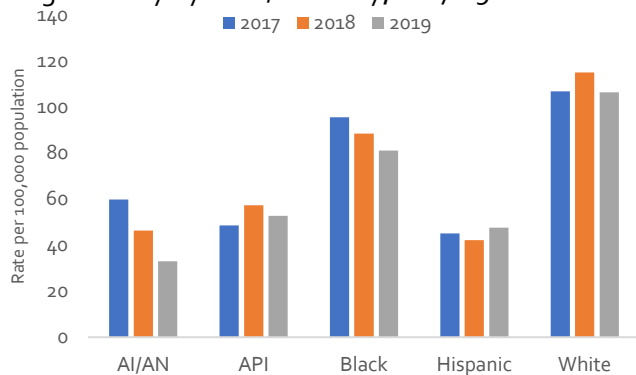
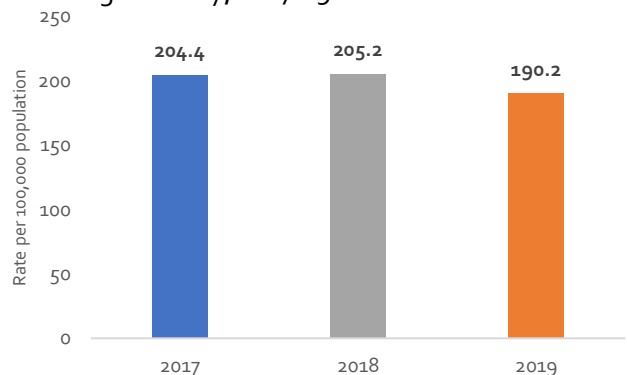


Figure 10. Inpatient Discharge Rates for Stroke in San Diego County, 2017-19



The steepest increases were for ages 45-64 (5.4%) and for people who identify their race/ethnicity as Asian/Pacific Islander (8.6%).

Figure 11. Inpatient Discharge Rates for Stroke in San Diego County by Age Group, 2017-19

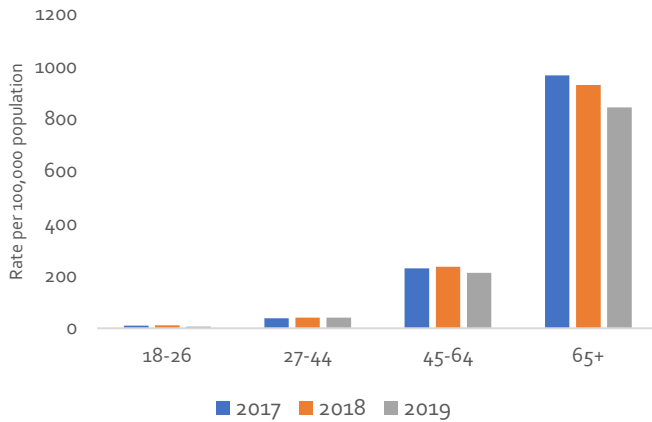
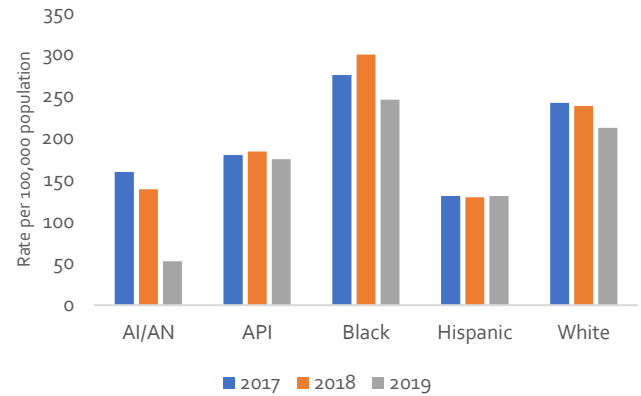


Figure 12. Inpatient Discharge Rates in San Diego County for Stroke by Race/Ethnicity, 2017-19



CVD Disparities in the U.S. (2018)¹⁵

CVD is more common among males, older adults, some minorities, people with lower educational and income levels, and people living in the Midwest and the South.

By Sex¹⁶

Males are more likely to have heart disease (12.6%), coronary heart disease (7.4%), hypertension (26.1%), and stroke (3.1%)

Compared to males, females are less likely to have heart disease (10.1% vs 12.6% for males), coronary heart disease (4.1% vs 7.4% for males), hypertension (23.5% vs 26.1% for males) and stroke (2.6% vs 3.1% for males).

By Age¹⁷

- CVD is more common with age. The prevalence among those 75 and older is highest (37.3% for heart disease; 23.9% for coronary heart disease; 61.1% for hypertension, and 11.8% for stroke)
- This is followed by those 65-74 (23.6% for heart disease; 15.5% for coronary heart disease; 54.4% for hypertension; and 6.9% for stroke).

