



2016 Community Benefit Report Our Promise to the Community

In fiscal year 2015, Scripps Health provided

\$353 million

in community benefit services



Dedicated to Our Community

Scripps is dedicated to finding solutions that address today's most critical community health needs with compassion, and creating ways to improve the quality of life for tomorrow's generation. Through strong partnerships, we are able to provide high-quality care to those who need it most with specialized programs, expanded outreach and advanced medical training for future doctors who will carry this commitment forward.



Letter from the CEO

The Scripps story began with a strong commitment to the San Diego community — a commitment that continues today.

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

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

Today, more than 17,000 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 2015, Scripps’ community benefit contributions totaled \$353,578,378. This includes \$316,033,736 in uncompensated care, \$26,184,190 in professional education and health research, \$1,799,149 in community building activities, and \$3,071,160 in community health services and \$6,490,142 in subsidized health.

Health care will continue to change in San Diego and across our country. At Scripps we are changing to better meet our patients’ needs, reduce our costs, improve access in our community 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 around 100 years ago, they could never have imagined the care we provided today or the more than 700,000 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, reading "Chris Van Gorder". The signature is fluid and cursive, with the first name "Chris" being the most prominent.

Chris Van Gorder, FACHE
President and CEO

Mission, Vision and Values

Our 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.

Our 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 persons. 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.

Our Vision

Scripps strives to be the health care leader in San Diego and nationally be becoming:

- The provider of choice for patients
- The employer of choice for the community
- The practice environment of choice for physicians, nurses and all health care professionals.

About Scripps

Founded in 1924 by philanthropist Ellen Browning Scripps, Scripps Health is a \$2.8 billion nonprofit integrated health system based in San Diego, California. Scripps treats more than 700,000 patients annually through the dedication of 3,000 affiliated physicians and more than 14,000 employees among its five acute-care hospital campuses, home health care services, and an ambulatory care network of physician offices and 29 outpatient centers and clinics. In 2013, Scripps Hospice program was established and provides end of life care.

Recognized as a leader in the prevention, diagnosis and treatment of disease, Scripps is also at the forefront of clinical research, genomic medicine, wireless health and graduate medical education. With three highly respected graduate medical education programs, Scripps is a longstanding member of the Association of American Medical Colleges. More information can be found at www.scripps.org.

Today, the health system extends from Chula Vista to Oceanside, with 29 primary and specialty care outpatient centers. A leader in the prevention, diagnosis and treatment of disease, Scripps was named by Truven in 2014 as one of the Top 15 large health systems in the nation for providing high-quality, safe and efficient patient care. On the forefront of genomic medicine and wireless health technology, the organization is dedicated to improving community health while advancing medicine through clinical research and graduate medical education. Scripps has also earned a national reputation as a premier employer, named by Fortune magazine as one of "America's 100 Best Companies to Work For" every year since 2008.

Scripps Facilities/Divisions

Scripps Green Hospital

Scripps Clinic

Scripps Memorial Hospital Encinitas

Scripps Coastal Medical Center

Scripps Memorial Hospital La Jolla

Scripps Hospice Care

Scripps Home Health Care

Scripps Whittier Diabetes Institute

Scripps Clinical Research Services

Scripps Mercy Hospital

- San Diego Campus

- Chula Vista Campus

Service Offerings

Scripps is an integrated health care delivery system consisting of four acute-care hospitals on five campuses, 29 outpatient centers and clinics, home health care, hospice care, clinical research, and ancillary services for the San Diego region and beyond. Scripps primary services include:

Cardiovascular Care

- Scripps treats 55,000 heart patients annually – more than any other provider in San Diego. With volume comes high quality, as evidenced by the program ranking 20th nationally by U.S. News & World Report in cardiology and heart surgery in 2014-2015. Scripps is the only San Diego heart program on the list that has received the coveted honor eight years in a row (2006-2014).

- In March 2015, Scripps opened the \$456-million Scripps Prebys Cardiovascular Institute, which will bring together expertise from across the system. The institute is the largest heart hospital on the West Coast with 167 inpatient beds and will serve as a center of excellence for research and education.
- For more than 30 years, Scripps has been the exclusive provider of heart services to the more than 500,000 Kaiser Permanente patients in San Diego. A new 10-year contract was signed in 2011.

Cancer Care

- Scripps is committed to fighting cancer and mobilizes the collective resources of its five hospital campuses, outpatient centers, and research division to form the Scripps Cancer Center.
- In 2008, it became the first multihospital system in California to earn accreditation from the American College of Surgeons Commission on Cancer as an integrated network cancer program.
- Scripps opened a new state-of-the-art regional radiation therapy center in 2012.
- In February 2014, Scripps opened the region's first proton therapy center, which is only the second in California. It is the first in the U.S. to use pencil-beam technology in all of the treatment rooms.

Diabetes Care and Prevention

- This year, the combined diabetes and endocrinology programs of Scripps Green Hospital and Scripps Memorial Hospital La Jolla – listed as “Scripps La Jolla Hospitals and Clinics” – were ranked No 1 in San Diego, and No. 13 nationally by U.S. News & World Report in its annual “Best Hospitals” rankings. This is a move up from No. 39 last year. Scripps Mercy Hospital ranked No. 42 in the nation in diabetes and endocrinology.
- The Scripps Whittier Diabetes Institute is dedicated to caring for and educating people with diabetes, as well as preventing those at risk from getting diabetes. Scripps provides the best in diabetes care through outpatient education, inpatient glucose management, clinical research, professional education, and community-based programs.

Behavioral Health and Drug and Alcohol Care

- The Scripps behavioral health and drug and alcohol care line offers a variety of services to adults with emotional, behavioral and or addictive 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 and outpatient mental health services.

Psychiatric liaison services are provided at all five acute care Scripps hospitals and associated urgent care facilities. A supportive employment program is also offered to those seeking volunteer or employment opportunities.

- The Scripps drug and alcohol treatment program is nationally recognized for excellence in treatment of alcohol and drug abuse. The division of mental health is a behavioral health, outpatient treatment facility for geriatric patients of the Scripps Clinic Medical Group.

Women's and Newborn Services

- Scripps delivers 10,000 babies and provides care to thousands of women needing obstetrical, routine and advanced gynecological care on an annual basis.
- Scripps offers a full spectrum of obstetrics and gynecology services throughout San Diego. The combined programs of Scripps Green Hospital and Scripps Memorial Hospital La Jolla – listed as “Scripps La Jolla Hospitals and Clinics” – are ranked among the nation’s top hospitals in gynecology.
- The women and newborn services care line creates a forum to foster development of an integrated women’s clinical care line operated at multiple Scripps Health sites across the inpatient and ambulatory continuum of care. Scripps Health prioritizes system efforts related to OB, gynecology and NICU development.

Neurosciences

- Scripps has been recognized for high performance in Neurology & Neurosurgery by U.S. News & World Report (2014-2015).
- Scripps Memorial Hospital La Jolla was one of the first in the nation certified as a Comprehensive Stroke Center by the Joint Commission. Additionally, all four Scripps emergency rooms are certified Primary Stroke Centers.
- Our physicians lead research activities designed to find better treatments for conditions like Parkinson’s, MS, and Alzheimer’s.

Orthopedic/Spine

- Scripps Health orthopedic and spine care is committed to helping the greater San Diego community stay healthy and active. In addition to providing advanced diagnostic services, surgical and non-surgical treatments and rehabilitation care, 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 Orthopaedic 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 orthopedic physicians serve as team physicians for the San Diego Padres in collaboration with internal medicine specialists at Scripps.
- Scripps provides musculoskeletal trauma care at Scripps Mercy Hospital, San Diego, a Level I trauma center, and Scripps La Jolla, a Level II trauma center.
- The combined programs of Scripps Green Hospital and Scripps Memorial Hospital La Jolla – listed as “Scripps La Jolla Hospitals and Clinics” – are ranked among the nation’s top hospitals in orthopedics.

Primary Care

- Scripps Health offers a county-wide network of primary care physicians with expertise in family medicine, internal medicine and pediatrics to care for individuals at every stage of their lives.
- Full range of services includes prevention, wellness and early detection services to diagnosis and treatment of injuries, illnesses and management of chronic medical conditions.
- Scripps is affiliated with more than 2,600 primary care physicians and medical specialists in locations throughout San Diego County.

Hospice Care

- Scripps provides hospice services to the entire San Diego region.
- Hospice provides interventions that focus on comfort and quality of life and help patients to live comfortably as they approach the end of life. The care involves the patient and family, and provides supportive services to meet physical, emotional and spiritual needs.
- The interdisciplinary team includes medical doctors board-certified in hospice and palliative care, nurses, social workers and a pastoral or spiritual counselor. Depending on patient needs, they may also be assigned a home health aide, physical therapist, occupational therapist, nutritionist or volunteers.

Emergency and Trauma Medicine

- Scripps operates two of the region’s five adult trauma centers, including a Level 1 trauma center at Scripps Mercy Hospital, San Diego.
- Scripps recently redesigned how emergency care is delivered and became the first hospital in California to reduce the average wait time to see a physician to less than 30 minutes.

- All four Scripps emergency rooms are accredited stroke centers by The Joint Commission, and are certified by the American Heart Association as STEMI (ST Elevation Myocardial Infarction – a severe heart attack caused by clotting of one or more arteries) receiving centers.

Governance

As a not-for-profit health care system, Scripps takes pride in its service to the community. The Scripps system is governed by a 14-member, volunteer Board of Trustees. This single point of authority for organizational policy ensures a unified approach to serving patients across the region. The organizational structure of Scripps Health is included in Appendix C.

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 don't stop at our local borders. Our participation at the state, national and international levels includes work with government and private disaster preparedness and relief agencies, the State Commission on Emergency Medical Services, national health advocacy organizations; as well as international partnerships for physician education and training, and direct patient care. In all that we do, we are committed to quality patient outcomes, service excellence, operating efficiency, caring for those who need us today and planning for those who may need us in the future.

SCRIPPS HEALTH

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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 health and quality of life for people throughout the region. This report shares many of the ways we serve our community.

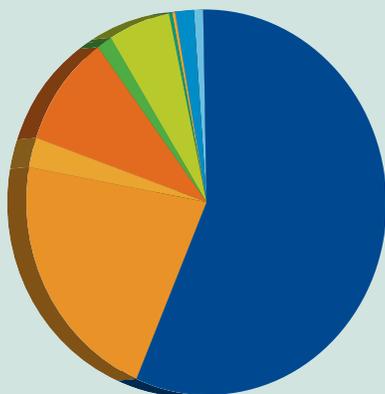
In fiscal year 2015, Scripps devoted more than \$353 million to community benefit programs, including nearly \$37 million in charitable care. We offer many free and low-cost services, such as community clinics, support groups, screenings for key health indicators, youth programs, special education for pregnant mothers 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 grassroots organizations to serve the greatest needs, and prioritize our investments in the health of our community. For more information, visit scripps.org/communitybenefit.

Scripps Facts

- 3,000 affiliated physicians and 14,000 employees treat and support more than 700,000 patients each year.
- Caring for people throughout San Diego with four acute care hospitals on five campuses, 29 outpatient locations, a home health network, hospice care and a mobile medical unit.
- Three highly respected graduate medical education programs and two pharmacy resident programs train the next generation of caregivers.
- Operating revenue: \$2.857 billion
- Operating expenses: \$2.714 billion
- Total inpatient discharges: 68,376
- Total outpatient visits: 2,380, 674
- Emergency visits: 170,229

Total Community Benefits in FY15: \$353,578,378*



Medicare Shortfalls	\$217,210,276	56.7%	Community Building	\$1,799,149	0.5%
Medi-Cal Shortfalls	\$52,282,439	21.4%	Cash and In-kind	\$929,440	0.2%
Bad Debt	\$9,646,432	2.5%	Subsidized Health	\$6,490,142	1.7%
Charity Care	\$36,894,589	9.6%	Community Health Improvement Services & Community Benefit Operations	\$2,141,720	0.6%
Health Research	\$5,347,928	1.4%			
Professional Education	\$20,836,262	5.4%			

Colors coordinate clockwise from medicare shortfalls.

13% of our total operating expenses in 2015 were devoted to community benefit services at cost.*

*Hospital Provider Fee was reported as offsetting revenue from Medi-Cal.

Financial Assistance Policy: Scripps' financial assistance policy reflects 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 consistent with California Hospital AB774 Fair Pricing Policy legislation and are available to everyone in need, regardless of their race, ethnicity, gender, religion or national origin.



Last year, Mercy Clinic began using the pocket-size, Vscan ultrasound device to aid in diagnosing heart conditions. Residents and medical students take an active role in caring for patients every day as part of their training.

Mercy Clinic Continues Scripps' 125-Year Tradition of Compassionate Care

Last year marked the 125th anniversary of Scripps Mercy Hospital, San Diego's longest-established community hospital.

"While there have been a lot of changes in health care in the past 125 years, the heart and soul of our mission remains providing high-quality, compassionate care to those in need," said Tom Gammieri, chief executive of Scripps Mercy Hospital.

Mercy Clinic is a cornerstone of this mission. In fiscal year 2015, the clinic provided 11,671 patients with access to nationally renowned health care and vital resources to improve their quality of life. Additionally, the clinic expanded its nursing staff and purchased specialized cardiology and ophthalmological equipment.

"Last year, we were also able to better integrate more specialized services, like nutrition counseling for patients with diabetes," says Renée Smilde, medical

director of Mercy Clinic. "When we empower patients with knowledge, it helps support them for the rest of their lives."

Mercy Clinic continues to be the training ground for more than 60 residents from the Scripps Mercy Hospital Graduate Medical Education Program and 50 rotating medical students.

As a resource for the working and disabled poor who need chronic disease management and specialty medical care, a full-time staff of nurses and other personnel work closely with physicians from Scripps Mercy Hospital to deliver advanced, compassionate care. Each year, 90 percent of patient visits are paid through Medi-Cal, Medicare or another insurance plan. Scripps provides full financial assistance for patients earning less than 200 percent of the federal poverty level guidelines. Financial assistance is also available to others who qualify according to federal guidelines.

Scripps Recuperative Care Program

In partnership with the San Diego Rescue Mission, the Scripps Recuperative Care Program (RCU) provides safe discharge, placement services and resources for unfunded or underfunded, chronically homeless patients with ongoing medical needs. Last year, the program served 42 patients who had a cumulative total of 1,446 hospital days of stay before going to the RCU.

The program provides 24-hour supervision, medication monitoring, RN case management oversight with physician backup, meals, clothing and counseling, as well as assistance with permanent housing and county medical services, Medi-Cal and disability applications. All patients are connected with a medical home in the community, and patients with psychiatric disorders are established with a community psychiatrist. Last year, 92 percent of Scripps' RCU patients had obtained insurance by the time they left the program.



Project Dulce's peer-led education model is a vital component of the program's success.

Project Dulce Supports Countywide Diabetes Prevention Efforts

In 2015, Project Dulce provided care to more than 6,600 patients, hosted 125 peer-led classes, and screened more than 500 individuals through clinic sites and community health fairs. Established more than 17 years ago, Project Dulce is the flagship program of Scripps Diabetes Care and Prevention, and focuses on providing diabetes care, self-management education and continuous support to low-income and uninsured populations.

Project Dulce also launched its bilingual Healthy Living Classes as part of the countywide 3-4-50 initiative, which addresses the three behaviors (smoking, diet, lack of physical exercise) that contribute to four chronic diseases (cancer, type 2 diabetes, cardiovascular disease, respiratory disease), which lead to 50 percent of the deaths in San Diego. The first pilot class of 23 participants was held last May at the South Bay YMCA, and included discussion about healthy eating at home and in restaurants, smoking and smoking cessation resources, and practical ways to increase exercise.

