



## 2022 Community Benefit Plan and Report Our Promise to the Community

In fiscal year 2021, Scripps Health provided

# \$538 million

in community benefit services



Shane Mesko, MD, radiation oncologist, Scripps MD Anderson Cancer Center and Scripps Clinic, is a graduate of the 2016–17 Scripps Mercy Hospital Transitional Year Medicine Program (inset photo from residency). His connection to the graduate medical education program continues today as he has set up a radiation oncology rotation for current residents in the program. Also pictured: Anuradha Koka, MD, Scripps MD Anderson and Scripps Clinic.

### Teaching to Serve Our Community

For more than 70 years, physicians in Scripps graduate medical education (GME) programs have helped care for underserved populations as part of their training. Our comprehensive range of GME programs include residencies in internal medicine, family medicine, podiatry, trauma, emergency and surgical critical care, as well as research programs. Our graduates go on to successful careers in medicine at leading medical institutions across the nation, including right here at Scripps. From teaching tomorrow's physicians to caring for the community during the COVID-19 pandemic and collaborating with organizations that share our dedication to improving the health of San Diegans, Scripps is here for good.

## LETTER FROM THE CEO

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**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 needed 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 achieve that: our community benefit programs and services, and our plans for continued action in the future.

In Fiscal Year 2021 Scripps community benefit contributions totaled \$538,036,955 This includes \$494,197,396 in uncompensated care, \$33,228,894 in professional education and health research, \$8,050,371 in community health services and \$2,183,502 in subsidized health, and \$376,792 in community building activities.

The challenges presented by COVID-19 these past two years have been difficult for our community and our physicians, nurses, and staff. Yet each day our incredible clinical and support teams find ways to care for those with COVID or with any health care need, and each year those valiant efforts have a positive impact on thousands of lives.

As we look ahead, we know that we will face new challenges. At Scripps we are continually changing to better meet our patients’ needs, improve access in our community, reduce our costs, and simply bring more value to the patients we serve. 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, written in a professional style.

Chris Van Gorder, FACHE  
President and CEO

# MISSION, VISION, AND VALUES

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## 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 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

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Founded in 1924 by philanthropist Ellen Browning Scripps, Scripps Health is a \$4 billion not-for-profit 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 San Diego 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 operates four acute-care hospitals on five campuses and numerous ambulatory clinics geographically located across the entire county, from Chula Vista to Oceanside. The system is recognized for our 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 by U.S. News & World Report among the nation's best and Scripps is regularly 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, Mother Mary Michael Cummings and Ellen Browning Scripps still define who we are today. More information can be found at [www.scripps.org](http://www.scripps.org).

SCRIPPS FACILITIES/DIVISIONS	
Scripps Memorial Hospital Encinitas	Scripps Clinic
Scripps Green Hospital	Scripps Coastal Medical Center
Scripps Memorial Hospital La Jolla	Scripps Clinical Research Services
Scripps Mercy Hospital *San Diego & Chula Vista Campuses	Scripps Whittier Diabetes Institute

## SERVICE OFFERINGS

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Scripps is an integrated health care delivery system consisting of four acute-care hospitals on five campuses, 38 outpatient centers and clinics (including 21 Scripps Health Express locations), palliative care, clinical research, and ancillary services for the San Diego region and beyond. Scripps primary care lines include:

### CARDIOVASCULAR CARE

- This is the 16<sup>th</sup> 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.
- All Scripps Health hospitals – Scripps Mercy San Diego, Scripps Mercy Chula Vista, Scripps Memorial Hospital La Jolla, Scripps Memorial Hospital Encinitas and Scripps Green Hospital earned the 2021 Get with The Guidelines Stroke Gold Plus Quality Achievement Award and the Stroke Gold Plus with Honor Roll Elite Plus. 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 that are embedded in the program.

### 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 its new integrated cancer program, Scripps MD Anderson Cancer Center. 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 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 that offers a range of cancer treatment and support services.

## ORTHOPEDICS

- Scripps has been nationally ranked by U.S. News & World Report 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 surgical and non-surgical treatments, state-of-the-art diagnostics and rehabilitation, Scripps physicians are also well-known leaders in the field of orthopedic surgery—locally and nationally.

- 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, 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 five Scripps Health hospital campuses have earned the Stroke Gold Plus 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.
- The Joint Commission has certified all four Scripps hospital campuses with emergency rooms as 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, MS (Multiple Sclerosis), 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.

## 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. The psychiatric liaison services and substance use nurses are provided at all five acute care Scripps hospital campuses and associated urgent care facilities. A supportive employment program is also offered 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  
Board of Trustees**

**Professions  
2022**

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**Chris D. Van Gorder\***  
President and CEO, Scripps Health

\*Denotes Ex Officio  
Effective 02.23.22



## 2022 Community Benefit Plan and Report Our Promise to the Community

In fiscal year 2021, Scripps Health provided

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in community benefit services



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### Teaching to Serve Our Community

For more than 70 years, physicians in Scripps graduate medical education (GME) programs have helped care for underserved populations as part of their training. Our comprehensive range of GME programs include residencies in internal medicine, family medicine, podiatry, trauma, emergency and surgical critical care, as well as research programs. Our graduates go on to successful careers in medicine at leading medical institutions across the nation, including right here at Scripps. From teaching tomorrow's physicians to caring for the community during the COVID-19 pandemic and collaborating with organizations that share our dedication to improving the health of San Diegans, Scripps is here for good.

# Investing in Our Community

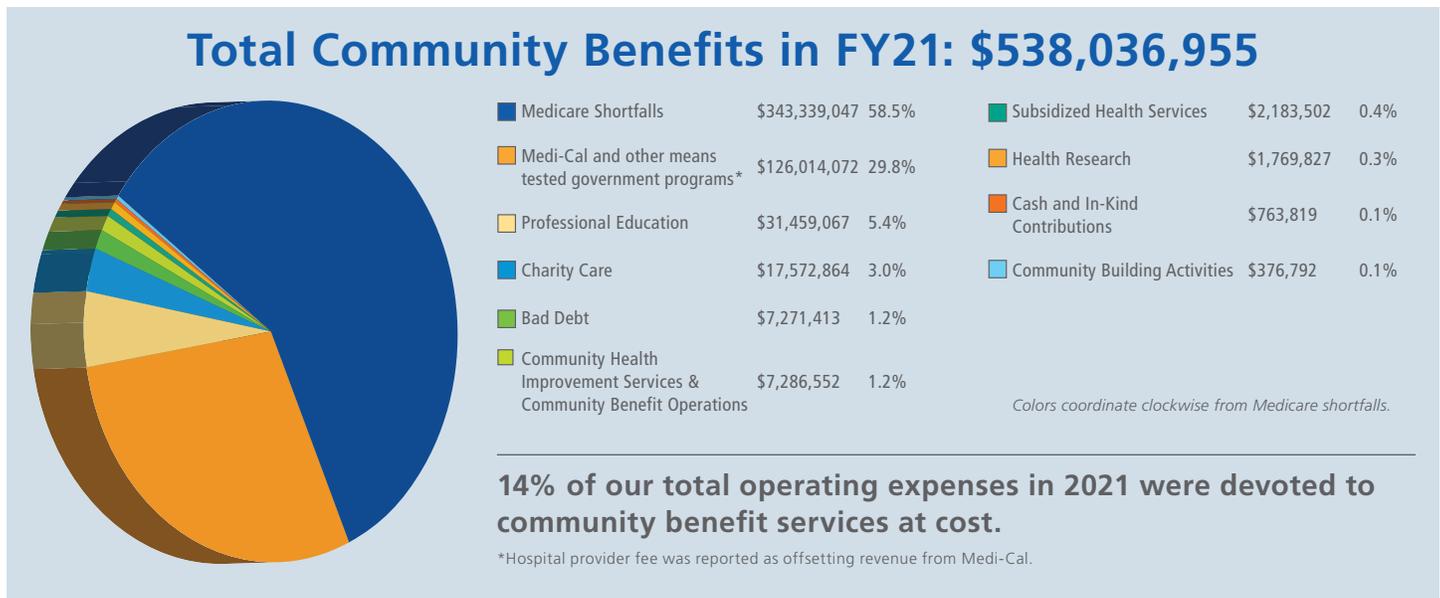
Scripps touches countless lives in San Diego. We are proud of our multifaceted community efforts, which expand access to vitally needed health care services and improve the quality of life for people throughout the region. This report shares many of the ways we serve our community.

In fiscal year 2021, Scripps Health devoted more than \$538 million to community benefit programs, including over \$17 million in charitable care. We offer many free and low-cost services, including supporting the work of community clinics, support groups, screening for key health indicators, youth programs, special education for pregnant women and patient advocacy services.

Keeping patients at the center of everything we do, Scripps collaborates with other health systems, community groups, government agencies, businesses and community clinics to serve the greatest needs and prioritize our investments 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 clinics, 15 Scripps *HealthExpress* sites.
- Three highly respected graduate medical education programs and two pharmacy resident programs train the next generation of caregivers.
- Operating revenue: \$3,783 billion
- Operating expenses: \$3,747 billion
- Total inpatient discharges: 67,258
- Total outpatient visits: 2,610,833
- Emergency visits: 202,788



## 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**.

# 2022 COMMUNITY BENEFIT PLAN AND REPORT

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# Section 1

## Fulfilling the Scripps Mission

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## FULFILLING THE SCRIPPS MISSION

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. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.

- Community Health Improvement Services
- Professional Education and Health Research
- Uncompensated Care

The report covers the period of Fiscal Year 2021 (October 1, 2020, through September 30, 2021). During this fiscal year, Scripps devoted \$538,036,955 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 indicated 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 assist 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 of promote health and healing in response to an identified community need. Community benefit programs must meet at least one of the following criteria:

- Respond 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 are required to 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.<sup>1</sup>

Scripps has aligned the 2022 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 41 for a breakdown of the Scripps Schedule H Uncompensated Care Summary for Fiscal Year 2021.)

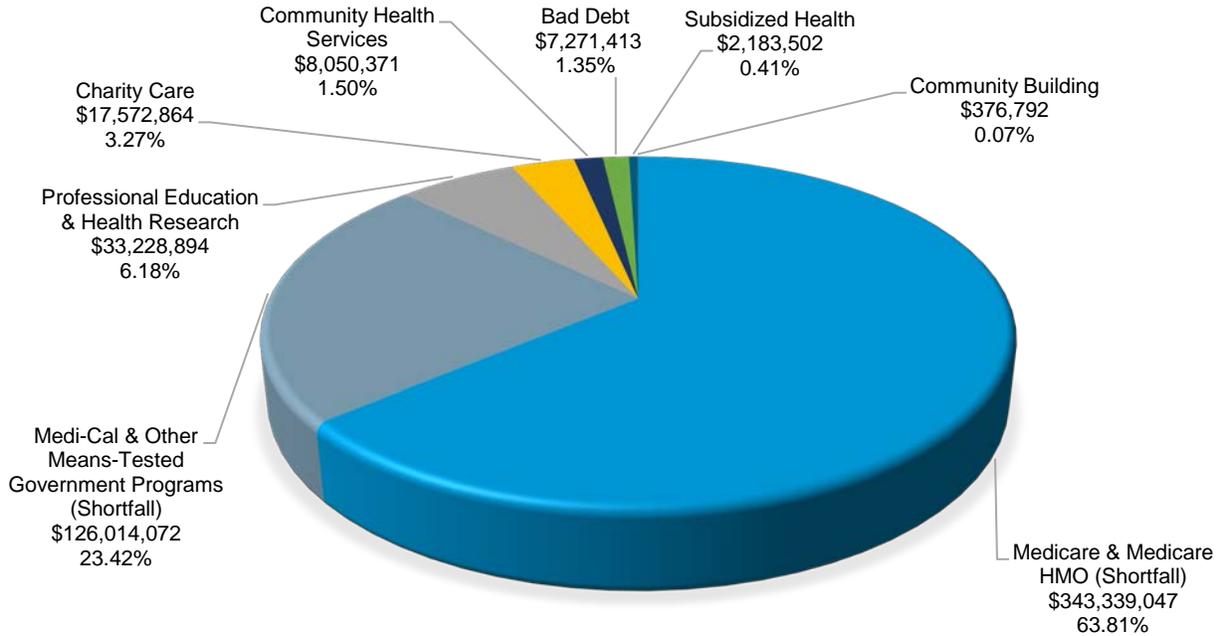
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<sup>1</sup> Congressional Research Services, 501 (c)(3) Hospitals and the Community Benefit Standard, <https://crsreports.congress.gov/RL34605>, Updated May 12, 2010.

FIGURE 1.1

Fiscal Year 2021

**SCRIPPS TOTAL COMMUNITY BENEFIT SERVICES, \$538,036,955**



Community Benefits Services (Provider Fee Impact)	Bad Debt	Charity Care	Medi-Cal (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Subsidized Health Services	Community Building Activities	Total
Before Provider Fee	\$7,271,413	\$17,572,864	\$174,522,727	\$343,339,047	\$8,050,372	\$33,228,893	\$2,183,502	\$376,792	\$586,545,610
Provider Fee	-	-	(\$48,508,654)	-	-	-	-	-	(\$48,508,654)
Net After Provider Fee	\$7,271,413	\$17,572,864	\$126,014,072	\$343,339,047	\$8,050,372	\$33,228,893	\$2,183,502	\$376,792	\$538,036,955

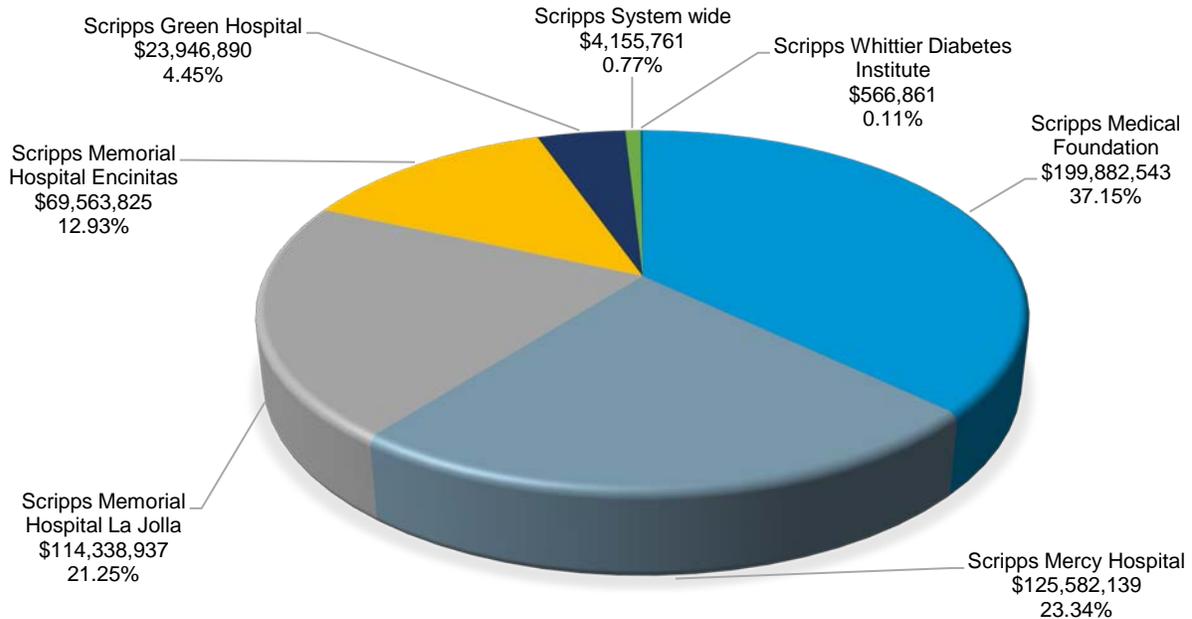
**COMMUNITY BENEFIT SERVICES**

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 2021

SCRIPPS TOTAL COMMUNITY BENEFIT SERVICES BY OPERATING UNIT, \$538,036,955



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	\$108,695,212	\$23,946,890	\$66,080,692	\$183,217,651	\$566,861	\$199,882,543	\$4,155,761	\$586,545,610
Provider Fee	\$5,643,725		\$3,483,133	(\$57,635,512)	-	-	-	(\$48,508,654)
Net After Provider Fee	\$114,338,937	\$23,946,890	\$69,563,825	\$125,582,139	\$566,861	\$199,882,543	\$4,155,761	\$538,036,955

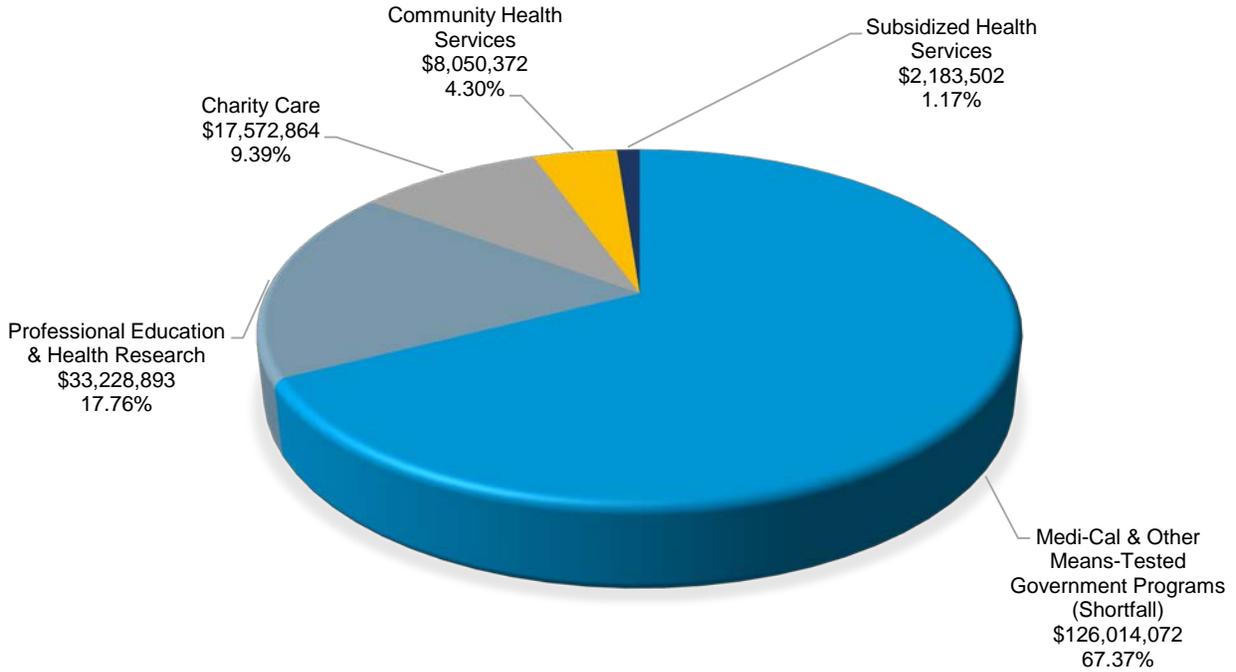
COMMUNITY BENEFIT SERVICES

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 1.3

Fiscal Year 2021

SCRIPPS SCHEDULE H COMMUNITY SERVICES BY CATEGORY, \$187,049,704



Community Benefits Services (Provider Fee Impact)	Charity Care	Medi-Cal (Shortfall)	Community Health Services	Prof Ed & Health Research	Subsidized Health Services	Total
Before Provider Fee	\$17,572,864	\$174,522,727	\$8,050,372	\$33,228,893	\$2,183,502	\$235,558,358
Provider Fee	-	(\$48,508,654)	-	-	-	(\$48,508,654)
Net After Provider Fee	\$17,572,864	\$126,014,072	\$8,050,372	\$33,228,893	\$2,183,502	\$187,049,704

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

**Scripps Health Community  
Served and  
Scripps Community Health  
Needs Assessment (CHNA)**

# SAN DIEGO COUNTY COMMUNITY DEFINED

San Diego County Health and Human Services Agency (HHSA) organizes their service areas into six geographic regions due to its large geographic size and population. Central, East, North Central, North Coastal, North Inland and South. The demographics of San Diego reflect a diverse population, with considerable variation between the different regions. When possible, data is presented at a regional level to provide a more detailed understanding of the population. The geographical regions are represented in Figure 2.1.

FIGURE 2.1. SAN DIEGO COUNTY WITH HEALTH AND HUMAN SERVICES AGENCY REGIONS



## DEMOGRAPHIC PROFILE OF SAN DIEGO COUNTY

Current population demographics and changes in demographic composition over time play a defining role in the types of health and social services needed by communities. Population size change in race, ethnicity, and age distribution are all key factors in understanding communities and their health needs. Further breakdowns in San Diego County demographics are displayed in Table 2.1.

San Diego is the second most populous county in California and fifth most populous in the United States.

### **San Diego has<sup>2</sup>:**

- Over 3.3 million residents.
- Majority minority population
- Busiest land border crossing in the world – 1 of every 13 people who enter the U.S come through San Ysidro.
- 70 miles of coastline.
- 16 naval and military installations.
- 18 federally qualified recognized Indian reservations.
- A total of 4,526 square miles, larger than Rhode Island and Delaware combined.

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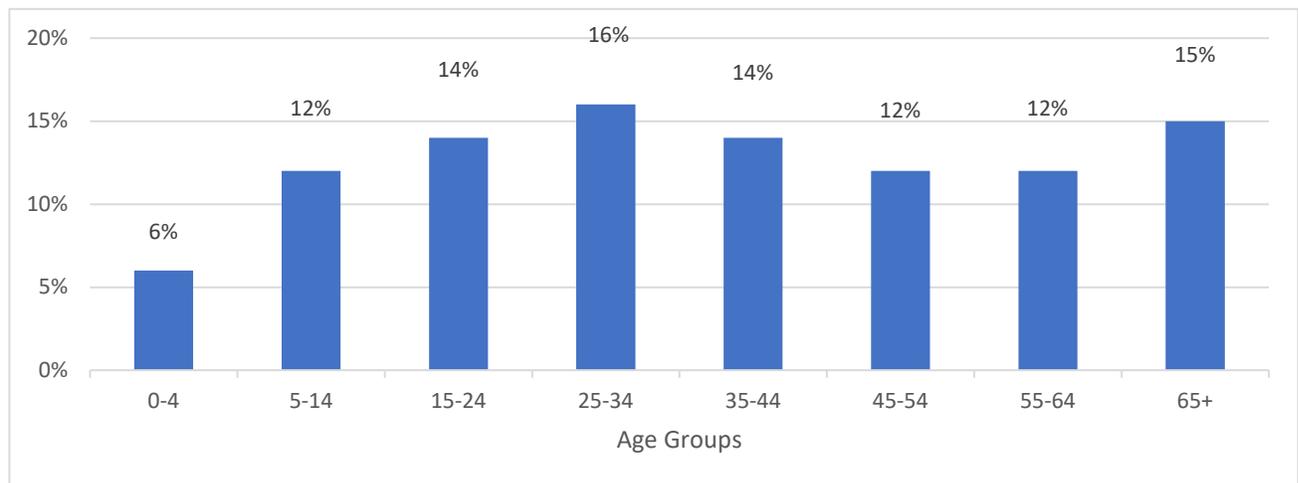
<sup>2</sup> Source: SANDAG 2020

**TABLE 2.1. SAN DIEGO COUNTY DEMOGRAPHICS, 2019**

Population	#	Race/Ethnicity*	%
Total Population	3,338,330	Hispanic or Latino	34.1%
<b>Socioeconomic</b>	<b>%</b>	White	44.8%
Living Below Poverty*	10.3%	Black or African American	4.7%
Children in Poverty (under 5years) *	12.0%	American Indian and Alaska Native	0.4%
Unemployment**	3.3%	Asian	11.8%
		Native Hawaiian & Other Pacific Islanders	0.4%
		Multiracial	3.6%

Source: \*U.S. Census Bureau-American Community Survey 2019 Estimates  
 \*\*State of California Employment Development Department, Local Area Unemployment Statistics Annual Average 2019

**TABLE 2.2 PERCENTAGE OF SAN DIEGO POPULATION BY AGE GROUP, 2019 ESTIMATE**



Source: U.S. Census Bureau. American Community Survey, 2019 Estimates.

Additional information on socioeconomic factors, access to care, health behaviors, and the physical environment can be found in the Scripps 2019 CHNA report at [Scripps Health 2019 Community Health Needs Assessment Report](#).

## SAN DIEGO'S UNINSURED

Low-income and uninsured individuals have been found to be most at risk for poor health status and health outcomes. Data from the American Community Survey (ACS) show how these indicators impact the San Diego community. Evaluating these risk factors is important for identifying communities with the most significant health needs and health disparities.

San Diego residents have more education, higher incomes, lower poverty, and lower unemployment rates than the statewide population. Nonetheless, more than one in four residents in the region lives in a household earning less than 200% of the federal poverty level, or \$53,000 for a family of four in 2021.<sup>3</sup>

Under the Patient Protection and Affordable Care Act (ACA), millions of Californians have gained health coverage. These gains have come either through the expansion of Medicaid (called Medi-Cal in California) to low-income adults earning up to 138% of the federal poverty guideline (FPG), or through Covered California, the state's ACA health insurance marketplace, where people earning up to 400% FPL can purchase subsidized insurance coverage. The major coverage expansions of the ACA were implemented starting in 2014 and between 2013 and 2018 the uninsured rate for Californians under age 65 was halved, dropping from 15.5% to 8.1%<sup>4</sup> (This percentage includes children).

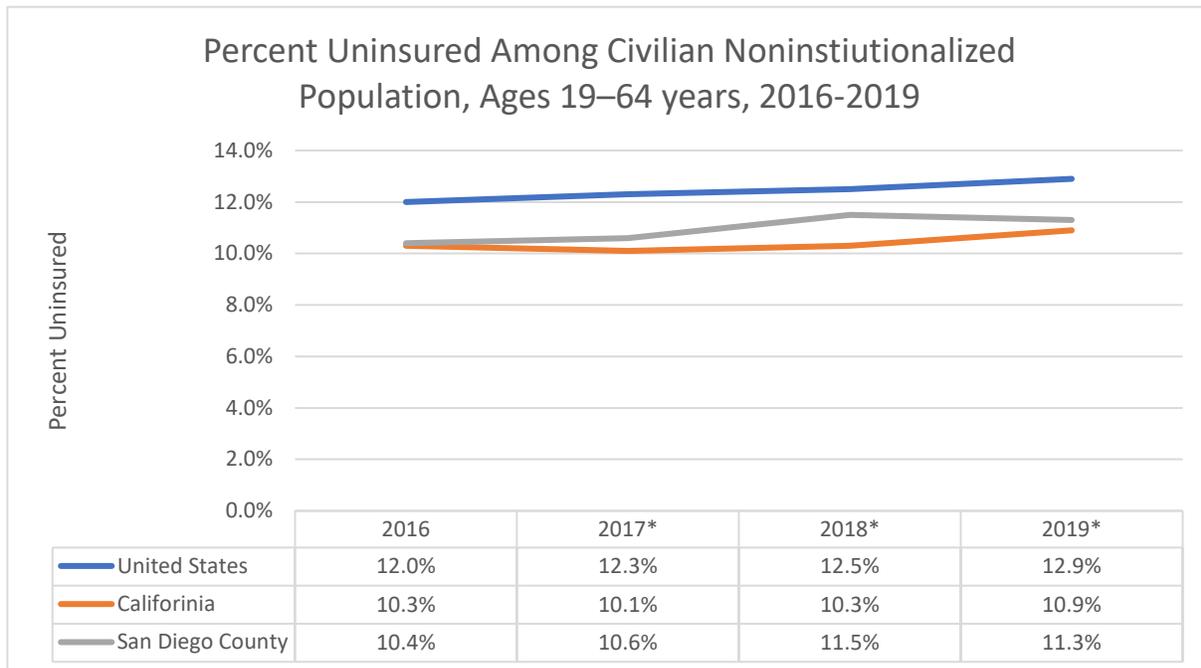
Following the ACA, the number of uninsured nonelderly Americans declined by 20 million, dropping to an historic low in 2016. However, beginning in 2017, the number of uninsured nonelderly Americans increased for three straight years, growing by 2.2 million from 26.7 million in 2016 to 28.9 million in 2019. The uninsured rate for California increased from 10.3% in 2016 to 10.9% in 2019 and for San Diego County increased from 10.4% in 2016 to 11.3% in 2019. See figure 2.2 below for more detail data.

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<sup>3</sup> "Poverty Guidelines," US Department of Health and Human Services, 2021, [https://aspe.hhs.gov/sites/default/files/migrated\\_legacy\\_files/198351/2021-percentage-poverty-tool.pdf](https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/198351/2021-percentage-poverty-tool.pdf)

<sup>4</sup> California Health Care Foundation, "ACA Reduces Racial/Ethnic Disparities in Health Coverage". October 2018

FIGURE 2.2. PERCENT UNINSURED: UNITED STATES, CALIFORNIA & SAN DIEGO COUNTY, 2016 – 2019



\*2017–2019 data show uninsured percentage for 19–64-year-olds.  
 Source: U.S. Census Bureau. American Community Survey, 2019, 1-Year Estimates.

## COVERAGE DURING THE COVID-19 PANDEMIC

The economic downturn caused by the coronavirus pandemic has renewed attention on health insurance coverage as millions have lost their jobs and potentially their health coverage. The Affordable Care Act (ACA) sought to address the gaps in our health care system that leave millions of people without health insurance by extending Medicaid coverage to many low-income individuals and providing subsidies for Marketplace coverage for individuals below 400% of poverty.<sup>5</sup>

### KEY FINDINGS

National data from the Centers for Disease Control and Prevention (CDC) showed that the uninsured rate held steady during 2020 despite the COVID-19 pandemic. This data comes from the National Health Interview Survey, considered one of the most comprehensive sources of information about health insurance coverage due to the large sample size and the fact that data is collected year-round. The overall uninsured rate in

<sup>5</sup> Kaiser Family Foundation, Analysis of 2020 Key Facts about the Uninsured Population

2020 was 9.7 percent (about 31.6 million people) compared to 10.3 percent (about 33.2 million people) in 2019.<sup>6</sup>

## SCRIPPS HEALTH COMMUNITY SERVED

Hospitals and health care systems define the community served as those individuals residing within its service area. A hospital or health care system service area includes all residents in a defined geographic area surrounding the hospital. 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 and growing volumes of emergency, outpatient, and primary care. In Fiscal Year 2021, Scripps provided 2,610,833 outpatient visits. Community outreach efforts are focused in those areas with proximity to a Scripps facility. Scripps hosts, sponsors, and participates in many community-building events throughout the year. Figure 2.3 is a map of Scripps Health service areas.

TABLE 2.3. SCRIPPS HEALTH LOCATIONS

Scripps Health		
Hospital/Health Care System*	Location	
Scripps Memorial Hospital Encinitas	354 Santa Fe Dr	Encinitas
Scripps Green Hospital	10666 N. Torrey Pines Road	La Jolla
Scripps Memorial Hospital La Jolla	9888 Genesee Ave	La Jolla
Scripps Mercy Hospital San Diego	4077 5 <sup>th</sup> Ave	San Diego
Scripps Mercy Hospital Chula Vista	435 H St.	Chula Vista

\*Locations represent the major hospital or health care/system locations and do not represent all types of hospital or health care locations.

<sup>6</sup> Health Affairs, “Uninsured Rate Steady But High; More Work Needed”, September 9, 2021.

FIGURE 2.3 - SCRIPPS HEALTH SERVICE AREA



## 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

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. Community Health Needs Assessment (CHNA) originated from California statewide legislation in the early 1990s. SB 697 took effect in 1995, which required private not-for-profit hospitals to submit detailed information to the Department of Healthcare Access and Information (HCAI) on their community benefit contributions. Formerly named the Office of Statewide Health Planning and Development (OSHDP). Annual hospital community benefit reports are summarized by HCAI in a Report to the Legislature, which provides valuable information for government officials to assess the care and services provided to their constituents.

The SB 697 requirement was supplemented in 2010 by requirements in the Patient Protection and Affordable Care Act or ACA that not-for-profit hospitals conduct community health needs assessments with community stake holders to determine significant health needs of the community they serve and implementation strategies to help meet those needs. Additional information on the ACA requirements for not-for-profit hospitals can be found at <http://www.irs.gov>, keyword: "Charitable Organizations." For more detailed information on the CHNA regulatory requirements and Implementation Strategy see Appendix E.

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's strategy for its licensed hospital facilities every three years. 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.

The 2019 Scripps Health Community Health Needs Assessment (CHNA) was designed to provide a deeper understanding of barriers to health improvement in San Diego County. The report helps us 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 2019 Community Health Needs Assessment Report.

## CHNA EXECUTIVE SUMMARY

This executive summary provides a high-level summary of the 2019 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.

Seven hospitals and health care systems, including Scripps Health came together under the auspices of the Hospital Association of San Diego and Imperial Counties (HASD&IC) to conduct the current triennial Community Health Needs Assessment (CHNA) that identifies and prioritizes the most critical health-related needs of San Diego County residents. The complete HASD&IC 2019 CHNA is available for public viewing and download at <https://hasdic.org/2019-chna/>. Participating hospitals use the findings to guide their community programs and meet IRS regulatory requirements. Per legislation hospitals conduct a health needs assessment in the community once every three years. The 2019 CHNA was completed in September 2019 and the complete report is available online at [Scripps Health 2019 Community Health Needs Assessment Report](#).

The 2019 Scripps Health Community Health Needs Assessment (CHNA) includes three types of community engagement efforts: 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.

Participating hospitals use this information to inform and guide hospital programs and strategies. The report includes an analysis of health outcomes and associated social determinants of health which create health inequities— “the unfair and avoidable differences in health status” seen within and between countries<sup>7</sup> and communities with the understanding that the burden of illness, premature death, and disability disproportionately affects racial and minority population groups and other underserved

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<sup>7</sup> World Health Organization. Social determinants of health. [http://www.who.int/social-determinants/sdh\\_definition/en/](http://www.who.int/social-determinants/sdh_definition/en/). Accessed March 2016

populations<sup>8</sup>. Understanding regional and population-specific differences is a key step to understanding and strategizing ways to make collective impact. These new insights allow participating hospitals to identify effective strategies to address the most prevalent and challenging health needs in the community.

## 2019 CHNA OBJECTIVES

The objectives of the 2019 CHNA were to accomplish the following goals:

- Identify and prioritize the most critical health-related needs in San Diego County based on feedback from community residents in high need neighborhoods who face 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.

## OVERVIEW AND BACKGROUND

HASD&IC contracted with the Institute for Public Health (IPH) at San Diego State University (SDSU) to assist with the collaborative health needs assessment that was officially called the HASD&IC 2019 Community Health Needs Assessment (2019 CHNA). The 2019 CHNA was implemented and managed by a standing CHNA Committee comprised of representatives from seven hospitals and health systems:

- Kaiser Foundation Hospital – San Diego
- Palomar Health
- Rady Children’s Hospital – San Diego
- Scripps Health
- Sharp HealthCare
- Tr-City Medical Center
- UC San Diego Health

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<sup>8</sup>U.S. Department of Health and Human Services, HHS action plan to reduce racial and ethnic health disparities. A Nation Free of Disparities in Health and Health Care. (Washington, D.C.: U.S. Department of Health and Human Services, Office of Minority Health, 2011). [https://www.minorityhealth.hhs.gov/assets/pdf/hhs/HHS\\_Plan\\_complete.pdf](https://www.minorityhealth.hhs.gov/assets/pdf/hhs/HHS_Plan_complete.pdf)

The 2019 CHNA involved a mixed methods approach using the most current quantitative data available and more extensive qualitative outreach. Throughout the process, the IPH met bi-weekly with the HASD&IC CHNA committee to analyze, refine, and interpret results as they were being collected.