By Race¹⁸

Compared to stroke and heart disease, racial disparities are largest for hypertension among adults:

- 32.2% of Black/African Americans
- 27.2% of American Indians or Alaska Natives
- 26.2% of individuals of two or more races
- 23.9% of whites
- 21.9% of Asians
- 23.7% of Hispanics

By Education¹⁹

- The rate of CVD is lower among people with a bachelor’s degree or higher compared to people with some college, a high school diploma or GED, or less than a high school diploma.
- Hypertension rates offer the largest comparative difference with 22.7% of people with a bachelor’s degree or higher having hypertension compared to 32.1% of people with less than a high school diploma.

By Income²⁰

- People who are living below the federal poverty level (FPL) have higher rates of heart disease (13.5%), coronary heart disease (7.8%), hypertension (30.5%), and stroke (5.6%).
- Compared to those living below the FPL, those with an income above the FPL have lower rates of heart disease (10.9%), coronary heart disease (5.1%), hypertension (23.3%), and stroke (2.3%).

By Region²¹

- The largest regional disparities are for hypertension: 27.9% of people living in the South and 24.4% of people living in the Midwest have hypertension, compared to 21.9% of people living in the West, and 22.6% of people living in the Northeast.

Coronary Heart Disease & Stroke Mortality in San Diego County^{22,23}

Mortality Rates for CHD

Heart disease was the second-leading cause of death in San Diego County in 2019.²⁴ The overall death rate from coronary heart disease decreased by 13.5% from 2017-19.

Figure 13. Death Rates for Coronary Heart Disease in San Diego County, 2017-19

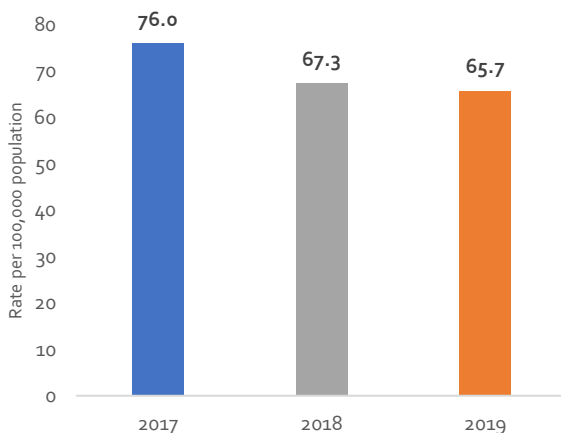
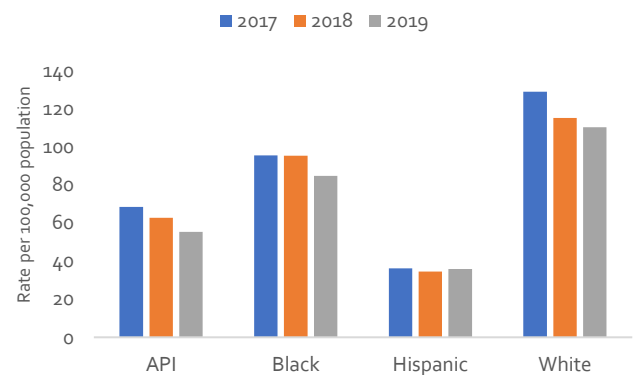


Figure 14. Death Rates for Coronary Heart Disease in San Diego County by Race/Ethnicity, 2017-19



Mortality (death) rates for coronary heart disease in 2019 were higher for males (93.5 per 100,000) compared to females (42.9), and for people 65 and older (429) compared to ages 45-64 (54.9).

The overall death rate from coronary heart disease decreased by 13.5% from 2017-19 and reflected in some of the following decreases: Asian/Pacific Islander (decrease of 19.2%) and white (decrease of 14.4%) individuals experienced a decrease in mortality rates over the same time period.

Mortality Rates for Stroke²⁵

Strokes were the third-leading cause of death overall in 2019 for San Diego County.²⁶ Death rates for stroke increased by 14.6% from 2017-19. Mortality rates for stroke in 2019 were slightly higher for males (43.2 per 100,000) compared to females (41.2 per 100,000) and for people ages 65 or older (311.0 per 100,000).

Figure 15. Death Rates for Stroke in San Diego County, 2017-19

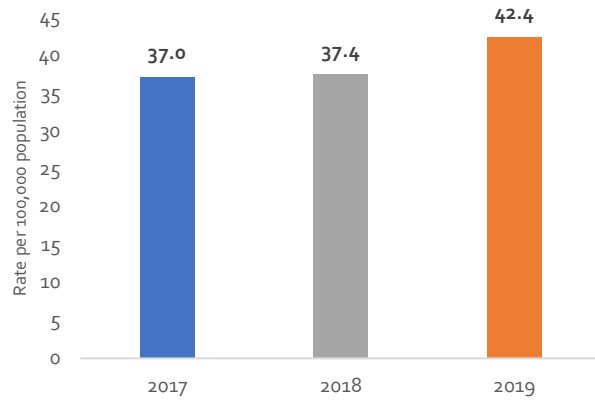
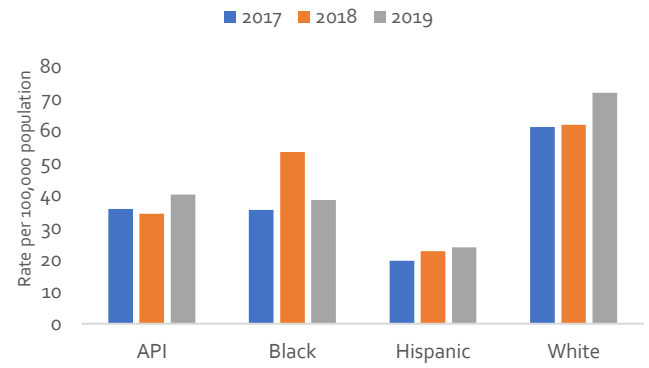