"At the heart of Project Dulce is caring for people on their own terms," says Athena Philis-Tsimikas, MD, corporate vice president of Scripps Diabetes Care and Prevention. "The Healthy Living Classes are taught by

peers and, sometimes, patients who have similar social and cultural backgrounds. Their ability to connect on a personal level is an important factor that we hope will result in saving more lives."

Last year, Project Dulce also introduced a culturally tailored, 12-week diabetes prevention lifestyle intervention program developed specifically for Mexican-American women who live near the U.S.-Mexico border to help address the rapidly increasing prevalence of type 2 diabetes in the region.

Su Vida, Su Corazon Keeps The Beat

Su Vida, Su Corazon (Your Life, Your Heart), a Scripps community intervention program for underserved patients diagnosed with heart disease, showed tremendous success in 2015. The goal of the five-week intervention is to decrease readmission rates for heart failure patients, reducing medical costs and improving quality of life. The program launched in 2014, and results show that 95 percent of the first year's participants have not been readmitted to the hospital — and most improved their Body Mass Index (BMI), and lowered their cholesterol, blood pressure and glucose levels.



Last year, Scripps screened more than 365 public service employees for skin cancer.

Community Health Screenings Save Lives

Last year, Scripps provided free and low-cost community health screenings throughout the region to help identify individuals at risk for diabetes-related eye disease and skin cancer. Additionally, Scripps continued its participation in National Depression Screening Day, and began offering low-cost youth concussion screenings.

Seeing is Believing

Through its mobile medical unit, Scripps provided more than 500 free retinal screenings to underserved and low-income individuals in conjunction with Project Dulce and through community health fairs. For the first time, Scripps also participated in the El Poder Sin Ver (Ability Without Sight) Expo, a national outreach initiative of the Braille Institute, and provided 89 free retinal screenings.

In addition, the mobile team held skin cancer screenings at two locations for public service employees (including police, firefighters and lifeguards), screening 365 individuals — and identifying two cases of melanoma.

“Although melanoma is not a pleasant thing to uncover, we are extremely happy that our efforts are helping to save lives — both in the immediate and long-term,” says Hugh Greenway, MD, chair of the Big Horn Dermatology and Mohs Surgery division of Scripps Clinic.

Making an IMPACT on Teenage Concussions

Scripps is also tackling teenage concussions by offering a low-cost, simple, computerized test (called ImPACT) that evaluates each participant’s attention, memory, reaction time, problem-solving skills and processing speed. The \$10 test, which takes only 20 minutes, creates a baseline evaluation for young athletes who have never had a head injury. If participants suffer a concussion, they can retake the test and clinicians can compare the results.



Scripps conducts a wide variety of free and low-cost screenings at health fairs and other community events throughout San Diego County.

Identifying Depression

Supporting mental health in our community, Scripps again participated in National Depression Screening Day, an annual event held in October to help people identify the signs of depression and provide resources to assist those at risk. In the past two years, Scripps has expanded the availability of the screenings by making them available in the community through partnership with local YMCAs. The screenings are open to adults of all ages on a walk-in-basis and include referrals to mental health professionals, as well as literature that can be shared with family and friends. In 2015, Scripps staff cared for more than 114 people, providing 72 depression screening services and distributing information in both English and Spanish. The program is sponsored by the Scripps Mercy Hospital Behavioral Health Department.

Scripps Expands Graduate Medical Education for Aging Populations

Last year, Scripps partnered with the University of California, San Diego, to create the UCSD/Scripps Health Hospice and Palliative Medicine Fellowship Program. The highly specialized, collaborative program is part of a training legacy that began at San Diego Hospice in 2000. The fellowship was accredited by the Accrediting Council of Graduate Medical Education (ACGME) in 2008, when Scripps Mercy Hospital partnered with San Diego Hospice as the sponsoring institution. In 2013, Scripps Mercy Hospital became the primary teaching site for the fellowship, and in 2015, the program transitioned to the UCSD Graduate Medical Education Department.

“We are proud to continue this long tradition of training excellence, working with our community partners to meet both today’s and tomorrow’s health care needs,” says Holly Yang, MD, Scripps co-director of the UCSD/Scripps Health Hospice and Palliative Medicine Fellowship Program. “As our patients continue to age and live longer, it’s vital that the next generation of doctors is able to address the special needs associated with serious and life-threatening illnesses.”

The program is designed specifically for physicians seeking a subspecialty in hospice and palliative medicine, and equips fellows to practice in diverse settings, including acute care hospitals, outpatient clinics, patients’ homes and long-term care facilities. In this unique partnership that features a combined faculty, UCSD and Scripps share responsibility for the fellows. Trainees spend equal time at both institutions for learning experiences that maximize the benefits of each health care system.

The hospice/palliative care fellowship complements Scripps’ broad range of graduate medical education programs available through Scripps Mercy Hospital, Scripps Memorial Hospital La Jolla, Scripps Green Hospital and the Scripps Family Practice Residency Program. In 2015, Scripps had 167 residents and fellows enrolled throughout its system.

Special Duty: Serving Local Veterans

San Diego is home to more than 250,000 veterans. A substantial number of these service members have suffered or are struggling with Post-Traumatic Stress Disorder (PTSD), depression, anxiety and other psychological conditions related to military service and repeated deployments. Partnering with community-based organizations, the Scripps team held several forums and spoke with more than 150 individuals involved in veterans’ health care to help improve knowledge in this specialized area.

Mission to Nepal



The Scripps team has deployed locally, nationally and internationally to provide health care and resources to those in need. (Photo courtesy of International Medical Corps.)

Less than a week after last April’s devastating 7.8 earthquake, the Scripps Medical Response Team (SMRT) deployed to Nepal to aid international humanitarian and medical relief efforts. The five-member team, which was dispatched to two different regions by the International Medical Corps, spent three weeks caring for victims — from infants to the elderly.

The team of four nurses and a mission leader cared for nearly 2,200 patients and set up temporary clinics in 17 remote, mountain villages. The mission was logistically supported by numerous U.S.-based members of the Scripps team, and emotionally supported by thousands of Scripps employees and physicians who joined the mission virtually through regular email updates.

Planting Seeds to Combat Early Childhood Obesity

Scripps Medical Foundation is joining the fight against childhood obesity through the \$25,000 sponsorship of a Teaching Garden at Rohr Elementary School in Chula Vista — a school district that has demonstrated significant socioeconomic need.

The three-year Teaching Garden is part of the American Heart Association's national initiative designed to help educate children about nutrition and the importance of eating healthy foods.

"Gardening is a fun way to learn about the importance of fruits and vegetables," says Paul Teirstein, MD, chief of cardiology and director of interventional cardiology at Scripps Clinic, and director of the Prebys Cardiovascular Institute.

"The program can help kids learn to make healthy choices, which will benefit them and their families — and we're proud to be a part of it."

The goal is that at the end of the program the campus garden will be an established, sustainable project that



Children learn to make healthy food choices through hands-on experience with the Teaching Garden sponsored by Scripps Clinic.

students will continue to learn from, take ownership of and enjoy.

The Scripps sponsorship provides funding for three years of program essentials and activities, including garden beds, organic soil, seedlings and plants, cooking demonstrations, Planting Days and Harvest Days. The program also includes a Teaching Gardens Toolkit, which provides a school garden manual, school engagement ideas, classroom curriculum, and community resources for students and families.

Chula Vista Breast Cancer Support Group Celebrates One Year



Scripps' breast cancer support groups include nurse navigators.

"The breast cancer support group provides a nurturing, mentor-like environment where women and men can ask questions, share their fears and help one another," says Kendra Brandstein, director of community benefits at Scripps Mercy Hospital.

In August 2015, the bilingual breast cancer support group at the Scripps Well Being Center, Chula Vista, celebrated its first year of helping women and their families cope with the devastating disease.

"In the past year, I've seen so much growth. This kind of positive support is an essential part of the healing process."

Shirley Pacheco, a volunteer facilitator and breast cancer survivor echoes this sentiment. "I think people let cancer limit them — I didn't," she says. "A positive attitude and laughter were very important and helped me get through it."

Scripps offers breast cancer support groups at Scripps Memorial Hospital Encinitas, Scripps Polster Breast Care Center (on the campus of Scripps Memorial Hospital La Jolla), and Scripps Mercy Hospital, San Diego and Chula Vista campuses.

Seeking Future Horizons at Scripps



Students from throughout the region gain valuable experience through participation in the Scripps High School Exploration internship program.

The Scripps High School Exploration internship program, a specially designed educational experience for teenage students who are planning careers in health care, is now in its eighth year. The 2015 session hosted 25 students who participated in a variety of activities at our five hospital campuses and Scripps Clinic, Torrey Pines.

During their five-week rotation, the students had the opportunity to spend time in multiple clinical departments, including emergency, urgent care, trauma, pharmacy, rehabilitation and cardiology. Participants also shadowed a health care professional, assisted in the department's projects, provided customer service and supported department managers with their daily workloads.

"This hands-on experience is invaluable in helping students learn about health care, and what it takes to be a health care professional," says Veronica Zaman, corporate vice president, human resources and learning. "We try to provide them with as diverse an experience as possible to show them the broad range of health care careers available to them when they graduate."

The 2015 graduates gave capstone presentations to Scripps President and CEO Chris Van Gorder and other Scripps Health leadership. Since its start, more than 200 students have graduated from the program.

Improving the Health of Our Community

At Scripps, we put our patients at the center of all we do. We have joined with our partners throughout the San Diego community with a goal to ensure that everyone has access to lifesaving care. Whether it's a physician visit, a class, or a prevention program, Scripps is committed to enhancing access to care and improving our community's health.



For more information about the programs and services offered by Scripps Health, visit scripps.org/communitybenefit or contact the Scripps Health Office of Community Benefit Services at **858-678-7095**.

2016 COMMUNITY BENEFIT REPORT

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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 community, 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, home health care, wellness centers and clinics.

The report details programs and services that provide community benefits above and beyond standard practices of care. It is divided into three primary category areas:

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

The report covers the period of October 2014 through September 2015 (fiscal year 2015). During this fiscal year, Scripps devoted \$353,578,378 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.

Definitions of the terms used in this report can be found in Appendix A.

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 community as a whole.

Community benefit is defined as programs or activities that provide treatment or promote health and healing in response to an identified community need.

Community benefit programs must meet at least one of the following criteria:

- Respond to a public health need.
- Involve education or research that improves overall community health.
- Respond to needs of special populations.
- Supply services or programs that would likely be discontinued if the decision was made on a purely financial basis because they operate at a financial loss.

Schedule H (Form 990)

Hospitals with tax-exempt status are required to provide information specific to their organization on Schedule H of the recently redesigned Form 990 (the annual information return filed by tax-exempt organizations). The entire Schedule H was mandatory beginning with tax year 2009¹.

Schedule H contains six parts. Part I requests details about a hospital's charity care program and quantifies charity care expenditures. Part II quantifies the hospital's community building activities. Part III quantifies costs due to Medicare shortfalls and bad debts owed to the organization. Part IV requires disclosure of any joint ventures in which a hospital participates. Part V requests information about the entity's health care facilities. Part VI provides an area to provide a narrative of charitable activities that may be difficult to quantify. (See Appendix A for a definition of terms)

Scripps has aligned the 2016 Community Benefit Plan and Report to the 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 25) for a breakdown of the Scripps System Uncompensated Care Summary for fiscal year 2015.)

Hospital Provider Fee Program

Thirty-Month Hospital Fee Program

During the year ended September 30, 2015, Scripps Health recognized supplemental provider fee amounts of \$5,485,000. This amount was recognized as net patient revenue in the consolidated statement of operations. Scripps Health recognized quality assurance fees of \$8,977,000. This amount was recorded as provider fee expenses in the consolidated statement of operations. Scripps Health recorded \$203,000 income for charitable contributions to CHFT as an offset to the provider fee expenses in the statement of operations. The net operating loss recognized by Scripps Health from provider fee was \$3,289,000 in fiscal year 2015.

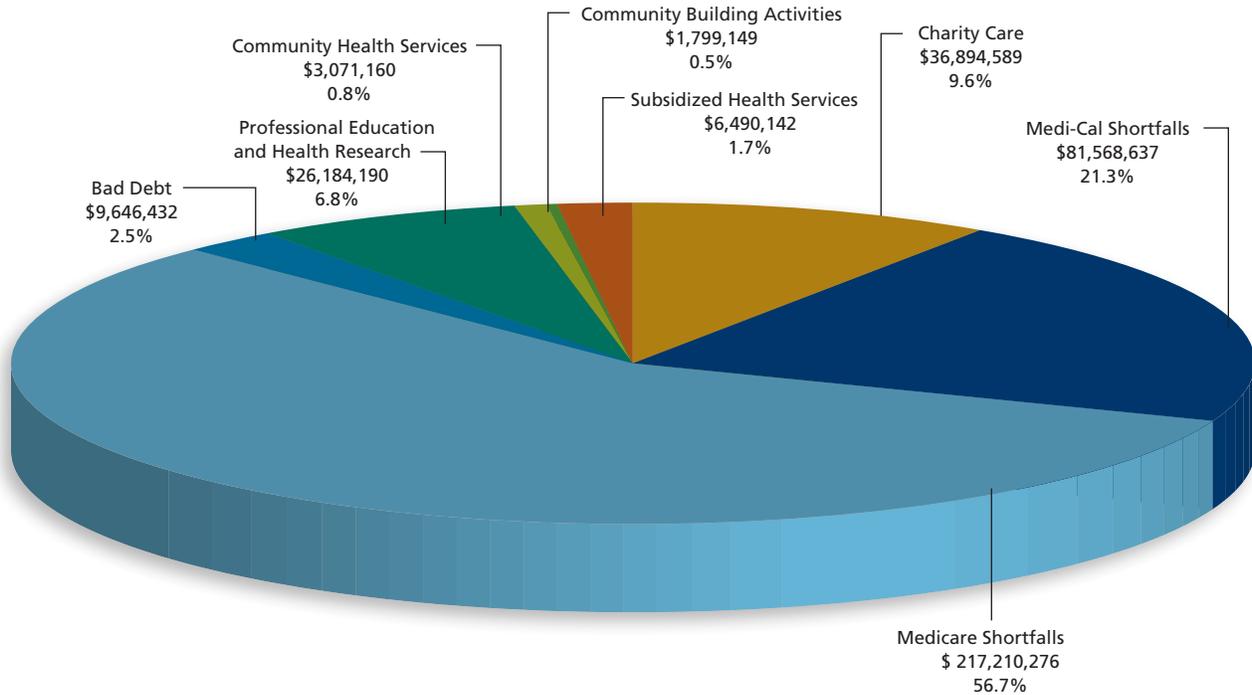
Calendar Year 2014 – Calendar Year 2016 Hospital Fee Program

In September 2013, SB 239 was approved and created a three-year hospital fee program effective January 1, 2014 through December 31, 2016. On December 10, 2014, California Hospital Association (CHA) announced that CMS approved the fee-for-service payments for the period January 1, 2014 to December 31, 2016. On June 30, 2015, CMS approved the non-expansion managed care rates for the first six months of the thirty-six month hospital fee program. During the year ended September 30, 2015, Scripps Health recognized supplemental provider fee amounts of \$146,643,000. This amount was recognized as net patient revenue in the consolidated statement of operations. Scripps Health recognized quality assurance fees of \$113,491,000. This amount was recorded as provider fee expenses in the consolidated statement of operations. In addition, Scripps Health was assessed and accrued charitable contributions to CHFT of \$577,000 in the statement of operations. The net operating income recognized by Scripps Health from provider fee was \$32,575,000 in fiscal year 2015. Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-Kind Contributions.