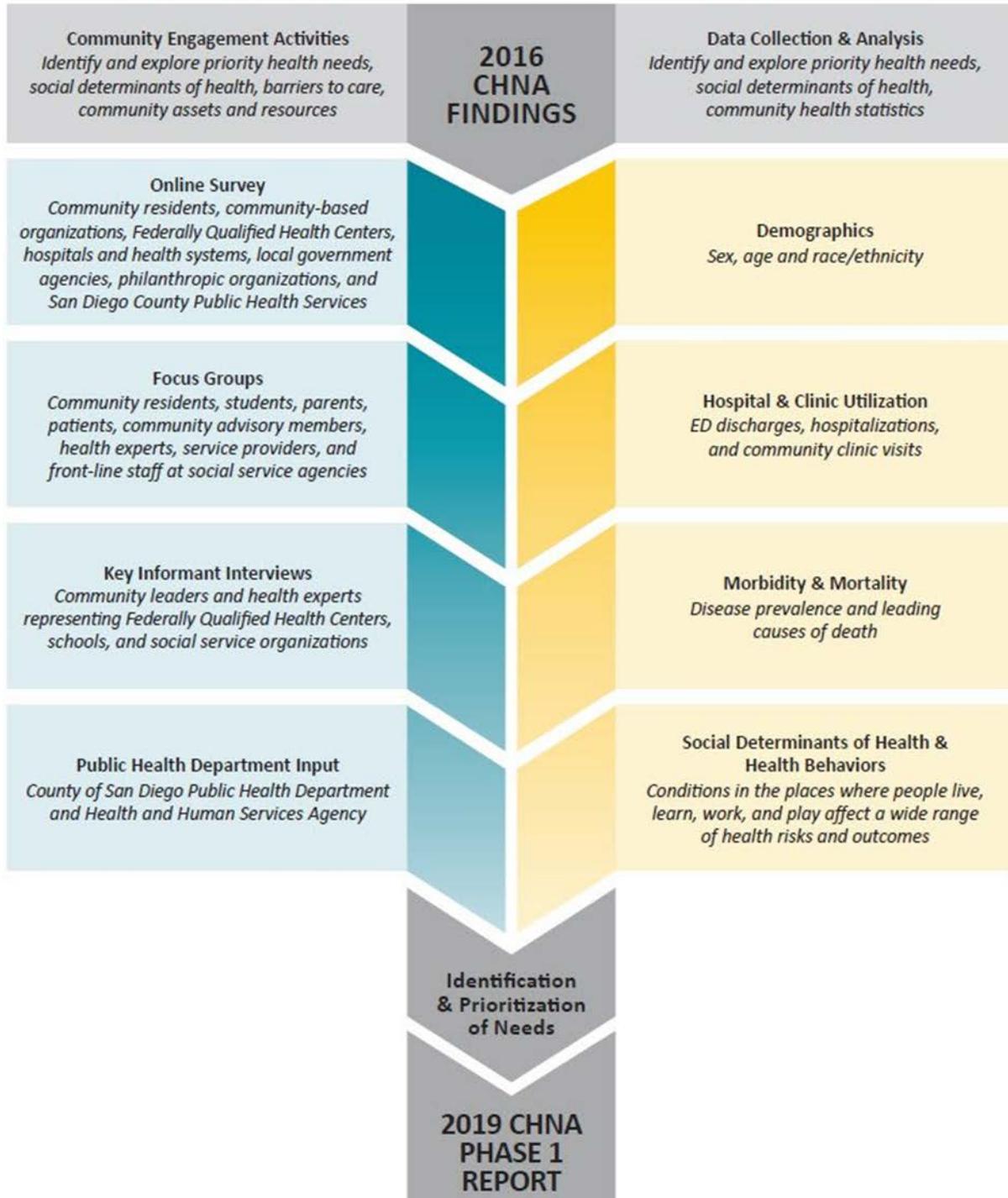
#### COMMUNITY PRIORITY PROCESS (CHNA METHODOLOGY)

The 2019 CHNA quantitative analyses of publicly available data provided an overview of critical health issues across San Diego County, while qualitative analyses of feedback from the community provided an appreciation for the experiences and needs of San Diegans. The CHNA Committee reviewed these analyses and applied a pre-determined set of criteria to them to prioritize the top health needs in San Diego County. This process is represented in Figure 2.4.

For a complete description of the HASD&IC 2019 process and findings, see full report available at <https://www.hasdic.org/2019-chna>.

FIGURE 2.4. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS MAP

## 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP



## QUANTITATIVE

Quantitative data were drawn from several public sources. Data from Dignity Health/Truven Health **Community Needs Index (CNI)** and the Public Health Alliance of Southern California's **Healthy Places Index (HPI)** were used to identify geographic communities in San Diego County that were more likely to be experiencing health inequities, which guided the selection of communities for the engagement and the development of engagement questions.

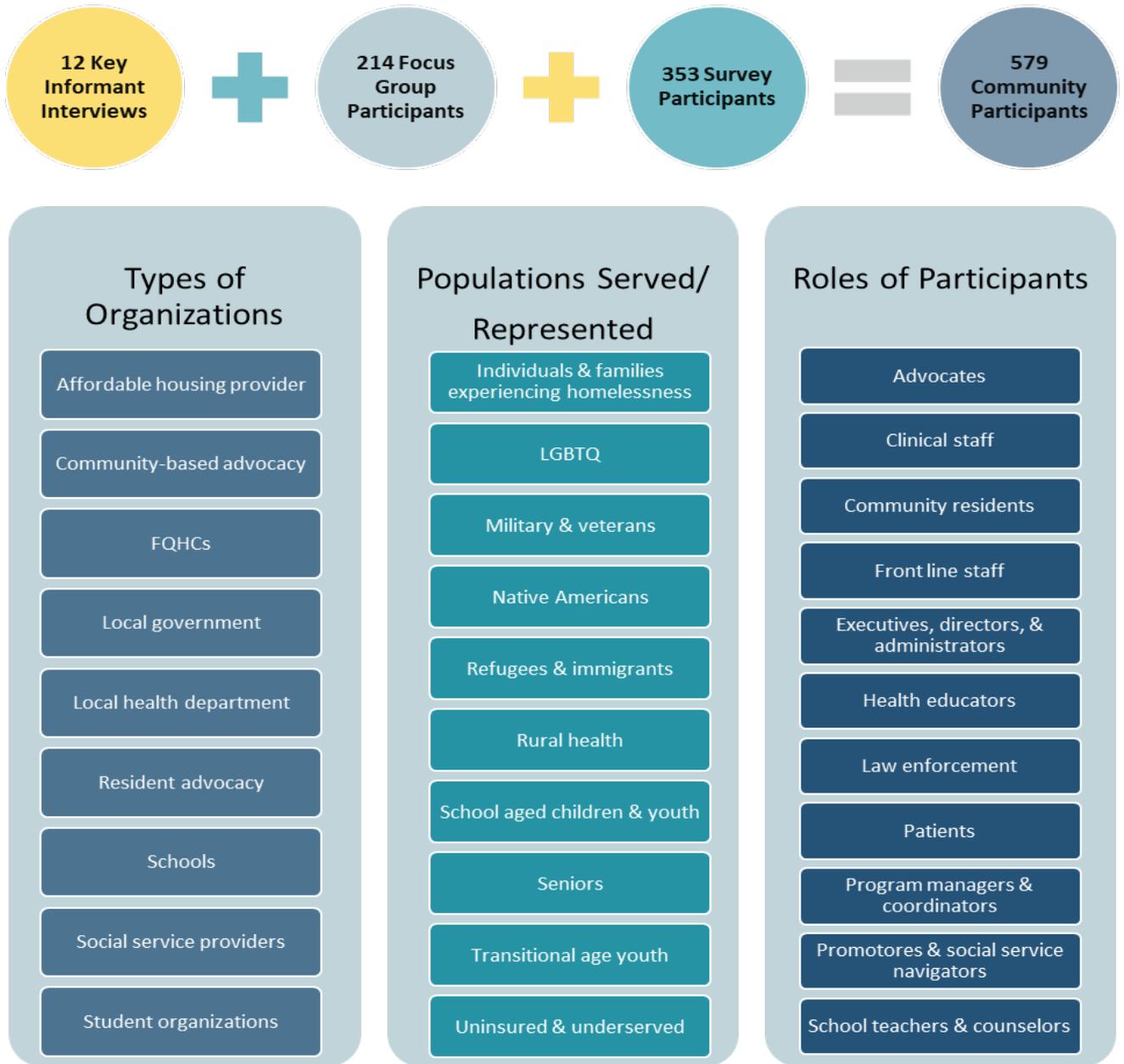
Hospital discharge data exported from **SpeedTrack 's California Universal Patient Information Discovery, or CUPID application** were used to identify current and three-year trends in primary diagnosis discharge categories and were stratified by age and race. This allowed for the identification of health disparities and the conditions having the greatest impact on hospitals and health systems in San Diego County.

Data from **national and state-wide data sets** were analyzed including San Diego County mortality and morbidity data, and data related to social determinants of health. In addition, Kaiser Permanente consolidated data from several national and state-wide data sets related to a variety of health conditions and social determinants of health in San Diego County and conducted a comprehensive statistical analysis to identify which social determinants of health were most predictive of negative health outcomes. Kaiser Permanente then created a web-based data platform ([chna.org/kp](http://chna.org/kp)) to post these analyses for use in the CHNA. These analyses guided the design of the online survey, interview, and focus group questions.

## QUALITATIVE - COMMUNITY ENGAGEMENT

Community engagement activities included focus groups, key informant interviews, and an online survey which targeted stakeholders from every region of San Diego County, all age groups, and numerous racial and ethnic groups. Collaboration with the County of San Diego Health & Human Services Agency, Public Health Services was vital to this process. A total of 579 individuals participated in the 2019 Community Health Needs Assessment: 138 community residents and 441 leaders and experts. Please see Figure 2.5 below for details on the types of participants engaged.

FIGURE 2.5. 2019 CHNA COMMUNITY ENGAGEMENT PARTICIPANTS



## 2019 CHNA PRIORITIZATION OF THE TOP HEALTH 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.

## 2019 FINDINGS: TOP 10 COMMUNITY HEALTH NEEDS

The CHNA Committee identified the following as the highest priority community health needs in San Diego County (in alphabetical order by SDOH or health condition).

FIGURE 2.6. 2019 TOP 10 COMMUNITY HEALTH NEEDS

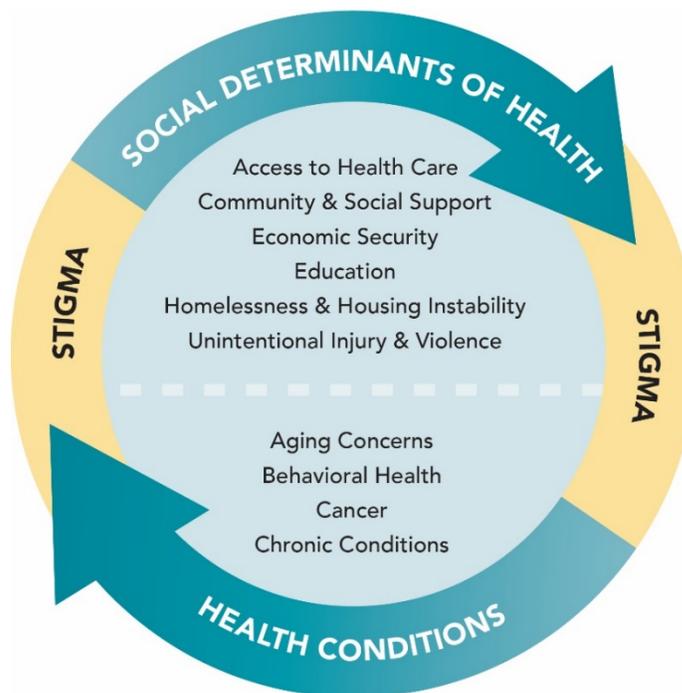


Figure 2.6 illustrates the interactive nature of SDOH and health conditions—each impacting the other. In addition, an underlying theme of stigma and the barriers it creates arose across community engagement. For instance, stigma impacts the way in which people access needed services that address SDOH, which consequentially impacts their ability to maintain and manage health conditions.

**Access to health care.** Overcoming barriers to health care, such as lack of health insurance and insurance issues, economic insecurity, transportation, the shortage of

culturally competent care, fears about immigration status, and the shortage of health care providers emerged as a high priority community need. In addition, specific services were identified as challenging to obtain, including behavioral health care, dental care, primary care, and specialty care.

***Aging concerns.*** Conditions that predominantly affect people who are 65 and older such as Alzheimer's disease, Parkinson's, dementia, falls, and limited mobility were identified as a high priority health need. Community engagement participants most often described aging concerns in relation to the social determinants of health, including transportation, access to fresh food, social isolation and inadequate family support, and economic insecurity.

***Behavioral health.*** Greater access to behavioral health care was cited as a priority health need. Three types of behavioral health care were identified as challenging to access: urgent care services for crisis situations; inpatient psychiatric beds and substance abuse facilities; and transitional programs and services for post-acute care. In addition, several barriers to behavioral health care were named as priorities to address, including a lack of availability of needed services and appointments, insurance issues, logistical issues, such as transportation and time off work, and the inability to pay co-pays and deductibles.

***Cancer.*** Health needs related to cancer were described in relation to the effects on well-being beyond physical health. These include financial, practical, and emotional impacts on individuals and families; these effects are exacerbated by barriers to cancer care.

***Chronic conditions.*** Three chronic conditions were identified as priorities: cardiovascular disease, diabetes, and obesity. Key factors that individuals struggle with to prevent chronic diseases include access to fresh, health foods and safe places to exercise and play. In addition, economic issues, transportation to medical care, fears about immigration status, and a lack of knowledge about chronic conditions were named as particular challenges related to the management of chronic conditions.

***Community and social support.*** A high priority for the well-being of San Diego residents is ensuring that individuals have adequate resources and substantial support within their neighborhood. Valuable neighborhood resources include federally qualified health centers (FQHCs) and those that are culturally and linguistically competent. Without adequate support from others, community engagement and community spirit are affected.

*Economic security.* Economic security was named as vitally important to the well-being of San Diego residents and was described as impacting every aspect of residents' daily life. The health of those who are economically insecure is negatively affected by food insecurity, chronic stress and anxiety, and the lack of time and money to take care of health needs. In San Diego County, 13.3% of residents have incomes below the federal poverty level and 15% experience food insecurity. Those who are economically insecure are at greater risk of poor mental health days, as well as asthma, obesity, diabetes, stroke, cancer, smoking, pedestrian injury, and visits to the emergency department for heart attacks. Factors identified as contributing to economic insecurity include housing and childcare costs as well as low wages.

*Education.* Receiving a high school diploma, having the opportunity to pursue higher or vocational education, being health literate, and having opportunities for non-academic continuing education were identified as important priorities for the health and well-being of San Diego residents. Family stress and a lack of school and community resources were identified as factors underlying low levels of educational attainment.

*Homelessness and housing instability.* Homelessness and housing instability were named as key factors affecting the health of San Diego County residents. They were described as having serious health impacts, such as increasing exposure to infectious disease, creating substantial challenges in the management of chronic diseases and wound care, and increasing stress and anxiety. Poor housing conditions were also cited as impactful of physical and mental health; crowded housing leads to the spread of illness, and environmental hazards can exacerbate conditions like asthma.

*Unintentional injury and violence.* 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.

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## COMMUNITY RESOURCES

The 2019 CHNA identified many health resources in San Diego County, including those provided by community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations engaged in addressing many of the health needs identified by this assessment. In addition, 2-1-1 San Diego is an important community resource and information hub that facilitates access to services. Through its 24/7 phone service and online database, 2-1-1 San Diego helps connect individuals with community, health, and disaster services.

In addition to community input on health conditions and social determinants of health, a wealth of ideas emerged from community engagement participants about how hospitals and health systems could support, expand, or create additional resources and partner with organizations to better meet San Diego's community health needs. Please see Figure 2.7 for the types of resources that were identified by community engagement participants.

## NEXT STEPS

The 2019 CHNA is utilized by Scripps Health and participating hospitals and health systems to evaluate opportunities for next steps to address the top identified health and social needs in their respective patient communities. In addition, the CHNA report is made available to the broader community and is intended to be a useful resource to both residents and health care providers to further communitywide health access and health improvement efforts.

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 2022 Community Health Needs Assessment (CHNA). Beginning in 2021, every private hospital, health system, health district and behavioral health hospital in San Diego is now part of our collective CHNA effort to better understand the health and social needs of San Diego communities. The collaborative CHNA provides information that helps hospitals and health systems adjust their programs and services to better meet the specific health needs of the communities they serve. In addition, the CHNA Committee is re-envisioning how best to work collaboratively in a virtual environment and continuing to look at health and social needs from a health equity framework. The 2022 CHNA is expected to be finalized in the fall of 2022.

FIGURE 2.7. RESOURCES & OPPORTUNITIES TO ADDRESS PRIORITY HEALTH NEEDS

## RESOURCES & OPPORTUNITIES TO ADDRESS PRIORITY HEALTH NEEDS

Community engagement participants identified three means by which the identified health needs could be better addressed:

1. The implementation of overarching *strategies* to address the health needs,
2. The development or expansion of *resources* to meet the needs,
3. The creation of *systemic, policy, and environmental changes* to better support health outcomes.

All of these approaches, participants emphasized, would require *collaboration* between political, health care system, and community leaders, health care professionals, community organizations, and residents.



## HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES; 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PHASE TWO



### BACKGROUND & INTRODUCTION

In July 2019, the Hospital Association of San Diego, and Imperial Counties (HASD&IC) completed the triennial collaborate community health needs assessment (CHNA) to identify and prioritize the health needs of San Diego County residents, particularly those who experience health inequities. The CHNA is managed by a standing CHNA Committee comprised of representatives from hospitals, and health systems and health districts. HASD&IC contracted with the Institute of Public Health (IPH) at San Diego State University (SDSU) to conduct the needs assessment.

The CHNA Committee worked with IPH to distribute a follow-up survey to gather feedback on the 2019 CHNA findings through a Phase 2 Survey. The survey sought to further explore frequently recurring themes that emerged during community discussions in the 2019 CHNA, including: access to care, stigma, immigration, and public charge.

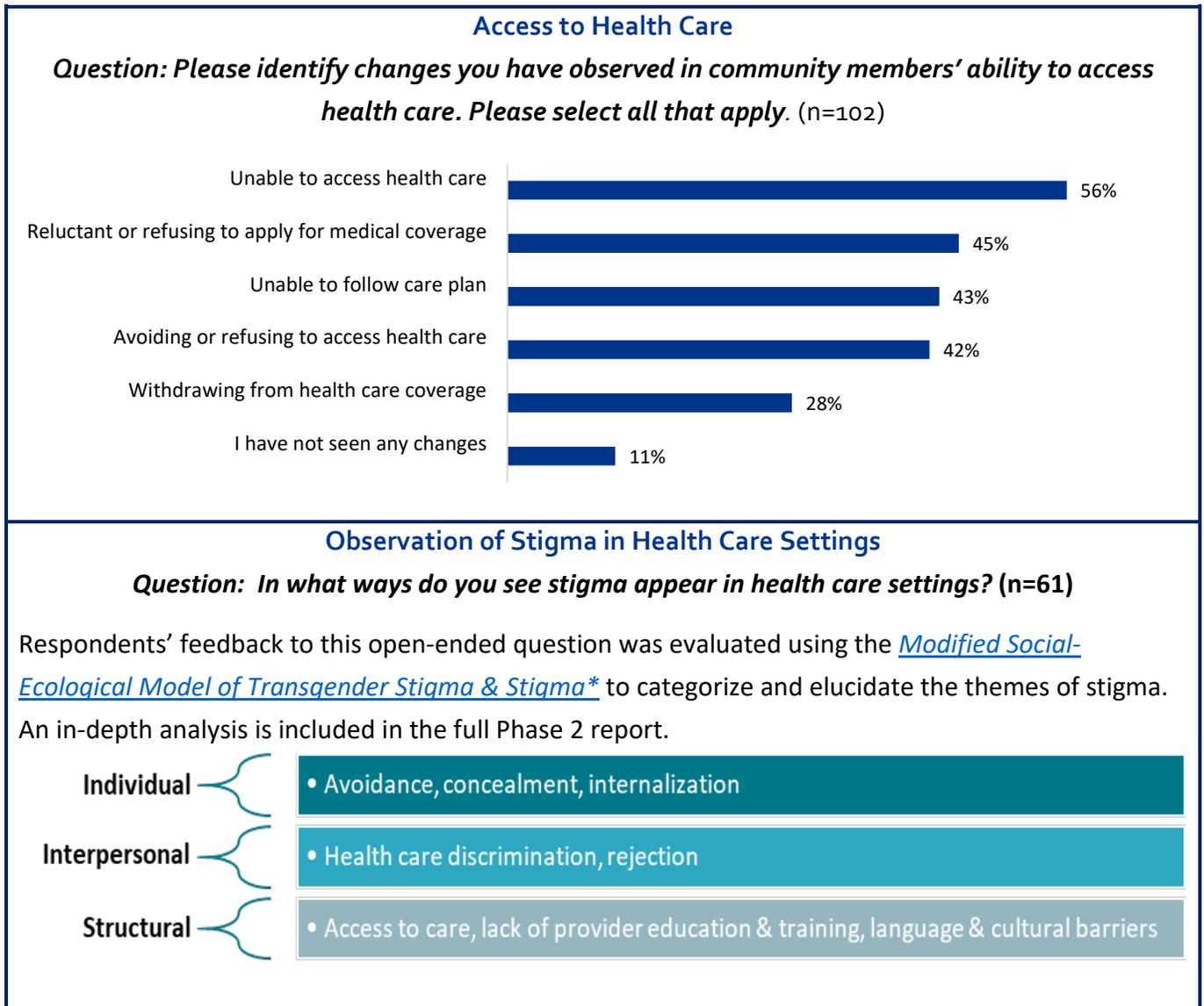
*Note: The Phase 2 Survey was developed and disseminated prior to the COVID-19 pandemic taking hold in the San Diego region. The CHNA Committee recognizes that communities facing inequities are dealing with unprecedented challenges and the devastating increase in needs is not captured in these findings.*

### SURVEY PARTICIPANTS & RESULTS



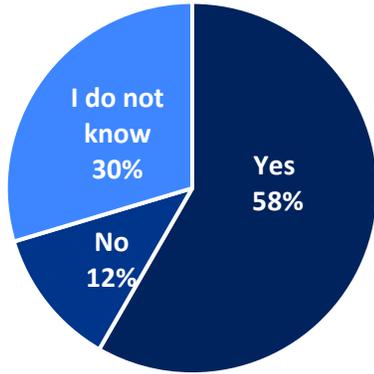
**Nearly 92%** of respondents (114 out of 124 respondents) agreed or strongly agreed that the health needs identified in the 2019 CHNA represent the top health needs of communities facing inequities within San Diego County. Most survey respondents were from community-based organizations (39.5%), followed by hospitals/health systems (16.1%) and community residents (11.3%). A total of 105 survey participants responded to the question about where they live or work. Overall, 37.4% of survey respondents served all regions of San Diego County and 26.8% lived in or work at North Inland.

**SUMMARY OF PARTICIPANT RESPONSES TO KEY QUESTIONS**



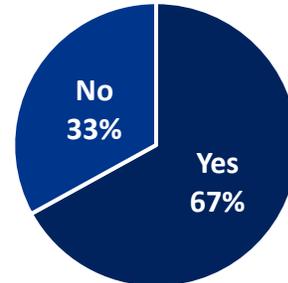
**Immigration & Access to Health Care  
Observation**

**Question: Are individuals in your community having difficulty accessing health care due to their immigration status? (n=108)**



**Hospital Patient Financial Service Requirements**

**Question: San Diego hospitals offer financial assistance programs and can help answer questions if you or your patients/clients are struggling to pay or understand a hospital bill. Did you know San Diego hospitals offer these services? (n=106)**



**CONCLUSION**

For additional details, including community suggestions and recommendations to address identified needs, please see the full report on the HASD&IC website, <https://hasdic.org/2019-chna/>.

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## SCRIPPS HEALTH IMPLEMENTATION PLAN

With the 2019 CHNA complete and health priority areas identified, Scripps Health has developed a corresponding Implementation Strategy – a multifaceted, multi-stakeholder, plan that addresses the community health needs identified in the CHNA. The Implementation Plan translates the research and analysis presented in the Assessment into actual, measurable strategies and objectives that can be carried out to improve community health outcomes.

Scripps Health evaluates the implementation strategy annually because a flexible approach is well suited to developing a response to the Scripps CHNA. The annual evaluation of the implementation plan assesses available resources and interventions and makes adjustments as needed to achieve the implementation strategy's stated goals and outcome measures.

Plans to monitor the Implementation Plan are also tailored to each strategy and include the collection and documentation of tracking measures. Scripps describes any challenges encountered to achieve the outcomes and makes modifications as needed. In addition, Scripps Health Implementation Plan is filed with the Internal Revenue Service using Form 990 Schedule H on an annual basis.

Scripps Health has a consistent focus on the strategies and initiatives, their measures of implementation and the metrics used to evaluate their effectiveness.

The complete [FY20–FY22 Implementation Plan Report](#) is available online at [Scripps.org](https://www.scripps.org).

# Section 3

## Uncompensated Care

# UNCOMPENSATED HEALTH CARE

Scripps contributes significant resources providing low and no-cost health care for our patients in need. During Fiscal Year 2021, Scripps contributed \$494,197,396 in uncompensated health care, including \$17,572,864 in charity care, \$469,353,119 in Medi-Cal and Medicare shortfall, and \$7,271,413 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. 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 64 percent of the charity care within the Scripps system (refer to figure 3.3). 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 reflection of the diversity of the 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	\$7,271,413
Charity Care	\$17,572,864
Medi-Cal & Medicare Shortfall	\$469,353,119
<b>Uncompensated Health Care Total</b>	<b>\$494,197,396</b>

## 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 2022, the Department of Health and Human Services defined a family of four at 200 percent federal poverty level as \$55,500.

### 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.

In Fiscal Year 2021, the PRS team successfully screened 4,551 food insecure patients. Out of those screenings, PRS submitted 3,418 Medi-Cal applications to the County and 31% of the applications submitted were for both Medi-Cal and CalFresh.

Estimated Economic Value of Community Benefits Provided by Scripps Health in Fiscal Year 2021

CA Senate Bill (SB) 697 & AB1204 Definitions	Community Benefit Programs & Services	Net Benefit
<b>Medical Care Services</b>		
	Charity Care	\$ 17,572,864
	Medi-Cal & Other Government Means Tested Programs (Shortfall) *	\$ 126,014,072
	Medicare & Medicare HMO (Shortfall) **	\$ 343,339,047
	Bad Debt	\$ 7,271,413
	<b>Total Costs of Uncompensated Care</b>	<b>\$ 494,197,396</b>

**Benefits for Vulnerable Population**

“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 both of the following:

- Racial and ethnic groups experiencing disparate health outcomes, including 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 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

A – Community Health Improvement Services	\$	3,334,326
C – Subsidized Health Services	\$	2,183,502
E – Cash and In-Kind Contributions	\$	748,400
<b>Total Benefits for Vulnerable Populations</b>	<b>\$</b>	<b>6,266,228</b>

**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	\$	3,296,515
E – Cash and In-Kind Contributions	\$	15,419
F – Community Building Activities	\$	376,792
G – Community Benefit Operations	\$	655,711
<b>Total Benefits for Broader Community</b>	<b>\$</b>	<b>4,344,437</b>

**Professional Education & Health Research**

B – Professional Education	\$	31,459,067
D – Health Research	\$	1,769,827
<b>Total Professional Education &amp; Research</b>	<b>\$</b>	<b>33,228,894</b>

<b>Total Community Benefit and Economic Value</b>	<b>\$</b>	<b>538,036,955</b>
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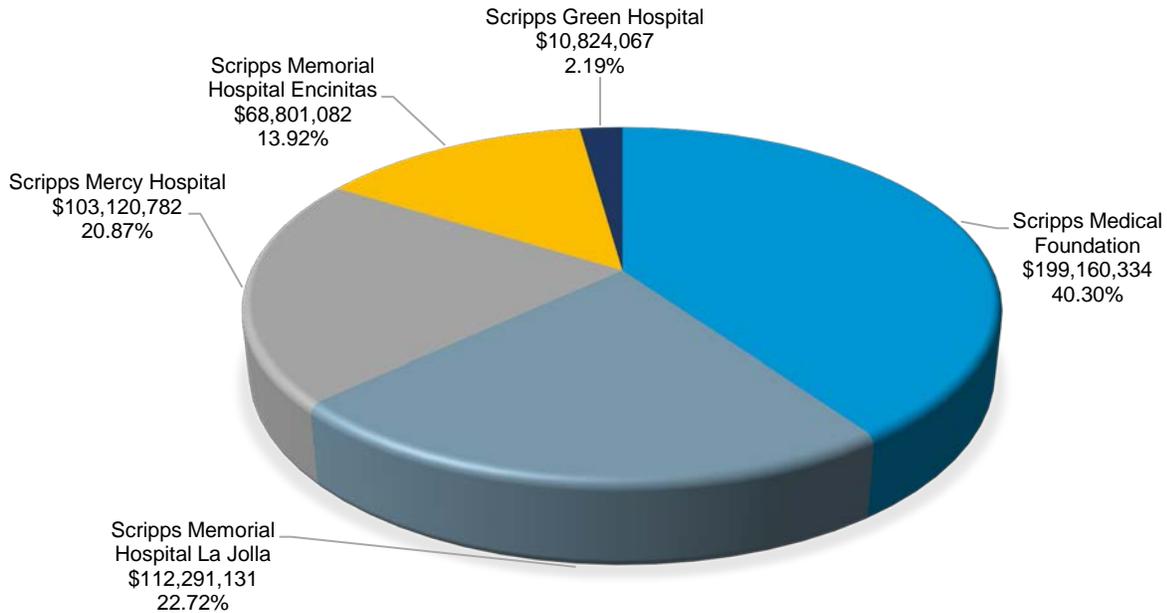
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Financial Support: Calculations for bad debt and charity care are estimated by extracting the gross write-offs of bad debt and charity care charges and applying the hospital ratio of costs to charges (RCC) to estimate the cost of care. Calculations 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.

\* Hospital Provider Fee 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.

FIGURE 3.1  
FISCAL YEAR 2021  
SCRIPPS TOTAL UNCOMPENSATED CARE BY OPERATING  
UNIT \$494,197,396<sup>9</sup>



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	\$106,647,406	\$10,824,067	\$65,317,949	\$160,756,295	\$199,160,334	\$542,706,051
Provider Fee	\$5,643,725	-	\$3,483,133	(\$57,635,512)	-	(\$48,508,654)
Net After Provider Fee	\$112,291,131	\$10,824,067	\$68,801,082	\$103,120,782	\$199,160,334	\$494,197,396

### UNCOMPENSATED HEALTH CARE

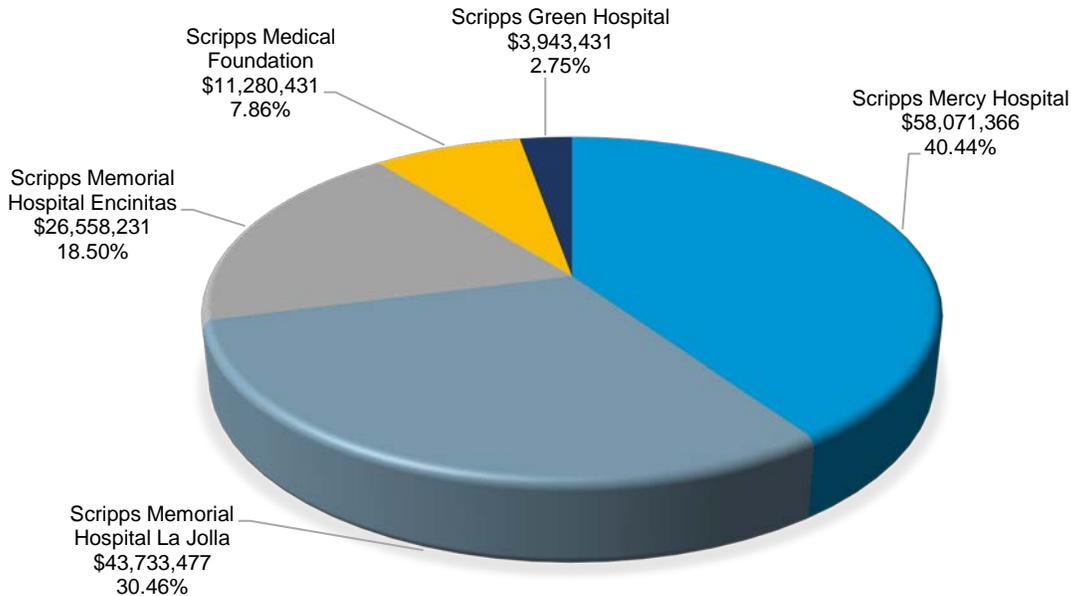
Uncompensated health care includes the sum of expenses associated with charity care, Medi-Cal and other means-tested government programs, Medicare shortfalls and bad debt. A detailed account of Scripps Fiscal Year 2021 uncompensated care expenditures is contained in the following graphs.

<sup>9</sup> 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 coast to charges (RCC) to estimate net cost of care.

FIGURE 3.2

FISCAL YEAR 2021

SCRIPPS SCHEDULE H UNCOMPENSATED CARE BY OPERATING UNIT, \$143,586,937<sup>10</sup>



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	\$38,089,752	\$3,943,431	\$23,075,098	\$115,706,878	\$11,280,431	\$192,095,591
Provider Fee	\$5,643,725	-	\$3,483,133	(\$57,635,512)	-	(\$48,508,654)
Net After Provider Fee	\$43,733,477	\$3,943,431	\$26,558,231	\$58,071,366	\$11,280,431	\$143,586,937

UNCOMPENSATED HEALTH CARE (SCHEDULE H)

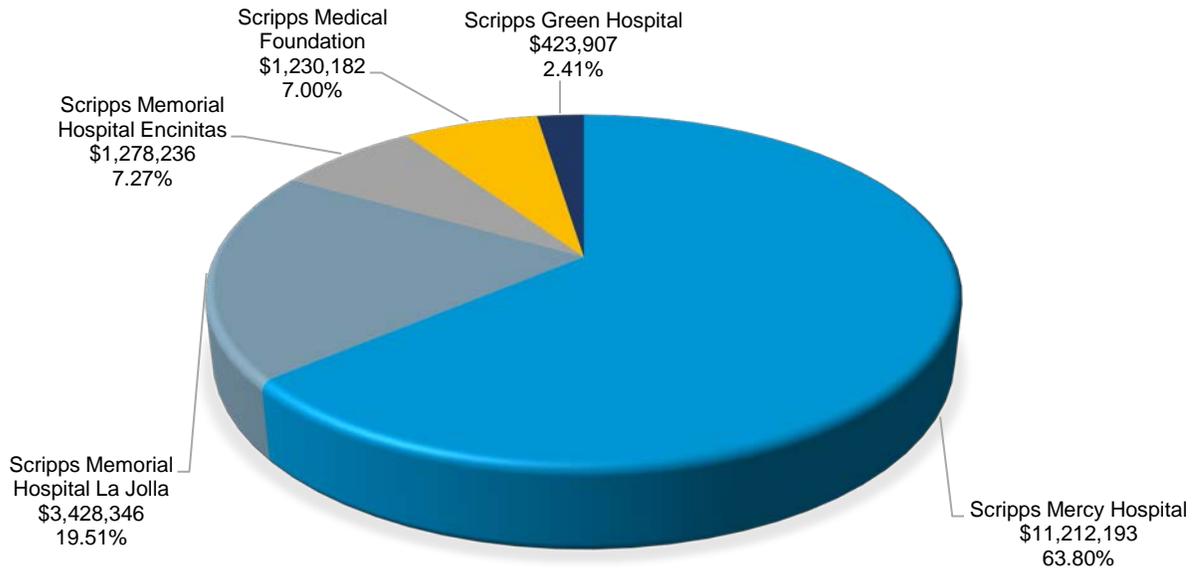
Uncompensated health care includes the sum of expenses associated with charity care, Medi-Cal, and other means-tested government programs.