Figure 16. Death Rates for Stroke in San Diego County by Race/Ethnicity, 2017-19



The overall death rate from stroke increased by 14.6% from 2017-19 and is reflected in some of the following increases in mortality rates: Hispanic (21.1%), white (14.4%), Asian/Pacific Islander (12.7%) over the same time period.²⁷

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Diabetes Mellitus

More than 37 million Americans suffer from this chronic disease.¹



Diabetes is a set of diseases that affect the way the body metabolizes sugar (glucose). The three primary types Type 2 (the most common type), Type 1, and gestational (occurring during pregnancy).²

Diabetes has a significant impact on morbidity and mortality³ and has an estimated economic burden of approximately \$327 billion (2017) in the U.S., a 26% (\$82 billion) increase from 2012 estimates of \$245 billion.⁴

Diabetes in the U.S.

- Approximately 28.7 million adults have a diabetes diagnosis.⁵ (2019)
- Among adults (those aged 20 or older) with diabetes, approximately 90% to 95% have Type 2 diabetes with the remaining cases being Type 1.⁶ (2018)
- There are 210,000 children and adolescents under the age of 20 who have been diagnosed with diabetes, including 187,000 having Type 1 diabetes.⁷ (2018)
- Type 2 diabetes is more common among adults 45 and older, males, those with higher body mass index (BMI), those who are African American, Hispanic or Latino, American Indian, or Alaska Native, Pacific Islander, or Asian American, those with lower family incomes, family history of Type 2 diabetes, and lower educational levels.^{8,9}
- The age-adjusted death rate for diabetes in the U.S. is 21.5 per 100,000.¹⁰ (2017)
- Diabetes is the eight-leading cause of mortality in the U.S., and the sixth-leading cause of death for those aged 55-64.¹¹ (2020)
- The number of adults diagnosed with diabetes has more than doubled in the last two decades.¹² (2018)

Risk Factors

According to the Centers for Disease Control and Prevention, the following are risk factors for developing diabetes:¹³

- Being overweight or obese
- Smoking
- Having a parent, brother, or sister with diabetes
- Having high blood pressure (measuring 140/90 or higher), high cholesterol, and high blood glucose
- Being physically inactive -- exercising fewer than three times a week

Diabetes in San Diego County

In San Diego County, 7.3% of adults have diabetes; this is lower than the California state rate of 10.9%.¹⁴ (2020)

Mortality (Death)

- Diabetes was the seventh-leading cause of death in San Diego County in 2019.¹⁵
- The age-adjusted death rate for diabetes was 20.6 per 100,000 population.¹⁶ (2019)
- Black individuals have the highest diabetes death rate, 38 per 100,000, compared to the unadjusted county rate of 22.7 per 100,000.¹⁷ (2019)

Figure 1. Death Rates for Diabetes in San Diego County, 2017-19¹⁸

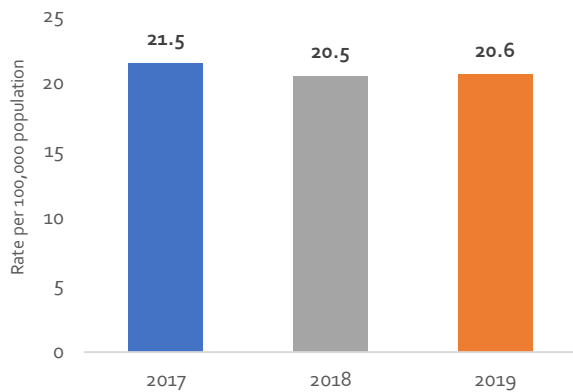
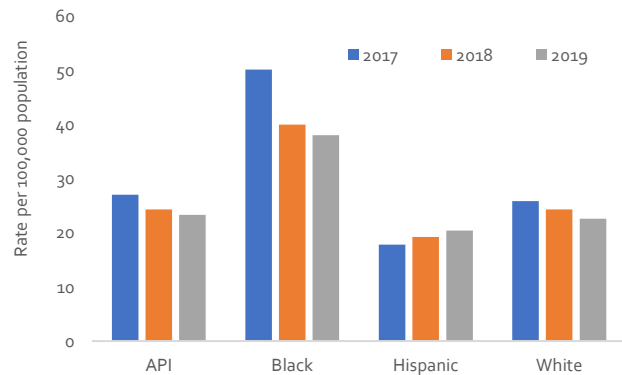


Figure 2. Death Rates for Diabetes in San Diego County by Race/Ethnicity, 2017-19¹⁹



Diabetes in San Diego: Disparities and Risk

Disparities in Diabetes

Emergency department (ED) discharge rates for diabetes increased slightly from 2017-19 and the disparities are apparent:²⁰

- ED discharge rates were highest in 2019 for males, ages 65 and older, and for Black individuals. (2019)
- Increases in discharge rates occurred for those 11-17 years old and for Asian/Pacific Islanders and Hispanic individuals (2017-19)

Inpatient discharges for gestational diabetes decreased from 2017 to 2019, but disparities are evident here as well:²¹

- Asian/Pacific Islanders and Hispanics are disproportionately impacted by gestational diabetes.