¹ Congressional Research Services, Nov 19, 2009, www.crsdocuments.org

FIGURE 1:1

Fiscal Year 2015 Scripps Total Community Benefit Services Distribution, \$382,864,576 (before provider fee)



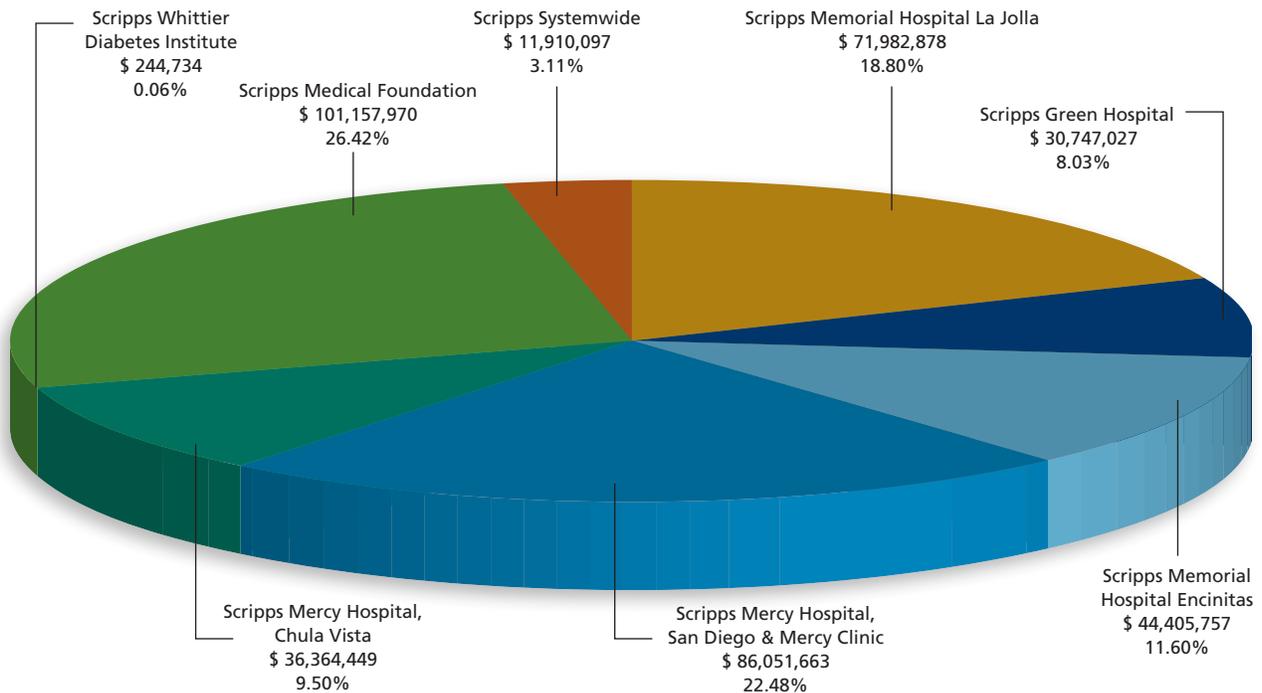
Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal Shortfalls	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Subsidized Health Svc	Community Building Activities	Total
Community Benefit Services Before Provider Fee	\$ 9,646,432	\$ 36,894,589	\$ 81,568,637	\$217,210,276	\$ 3,071,160	\$ 26,184,190	\$ 6,490,142	\$ 1,799,149	\$ 382,864,576
Provider Fee			(\$29,286,198)						(\$29,286,198)
Net Community Benefit Services After Provider Fee	\$ 9,646,432	\$ 36,894,589	\$ 52,282,439	\$217,210,276	\$ 3,071,160	\$ 26,184,190	\$ 6,490,142	\$ 1,799,149	\$ 353,578,378

Community Benefit Services

Community benefit services include those programs and services 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: uncompensated health care, community health services, and professional education and health research. Uncompensated care includes charity care, bad debt, Medi-Cal and other means-tested government programs and Medicare shortfalls.

FIGURE 1:2

Fiscal Year 2015 Scripps Total Community Benefit Services by Operating Unit, \$382,864,576 (before provider fee)



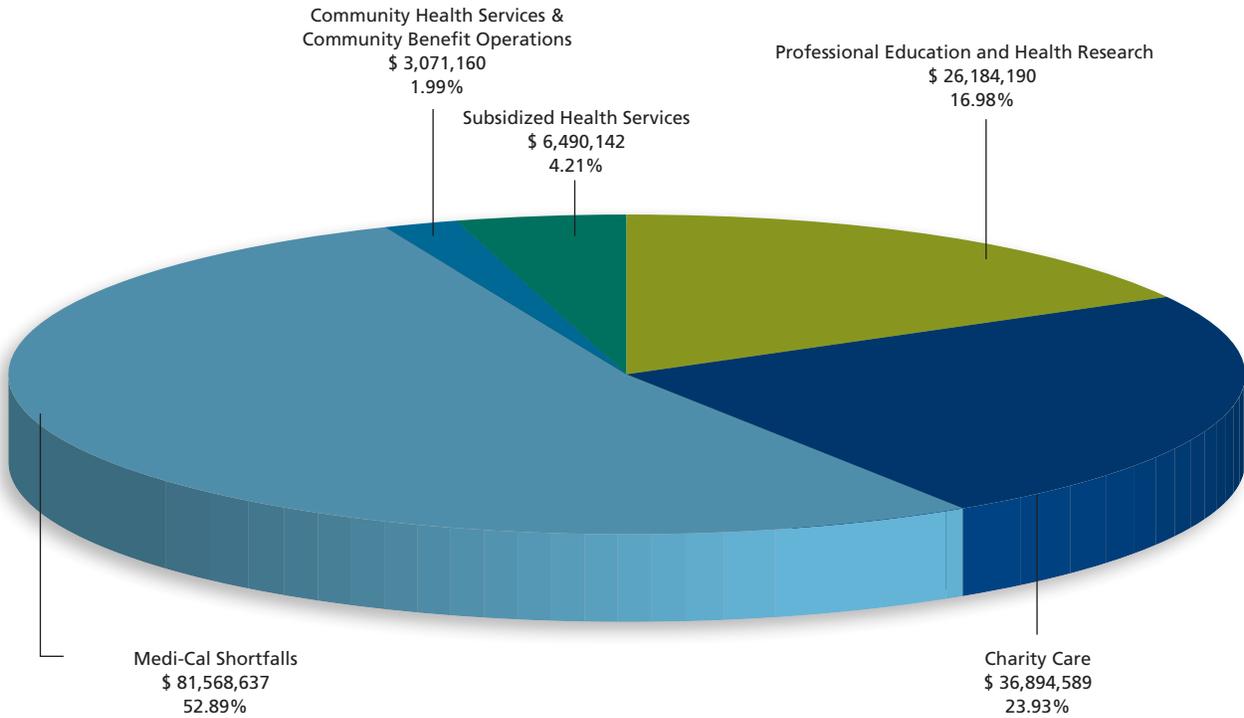
Provider Fee Impact	La Jolla	Green	Encinitas	Mercy San Diego	Mercy Chula Vista	Whittier	SMF	System-Wide	Total
Community Benefit Services Before Provider Fee	\$71,982,878	\$30,747,027	\$44,405,757	\$86,051,663	\$36,364,449	\$244,734	\$101,157,970	\$11,910,097	\$382,864,576
Provider Fee	\$1,664,136	\$13,144,500	\$9,084,045	(\$35,629,852)	(\$17,549,027)				(\$29,286,198)
Net Community Benefit Services After	\$73,647,014	\$43,891,527	\$53,489,802	\$50,421,811	\$18,815,422	\$244,734	\$101,157,970	\$11,910,097	\$353,578,378

Community Benefit Services

Community benefit services include those programs and services 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: uncompensated health care, community health services, and professional education and health research. Uncompensated care includes charity care, bad debt, Medi-Cal shortfalls and Medicare shortfalls.

FIGURE 1:3

Fiscal Year 2015 Scripps Schedule H Community Benefit Services by Category, \$154,208,719 (before provider fee)



Provider Fee Impact	Charity Care	Medi-Cal Shortfalls	Community Health Svcs	Prof Ed and Health Research	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	\$36,894,589	\$81,568,637	\$3,071,160	\$26,184,190	\$6,490,142	\$154,208,719
Provider Fee		(\$29,286,198)				(\$29,286,198)
Net Community Benefit Services After Provider Fee	\$36,894,589	\$52,282,439	\$3,071,160	\$26,184,190	\$6,490,142	\$124,922,521

Community Benefit Services (Schedule H)

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

Community Health Needs Assessment (CHNA)

Community Health Needs Assessment (CHNA) originated from California statewide legislation in the early 1990s. SB 697 took effect in 1995, which required private non-profit hospitals to submit detailed information to the Office of Statewide Health Planning and Development (OSHPD) on their community benefit contributions. Annual hospital community benefit reports are summarized by OSHPD in a Report to the Legislature, which provides valuable information for government officials to assess the care and services provided to their constituents.

As part of the community benefit reports filed, non-profit hospitals are required to conduct a CHNA 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.

In San Diego County, the long history of collaboration among hospitals, health care systems and community partners has resulted in successful partnership on past CHNAs. While public institutions and district hospitals do not have to report under SB 697, these institutions have become an integral part of the CHNA in San Diego County. 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.

Scripps strives to improve community health through collaboration. Working with other health systems, community groups, government agencies, businesses and grassroots movements, Scripps is better able to build upon existing assets to achieve broad community health goals.

View the full summary of the [Scripps Health 2013 Community Health Needs Assessment Report \(PDF, 5.13 MB\)](#). This document 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 2013 Community Health Needs Assessment Report.

Background/Required Components of the Assessment

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. 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 non-profit hospitals, health care systems and other community partners have resulted in numerous well-regarded Community Health Needs Assessments (CHNA) reports. Click on [Charting the Course VI](#) for previous needs assessments.

The Patient Protection and Affordable Care Act ("Affordable Care Act" or "ACA") of 2010 has brought about significant regulatory changes in the health care industry. Scripps Health was given the task of conducting an expanded Community Health Needs Assessment (CHNA) that met the new federal requirements.

Additional information on the ACA requirements for nonprofit hospitals can be found at <http://www.irs.gov/>, keyword: "Charitable Organizations."

As a nonprofit hospital, Scripps Health fulfilled this requirement through the development and distribution of this Assessment. While this is a federally mandated exercise, Scripps Health hopes to leverage the information collected for this report to benefit the community at-large in other future planning initiatives. The IRS also required hospital organizations that conduct a CHNA to make the report widely available by posting it on a publicly accessible website. View the full summary of the [Scripps Health 2013 Community Health Needs Assessment Report](#).

Required Components of the Assessment

Per IRS requirements, there are five 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 took into account input from persons who represent the broad interests of the community served by the hospital facility.
- A prioritized description of all of 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 within the community available to meet the community health needs identified through the CHNA.

Community Health Needs Assessment

Executive Summary

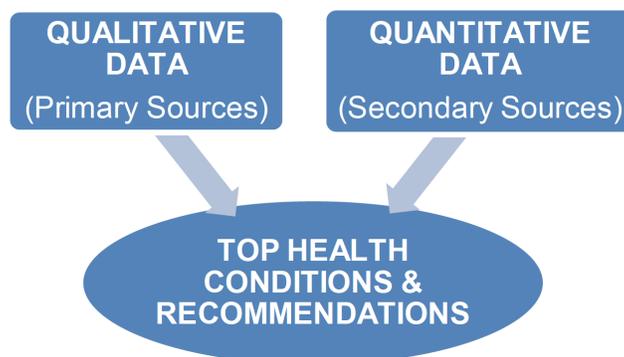
Grounded in a longstanding commitment to address community health needs in San Diego, seven hospitals and health care systems came together under the auspices of the Hospital Association of San Diego and Imperial Counties (HASD&IC) to conduct a triennial Community Health Needs Assessment (CHNA) that identifies and prioritizes the most critical health-related needs of San Diego County residents. Participating hospitals will use the findings to guide their community programs and to meet IRS regulatory requirements that not-for-profit (tax exempt) hospitals conduct a health needs assessment in the community once every three years.

Per guidance from an advisory group of hospital representatives, HASD&IC contracted with the Institute of Public Health (IPH) at San Diego State University to design and implement the CHNA. The IPH employed a rigorous methodology using both community input (primary data sources) and quantitative analysis (secondary data sources) to identify and prioritize the top health conditions in San Diego County. The process aimed to highlight health issues that hospitals could impact through programs, services and collaboration.

San Diego County is a socially and ethnically diverse community with a population of 3.2 million people. Although the study area for this CHNA is the entire county, each hospital has the ability to use the county-wide findings or adapt the findings to reflect the communities they serve, as much of the data is available at zip code level.

In order to prioritize the community health needs, the IPH employed a rigorous methodology that included both qualitative and quantitative data sources. Quantitative data included hospital discharge data, statistics from the San Diego County Health and Human Services Agency, the U.S. Census Bureau, the Centers for Disease Control and others. The IPH also sought direct input from the community through an electronic survey to health experts and community leaders, key informant interviews and community forums.

HASD&IC 2013 CHNA Framework



Community Prioritization Process (CHNA Methodology)

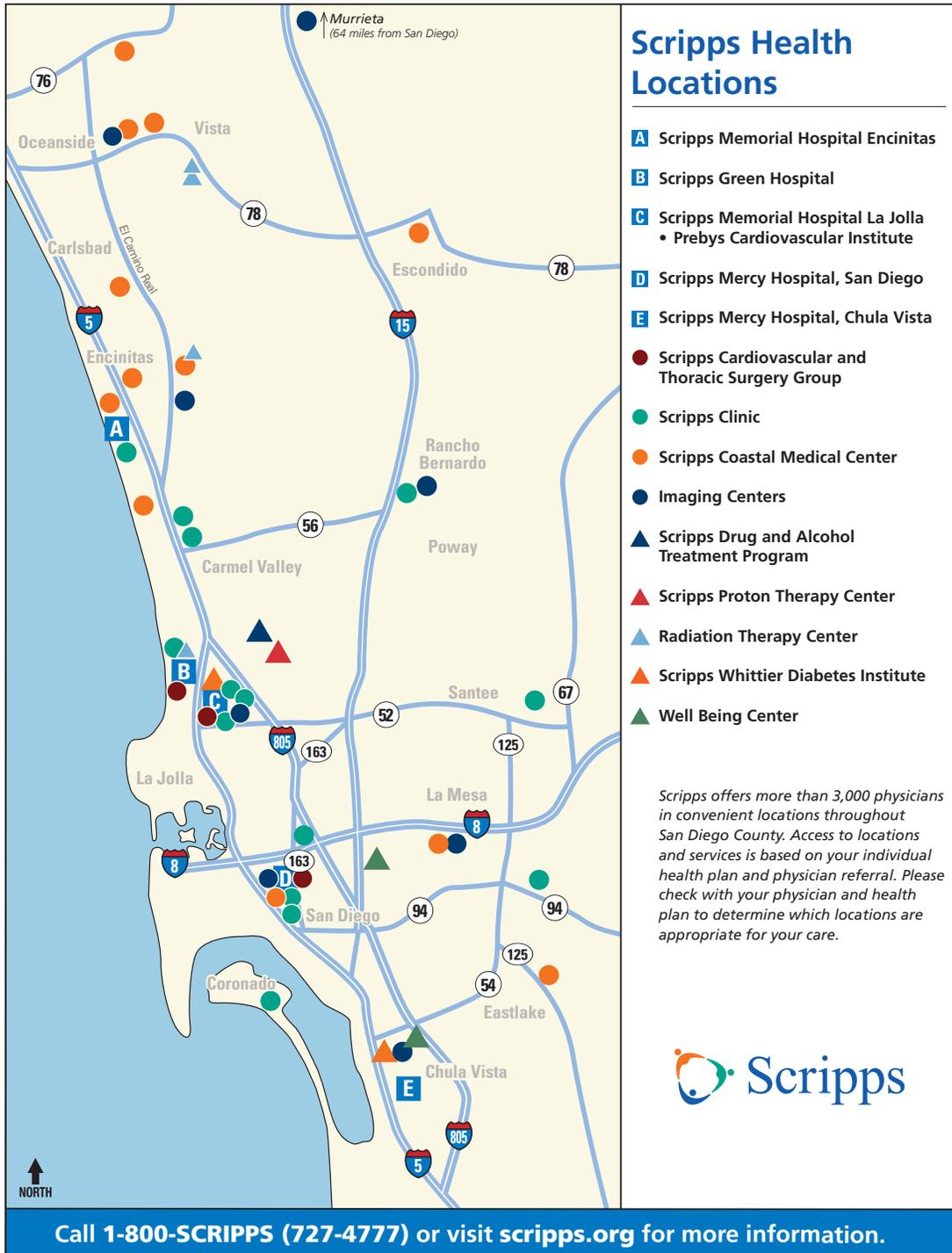
The IPH employed a six-step rigorous methodology to assess community health needs in San Diego County.