<sup>10</sup> 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 3.3

Fiscal Year 2021

SCRIPPS CHARITY CARE BY OPERATING UNIT, \$17,572,864<sup>11</sup>



CHARITY CARE

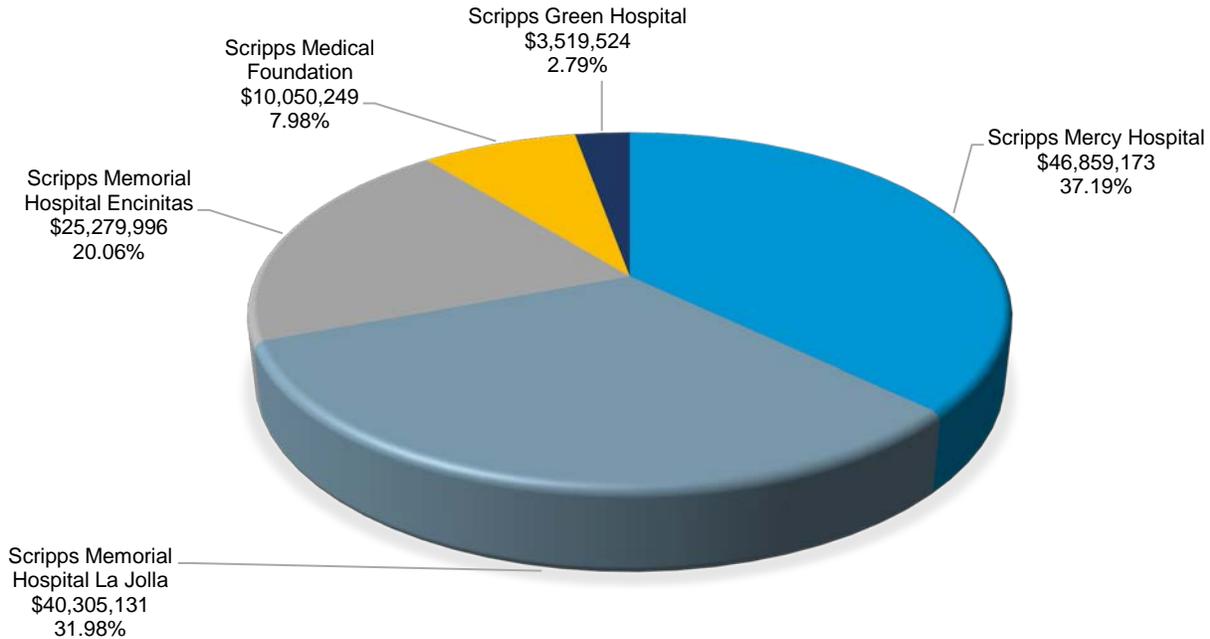
Part of Scripps legacy is its commitment to providing services for vulnerable populations. Scripps provides charity care for patients with little or no sources at all its hospitals. Traditional charity care is included in the Internal Revenue Service (IRS) Form 990 Schedule H Part I Line 7a.

<sup>11</sup> Calculation for charity care is estimated by extracting the gross write-offs of charity care charges and applying the hospital ratio of cost of charges (RCC) to estimate the cost of providing charity care.

FIGURE 3.4

Fiscal Year 2021

SCRIPPS MEDI-CAL & OTHER MEANS-TESTED GOVERNMENT PROGRAMS BY OPERATING UNIT, \$126,014,072



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	\$34,661,406	\$3,519,524	\$21,796,863	\$104,494,685	\$10,050,249	\$174,522,727
Provider Fee	\$5,643,725	-	\$3,483,133	(\$57,635,512)	-	(\$48,508,654)
Net After Provider Fee	\$40,305,131	\$3,519,524	\$25,279,996	\$46,859,173	\$10,050,249	\$126,014,072

**MEDI-CAL (SHORTFALL)**

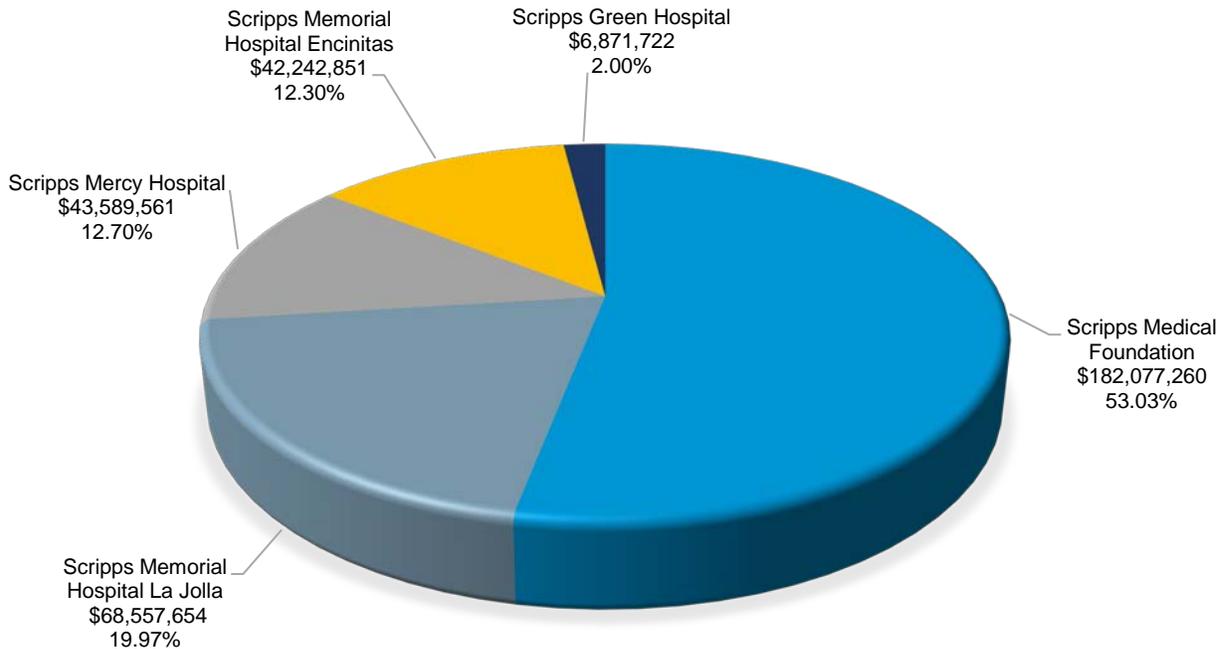
In addition to providing charity care services, Scripps accepts patients for whom it is reimbursed under various county, state, and federal indigent care programs (Medi-Cal and Medi-Cal HMO) at amounts that, in some cases, do not cover the full cost of care. These costs are included in the IRS Form 990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

FIGURE 3.5

Fiscal Year 2021

SCRIPPS MEDICARE & MEDICARE HMO (SHORTFALL) BY OPERATING UNIT, \$343,339,047<sup>12</sup>

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**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.

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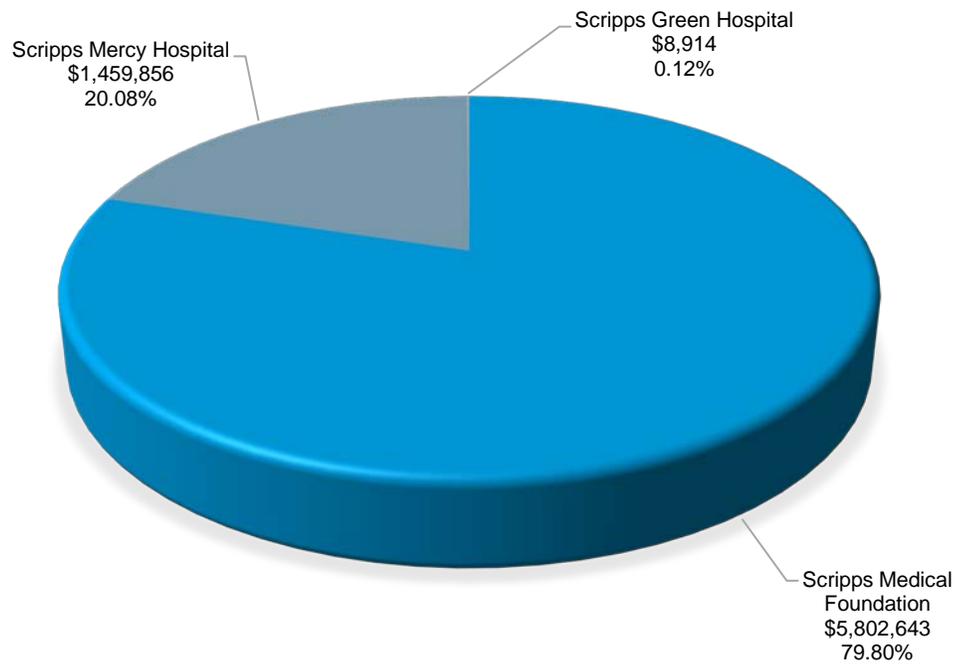
<sup>12</sup> Calculations for Medicare are derived using the payer-based cost allocation methodology. In Schedule H, the Medicare cost report is used.

FIGURE 3.6

Fiscal Year 2021

SCRIPPS BAD DEBT BY OPERATING UNIT, \$7,271,413<sup>13</sup>

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**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 care for which no compensation is received 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.

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<sup>13</sup> 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 4

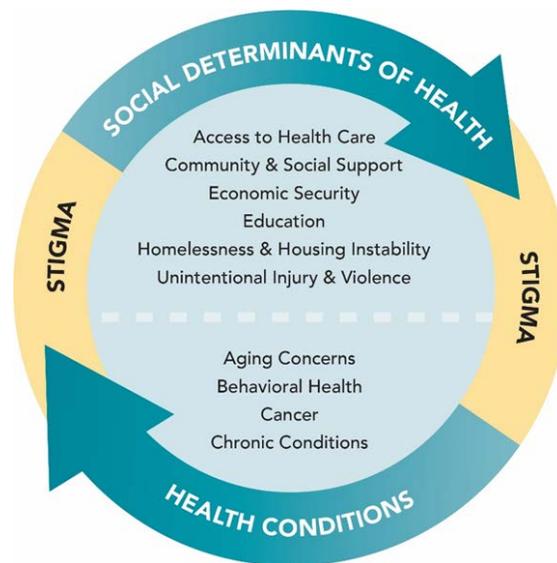
## Community Health Services

## 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. Through a prioritization process described in Section 2, Community Health Needs Assessment (CHNA), the following health conditions and social determinants of health (SDOH) were identified as the most critical health and social needs within San Diego County (listed below in alphabetical order):

- Access to Health Care
- Aging Concerns
- Behavioral Health
- Cancer
- Chronic Conditions
- Community and Social Support
- Economic Security
- Education
- Homelessness and Housing Instability
- Unintentional Injury and Violence

FIGURE 4.1. 2019 CHNA TOP HEALTH NEEDS



The figure above illustrates the interactive nature of the SDOH and health conditions—each impacting the other. In addition, an underlying theme of stigma and the barriers it creates arose across community engagement. For instance, stigma impacts the way in which people access needed services that address SDOH (CalFresh, Medi-Cal, other economic support), which consequentially impacts their ability to maintain and manage health conditions.

Stigma was also discussed in relation to specific health conditions, including behavioral health, cancer, diabetes, obesity and others.

The programs included in this section raise public awareness and understanding of the community health needs documented in Scripps 2019 Community Needs Assessment Report (Refer to Section 2, Community Health Needs Assessment (CHNA)).<sup>14</sup>

Included in this section are other 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 five main areas (see the Scripps Community Health Services Summary list for more details, page 131). These costs are included in the IRS Form 990 Schedule H Part I Lines 7 e, g and i.

- Community health improvement services
- Community benefit operations
- Cash and in-kind contributions
- Subsidized health services
- Community building activities

During Fiscal Year 2021 (October 2020 to September 2021), Scripps invested \$8,050,371 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 2021. Refer to Figures 4.2 and 4.3 for a graphic

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<sup>14</sup> 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 2019 Community Health Needs Assessment, <http://www.hasdic.org/chna.htm>, the most recent San Diego County Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, 2019, California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2019, SpeedTrack© and Statistics compiled by Sharp HealthCare's Community Benefit Team. Strategic Planning Department. Sharp HealthCare, 2021 (unless otherwise indicated).

representation of the Fiscal Year 2021 Scripps System Community Health Services program distribution.

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. Cancer and diseases of the heart were the top two leading causes of death in San Diego County in 2019.<sup>15</sup> See Table 4.1 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 4.1. LEADING CAUSES OF DEATH IN SAN DIEGO COUNTY, 2019

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,018	22.9%
Diseases of the Heart	4,689	21.4%
Stroke (Cerebrovascular Diseases)	1,620	7.4%
Alzheimer’s Disease	1,546	7.0%
Accidents (Unintentional Injuries)	1,273	5.8%
Chronic Lower Respiratory Diseases	1,007	4.6%
Diabetes Mellitus	760	3.5%
Essential Hypertension and Hypertensive Renal Disease	437	2.0%
Intentional Self Harm (suicide)	417	1.9%
Parkinson’s Disease	381	1.7%
Chronic Liver Disease and Cirrhosis	357	1.6%
Influenza and Pneumonia	286	1.3%
Pneumonitis Due to Solids and Liquids	185	0.8%
Nephritis, Nephrotic Syndrome and Nephrosis	136	0.6%
Nutritional Deficiencies	112	0.5%
All Other Causes (not rankable)	3,716	16.9%
<b>Total Deaths</b>	<b>21,940</b>	<b>100%</b>

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, [2019](#).

<sup>15</sup> 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” information from all death certificates filed in San Diego County in 2019. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10’s “List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile.” (CDPH, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit, October 2021.)

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## ACCESS TO CARE

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. 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. A lack of health insurance coverage represents a major barrier to health care services. In San Diego County, it is estimated 11.3% of people under the age of 65 are uninsured. 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.<sup>16</sup>

- According to findings from the California Health Care Foundation’s (CHCF’s) 2021 California Health Policy Survey, half of Californians (51%) reported taking at least one action to delay, skip, or cut back on care in the past 12 months because of concerns related to cost. Of those who delayed care due to cost, 41% reported that their health condition worsened (CHCF, 2021).
- According to the same survey, more than 1 in 4 lower-income Californians (27%) reported that it was “somewhat” or “very” difficult to find a provider who took their insurance, compared to 10% of Californians with higher incomes (CHCF, 2021).
- In addition, among Californians with lower incomes, 4 in 10 reported being very worried about affording unexpected medical bills (43%), out-of-pocket costs (39%), and rent or mortgage (39%) (CHCF 2021).

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<sup>16</sup>U.S. Census Bureau. American Community Survey, 2019, 1-Year Estimates

Access to care includes two components; the specific services that individuals are unable to obtain and the barriers and SDOH that prevents individuals from obtaining these services.

*1. Types of care that are difficult to access*

- Behavioral Health Care
- Dental Care
- Primary Care
- Specialty Care

*2. Barriers to accessing care & associated SDOH*

- Culturally competent care
- Economic security
- Fear related to immigration status
- Lack of health insurance & insurance issues
- Shortage of health care providers
- Transportation

A lack of health insurance is a predictor of many health conditions, including more poor mental health days, more visits to the ED for heart attacks, a higher prevalence of asthma, and obesity, more low birth weight babies, and higher prevalence of smoking. Reduced access to basic health care services increases illness, injury and mortality and is a major burden on hospitals and health providers, who must provide uncompensated care for the uninsured. Access to health care emerged as a high priority health need in both the secondary data analyses and community engagement events in the 2019 Scripps Community Health Needs Assessment. Through the community engagement conducted we heard from the community that even when insurance is secured, lack of transportation (especially for seniors) and lack of culturally and linguistically competent care are main barriers. To provide for people in need, Scripps sponsored several programs and activities in Fiscal Year 2021.

### **SCRIPPS RECUPERATIVE CARE PROGRAMS (RCU)**

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 44 of 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 City of Refuge. 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 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 44 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 480 hospital days of stay, an average of 10.9 hospital days of stay, before going to RCS October 2020 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 80% 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. More specifically, 30% of RCS clients had used opiates, heroin, or meth.

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

- For FY21 total cost savings for Scripps was \$735,150.
- Of Recuperative Care Shelter patients, 22% had standard Medi-Cal insurance, 11% HPE (Health Presumptive Eligibility) Medi-Cal, and 45% Medi-Cal HMO's.

- Approximately 20% of patients sought to secure income from government programs, social security, and CA short term disability; six total clients applied or received income benefits. Four have applied and received Medi-Cal HMO's while at the RCS with the assistance of their case management department.
- The program assisted Scripps MD Anderson Cancer Center patients.
  - RCS assisted two patients in maintaining their health and transitioned them into independent living homes for additional care. This year we had several successes, with the RCS Manager assisting with three family reunifications out of state. Three patients transitioned to drug rehab centers, and several into PATH, Interfaith, and mental health treatment programs.
  - The Complex Care Manager ensured 90 percent of RCS patients were scheduled and connected to a primary care provider or had established care at one of the community clinics.
  - One of the patients admitted to RCS was established with ongoing oncology care and treatment with assistance from Medi-Cal and Scripps MD Anderson Cancer Center.
- Following their stay at City of Refuge: 18% of the RCS patients completed their recuperative care and returned to previous living and 5% went back to the hospital as they needed further treatment.

#### 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 (due to the pandemic, this initiative was put on hold in March of 2020 but resumed in April 2021). 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.

#### FIJI SOLOMON ISLANDS MEDICAL MISSION

The medical mission consists of Scripps Health general medical specialists and residents setting up clinics on rural islands for the purpose of providing much needed medical care, medical supplies and surgical screening for an underserved population

that have no access to basic medical care. The International Medical Missions provide an exceptional clinical education experience to our senior Internal Medicine residents at Scripps Clinic and Scripps Green Hospital. These resident missions take place in the Solomon Islands in the South Pacific, where the ratio of doctors to population is 1:20,000. The Loloma Foundation provides medical care to these islanders in association with Scripps Health. Residents experienced the challenges of providing care in Third World conditions, without technology, and using only their excellent academic and practical training to diagnose and treat patients. Islanders with serious medical conditions are referred to the nearest hospital, which is several hours away by boat and car. Due to COVID-19 missions were paused.

### 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 special 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 palates, 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. MOST has been working with an organization in Mexico to sponsor cleft palate and lip surgeries and provided much needed PPE and other medical supplies to Tehuacán, a city MOST has visited for mission trips several times, to help care for patients.

Since MOST had to pause its travel into Mexico due to COVID-19 restrictions and it had been looking for ways to serve those in need once public health conditions allowed. MOST saw an opportunity to continue its mission in San Diego when the emergency shelter was opened at the San Diego convention center. During Fiscal Year 2021, a team of thirty-five volunteers from MOST hosted a free, full day vision clinic inside the San Diego convention center emergency shelter, where they served 615 children, mostly 13–17 with a few younger ones and performed vision screenings and provided prescription eyeglasses to those who needed them. For those who required glasses, they were able to try on a variety of frames and pick the ones that they liked the best.

Lens fitters worked with each child to ensure that they would be pleased with the way they would look in their new glasses – ensuring they would wear them. The June 12 clinic was the MOST's first mission in well over a year, since COVID-19 restrictions blocked its traditional travel into Mexico. Volunteers at the June 12 vision clinic included optometrists, ophthalmic volunteers, nurses, and other support staff who provided interpretation, traffic control administrative tasks. Moving forward, MOST hopes to resume its medical missions into Mexico in 2022.

### SCRIPPS -SPONSORED AMERICAN RED CROSS BLOOD DRIVES

Scripps Health partnered with the American Red Cross in Fiscal Year 2021 to host four blood drives; 84 Scripps employees donated blood throughout the year. Scripps Health collected 90 pints of blood (for every pint donated 3 lives are saved), which saved approximately 270 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 2021, Scripps Health continued to deepen its commitment to philanthropy with its 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 \$4.2 million to date. Programs funded during Fiscal Year 2021 included:

### CONSUMER CENTER FOR HEALTH EDUCATION AND ADVOCACY (CCHEA)

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 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.

### CATHOLIC CHARITIES

Funding provides short term emergency shelter for medically fragile homeless patients upon discharge from Scripps Mercy Hospital, San Diego and Chula Vista. Case Management and shelter are provided for homeless patients discharged from Scripps

Mercy Hospital. While these patients no longer require hospital care, they do need a short-term recuperative environment. Patients who demonstrate a willingness to change receive one week in a hotel, along with food and bus fare to pursue a case plan. The focus of the case management is to stabilize the client by helping them connect to more permanent sources of income, housing and other self-reliance measures. The partnership seeks to reduce emergency room recidivism in this population and improve their quality of life.

### 2-1-1 COMMUNITY INFORMATION EXCHANGE (CIE)

2-1-1 San Diego serves all of San Diego County, including the population served by Scripps, as the region's trusted primary connection to more than 6,000 community, health and disaster services in more than two hundred languages, 24 hours a day.

In addition, 2-1-1 San Diego operates a 2-1-1 information hotline (Call Center) in the San Diego and Imperial County. Call Center services are designed to help members of the public ("Clients") to connect with community resources to assist Clients obtain medical care, mental health services, housing, food, clothing, government benefits, among other things. 2-1-1 San Diego has expanded its referral services to include direct referral to Clients to community resources and access to the Community Information Exchange (CIE) Database. The CIE is an ecosystem comprised of multidisciplinary network partners that use a shared language, a resource database, and an integrated technology platform to deliver enhanced community care planning. Care planning tools enable partners to integrate data from multiple sources and make bi-directional referrals to create a shared longitudinal record. By focusing on these core components, a CIE enables communities to shift away from a reactive approach to providing care toward proactive, holistic, person-centered care.

San Diego's CIE supports approaches to whole-person health and addressing social determinants of health by coordinating care in the social services sector and connecting to the health sector. When residents call 2-1-1, the CIE matches them to appropriate health and social services and assists participating community partners with case management by developing a shared longitudinal record for each client, sending care coordination alerts, and enabling bidirectional referrals. The county's centralized hub of information, ConnectWellSD, allows county staff and partners to share information and collaborate across county departments to deliver person-centered services.

2-1-1 San Diego has partnered with Scripps since 2011 to provide care coordination services to clients in need of health navigation support. A Scripps grant was not given in Fiscal Year 2021, but the project continues to serve Scripps Mercy Hospital patients,

focusing on homeless and housing insecure individuals and to assist in hospital discharge planning.

#### COMMUNITY INFORMATION EXCHANGE CIE 2021 SUMMIT

Scripps attended the 4<sup>th</sup> Annual Community Information Exchange (CIE) 2021 Summit. The 2021 Summit was held virtually due to the continued impact of COVID-19. The three-day virtual conference centered on the theme, Leading with Community to Drive Systems Change, and explored how community-led model of a Community Information Exchange can promote racial health equity and inclusivity in health and social services. Core to the theme of the CIE Summit, this year's virtual event:

- The summit included tracks on governance and power, data ownership and technology and sustainability and policy.
- Explored community-based approaches for building a CIE.
- Incorporated thoughtful strategies for activating community voice.
- Emphasized representation of diverse perspectives of inform CIE design, implementation and data collection.

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## CANCER/ONCOLOGY

Cancer is a term used to describe a group of diseases that cause uncontrolled growth, invasion, and spread (metastasis) of abnormal cells. Cancer is caused by external factors such as environmental conditions, radiation, infectious organisms, poor diet and lack of exercise, and tobacco use, as well as internal factors such as genetic mutations, and hormones. Cancer is the second leading cause of death in the United States. Cancer causes one out of every four deaths in the United States.

According to the American Cancer Society, cancer survival is more likely to be successful if the cancer is diagnosed at an early stage. Such 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.

A summary of the magnitude and prevalence of cancer is described below:

- The HASD&IC 2019 CHNA continued to identify Cancer disease as one of the top priority health conditions among San Diego County hospitals.
- Focus groups conducted as part of the HASD&IC 2019 CHNA identified cancer as a condition that many members of the community fear, particularly brain, colon and breast cancers. Participants also described barriers to receiving cancer screenings and treatment, including stigma surrounding a cancer diagnosis; fear about immigration status, particularly for asylum seekers; financial burdens, even for those with health insurance; and practical issues such as transportation to medical appointments.
- Cancer is the second leading cause of death in the United States, but many kinds of cancer can be prevented or caught early.
- In 2019, cancer was the leading cause of death in San Diego County, responsible for 22.9 percent of all underlying causes of deaths.<sup>17</sup>

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<sup>17</sup> 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" information from all death certificates filed in San Diego County in 2019. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile." (CDPH, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit, October 2021.)

- In 2019, there were 5,018 deaths due to cancer (all sites) in San Diego County in 2019. The age-adjusted rate of death due to cancer was 135.2 deaths per 100,000 population in San Diego County.<sup>18</sup>
- In 2019, 16.9% of all cancer deaths in San Diego County were due to lung cancer, 8.6% to colorectal cancer, 7.9% to pancreatic cancer, 7.6% to female breast cancer, 7.1% to prostate cancer, 6.4% to female reproductive cancers, 6.4% to liver cancer, and 3.8% each to brain cancer and leukemia.<sup>19</sup>
- In 2021 there will be an estimated 187,140 new cancer cases and 61,860 cancer deaths, an incidence rate of 404.6 average annual rate per 100,000 and a death rate of 140.3 average annual rate per 100,000 in California. (ACS, 2021).
- According to findings from the ACS 2021 Cancer Facts & Figures report, screening offers the ability for secondary prevention by detecting cancer early. It is estimated that nearly 1.9 million new cases of cancer will be diagnosed in 2021. Prostate cancer is the most common cancer among males (26%), followed by lung (12%) and colorectal (8%) cancers. Among females, breast (30%), lung (13%), and colorectal (8%) cancers are the most common.<sup>20</sup>
- According to findings from the ACS 2021 Cancer Facts & Figures report, cancer incidence rates are higher in males than in females for each racial/ethnic population, although rates are very similar in Asian/Pacific Islanders. The highest incidence rates are in blacks among males and in whites among females. Asian/Pacific Islanders have the lowest rates in both sexes.
- According to findings from the ACS Cancer Facts & Figures 2021 report, older age and being female are the strongest risk factors for breast cancer. Potentially modifiable factors associated with increased risk include weight gain after the age of 18 and/or being overweight or obese, menopausal hormone therapy, alcohol consumption and physical inactivity (ACS, 2021).
- The same report indicates that people with lower socioeconomic status have higher cancer death rates than those with higher socioeconomic status, regardless of demographic factors such as race/ethnicity. Racial and ethnic

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<sup>18</sup> 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" information from all death certificates filed in San Diego County in 2019. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile." (CDPH, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit, October 2021.)

<sup>19</sup> Ibid

<sup>20</sup> American Cancer Society Cancer. "Cancer Facts & Figures for African Americans", 2019–2021. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/cancer-facts-and-figures-for-african-americans-2019-2021.pdf>.

disparities in the cancer burden largely reflect disproportionate poverty. Social inequalities, including communication barriers and provider/patient assumptions, can affect interactions between patients and physicians and contribute to miscommunication and/or delivery of substandard care (ACS, 2021).

- A recent study by the ACS found that at least 42% of newly diagnosed cancer cases in the U.S. — about 797,000 cases in 2021 — are potentially avoidable. This includes the 19% of all cancers caused by tobacco use as well as the 18% caused by a combination of excess body weight, alcohol consumption, poor nutrition and physical inactivity (ACS, 2021).
- The Journal of Oncology Navigation & Sponsorship (JONS) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. The navigator works with the patient across the care continuum, and often makes suggestions to help manage a patient from a holistic perspective (JONS, 2019).
- According to the NIH, clinical trials, a part of clinical research, are at the heart of all medical advances. Clinical trials look at new ways to prevent, detect or treat disease by determining the safety and efficacy of a new test or treatment. Greater clinical trial enrollment benefits medical research and increases the health of future generations as well as improves disease outcomes, quality of life and health of trial participants (NIH, 2019).

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 to all those in need. We serve an ethnically and economically diverse population including caring for traditionally marginalized and underserved with respect to health care. At Scripps, cancer care is more than just medical treatment, and a wide array of resources are provided such as counseling, support groups, complementary therapies, and educational workshops. Here are a few examples of Scripps cancer programs during Fiscal Year 2021:

#### [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 & LIAISON PROGRAM

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 a wide range of support services and patient assistance programs. Throughout the system, oncology social workers or 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 at various locations to help patients and loved ones find support, guidance, and encouragement. Free educational workshops are held at various sites. Due to COVID-19, meetings were suspended for the year as there was restricted access to the hospital.

## 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 helps 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. Due to COVID-19 these events were postponed.

### SCRIPPS MD ANDERSON CANCER CENTER - POLSTER BREAST CARE

The Scripps Polster Breast Care program sponsors the Young Women's Support Group which provide a venue for women under the age of 40 to come together, discuss issues relating to diagnoses and receive support. The groups are offered to women in the San Diego community. Topics related to breast health are also offered to the community. Due to COVID-19 meetings were not held due to restricted access to the hospital.

### SCRIPPS MD ANDERSON CANCER CENTER LIFEGUARD AND FIRST RESPONDERS' CANCER SCREENINGS

Scripps hosted a free skin cancer screening clinic for all state and local lifeguards, and first responders at the San Elijo State Beach Lifeguard Headquarters. According to the American Cancer Society, skin cancer is by far the most common form of cancer. More skin cancers are diagnosed in the U.S. each year than all other cancers combined. Dermatologists are starting to see the indirect effect of COVID-19 on people's skin with more advanced cases. For over 20 years, Scripps Health has offered free screenings to lifeguards and other first responders as part of its community benefit program. After the lifeguard completes a form from the American Academy of Dermatology, they step into a screening room and a board-certified dermatologist and nurse conduct the screening.

### SCRIPPS SHILEY FITNESS CENTER - LYMPHEDEMA STRETCH

The Scripps Shiley Fitness Center provides therapeutic exercises known to help relieve swelling and pain caused by lymphedema. Experts from Scripps Shiley Fitness Center provide proper exercise techniques to alleviate swelling and reduce discomfort. The 45-minute class utilizes a combination of seated, standing and floor exercises that includes cardiovascular exercise, strength training, functional fitness, flexibility and mobility and core control.

### SCRIPPS MERCY HOSPITAL CHULA VISTA WELL BEING CENTER CANCER SUPPORT SERVICES:

#### BREAST HEALTH OUTREACH AND EDUCATION PROGRAM

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* teach 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 very strong front for breast cancer awareness and full support system for those already diagnosed. Moreover, the fact they are bi-lingual, lends an air of automatic trust among the community as they can connect with the residents on a cultural level. In Fiscal Year 2021, a total of 267 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: 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. Due to COVID-19 many of the outreach and education programs ceased due to large group gathering restrictions; some services were able to transition to a virtual platform.

#### SCRIPPS MERCY HOSPITAL CHULA VISTA BREAST CANCER SUPPORT GROUP

Scripps Well-Being Center holds a bi-monthly support group that helps individuals cope with living with cancer. Group support includes navigating the cancer system and educational presentations by local providers are offered. A total of 102 women participated in the breast cancer support group. Due to COVID-19 this support group transitioned to conference calls and virtual offerings and as of August 2021 this group is currently meeting outside a local park.

#### LEUKEMIA & LYMPHOMA SOCIETY

This Blood Cancer Conference (BCC) is one of many programs developed by The Leukemia & Lymphoma Society (LLS) to meet the needs of patients, survivors, families and oncology professionals, the people who deal with blood cancer every day and the people who care for them. BCC attendees receive the most current information and access to local resources to help navigate and make informed decisions about their treatment and survivorship. Scripps was a participant at the virtual conference in Fiscal Year 2021.

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## CARDIOVASCULAR DISEASE

'Diseases of the heart' were the second leading cause of death in San Diego County in 2019. In addition, 'cerebrovascular diseases' were the fourth leading cause of death, and essential hypertension and hypertensive renal disease' was the tenth.

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 likely play a role in heart disease and can increase risk.

A summary of the magnitude and prevalence of cardiovascular disease is described below:

- The HASD&IC and Scripps 2019 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 2019 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.
- Focus groups and key informant interviews conducted as part of the HASD&IC and Scripps Health 2019 CHNAs identified numerous barriers to care for chronic conditions such as CVD, including: lack of access to healthy food; transportation; physical limitations or limited mobility; high health care costs; economic insecurity; low health literacy; poor health behaviors, such as

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.

unhealthy diet or minimal physical activity; poor medication management; unsafe neighborhoods; and unstable or complete lack of housing.

- According to data presented in the HASD&IC and Scripps 2019 CHNA, rates of ED visits for coronary heart disease (CHD) in San Diego County increased 35.3% from 2014 to 2016, with the most significant increases in individuals ages 45 to 64 (41.9%) and those identified as Asian/Pacific Islander (55.1%).
- In 2019 the second leading cause of death in San Diego County was diseases of the heart and cerebrovascular diseases including stroke were the third leading cause of death for San Diego County overall.<sup>21</sup>
- In 2019, there were 1,620 deaths due to stroke in San Diego County.<sup>22</sup> The age-adjusted death rate due to stroke was 42.4 per 100,000 population, which was higher than the HP2030 target of 33.4 deaths per 100,000.
- In 2019, there were 6,500 hospitalizations for stroke in San Diego County, with an age-adjusted rate of 177.5 per 100,000 population.<sup>23</sup>
- In 2019, there were 2,828 stroke-related ED visits in San Diego County. The age-adjusted rate of ED visits was 76.7 per 100,000 population.<sup>24</sup>
- According to 2020 CHIS data, 23.2% of San Diego County residents had ever been diagnosed with high blood pressure, while 7.8% had borderline high blood pressure. In addition, 24.3% of San Diego County adults reported being obese.
- According to the CDC, heart disease (including CHD, hypertension and stroke) is the leading cause of death for both men and women, and kills approximately 659,000 people each year (CDC, 2021).
- Heart disease is the leading cause of death for people of most racial/ethnic groups in the U.S. including Black/African American, American Indian, Alaska Native, Hispanic, and white men. For women from the Pacific Islands, and Asian American, American Indian, Alaska Native, and Hispanic women, heart disease is second only to cancer (CDC, 2021).
- In its *2021 Heart Disease and Stroke Statistical Update*, the AHA reported that CHD was responsible for 13% of all deaths in the U.S. in 2018, killing nearly 366,000 people. Death rates and actual numbers of deaths from CHD

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<sup>21</sup> 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" information from all death certificates filed in San Diego County in 2019. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile." (CDPH, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit, October 2021.)

<sup>22</sup> California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2019. SpeedTrack©

<sup>23</sup> Ibid

<sup>24</sup> Ibid

decreased significantly between 2008 and 2018, but disease burden and risk factors remain high. According to blood pressure guidelines championed by the AHA and the American College of Cardiology, 47.3% of U.S. adults have hypertension (AHA, 2021).

- According to the AHA, it may be possible to prevent heart disease, stroke, and CVD by not smoking, engaging in daily physical activity, maintaining a healthy diet and body weight, and controlling cholesterol, blood pressure, and blood sugar (AHA, 2021).
- The CDC asserts that several health conditions, along with lifestyle, age and family history are risk factors that can increase an individual's risk for heart disease. About half of all Americans (47%) have at least 1 of 3 key risk factors for heart disease: high blood pressure, high cholesterol and smoking (CDC, 2019).

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 2021, Scripps engaged in the following heart health, stroke, and cardiovascular disease prevention and treatment activities.

#### [CPR CLASSES FOR PATIENTS AND FAMILIES OF THE CARDIAC TREATMENT CENTER](#)

CPR classes are offered four times a year to Cardiac Treatment Center patients and their families. The program improves community health by increasing knowledge of cardiopulmonary resuscitation practices. Due to COVID-19 these classes were not held most of the year due to restricted access to the hospital.

#### [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, and Meditation, Mindfulness, Acupressure and Breath Work for Stress, Meditation and ARM Exercise. The Cardiac Treatment Center also provides exercise programs that include nutritional education through the Pulmonary Class, Dietary One-On-One Counseling, Nutrition Class, Breathing for Better

Health. The Cardiac Life Project and the Better Breathers provide additional education in cardiovascular health. These classes were offered virtually starting in March 2020 except for Life Project and Better Breathers.

### CARDIAC TREATMENT CENTER'S LIFE PROJECT

The Cardiac Treatment Center's Life Project is a support group for people with heart disease and their family members. The goal is to provide education and resources on coping with heart disease in a friendly and supportive environment. Due to COVID-19 these classes were not held most of the year due to restricted access to the hospital.

### 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 starting in March 2020 due to COVID-19.

### STUDENT PRECEPTORSHIPS AT CARDIAC TREATMENT CENTER

Scripps provides preceptorships for student RNs, exercise physiologists and cardiac sonographers. The Scripps Cardiac Treatment Center nurses' mentor the students through education and modeling. The students learn the roles and responsibilities required of the positions. Due to COVID-19 the preceptorships were not held most of the year due to restricted access to the hospital.

### 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%)<sup>25</sup>. 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. 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 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 2021, county leaders, regional officials and community partners had a

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<sup>25</sup> American Heart Association, 2020 San Diego Community Snapshot, [heart.org/sandiego](https://heart.org/sandiego).

virtual news conference to encourage people to get a blood pressure screening. This year, due to the ongoing COVID-19 pandemic, the number of sites offering blood pressure screenings was limited but the campaign lasted an entire week, from Feb. 8 through Feb. 14. While some local businesses had blood pressure screenings on site, San Diegans were encouraged to only get their blood pressure checked if they were conducting essential activities.

#### 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 2021.

#### JOE NIEKRO FOUNDATION

Scripps Health provides meeting space for the Joe Niekro Foundation 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 were not held 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

According to the Centers for Disease Control and Prevention (CDC), about 2,000 young, seemingly healthy people under age 25 in the United States die each year of sudden cardiac arrest. 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. According to the San Diego Medical Examiner records, we lose at least 12 youth annually to SCA.