Most San Diegans manage their diabetes well, but disparities are also seen in these data:²² (2019)

- Of the Medicare patients with diabetes, 83.9% have had a hemoglobin A1c blood sugar test by a health care professional in the past year.
- This rate is 9.3% lower for Black individuals than for white individuals.

Risk Factors for Diabetes in San Diego County

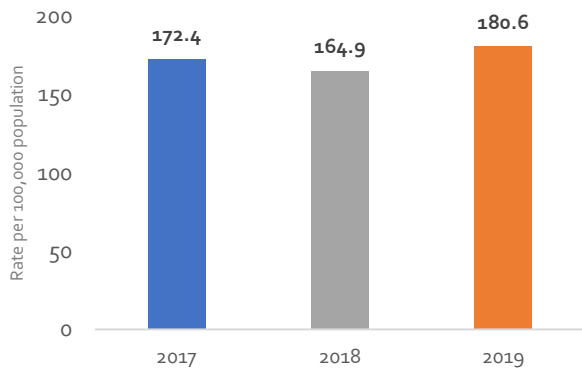
Relative to state averages, San Diego County has a lower proportion of people with risk factors for diabetes.²³ (2018)

- While 26.3% of adults in San Diego are **obese** (BMI of 30 or higher), this is lower than the California rate of 27.1%.
- Among adults in San Diego, 32.1% have at least 20 minutes of **physical activity** each day of the week, more than the state average of 30.1%.
- Rates of **smoking** (11%) are slightly **lower** in San Diego than in California (11.2%).

*Hospitalization rates for diabetes include diabetes mellitus without complication, with complication, Type 1, Type 2, due to underlying condition, drug or chemical induced, or other specified type.

Hospital Discharges for Diabetes in San Diego County²⁴

Figure 3. ED Discharge Rates for Diabetes in San Diego County, 2017-19



ED discharges for diabetes increased 4.7% from 2017-19.

Figure 4. ED Discharge Rates for Diabetes in San Diego County by Age Group, 2017-19

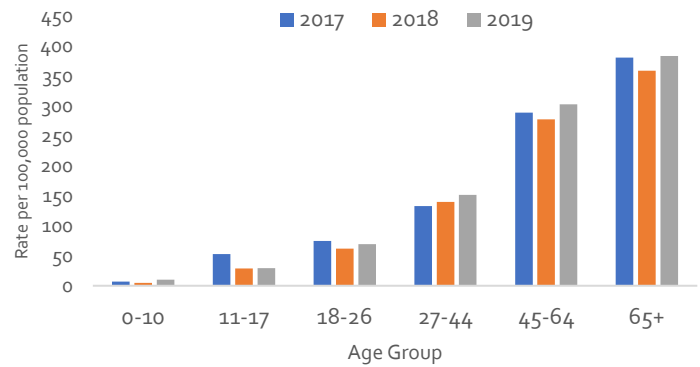


Figure 5. ED Discharge Rates for Diabetes in San Diego County by Race/Ethnicity, 2017-19

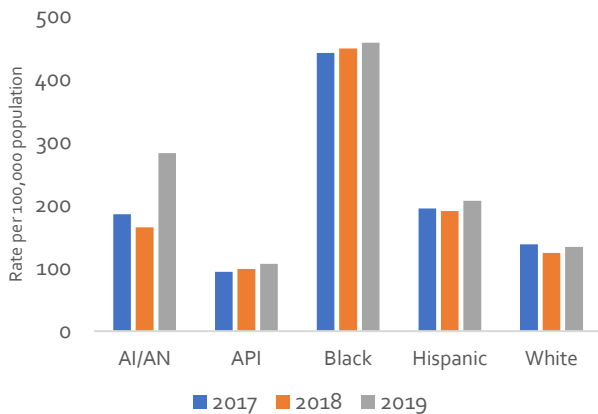


Figure 6. Inpatient Discharge Rates for Diabetes in San Diego County, 2017-19

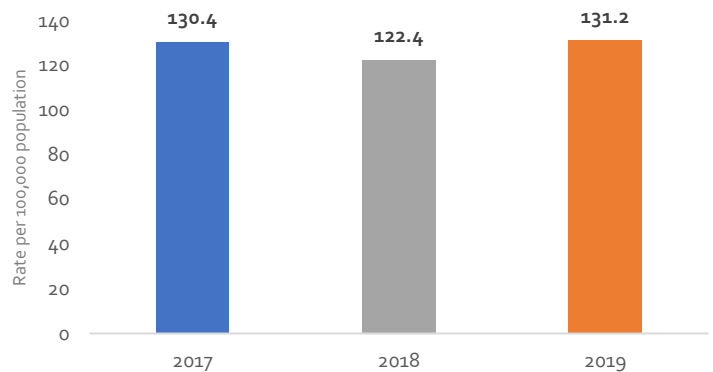


Figure 7. Inpatient Discharge Rates for Diabetes in San Diego County by Age Group, 2017-19