Click [here](#) to read the IPH Methodology Summary.

Community Served

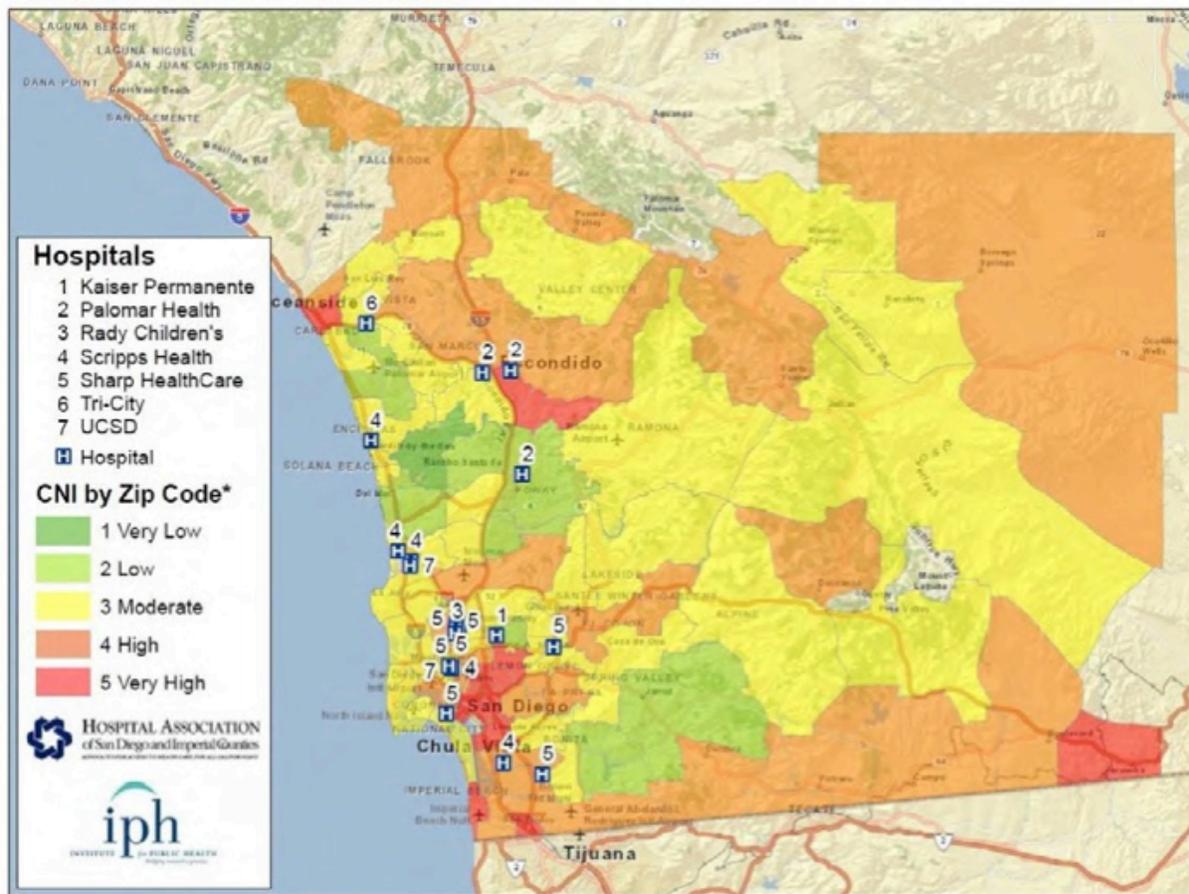
Scripps serves the entire San Diego county region with services concentrated in North Coastal, North Central, Central and Southern region of San Diego. Community outreach efforts are focused in those areas with proximity to a Scripps facility. Scripps hosts, sponsors and participates in many community-building events throughout the year.



Identify Vulnerable Communities

Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, the IPH used the Dignity Health Community Need Index (CNI) to identify communities within San Diego County with the highest level of health disparities and needs. The CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care and preventable hospitalizations. These high-need regions were selected as locations for the community forums. Residents in the high-need neighborhoods were asked to provide input in a community forum setting. The map shown below is based on CNI score for San Diego County area of high-need (CNI score of 4 to 5) are individuals with red or orange while areas of low need (CNI score of 1 to 3) are yellow or green.

Community Need Index*, San Diego County, 2011.



Health Expert, Community Leader and Resident Feedback

The IPH and CHNA Advisory Workgroup sought feedback from community leaders, health experts and residents of vulnerable communities. This was done through three methods: an electronic survey for community leaders and health experts; key informant interviews; and community forums for residents in vulnerable communities throughout San Diego County.

Sources of Community Input



- Online Survey of Health Experts and Leaders
Initial email sample (n=120). Total surveys completed (n=89).
- Community Forums (106 community residents)
El Cajon, Oceanside, Escondido, Logan Heights, and San Ysidro
Conducted in neighborhoods with high Community Need Index scores
- Five Key Informant Interviews
Leaders chosen based on discipline expertise and knowledge of health issues affecting communities

Prioritized Health Conditions



For the HASD&IC 2013 CHNA process, the IPH employed a rigorous methodology using community input (primary data sources) and quantitative analysis (secondary data sources) to identify the top health conditions in San Diego County. The health needs were prioritized based on the following criteria:

- Have a significant prevalence in the community. The health need affects a large number of people in all regions of San Diego.

- Contribute significantly to the morbidity, mortality, and or economic burden in San Diego County.
- Disproportionately impact the health status of one or more vulnerable population groups,
- Reflect a need that exists throughout San Diego County. Stakeholders, community members, and vulnerable populations within the community view the health need as a priority, and
- Can be addressed through evidence-based practices by hospitals and health care systems.

Report Findings

San Diego County Community Health Needs
 When the IPH combined the results of all the data and information gathered, four conditions emerged clearly as the top community health needs in San Diego County (in alphabetical order):

- Cardiovascular Disease
- Diabetes (type 2)
- Mental/Behavioral Health
- Obesity

Health Themes Identified in the Community Health Needs Assessment

Once all the community input was integrated (survey respondents, key interviewees, and community forum participants) the following five broad categories emerged as recommendations for hospitals to organize community health programs:

- Access to Care or Insurance
- Education
- Collaboration
- Care Management
- Screening Services

Asset Mapping

The 2013 CHNA process also generated a list of currently existing resources in San Diego County, an asset map, that address the health needs identified through the CHNA process. While not an exhaustive list of the available resources in San Diego, this map will serve as a resource for Sharp to help continue, refine and create programs that meet the needs of their most vulnerable community members.

Scripps Health Implementation Plan

Scripps Health has a long history (since October 1994) of responding to the health needs of the communities we serve, extending beyond traditional hospital care to provide community benefit programs that address the health care needs of the region's most vulnerable populations. With the CHNA complete and health priority areas identified, Scripps Health developed a systemwide corresponding Implementation Plan. 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 convened an internal workgroup comprised of Scripps executives, community benefit representatives and clinical care line leaders to lead the development of the Scripps Health Implementation Plan. While Scripps Health cannot realistically address every issue, Scripps Health will endeavor to resolve those that most heavily affect our patient populations, service area, and are consistent with our strategy and resource availability. In addition to the CHNA and Implementation Plan, Scripps Health will continue to meet community needs by providing charity care and uncompensated care, professional education and community benefit programs. Scripps offers community benefit services through our five acute-care hospital campuses, home health services, wellness centers and clinics.

In support of the 2013 Community Health Needs Assessment, and ongoing community benefit initiatives, a detailed description of Scripps strategies and corresponding measures/metrics for the four health issues can be found at www.scripps.org/communitybenefit. Listed below are the programs Scripps Health will address for the health priority areas identified in the CHNA:

Cardiovascular Disease

- **Eric Paredes Save A Life Foundation (Screenings).** Prevent sudden cardiac arrest and death in middle and high school aged children, including underserved areas in San Diego County, through awareness, education and action.

Diabetes

- **Diabetes Community Health Education and Outreach.** Provide outreach and educational resources that improve health status and access for the community and the underserved population.
- **Project Dulce.** Improve Self-Management Education for underserved population living with diabetes.

Mental and Behavioral Health

- **Depression Screenings.** Implement mental health screenings and provide resources to raise awareness of mental health disease and its symptoms, as well as provide referrals for those at risk for having mental health problems.

Obesity

- **Dulce Mothers.** Decrease the incidence of type 2 diabetes by managing a major diabetes risk factor, obesity, in underserved, ethnically diverse populations by testing the effectiveness of a weight management curriculum designed for Latino women diagnosed with gestational diabetes mellitus (GDM).

2013 Community Health Needs Assessment

Phase II Executive Summary

The Hospital Association of San Diego and Imperial Counties 2013 Community Health Needs Assessment (HASD&IC 2013 CHNA) used a multi-level, hospital-focused analysis to identify the priority community health needs in San Diego County.

As part of their ongoing efforts to create stronger partnerships within San Diego communities, the participating hospitals designed a collaborative follow-up process (Phase II) to review methodology and gain a deeper understanding of the 2013 CHNA results. The goal of Phase II was to ensure the results of the 2013 CHNA accurately reflected the health needs of the community.

The Institute for Public Health (IPH) at San Diego State University (SDSU) was contracted to provide assistance with the implementation and interpretation of Phase II through two main activities:

1. Conduct community dialogues to share the results of the 2013 CHNA with the community and collect community member feedback on hospital programs that were guided and informed by the results of the 2013 CHNA.
2. Create and analyze an electronic survey for community leaders and health experts to review the methodology and findings from the 2013 CHNA.

Overall there was positive feedback from all community dialogues and a high degree of interest in participating in hospital programs. However, the majority of participants had not heard of the hospital programs that were described. Other barriers to participation most often cited during the community dialogues were location, language, transportation and fear of documentation requirements.

Based on feedback from the health expert and leader survey, it appears that the results of the 2013 CHNA accurately reflected the health needs of San Diego County and provided useful information to help respondents develop programming in their organizations. However, respondents identified several areas that could be improved in future CHNAs, such as including a larger sample size, broadening the number of health needs addressed, increasing diversity in the sample in terms of age, ethnicity, and geographic location, and including more sectors of the community. The majority of respondents agreed that a more focused examination of the priority community health needs identified in the 2013 CHNA would be beneficial in future CHNAs.

Phase II Overall Findings & Recommendations

<p>Common set of barriers make hospital programs inaccessible for residents in high need communities</p>	<p>87% of respondents agreed the 2013 CHNA identified the top health needs of San Diego County Residents</p>	<p>78% of respondents agreed the methodology for the next CHNA should include a deeper dive into the top 4 health needs</p>
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Phase II Detailed Findings

Community Dialogue Findings: Participation in Hospital Programs

<p>Barriers to Participation in Hospital Programs:</p> <ul style="list-style-type: none"> • Knowledge of program existence • Language • Location • Transportation • Uncertainty/fear regarding citizenship and documentation requirements 	<p>Recommended Solutions:</p> <ul style="list-style-type: none"> • Advertise in local media (television, flyers, radio) • Advertise in various languages (Spanish, Arabic) • Partner with health clinics, schools or other entities to handout information about hospital programs within the communities • Bring programs into the communities • Provide childcare during programs • Do not have a fee for participation • Include information about fees and documentation requirements in outreach
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Health Expert and Community Leader Electronic Survey Findings

Do you agree that the seven data sources provided enough information to produce a comprehensive look at San Diego County?

76% Agree or Strongly Agree

Do you agree that the three levels of community input provided a broad enough reach within the community to gain an understanding of health needs?

66% Agree or Strongly Agree

Do you agree that the findings from this CHNA are what San Diego County residents are experiencing as their top health needs?

87% Agree or Strongly Agree

How likely are you to use these findings and/or data that resulted from the CHNA to help inform your programs?

86% Likely or Very Likely

Do you agree that there would be greater value in a more focused 2016 CHNA methodology that would dive deeper into the top four community health needs identified in the HASD&IC 2013 CHNA?

78% Agree

Uncompensated Health Care

Scripps contributes significant resources to provide low and no-cost health care for our patients in need. During fiscal year 2015, Scripps contributed \$316,033,736 in uncompensated health care, including \$36,894,589 in charity care, \$269,492,715 in Medi-Cal and Medicare shortfall, and \$9,646,432 in bad debt.

Scripps provides hospital services for one-quarter of the county's uninsured patients. Scripps Mercy Hospital, San Diego and Scripps Mercy Hospital, Chula Vista provide 59 percent of Scripps' charity care (refer to figure 3:4).

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 (e.g., County Medical Services) help finance services for San Diego County's uninsured 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 patients in their operating budgets. This places a significant financial burden on hospitals and physicians.

Demographic Profile of San Diego County

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities. Population size, change in population, race and ethnicity, and age of a population are all important in understanding communities and its residents.

Population: Over three million people (3,138,265) live in the 4,205 square mile area of San Diego County (SDC) according to the U.S. Census Bureau American Community Survey 2009-13, 5-year estimates. The population density for this area, estimated at 746 persons per square mile, is greater than the national average population density of approximately 88 persons per square mile. Approximately 96.7% of the population lives in an urban area compared to just 3.3% living in rural areas.

Population Change: According to the U.S. Census Bureau Decennial Census, between 2000 and 2010 the population in SDC grew by 281,480 persons, a change of 10.0%. This is similar to the percentage population change seen during the same time period in California (10.0%) and the United States (9.7%). A significant shift in total population over time impacts the demand for health care providers and the utilization of community resources.

Race/Ethnicity: In the U.S. Census Bureau American Community Survey 2009-13, data for race and ethnicity are collected separately. Of those who identified as non-Hispanic (67.7%) in SDC, the majority identified their race as White (70.9%), followed by Asian (16.1%), Black (7.1%), Multiple Races (4.5%), Native Hawaiian/Pacific Islander (0.6%), and American Indian/Alaskan Native (0.5%). Of those who identified as Hispanic or Latino (32.4%) in SDC, the majority also identified their race as White (72.4%), followed by Other (19.9%), Multiple Races (5.1%), American Indian/Alaskan Native (1.1%), Black (0.8%), Asian (0.6%), and Native Hawaiian/Pacific Islander (0.1%). Please see the figures below for more details.

San Diego's Uninsured

The lack of health insurance is considered a key driver of health status. Between 2010 and 2013 uninsured rate was relatively stable in the United States, California and in San Diego County. In 2014, the uninsured rate sharply decreased to 12.3% which was the largest change in the uninsured rate throughout this period. This decrease can be attributed in large part to the Affordable Care Act (ACA).

Socioeconomic Factors

There are three indicators determined to be the most powerful predictors of population health: poverty rate, percent of population uninsured, and educational attainment. Low-income, uninsured, and undereducated individuals have been found to be most at risk for poor health status. Five-year estimates from the 2009-2013 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.