Scripps efforts began when a registered nurse at Scripps created the foundation after her 15-year-old son, Eric passed away from sudden cardiac arrest in 2009. Turning tragedy into an opportunity, the Paredes' established the organization to prevent sudden cardiac arrest in school-age children and adolescents. As a sponsor for the Eric Paredes Save A Life Foundation, Scripps has supported more than 34,000 free cardiac screenings to local teens, including the homeless, uninsured, and underinsured through more than \$120,000 in annual contribution since 2012. In Fiscal Year 2021, 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 534 with cardiac abnormalities – 239 serious enough to cause sudden cardiac arrest.

Typically, six youth heart screenings serving up to 1,000 individuals are hosted annually, however, after an 18-month pause the Eric Paredes Foundation hosted a small screening event in partnership with the California Highway Patrol at its Kearny Mesa headquarters where 191 youth were screened with seven cardiac abnormalities discovered – three serious enough to cause SCA. Cumulative data shows that an average of 57% of parents were not aware of the need to actively prevent SCA, with 68% unfamiliar with warning signs and risk factors.

The following additional metrics were tracked:

- Teens Without a Pediatrician/Family Doc: 29
- Teens Who Use Community Clinic: 20
- Scripps Volunteers: 7
- Scripps Volunteer Hours: 54
- Low to moderate Income Households: 51%
- Representation of Diverse Communities: 52%

#### [THE ERIC PAREDES SAVE A LIFE FOUNDATION – PRESCRIPTION FOR PREVENTION](#)

When screenings were paused due to the COVID-19 pandemic, Scripps support also helped the Eric Paredes Foundation pivot to develop Prescription for Prevention – 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 produced the first CME/CNE 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 was directed and narrated by Dr. John Rogers, Scripps Cardiologist and EP Save A Life Medical Director, and Scripps Health was 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 supported 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. Preliminary data suggests that COVID-19 can lead to heart damage and professional medical associations have released recommendations for cardiac assessment of student athletes who have been exposed before returning to play. This training supports a critical skill set for PCPs. The Scripps participation in live CME events/early Needs Assessment of total participants was 45%. To date, more than 400 PCPs have registered for the course with hundred more exposed to the program through live/online lectures and the CME now being hosted in their continuing education portal. Dr. John Rogers also made presentations to professional medical association conferences, including the National Association of Pediatric Nurse Practitioners, Georgia Nurse Association, Society for Physician Assistants in Pediatrics and the 24<sup>th</sup> Annual San Diego School Health Conference. Pre/Post Test Performance average knowledge improvement was 40%-95%. Below are the pre and post correct answers to specific questions – powerful proof on how primary care physician’s improved in their knowledge.

Knowledge Question	Pre	Post
One in 15,000-100,00 youth stricken annually	23%	99%
Only 5-25% of SCA happens during sports	23%	98%
Up to 72% of youth present with warning signs prior to SCA	8%	96%
Mortality rate for cardiac syncope 18-33%	26%	95%
13-49% of youth lost to SCA had a significant family history	38%	91%
Prevalence of youth heart conditions 1 in 300	34%	66%
False positive rate for ECGs is ~2% using current interpretation	21%%	88%
ECG detects 2/3 of conditions that can cause SCA	12%	87%

**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 un their future families, and workplaces. The program offers SCA

prevention learning for school aged students to empower the next generation of life savers. This program served 1,200 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 a pre and posttest, students on average improved their knowledge from 50% to over 85%. 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.

#### **SWEETWATER UNION HIGH SCHOOL DISTRICT – SPORTS SCREENINGS**

Every year, three to five student athletes in San Diego County die suddenly and unexpectedly from Sudden Cardiac Arrest/Death (SCA/D). SCA is an abnormality in the heart's electrical system that can happen without symptoms or warning signs. However, this life-threatening condition can be detected with a cardiac screening exam.

Scripps Mercy Hospital Chula Vista Family Medicine Residency, Southwest Sports Wellness Foundation, and the Sweetwater Union High School District partner to prevent sudden cardiac arrest and death among high school students by increasing awareness of the importance of healthy lifestyles and cardiovascular screenings among active students. Family Medicine residents offer yearly cardiac screening and sports physicals before students participate in organized sports and operate an injury clinic during football season to evaluate and treat possible concussions and other injuries. Due to COVID-19 the screening events and injury clinics were not held. The injury clinic will resume October 2021.

#### **SU CORAZON, SU VIDA / YOUR HEART, YOUR LIFE COMMUNITY INTERVENTION TO IMPROVE EDUCATION AND AWARENESS OF HEART DISEASE**

The Your Heart, Your Life (Su Corazon, Su Vida) Program is designed to help prevent heart disease through education and provide support and outreach to those already living with heart disease and other related chronic diseases such as diabetes and high blood pressure. Topics covered in the classes include heart disease risk factors, signs of a heart attack and stroke, lifestyle changes, diabetes, cholesterol and nutrition

education. Height, weight, and blood pressures are recorded in the first and last class to measure a difference and impact of the lifestyle changes implemented from participating in the sessions. Overall, participants have made a positive impact from the course based on the health assessments. Classes were suspended this fiscal year due to COVID-19.

### STROKE CARE PROGRAMS

On average, a stroke occurs every 40 seconds in the United States. More than 1,500 stroke deaths occurred in San Diego County in 2019, and about 15 people are hospitalized due to stroke every day. Scripps sponsors a wide variety of stroke related education and awareness programs. These include support groups and education for stroke and brain injury survivors and their loved ones. Information and resources are provided, along with skills to help reinforce inner strengths and learn self-care strategies. 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. Due to COVID-19 these support groups were not held due to restricted access to the hospital.

### 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 Stroke Program led a collaborative group including San Diego County EMS, San Diego regional American Heart Association/American Stroke Association, and the San Diego County Stroke Consortium in creating a united marketing campaign. The slogan “We are here for you. Every minute matters” accompanied by a graphic message was utilized to highlight the importance of seeking emergency treatment when experiencing stroke-like symptoms. The community collaboration was also submitted for consideration at the 2021 International Stroke Conference.

## COLLABORATIVE SAN DIEGO COUNTY STROKE CENTER COMMUNITY MESSAGING CAMPAIGN

The San Diego County Stroke Consortium (Chaired by and of which all Scripps Health Stroke Programs participate) performed a collaborative SD County Stroke Center Community Messaging campaign in May/June during the pandemic. The general point of the Consortium project was to reassure/remind community members of the importance of accessing 911 for stroke symptoms, to present for timely care, despite the ongoing pandemic. The Community Messaging Project was selected by the International Stroke Conference in March 2021 as a featured poster presentation.

Additionally, the San Diego County Stroke Consortium was chosen to present three additional poster presentations at the 2021 International Stroke Conference, all of which contributed to knowledge of SD Community member's response to Stroke Care during the COVID-19 pandemic. In Fiscal Year 2021, Scripps Medical Director of Scripps Health Stroke Programs promoted a Community Podcast to discuss who is at risk for stroke, how to lower your stroke risk and review the signs of stroke and importance of seeking immediate care.

## SCRIPPS HEALTH STROKE PROGRAM COMMUNITY EVENTS

### La Costa Glen Retirement Community

The Scripps Health Stroke Team participated in an educational event at La Costa Glen in Carlsbad, CA on April 20, 2021. Fifty community members were served (20 in person due to COVID-19 restrictions; 30 served via live stream on resident's televisions). Stroke Team members provided community outreach an educational lecture to the La Costa Glen Community residents about stroke risk factors and BE-FAST—how to recognize symptoms of stroke and calling 911 when someone is exhibiting stroke symptoms.

### Carlsbad by the Sea Retirement Community

The Scripps Health Stroke Team participated in an education event at Carlsbad by the Sea in Carlsbad, CA on June 30,2021. Forty community members were served in person with social distancing. Stroke Team members provided community outreach via an education lecture to the Carlsbad by the Sea Community residents about stroke risk factors and BE-FAST—how to recognize symptoms of stroke and calling 911 when someone is exhibiting stroke symptoms.

## STROKE AND BRAIN INJURY SUPPORT GROUP AT SCRIPPS MERCY HOSPITAL CHULA VISTA WELL BEING CENTER

The stroke support group is for stroke 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. A total of 30 people participated in the support group. Due to COVID-19 the group has transitioned to conference call group which has impacted the overall number of participants for the year.

## BRAINMASTERS: STROKE AND BRAIN INJURY SURVIVORS SUPPORT GROUP

In 2017, Scripps Memorial Hospital Encinitas launched a program to address the communication challenges of stroke and brain injury survivors. BrainMasters is an improvisational speaking group for adults coping with acquired brain injury. This fun, supportive and interactive group helps 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. Due to COVID-19 restrictions meetings were not held In Fiscal Year 2021.

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## 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 2019 ‘Diabetes mellitus’ was the seventh leading cause of death.

A summary of the magnitude and prevalence of diabetes is described below:

- The HASD&IC and Scripps 2019 CHNA continued to identify diabetes as a priority health issue affecting members of the communities served by Scripps.
- According to data presented in the HASD&IC 2019 CHNA, rates of emergency department (ED) visits for diabetes in San Diego County increased 7.2% from 2014 to 2016, with the most significant increases in individuals ages 27 to 44 (13.9%) and those identified as Black/African American (15.1%).
- Focus groups and key informant interviews conducted as part of the HASD&IC and Scripps 2019 CHNAs identified numerous barriers to care for chronic conditions, such as diabetes, including lack of access to healthy food; lack of transportation; physical limitations or limited mobility; high health care costs; economic insecurity; low health literacy; poor health behaviors, such as unhealthy diet or lack of physical activity; poor medication management; unsafe neighborhoods and unstable or complete lack of housing.
- The Centers for Disease Control and Prevention (CDC) identify diabetes as the seventh leading cause of death in the U.S., as well as the leading cause of kidney failure, non-traumatic lower limb amputations and new cases of blindness among adults.
- 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 the majority of people do not know they have it. Prediabetes is a serious health condition where

Type 2 diabetes, once known as adult onset or noninsulin-dependent diabetes, is a chronic condition that affects the way the body metabolizes sugar (glucose), which is the body’s main source of fuel. With Type 2 diabetes, the body either resists the effects of insulin a hormone that regulates the movement of sugar into the cells or doesn’t produce enough insulin to maintain a normal glucose level. If left untreated, Type 2 diabetes can be life threatening.

your blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes.

- In the United States, 34.2 million people have diabetes, which is more than 10% of the population, according to the Centers for Disease Control and Prevention. Another 88 million people have prediabetes. A 2018 study by CDC researchers estimated that the number of American adults diagnosed with diabetes will reach 60.6 million, or 18% of the population, by 2060.
- Diabetes increases the risk of heart disease and stroke and can lead to other serious complications, such as kidney failure, blindness, and amputation of a toe, foot, or leg. People with diabetes spend more on health care, have fewer productive years, and miss more workdays compared to people who do not have diabetes. In 2017, the total estimated cost of diagnosed diabetes was \$327 billion, including \$237 billion in direct medical costs and \$90 billion in absenteeism, reduced productivity, and inability to work.
- In 2019, diabetes was the seventh leading cause of death in San Diego County.<sup>26</sup>
- In 2019, there were 760 deaths due to diabetes in San Diego County overall. The age-adjusted death rate due to diabetes was 20.6 per 100,000 population.<sup>27</sup>
- In 2019, there were 4,854 hospitalizations due to diabetes in San Diego County. The age-adjusted rate of hospitalization was 137.2 per 100,000 population.<sup>28</sup>
- In 2019, there were 5,905 diabetes-related ED visits in San Diego County. The age-adjusted rate of diabetes-related ED visits was 169.1 per 100,000 population.<sup>29</sup>
- According to 2020 CHIS data, 7.3% of adults living in San Diego County indicated that they had ever been diagnosed with diabetes, which was lower than the state of California (10.9%). Diabetes rates among seniors were particularly high, with 19.7% of San Diego County adults over 65 reporting that they had ever been diagnosed with diabetes.
- According to 2018 CHIS data, 17.3% of San Diego County residents had been told by their doctor that they have pre- or borderline diabetes.

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<sup>26</sup> 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" information from all death certificates filed in San Diego County in 2019. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile." (CDPH, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit, October 2019.)

<sup>27</sup> California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2019. SpeedTrack©

<sup>28</sup> Ibid

<sup>29</sup> Ibid

- According to a report from the California Department of Public Health (CDPH) titled the Burden of Diabetes in California, the age-adjusted prevalence of prediabetes among California adults ages 18 and over was 14.9% in 2017, and the age-adjusted prevalence of Type 2 diabetes was 8.3% (CDPH, 2019).
- Data presented by the United Health Foundation (UHF) indicates that, in 2019, diabetes prevalence in California was highest among individuals of other race (14.8%), followed by non-Hispanic Black individuals (14.4%), Hispanic individuals (12.4%) and multiracial individuals (11.0%) (UHF, 2020).
- According to the Centers for Disease Control and Prevention (CDC), diabetes is the seventh leading cause of death in the U.S. In addition, the number of adults diagnosed with diabetes in the U.S. has more than doubled in the last 20 years as the U.S. population has aged and become more overweight (CDC, 2020).
- The CDC's 2020 National Diabetes Statistics Report indicates that 89% of adults diagnosed with diabetes between 2013 and 2016 were overweight or obese, and 68.4% had high blood pressure. Factors that may reduce the risk of diabetes complications include having a usual source for diabetes care; meeting recommended physical activity goals; managing or losing weight; managing A1C levels, blood pressure and cholesterol; and quitting smoking (CDC, 2020).
- The CDC estimates that 34.2 million people in the U.S. had diabetes in 2018. Of those individuals, 21.4% met laboratory criteria for diabetes but were not aware they had the disease (CDC, 2020).
- According to the CDC, diabetes increases the risk of heart disease and stroke and can lead to other serious complications, such as kidney failure, blindness, and amputation of a toe, foot, or leg. People with diabetes spend more on health care, have fewer productive years, and miss more workdays compared to people who do not have diabetes (CDC, 2020).

There are three major types of diabetes: Type 1, Type 2 and gestational. All three types share similar characteristics, the body loses the ability to either make or use insulin. Without enough insulin, glucose stays in the blood, creating dangerous blood sugar levels. Over time, this accumulation damages kidneys, heart, nerves, eyes and other organs.

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 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.

Some facts about Type 2 diabetes:

- Diabetes is a major cause of heart disease and stroke and is the seventh leading cause of death in the United States and California.
- More than 1 out of 3 adults have prediabetes and 15 to 30% of those with prediabetes will develop Type 2 diabetes within 5 years.
- Nine out of 10 people with prediabetes do not know they have it.

Some risk factors for developing diabetes include:

- Being overweight or obese
- Having a parent, brother or sister with diabetes.
- Smoking
- Having blood pressure measuring 140/90 or higher.
- Being physically inactive, exercising fewer than three times a week.
- A history of gestational diabetes
- If you are 65 years of age or older

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 the prevalence of this disease and health outcomes.

## 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. Scripps Whittier Diabetes Institute, by the numbers in 2020:

- 6,600: Patient consultations
- 2,839: Visits made by Project Dulce care managers
- 987: Visits for women enrolled in the diabetes in pregnancy program
- 266: Hospitalized patients followed with Continuous Glucose Monitoring (CGM) including 30% with COVID-19
- 142: People enrolled in the diabetes prevention program
- 17: Active studies with 759 participants
- \$4 million: Funding awarded for 6 new research projects

During Fiscal Year 2021, Scripps sponsored the following diabetes management programs and initiatives:

#### [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. Nearly 40 percent of patients admitted to Scripps Memorial Hospital Chula Vista, and nearly 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, dieticians 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 26 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 2021, Project Dulce provided 2,551 diabetes care and education visits for low income and underserved individuals throughout San Diego.

#### RETINAL SCREENING PROGRAM

It is estimated that every 24 hours, 55 people will lose their vision because of diabetic-related eye disease (diabetic retinopathy) even though 95 percent of diabetic blindness could be prevented with early diagnosis and treatment. For more than a decade, Scripps has been screening people in underserved communities for diabetic retinopathy using a mobile camera. Our free or low-cost eye exams diagnose individuals at high risk for retinal damage and help patients get treatment and referrals to specialists. Due to COVID-19 the screenings were not conducted due to COVID-19 restrictions.

#### DIABETES PREVENTION PROGRAM

The UCLA Center for Health Policy and Research recently published data that revealed nearly 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.

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.

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 2021, 217 patients attended 82 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.

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## HEALTH RELATED BEHAVIORS

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 (<http://www.who.int/chp>) 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 2019 CHNA identified ten top health and social needs in San Diego County. These ten social determinants are: access to care, community and social support, economic security, education, homelessness and housing instability, unintentional injury and violence, aging concerns, behavioral health, cancer, and chronic conditions.
- Key informant interviews conducted as part of the HASD&IC 2019 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.
- According to 2020 CHIS data, 23.2% of San Diego County residents had ever been diagnosed with high blood pressure, while 7.8% had borderline high blood pressure. In addition, 24.3% of San Diego County adults reported being obese.
- In 2018, 17.7% of San Diego County adults reported that fresh fruits and vegetables were only sometimes available in their neighborhood (CHIS, 2018).
- In California, the self-reported obesity rate in 2020 was 30.3%. Prevalence of obesity decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates (Centers for Disease Control and Prevention (CDC), 2021).
- According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and some types of cancer (CDC, 2021).

- The HHSA's Live Well San Diego (LWSD) 3–4–50 initiative identified three behaviors (poor diet, physical inactivity and tobacco use) that contribute to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths worldwide. In 2019, 50 percent of all deaths in San Diego County were attributed to 3–4–50 conditions.
- According to the NIH National Library of Medicine (NNLM), nearly 9 out of 10 U.S. adults struggle with health literacy, which involves the information and services that people need to make well-informed health decisions. Limited health literacy is associated with poor health outcomes, including hospital stays and ED visits; medication errors; difficulty managing chronic diseases; and skipping preventive services, such as flu vaccines (NNLM, 2021).

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 2021, 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. This year's numbers continued to be impacted due to the COVID-19 Pandemic. In person support groups, classes, activities ceased mid-March 2020. 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

Helping Patients Navigate Post Discharge Services are offered by Scripps Mercy Hospital Well Being Center to patients and their family to decrease the risks of readmission, keep patients on a healthy pathway and to increase patient continuity. 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. These services are currently only available at Scripps Mercy Hospital Chula Vista and San Diego. The following are metrics tracked by the program:

- 813 patient referrals were received (30 Day and Social Work)
- 716 patients were contacted/reached (this includes 30-day follow up and Social Work referral patients)
- 97 patients – unable to reach, deceased, declined follow-up services, language barrier
- 70 patients were readmitted (source: caregiver, EPIC)

### COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP)

Scripps is a partner with CHIP and collaboratively works on a resident leadership model that has empowered 700+ citizens across the County (and beyond) to affect change in a wide range of community health areas such as public safety, access to healthy foods, and increased opportunities for physical activity. In addition, Scripps is a member of the CHIP Public Policy Committee. The aim of the Public Policy Committee is to out action to five priority issues: access to healthcare, social determinants of health, obesity, mental/behavioral health and violence and injury prevention. Overarching policy statements on Access to Healthcare and Social Determinants of Health guide CHIP efforts overall, as well as CHIP activities addressing obesity, mental/behavioral health and violence and injury prevention.

### HEALTH EDUCATION AND SUPPORT GROUPS

Scripps education and support groups are provided to San Diego County residents for a wide variety of health concerns. Topics include fall prevention, stroke awareness, bladder and pelvic floor wellness, postpartum issues, and gynecological cancer. Due to COVID-19 all education and support groups were not held most of the year due to restricted access to the hospital.

### OPIOID STEWARDSHIP PROGRAM (OSP) AND BRIDGE PROGRAM

Opioids are not benign therapy and opioid dependence is often a health care-acquired condition. A recent JAMA study concluded that 6% of opioid-naïve patients who receive opioids following surgery, even minor surgeries, are still using opioids 90 days later. Although opioids remain an integral part of acute post-operative pain management, the data demonstrates risk for creating long-term dependence.

- The U.S. uses 80% of the world's opioid supply despite having only 5% of the population.

- The Centers for Disease Control and Prevention (CDC) attributes 90 deaths per day to opioid overdoses.
- The economic cost to U.S. society of nonmedical use of prescription opioids has been estimated to exceed \$70 billion annually, including health care, workplace, and criminal justice costs.

In 2019, there were 927 ED visits (27.7 per 100,000 population) and 483 hospitalizations (14.4 per 100,000) related to opioid misuse in San Diego County. Percent change from 2017 to 2019 is 22.1% for ED visits and -21.3% for hospitalization. Males are 1.8 times more likely to visit the ED for opioid misuse than females and 2.0 times more likely to be hospitalized for opioid misuse than females in 2019. For race/ethnicity, Non-Hispanic Black has the highest rate for ED visits (43.0 per 100,000), followed by non-Hispanic White (35.9 per 100,000). For age groups, 27-44 had the highest ED visits for opioid misuse (57.2 per 100,000), followed by 18-26 years old (41.9 per 100,000).<sup>30</sup>

California Hospital Compare (CHC), a nonprofit organization that provides Californians with hospital performance ratings, named all four of Scripps Health's hospitals to its 2020 Opioid Care Honor Roll. Scripps is the only health care organization in San Diego County to be recognized on the inaugural statewide list. The 2020 Opioid Care Honor Roll recognizes 53 California hospitals for their progress and performance in promoting safe and effective opioid use, providing treatment for patients with opioid use disorder and providing access to naloxone to prevent opioid overdoses. According to preliminary state data, 5,363 Californians have died of an opioid-related overdose in 2020.<sup>31</sup> CHC recognized Scripps for taking a variety of approaches to address overuse of opioids among its patients. 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 (OSP) at Scripps is combatting this national epidemic by working with physicians to decrease the number of opioids prescribed to patients and educating patients on pain management. The program has established prescribing standards for opioids, resulting in a reduction in the number of opioid pills per prescription at Scripps hospitals and outpatient centers. In addition, Scripps also has

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<sup>30</sup> California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2019. SpeedTrack©

<sup>31</sup> California Overdose Surveillance Dashboard, [2020](#)

opened three drug take-back kiosks at its on-site pharmacies, offering patients year-round access to dispose of unused, unneeded, or outdated medications.

The data below shows national and state trends and how they compare to Scripps. The metrics also show data for co-prescribing opioids with benzodiazepines. According to the [CDC's chronic pain guidelines](#), clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible, as both cause central nervous system depression and can decrease respiratory drive. Concurrent use has also shown significantly increased (up to four times) [risks for overdose death](#) compared with opioid prescription alone. Scripps is monitoring this metric to decrease opioid-benzo co-prescribing.

Opioid prescribing, comparing 2018 to 2019 (last year of available national data):

- National – 10% reduction
- California – No reduction
- Scripps Clinic – 10.4% reduction (data includes oncology and high-risk surgeries)
- Scripps Coastal – 26.5% reduction

Opioid prescribing at Scripps Clinic, comparing 2018 to 2020:

- 25% reduction in opioid prescribing
- 25% reduction in opioid co-prescribing with benzodiazepines

Opioid prescribing at Scripps Coastal, comparing 2018 to 2020:

- 39% reduction in opioid prescribing
- 42% reduction on opioid co-prescribing with benzodiazepines

#### [CALIFORNIA BRIDGE PROGRAM](#)

Scripps has received state grants at each of its Scripps hospitals from the California Bridge Program and The Center at Sierra Health Foundation to remove barriers to identifying and treating patients with opioid use disorder and provide Medication-Assisted Treatment (MAT). Combined with other recent grants for Scripps Opioid Stewardship Program, Scripps has been awarded almost \$1 million to help prevent and treat opioid addiction. Scripps actively promotes MAT access for patients in the form of buprenorphine. The 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. All together, these state programs have awarded Scripps \$935,000.

As part of the grant, Scripps now has Bridge counselors to help patients with opioid addiction. Bridge 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 who are at risk or are 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.

#### [SPONDYLITIS ASSOCIATION](#)

Scripps Health provides meeting space to the Spondylitis Association of America (SAA). This is a non-profit organization founded in 1983 to address the needs of people affected by spondylarthritis. Since that time, SAA has been at the forefront of the fight to promote medical research, educate both the medical community and general public and advocate on behalf of the people they serve. Due to COVID-19 meetings were not held most of the year due to restricted access to the hospital.

#### [LIVE WELL SAN DIEGO VIRTUAL 5K AND FITNESS CHALLENGE](#)

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 was not held in 2021.

## 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.

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## AGING CONCERNS

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 roughly 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. 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%.<sup>32</sup>

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](http://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.

A summary of the magnitude and prevalence of aging conditions are described below:

- The 2019 HASD&IC and Scripps CHNA identified aging concerns as one of the top health conditions among San Diego County hospitals.
- The 2019 HASD&IC and Scripps CHNA identified physical and non-physical barriers to care. Seniors accessing health care can be particularly difficult. When seniors can no longer drive, finding reliable, affordable transportation can be challenging. Seniors most often have limited income and are constantly shifting their financial priorities between paying for housing, food, or costs associated with seeking health care. High cost of medications, co-pays and deductibles were cited as creating financial barriers to accessing health care. Physical barriers to care, such as limited mobility, hearing or vision issues may also create challenges for seniors needing additional assistance. For those who do not speak English as a first language, language can also be a barrier to accessing care. After discharge from a hospital stay, seniors may have inadequate support at home to recover well and follow-up care is hard for seniors to locate and

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<sup>32</sup> SpeedTrack Inc.; U.S. Census Bureau

secure. These needs identified by the community overall spoke to the overwhelming need to increase awareness of community and social support programs and services for this particularly vulnerable group.

- Per the 2019 CHNA, conditions that disproportionately affect older adults were identified as a high priority health need through both community engagement events and the secondary analyses. Community engagement participants most often described aging concerns in relation to the SDOH that affect seniors such as:
  - Access to fresh food
  - 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).
  - Transportation (lack of accessible or reliable transportation options to and from appointments, to go grocery shopping, or just socialize with others)
- In 2019, Alzheimer's disease was the fourth leading cause of death in San Diego County for all age groups. Dementia is a clinical syndrome of the decline in memory and other thinking abilities. It is caused by various diseases and conditions that result in damage to brain cells and lead to distinct symptom patterns and distinguishing brain abnormalities. Alzheimer's disease (AD) is a progressive brain disorder that gradually destroys a person's memory and ability to learn, reason, make judgements, communicate, and carry out daily activities such as bathing and eating. An estimated 84,405 adults aged fifty-five and older are living with some form of dementia and this number is projected to increase to more than 115,000 by 2030. Alzheimer's disease is the most expensive disease in the nation, with associated costs higher than those of both cancer and heart disease. Researchers estimate that between informal caregiving, out-of-pocket costs, and Medicaid and Medicare expenditures, the lifetime cost for a person living with dementia is over \$320,000.<sup>33</sup>
- In 2019, the top leading causes of death among adults ages 65 and older in San Diego County were (in rank order): diseases of the heart, cancer, Alzheimer's

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<sup>33</sup> The Alzheimer's Project San Diego Unites for a Cure and Care. County of San Diego HHSA, April 2019. [SDHealthStatistics.com](https://www.sdhhs.org/SDHealthStatistics.com)

disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases, diabetes, accidents/unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson's disease, and influenza or pneumonia.<sup>34</sup>

- In 2019, hospitalization rates among seniors were higher than the general population due to coronary heart disease, stroke, chronic obstructive pulmonary disease, nonfatal unintentional injuries (including falls), cancer and arthritis.<sup>35</sup>
- The top three causes of ED utilization among San Diego County residents ages 65 and older in 2019 were unintentional injuries, falls and overall heart disease.<sup>36</sup>
- According to the CDC, three million older adults are treated in the ED for falls every year. One in five falls causes a serious injury, such as broken bones or a head injury, and each fall doubles the chance of falling again. These injuries may result in serious mobility issues and difficulty with everyday tasks or living independently. In 2015, the direct medical costs associated with fall injuries totaled more than \$50 billion (CDC, 2019).

## OLDER ADULTS EXPERIENCING HOMELESSNESS

The prevalence of older adults experiencing homelessness represents an ongoing significant concern. 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. These factors, combined with San Diego's housing crisis, are intensifying senior homelessness, as evidenced by San Diego's most recent 2020 Point in Time Count.

National reports confirm the number of homeless older adults (55 and over) is projected to grow from 170,000 in 2017 to 225,000 by 2026, with the fastest growth among those 65 and over. The number of newly homeless in San Diego doubled in 2020. According to San Diego's 2020 Point in Time Count, one out of four of San Diego's homeless adults is over the age of 55. Among this group of unsheltered seniors, 88% became homeless in San Diego County and 43% are experiencing homelessness for the first

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<sup>34</sup> 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" information from all death certificates filed in San Diego County in 2019. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile." (CDPH, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit, October 2021)

<sup>35</sup> California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2019. SpeedTrack©

<sup>36</sup> Ibid

time in their lives. Additionally, 12% of those 55 or older are chronologically homeless and unsheltered, and nearly 1 in 4 were female, Within this group of older adults:

- 88% of seniors became homeless in San Diego
- 43% are experiencing homelessness for the first time
- 54% are sleeping on the street or sidewalk
- 50% are managing a chronic condition
- 55% reported a physical disability

During Fiscal Year 2021, Scripps engaged in the following programs and services to meet the needs of the aging population.

### SCRIPPS ADVANCED CARE CLINIC

The program 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 245 patients have been served, 45% reduction in hospitalizations, 49% reduction in 30-day readmissions and 49% reduction in ED visit rate. In addition, the program coordinates non-clinical issues. Table 4.2 displays several types of psychosocial services referrals.

TABLE 4.2 PSYCHOSOCIAL SERVICES FOR TIME PERIOD (AUGUST 2020–SEPTEMBER 2021)

Services	Number of patients
Food Assistance	46 patients
Shelter	24 patients
Outpatient Psychiatry/Psych Resources	9 patients
Caregiver Assistance	48 patients
PACE	3 patients
Job Assistance/Volunteer	4 patients
Welfare Check/APS Report/Public Guardian	16 patients
Outpatient Psychiatric Therapy	9 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 60,000 San Diegans with the disease, along with their caregivers. 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 of 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 ADRD 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 ADRD into their daily operations. This type of systemic adoption of best practices ensures sustainable quality care.

### [VIRTUAL STANDING STRONG FALL PREVENTION WEBINAR](#)

As part of National Fall Prevention Awareness week in September 2021, Scripps partnered with the County of San Diego Health and Human Services and the San Diego Fall Prevention Task Force on free, virtual events to learn more about what individuals can do to prevent falls. Falls are the leading cause of injury related emergency department visits for older adults. Scripps instructed five one-hour classes and the topics are listed below. The Scripps event served as the official kick-off event for Fall Prevention Awareness week with nine presentations delivered virtually.

<http://www.sandiegofallprevention.org/>. The following were some of the topics provided:

- Fall Prevention: Reducing Your Risk and Fears
- A Matter of Balance Sample Class
- Head to Toe Work Out
- Gentle Chair Yoga
- Healthy Bones for Better Balance

### [FALL PREVENTION AND HOME SAFETY WORKSHOPS](#)

Many older adults experience concerns about falling and restrict their activities. Scripps Social Workers and nurses lecture 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. Seniors may attend from all

over the San Diego County region. Due to COVID-19 meetings were not held most of the year due to restricted access to the hospital.

### **A MATTER OF BALANCE: MANAGING CONCERNS ABOUT FALLS**

Scripps educates older adults on preventing falls through exercise and being proactive through safety measures in the home. An 8-week program and lecture series provide practical strategies to manage falls, improve safety awareness and utilize available resources to promote independence and overall safety. Scripps was chosen as a pilot site to test a new virtual edition of the A Matter of Balance program with results being used to launch the new virtual evidence-based version in January 2021. Nineteen virtual classes were conducted in Fiscal Year 2021.

### **SENIOR HEALTH AND WELL-BEING 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. A total of 69 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 professions 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 Norman Park Center, Congregational Towers Senior Living, St. Charles Nutrition Center serving seniors and Kimball and Morgan Towers Senior Living. Family Medicine Residents rotate through these programs to learn more about geriatric medicine, health and wellness and overall public health and community training. Due to COVID-19 the group has transitioned to a conference call group which has impacted the overall number of participants for the year.

### **PARKINSON'S LSVT (LEE SILVERMAN TRAINING) BIG EXERCISE:**

Scripps provides a maintenance class for those who have completed the LSVT BIG Exercise protocol. This class is taught by a physical therapist and is designed for

Parkinson's patients to improve strength and mobility for a healthier life. Due to COVID-19 meetings were not held due to restricted access to the hospital.

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

Across the country, seniors account for nearly 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 by 2021. 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. The Initiative is a public-private partnership involving the County, the West Health Institute, and the region's major health systems.

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## 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.

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

- The HASD&IC and Scripps 2019 CHNA continued to identify obesity as a priority health issue affecting members of the communities served by Scripps.
- According to 2020 CHIS data, 23.2% of San Diego County residents had ever been diagnosed with high blood pressure, while 7.8% had borderline high blood pressure. In addition, 24.3% of San Diego County adults reported being obese.
- According to a new report released in 2019 by the San Diego Childhood Obesity Initiative, 34%, or nearly 1 out of every 3 children in San Diego County's schools were overweight or obese. These rates vary by grade, with 5th graders having the highest rates of overweight and obese children (36%) compared to 7th graders (34%) and 9th graders (33%). In examining trends across longer periods of time, overweight and obesity prevalence among children in San Diego County appears to be leveling off and even declining slightly. For example, a 2005 UCLA study estimated 36% of children in San Diego County were overweight or obese, with that number decreasing to 35% in 2010. Based on these data, childhood overweight and obesity prevalence in 2018 has decreased by two percentage points since 2005. This small decrease from 36% to 34%, however, would represent approximately 8,600 fewer students across public school districts who were overweight and obese in 2017–2018. More information can be found at, [www.SanDiegoCountyoi.org](http://www.SanDiegoCountyoi.org).

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health. 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.

- In California, the self-reported obesity rate in 2020 was 30.3%. Prevalence of obesity decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates (Centers for Disease Control and Prevention (CDC), 2021).
- According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and some types of cancer (CDC, 2021).
- According to the article Social and Environmental Factors Influencing Obesity, obesity prevalence is significantly associated with sex, racial or ethnic identity, and socioeconomic status. Higher odds of obesity are attributed to multiple factors, including environments experiencing deprivation, disorder, or high crime; proliferation of high calorie, energy dense food options that are perceived as more affordable; and reductions in occupational and transportation-related physical activity (Lee, Cardel & Donahoo, 2019).
- According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes, and certain types of cancer.
- Obesity is largely 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

Even before the COVID-19 pandemic, 30% of local children were considered obese. According to a recent study in the [Journal of the American Medical Association](#), child and teen obesity rates further increased over the past 18 months of the pandemic.

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 2021, 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.

#### **REDUCING CHILDHOOD OBESITY IN SOUTH BAY 5210 PROGRAM**

Scripps also addresses childhood obesity at the high school level in San Diego's South Bay communities through its partnership with the Promise Neighborhood initiative,

which implements activities related to the national 5210 campaign. The message is to promote a healthy lifestyle (**5** Servings of Fruits and Vegetables, **2** Hour Screen Time Limit, **1** Hour of Physical Activity and **0** Sugary Drinks) per day. This four-session series is designed to increase knowledge and behaviors regarding a healthy lifestyle. The series includes hands-on activities and demonstrations. The foundation of this project began in 2013 with a partnership with the Promise Neighborhood Initiative and Castle Park Elementary School to increase education and awareness about healthy lifestyles and to help the students pass their yearly physical education requirements.

Scripps has continued to enhance and develop the series. During FY21 there was a total of 36 participants from Chula Vista High Schools and students from Health Careers Occupational Program (HCOP) Camp Scripps. As a result of activities, lesson plans and advocacy for healthy living, the amount of physical activity and consumption of fruits and vegetables by the youth has increased. Student responses via the 5210-assessment survey showed pre-test knowledge was 63% and post-test knowledge improvement rate of 89% after participating in the 5210 sessions. Due to COVID-19 these sessions were held virtually.

#### [LA MAESTRA FAMILY CLINIC, INC](#)

La Maestra Family Clinic, Inc. joined the City Heights Wellness Center (CHWC) collaborative partnership with Scripps Mercy Hospital and Rady Children's Hospital as the lease holder of the Wellness Center starting September 1, 2016.