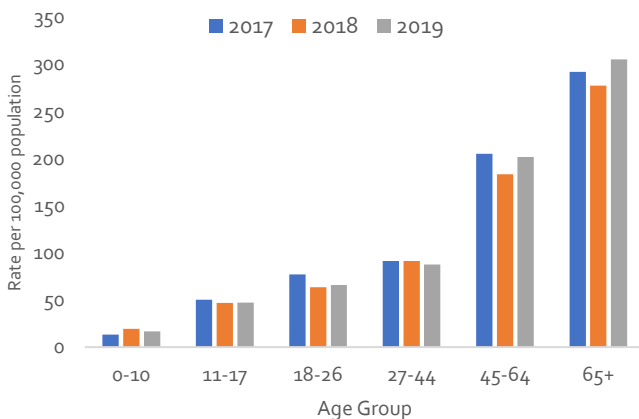


Figure 8. Inpatient Discharge Rates for Diabetes in San Diego County by Race/Ethnicity, 2017-19

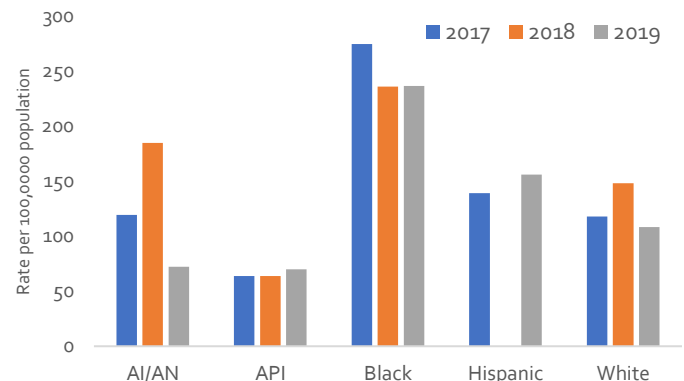


Figure 9. Inpatient Discharge Rates for Gestational Diabetes in San Diego County, 2017-19

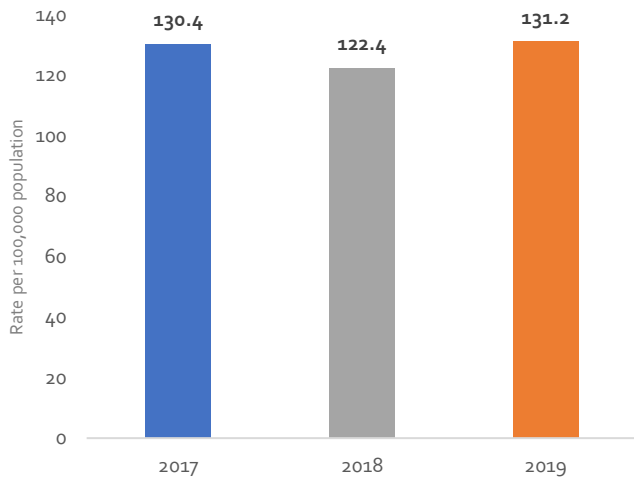
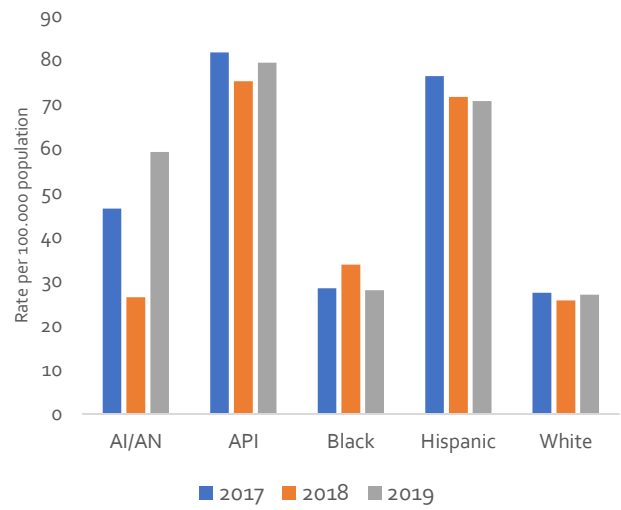


Figure 10. Inpatient Discharge Rates for Gestational Diabetes in San Diego County by Race/Ethnicity, 2017-19



*Hospitalization rates for diabetes include diabetes mellitus without complication, with complication, Type 1, Type 2, due to underlying condition, drug or chemical induced, or other specified type.

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Housing Conditions, Experiencing Homelessness, and Health



In the U.S., there are 580,466 people who are experiencing homelessness¹, 1.3 million people live in severely inadequate housing², and 8.3 million households have "worst case housing needs."³

Homelessness is when a person does not have a fixed, regular, and adequate nighttime residence.⁴

Housing problems include a lack of full kitchen or plumbing facilities, a household comprised of more than one person per room, or a housing cost burden of more than 30% of the household income.