Poverty: Within SDC, 14.5% or 441,648 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). For children 0-17, the percentage living 100% below the FPL increases to 18.8%. For a household size of 3 the 100% poverty level is \$20,090 per year. Poverty creates barriers to accessing services that promote well-being including health services, healthy food, and other necessities that contribute to improved health status.

Educational Attainment: Educational attainment is linked to positive health outcomes (Freudenberg & Ruglis, 2007). Within the County of San Diego, almost 15% of the total population aged 25 and older (297,188) have no high school diploma (or equivalency) or higher. Of children aged 3-4, the 2009-2013 ACS found that 48.9% were enrolled in school. As a primary social determinant of health, increasing educational opportunities for young children is important in order to improve future educational attainment and increase economic opportunity.

The Changing Landscape under the Affordable Care Act*

The Affordable Care Act (ACA) has played a significant role in increasing access to healthcare. In 2014, a number of changes took effect in California including:

- The expansion of Medi-Cal to individuals making less than 138% of the poverty level
- The establishment of Covered California for individuals who make up to 400% of the poverty level to purchase subsidized health insurance
- The elimination of discrimination due to pre-existing conditions
- The requirement to obtain health insurance coverage

These healthcare reforms have resulted in a large number of newly insured individuals. Recent data from the US Census Bureau demonstrates the following changes in coverage as of 2014:

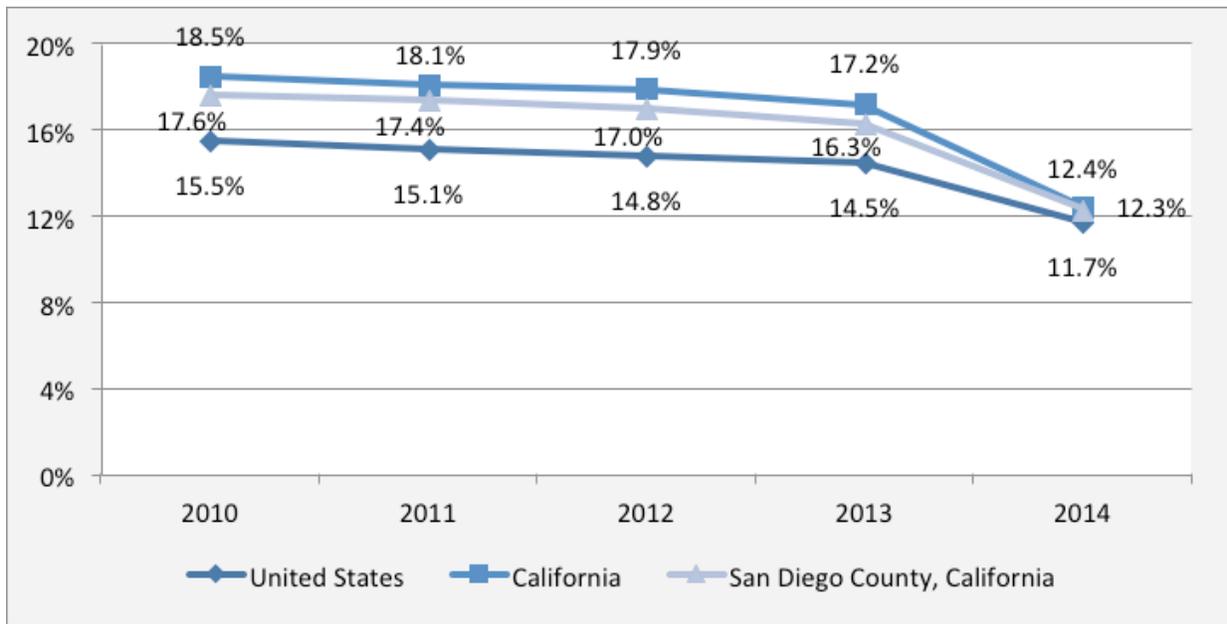
- Decrease in the percentage of uninsured overall in the US from 13.3% in 2013 to 10.4% in 2014
- Decrease in the percentage of uninsured children under age 19 from 7.5% to 6.2%
- Decrease in the percentage of uninsured across ethnic groups to 19.9%, 11.8%, 9.3% and 7.6% for Hispanics, blacks, Asians, and non-Hispanics whites, respectively.

Still, discrepancies remain with those aged 19-64 least likely to be insured and roughly 1 in 5 Hispanics still lacking health insurance.

*Smith, Jessica C. and Carla Medalia, U.S. Census Bureau, Current Population Reports, P60-253, Health Insurance Coverage in the United States: 2014, U.S. Government Printing Office, Washington, DC, 2015.

Uninsured: Between 2010 and 2013 uninsured rate was relatively stable in the United States, California and in SDC. In 2014, the uninsured rate sharply decreased to 12.3%, which was the largest change in the uninsured rate throughout this period. This decrease can be attributed in large part to the Affordable Care Act (ACA). For more information regarding the impact of the ACA, please see page 21 'The Changing the Landscape under the Affordable Care Act.' Lack of insurance is a primary barrier to health care access including regular primary care, specialty care, and other health services that contributes to poor health status.

Percent Uninsured: United States, California and San Diego County, 2010 – 2014



Data Source: U.S. Census Bureau, 2010 to 2014 1-Year American Community Surveys. ACS uninsured rate is based on whether an individual had insurance at the time of the survey. Note: The American Community Survey, estimates are for the civilian noninstitutionalized population. This is different from the percentage uninsured cited in 'The Changing Landscape under the Affordable Care Act' box on the previous page, which used the CPS ASEC. The CPS ASEC uninsured rate represents the percentage of people who had no health insurance coverage at any time during the previous calendar year. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2014.pdf>

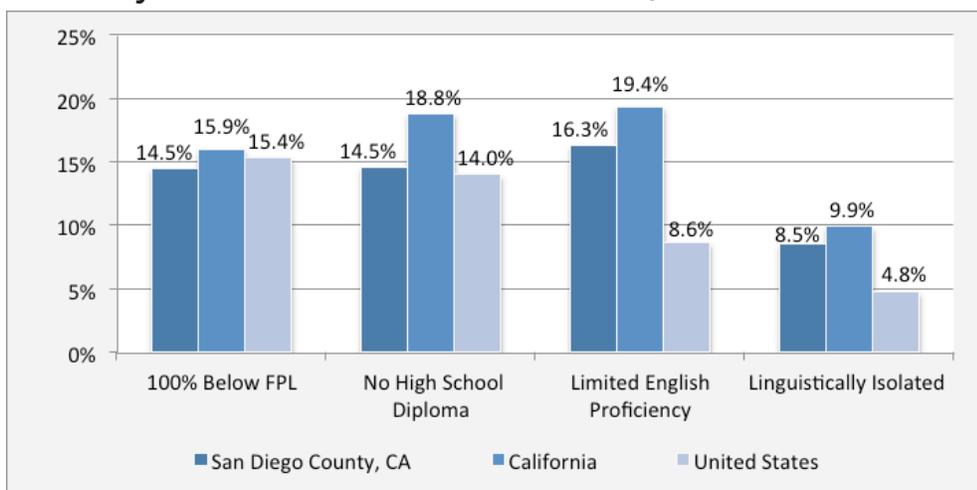
Along with income, education, and insurance status, culture/language and employment status also have profound implications for population health:

Population with Limited English Proficiency: 16.3% of San Diego residents aged 5 and older speak a language other than English at home and speak English less than “very well.” The inability to speak English well creates barriers to health care access, provider communications, and health literacy/education.

Linguistically Isolated Population: Given SDC’s large immigrant and refugee population, the indicator linguistically isolated is especially important to understanding health in the community. According to the ACS, approximately 8.5% of the population aged 5 and older live in a home in which no person 14 years old and over speaks only English, or speaks a non-English language but does not speak English “very well.” Similar to those with limited English proficiency, linguistically isolated populations may struggle with accessing health services, communicating with health care providers, and understanding health information.

Unemployment: According to the Bureau of Labor Statistics, total unemployment in SDC for the month of July 2015 was 106,822, or 6.9%, of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). Unemployment creates financial instability and barriers to accessing necessities such as health services and healthy food that contribute to improved health status.

Summary of Social Determinants of Health, 2009-2013



Data Source: US Census Bureau, American Community Survey. 2009-2013.

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 Policy 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 addition, 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 2016, the Department of Health and Human Services defined a family of four's 200 percent federal poverty level as \$48,600.

FY15 Scripps System Uncompensated Health Care Summary (After Provider Fee)

Title	Financial Support*
Bad Debt	\$9,646,432
Charity Care	\$36,894,589
Medi-Cal (Shortfall)**	\$52,282,439
Medicare and Medicare HMO (Shortfall) ***	\$217,210,276
SCRIPPS TOTAL FY15 UNCOMPENSATED CARE	\$316,033,736
SCRIPPS SCHEDULE H FY15 UNCOMPENSATED CARE (Excludes Bad Debt and Medicare Shortfalls)	\$89,177,028

* Financial Support is: 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 payor-based cost allocation method. 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.

**Thirty-Month Hospital Fee Program

During the year ended September 30, 2015, Scripps Health recognized supplemental provider fee amounts of \$5,485,000. This amount was recognized as net patient revenue in the consolidated statement of operations. Scripps Health recognized quality assurance fees of \$8,977,000. This amount was recorded as provider fee expenses in the consolidated statement of operations. Scripps Health recorded \$203,000 income for charitable contributions to CHFT as an offset to the provider fee expenses in the statement of operations. The net operating loss recognized by Scripps Health from provider fee was \$3,289,000 in fiscal year 2015.

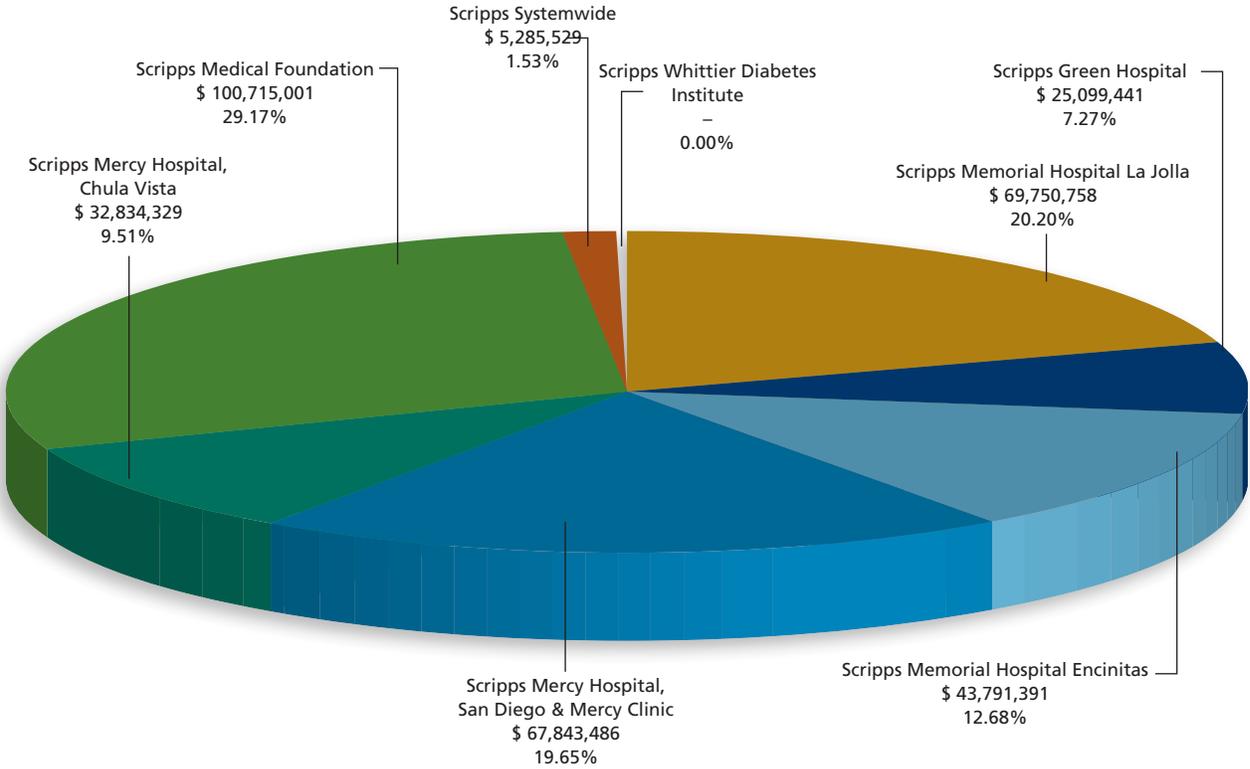
**Calendar Year 2014 – Calendar Year 2016 Hospital Fee Program

In September 2013, SB 239 was approved and created a three-year hospital fee program effective January 1, 2014 through December 31, 2016. On December 10, 2014, California Hospital Association (CHA) announced that CMS approved the fee-for-service payments for the period January 1, 2014 to December 31, 2016. On June 30, 2015, CMS approved the non-expansion managed care rates for the first six months of the thirty-six month hospital fee program. During the year ended September 30, 2015, Scripps Health recognized supplemental provider fee amounts of \$146,643,000. This amount was recognized as net patient revenue in the consolidated statement of operations. Scripps Health recognized quality assurance fees of \$113,491,000. This amount was recorded as provider fee expenses in the consolidated statement of operations. In addition, Scripps Health was assessed and accrued charitable contributions to CHFT of \$577,000 in the statement of operations. The net operating income recognized by Scripps Health from provider fee was \$32,575,000 in fiscal year 2015. Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-Kind Contributions.

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

FIGURE 3:2

FY15 Scripps Total Uncompensated Care by Operating Unit, \$345,319,934⁵ (before provider fee)



Provider Fee Impact	La Jolla	Green	Encinitas	Mercy San Diego	Mercy Chula Vista	Whittier	SMF	System-Wide	Total
Community Benefit Services Before Provider Fee	\$69,750,758	\$25,099,441	\$43,791,391	\$67,843,486	\$32,834,329	-	\$100,715,001	\$5,285,529	\$345,319,934
Provider Fee	\$1,664,136	\$13,144,500	\$9,084,045	(\$35,629,852)	(\$17,549,027)				(\$29,286,198)
Net Community Benefit Services After Provider Fee	\$71,414,894	\$38,243,941	\$52,875,436	\$32,213,634	\$15,285,302	-	\$100,715,001	\$5,285,529	\$316,033,736

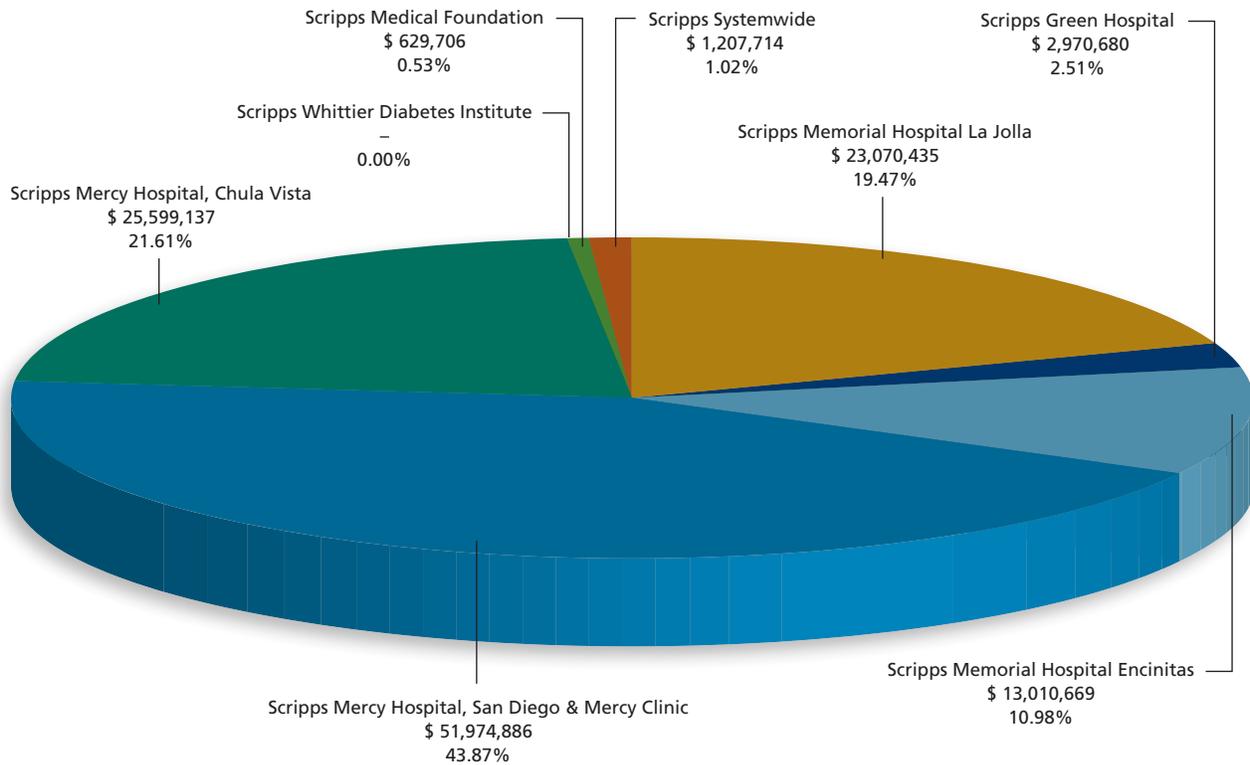
Uncompensated Health Care

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 2015 uncompensated care expenditures are contained in the following graphs.