Since its inception in 2002, the City Heights Wellness Center has been a dynamic, community-based program developed by Scripps Mercy Hospital and Rady Children's Hospital, working with residents to improve their lifestyle behaviors and self-sufficiency skills. Multiple not-for-profit and governmental organizations, philanthropic foundations and grassroots groups have joined the effort conducting health promotion and educational activities for community residents.

A unique aspect of the City Heights Wellness Center is the Teaching Kitchen that is known throughout the community as a place where residents and providers come together to cook, discover, and communicate in a safe and trusted environment.

La Maestra Family Clinic brings a new perspective to the partnership as a community health center and primary care provider serving the culturally diverse populations within the City Heights community. La Maestra is committed to maintaining the collaborative nature of the partnership and continues to work with current CHWC agencies as well as look for opportunities to expand health promotion services.

The Scripps Mercy Supplemental Nutrition Program for Women, Infants and Children (WIC) was collocated in the Wellness Center but has recently moved services to a suite at the Price Entities building.

#### **FOOD ADDICTS ANONYMOUS**

Scripps Health provides Food Addicts Anonymous meeting space to meet. Food Addicts Anonymous is an international fellowship of people who have experienced difficulties in life because of the way they eat. Due to COVID-19 meetings were not held due to restricted access to the hospital.

#### **TAKE OFF POUNDS SENSIBLY (TOPS) MEETING**

Scripps Health provides meeting space to Take Off Pounds Sensibly (TOPS). TOPS (Take Off Pounds Sensibly) is the short name for TOPS Club, Inc., the original non-profit, non-commercial network of weight-loss support groups and wellness education organizations. Due to COVID-19 meetings were not held due to restricted access to the hospital. A total of 249 people participated in TOPS prior to the pandemic.

#### **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.

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## 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 high 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 2019, 33,880 live births received early prenatal care in San Diego County, which translates to 88.2% of all live births in the region.<sup>37</sup>
- In 2019, 141 infants in San Diego County died before their first birthday. The infant mortality rate was 3.7 infant deaths per 1,000 live births.<sup>38</sup>
- There were 3,336 preterm births in San Diego County in 2019, representing 8.7% of all births countywide.<sup>39</sup>
- According to the National Center for Health Statistics (NCHS), prenatal care improves pregnancy outcomes, and is among the most frequently used health care services in the U.S. Experts recommend prenatal care with early, ongoing risk assessment, and tying content and timing to individual needs and risk status (NCHS, 2018).
- Live Well San Diego's (LWSD) Report Card on Children and Families, 2019 identified the following barriers to use of prenatal care: financial barriers, such as lack of health insurance; context of care, such as biased treatment from providers or low cultural competence; and access issues, such as transportation, difficulty obtaining an appointment or inconvenient hours (LWSD, 2020).
- According to the Centers for Disease Control and Prevention (CDC), health-related factors known to cause adverse pregnancy outcomes include tobacco or substance use, infectious diseases, diabetes, high blood pressure, certain medications, depression, unsafe environmental or workplace conditions, radiation, and weight gain during pregnancy (CDC, 2021).
- 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).

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<sup>37</sup> County of San Diego Health and Human Services Agency (HHS), Public Health Services, Community Health Statistics Unit (2020), Maternal, Child, and Family Health Services Statistics 2011-2019.

<sup>38</sup> Infant mortality refers to the number of deaths of infants under one year of age per 1,000 live births

<sup>39</sup> Preterm birth refers to births prior to 37 completed weeks of gestation.

Scripps Health continued to enhance prenatal education for low-income women in San Diego County in Fiscal Year 2021. The following are some examples:

### COMMUNITY BENEFIT SERVICES

- Offered more than 120 maternal child health classes 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 weekly breastfeeding support groups at six locations throughout San Diego County, including three with bilingual services. During COVID-19 two groups met virtually.
- Offered 40 maternal child health classes throughout the community, such as Getting Ready for the Baby and Grand Parenting Today. Due to COVID-19 these classes were held 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, Home Visiting, Maternal and Child Health, Classes and Support Groups, Breast feeding support, and Centering Pregnancy groups.

### PARENTING EDUCATION

Parenting classes are offered by Scripps Mercy Hospital Chula Vista Well-Being Center 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. These sessions are currently being offered to the Foster, Adoptive and Kinship Care Education Program at Grossmont College. Sessions are facilitated by Scripps Family Medicine Residents and being offered in English and Spanish. A total of 208 have attended a parent education session. These sessions are being held virtually.

### FIRST FIVE HOME VISITS

In collaboration with the medical residents, newborn home visits are provided to first-time moms who have delivered at Scripps Mercy Hospital Chula Vista. The visit includes a comprehensive assessment covering social, health, and environmental

issues. Further follow up is provided to assess critical health behaviors identified. Follow up and support services are provided for six months. A total of 56 services were provided. Home visits ceased as of March 2020 due to COVID-19.

### BREAST FEEDING SUPPORT GROUP

An experienced breastfeeding instructor leads the breastfeeding support group at the Well Being Center with mothers who would like breastfeeding support. They interact with other mothers and are led by the instructor. Babies are weighed at the beginning and end of the group to assess how much milk they are getting. Due to COVID-19 this group continued to meet virtually as of March 2020. Due to this transition the participation of this group was greatly impacted.

### 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 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.

### MATERNAL CHILD HEALTH NURSING STUDENTS

Scripps Perinatal Education program supports local nursing students with the opportunity to observe prenatal educational classes. This critical aspect of nursing education allows the hours and information to meet their clinical rotation requirements in maternal child health. Due to COVID-19 the clinical rotations were not held due to restricted access to the hospital.

## 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 2021, the program provided nutrition services, counseling and food vouchers for 70,450 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. In April 2020, in response to the State-wide public health restrictions, all WIC appointments went virtual including the education and counseling sessions. Once WIC eligibility requirements were met, food vouchers were issued automatically to the WIC EBT card. As a result, the WIC Program experienced a higher rate of participant engagement and satisfaction with on-line services; Barriers to childcare and transportation were no longer issues for client participation.

## MIRACLE BABIES

Scripps Health partnered with Miracle Babies on their virtual 5K Walk/Run. The mission of Miracle Babies is to unify families with their sick newborns through financial assistance and supportive services to reduce pregnancy complications through prevention, education, and research.

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## UNINTENTIONAL INJURY AND VIOLENCE

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.” Unintentional injury and violence were identified as a priority health need in the community engagement process of the 2019 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 2019, accidents (unintentional injuries) were the fifth leading cause of death for San Diego County overall. 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 HASD&IC and Scripps 2019 CHNA continued to identify unintentional injury and violence as one of the top priority health conditions among San Diego County hospitals.
- According to data presented in the HASD&IC and Scripps 2019 CHNA, rates of ED visits for motor vehicle injuries in San Diego County increased 9.3% from 2014 to 2016, while deaths due to motor vehicle injuries increased 1.1%.
- Focus groups conducted as part of the HASD&IC and Scripps 2019 CHNA emphasized the importance of a safe environment as a contributor to good

health. Lack of a safe environment may encourage physical inactivity, which contributes to chronic health conditions.

- In 2019, accidents (unintentional injuries) were the fifth leading cause of death for San Diego County overall.<sup>40</sup>
- Between 2015 and 2019, more than 5,800 San Diegans died from injuries that were not self-inflicted.
- In 2019, there were 927 ED visits (27.7 per 100,000 population) and 483 hospitalizations (14.4 per 100,000) related to opioid misuse in San Diego County. Percent change from 2017 to 2019 is 22.1% for ED visits and -21.3% for hospitalization. Males are 1.8 times more likely to visit the ED for opioid misuse than females and 2.0 times more likely to be hospitalized for opioid misuse than females in 2019. For race/ethnicity, Non-Hispanic Black has the highest rate for ED visits (43.0 per 100,000), followed by non-Hispanic White (35.9 per 100,000). For age groups, 27-44 had the highest ED visits for opioid misuse (57.2 per 100,000), followed by 18-26 years old (41.9 per 100,000).<sup>41</sup>
- 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 "unnatural" deaths that occur by accident, homicide, or suicide due to traumas or overdose, or undiagnosed or sudden unexpected natural causes.
- San Diego County's Medical Examiner's Office release both mid-year statistics comparing the first six months of 2020 to 2019 in its 2019 annual report. Looking at mid-year figures, the department investigated 1,751 deaths through June this year compared to 1,674 in the same months last year, a 5% increase. The Medical Examiner's Office investigates deaths that occur by accident, homicide, or suicide due to trauma 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.

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<sup>40</sup> 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" information from all death certificates filed in San Diego County in 2019. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile." (CDPH, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit, October 2021)

<sup>41</sup> California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2019. SpeedTrack©

- Within the accidental death category, unintentional overdose deaths due to illicit drugs, prescription medication and alcohol toxicity increased by 21% from 320 deaths in the first half of 2019 to 387 the first six months of this year. Of those accidental overdoses, fentanyl-caused deaths increased by 126% comparing those same six months where there were 69 deaths in 2019 and 156 cases for the first six months of this year. Most often, overdose deaths from fentanyl are traced to counterfeit pills that resemble oxycodone or alprazolam, [2020 San Diego County Prescription Drug Abuse Task Force](#).
- There was also a decrease of 5% in number of suicides, 198 this year compared to 209 in the same six months last year. Firearms were the leading method of death in 76 of the 198 deaths by suicide this year.
- Homicides increased by 14% for the first half of the year, 59 compared to last year's 52. In this category, firearms were again the leading method of deaths, 32 of the 59 deaths.
- For all of 2019, accidental deaths overall comprised 50% of all department investigations. Within that category, unintentional overdoses from drugs—both prescription or illegal—and alcohol were, at 39%, the leading cause of death. Accidental falls followed at 33% and then traffic-related fatalities at 19% were next as outlined in the department's annual 2019 year-end report.
- Deaths from falls increased by 12% with 545 cases in 2019 compared to 488 in 2018. Blunt head trauma and hip/femur fracture were the leading cause of death in falls. Traffic-related deaths decreased by 5% from 2018 which had 316 deaths while 2019 saw 301 deaths.
- CDPH and Department of Health Care Access and Information injury data indicates that, in 2020, unintentional injuries caused more than 1,500 deaths, nearly 130,000 million ED visits, and more than 27,500 hospitalizations in San Diego County (CDPH, 2020; SpeedTrack, Inc., 2020).
- In 2019, unintentional injury was the third leading cause of death across all age groups in the U.S., accounting for more than 173,000 deaths. Unintentional injury was the leading cause of death in the U.S. for people ages 1 to 44, the third leading cause of death for ages 45 to 64, and the seventh leading cause of death for those over the age of 65 (CDC WONDER Online Database, 2021).

### 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 annual MSF Report Card provides data from 2020 on leading indicators of meth problems.

[According to the Methamphetamine Strike Force 2021 Report Card](#), a total of 722 San Diegans died with methamphetamine in their system and another 576 people died due to prescription drugs in the region last year. The new figure far exceeds the previous record set in 2019 when 546 deaths were reported.

The 2021 Meth Report Card highlights the following data points:

- 566 men and 156 women died with meth in their system.
- There were 16,309 emergency room visits due to methamphetamines in 2019 compared to 13,020 in 2018. Data from 2020 will be available in 2022.
- A total of 4,740 people were admitted to County-funded treatment programs due to meth abuse last year, vs. 6,591 in 2019.
- 56% of adult arrestees tested positive for meth in 2020, compared to 59% the previous year.
- 8% of juvenile arrestees tested positive for meth in 2020, compared to 11% in 2019.
- Arrests for selling and possession of meth decreased to 7,211 compared to 11,313 in 2019.

### 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 prescription related overdose deaths are unintentional.

[The 2021 Prescription Drug Report Card](#) also includes statistics on fentanyl. It shows that a record 462 people died from fentanyl in 2020, compared to the 151 the year before that. The prescription drug and opioid deaths reported in 2020 more than double the 275 fatalities in 2019.

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):

- 430 men and 146 women died from prescription drugs.
- 7,723 visits to local emergency rooms in 2019, compared to 6,162 in 2018. Data for last year is not yet available.

- Ten percent of 11<sup>th</sup> graders reported prescription drug use in 2019, the same percent as in 2017. The survey is done every two years.
- Forty-six percent of adults arrested reported misusing prescription drugs in 2020, the same as the year before.

Scripps Health continued to address unintentional injury and violence and the following are some examples:

### OPIOID STEWARDSHIP PROGRAM (OSP)

Cal Hospital Compare (CHC), a nonprofit organization that provides Californians with hospital performance ratings, has named all four of Scripps Health's hospitals to its 2020 Opioid Care Honor Roll. Scripps is the only health care organization in San Diego County to be recognized on the inaugural statewide list. The 2020 Opioid Care Honor Roll recognized 53 California hospitals for their progress and performance in promoting safe and effective opioid use, providing treatment for patients with opioid use disorder and providing access to naloxone to prevent opioid overdoses. According to preliminary state data, 5,363 Californians died of an opioid-related overdose in 2020. CHC recognized Scripps for taking a variety of approaches to address overuse of opioids among its patients. 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 has established prescribing standards for opioids, resulting in a reduction in 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. Due to COVID-19 this program was put on hold due to restricted access to the hospital.

### **SAN DIEGO BRAIN INJURY FOUNDATION**

Scripps Health provides meeting space to the San Diego Brain Injury Foundation. The organization provides quality of life improvements for brain injury survivors and support to family members. Due to COVID-19 meetings were not held due to restricted access to the hospital.

### **EVERY 15 MINUTES**

Alcohol can be attributed to more than 100,000 deaths in the U.S. annually, including 41% of all traffic fatalities. Every 15 Minutes program is 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. The “injured” students are taken to Scripps Mercy Trauma Center. This program is sponsored jointly by local high schools, county police and sheriff’s departments, ambulance services, and emergency departments. Due to COVID-19 classes were not held due to restricted access to the hospital.

### **BEACH AREA COMMUNITY COURT PROGRAM**

The program is an educational program for first time offenders for quality-of-life crimes. This is a collaboration with the San Diego Police Department, Parks and Recreation, District Attorney’s Office and Discover Pacific Beach. 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. Due to COVID-19 meetings were not held due to restricted access to the hospital.

### **SAN DIEGO COUNTY LIFEGUARD EDUCATION CONFERENCE**

In Fiscal Year 2021 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 signed 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. These soft rooms will be 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.

### [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 staunching the bleeding. Scripps doctors are getting behind the national Stop the Bleed campaign. Supported by the American College of Surgeons, the Department of Homeland Security and numerous police departments. It aims to teach bystanders how to properly place pressure on a wound or apply a tourniquet in an emergency. Scripps providers participate in this program by teaching nonmedical audiences to control life-threatening bleeding until professional medical help arrives. The 90-minute course includes a presentation and practice on applying direct pressure, wound packing and using a tourniquet. Due to COVID-19 meetings were not held due to restricted access to the hospital.

### [SAN DIEGO DAY OF TRAUMA AWARENESS CONFERENCE](#)

The San Diego Day of Trauma is an annual meeting aimed at all healthcare providers. In attendance are trauma surgeons, nurses, medical students, EMT service providers and law enforcement. Scripps participates annually with local agencies, giving attendees the opportunity to learn more about Trauma Services. Due to COVID-19 this event was postponed for the 2020 and 2021 academic year. The event will be hosted again in the future.

## DISASTER PREPAREDNESS EXPO

Scripps Mercy hospital holds an annual disaster preparedness expo. The event includes a sidewalk CPR, Stop the Bleed which included learning basic techniques of bleeding control, learning the signs and symptoms of stroke, and meeting the members of the trauma team at Scripps Mercy hospital. Due to COVID-19 this event was cancelled due to restricted access to the hospital.

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## 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.

A summary of the magnitude and prevalence of behavioral health is described below:

- The HASD&IC and Scripps 2019 CHNA continued to identify behavioral health as a priority health issue affecting members of the communities served by Scripps.
- The HASD&IC and Scripps 2019 CHNA identified behavioral health a top priority health issue both in the secondary data analyses and in the community engagement events.
- The community engagement events conducted in the 2019 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.
- HASD&IC 2019 CHNA conducted a community engagement analysis and across all types of community engagement focus groups, key informant interviews, and the online survey. Behavioral health issues were identified as both prevalent and debilitating in the community. In the online survey, behavioral health was ranked as the health condition having the greatest impact on the health and well-being of San Diego County residents and as the second most impactful condition when health conditions and social determinants of health were combined (only access to care ranked higher). In addition, 63% of survey respondents indicated that they believe behavioral health is worsening in San Diego County. Respondents were also asked to rank specific behavioral health conditions having the greatest impact in San Diego.

Mental Health can be defined as “a state of complete physical, mental and social well-being, and not merely the absence of disease”.

Mental illness is defined as “collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning”.

The top seven conditions identified were as follows:

1. Alcohol Use Disorder
2. Mood Disorders
3. Substance Use Disorder
4. Anxiety
5. Opioid Use
6. Suicide and Suicide Thoughts/Ideation
7. Self-Harm or Self-Injury

- An analysis of mortality data in San Diego County found that in 2019, intentional self-harm (suicide) was the ninth leading cause of death.<sup>42</sup>
- In 2019, there were 4945 ED visits (147.7 per 100,000 population) and 7861 hospitalizations (234.9 per 100,000) related to mood disorders in San Diego County. Percent change from 2017 to 2019 for ED is -16.7% and for hospitalization is -8.7%<sup>43</sup>
- In 2019, there were 865 ED visits (25.8 per 100,000 population) and 171 hospitalizations (5.1 per 100,000) related to cannabis use in San Diego County. Percent change from 2017 to 2019 for ED is 29.2% and for hospitalization is 54.0%. The age most impacted is 18-26 with 62.5 per 100,000 population for ED visits and 15.1 per 100,000 for hospitalizations in 2019.<sup>44</sup>
- In 2019, there were 861 ED visits (25.7 per 100,000 population) and 379 hospitalizations (11.3 per 100,000) related to opioid overdose in San Diego County. Percent change from 2017 to 2019 is 16.8% for ED visits and 19.6% for hospitalizations. For sex, males (34.6 per 100,000 population) are 2 times more likely to go to the ED for an opioid overdose than females. For race/ethnicity, Non-Hispanic Black have the highest rate for ED visit (39.8 per 100,000) followed by Non-Hispanic White (31.2 per 100,000). For age groups, 27-44 have the highest rate for ED visits (49.1 per 100,000), followed by 18-26 for ED visits (45.1 per 100,000).<sup>45</sup>

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<sup>42</sup> 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" information from all death certificates filed in San Diego County in 2019. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile." (CDPH, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit, October 2019.)

<sup>43</sup> California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2019. SpeedTrack©

<sup>44</sup> Ibid

<sup>45</sup> Ibid

- Mental health issues affect nearly 1 in 5 people, and when left untreated, are a leading cause of disability, are associated with chronic disease, and may lead to premature mortality. In San Diego County, 12.4 people per every 100,000 die from suicide annually, and approximately 10% of all adults seriously consider committing suicide.<sup>46</sup>

## 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 2020. In 2020, which included the first 10 months of COVID-19, 419 died from suicide, 10 fewer than the previous year's total of 429. However, the consequences of the pandemic have boosted demand for mental health services. To view the complete report, visit [www.spcsandiego.org](http://www.spcsandiego.org).

Among the 2020 report's findings:

1. After a period in which the annual suicide rate remained steady from 2013 to 2018, the suicide rate dropped by 10% since 2018.
2. The 2020 suicide rate is the lowest since 2010.
3. While the suicide numbers decreased in 2020, the COVID-19 pandemic was likely a contributor factor.
4. Suicides continue to outnumber homicides by a large margin.
5. There were about three and a half times as many male suicides as there were female suicides.
6. 53% of all suicides are white males.
7. White middle-aged males, who are divorced or widowed, have the highest rates of suicide.
8. Males are more likely to use firearms while females are more likely to use drugs.
9. The San Diego County suicide continues to decrease below the National rate as is now approaching the California State rate.

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<sup>46</sup> 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" information from all death certificates filed in San Diego County in 2019. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile." (CDPH, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHS, Public Health Services, Community Health Statistics Unit, October 2021)

In 2010, the County of San Diego Health and Human Services Agency (HHS) launched a suicide prevention planning process, which was formed by the National Strategy for Suicide Prevention and the California Strategic Plan on Suicide Prevention. Scripps is a member of the 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: 2020 Report Card.

<https://www.San Diego Countyhip.org/initiatives/suicide-prevention-council/reports-resources/>

The Report Card brings together the most recent data available from multiple sources (for the years 2015 through 2020) 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. In 2019 there were 3,029 emergency department discharges for self-inflicted causes in San Diego County which is a rate of 90.4 per 100,000 people. The percent of students who seriously considered suicide in in 2020 was 14.5%.

**TABLE 4.5 SUICIDE AND SUICIDE PREVENTION IN SAN DIEGO COUNTY: 2020 REPORT CARD**

Indicator	2015	2016	2017	2018	2019	2020
Total Suicide Deaths						
a. Number	427	431	458	465	429	419
b. Rate per 100,000 people	13.2	13.1	13.8	13.9	12.8	12.5
*Emergency Department (ED) Discharges: Self-Inflicted Injury/Poisoning						
a. Number	3,248	3,098	3,091	3,163	3,029	-
b. Rate per 100,000 people	99.5	94.2	93.2	94.8	90.4	
Crisis Calls: Access and Crisis Line Percent of ALL Calls that are Crisis Calls						
	25.8%	25.7%	31.4%	47.6%	55.0%	53.0%

Source: San Diego County Prevention Council, Annual Report to the Community, 2020

The behavioral health programs at Scripps also supports community programs to reduce the stigma of mental illness and help affected individuals live and work in the community.

### BEHAVIORAL HEALTH INPATIENT PROGRAMS

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. The Behavioral Health Inpatient Program at Scripps Mercy Hospital helps 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 2021, the Scripps Mercy Behavioral Health Program experienced a \$6.3 million loss in total operations, with 4.1 million of this loss being captured in Medi-Cal/CMS and Charity Care.
- In Fiscal Year 2021, 1.9 percent of patients in the inpatient unit were uninsured.

### BEHAVIORAL HEALTH OUTPATIENT PROGRAMS

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, 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 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.

## MENTAL HEALTH OUTREACH SERVICES, A-VISIONS VOCATIONAL TRAINING PROGRAM

Behavioral Health Services at Scripps Mercy Hospital, 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. This year, Behavioral Health Services continued participating in the A-Visions program.

Since its inception, 636 inquiries have come in, 165 of these resulted in qualified candidates with 101 volunteers and 54 employees thus far. Currently, there are a total of 20 active candidates: 19 employees and one volunteer who participate in this supportive employment program. The average length of employment for the 54 employees is 8.6 years, with a range of 2 months to 14.7 years. The current paid employees have been employed between 2.2 years to 14.3 years, with the average length of employment being 8.5 years. A-Visions 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.

## 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

### PSYCHIATRIC LIAISON TEAM (PLT)

The Psychiatric Liaison Team is a mobile psychiatric assessment team. Clinicians provide mental health evaluation and triage services 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. Scripps will continue to provide a dedicated Psychiatric Liaison Team at all Scripps Hospitals Emergency Departments and urgent care settings (Rancho Bernardo and Torrey Pines).

### 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.

### BEHAVIORAL HEALTH INTEGRATION PROGRAM (BHIP) IN DIABETES

Many people find that the day-to-day tasks associated with having diabetes such as repeating 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 the emotional and behavioral needs that often leads to burnout of individuals with Type 1 and Type 2 diabetes. The co-location of medical and behavioral health services in the same facility allows for a convenient, warm hand-offs 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.

### **MENTAL HEALTH SUPPORT SERVICES AT LOCAL SCHOOL-BASED CLINICS**

Scripps Family Medicine Residency and Scripps Mercy Hospital Chula Vista Well-Being Center have partnered to offer clinical training opportunities for Master Social Work students in training from San Diego State University 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. Due to COVID-19 the schools were closed for several weeks and then transitioned to a virtual setting. This program will begin in the new school year 2022.

### **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. These services are offered remotely due to COVID-19.

### **ALCOHOLIC ANONYMOUS**

Scripps Health provides meeting space for members of Alcoholic Anonymous. A fellowship of people who share their experience, strength, and support of each other. Due to COVID-19 meetings were not held due to restricted access to the hospital.

### **GRIEF RECOVERY AFTER A SUBSTANCE PASSING (GRASP)**

Scripps Health provides meeting space for members of GRASP. GRASP was founded to help provide sources of help, compassion and most of all, understanding, for families

or individuals who have had a loved one die because of substance use or addiction. Due to COVID-19 meetings were not held due to restricted access to the hospital.

### [NATIONAL ALLIANCE OF MENTAL ILLNESS \(NAMI\) SIBLINGS SUPPORT](#)

Scripps Health provides meeting space for members of NAMI Sibling Support. This is a confidential support group for siblings of person with mental illness and adult children of parents with mental illness. Due to COVID-19 the meetings were not held due to restricted access to the hospital.

### [SURVIVORS OF SUICIDE LOSS – SAN DIEGO CHAPTER](#)

Scripps Health provides meeting space for members of the Survivors of Suicide Loss – San Diego Chapter. The organization reaches out to and supports people who have lost a loved one to suicide. The goal is to give survivors a place where they can be comfortable expressing themselves, a place to find support, comfort, resources and hope in a judgment-free environment. These meetings were cancelled due to COVID-19 and restricted access to the hospital.

### [SCRIPPS DRUG AND ALCOHOL RESOURCES](#)

There are more than 25 million illicit drug users in the US. There are an estimated 136.9 million current drinkers of alcoholic beverages and of those, approximately 23 percent binge drank in the last 30 days and 6.3 percent are considered heavy drinkers. It is estimated there are 8.7 million under-age drinkers. Substance use, particularly opioid misuse, is a health crisis that has reached epidemic proportions both nationally and locally. According to the CDC drug use was already a big problem before the coronavirus pandemic. Overdose deaths increased by 30% nationally during the pandemic.

### [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 has deployed 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 act in a proactive and reactive role in all Scripps hospitals, helping to identify patients who are at risk, or are currently experiencing withdrawal from addictive substances. This mobile group of specially trained drug and alcohol resource nurses provide education, interventions and discharge placement assistance to patients in the Scripps hospitals. The resource

nurses work directly with the nursing staff at each of the hospitals in search of patients who may be at risk for alcohol/drug withdrawal and assist with implementing a standardized protocol withdrawal process.

Scripps has changed the way we deliver drug and alcohol treatment by collaborating with others to deliver a continuum of care that improves the health of our community. When patients need additional care, Scripps has linked itself to two separate treatment programs designed to meet the community 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.

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## SOCIAL DETERMINANTS OF HEALTH

Per Section 2, Community Health Needs Assessment (CHNA), in addition to the health needs that were identified in the CHNA, social determinants of health (SDOH) were also identified in all the community engagement activities. In response to the 2019 CHNA findings, Scripps Health creates an implementation plan that highlights the programs, services and resources provided by the hospitals to address the identified health and social determinants of health 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 should be 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.<sup>47</sup>

The CHNA identified **economic security** as a priority SDOH need in the secondary data analyses and in the community engagement process. Economic security refers to the ability to meet essential financial needs sustainably, including those for food, shelter, clothing, hygiene, health care, and education.<sup>48</sup> Economic insecurity is associated with:<sup>49</sup>

- Poor mental health days
- Visits to the ED for heart attacks
- Asthma
- Obesity
- Diabetes
- Stroke
- Cancer
- Smoking
- Pedestrian Injury

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<sup>47</sup> UCLA Center for Health Policy Research. "Emerging Models of Diabetes and Hypertension Prevention in Los Angeles", Ying Ying, Meng, Susan H. Babey, Natalie Bradford and Tony Kuo. November 2017.

<sup>48</sup> "What is Economic Security?" The International Committee of the Red Cross. 18 June 2015.

<sup>49</sup> Kaiser Permanente of Southern California Community Health Department, Secondary Data Analysis: Data Source 2018.

Economic insecurity may also lead to food insecurity, which is linked to:<sup>50</sup>

- Fair or poor health, anemia, and asthma in children
- Mental health problems, diabetes, hypertension, hyperlipidemia, and oral health problems in adults
- Fair or poor health, depression, and limitations in activities of daily living in seniors

Economic security is also linked to wages.

1. Educational attainment is directly related to economic insecurity by way of low wages and/or limited access to employment
2. In San Diego, adults who had less than a high school diploma was highest in South (21.9%) and Central (19.9%) regions.

## FOOD INSECURITY

Food Insecurity is the inability to afford enough food for an active, healthy life. The HASD&IC 2019 CHNA identified food insecurity and access to healthy food as a social determinant impacting San Diego's priority health needs.

Studies demonstrate that hunger significantly impacts health. Lack of access to healthy food, often due to availability and cost, are stressors that contribute to diabetes, heart disease, obesity, and other behavioral health issues in a myriad of ways:

- Food insecure adults with diabetes have higher average blood sugar.
- Food-insecure adults are more likely to be obese.
- Food insecurity is significantly more prevalent in adults with mood disorders.
- Food insecurity is associated with increased risk of suicidal thoughts and substance use in adolescents.
- Food insecure seniors have a significantly higher likelihood of heart disease, depression, and limited activities of daily living.
- Food-insecure adults delay the purchase of food to buy medicines.

According to an Issue Brief from the San Diego Hunger Coalition<sup>51</sup>, the COVID-19 pandemic and economic crisis both increased the strain on existing nutrition insecure populations and increased the number of individuals experiencing nutrition insecurity, many of whom experienced nutrition insecurity for the first time and had little knowledge of available resources.

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<sup>50</sup> Gundersen C, Ziliak JP (2015) "Food Insecurity and Health Outcomes". Health Affairs. 2015. 34(11): 1830–1839

<sup>51</sup> San Diego County Food Insecurity Estimates, <https://sdhunger.org>

In addition, the San Diego Hunger Coalition report highlights approximately one in three San Diegans experience nutrition insecurity or are unable to provide three nutritious meals per day for themselves and/or their families. This is up from an estimated one in four San Diegans in 2019, which was the lowest rate since the Great Recession and a 10-year low for the county. Of those experiencing nutrition insecurity, 28% were newly nutrition insecure in 2020, while 73% were already struggling to meet their needs before the COVID-19 pandemic.

Nutrition insecurity disproportionately impacts those who are Black, Indigenous, and People of Color (BIPOC). The most recent US Census American Community Survey data indicates that, while an estimated 25% of the population in San Diego was nutrition insecure in 2019, 44% of the Black population and 37% of the Indigenous population were nutrition insecure. Similarly, 44% of Hispanic or Latinx people across races were nutrition insecure. Nutrition insecurity also disproportionately impacts people with disabilities. In 2019, 40% of people with disabilities were nutrition insecure. It is anticipated these disparities have worsened during the pandemic.

In 2020, due to the pandemic, the percent of the population experiencing nutrition insecurity in San Diego County increased from 25% in 2019 to a peak of 39% (1,291,000 people) in April 2020, then leveled off to 30% (1,015,000 people) in November 2020. As of June 2021, nutrition insecurity continues to affect one in three people in San Diego County. Nutrition insecurity is even worse among children. As of March 2021, 284,500 children, or 40% of children in San Diego County were nutrition insecure. Nutrition insecurity is also pervasive among seniors, with 146,000, or 30% of seniors in San Diego County facing nutrition insecurity.

#### San Diego County March 2021 Nutrition Insecurity Rates

- Total nutrition insecure population: 1,035,000
  - This represents 31% of total population (3,347,270), or 1 in 3 people
- Nutrition insecure children: 284,500
  - This represents 40% if the total child population in San Diego County (717,000) or more than 2 in 5 children
- Nutrition insecure seniors: 146,000
  - This represents 30% of total senior populations in San Diego County (487,000)

## FEDERAL 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. The largest source of food assistance in San Diego County continues to be the Cal-Fresh (SNAP) program. The total amount of food assistance from the Cal-Fresh program in 2020 increased by an estimated 8 million meals between January and November 2020. Increases in Cal-Fresh benefits and unemployment last year kept food insecurity from growing exponentially due to the pandemic and the economic shutdown, but the challenge persists for millions of people and could grow as some of the temporary benefits associated with the pandemic expire.

## FEDERAL REDUCED-PRICE MEALS PROGRAM (FRPM)

According to a report released by the San Diego County Childhood Obesity Initiative, [www.SanDiegoCountyoi.org](http://www.SanDiegoCountyoi.org), the effect of poverty and food insecurity on students' overweight and obesity rates can most profoundly be observed when looking at districts with high concentrations of students enrolled in the Federal Reduced-Price Meals program (FRPM). All students can participate in school nutrition programs; however, students with family incomes under 130% of the Federal Poverty Level are eligible for free meals, and those with incomes between 130% and 185% of the poverty level are eligible for low-cost (or "reduced price") meals. Students enrolled in this program not only come from lower income households but are also likely to be food insecure (California Department of Education, Student Poverty FRPM Data).

Pre-COVID, half of all public-school students - over 250,000 children were enrolled in the Free & Reduced-Price Meal Program. When schools close, whether for a scheduled school closure like summer or an unscheduled school closure like a pandemic or wildfire, families often struggle to ensure their children have the nutritious food they need to learn, grow, and thrive. For kids who depend on school meals for consistent nutrition, missed meals mean setbacks in physical health, emotional health, and academic fulfillment. COVID-19 forced schools into distanced learning, causing millions of children nationwide to lose access to free and reduced-price school meals. As a result, food insecurity increased most dramatically among families with school-age kids. In San Diego County alone, food insecurity rose from 1 in 5 children to 2 in 5 children

since the start of the pandemic. The Pandemic-EBT (P-EBT) program, introduced in 2020, was quickly recognized by families and anti-hunger advocates as the most direct and effective way to close the child meal gap during times of school closures (San Diego Hunger Coalition).

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

### SCRIPPS HEALTH CALFRESH SCREENINGS

As health care delivery systems move towards a population health paradigm that incentivizes keeping patients healthy, hospitals and clinics are recognizing the significance of addressing social determinants of health, 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.

Accordingly, food assistance provided by the Supplemental Nutrition Assistance Program (SNAP)—known as CalFresh 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 FI in healthcare settings is the best indicator for patients to access food-related assistance.

As mentioned in section three of this report, the Public Resource Specialist (PRS) Team screen all uninsured patients who have received services at any of the five Scripps hospital facilities. Scripps Health began screening for CalFresh 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 2021, the PRS team successfully screened 4,551 food insecure patients. Out of those screenings, PRS submitted 3,418 Medi-Cal applications to the County and 31% of the applications submitted were for both Medi-Cal and CalFresh.

## SCRIPPS MERCY WIC PROGRAM

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutritious food, education, and other support to low-income pregnant, postpartum, and breastfeeding women and their children up to age 5. The \$6 billion program is federally funded and administered by USDA's Food and Nutrition Services and local agencies. WIC helps address some SDOH by providing its participants with greater food security, educating them about nutrition, assisting them with breastfeeding, and referring participants to social service agencies that may help them with housing and other needs.

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 an average of 6,200 low-income women, infants and children monthly. In Fiscal Year 2021, the WIC program served 70,450 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 at La Maestra Family Clinic/City Heights Wellness Center, as well as Linda Vista Health Center and other storefront facilities in Central and South San Diego County. In November 2021, Scripps WIC services moved to a suite at the Price Entities building.

## FOOD FINDERS – RESCUING FOOD, REDUCING HUNGER

Scripps Corporate Food Service partnered with Food Finders, a multi-regional food bank and food rescue program that connects businesses to charitable institutions in need of donations. Food Finders connected Scripps with Interfaith Community Services in Escondido, which distributes food to people in need. All leftover food from Scripps Corporate facilities is packaged, picked up each day and transferred to the Scripps 4S Ranch Food and Nutrition Services freezer for storage. The cost is minimal, as Scripps uses the same amount of labor to package the food as it would to dispose of it, and unsold "grab and go" items are already packaged. Interfaith Community Services picks up the packaged frozen food twice per week and transports it to one of their facilities to help feed the community. This program is currently on hold due to the COVID-19 pandemic.

## COOKING FOR HEALTH

Scripps Center for Integrative Medicine and Bastyr University's Master of Science in Nutrition for Wellness Program collaborate on offering free classes that teach

individuals how to make vegetarian and vegan meals that are delicious and easy to prepare. Participants learn how to cook healthy meals and are educated on why ingredients are chosen and the health benefits. These cooking classes focus on disease prevention, reducing obesity and improving chronic health issues. Due to COVID-19 classes were not held due to restricted access to the hospital.