Severe housing problems include a lack of full kitchen or plumbing facilities, or severe overcrowding.⁵ Health outcomes are strongly influenced by the stability, quality, safety and affordability of housing.⁶

The American Hospital Association describes **housing instability** as an umbrella term for the continuum between homelessness and completely stable, secure housing.

Housing instability takes on many forms: physical conditions like poor sanitation, heating, and cooling; compromised structural integrity; exposure to allergens or pests; homelessness; and unstable access to housing or severe rent burden.⁷

Homelessness in the U.S.^{8*}

*Please note: Data is from the national Point-in-Time Count that takes place one morning in late January where volunteers and outreach workers engage and survey those experiencing homelessness.

From 2016-20, rates of those who were experiencing homelessness (both sheltered and unsheltered) increased by 5.6% nationwide.⁹

By Sex

- In the U.S., 60.7% of those experiencing homelessness (sheltered and unsheltered) are male; 38.5% are female; 0.5% are transgender, and 0.3% are gender non-conforming.¹⁰ (2020)

By Age

- While 18.3% of those experiencing homelessness (sheltered and unsheltered) are children, 7.8% are aged 18-24, and 73.9% are over age 24.¹¹ (2020)

By Race/Ethnicity (2020)

Race	%
White	48.3
Black	39.4
Multiple races	1.3
Native American	3.3
Pacific Islander	1.5
Asian	6.1

Ethnicity	%
Hispanic/Latino	22.5

In California

- In 2020, California had the highest rates of unsheltered homeless (70.4% of the homeless population) and the largest number of homeless unaccompanied youth (12,172).¹²

By Sheltered Status**

**Due to pandemic-related disruptions in unsheltered homeless counts in January 2021, the Point-In-Time Count findings for 2021 focus on people experiencing sheltered homelessness and do not include counts of those experiencing unsheltered homelessness.

- Nationally, 61.1% of people who experience homelessness stayed in sheltered locations, while 38.9% were unsheltered.¹³ (2020)

By Sex

- In the U.S., 67.7% of those experiencing sheltered homelessness are male; 31.4% are female; 0.7% are transgender, and 0.2% are gender non-conforming.¹⁴ (2021)

By Age

- While 0.8% of those experiencing sheltered homelessness are children, 8.2% are aged 18-24, and 91.1% are over age 24.¹⁵ (2021)

In California

- On a single night in January 2021, California had 16% (51,429) of all people experiencing sheltered homelessness. (2021)

Housing Needs and Conditions

Severely Inadequate Housing in the U.S.¹⁶ (2019)

There are 1,458,000 households that have **severely inadequate housing** conditions; an additional 4,500,000 households live in **moderately inadequate** conditions.

Conditions include:

- Exposed wiring — 3,378,000
- Inadequate heating capacity — 858,000
- Water stoppages in the last three months — 3,366,000
- Sewage disposal breakdowns in the last three months — 1,467,000
- Mold — 3,664,000

Worst-Case Housing Needs¹⁷ (2019)

The estimated number of households with worst case needs increased by a statistically insignificant 50,000 cases (0.6%) from 2017-19.

- Of the **worst-case needs** renters, 95.2% have severe rent burdens, which means they are spending one-half or more of their income on rent.

By Race/Ethnicity¹⁸

Among all renters, the percent who have worst-case housing needs are:

- Non-Hispanic whites — 46.7%
- Hispanics — 24.7%
- Non-Hispanic Blacks — 20.4%
- Other races and ethnicities — 8.2%

By Household Composition¹⁹

Among the households with **worst-case needs**:

- are Single adults with roommates — 32.6%
- Families with children — 29.2%
- Elderly households — 28.9%
- “Other family” households — 9.3%

Health Impacts²⁰

- People who are **chronically homeless** have higher rates of physical and mental health problems, higher health care expenditures, and higher rates of premature mortality.
- People who are **unstably housed** (who move frequently, fall behind on rent, and/or “couch surf”) are more likely to experience poor health. Among youth, **housing instability** is associated with a higher risk of teen pregnancy, substance abuse, and depression.
- **Experiencing homelessness and residential instability** make the proper storage of medications challenging or impossible and impact the management of illness and chronic disease.
- **Substandard housing conditions** are linked to poor health outcomes, including asthma and cardiovascular events.
- **Crowded housing** is associated with infectious disease and psychological distress.
- **Cost-burdened households** are less likely to have a primary care provider and to postpone needed medical treatment.
- **Cost-burdened households** are also more likely to face food insecurity.

Homelessness in San Diego County*

Point-In-Time Count²¹

In San Diego, **8,427** individuals are experiencing homelessness on any given night. (2022)

- The number of people experiencing homelessness increased by 10% from 2020-22 in San Diego County
- Among 4,106 unsheltered homeless individuals, 25% are female, 25% are aged 55 years and older, 8% are youth, 15% are chronically homeless, and 9% are veterans.