⁵ Calculations for Medi-Cal and other means-tested government programs and Medicare shortfalls are derived using the payor-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 ratio of cost to charges (RCC) to estimate net cost of care.

FIGURE 3:3

FY15 Scripps Schedule H Uncompensated Care by Operating Unit, \$118,463,226⁶ (before provider fee)



Provider Fee Impact	La Jolla	Green	Encinitas	Mercy San Diego	Mercy Chula Vista	Whittier	SMF	System-Wide	Total
Community Benefit Services Before Provider Fee	\$23,070,435	\$2,970,680	\$13,010,669	\$51,974,886	\$25,599,137	-	\$629,706	\$1,207,714	\$118,463,226
Provider Fee	\$1,664,136	\$13,144,500	\$9,084,045	(\$35,629,852)	(\$17,549,027)				(\$29,286,198)
Net Community Benefit Services After Provider Fee	\$24,734,571	\$16,115,180	\$22,094,714	\$16,345,034	\$8,050,110	-	\$629,706	\$1,207,714	\$89,177,028

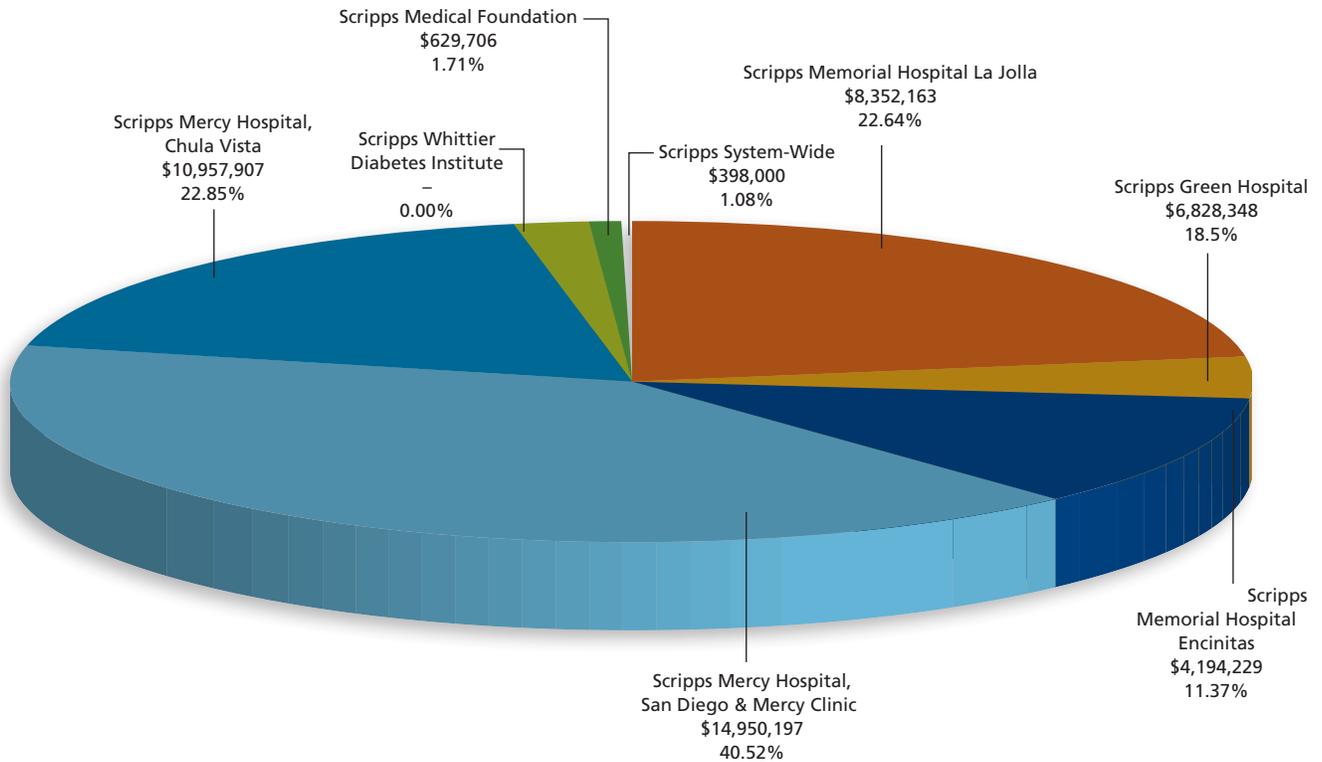
Uncompensated Health Care (Schedule H)

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

⁶ Calculations for Medi-Cal and other means-tested government programs are derived using the payor-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 the new Schedule H 990 but are still reportable outside the community benefit table

FIGURE 3:4

FY15 Scripps Charity Care by Operating Unit, \$36,894,589⁷



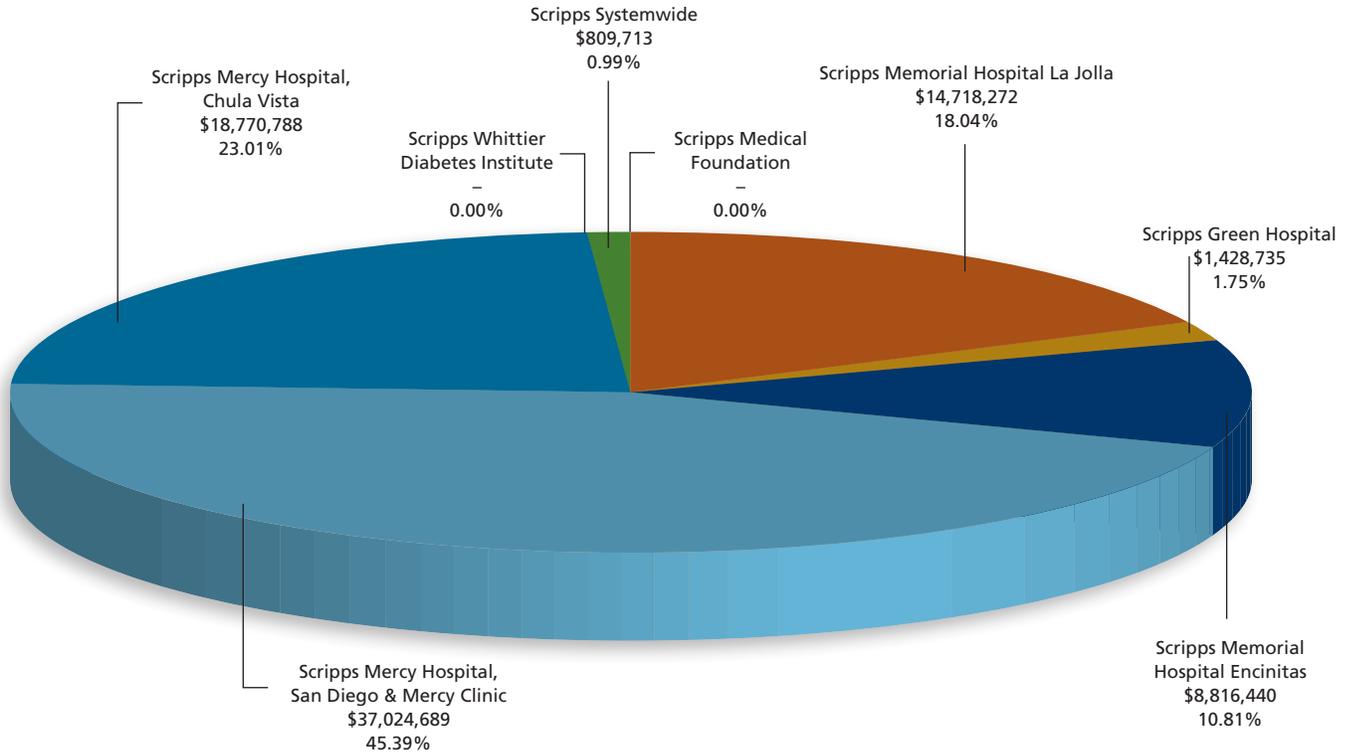
Charity Care

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

⁷ 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 providing charity care.

FIGURE 3:5

FY15 Scripps Medi-Cal by Operating Unit, \$81,568,637⁸ (before provider fee)



Provider Fee Impact	La Jolla	Green	Encinitas	Mercy San Diego	Mercy Chula Vista	Whittier	SMF	System-Wide	Total
Community Benefit Services Before Provider Fee	\$14,718,272	\$1,428,735	\$8,816,440	\$37,024,689	\$18,770,788	-	-	\$809,713	\$81,568,637
Provider Fee	\$1,664,136	\$13,144,500	\$9,084,045	(\$35,629,852)	(\$17,549,027)				(\$29,286,198)
Net Community Benefit Services After Provider Fee	\$16,382,408	\$14,573,235	\$17,900,485	\$1,394,837	\$1,221,761	-	-	\$809,713	\$52,282,439

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.

⁸ Calculations for Medi-Cal are derived using the payor-based cost allocation method.

**Thirty-Month Hospital Fee Program

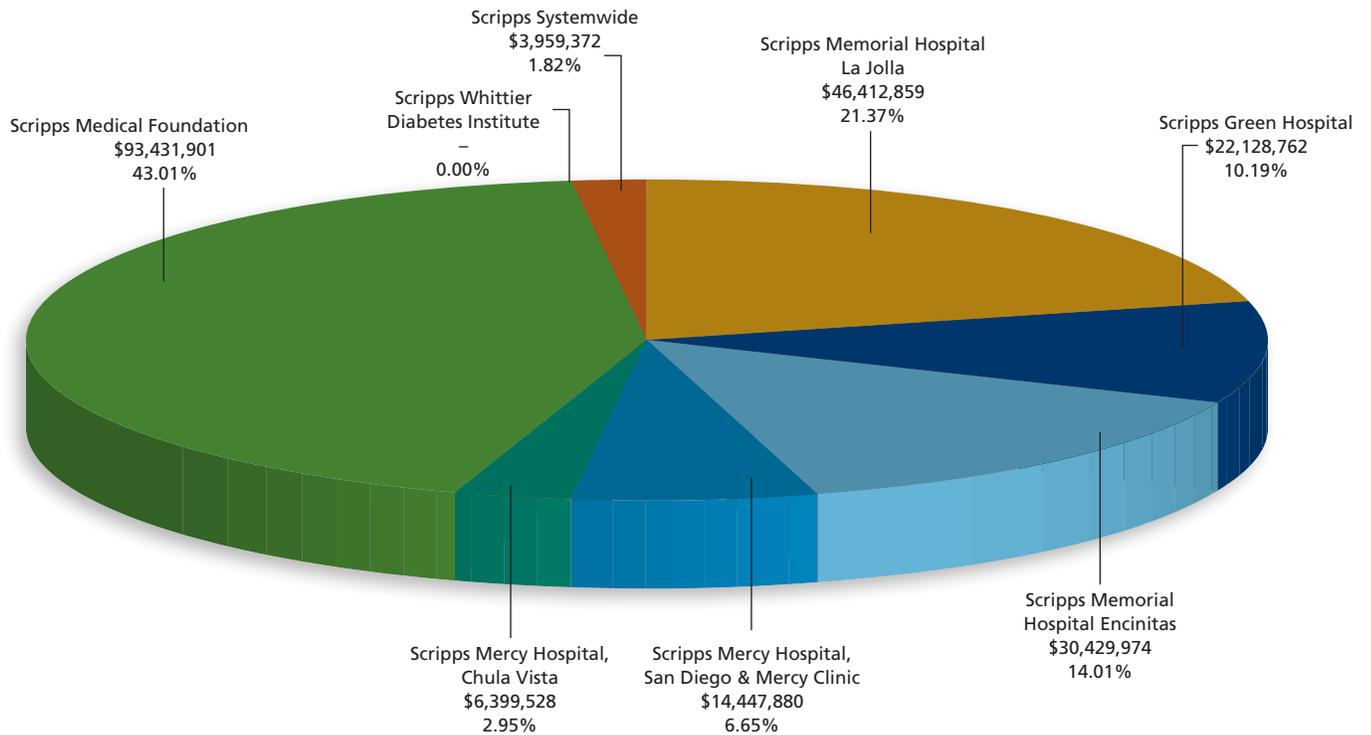
During the year ended September 30, 2015, Scripps Health recognized supplemental provider fee amounts of \$5,485,000. This amount was recognized as net patient revenue in the consolidated statement of operations. Scripps Health recognized quality assurance fees of \$8,977,000. This amount was recorded as provider fee expenses in the consolidated statement of operations. Scripps Health recorded \$203,000 income for charitable contributions to CHFT as an offset to the provider fee expenses in the statement of operations. The net operating loss recognized by Scripps Health from provider fee was \$3,289,000 in fiscal year 2015.

**Calendar Year 2014 – Calendar Year 2016 Hospital Fee Program

In September 2013, SB 239 was approved and created a three-year hospital fee program effective January 1, 2014 through December 31, 2016. On December 10, 2014, California Hospital Association (CHA) announced that CMS approved the fee-for-service payments for the period January 1, 2014 to December 31, 2016. On June 30, 2015, CMS approved the non-expansion managed care rates for the first six months of the thirty-six month hospital fee program. During the year ended September 30, 2015, Scripps Health recognized supplemental provider fee amounts of \$146,643,000. This amount was recognized as net patient revenue in the consolidated statement of operations. Scripps Health recognized quality assurance fees of \$113,491,000. This amount was recorded as provider fee expenses in the consolidated statement of operations. In addition, Scripps Health was assessed and accrued charitable contributions to CHFT of \$577,000 in the statement of operations. The net operating income recognized by Scripps Health from provider fee was \$32,575,000 in fiscal year 2015. Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-Kind Contributions.