### SCRIPPS EMPLOYEE FOOD SHARING PROGRAM

Employees from across the system began reaching out about food resources for colleagues at Scripps. 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 March 27, 2021. The Scripps Employee Food Sharing Program successfully distributed food to 127 colleagues and 499 families who found themselves in need of assistance during this COVID-19 crisis.<sup>52</sup> Food distributed: 8,316 pounds of groceries and each staff member received milk, eggs, bread, fruit, vegetables, a box of non-perishable food and a freshly prepared meal from Colors Café. In addition, 105 gift cards totaling \$2,320 were distributed and donations by payroll deduction of 253 employees donated \$15,845. Many of the recipients shared words of thanks and gratitude to their Scripps family. One even noted how they were appreciative to work for “such an awesome organization that is there for me when times are tough.” 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.

### 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 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 a variety of medical transportation options through a single point of contact at FACT. FACT provided rides for patients including those who need

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<sup>52</sup> 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.

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.

Scripps and FACT renewed their agreement in 2021 that will phase this service to all Scripps hospitals and enable staff to schedule rides via FACT's call center.

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.

FACT has provided 882 rides through August 2021 for Scripps patients throughout San Diego and as far away as Imperial County.

In addition, FACT has delivered over 3,200 food boxes to San Diego households during April 2020-March 2021. This service was funded by SANDAG grants and provided in collaboration with the County of San Diego and 2-1-1.

FACT transported approximately 300 homeless individuals to and from shelters/hotels and other locations for quarantining and testing during March 2020-January 2021. This service was made possible through a partnership with the San Diego County Health & Human Services Agency (HSSA). Over 32,000 free trips on RideFACT also funded by SANDAG, were provided for essential needs as well as for essential workers during the pandemic (March 2020-February 2021). Over 4,000 new riders were added to FACT's client base.

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

### 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 in 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:

- Boys and Girls Club – adopted three families who had been directly affected with job loss and/or illness
- StandUp for Kids - hygiene and snack packs
- Polinsky Children’s Center Promise2Kids Campaign (organization promotes foster care in children) – 38 toy items and 14 monetary gifts
- South Bay Community Services – 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 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 that health improvement begins when people take an active role in making a positive impact on 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.

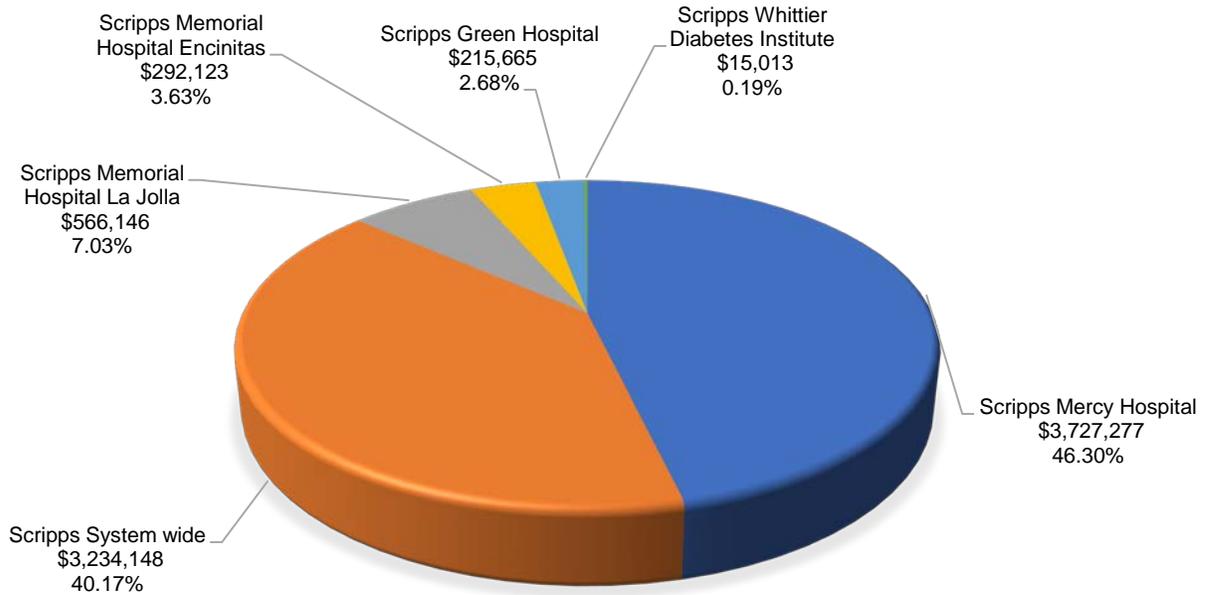
In addition to the financial community benefit contributions made during Fiscal Year 2021, Scripps employees and affiliated physicians donated a sizable portion of their personal time volunteering to support Scripps sponsored community benefit programs. With close to 11,231 hours, the estimated dollar value of this volunteer labor is \$617,573\*, which is not included in the Scripps Fiscal Year 2021 community benefit programs and services totals.

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

Figure 4.2

FISCAL YEAR 2021

SCRIPPS COMMUNITY HEALTH SERVICES BY OPERATING UNIT, \$8,050,372 (DOES NOT INCLUDE SUBSIDIZED CARE)



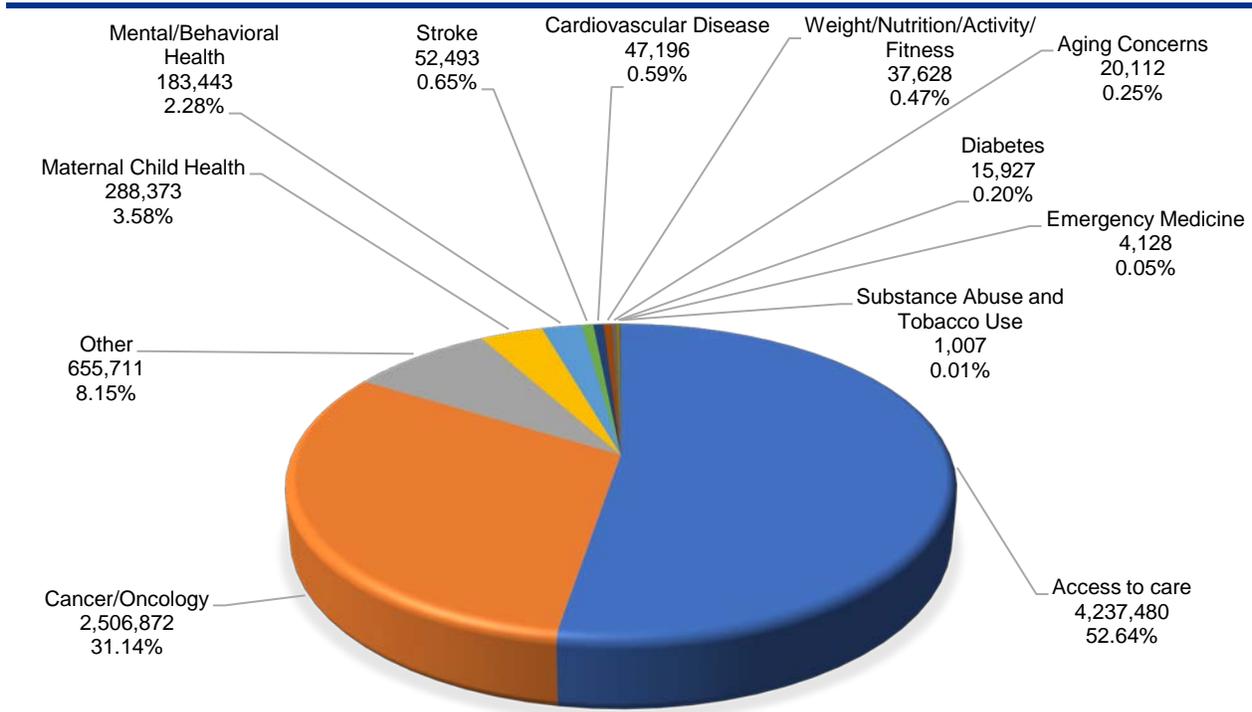
COMMUNITY HEALTH SERVICES

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 4.3

FISCAL YEAR 2021

SCRIPPS COMMUNITY HEALTH SERVICES BY HEALTH ISSUE  
\$8,050,372 (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 IMPROVEMENT SERVICES & COMMUNITY BENEFIT OPERATIONS

Community Benefit Categories	Person Served	Staff Hours	Volunteer Hours	Financial Support*
<b>Community Health Improvement Services</b>				
Community Health Education	91,659	46,671	71	\$1,009,110
Community-Based Clinical Services	120,021	754	235	\$235,696
Health Care Support Services	16,881	39,880	-	\$5,311,971
Social & Environmental Activities	420	1,343	-	\$74,065
Community Benefit Operations	-	-	-	\$655,711
<b>Totals FY 2021 Community Health Improvement</b>	<b>228,981</b>	<b>91,658</b>	<b>306</b>	<b>\$7,286,552</b>
<b>Cash and In-Kind Contributions</b>				
Cash Donations	-	-	-	\$335,319
Grants	-	-	-	\$428,500
In-Kind Donations	4,738	-	-	-
<b>Totals FY 2021 Cash and In-Kind Contributions</b>	<b>4,738</b>	<b>-</b>	<b>-</b>	<b>\$763,819</b>
<b>Totals FY 2021 Community Health Improvement Services &amp; Community Benefit Operations</b>	<b>233,719</b>	<b>91,658</b>	<b>306</b>	<b>\$8,050,372</b>
* "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 Benefit Categories	Person Served	Staff Hours	Volunteer Hours	Financial Support*
<b>Subsidized Health Services</b>				
<b>Total FY 2021 Subsidized Health Services</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$2,183,502</b>
<b>Community Building Activities**</b>				
Economic Development	-	375	-	\$31,477
Community Support	-	96	-	\$6,751
Leadership Development and Leadership Training for Community Members	16	-	-	\$35,000
Advocacy for Community Health Improvement and Safety	-	50	-	\$14,197
Workforce Development	2,852	5,265	46	\$289,368
<b>Totals FY 2021 Community Building Activities</b>	<b>2,868</b>	<b>5786</b>	<b>-</b>	<b>\$376,792</b>
* "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.				

# Section 5

## 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 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 allocates resources to advance health care services through clinical research, medical education and health professional education. During Fiscal Year 2021 (October 2020 to September 2021), Scripps invested \$33,228,893<sup>53</sup> 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 5.1 and Figure 5.1 in this section have a more detailed overview of Fiscal Year 2021 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 151).

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<sup>53</sup> 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.

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## 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 2021, Scripps enrolled a total of 157 residents and 51 fellows throughout the Scripps health system. More details on these programs are included in section eight and nine 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.

### 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)*<sup>™</sup> for physicians. Credits for other health professionals are also available. In Fiscal Year 2021 Scripps Continuing Medical Education Department provided a variety of annual courses, regularly scheduled series, and enduring materials which included the following:

#### [MELANOMA 2021 31<sup>ST</sup> ANNUAL 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 CLINICAL HEMATOLOGY & ONCOLOGY CONFERENCE](#)

The Clinical Hematology and Oncology Conference was designed for hematologists, oncologists, surgeons, radiation oncologists, internists, and others desiring an update in these specialty areas. The primary objective of this course was to bring together clinicians and leading experts affording them an intimate learning environment in which to discuss new clinical developments and significant advances in diverse areas of 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).

#### [CLINICAL ADVANCES IN THE DIAGNOSIS AND MANAGEMENT OF PULMONARY HYPERTENSION](#)

This conference is unique in that it covers all forms of pulmonary hypertension. Expert faculty reviewed the epidemiology of Pulmonary Hypertension (PH), how PH is diagnosed, and the poor outcomes associated with PH when left untreated. The conference is designed to provide a better understanding of the difference between Pulmonary Arterial Hypertension (PAH) and Pulmonary Vascular Hypertension (PVH) and why the difference matters. Therapies for PAH and PVH were also discussed with reference to current clinical guidelines.

#### INAUGURAL 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.

#### 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. 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.

#### BRAIN INJURY REHABILITATION CONFERENCE

The annual Brain Injury Rehabilitation Conference was designed to provide a clear understanding of the need for multidisciplinary strategies in the management of patients with traumatic brain injuries. A renowned faculty of interdisciplinary specialist presented the latest research and outcomes from a variety of medical perspectives.

#### 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 2021 ONCOLOGY UPDATE

Scripps MD Anderson Cancer Center's 2021 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, esteemed faculty reviewed exciting and important abstracts presented at the American Society of Clinical Oncology (ASCO) annual meeting and discussed their relevance to the clinical oncology practice.

### CARDIOMYOPATHY & CARDIO-ONCOLOGY SYMPOSIUM 2021

The Scripps Cardiomyopathy and Cardio-Oncology Symposium was designed to provide a comprehensive, case-based curriculum that addressed important clinical topics relevant to cardiomyopathy and cardiovascular health of cancer survivors. Cardio-oncology is a growing field that has significant importance as newly developed cancer treatments improve cancer survival rates but can be associated with cardiovascular toxicities. 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 care.

### NEW TREATMENTS IN CHRONIC LIVER DISEASE

The conference reviewed new medications and therapies that are now available, or will soon be available, and discuss their comparative values. 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 reviewed in detail. New Treatments in Chronic Liver Disease is a comprehensive yet concise program for updating physicians on these and other commonly encountered problems in the treatment of liver diseases.

### NEW ADVANCES IN INFLAMMATORY BOWEL DISEASE (IBD)

The New Advances in Inflammatory Bowel Disease conference highlighted the latest concepts in the diagnosis and treatment of IBD. Disease complications, special population considerations, and surgical options were discussed. The course was taught by nationally known experts who are actively involved in clinical trials and studies related to the management of Crohn's and colitis. Physicians were provided with the necessary context to integrate the relevant information into their practices to improve the quality of life for their afflicted patients

### PRIMARY CARE SUMMER CONFERENCE

Scripps Health's Primary Care Summer Conference was designed by primary care physicians for primary care physicians and their interdisciplinary care team and presented content from their unique perspective. The 2021 course featured important updates in infectious disease, dermatology, and sleep disorders. Current treatments for migraine and heart failure were also discussed as well as tools for reducing bias and creating an LGBTQ inclusive practice. In addition to an overview of the history and current science of a variety of specialty areas, content was presented in a very practical, patient-focused manner relevant to the specific primary care setting and challenges

### 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.

### REGULARLY SCHEDULED SERIES (RSS)

Scripps CME offers a wide range of regularly scheduled series (RSS) on assorted topics including weekly Grand Rounds from our hospitals in La Jolla and Hillcrest-San Diego. An important addition to the FY21 Grand Rounds schedule was the inclusion of a new 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.

### ENDURING MATERIALS/ON DEMAND CME LECTURES

A variety of on-demand lectures and enduring materials were also available in FY21 to health care providers. Topics included: Talking with Older Patients About Sensitive Topics, Dietary Supplements: A Foundation for Clinical Practice, Updates in Diabetes Management, and Improve Practice Efficiencies and Patient/Provider Joy by Asking, “What Matters to You?” among others.

### 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 2021, Scripps hosted 1,086 students within our system and provided 177,079 development hours spanning nursing and allied health settings. Table 5.1 provides a breakdown of Scripps health student placements by Scripps locations.

**TABLE 5.1 SCRIPPS HEALTH STUDENT PLACEMENTS FOR FISCAL YEAR 2021**

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)	1	0	90	189	0	29619	190	0	29,709
Scripps Memorial Hospital Encinitas	47	3653	1920	42	0	12978	89	3,653	14,898
Scripps Green Hospital	50	5292	1248	51	0	12726	101	5,292	13,974
Scripps Memorial Hospital La Jolla	63	5162	2228	83	1732	13268	146	6,894	15,496
Scripps Mercy Hospital, Chula Vista	17	1800	1184	36	0	13512	53	1,800	14,696
Scripps Mercy Hospital, San Diego	418	13729	40014	70	4648	9866	488	18,377	49,880
Scripps Home Health/Hospice	0	0	0	0	0	0	0	0	0
Scripps Health Administrative Services	0	0	0	19	0	2410	19	0	2,410
Scripps Integrative Medicine	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>596</b>	<b>29,636</b>	<b>46,684</b>	<b>490</b>	<b>6,380</b>	<b>94,379</b>	<b>1,086</b>	<b>36,016</b>	<b>141,063</b>

### 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 graduate research for master's and doctoral students at universities with affiliation agreements. Non-physician students who conduct research at Scripps represent a variety of health care disciplines, including public health, physical therapy, pharmacy, and nursing. In Fiscal Year 2021, Scripps Health research efforts included students from a variety of schools such as; University of San Diego, Western Governors University, San Diego State University, University of California San Diego, Loma Linda University, University of Wisconsin-Madison, Stanford University School of Medicine, Southern Methodist University, Rice University, Wheaton College, University of California Berkeley, Princeton University, Mira Costa College, Union College, North Seattle College, Tulane University School of Medicine, Keck Graduate Institute, Ponce Health Sciences University, Royal College of Surgeons Ireland, University of Puerto Rico and postdoctoral pharmacy residency programs, including the PGY1 Pharmacy Residency Program.

### SAN DIEGO ORGANIZATION OF HEALTHCARE LEADERS (SOHL)

Scripps sponsored the San Diego Organization of Healthcare Leaders (SOHL). This annual support makes it possible to offer many qualities, cost-effective education, professional development and networking opportunities to healthcare leaders and aspiring leaders in San Diego and Imperial Counties.

### 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 PROGRAMS

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 made available to the community.

### SCRIPPS HIGH SCHOOL EXPLORATION INTERNSHIP PROGRAM—HEALTH AND SCIENCE PIPELINE INITIATIVE (HASPI)

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. This program is funded through the Grossmont Cuyamaca College District Auxiliary. Due to COVID-19, the High School Exploration internship program was paused.

### 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. 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 cancelled for Fiscal Year 2021, 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 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 2021 class touched a variety of topics from mental illness to the opioid crisis. More than 150 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 2020-2021 school year.

#### YOUTH EDUCATIONAL PROGRAM ACTIVITIES

Scripps is dedicated to building the future pipeline of health professionals. Scripps implements a wide variety of youth in health career activities. Through several internships and other educational programs, Scripps collaborates with high schools 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. A total of 2,028 youth participated in these programs and more than 75% of youth are on a track for a health career. 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 2021. Topics and activities continued to be requested by the Sweetwater School District to enhance and support classroom curriculum.

#### CAMP SCRIPPS SUMMER ENRICHMENT PROGRAM

Designed to introduce youth to health careers, this program developed a six-week virtual camp experience program (June 7, 2021 – July 16, 2021) to educate youth participants on the duties performed by health care professionals in various medical fields as well as other public health and social service topics. Participants participated in live virtual calls with Scripps Family Medicine residents and other hospital and clinical

staff as part of the mentoring component. Hands-on learning activities were also implemented this year.

#### 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 mentoring transitioned to a virtual platform as of March 2020.

#### 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. Due to COVID-19 restrictions the program transitioned to a virtual platform as of March 2020.

#### SURGERY VIEWING

Interested students have an opportunity to observe elective surgeries such as total knee and hip replacements. Students can interact and ask on the spot questions of surgeons. This program transitioned to a virtual platform due to COVID-19 restrictions.

#### SCHOOL- BASED CLINICS

Three health clinics at Palomar, Southwest High School and Hoover High School are established for medical residents to gain additional skills in adolescent medicine and for youth to gain the knowledge, attitudes, and skills necessary to pursue health careers. Designed by students, Family Medicine residents and faculty based on youth needs assessment surveys, residents and students interact twice per week at the clinic providing adolescent medicine. Due to COVID-19, this program was put on pause.

## 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 1,028 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 seventeen students completed their internship. Fields of study include undergraduate social work, undergraduate public health, undergraduate psychology, and master's in social from San Diego State University and University of San Diego; eleven interns also completed the Area Health Education Center Scholar Program which is a combination of clinical hours and didactic online training.

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

Scripps Mercy Family Medicine Residency Program received a \$2.85 million in grant funding from the Health Services and Resources Administration (HRSA). The residency program will use the funds over the next five years to develop and implement 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.

With the grant funding, Scripps aims to increase the number of primary care physicians trained in public health, enhanced obstetrical care and general preventive medicine with maternal health care expertise. Several expanded physician training opportunities are planned, including new educational tracks and clinical rotations. The goal of Scripps' expanded resident and fellow training is to increase the number of residency program graduates able to care for women and children to improve maternal health outcomes. 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.

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 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, dieticians, psychologists, and other diabetes specialists.

These individuals train practicing professionals to deliver the best possible care for their diabetes patients. Courses are tailored to the needs of allied health professionals seeking to understand new and complex clinical treatment options for Type 1, Type 2 and gestational diabetes. Professional education was provided for 119 people on insulin management, incretin therapy, and diabetes diet and diabetes basics during the 2020 Updates in Diabetes Management Conference. Participants came from local health institutions and throughout the United States to learn from the Whittier Institute's most experienced diabetes experts. Over the last fiscal year, the Whittier Institute's

professional education department provided four CME programs for over 200 physicians, nurses, pharmacists, dietitians, midlevel providers, and social workers and made numerous academic and research presentations at professional association meetings. Two Project Dulce training sessions were held during the 2021 fiscal year and provided 43 participants with the curriculum for successful Project Dulce intervention.

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## HEALTH RESEARCH

### 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.

### CONTINUOUS GLUCOSE MONITORING STUDY

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.

The 5-year study will compare the use of real-time, Continuous Glucose Monitoring (CGM) versus standard point-of-care (POC) testing protocols at Scripps Mercy Chula Vista hospital. This large, N=554 randomized controlled trial will build on the lessons learned from SWDI's earlier Hospital CGM pilot study that was published in Diabetes

Care in 2020, and the more recent “CGM as Standard of Care” initiative that has reached more than 500 patients at Mercy San Diego during the COVID-19 pandemic. The primary outcome is the percentage of time patients are in the target glucose range during their hospitalization. Additional analyses will compare rates of hospital-acquired infection between the groups, as well as cost effectiveness, feasibility, and satisfaction from patient, nursing, physician, and health system leadership perspectives. The trial is slated to begin enrollment in early 2022.

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

Diabetes affects nearly 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 2022.

### DIGITAL ME: AN ADAPTIVE mHEALTH INTERVENTION FOR UNDERSERVED HISPANICS WITH DIABETES

Diabetes is a fast-growing epidemic. In the U.S., nearly 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.<sup>54</sup> Hispanics face a higher risk of developing the disease—13.9 percent compared with 7.6 percent for non-Hispanic whites.

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<sup>54</sup> International Diabetes Federation (IDF). IDF Diabetes Atlas. 2021: <http://www.diabetesatlas.org>

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 study is now in the process of finalizing the results for publication to come out in 2022.

### [SCRIPPS WHITTIER DIABETES DISTRESS STUDY](#)

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 that 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 study is a collaborative effort that capitalizes on the complimentary expertise of a clinical psychologist/endocrinologist partnership. The program will begin enrollment of participants in November 2021.

### [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.

## 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.

## 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).

## COVID RELATED TRAININGS

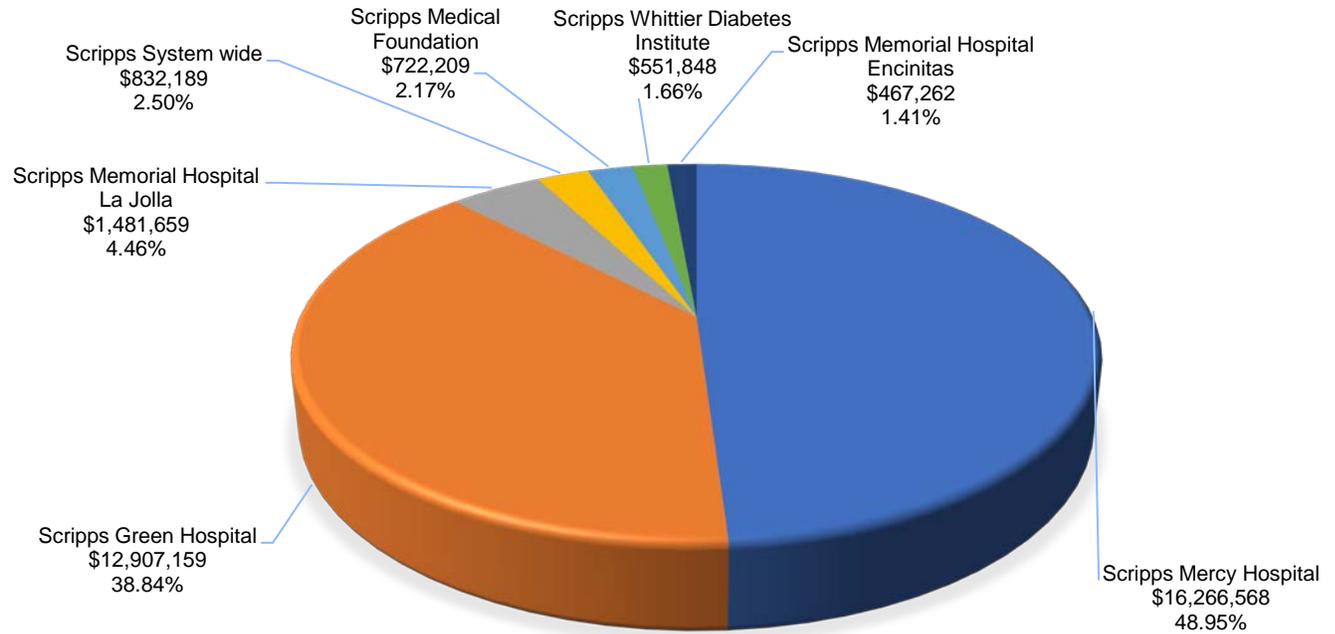
In response to the COVID-19 pandemic and its effect it has had on the medical residents, Scripps Mercy Chula Vista Well Being Center obtained funding with the purpose of providing support and helping build the medical residents capacity in treatment and care of COVID-19 positive patients. Three residency trainings were implemented to include various COVID-19 related topics, updates on current care for COVID-19 positive patients, personal protective equipment (PPE) guidelines and demonstration with the Scripps PPE coaches, and current testing options and guidelines. Training topics included: COVID-19 and Public Health, COVID-19: Patient Care and COVID-19 and Our Current State. A total of 29 medical residents and faculty were trained.

Additional COVID-19 related webinars were developed for the California Statewide Area Health Education Center, and these reached more than 1,000 individuals across the state. A collaborative effort with South Bay Community Services is established to offer COVID-19 related education for Promotora's and Peer Educators.

Figure 5.1

Fiscal Year 2021

## SCRIPPS PROFESSIONAL EDUCATION & HEALTH RESEARCH BY OPERATING UNIT, \$33,228,893



### 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 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	1,762	495,930	-	\$2,296,002
Nurses/Nursing Students	-	53,124	-	\$4,528,575
Other Health Professions Education	1,917	3,299	10,879	\$178,172
Scholarship/Funding for Health Professions Education	-	-	-	\$2,000
<b>Totals FY 2021 Scripps Professional Health Education</b>	<b>3,679</b>	<b>552,353</b>	<b>10,879</b>	<b>\$7,004,749</b>
Graduate Medical Education				
Scripps Family Medicine Residency Program	-	-	-	\$3,162,909
Scripps Green Hospital GME Program	-	-	-	\$12,419,665
Scripps Mercy Hospital GME Program	-	-	-	\$8,871,743
<b>Totals FY 2021 Scripps Graduate Medical Education</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$24,454,317</b>
Health Research				
Clinical Research	-	109,427	-	\$1,631,245
Community Health Research	316	1,861	-	\$138,582
<b>Totals FY 2021 Scripps Health Research</b>	<b>316</b>	<b>111,288</b>	<b>-</b>	<b>\$1,769,827</b>
<b>Totals FY 2021 Scripps Health Professional Education, Graduate Medical Education &amp; Health Research</b>	<b>3,995</b>	<b>663,641</b>	<b>10,879</b>	<b>\$33,228,893</b>
* "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 6

**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 19.8 percent of the inpatient population living in the hospital's 50 percent service area. Today, the hospital has 426 licensed beds and 2,894 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 19 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 22.0 percent of Medicare patients, 8.1 percent of Medi-Cal patients, 22.3 percent of commercially insured patients and 14.4 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 12)
- Level 1 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 2022 COMMUNITY BENEFIT REPORT; FISCAL YEAR 2021

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 2021 (October 2020 to September 2021).

### FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during Fiscal Year 2021, 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 66 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$3,629.<sup>55</sup>

### MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2021, Scripps La Jolla devoted **\$114,338,937** 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

**\$114,338,937**

#### Community Benefit Services

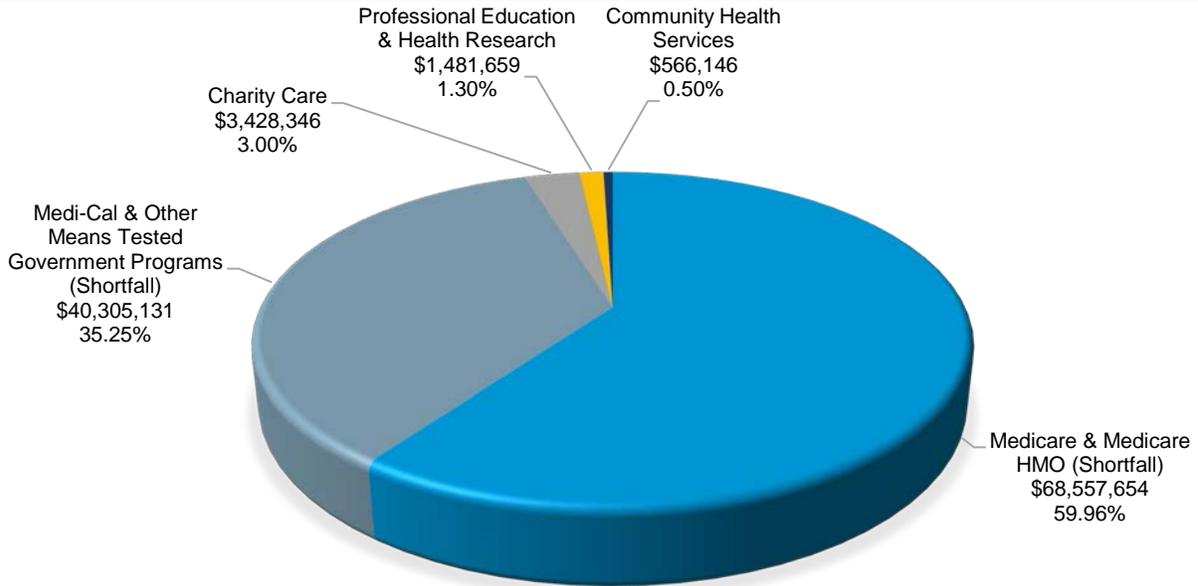
Charity Care	\$3,428,346
Community Health Improvement Services	\$566,146
Medi-Cal & Other Means Tested Shortfall	\$40,305,131
Medicare & Medicare HMO Shortfall	\$68,557,654
Professional Education & Research	\$1,481,659
Refer to Figure 6.1 presented on the following page for a graphic representation of Fiscal Year 2021	

<sup>55</sup> Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

Figure 6.1

Fiscal Year 2021

SCRIPPS MEMORIAL HOSPITAL LA JOLLA COMMUNITY  
BENEFIT SERVICES DISTRIBUTION \$114,338,937



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	\$3,428,346	\$34,661,406	\$68,557,654	\$566,146	\$1,481,659	\$108,695,212
Provider Fee	-	\$5,643,725	-	-	-	\$5,643,725
Net After Provider Fee	\$3,428,346	\$40,305,131	\$68,557,654	\$566,146	\$1,481,659	\$114,338,937

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.

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## SCRIPPS LA JOLLA COMMUNITY HEALTH SERVICES, FISCAL YEAR 2021

### 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 2, Community Health Needs Assessment).

During Fiscal Year 2021 (October 2020 to September 2021) Scripps La Jolla invested \$566,146 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 2021 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 \$1,481,660<sup>56</sup> in professional training and research programs during Fiscal Year 2021 (October 2020 to September 2021). 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, executive health, maternal child health education, lactation services and cardiac treatment center.

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<sup>56</sup> Reflects clinical research as well as 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.

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## SCRIPPS MEMORIAL HOSPITAL LA JOLLA 2022 COMMUNITY BENEFIT PLAN; FISCAL YEAR 2022

The Scripps Memorial Hospital La Jolla 2022 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's goals and strategies to support community health during Fiscal Year 2022 (October 2021 to September 2022).

### THE SCRIPPS 2022 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 2022 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.
- Continue to provide education and support for breast health by supporting Young Women's Breast Cancer Support Group bimonthly meetings for women under forty.

##### 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 continuous twelve-week pulmonary education program.
- Provide monthly 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 1,200 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 six breastfeeding support groups throughout the county on a weekly basis (includes two with bilingual services).
- Offer six maternal child health education classes for grand parenting in San Diego County.
- Offer quarterly dogs and babies safety education program for expectant parents and families.
- Offer pelvic floor postpartum education for new mothers.
- Offer pelvic floor parental education for expectant women.

## UNINTENTIONAL INJURY AND VIOLENCE

- Provide at least two safety education programs for older adults through Trauma Services focusing on balance improvement and fall prevention.
- Provide at least two educational programs emphasizing controlling bleeding. This 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 at least four 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 2022, 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*
<b>Uncompensated Care</b>				
Charity Care	-	-	-	\$3,428,346
Medi-Cal and Other Means Tested Government Programs (Shortfall)***	-	-	-	\$40,305,131
Medicare and Medicare HMO (Shortfall)**	-	-	-	\$68,557,654
<b>Total FY 2021 Uncompensated Care</b>	-	-	-	<b>\$112,291,131</b>
<b>Community Health Improvement Services</b>				
Community Health Education	10,441	2,490	66	\$136,948
Community-Based Clinical Services	409	-	-	-
Health Care Support Services	-	-	-	\$429,199
<b>Totals FY 2021 Community Health Improvement Services</b>	<b>10,850</b>	<b>2,490</b>	<b>66</b>	<b>\$566,147</b>
<b>Professional Education</b>				
Physicians/Medical Students	-	13,834	-	\$915,740
Nurses/Nursing Students	-	6,717	-	\$565,920
<b>Totals FY 2021 Professional Education</b>	-	<b>20,551</b>	-	<b>1,481,660</b>
<b>Cash and In-kind Contributions</b>				
<b>Total FY 2021 In-Kind Donations</b>	<b>4,738</b>	-	-	-
<b>Totals FY 2021 Scripps Memorial Hospital La Jolla</b>	<b>15,588</b>		<b>66</b>	<b>\$114,338,937</b>
<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 7

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 33.4 percent of the inpatient population living in the hospital's North County West service area. Today the hospital has 187 licensed beds and 1,615 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 38.8 percent of Medicare patients, 21.9 percent of Medi-Cal patients, 31.3 percent of commercially insured patients, and 37.2 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 2022 COMMUNITY BENEFIT REPORT; FISCAL YEAR 2021

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 2021 (October 2020 to September 2021).

### MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2021, Scripps Encinitas devoted **\$69,563,825** 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

**\$69,563,825**

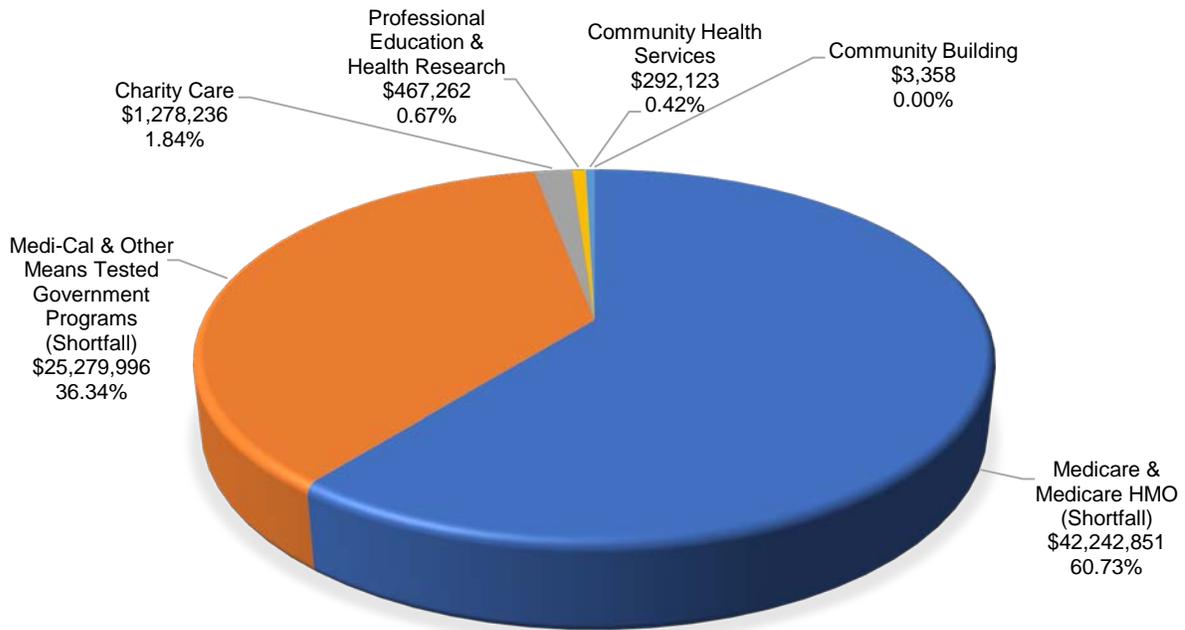
#### Community Benefit Services

Charity Care	\$1,278,236
Community Building Activities	\$3,358
Community Health Improvement Services	\$292,123
Medi-Cal & Other Means Tested Shortfall	\$25,279,996
Medicare & Medicare HMO Shortfall	\$42,242,851
Professional Education & Research	\$467,262

Refer to Figure 7.1 presented on the following page for a graphic representation of Fiscal Year 2021

FIGURE 7.1  
FISCAL YEAR 2021

SCRIPPS MEMORIAL HOSPITAL ENCINITAS COMMUNITY  
BENEFIT SERVICES DISTRIBUTION, \$69,563,825



Community Benefits Services (Provider Fee Impact)	Charity Care	Medi-Cal (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Community Building Activities	Total
Before Provider Fee	\$1,278,236	\$21,796,863	\$42,242,851	\$292,123	\$467,262	\$3,358	\$66,080,692
Provider Fee	-	\$3,483,133	-	-	-	-	\$3,483,133
Net After Provider Fee	\$1,278,236	\$25,279,996	\$42,242,851	\$292,123	\$467,262	\$3,358	\$69,563,825

**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.

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## SCRIPPS ENCINITAS COMMUNITY HEALTH SERVICES, FISCAL YEAR 2021

### 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 2, Community Health Needs Assessment).

During Fiscal Year 2021 (October 2020 to September 2021) Scripps Encinitas invested \$292,123 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 2021 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. Due to Covid-19 this support group did not meet this year.
- 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. Due to Covid-19 this support group did not meet this year.
- Coordinated one blood drive on behalf of the American Red Cross at Scripps Encinitas.
- Offered a virtual bereavement support group which was facilitated by a licensed professional.

### 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 \$467,262<sup>57</sup> in professional training and health research programs during Fiscal Year 2021 (October 2020 to September 2021). This section highlights some of Scripps Encinitas professional education activities.

### YOUNG LEADERS IN HEALTH CARE

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 years, students created public service announcements about teen safety and wellness, eating disorders, prescription drug abuse, cyberbullying and dating violence.

The 2021 class touched a variety of topics from mental illness to the opioid crisis. More than 150 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 2020-2021 school year.

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<sup>57</sup> 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.

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## SCRIPPS MEMORIAL HOSPITAL ENCINITAS 2022 COMMUNITY BENEFIT PLAN; FISCAL YEAR 2022

The Scripps Memorial Encinitas 2022 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health during Fiscal Year 2022 (October 2021 to September 2022).

### THE SCRIPPS 2022 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 2022 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 breast cancer support group, which is facilitated by a licensed professional, 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 to offer Spinal Cord Injury support and education support groups. This group provides support and education for those with a loved one who has experienced a spinal cord injury. The group meet monthly and is open to the community for ongoing learning and peer interaction to improve the quality of life.
- 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 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 Exploratory Work Experience Education program.

### UNCOMPENSATED HEALTH CARE

During Fiscal Year 2022, 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				
Charity Care	-	-	-	\$1,278,236
Medi-Cal and Other Means Tested Government Programs (Shortfall)***	-	-	-	\$25,279,996
Medicare and Medicare HMO (Shortfall)**	-	-	-	\$42,242,851
<b>Total FY 2021 Uncompensated Care</b>	-	-	-	<b>\$68,801,083</b>
Community Health Improvement Services				
Community Health Education	223	177	-	\$4,626
Community-Based Clinical Services	39	-	-	-
Health Care Support Services	-	-	-	\$287,496
<b>Totals FY 2021 Community Health Improvement Services</b>	<b>262</b>	<b>177</b>	-	<b>\$292,122</b>
Professional Education				
<b>Totals FY 2021 Nurses/Nursing Students</b>	-	<b>5,565</b>	-	<b>\$467,262</b>
Community-Building Activities				
<b>Totals FY 2021 Workforce Development**</b>	<b>800</b>	<b>40</b>	-	<b>\$3,358</b>
<b>Totals FY 2021 Scripps Memorial Hospital Encinitas</b>	<b>1,062</b>	<b>5,782</b>	-	<b>\$69,563,825</b>
<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 8

**Scripps Mercy Hospital**

# SCRIPPS MERCY HOSPITAL

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Located in the central service area and near the United States Mexico border Scripps Mercy Hospital provides health care services for 23.6 percent of the inpatient population living within the hospital's service areas. Today, the hospital has 655 licensed beds and more than 4,297 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 Office of Statewide Health Planning and Development (OSHPD).

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 27.9 percent of Medicare patients, 25.5 percent of Medi-Cal patients, 11.7 percent of commercially insured patients, and 22.6 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 3,077 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 19 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 1,220 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
- Heart Care Center
- Community Benefit Programs
- Scripps Mercy's Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Graduate Medical Education
- Primary Stroke Center designated by The Joint Commission
- Lithotripsy
- Scripps Resident Clinic at the Hillcrest Family Health Center
- Robotic Surgery Program
- Maternal Child Health
- Neonatal Intensive Care Nursery
- Orthopedic Center
- Spiritual Care Services
- The O'Toole Breast Center
- Level 1 Trauma Care
- Geriatric Emergency Department Accreditation by the American College of Emergency Physicians (ACEP)

#### 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
- Primary 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 2021 was \$2,183,502 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

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 a large number of 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 2021 was \$1,981,058

## SCRIPPS RECUPERATIVE CARE PROGRAMS (RCU)

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 44 of 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 City of Refuge. 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 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 44 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 480 hospital days of stay, an average of 10.9 hospital days of stay, before going to RCS October 2020 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 80% 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. More specifically, 30% of RCS clients had used opiates, heroin, or meth.

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

- For FY21 total cost savings for Scripps were \$735,150.
- Of Recuperative Care Shelter patients, 22% had standard Medi-Cal insurance, 11% HPE (Health Presumptive Eligibility) Medi-Cal, and 45% Medi-Cal HMO's.
- Approximately 20% of patients sought to secure income from government programs, social security, and CA short term disability; six total clients applied or received income benefits. Four have applied and received Medi-Cal HMO's while at the RCS with the assistance of their case management department.
- The program assisted Scripps MD Anderson Cancer Center patients.
  - RCS assisted two patients in maintaining their health and transitioned them into independent living homes for additional care. This year we had several successes, with the RCS Manager assisting with 3 family reunifications out of state. Three patients transitioned to drug rehab centers, and several into PATH, Interfaith, and Mental Health treatment programs.
  - The Complex Care Manager ensured 90 percent of RCS patients were scheduled and connected to a primary care provider or had established care at one of the community clinics.
  - One of the patients admitted to RCS was established with ongoing oncology care and treatment with assistance from Medi-Cal and Scripps MD Anderson Cancer Center.
- Following their stay at City of Refuge: 18% of the RCS patients completed their recuperative care and returned to previous living and 5% went back to the hospital as they needed further treatment.

#### [SCRIPPS RESIDENT CLINIC AT FHCSO HILLCREST FAMILY HEALTH CENTER](#)

In January 2019, the Scripps Mercy Hospital transitioned the Internal Medicine ambulatory teaching program from Scripps Mercy Hospital Mercy Clinic to Hillcrest Family Health Center. This is a facility within the network of Family Health Centers of San Diego (FHCSO); the Scripps Resident Clinic was incorporated into the operation of the FHCSO Hillcrest Family Health Center. This move expands the existing affiliation between Scripps Mercy Hospital and Family Health Centers of San Diego to include the GME outpatient clinical rotation for Internal Medicine.

The GME affiliation with FHCSO is a significant opportunity for our patients to have access to much more comprehensive interdisciplinary care. It is also an opportunity for our Residents to learn more about functioning in an interdisciplinary setting and

collaborating with other healthcare providers. The affiliation with FHCS D has improved the patient's transition of care from the Hospital's inpatient setting to outpatient / follow-up care with the support of FHCS D Care Coordination processes.

The new Scripps MD Anderson Prebys Cancer Center on the Mercy Hospital Campus will expand learning opportunities for our Residents, and future careers in Hematology/Oncology.

The agreement to co-locate the GME program with Family Health Centers of San Diego (FHCS D) is an expansion of an ongoing, successful relationship with this federally qualified health center. Scripps and FHCS D already work together in a number of 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 emergency room referrals for patients without medical homes. 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. From a GME perspective, this is an opportunity for our residents to practice within a broader interdisciplinary setting and regularly collaborate with other community health care providers. Subspecialty teaching is provided to the Family Medicine Residents by Scripps Mercy subspecialty faculty.

In addition, 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.

## BEHAVIORAL HEALTH INPATIENT PROGRAMS

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 helps 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 2021, the Scripps Mercy Behavioral Health Program experienced a \$6.3 million loss in total operations, with 4.1 million of this loss being captured in Medi-Cal/CMS and Charity Care.
- In Fiscal Year 2021, 1.9 percent of patients in the inpatient unit were uninsured.

## BEHAVIORAL HEALTH COLLABORATION

Scripps is partnering with Acadia-Healthcare Company, Inc. to develop a new inpatient behavioral health facility in Chula Vista. The facility will provide treatment for three times as many patients as existing behavioral health unit at Scripps Mercy San Diego. Acadia provides behavioral health services through a network of 586 health care facilities with approximately 18,000 beds in 40 states, the United Kingdom and Puerto Rico. This new center which is planned to open in 2024 will serve as a regional resource to meet the needs of patients across San Diego County and will be operated through a joint venture between Scripps and Acadia.

## BEHAVIORAL HEALTH OUTPATIENT 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 2022 COMMUNITY BENEFIT REPORT; FISCAL YEAR 2021

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 2021 (October 2020 to September 2021).

### FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during Fiscal Year 2021, Scripps Mercy Hospital employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. With close to 10,995 hours volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$604,595.<sup>58</sup>

### MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2021, Scripps Mercy Hospital (San Diego Campus, Chula Vista Campus) devoted **\$125,582,139**<sup>59</sup> 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

**\$125,582,139**

#### Community Benefit Services

Bad Debt	\$1,459,856
Charity Care	\$11,212,193
Community Building Activities	\$284,010
Community Health Improvement Services	\$3,727,277
Medi-Cal & Other Means Tested Shortfall	\$46,859,173
Medicare & Medicare HMO Shortfall	\$43,589,561
Professional Education & Research	\$16,266,568
Subsidized Health Services	\$2,183,502
Refer to Figure 8:2 presented on the following page for a graphic representation of Fiscal Year 2021.	

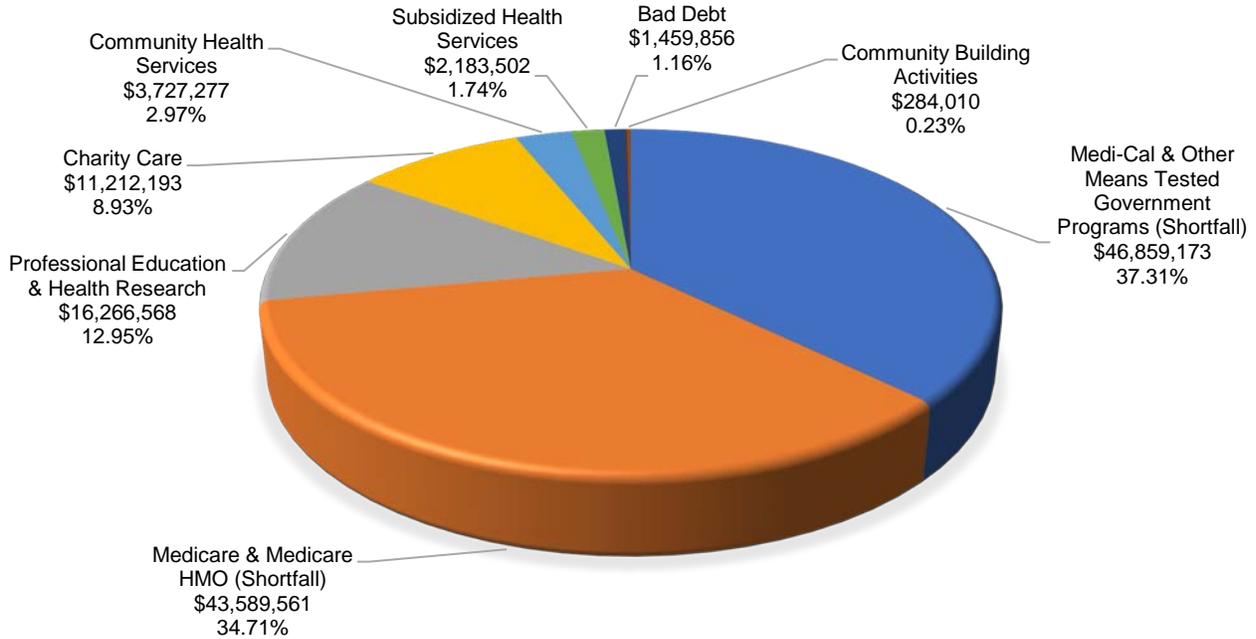
<sup>58</sup> Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

<sup>59</sup> This number includes Scripps Mercy Hospital (San Diego Campus, Chula Vista Campus)

FIGURE 8.2

Fiscal Year 2021

SCRIPPS MERCY HOSPITAL<sup>60</sup> COMMUNITY BENEFIT DISTRIBUTION, \$125,582,139



Community Benefits Services (Provider Fee Impact)	Bad Debt	Charity Care	Medi-Cal (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Subsidized Health Services	Community Building Activities	Total
Before Provider Fee	\$1,459,856	\$11,212,193	\$104,494,685	\$43,589,561	\$3,727,277	\$16,266,568	\$2,183,502	\$284,010	\$183,217,651
Provider Fee	-	-	(\$57,635,512)	-	-	-	-	-	(\$57,635,512)
Net After Provider Fee	\$1,459,856	\$11,212,193	\$46,859,173	\$43,589,561	\$3,727,277	\$16,266,568	\$2,183,502	\$284,010	\$125,582,139

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.

<sup>60</sup> Includes San Diego and Chula Vista campus

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## SCRIPPS MERCY HOSPITAL FISCAL YEAR 2021

### 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 2, Community Health Needs Assessment).

During Fiscal Year 2021 (October 2020 to September 2021), Scripps Mercy Hospital (San Diego Campus and Chula Vista Campus) invested \$3,727,277 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 2021 community health achievements. More detailed examples of community health programs are identified in section four 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. Since its inception, 636 inquiries have come in, 165 of these resulted in qualified candidates with 101 volunteers and 54 employees thus far. Currently, there are a total of 20 active candidates: 19 employees and one volunteer who participated in this supportive employment program. The average length of employment for 54 employees is 8.6 years, with a range of 2 months to 14.7 years. The current paid employees have been employed between 2.2 years to 14.3 years, with the average length of employment being 8.5 years.

A-Visions participants have been employed on a per-diem basis by Scripps in 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-Visions candidates typically limit their work to eight hours per week, which allows them to maintain eligibility for their disability benefits, medications and ongoing behavioral healthcare that supports their work.

## 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 \$16,266,568<sup>61</sup> in professional training programs and health research during Fiscal Year 2021 (October 2020 to September 2021).

The section below highlights the activities for Scripps Mercy Hospital San Diego Campus.

### 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 41 internal medicine residents and three chief residents enrolled in the program, as well as 18 transitional year residents, 45 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

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<sup>61</sup>Reflects clinical research as well as professional education for non-Scripps employees, nursing resource development and other health care professional education. Calculation based on total program expenses.

20<sup>th</sup> class and 121 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 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.

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 2020, Scripps Mercy Hospital received a \$360,000 CalMedForce grant 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.

Our 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: NMCS D 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

In Fiscal Year 2021, Scripps Mercy Hospital served as a training site for San Diego Naval Hospital, Family Health Centers of San Diego, Kaiser and UCSD clinicians by:

- Providing 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.
- Providing a comprehensive trauma research fellowship for 3 San Diego Naval Hospital surgery residents.
- Providing collaborative research support for an additional 2 San Diego Naval Hospital surgery residents at Rady's Children's Hospital and UCSD
- Providing a 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 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.

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## SCRIPPS MERCY HOSPITAL SAN DIEGO CAMPUS 2022 COMMUNITY BENEFIT PLAN; FISCAL YEAR 2022

The Scripps Mercy Hospital San Diego 2022 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 2022 (October 2021 to September 2022).

### THE SCRIPPS 2022 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 2022 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 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 2021, the WIC program served 70,450 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 La Maestra Family Clinic/City Heights Wellness Center, as well as Linda Vista Health Center and other storefront facilities in Central and South San Diego County.

##### 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 of 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 injury prevention and awareness programs throughout San Diego County. Examples of programs are providing car seats to patients who have been in automobile accidents and their child's car seat has been rendered unsafe to use. Another program is the "Every 15 Minutes program" 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 75 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 2022, 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.

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## SCRIPPS MERCY HOSPITAL CHULA VISTA CAMPUS 2022 COMMUNITY BENEFIT REPORT; FISCAL YEAR 2021

### 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 2, Community Health Needs Assessment).

This section highlights some of Scripps Mercy Hospital, Chula Vista Fiscal Year 2021 (October 1, 2020, to September 30, 2021) community health services achievements. More detailed examples of community health programs are identified in section four 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. Total programs and services combined reached over 6,000 participants. Total funding of over one million dollars was received from federal and local foundation sources were received 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 2021, a total of 958 referrals have been received and most of the patients have remained out of the hospital for more than 30 days and are being supported through the Center's staff, programs and activities.

### 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 2021.

### **SCRIPPS FAMILY MEDICINE RESIDENCY PROGRAM (2020–2021)**

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 20 resident classes for a total of 121 family physicians. Of the graduates, 53% 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.

Chula Vista Medical Plaza, a satellite clinic of the FQHC, San Ysidro Health, is the family medicine continuity site for the residency program. In Fiscal Year 2021, the residency provided over 13,000 clinic and telehealth visits at this location. The residents also train at other community clinic locations including Operation Samahan, 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.

Resident leadership led to the development of the longitudinal “RPrIDE” curriculum (Residency Promoting Inclusion, Diversity and Equity) to augment traditional medical training. Resident leaders developed the 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. 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, home visiting newborn visits, and nutrition/gardening programs. The residents rotate at four different school-based clinics: Southwest, Palomar, Hoover, and Lincoln High Schools where they expand access to a variety of services and address the health needs of adolescents. Although students were not on campus due to COVID-19, the residency team continued to provide virtual access to all support students. Gradual return to campus has allowed the residents to resume these services including mental health services, sports physicals, football game medical coverage and post-game injury clinics.

Residents provide mentorship with 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 FM residents.

The Scripps Mercy Chula Vista site also provides clinical training experiences for 17 San Diego Naval Medical Center Emergency Medicine residents. In addition, two UCSD Psychiatry residents and two UCSD Family Medicine/Psychiatry residents rotate 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.

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## SCRIPPS MERCY HOSPITAL CHULA VISTA CAMPUS 2022 COMMUNITY BENEFIT PLAN; FISCAL YEAR 2022

The Scripps Mercy Hospital, Chula Vista 2022 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 2022 (October 2021 to September 2022).

### THE SCRIPPS 2022 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 2022 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.

## HEART HEALTH MANAGEMENT CLASS

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.

## YOUTH ACTIVITIES

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 AND WELL-BEING 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 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 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 2021-2022 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.

### 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 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. These presentations will continue to be offered virtually until current COVID-19 restrictions are lifted.

### 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.

#### 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 13 student interns at the Scripps Mercy Hospital Chula Vista Well Being Center.

#### 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. The Collaborative will continue to meet virtually until the COVID-19 restrictions are lifted.

## SOUTH COUNTY ACTION NETWORK (SOCAN)

This program will continue in 2022. 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 2022, 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*
<b>Uncompensated Care</b>				
Bad Debt**	-	-	-	\$1,459,856
Charity Care	-	-	-	\$11,212,193
Medi-Cal and Other Means Tested Government Programs (Shortfall)***	-	-	-	\$46,859,173
Medicare and Medicare HMO (Shortfall)**	-	-	-	\$43,589,561
<b>Total FY 2021 Uncompensated Care</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$103,120,783</b>
<b>Community Health Improvement Services</b>				
Community Health Education	73,726	42,299	5	\$681,615
Community-Based Clinical Services	628	636	65	\$11,937
Health Care Support Services	1,750	753	-	\$2,038,727
Social & Environmental Activities	420	1,343	-	\$74,065
<b>Total FY 2021 Community Health Improvement Services</b>	<b>76,524</b>	<b>45,031</b>	<b>70</b>	<b>\$2,806,344</b>
<b>Health Professional Education</b>				
Physicians/Medical Students	-	273,467	-	\$13,414,914
Nurses/Nursing Students	-	25,426	-	\$2,227,126
Other Health Professions Education	1,513	3,127	10,879	\$169,943
<b>Total FY 2021 Health Professional Education</b>	<b>1,513</b>	<b>302,020</b>	<b>10,879</b>	<b>\$15,811,983</b>
<b>Subsidized Health Services</b>				
<b>Total FY 2021 Subsidized Health Services</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$2,183,502</b>
<b>Health Research</b>				
Clinical Research	-	5,172	-	\$316,002
Community Health Research	167	1,861	-	\$138,582
<b>Total FY 2021 Health Research</b>	<b>167</b>	<b>7,033</b>	<b>-</b>	<b>\$454,584</b>
<b>Cash and In-Kind Contributions</b>				
Cash Donations	-	-	-	\$309,900
Grants	-	-	-	\$420,000
<b>Total FY 2021 Cash and In-Kind Contributions</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$729,900</b>
<b>Community Building Activities</b>				
Workforce Development**	2,052	5,225	46	\$284,010
<b>Total FY 2021 Community Building Activities</b>	<b>2,052</b>	<b>5,225</b>	<b>46</b>	<b>\$284,010</b>

Community Benefit Operations				
<b>Total FY 2021 Community Benefit Operations</b>	-	-	-	<b>\$191,036</b>
<b>Totals FY 2021 Scripps Mercy Hospital (San Diego and Chula Vista Campuses)</b>				<b>\$125,582,139</b>

\* **"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 9

## 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, 1,279 employees and cares for 4.8 percent of the inpatient population living in the hospital's service area. Within the service area, Scripps Green cares for 7.9 percent of Medicare patients, 0.1 percent of Medi-Cal patients, 4.2 percent of commercially insured patients, and 2.0 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 2022 COMMUNITY BENEFIT REPORT; FISCAL YEAR 2021

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 2021 (October 2020 to September 2021).

### FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during Fiscal Year 2021, 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 2021, Scripps Green had 154 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$8,468.<sup>62</sup>

### MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2021, Scripps Green devoted **\$23,946,890** 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

**\$23,946,890**

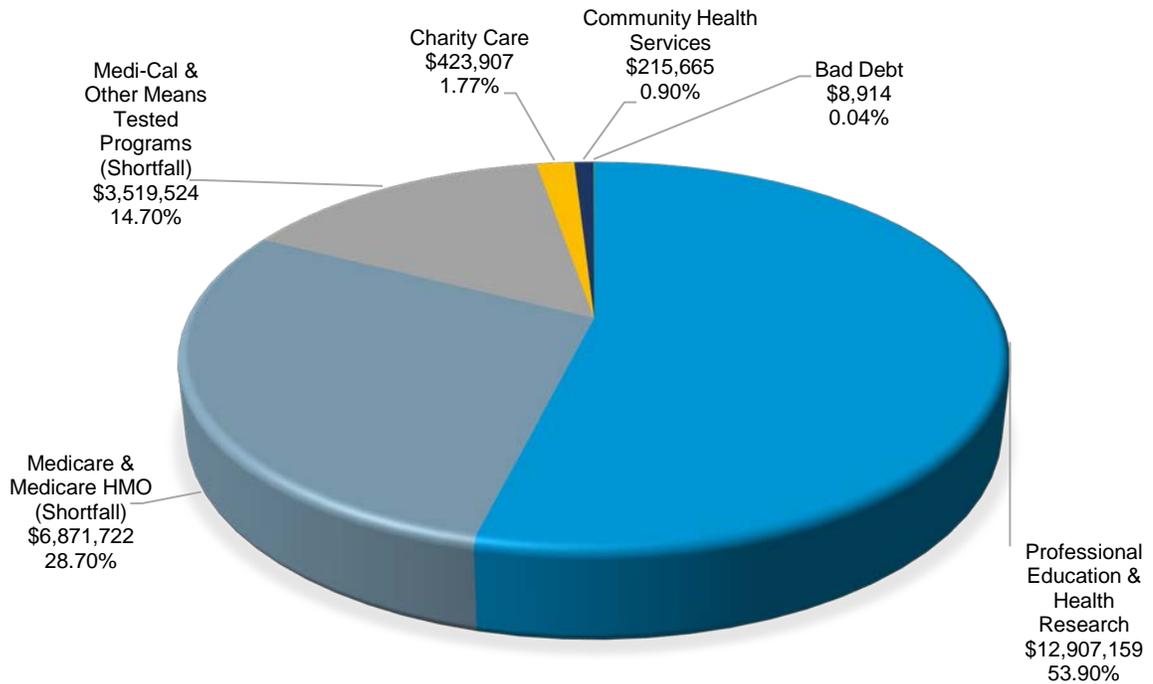
Community Benefit Services	
Bad Debt	\$8,914
Charity Care	\$423,907
Community Health Improvement Services	\$215,665
Medi-Cal & Other Means Tested Shortfall	\$3,519,524
Medicare & Medicare HMO Shortfall	\$6,871,722
Professional Education & Research	\$12,907,159
Refer to Figure 9.1 presented on the following page for a graphic representation of Fiscal Year 2021	

<sup>62</sup> Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

FIGURE 9.1

Fiscal Year 2021

**SCRIPPS GREEN HOSPITAL COMMUNITY BENEFIT SERVICES DISTRIBUTION, \$23,946,890**



Community Benefits Services (Provider Fee Impact)	Charity Care	Bad Debt	Medi-Cal (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Total
Before Provider Fee	\$423,907	\$8,914	\$3,519,524	\$6,871,722	\$215,665	\$12,907,159	\$23,946,890
Provider Fee	-	-	-	-	-	-	-
Net After Provider Fee	\$423,907	\$8,914	\$3,519,524	\$6,871,722	\$215,665	\$12,907,159	\$23,946,890

**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

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## SCRIPPS GREEN HOSPITAL COMMUNITY SERVICES, FISCAL YEAR 2021

### 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 2, Community Health Needs Assessment).

During Fiscal Year 2021 (October 2020 to September 2021) Scripps Green invested \$215,665 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 2021 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 \$12,907,159<sup>63</sup> in professional training and health research programs during Fiscal Year 2021 (October 2020 to September 2021). This section highlights some Scripps Green professional education activities.

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<sup>63</sup> 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. Due to the pandemic, this initiative was put on hold in March 2020 but resumed in April 2021. 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.

## FIJI SOLOMON ISLANDS MEDICAL MISSION

The medical mission consists of Scripps Health general medical specialists and residents setting up clinics on rural islands for the purpose of providing much needed medical care, medical supplies and surgical screening for an underserved population that have no access to basic medical care. The International Medical Missions provide an exceptional clinical education experience to our senior Internal Medicine residents at Scripps Clinic and Scripps Green Hospital. These resident missions bring our residents to the Solomon Islands in the South Pacific, where the ratio of doctors to population is 1:20,000. The Loloma Foundation provides medical care to these islanders in association with Scripps Health. Resident's experienced the challenges of providing care in third world conditions, without technology, and using only their excellent academic and practical training to diagnose and treat patients. Islanders with serious medical conditions are referred to the nearest hospital, which is several hours away by boat and car. This program was paused in Fiscal Year 2021 due to COVID-19 travel restrictions.

## 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.

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## SCRIPPS GREEN HOSPITAL 2022 COMMUNITY BENEFIT PLAN; FISCAL YEAR 2022

The Scripps Green Hospital 2022 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 2022 (October 2021 to September 2022).

### THE SCRIPPS GREEN HOSPITAL 2022 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 2022 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 offer free risk assessment consultations and education for women who are at considerable risk for the BRCA gene mutation.
- Provide support services and community resources for healthcare workers, families, caregivers, and cancer patients.
- Provide psychosocial services and guidance on transportation, housing, homecare, financial benefits, emotional concerns, and other issues.
- Continue to work with community resources to enhance patient cancer navigator role and patient navigator education and resources.
- 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 2022, 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*
<b>Uncompensated Care</b>				
Bad Debt**	-	-	-	\$8,914
Charity Care**	-	-	-	\$423,907
Medi-Cal and Other Means Tested Government Programs (Shortfall)***	-	-	-	\$3,519,524
Medicare and Medicare HMO (Shortfall)**	-	-	-	\$6,871,722
<b>Totals FY 2021 Uncompensated Care</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$10,824,067</b>
<b>Community Health Improvement Services</b>				
Community Health Education	-	-	-	\$152,352
Community-Based Clinical Services	28	-	-	-
Health Care Support Services	-	-	-	\$63,313
<b>Totals FY 2021 Community Health Improvement Services</b>	<b>28</b>	<b>-</b>	<b>-</b>	<b>\$215,665</b>
<b>Professional Education</b>				
Physicians/Medical Students	-	208,629	-	12,419,665
Nurses/Nursing Students	-	5,780	-	\$487,494
<b>Totals FY 2021 Professional Education</b>	<b>-</b>	<b>214,409</b>	<b>-</b>	<b>\$12,907,159</b>
<b>Totals FY 2021 Scripps Green Hospital</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$23,946,890</b>
<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 10

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 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. Project Dulce has expanded its reach throughout California, Baja California, and nationally through its training and replication of programs.

- 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.
- 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 is operating two NIH community-based research trials focused on closing the health disparities gap. The first, Mi Puente/The Bridge, uses 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 builds on Project Dulce's successful texting program, Dulce-Digital Me, by testing the effectiveness of real time digital feedback to people with diabetes.

- 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, dieticians, 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 any and 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.

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## SCRIPPS WHITTIER DIABETES INSTITUTE 2022 COMMUNITY BENEFIT REPORT; FISCAL YEAR 2021

The Scripps Whittier Diabetes Institute 2022 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 2021 (October 2020 to September 2021).

### MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2021, Scripps Whittier Diabetes Institute devoted \$566,861 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.

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 2019 'Diabetes mellitus' was the seventh 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. This is especially true in the South Bay communities in San Diego. Specifically, the city of Chula Vista is home to 26,000

Latinos with diagnosed diabetes and thousands more who are undiagnosed, have prediabetes and are at high risk of developing diabetes.

### 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 the pandemic.

- There were 26 community health fairs attended, including the monthly Mobile Health Fair at the Jackie Robinson YMCA, Jacobs Center Educational Complex, Crawford High School, Northgate, Damm and Echter Farms Christmas in November, San Diego Pride and the Center for Employment training. The events offered free sports physicals for youth up to college-age, as well as free produce, free Pfizer COVID vaccines, free COVID testing, blood pressure and glucose screenings, PPE safety kits and raffle prizes.
- Annual Backpack Giveaway and Vaccines. This event was hosted by Assembly Member Dr. Akilah Weber in August 2021, at the Horace Mann Middle School. The Annual Backpack Giveaway event included a free COVID-19 vaccination clinic and vaccines were available for anyone 12 and older with photo ID. Free school supplies, free helmets and helmet fittings and several giveaways were also provided.

### PROJECT DULCE MODEL, 26 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. 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. Over 35,000 individuals have been treated in San Diego alone.<sup>64</sup>

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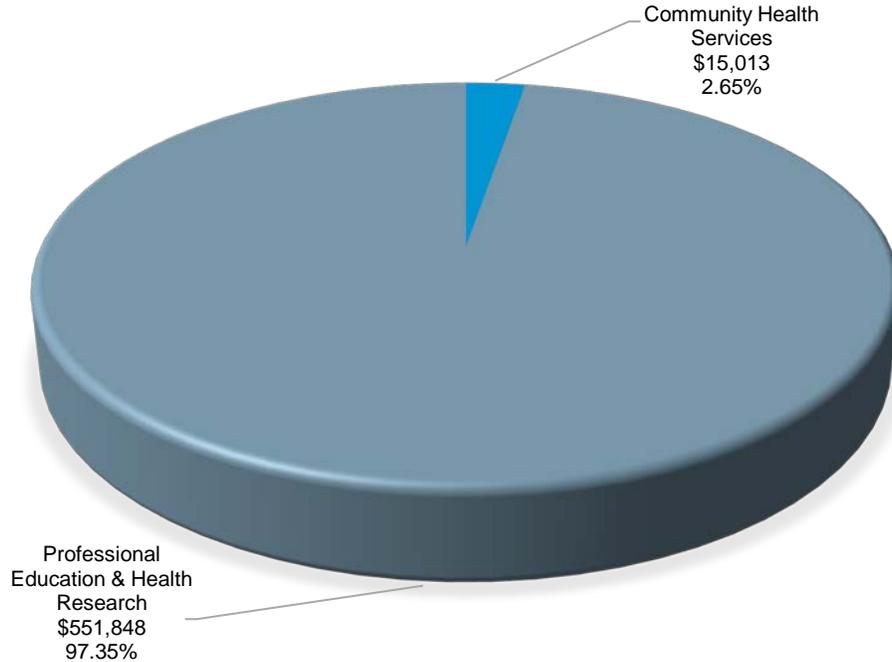
<sup>64</sup> Philis-Tsimikas A, et al. Community Created Programs: Clinical Diabetes, Fall 2012; 30; 4; 156-163. Philis-Tsimikas A. et al. Diabetes Care 2004;27: 110-115

FIGURE 10.1

Fiscal Year 2021

SCRIPPS WHITTIER DIABETES INSTITUTE COMMUNITY  
BENEFIT SERVICES DISTRIBUTION, \$566,861

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### 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.

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## SCRIPPS WHITTIER DIABETES INSTITUTE 2022 COMMUNITY BENEFIT PLAN; FISCAL YEAR 2022

Scripps Whittier Diabetes Institute 2022 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 2022 (October 2021 to September 2022).

### THE SCRIPPS 2022 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 2022 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 2022, 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.

### 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.

## SCRIPPS WHITTIER DIABETES INSTITUTE COMMUNITY BENEFIT SERVICES SUMMARY LIST

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Community Benefit Categories	Persons Served	Staff Hours	Volunteer Hours	Financial Support*
Community Health Education	4,636	4,316	-	\$15,013
Professional Education	343	-	-	-
Clinical Research	149	37,163	-	\$551,848
<b>Totals FY 2021 Scripps Whittier Diabetes Institute</b>	<b>5,128</b>	<b>41,479</b>	-	<b>\$566,861</b>
* " <u>Financial Support</u> " 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 11

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

Founded in 1924, Scripps Clinic provides multispecialty outpatient care for patients at multiple locations throughout San Diego County, including Del Mar, Encinitas, Rancho Bernardo, San Diego, Rancho San Diego, Santee and La Jolla. Scripps Clinic and its physicians are world renowned for research-driven care and medical specialty expertise. Scripps Clinic's main facility is located on Torrey Pines Mesa, adjacent to Scripps Green Hospital. Scripps Clinic physicians are board certified in more than 60 fields of medicine and surgery. In addition to primary care, Scripps Clinic offers the following services: Brain and Stroke Research and Treatment Center, Musculoskeletal Center, Scripps Center for Integrative Medicine, Scripps Clinic Center for Weight Management and Bariatric services. In January 2017, Scripps Health launched the Scripps Women's Heart Center, offering expert cardiology care for women by women. The center, is led by four female cardiologists, located at the John R. Anderson V Medical Pavilion outpatient clinic on the Scripps Memorial Hospital La Jolla campus.