*Please note: Data is from the San Diego Point-in-Time Count that takes place one morning in late January where volunteers and outreach workers engage and survey those experiencing homelessness.

Hospital Discharges²²

Note on Hospital Discharge Data: Additional discharges of the same individual were removed from the total.

Emergency Department (ED) Discharges²³ (2019)

Figure 1. ED Discharges for Patients Experiencing Homelessness in San Diego County by Age Group, 2019

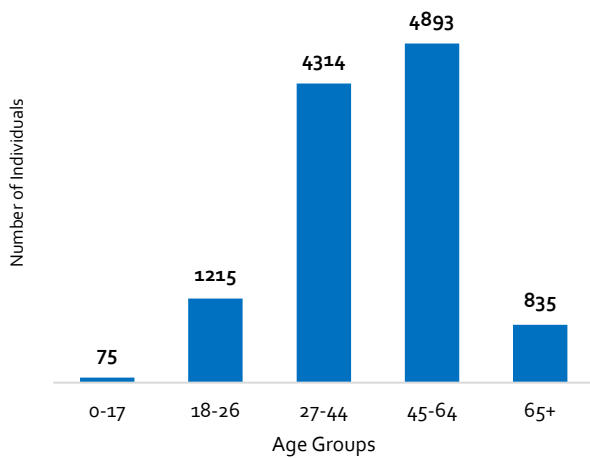


Figure 2. ED Discharges for Patients Experiencing Homelessness in San Diego County by Age Group and Gender, 2019

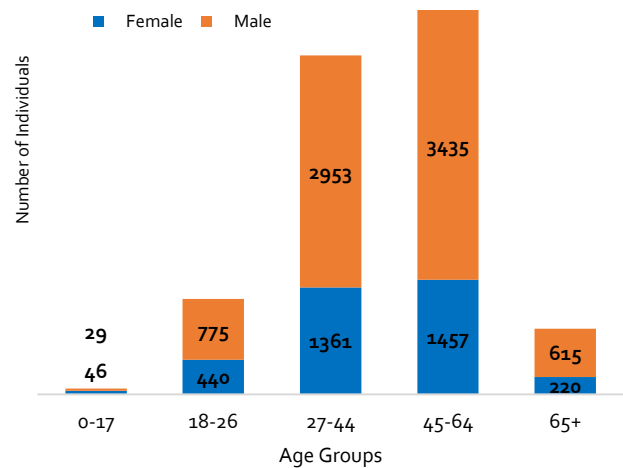
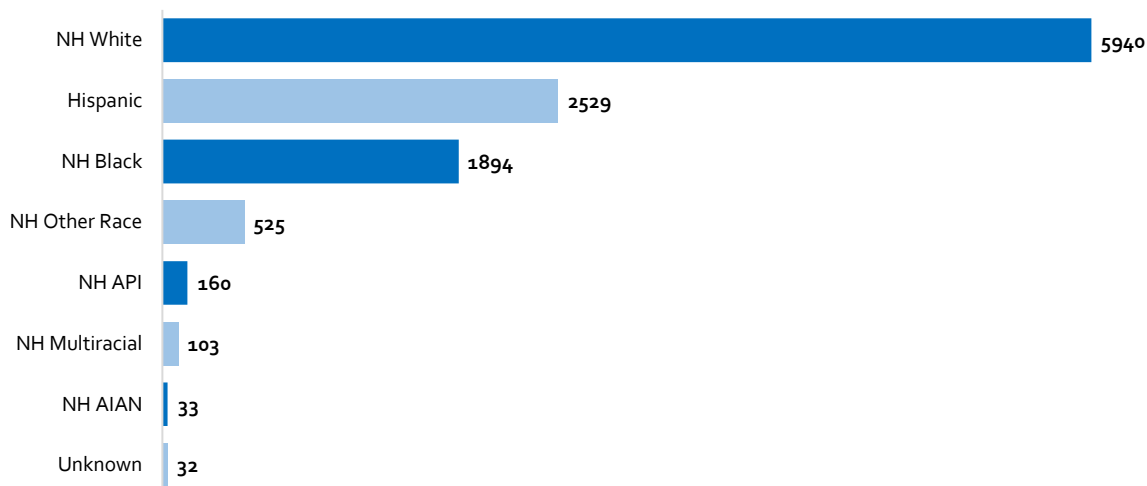


Figure 3. ED Discharges for Patients Experiencing Homelessness in San Diego County by Race/Ethnicity, 2019



Emergency Department (ED) Visits and Primary Diagnoses (2019)

- San Diegans experiencing homelessness had an average of 2.9 emergency department (ED) visits per person
- Top 3 primary diagnoses for emergency department visits among San Diegans experiencing homelessness were skin infections, alcohol-related disorders, and schizophrenia
- Five out of the ten primary diagnoses for discharges from the ED were related to behavioral health.