FIGURE 3:6

FY15 Scripps Medicare and Medicare HMO (Shortfall) by Operating Unit, \$217,210,276⁹



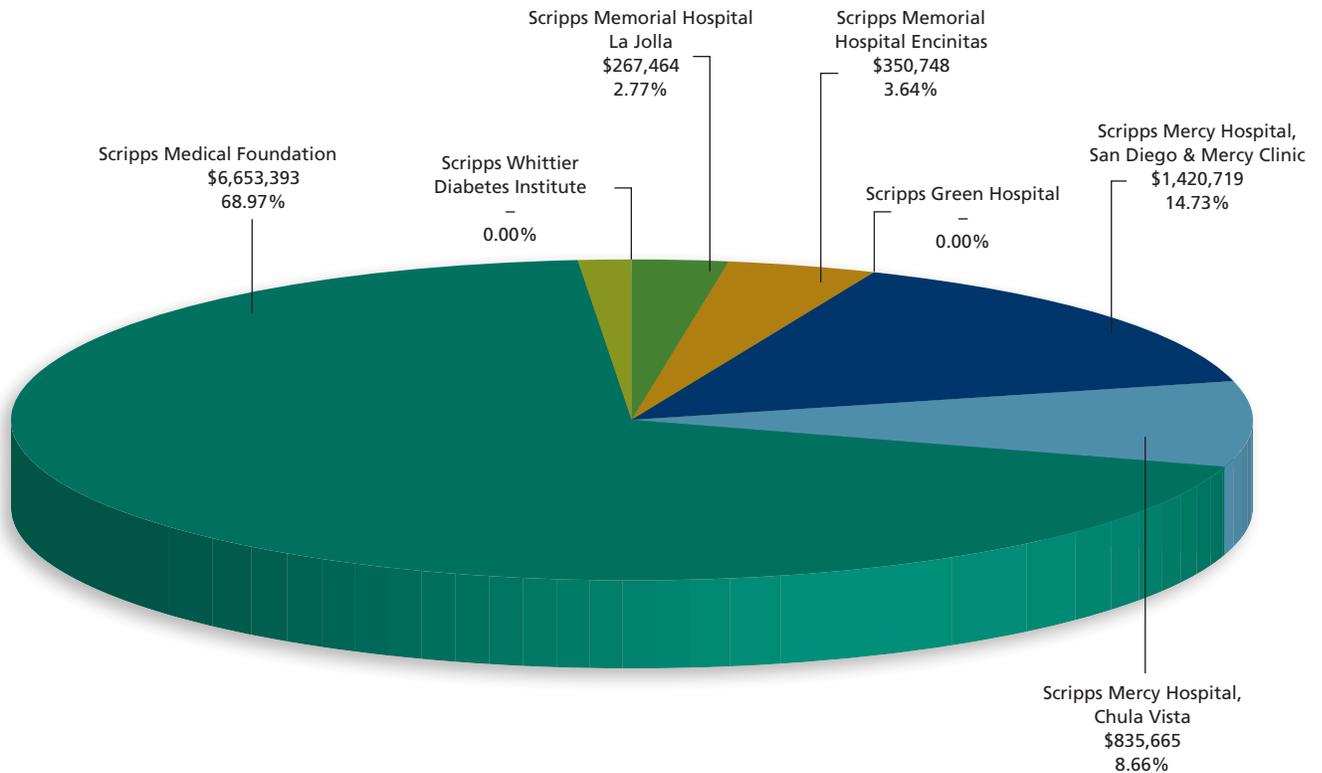
Medicare and Medicare HMO (Shortfall)

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.

⁹ Calculations for Medicare are derived using the payor-based cost allocation methodology. In Schedule H, the Medicare cost report is used.

FIGURE 3:7

FY15 Scripps Bad Debt by Operating Unit, \$9,646,432¹⁰



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.

¹⁰ 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.

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. Per section 2 – Community Health Needs Assessment (CHNA) — 15 health conditions were initially chosen based on frequencies of discharge data from the hospital data, and having a large impact on hospitals in terms of frequency of diagnosis and cost of care. The list of 15 health conditions (Acute Respiratory Infections, Asthma, Back Pain, Breast Cancer, Cardiovascular Disease, Colorectal Cancer, Dementia and Alzheimer’s, Diabetes, High Risk Pregnancy, Lung Cancer, Mental/Behavioral Health, Obesity, Prostate Cancer, Skin Cancer and Unintentional Injuries) was used as a starting point to solicit input from health experts and leaders, and community members. By combining the results of all the methods employed (primary and secondary data sources) the top four health conditions were identified as: Obesity, Cardiovascular Disease, Diabetes (type 2) and Mental/Behavioral Health.

The programs included in this section raise public awareness and understanding of the community health needs documented in the Scripps 2013 Community Health Needs Assessment Report (Refer to Section 2 — Community Health Needs Assessment (CHNA)).¹ Scripps defines Community Health Services according to the Schedule H 990 categories mandated by the IRS. They are broken down into five main areas: (See the Scripps Community Health Services Summary List for more details, page 69.) 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 2015 (October 2014 to September 2015), Scripps invested \$3,071,160 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.

Here are a few highlights of activities conducted by Scripps during fiscal year 2015. Refer to figure 4:1 for a graphic representation of the FY15 Scripps System Community Health Services program distribution.

¹ Demographic and community need information data presented throughout the body of this document are based upon the findings of the San Diego Hospital Association and Imperial Counties 2013 Community Health Needs Assessment and the most recent San Diego County community health statistics (unless otherwise indicated). Retrieved from the World Wide Web: <http://www.hasdic.org/chna.htm>

Access to Care

Two primary barriers to obtaining health care, on both the local and national level, are lack of health insurance and access to specialty and primary care providers. 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. More people without insurance translates into higher use of emergency departments, which by law must provide stabilizing care to all patients, regardless of their ability to pay.

In an effort to provide for people in need, Scripps sponsored a number of programs in fiscal year 2015.

Mercy Outreach Surgical Team

Working in Mexico, the Mercy Outreach Surgical Team (M.O.S.T.) provides reconstructive surgeries for children at no cost. M.O.S.T. volunteers performed reconstructive surgeries on children suffering from birth defects or accidents. In special circumstances, surgeries are also provided for adults. During fiscal year 2015, the MOST team served in two outreach mission trips. The M.O.S.T. team volunteered 2,568 hours to provide reconstructive surgeries for more than 400 children. (Sponsored by Scripps Mercy Hospital, San Diego and affiliated physicians).

Scripps Recuperative Care Program (RCU)

The Scripps Rescue Mission Project 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. The lack of funding, and mental illness, along with alcohol and/or substance abuse, make post-acute placement of these homeless patients difficult. RN Case Management oversight is provided by Scripps with physician backup to ensure completion of their medical recovery goals. Scripps pays the Rescue Mission a daily rate for housing and services provided to the patient. They provide a safe, secure environment with 24 hour supervision, medication oversight, meals, clothing, counseling, assistance with county medical services, Medi-Cal and disability applications, plus help find permanent or transitional housing. Patient transportation needs are coordinated and provided by both the Rescue Mission and Scripps. To maintain the patient's medical stability, medications, DME and other services are provided by Scripps until insurance funding has been established. Patients with psychiatric disorders are established with a psychiatrist in the community and all patients are connected with a medical home in the community.

In 2015, 42 patients had a cumulative 1,446 hospital days of stay before going to the RCU. The RCU takes medically complex patients including patients with trach, tube feeds, IV antibiotics, wound vacs, multiple fractures, spinal epidural abscess, paraplegia, ESRD on dialysis, end stage liver disease, heart valve replacement, diabetes, traumatic brain injury, ostomies, craniotomy, complex trauma, cancer and HIV. One hundred percent of patients were connected to a primary care provider at one of the community clinics with an appointment made. Fifteen percent of these had very short stays at the RCU and may not have followed up with the appointments on their own. 76% of the RCU discharged patients did not return to the streets. They went either to a recovery program or

transitional housing (14%), SRO or apartment (10%), back to Mexico (10%), to family or friend (7%), board and care (2%), health care, hospice or a lower level of care (2%). One client is deceased. This year 24 % of clients did return to the streets. 21% of this year's clients are still active participants at the RCU. Of note, 15% were hospitalized, usually very briefly, at some point and returned to the RCU. (Sponsored by Scripps Mercy Hospital, San Diego)

Graduate Medical Education Staff Support St. Vincent de Paul Village Medical Center and St. Leo's Clinic

The Graduate Medical Education (GME) program at Scripps Green Hospital and Scripps Clinic focuses on physician training and clinical research, with 36 residents and 38 fellows. Weekly community clinics were held at the St. Vincent de Paul and St. Leo's clinics. Staffed by Scripps Green Hospital and Scripps Clinic internal medicine residents, these clinics cared for approximately 800 of our county's most vulnerable residents during fiscal year 2015. (Sponsored by Scripps Clinic/Green Hospital)

Fiji Alliance Project

In partnership with the International Relief Teams of San Diego and the Loloma Foundation, Scripps employees, Scripps Clinic physicians and other Scripps-affiliated physicians provided medical and surgical services in Fiji. As one of their rotations, residents from Scripps Clinic and Scripps Green Hospital have the opportunity to participate in these medical missions. The team performs procedures to remedy cleft lips and palates, eyelid, face and feet deformities, burn scars, breast masses and hernias, as well as providing diabetes management. All surgical supplies were donated by Professional Hospital Supply Corporation (PHS), the supplier for Scripps Health. The supplies included surgical gowns, gloves, drapes, dressings, bandages, sutures, etc. Cardinal Health Systems, which provides pharmaceuticals and other supplies for Scripps Health, donated all medications. (Sponsored by Scripps Clinic/Green Hospital)

Scripps Health Community Benefit (CB) Fund

In fiscal year 2015, Scripps Health continued to deepen its commitment to philanthropy with the establishment of its Community Benefit Fund. Over the course of the year, it awarded \$215,000 in community grants to programs in San Diego (five grants ranging from \$10,000 to \$120,000). 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 \$3.1 million. Programs funded during fiscal year 2015 include:

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. The project provides advocacy services for time-intensive government benefit cases. (Sponsored by Scripps Mercy Hospital Administration)

Catholic Charities

Funding provides short-term emergency shelter for medically fragile homeless patients being discharged from Scripps Mercy Hospital, San Diego. The program is being expanded to Scripps Mercy Hospital, 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. (Sponsored by Scripps Corporate Community Benefits)

2-1-1 Health Care Navigation Program

Locally, 2-1-1 San Diego was launched in June 2005 as a multilingual and confidential service committed to providing access 24/7. There was an overwhelming need for a dependable service to help people navigate today's complex health care system, and since the implementation of the Patient Protection and Affordable Care Act (PPACA), calls to 2-1-1 specifically for health-related needs have increased by 31%. From July 2014-June 2015, 2-1-1 San Diego responded to 32,489 calls from clients specially seeking health-related resources. In July 2015, 2,549 callers were interested in services through health lines, 22% were interested in outpatient mental health resources and 19% were seeking health supportive services. In addition, 1,025 clients were screened for breast health needs and 8,039 were educated on Covered California. Through the Health Navigation line, the highest stated health needs was health insurance, medical home and non-emergency health condition. Due the community response to individuals health needs, the Health Navigation team continues to grow and address these complex issues. (Sponsored by Scripps Corporate Community Benefits)

American Heart Association

Scripps provided funding for the 2015 Heart Walk through corporate sponsorship. Heart disease and stroke are the number one and three causes of death in the nation. Heart disease claims more than 950,000 Americans each year. Scripps partners with the American Heart Association on its annual Heart Walk to raise funds for research, professional and public education and advocacy. (Sponsored by Scripps Corporate Community Benefits)

Back Pain

Most people in the United States will experience lower back pain at least once during their lives. Back pain is one of the most common reasons people go to the doctor or miss work. Some causes of back pain include muscle or ligament strain, bulging or ruptured disks, arthritis, skeletal irregularities and osteoporosis.

Risk Factors for back pain include:

- Excess weight or obesity
- Lack of exercise
- Improper lifting
- Those with psychological issues, such as depression and anxiety (reasons unknown)

Disparities in the United States (NHIS, 2010):

- Adults without a high school diploma were more likely to have lower back pain
- Adults in poor families were more likely to experience lower back pain
- Women are more likely than males to have experienced pain in the lower back (30.0% versus 26.0%).

Healthy People 2020:

- Goal: Reduced activity limitation due to chronic back conditions.
- Target: 27.6 per 1,000
- Baseline: 30.7 in 2008 data source: National Health Interview Survey, CDC, NCHS

Burden:

- Lower back pain has been reported as the 6th most costly condition in the United States
- 29% of adults over the age of 18 have pain in the lower back
- Back pain affects 60% to 80% of people in their lifetime

During fiscal year 2015, Scripps engaged in the following healthy back pain prevention and treatment activities.

Scripps Mende Well Being

Scripps Mende Well Being offered various lectures on chronic pain management and new alternatives to healing. These lectures focused on advanced programs, treatments and relief from pain and suffering. This orientation included related irritable bowel, insomnia, stress, back pain, depression and chronic fatigue information. These lectures were free and open to the community. (Sponsored by Scripps Memorial Hospital La Jolla, Community Benefits)

Cancer/Oncology

Cancer is the second leading cause of death in the U.S., exceeded only by heart disease, and accounts for almost one-quarter of all deaths in San Diego County. The actual all-cancer death rate among residents of San Diego County was 148.6 per 100,000 in 2009.

Breast Cancer

Breast cancer is defined as any cancerous growth that inhabits the tissues in the breast. In this type of cancer, the cells in the breast region grow abnormally and in an uncontrolled way. Though breast cancer is mostly found in women, in rare cases it is also found in men. In the U.S. alone, one out of every eight women has this disease. Common types include: Ductal Carcinoma Breast Cancer and Lobular Carcinoma Breast Cancer, named for the location of the breast in which they began.

Not counting some kinds of skin cancer, breast cancer in the United States is:

- The most common cancer in women, no matter your race or ethnicity.
- The most common cause of death from cancer among Hispanic women.
- The second most common cause of death from cancer among white, African American, Asian/Pacific Islander, and American Indian/Alaska Native women.

Breast Cancer Disparities in the United States:

Although the incidence of breast cancer in white, non-Hispanic females is greater than that of black females, the mortality rates among African American females is much greater than that of white, non-Hispanic females.

Colorectal Cancer

NCI defines colorectal cancer as any cancer "that forms in the tissues of the colon or rectum." Most colon cancers are adenocarcinomas (cancers that begin in cells that make and release mucus and other fluids).

Of cancers that affect both men and women, colorectal cancer is the second leading cause of cancer-related deaths in the United States. Colorectal cancer also is one of the most commonly diagnosed cancers in the United States; among all men and women it is the third most common cancer in the U.S. today. Clinical symptoms include blood in/on the stool, persistent cramping, pains and aching in the stomach, and unexplained weight loss.

Risk Factors for colorectal cancer include:

- Age: 90% of all cases diagnosed are in people above the age of 50 years.
- Inflammatory bowel disease.
- A personal or family history of colorectal cancer or colorectal polyps.³³
- A genetic syndrome or hereditary non-polyposis colorectal cancer (Lynch syndrome).
- Lifestyle factors, such as lack of regular physical activity, low fruit and vegetable intake,

Colorectal cancer prevalence in the United States:

SEER estimates that 1,140,161 men and women currently have been diagnosed with colorectal cancers.

Lung Cancer

Lung cancer is the leading cause of cancer death and the second most diagnosed cancer in both men and women in the United States. In 2008, 14 percent of all cancer diagnoses and 28 percent of all cancer deaths were due to lung cancer. Lung cancers usually are grouped into two main types called small cell and non-small cell. These types of lung cancer progress in different manners, and therefore require different courses of treatment. Non-small cell lung cancer is more common than small cell lung cancer. Clinical symptoms can include, chest pain, shortness of breath, wheezing, coughing up blood, constant fatigue, unexplained weight loss, and coughing that progressively worsens and does not subside.

Some facts about lung cancer in 2008:

- 208,493 people in the United States were diagnosed with lung cancer, including 111,886 men and 96,607 women.
- 158,592 people in the United States died from lung cancer, including 88,541 men and 70,051 women.