## SCRIPPS COASTAL MEDICAL CENTER

Scripps Coastal Medical Center specializes in family medicine, internal medicine, obstetrics and gynecology and pediatrics. Scripps Coastal Medical Center primary care providers and their teams provide annual physicals, preventive health screenings, wellness information, lab tests, urgent care, express care and radiology services. When specialty care is needed, patients have access to an extensive network of medical experts throughout the region.

Scripps Coastal Medical Center offers locations from Oceanside to Eastlake. Scripps opened walk-in clinics for minor conditions and ailments at most Scripps Coastal Medical Center sites to improve access for patients to acute care.

## SCRIPPS MEDICAL FOUNDATION 2022 COMMUNITY BENEFIT REPORT; FISCAL YEAR 2021

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 2021 (October 2020 to September 2021).

### MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2021, Scripps Medical Foundation devoted **\$199,882,543** to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasizes 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

**\$199,882,543**

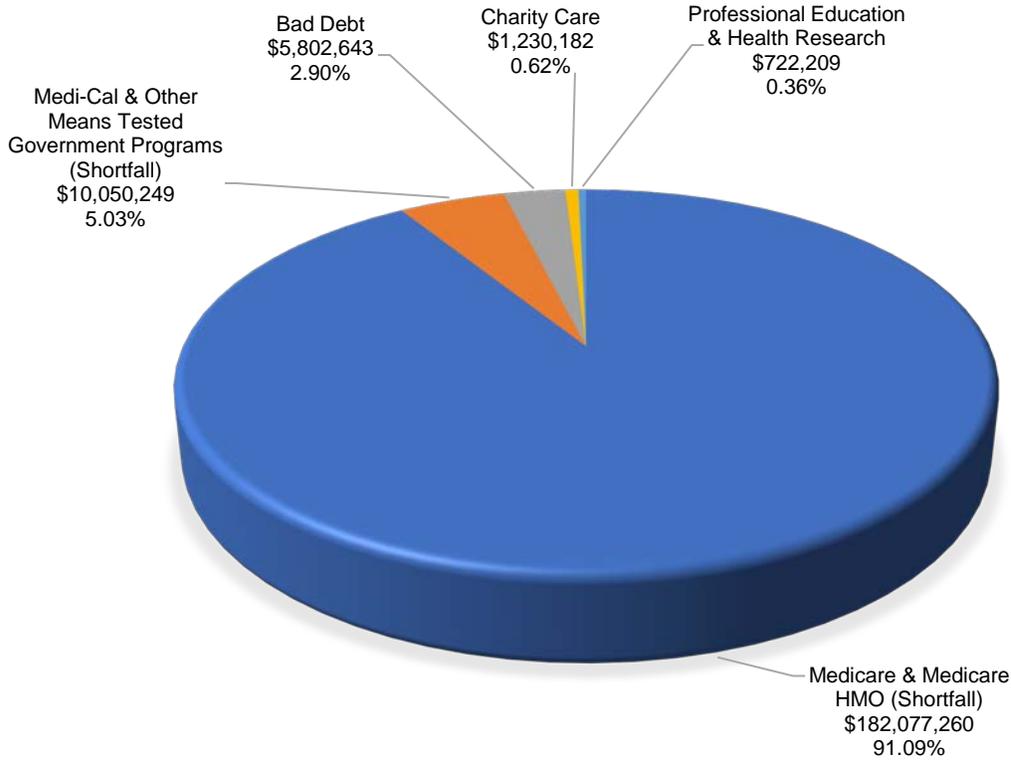
#### Community Benefit Services

Bad Debt	\$5,802,643
Charity Care	\$1,230,182
Medi-Cal & Other Mean Tested Shortfall	\$10,050,249
Medicare Shortfall & Medicare HMO	\$182,077,260
Professional Education & Research	\$722,209
Refer to Figure 11.1 presented on the following page for a graphic representation of fiscal year 2021.	

FIGURE 11.1

Fiscal Year 2021

SCRIPPS MEDICAL FOUNDATION COMMUNITY BENEFIT SERVICES DISTRIBUTION, \$199,882,543



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.

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## SCRIPPS MEDICAL FOUNDATION FISCAL YEAR 2021 COMMUNITY HEALTH SERVICES

### 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 2, Community Health Needs Assessment).

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## SCRIPPS MEDICAL FOUNDATION 2022 COMMUNITY BENEFIT PLAN; FISCAL YEAR 2022

The Scripps Medical Foundation 2022 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's and clinic's objectives/strategies to support community health improvement during Fiscal Year 2022 (October 2021 to September 2022).

### THE SCRIPPS 2022 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 2022 COMMUNITY BENEFIT OBJECTIVES COMMUNITY HEALTH SERVICES

- Scripps Clinic will continue to provide hip and knee orthopedic surgery education for the general public.

### UNCOMPENSATED HEALTH CARE

During Fiscal Year 2022, 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

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Program	Persons Served	Staff Hours	Volunteer Hours	Financial Support*
Bad Debt**	-	-	-	\$5,802,643
Charity Care	-	-	-	\$1,230,182
Medi-Cal and Other Means Tested Government Programs***	-	-	-	\$10,050,249
Medicare and Medicare HMO**	-	-	-	\$182,077,260
Professional Education and Health Research	-	8,913	-	\$722,209
<b>Totals FY 2021 Scripps Medical Foundation</b>	-	<b>8,913</b>	-	<b>\$199,882,543</b>
<p>* <b>"Financial Support"</b> 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 12

## 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 new 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 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 Health’s cancer program plans to use funds to support several breast cancer efforts, including clinical trials, translational research, expanded biorepository research, community outreach and a cancer survivorship program. Scripps also plans a variety of projects designed to address health care disparities, including outreach, screening and supportive services for dementia, breast cancer and cardiovascular disease.

### 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 is able to 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 3<sup>rd</sup> 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 WHITTIER DIABETES INSTITUTE SAN DIEGO STATE UNIVERSITY PARTNERSHIP

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. These include three, five-year awards from the National Institutes of Health worth nearly \$9M to develop culturally tailored interventions to improve outcomes for diverse, predominantly underserved individuals living with chronic cardiometabolic conditions. The first award trains medical assistants to provide health coaching to patients with Type 2 diabetes as part of routine primary care in two diverse health systems i.e., Scripps Health and Neighborhood Healthcare, a federally qualified health system that provides care to a low income, predominantly Hispanic, patient population. The second study uses mobile health (mHealth) technology to deliver a personalized, diabetes self-management education and support program to Hispanic patients with poorly controlled Type 2 diabetes. The final award evaluates Mi Puente, or “My Bridge,” which is a Behavioral Health Nurse + Community Mentor approach to prevent hospital readmissions and improve quality of life among Hispanics with multiple chronic conditions and behavioral health concern(s) admitted to a safety-net hospital near the US-Mexico border.

#### 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 2022 COMMUNITY BENEFIT REPORT; FISCAL YEAR 2021

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 2021 (October 2020 to September 2021).

### FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during Fiscal Year 2021, Scripps System wide employees donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. With 16 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$879.81.

### MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2021, **\$4,155,761** 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

**\$4,155,761**

#### Community Benefit Services

Community Building Activities	\$89,424
Community Health Improvement Services	\$3,234,148
Professional Education & Research	\$832,189

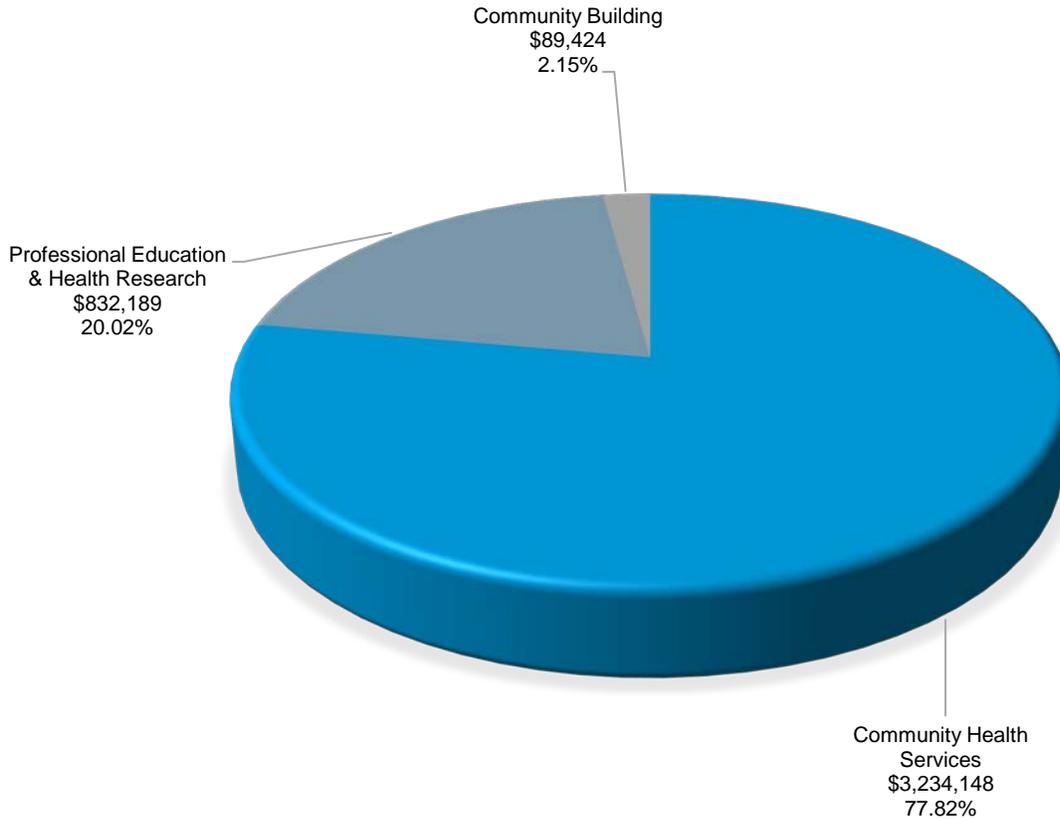
Refer to Figure 12.1 presented on the following page for a graphic representation of Fiscal Year 2021.

FIGURE 12.1

Fiscal Year 2021

## SCRIPPS SYSTEM WIDE COMMUNITY BENEFIT SERVICES DISTRIBUTION, \$4,155,761

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### 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.

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## SCRIPPS SYSTEM WIDE COMMUNITY HEALTH SERVICES, FISCAL YEAR 2021

### 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 2, Community Health Needs Assessment).

During Fiscal Year 2021 (October 2020 to September 2021) \$3,234,148 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 2020 community health services achievements.

### SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND

In Fiscal Year 2021, Scripps Health continued to deepen its commitment to philanthropy 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 \$4.2 million dollars. Programs funded during Fiscal Year 2021 include:

### COMMUNITY INFORMATION EXCHANGE 2021 SUMMIT

Scripps attended but did not sponsor the 4<sup>th</sup> Annual Community Information Exchange (CIE) 2021 Summit. The 2021 Summit was held virtually due to the continued impact of COVID-19. The three-day virtual conference centered on the theme, Leading with Community to Drive Systems Change, and explored how community-led model of a Community Information Exchange can promote racial health equity and inclusivity in health and social services. Core to the theme of the CIE Summit, this year's virtual event:

- The summit included tracks on governance and power, data ownership, technology, sustainability, and policy.

- Explored community-based approaches for building a CIE.
- Incorporated thoughtful strategies for activating community voice.
- Emphasized representation of diverse perspectives to inform CIE design, implementation, and data collection.

#### CATHOLIC CHARITIES

The partnership continued but no funding was provided in FY21 to Catholic Charities. The partnership offers short-term emergency shelter for medically fragile, homeless patients being discharged from Scripps Mercy Hospital San Diego and Chula Vista campuses. Case management and shelter are provided for previously homeless patients discharged from Scripps Mercy Hospital who no longer require hospital care but still need a short-term, supportive environment. Patients demonstrating a readiness for change are assisted with one week in a hotel along with food and bus fare to pursue a case plan.

The focus of the case management is to stabilize the client by helping them connect to more permanent income sources, housing, and ongoing support for self-reliance. The goal of this partnership is to reduce the incidence of ER recidivism and improve quality of life for the patients.

#### CONSUMER CENTER FOR HEALTH EDUCATION AND ADVOCACY (CCHEA)

Funding provides low income, uninsured Mercy Clinic 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 in school-age children and adolescents. As a sponsor for the Eric Paredes Save A Life Foundation, Scripps has supported more than 34,000 free cardiac screenings to local teens, including the homeless, uninsured, and underinsured through more than \$120,000 in annual contribution since 2012.

In Fiscal Year 2021, 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 534 with cardiac abnormalities – 239 serious enough to cause sudden cardiac arrest.

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## CANCER/ONCOLOGY

In 2019 cancer was the leading cause of death in San Diego County, responsible for 22.9% percent of deaths. There were 5,018 deaths due to cancer (all sites) and an age-adjusted death rate of 135.2 deaths per 100,000 population in San Diego County.<sup>65</sup>

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 2021, Scripps engaged in the following cancer programs and activities. See Section 4 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 & LIAISON PROGRAM

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

<sup>65</sup>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" information from all death certificates filed in San Diego County in 2019. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile." (CDPH, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHS, Public Health Services, Community Health Statistics Unit, October 2021.)

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 a wide range of support services and patient assistance programs. Throughout the system, oncology social workers or 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 at various locations to help patients and loved ones find support, guidance, and encouragement. Free educational workshops are held at various sites.

### **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. Due to COVID-19 this event was not held.

### **SCRIPPS MD ANDERSON POLSTER BREAST CARE CENTER (SPBCC)**

Scripps Polster Breast Care Center (SPBCC) sponsors the Young Women's Support Group which provide a venue for women under the age of 40 to come together, discuss issues relating to diagnoses and receive support. The groups are offered to women in the San Diego community. Topics related to breast health are also offered to the community. Due to COVID-19 meetings were not held as there was restricted access to the hospital.

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## CARDIOVASCULAR DISEASE

'Diseases of the heart' were the second leading cause of death in San Diego County in 2019. In addition, 'Cerebrovascular Diseases' were the third leading cause of death and 'Essential (primary) hypertension and hypertensive' was the eighth.<sup>66</sup> Heart disease claims more than 950,000 American's<sup>67</sup> lives every year. Stroke is a leading cause of serious, long-term disability.

During Fiscal Year 2021, Scripps engaged in the following heart health and cardiovascular disease prevention and treatment activities.

### 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. For more detailed information on the partnership and initiatives see section four starting on page 63.

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<sup>66</sup> 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" information from all death certificates filed in San Diego County in 2019. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile." (CDPH, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit, October 2021.)

<sup>67</sup> San Diego Hospital Association and Imperial Counties 2019 Community Health Needs Assessment and the most recent San Diego County community health statistics (unless otherwise indicated). <http://www.hasdic.org/chna.htm>

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## 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 2021 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 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 was crucial.

### SCRIPPS DEL MAR SUPER VACCINE CENTER

Scripps' unwavering commitment to the community was evident in its management of the Scripps Del Mar Vaccination Super Station at the Del Mar Fairgrounds. Scripps worked in partnership with the County of San Diego to meet an important community health need and ramped up its vaccination efforts at one of the most expansive locations around: the Del Mar Fairgrounds. The Super Station was opened on February 12, 2021, as part of the effort to get as many community members a COVID-19 vaccine as quickly as possible. The Scripps Del Mar Super Vaccine Center delivered more than 117,000 vaccine doses before it ended its operation in June 2021. The closing of the Del Mar site was announced in early June, a decision that was made following a drastic reduction in the amount of people seeking vaccination.

It took a monumental effort by many Scripps staff to initially get the Del Mar site up and running. Those staff included members of pharmacy, IS, security, facilities, human resources and many others. These departments made the site functional and created a system that worked, they also did it on a very tight timeline.

Volunteers also played a key role in the site's ability to deliver vaccines – both those from Scripps and the community at large. Whether it be checking people in, helping direct traffic flow or administering vaccinations, the ability to have a volunteer pool to draw from was critical, particularly as there could be dramatic variation from day to day.

#### VACCINATION SUPERSTATION BY THE NUMBERS

- Number of vaccine doses delivered - 117,323
- Highest number of vaccine doses administered in one day - 6,007
- Number of community volunteers who put in a shift - 1,750
- Number of Scripps staff who worked at site - 100+
- Total days site operated - 84
- Expenses associated with the Del Mar Vaccine Center - \$215,851.46

#### SCRIPPS POST-COVID CONTINUING CARE

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 program has enrolled 2,600 patients as of October 2021. 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. For more information on this program visit, [Recovery Program - COVID-19 - Scripps Health](#).

#### SCRIPPS BIOMED ASSISTED WITH SD COUNTY WITH VENTILATOR SUPPLIES

Scripps biomed team assisted the San Diego County in assembling its warehouse inventory of Servo-U ventilators. The biomed team completed assembly of 130 ventilators.

#### SCRIPPS MEMORIAL HOSPITAL LA JOLLA VACCINE SITE FOCUSED ON LAW ENFORCEMENT WORKERS

Under San Diego County's Phase 1B move, childcare and education employees, food and agriculture workers and those in emergency services like law enforcement and fire and emergency operations were able to be vaccinated. Scripps Memorial Hospital La Jolla opened its vaccination site in March 2021 and vaccinated 383 law enforcement personnel.

#### 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.

- There were 26 community health fairs attended, including the monthly Mobile Health Fair at the Jackie Robinson YMCA, Jacobs Center Educational Complex, Crawford High School, Northgate, Damm and Echter Farms Christmas in November, San Diego Pride and the Center for Employment training. The events offered free sports physicals for youth up to college-age, as well as free produce, free Pfizer COVID vaccines, free COVID testing, blood pressure and glucose screenings, PPE safety kits and raffle prizes.
- Annual Backpack Giveaway and Vaccines. This event was hosted by Assembly Member Dr. Akilah Weber in August 2021, at the Horace Mann Middle School. The Annual Backpack Giveaway event included a free COVID-19 vaccination clinic and vaccines were available for anyone 12 and older with photo ID. Free school supplies, free helmets and helmet fittings and several giveaways were also provided.

#### [BACK TO SCHOOL CELEBRATION VACCINATION CLINIC](#)

On Saturday, August 21, Scripps hosted a special back-to-school vaccination event and pop-up clinic in partnership with San Diego Mayor Todd Gloria. This event took place at Park de la Cruz Recreation Center 3901 Landis St., San Diego, CA, 92105. Forty-five people were vaccinated, the Pfizer vaccine was administered on a first-come, first-served basis.

#### [SCRIPPS EMPLOYEE FOOD SHARING PROGRAM](#)

Employees from across the system began reaching out about food resources for colleagues at Scripps. 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 March 27, 2021. The Scripps Employee Food Sharing Program successfully distributed food to 127 colleagues and 499 families who found themselves in need of assistance during this COVID-19 crisis.<sup>68</sup> Food distributed: 8,316 pounds of groceries and each staff member received milk, eggs, bread, fruit, vegetables, a box of non-perishable food and a freshly prepared meal from Colors Café. In addition, 105 gift cards totaling \$2,320 were distributed and donations by payroll deduction of 253 employees donated \$15,845. Many of the recipients shared words of thanks and gratitude to their Scripps

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<sup>68</sup> 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.

family. One even noted how they were appreciative to work for “such an awesome organization that is there for me when times are tough.” 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.

## 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’s 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. Due to COVID-19, there were no opportunities to deploy in 2021.

### 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 2021, 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 FY21.
- Due to COVID-19 restrictions Scripps did not participate 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.
- 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.

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## 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; \$832,189<sup>69</sup> was invested by Scripps System wide programs and services in professional education and health research programs during Fiscal Year 2021 (October 2020 to September 2021). This section highlights some of Scripps System wide professional education and research activities.

### SCRIPPS HIGH SCHOOL EXPLORATION INTERNSHIP PROGRAM, HEALTH & SCIENCE PIPELINE INITIATIVE (HASPI)

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. This program is funded through the Grossmont Cuyamaca College District Auxiliary. Due to COVID-19, the High School Exploration internship program was suspended in 2021.

### 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 suspended for Fiscal Year 2021, due to the pandemic.

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<sup>69</sup> 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.

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## SCRIPPS SYSTEM WIDE 2022 COMMUNITY BENEFIT PLAN; FISCAL YEAR 2022

The Scripps System wide 2022 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 2022 (October 2021 to September 2022).

### THE SCRIPPS 2022 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 2022 COMMUNITY BENEFIT OBJECTIVES

#### COMMUNITY HEALTH SERVICES

##### COMMUNITY BENEFIT FUND

Provide a minimum of \$100,000 in grant funding 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 2022 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 lymphedema, head and neck cancer support and gynecological support groups.
- Scripps MD Anderson Health Disparities Projects will 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 lead, and support initiatives focused on incentivizing physician and training to focus and expand research efforts on underserved populations and healthcare disparities. Will work to improve access to culturally and linguistically appropriate health care resources and supportive programs for patients. SCHE will expand community interventions and programs that address the needs of multicultural populations.

## 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.

## 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 other first responder agencies (public and private), will engage in a variety of training, outreach, and planning initiatives (if offered) during Fiscal Year 2022, 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

## PROFESSIONAL EDUCATION AND HEALTH RESEARCH

Scripps High School Exploration Program and the Health and Science Pipeline Initiative (HASPI) 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.

- In alignment with predictive analytics for Scripps hiring and staffing needs, continue to provide Specialty Training Programs in ICU, MCH, OR, ED and SPD.

- Continue to provide Scripps Health New Grad RN Residency Programs. Explore expansion of this program to the clinic setting.
- Explore expanding Young Leaders in Healthcare to employee dependents and school partnerships. There are currently 15 partnership high schools.

## UNCOMPENSATED HEALTH CARE

Uncompensated care is reflected in each of the hospital facilities. During Fiscal Year 2022, 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*
<b>Community Benefit Health Improvement Services</b>				
Community Health Education	2,633	389	-	\$23,476
Community-Based Clinical Services	118,759	128	16	\$223,759
Health Care Support Services	15,131	39,127	-	\$2,493,236
<b>Totals FY 2021 Community Benefit Health Improvement Services</b>	<b>136,523</b>	<b>39,644</b>	<b>16</b>	<b>\$2,740,471</b>
<b>Professional Education</b>				
Physicians/Medical Students	1,762	-	-	-
Nurses/Nursing Students	-	723	-	\$58,564
Other Health Professions Education	61	172	-	\$8,229
Scholarships/Funding for Health Professions Education	-	-	-	\$2,000
<b>Totals FY 2021 Professional Education</b>	<b>1,823</b>	<b>895</b>	<b>-</b>	<b>\$68,793</b>
<b>Research</b>				
Clinical Research	-	-	-	\$763,395
<b>Total FY 2021 Research</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$763,395</b>
<b>Cash and In-kind Contributions</b>				
Cash Donations	-	-	-	\$20,500
Grants	-	-	-	\$8,500
<b>Totals FY 2021 Cash, Grants and In-Kind Contributions</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$29,000</b>

Community Building Activities**				
Economic Development**	-	375	-	\$31,477
Community Support**	-	96	-	\$6,751
Leadership Development & Leadership Training for Community Members**	16	-	-	\$35,000
Advocacy for Community Health Improvements & Safety**	-	50	-	\$14,197
Workforce Development**	-	-	-	\$2,000
<b>Totals FY 2021 Community Building Activities</b>	<b>16</b>	<b>521</b>	<b>-</b>	<b>\$89,425</b>
Community Benefit Operations				
Community Benefit Operations	-	-	-	\$464,675
<b>Total FY 2021 Community Benefit Operations</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$464,675</b>
<b>Totals FY 2021 Scripps System Wide</b>	<b>138,362</b>	<b>41,060</b>	<b>16</b>	<b>\$4,155,761</b>
<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 13

## 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 reasonably 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 Provider Fees** – States have some form of Medicaid provider tax (or fees and assessments) in place. Through these 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 educations 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 they are needed by the community. 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 2021

Scripps continues to contribute resources to provide low and no-cost health care services to populations in need. During fiscal year 2021, Scripps contributed \$494,197,396 in uncompensated health care, \$17,572,864 in charity care, \$469,353,119 in Medi-Cal and Medicare shortfall, and \$7,271,413 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. 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, 2021, and 2020. 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>2021</u>	<u>2020</u>
Provider fee revenue	\$ 152,003	\$ 184,672
Provider fee expense	(105,914)	(129,259)
CHFT (accrual adjustment) fee	2,420	(333)
Net operating income from provider fee	<u>\$ 48,509</u>	<u>\$ 55,080</u>

# APPENDIX C



# APPENDIX D

## SAN DIEGO COUNTY HHSA GEOGRAPHIC SERVICES REGIONS<sup>70</sup>



Source: County of San Diego:

[https://www.sandiegocounty.gov/content/dam/sdc/live\\_well\\_san\\_diego/indicators/Map\\_and\\_Regional\\_Data.pdf](https://www.sandiegocounty.gov/content/dam/sdc/live_well_san_diego/indicators/Map_and_Regional_Data.pdf)

Central	North Coastal	East	North Inland	North Central	South
<ul style="list-style-type: none"> <li>• Central San Diego</li> <li>• Mid-City</li> <li>• Southeast San Diego</li> </ul>	<ul style="list-style-type: none"> <li>• Carlsbad</li> <li>• Del Mar</li> <li>• Oceanside</li> <li>• Pendleton</li> <li>• San Dieguito</li> <li>• Vista</li> </ul>	<ul style="list-style-type: none"> <li>• Alpine</li> <li>• El Cajon</li> <li>• Harbison Crest</li> <li>• Jamul</li> <li>• La Mesa</li> <li>• Laguna/Pine Valley</li> <li>• Lakeside</li> <li>• Lemon Grove</li> <li>• Mountain Empire</li> <li>• Santee</li> <li>• Spring Valley</li> </ul>	<ul style="list-style-type: none"> <li>• Borrego Springs</li> <li>• Escondido</li> <li>• Fallbrook</li> <li>• North San Diego</li> <li>• Palomar/Julian</li> <li>• Pauma</li> <li>• Poway</li> <li>• Ramona</li> <li>• San Marcos</li> <li>• Valley Center</li> </ul>	<ul style="list-style-type: none"> <li>• Coastal</li> <li>• Elliott Navajo</li> <li>• Kearny Mesa</li> <li>• Mira Mesa</li> <li>• Miramar</li> <li>• Peninsula</li> <li>• University</li> </ul>	<ul style="list-style-type: none"> <li>• Chula Vista</li> <li>• Coronado</li> <li>• National City</li> <li>• South Bay</li> <li>• Sweetwater</li> </ul>

<sup>70</sup>These regions have been designated by the County of San Diego Health and Human Services Agency (HHSa) 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](http://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 2021 COMMUNITY BENEFIT PROGRAMS

The list below highlights Scripps community health improvement programs and professional education and research programs by alphabetical order for Fiscal Year 2021.

2-1-1 Community Health Information Exchange (CIE)  
A Matter of Balance: Managing Concerns About Falls  
Advanced Cardiac Life Support (ACLS) Renewal Course  
American Heart Association Heart Walk - Sponsorship  
Back to School Celebration Vaccination Clinic  
Balance: Fall Proof Education  
Basic Life Support for Healthcare Provider Online Skills Check  
Behavioral Health Intervention Program in Diabetes (BHIP)  
Bereavement Support Group  
Blood Drive - American Red Cross  
Breast Health Outreach & Education  
Cardiac Dietary Counseling - Community Education Program  
Cardiac Tai Chi - Fitness Program  
Cardiac Treatment Center Group Exercise Programs  
Catholic Charities - Case Management Services: Shelter Support  
Centering Pregnancy, Healthy Moms, Healthy Babies  
Chula Vista Community Collaborative  
Clinical Research Services  
Community Health Education Lecture Series  
Community Health Improvement Partners (CHIP) Suicide Prevention Council  
Consumer Center for Health Education and Advocacy (CCEA)  
Continuing Medical Education Programs  
Continuous Glucose Monitoring Study  
COVID Related Webinars & Meet the Doctor Sessions  
CPR Classes for Patients and Families of the Cardiac Treatment Center

Del Mar Superstation - COVID Vaccinations

Diabetes Prevention Program

Digital Me: An Adaptive mHealth Intervention for Underserved Hispanics with Diabetes

Enhancing Family Practice Residency Training in Obstetrics and Maternal and Child Health at the US/Mexico Border of San Diego and Imperial Counties

Eric Paredes Save a Life Foundation - Grant

Eric Paredes Save a Life Foundation - Prescription for Prevention

Eric Paredes Save a Life Foundation - Screenings

Eric Paredes Save A Life Foundation – Smart Hearts Don't Miss A Beat

Fall Prevention Awareness Week - Virtual

Family Health Centers of San Diego - Spirit of the Barrio

Family Health Centers of San Diego (FHCS) - GRANT

Family Health Centers of San Diego Internal Medicine Outpatient Teaching Clinic Partnership

First Five Home Visits

Food Addicts Anonymous

Food Finders – Rescuing Food, Reducing Hunger

Full Access and Coordinated Transportation (FACT)

Getting Ready for Baby - Child Safety and Prevention Class

Grandparenting Today - Child Safety and Prevention Class

Greater La Jolla Meals on Wheels

Grief Recovery After a Substance Passing (GRASP)

Health Professions Training

Helping Patients Navigate Post Discharge Services

In Lieu of Funds

Interns and Area Health Education Scholars Program (AHEC)

IRB 12-6045 AAST Vascular Trauma Registry - PROOVIT

IRB 15-6652 Geriatric Trauma Care & Outcomes Registry Study

IRB 15-6721 Epidemiology, Injury Control, Treatments, Outcomes, Value of Care and Performance Improvement

IRB 16-6744 Outcomes & Trends in Traumatic Injury & Surgical Critical Care

IRB 18-7126 The Pathogenesis of Post Traumatic PE: A Prospective Multicenter Investigation by the CLOTT Study Group

IRB 18-7165 Current Diagnosis & Management of Pancreatic Injuries - Western Trauma Association Multicenter Trial

IRB 18-7188 Blunt Blow & Mesenteric Injury: A WTA Multicenter Prospective Observational Study

IRB 19-7412 Surgical Device Reporting and the FDS: MAUDE vs ASR

IRB 19-7421 Hospital Readmissions: Use of the Nationwide Readmissions Database

IRB 20-7646 Mechanically Ventilated COVID-9 Patients requiring Tracheostomy: Characteristics and Outcome

IRB 20-7679 Impact of COVID-19 Pandemic on trauma related mortality/morbidity and resource availability: an EAST Multicenter Trail Proposal

IRB 7249 Penetrating Thoracic Trauma Management: Epidemiology and Outcomes from a Nationwide Perspective

IRB 7626 Evaluating the Financial Vulnerability of CA Trauma Centers

Jewish Family Services - Embrace a Family

La Maestra Family Clinic

Left Ventricular Assist Device (LVAD) Support Group

Medical Assistant Health Coaching (MAC) for Diabetes in Diverse Primary Care Settings

Meditation Class - Wellness Program - Cardiac Treatment Center

Mental Health Association of San Diego - Meeting of the Minds

Mental Health Awareness Month

Mental Health Outreach Services, A-Visions Vocational Training Program

Mercy Outreach Surgical Team (MOST)

Mi Puente: My Bridge to Better Cardiometabolic Health and Well-being

Miracle Babies 5K Walk/Run

National Alliance of Mental Illness (NAMI) – Sponsorship

National Institute of Health (NIH) Community Engagement Alliance (CEAL)

Navy Research Fellow Research Program - Program Administration & Research

Neonatal Resuscitation Program (NRP)

Nursing Student Education Rotations

Parkinson's LSVT (Lee Silverman) Big Exercise

Pediatric Advanced Life Support (PALS) Renewal Course

Pelvic Floor Wellness: Prenatal and Postnatal

Pharmacy Residency

Project 201585: Pediatric Trauma along the California-Mexico Border

Project Dulce 2.0

Project Dulce Care Management

Psychiatric Liaison Team (PLT)  
Pulmonary Cardiac Class  
Reducing Childhood Obesity in South Bay - 5210 Program  
Residency Led Health and Well Being Programs  
San Diego County Methamphetamine Strike Force (MSF)  
San Diego County Policy Panel on Youth Access to Alcohol  
San Diego County Prescription Drug Abuse Task Force  
San Diego County Stroke Consortium  
San Diego Regional Task Force on the Homeless  
San Ysidro Health Center  
Saving Lives through Stop the Bleed Campaign  
Scripps Advanced Care Clinic  
Scripps Cal Fresh Screening Program  
Scripps Family Medicine Residency Program  
Scripps Green Hospital Department of GME  
Scripps Green Hospital Medical Library  
Scripps Health System Community Benefit Planning and Outreach  
Scripps High School Exploration Internship Program – Health and Science Pipeline Initiative (HASPI)  
Scripps Hub Academic Research Core (SHARC)  
Scripps MD Anderson Cancer Center - Nurse Navigator  
Scripps MD Anderson Cancer Center - Head and Neck Support Group  
Scripps MD Anderson Cancer Center - Heredity & Cancer Gene Counseling Program  
Scripps MD Anderson Cancer Center - Lifeguard and First Responders'  
Scripps MD Anderson Cancer Center - Outpatient Social Worker and Liaison  
Scripps MD Anderson Cancer Center - Support Groups  
Scripps MD Anderson Cancer Center – Cancer Survivor's Day  
Scripps Memorial Hospital La Jolla Medical Library  
Scripps Memorial Opened Vaccine Site Focused on Law Enforcement Workers  
Scripps Mercy & Family Health Centers Behavioral Health Partnership  
Scripps Mercy Hospital Medical Library  
Scripps Mercy Hospital's GME Program  
Scripps Mercy Supplemental Nutrition Program for WIC

Scripps Mercy Trauma Research Symposium  
Scripps Recuperative Care Program (RCS)  
Scripps Shiley Fitness Center - Exercise Programs  
Scripps Shiley Fitness Center - Lymphedema Stretch  
Scripps Substance Use Disorder Service (SUDS) Nurse  
Scripps Whittier Diabetes Institute – Diabetes Distress Study  
Scripps Whittier Diabetes Institute - Dulce Digital COVID Aware Discharge  
Scripps Whittier Diabetes Institute - Federal Grants  
Scripps Whittier Diabetes Institute and Community Vaccination Event  
Scripps Whittier Diabetes Institute Professional Education  
Senior Health & Well-Being Programs  
South County Action Network (SoCAN) Meeting  
St. Leo's Mission Medical Clinic  
Stroke and Brain Injury Support and Education Group  
Stroke Risk Program Community Education  
Survivors of Suicide Loss - Save A Life Community Walk  
Synergy Art Foundation - Healing Arts Class for People with Neurology  
Take Off Pounds Sensibly (TOPS)  
Trauma Education Programs  
Trauma Research Graduate Student Internship Program  
University City High School Collaboration  
Young Leaders in Health Care

# APPENDIX G

## SCRIPPS HEALTH CARE PARTICIPATION IN COMMUNITY ORGANIZATIONS

The list below highlights Scripps community partners and coalitions in Fiscal Year 2021. 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  
Brandman University  
Brightwood (Kaplan) College, Vista Campus  
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 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  
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)  
e3Civic High School  
Eastlake High School  
EMSTA College  
Enlisted Leadership Foundation - The Foundry  
Episcopal Community Services  
Eric Paredes Save a Life Foundation  
Every 15 Minutes Organization  
FACT San Diego  
Family Health Centers of San Diego  
Father Joes' Villages Shelter and Health Center  
Feeding San Diego  
Fiji Alliance School of Medicine  
First Five San Diego  
Food Finders  
Francis Parker School  
Full Spectrum Nutrition Services (FSM Cert)  
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  
HASD&IC 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  
Hospital Association of San Diego & Imperial Counties (HASDIC)  
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.  
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  
Miracle Babies  
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)  
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)  
Promise Neighborhoods  
Psychiatric Emergency Response Team (PERT) San Diego  
Rady Children's Hospital 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 Healthy Weight Collaborative  
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 Nursing & Allied Health Service - Education Consortium  
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 Unified School District  
San Diego Workforce Partnership  
San Dieguito Union High School District  
San Ysidro Health Center - Federally Qualified Health Center  
San Ysidro Health Center (SYHC)  
San Ysidro High School  
San Ysidro Middle School  
San Ysidro School District  
Santa Fe Christian Schools

South Bay Community Services  
South Bay Women's Recovery Center  
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  
Survivors of Suicide Loss  
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  
TOPS Club, Inc.  
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, Skaggs School of Pharmacy & Pharmaceutical Sciences  
University of San Diego (USD)  
University of Southern California  
Villa Serena  
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