Figure 4. Top ED Discharges for Patients Experiencing Homelessness in San Diego County (2019)²⁴

Primary Diagnosis, ED
1. Skin and subcutaneous tissue infections
2. Alcohol-related disorders
3. Schizophrenia spectrum and other psychotic disorders
4. Superficial injury; contusion initial encounter
5. Musculoskeletal pain, not low back pain
6. Nonspecific chest pain
7. Suicidal ideation/attempt/intentional self-harm
8. Abdominal pain and other digestive/abdomen signs and symptoms
9. Depressive disorders
10. Stimulant-related disorders

Inpatient Discharges²⁵ (2019)

Figure 5. Inpatient Discharges for Patients Experiencing Homelessness in San Diego County by Age Group, 2019

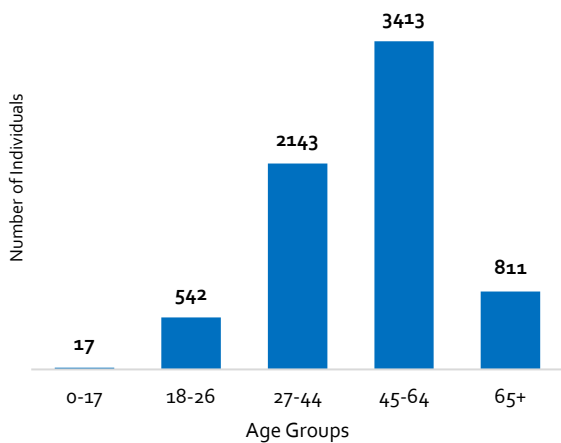


Figure 6. Inpatient Discharges for Patients Experiencing Homelessness in San Diego County by Age Group and Gender, 2019

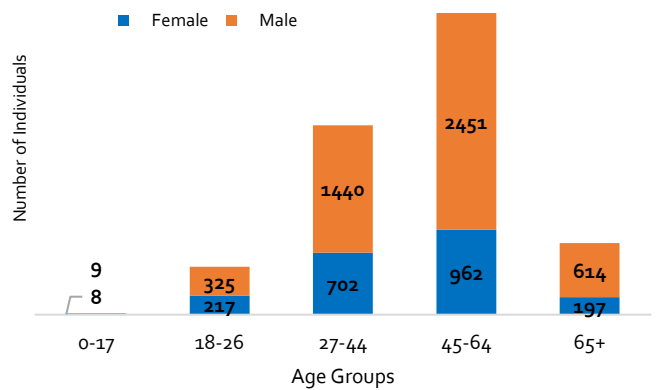
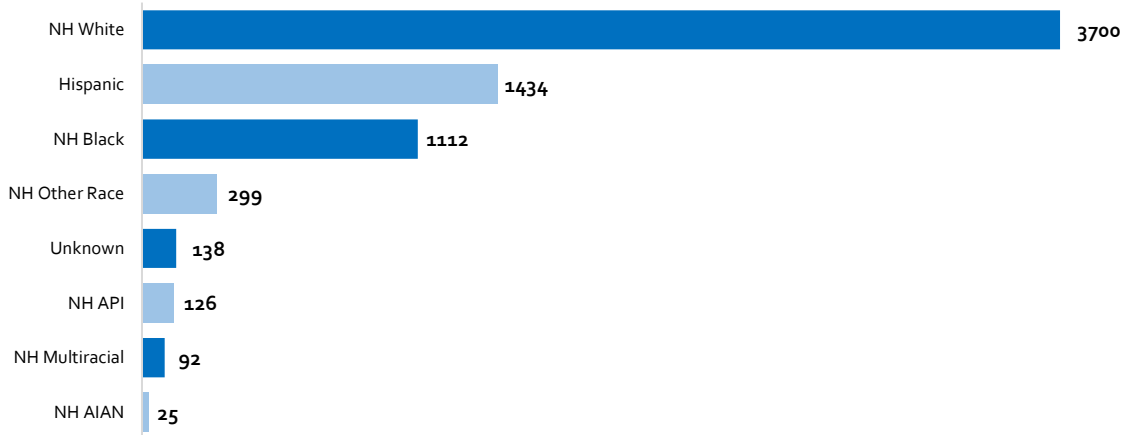


Figure 7. Inpatient Discharges for Patients Experiencing Homelessness in San Diego County by Race/Ethnicity, 2019



NH: Non-Hispanic API: Asian/Pacific Islander AI/AN: American Indian/Alaska Native

Inpatient Discharges and Primary Diagnoses (2019)

- San Diegans experiencing homelessness had an average of 1.7 inpatient discharges per person.
- Top 3 primary diagnoses for inpatient visits among San Diegans experiencing homelessness were schizophrenia, septicemia, and skin infections.
- Five of the top 10 primary diagnoses for discharges from inpatients were related to behavioral health.

Figure 8. Top Inpatient Discharges for Patients Experiencing Homelessness in San Diego County (2019)²⁶

Primary Diagnosis, Inpatient
1. Schizophrenia spectrum and other psychotic disorders
2. Septicemia
3. Skin and subcutaneous tissue infections
4. Depressive disorders
5. Alcohol-related disorders
6. Bipolar and related disorders
7. Heart failure
8. Diabetes mellitus with complication
9. Poisoning by drugs initial encounter
10. Fracture of the lower limb (except hip)

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