Lung cancer prevalence in the United States:

On January 1, 2009, in the United States there were approximately 387,762 men and women alive who had a history of cancer of the lung and bronchus — 178,490 men and 209,272 women.

Prostate Cancer

NCI defines prostate cancer as a cancer that forms in tissues of the prostate, a gland in the male reproductive system found below the bladder and in front of the rectum.¹ While cancerous cells within the prostate itself are generally not deadly on their own, as a cancerous tumor grows some of the cells can break off and spread to other parts of the body through the lymph or the blood, through the process of metastasis. Prostate cancer usually occurs in older men. Clinical symptoms include: difficulty starting urination, weak/interrupted flow of urine, pain/burning during urination, frequent urination, blood in urine or semen, and unspecified pain in the back, hips or pelvis.

Not counting some forms of skin cancer, prostate cancer in the United States is:

- The most common cancer in men, no matter your race or ethnicity.
- The second most common cause of death from cancer among white, African American, American Indian/Alaska Native, and Hispanic men.
- The fourth most common cause of death from cancer among Asian/Pacific Islander men.

Risk factors for prostate cancer include:

- Age: The older a man is, the greater his risk for getting prostate cancer.
- Family history: A man with a father, brother, or son who has had prostate cancer is two-to-three times more likely to develop the disease himself.
- Race: Prostate cancer is more common in some racial and ethnic groups than in others.

Prostate cancer prevalence in the United States:

SEER estimates that 2,496,784 males currently have been diagnosed with cancer of the prostate.

Skin Cancer

Skin cancer is a cancer that forms in the various tissues of the skin, and is the most common form of cancer in the United States. The two most prevalent types of skin cancer—basal cell (forms in the lower part of the epidermis) and squamous cell (forms in the flat cells that form the surface of the skin) carcinomas—are highly curable. However, the third most common skin cancer, melanoma, forms in the cells that make the pigment melanin and are considered more dangerous. About 65 percent – 90 percent of melanomas are caused by exposure to ultraviolet (UV) light. Clinical symptoms include moles that are asymmetrical, have irregular borders, uneven coloration, experience increases in diameter, or have evolved or changed in recent weeks or months.

Risk factors for the three most common types of skin cancer:

- Sunlight
- Severe, blistering sunburns
- Lifetime sun exposure
- Tanning

Melanoma of the skin prevalence in the United States:

SEER estimates that 876,344 persons currently have been diagnosed with melanoma of the skin.

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. 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 2015.

Scripps Cancer Center Directory of Community Resources

Scripps collaborates with the community and develops a cancer directory of a comprehensive list of resources available for cancer survivors, their families, and the community. (Sponsored by Scripps Green Cancer Center)

Scripps Green Cancer Center Support Groups

Scripps Green Hospital support groups offer cancer patients the opportunity to express the emotions that come with a cancer diagnosis and help them cope more effectively with their treatment regimens by support groups that nurture their physical, emotional and spiritual well-being. Classes at Scripps Green Cancer Center, such as the free cancer writing workshop, "When Words Heal," use expressive writing to help patients navigate their journey with cancer. (Sponsored by Scripps Green Cancer Center)

Firefighters, Lifeguards & Community Skin Cancer Screenings

A total of 263 Firefighters and Lifeguards over a two day screening (August 10th and August 14) were screened. In addition, 102 patients were screened at an Oceanside skin cancer screening on July 27, 2015. (Sponsored by Scripps Market Outreach)

Prostate Cancer Screenings

Prostate cancer is the second-leading cause of cancer death in American men, behind only lung cancer. Scripps Health offered free prostate cancer screenings during the San Diego Padres' September 3rd game against the Los Angeles Dodgers at Petco Park. The screenings were held in conjunction with September's National Prostate Cancer Awareness Month. Screenings were made available to males between the ages of 50 and older (or age 40 and up for those with a family history of prostate cancer). Total screenings conducted were 63 and 7 abnormal results. (Sponsored by Scripps Market Outreach)

Healthy Women, Healthy Lifestyles: Scripps Mercy Breast Health Outreach and Education Program

A Promotora-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. Promotoras teach breast health to women who have limited or no access to health care. Promotoras teach women in their native language with sensitivity to a woman's ethnic and cultural norms. The program model includes a Promotora, Cancer Survivor and a Nurse Navigator. The Promotora has knowledge of breast cancer, offers education and emotional support. She also provides referrals in a culturally appropriate and language sensitive way. A breast cancer survivor and volunteer strengthens the benefits of breast cancer education and prevention by talking to someone who has been there and can provide insight and suggestions, and is living proof that the disease is not fatal. Working hand-in-hand, the Promotora and volunteer present a very strong front for breast cancer awareness and a full support system for those already diagnosed. Moreover, the fact they are bi-lingual Latinas lends an air of automatic trust among the Hispanic community as they can connect with the residents on a cultural level. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits.)

Scripps Mercy Hospital, Chula Vista: Breast Health Clinical Services

A total of 1,369 women were referred to clinical breast health services at community and Scripps Mercy Hospital, Chula Vista radiology services. A total of 3,420 services were provided, including telephone reminders, outreach and education, case management and a variety of presentations. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits.)

Scripps Mercy Hospital Chula Vista Radiology Loss To Follow –Up Services

A total of 82 services were provided, including encouragement for patients to repeat exams, assistance to get patients' health insurance approval to repeat exams, social/emotional support and education about preventing breast cancer. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits.)

Scripps Mercy Hospital, Chula Vista Radiology, Positive Breast Cancer Patient Support

A total of 981 services were provided including phone calls, home visits, mailed educational materials and supplies (wigs, bras, prosthesis and medical record organizer binder). A resource packages with educational materials on nutrition, treatment options, commonly asked questions and local resources was provided. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits.)

Scripps 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. (Sponsored by Scripps Polster Breast Care Center.)

American Cancer Society (ACS) Making Strides Against Breast Cancer

Scripps Health participates in this fundraising event to raise money for breast cancer research. Scripps also participates in hosting Look Good Feel Better classes put on by the ACS. (Sponsored by Scripps Corporate)

Susan G. Komen Race for the Cure

Scripps Health participates in this fundraising event to support breast cancer research and local breast health initiatives. The Komen Race for the Cure Series raises significant funds and awareness for the fight against breast cancer, celebrates breast cancer survivorship and honors those who have lost their battle with the disease. (Sponsored by Scripps Corporate)

Nine Girls Ask (for a Cure for Ovarian Cancer).

Scripps Health participates in this Fundraising event to support ovarian cancer research and initiatives. (Sponsored by Scripps Corporate)

Cancer Awareness and Educational Events

A series of educational events are coordinated with American Cancer Society awareness months. The events focus on various types of cancer, including breast, lung, cervical, colorectal, skin, ovarian/gynecological and prostate. A registered nurse clinician answers questions and provides educational materials. (Sponsored by Scripps Memorial Hospital La Jolla Cancer Center.)

Health Education and Support Groups

Education and support groups are provided to San Diego County residents for a wide variety of health concerns. Topics include families who have experienced the loss of a child, children who have lost a parent to cancer, infertility, parenting twins, improving children's reading abilities, Huntington's disease, Parkinson's disease, mental illness, ostomy, postpartum issues, gynecological cancer, chronic pain and multiple sclerosis. (Sponsored by Scripps Memorial Hospital La Jolla, Community Benefits.)

Cardiovascular Disease

Coronary heart disease and stroke are the No. 1 and No. 3 causes of death in the nation. Heart disease claims more than 950,000 Americans every year. Stroke killed 137,119 people in 2006 and is a leading cause of serious, long-term disability.

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 and pulmonary embolism. 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 percent) 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.

Heart disease is the leading cause of death in the United States.

- Heart disease is the leading cause of death for people of most racial/ethnic groups in the United States, including African Americans, Hispanics and whites.
- Between 70% and 89% of sudden cardiac events occur in men.
- About two-thirds (64%) of women who die suddenly of coronary heart disease have no previous symptoms.

Prevalence Data:

In 2010, 4.1% of adults living in San Diego had Coronary Heart Disease. In 2010, 3.6% of adults living in California had ever had Coronary Heart Disease.

During fiscal year 2015, Scripps engaged in the following heart health, cardiovascular disease prevention and treatment activities.

American Heart Walk

In addition, Scripps employees volunteered their time to coordinate walker participation and fundraising efforts. The San Diego Heart Walk raised more than \$1.3 million. In 2015, more than 2,300 Scripps Heart Walk participants — employees, families, and friends — walked to help raise more than \$158,000. Additionally, Scripps reached out

to the community at the event and provided health education materials and giveaways. (Sponsored by Scripps Corporate, Community Benefit Services.)

Community Health Education Programs

The community health education programs cover a wide variety of topics on disease management, health care updates and prevention. The programs cover hysterectomy, stroke, stress, varicose veins, infertility, cardiac, depression, macular degeneration, memory, brain, orthopedic care, robotic surgery, skin care, back care, migraines, knee pain, pelvic floor incontinence, safety and fall prevention, bladder health, healthy dining, exercise, voice, flu prevention, sleep disorders, nutrition, hypertension, foot care, spine surgery, joint replacement, breathing, pain management and medication. (Sponsored by Scripps La Jolla Community Benefit Services.)

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. (Sponsored by Cardiac Treatment Center at Scripps Memorial Hospital La Jolla.)

Cardiac Treatment Center Group Exercise Programs

Cardiac Treatment Center Group Exercise Programs include tai chi, offered twice weekly; classes to decrease stress and improve balance, strength and flexibility; restorative yoga, offered three times a week; fit ball, offered twice a week; classes to improve strength, posture and core stability; yoga for cancer recovery, offered weekly; classes to decrease stress, improve circulatory flow, and ease tension during healing; classes centering on balance, offered weekly; classes to build balance, posture and coordination; power yoga, offered twice weekly; classes to improve strength and flexibility; weekly Pilates classes, yoga for multiple sclerosis, offered weekly; classes to promote healing and improve strength and flexibility; and weekly meditation classes. (Sponsored by the Cardiac Treatment Center, Scripps Memorial Hospital La Jolla.)

Stroke Care Programs

Scripps sponsored a wide variety of stroke-related education and awareness programs. (Sponsored by Scripps Mercy Hospital Stroke Program.)

Heart Health, Scripps Home Health Services

Scripps Home Health provided community education to promote independent congestive heart failure (CHF) management to prevent exacerbations and hospitalizations. Patients received information on what CHF is, medications, diet, weight and exercise. (Sponsored by Scripps Home Health Services.)

Educating Women about Heart Health

Together with WomenHeart National Hospital Alliance, Scripps Cardiovascular developed a women and heart disease education program. The efforts educate women on the importance of heart health, provide support groups and advocate for research funding and policies. (Sponsored by Scripps WomenHeart Physician Advisory Council)

The Eric Paredes Save A Life Foundation

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 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. As a sponsor for the Eric Paredes Save A Life Foundation, Scripps has held more than 15,000 free cardiac screenings to local teens, including the homeless, uninsured and underinsured.

In 2015, Scripps made a \$15,000 donation to help pay for the screenings. In 2015, Scripps supported screening events at area high schools and screened 4,138 teens, identifying 61 with abnormalities and 26 who were at risk. (Sponsored by Scripps Marketing Department.)

Su Vida, Su Corazon/Your Heart, Your Life, Your Heart Community Intervention to improve education and awareness of heart disease

Heart disease is one of the most widespread and costly health problems facing our nation, even though it’s also one of most preventable. Heart failure and stroke account for more than \$500 billion in health care costs per year. Heart failure is a progressive disease, primarily caused by high blood pressure, high cholesterol/lipids and damage to the heart muscle from coronary artery disease.

Scripps Health addresses this health issue through a five-week educational based community intervention program to support improved quality of life for patients diagnosed with heart disease. Proper lifestyle changes taken by those with heart disease can greatly reduce risk of further intermediate and fatal outcomes. Tobacco use, alcohol abuse, lack of physical activity, poor nutrition, stress and depression are some of the major contributing factors leading to heart disease, heart failure and readmission. Recent literature suggests that a lack of post-discharge social support and education are important to prevent readmission. Group sessions provide education and social support. Discharge planning that uses transitional coaches has been proven to reduce readmission rates. 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. A total of 38 community members have participated in this educational series for those affected by hypertension, angina, cardiac heart failure or any other heart health concerns. Topics covered include the risk of heart disease, signs of heart attack, diabetes, cholesterol, physical activity, healthy eating and much more. With 19 heart health participants still active in the program health assessments are reviewed including waist circumference, (BM), weight, height and blood pressure. Overall, participants have improved their BMI, lost weight, and improve their cholesterol, blood pressure and glucose numbers. A total of 98% of participants have not been readmitted to the hospital!. More than 23% of the participants who have completed the program have improved their BMI by 2.6%, lost a combined 20 pounds together, and improved their blood pressure at an average of 134/80 (3 times normalized and maintained since initial assessment). (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits.)

Love your Heart County Wide Blood Pressure Screening Day

Love Your Heart is a one-day event during which the County of San Diego and its partners provide free blood pressure screenings to the public at select sites throughout the San Diego region. The goal of Love Your Heart is to activate San Diegans to “know their numbers” and take charge of their own heart health. The City Heights Wellness Center was one of the host sites for the event. (Sponsored By City Heights Wellness Center)

Diabetes

The 2014 National Diabetes Fact Sheet (the most recent year data is available) estimates 29.1 million children and adults in the U.S. that is about 1 out of every 11 people are living with diabetes. Eighty six million people, that is one in three adults in the U.S. are pre-diabetic and have no idea their health is in danger.

More than 90 million Americans (33 percent) live with a chronic disease. While there are many disabling chronic diseases, diabetes has been identified as one of the primary chronic conditions in San Diego County. The diabetes death rate was 17.4 per 100,000 in 2009.

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 to use insulin. Without enough insulin, glucose stays in the blood, creating dangerous blood sugar levels. Over time, this buildup 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 doesn't 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 has reached epidemic proportions, and people of Hispanic origin have dramatically higher rates of the disease and the complications that go along with its poor management, including cardiovascular disease, eye disease and limb amputation. In fact, it is estimated that one out of every two Hispanic children born in 2000 will develop diabetes in adulthood. 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 tens of thousands more who are undiagnosed, have pre-diabetes and at high risk of developing diabetes.

Some alarming facts about type 2 diabetes:

- Without weight loss and moderate physical activity 15-30% of people with prediabetes will develop type 2 diabetes within 5 years.
- Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the United States
- Diabetes is a major cause of heart disease and stroke, and is the 7th leading cause of death in the United States.

Some risk factors for developing diabetes include:

- Being overweight or obese.
- Having a parent, brother, or sister with diabetes.
- Having high blood pressure measuring 140/90 or higher.
- Being physically inactive — exercising fewer than three times a week.

Diabetes Prevalence:

U.S. age-adjusted prevalence rates for adult diagnosed diabetes for the year of 2010 were 8.7 percent, as compared to a rate of 3.7 percent rate in 1980. The State of California reported a rate of 8.9 percent for the same year.

More than 7 million Americans are unaware they have diabetes. The complications related to diabetes are serious and can be reduced with preventive practices. Diabetes is a serious community health problem, leading to school and work absenteeism, elevated hospitalization rates, frequent emergency room visits, permanent physical disabilities and sometimes death.

During fiscal year 2015, Scripps sponsored the following diabetes management initiatives.

Project Dulce

A collaboration between The Scripps Whittier Diabetes Institute, the Council of Community Clinics and Community Health Improvement Partners (CHIP), Project Dulce is a comprehensive, culturally sensitive diabetes management program for underserved and uninsured people in San Diego County. The program is team-based and incorporates the chronic care model.

Project Dulce has been active in communities across San Diego for the past 18 years, providing diabetes care and self-management education. Nurse-led teams strive for measurable improvements in their patients' health; nurse educators lead multidisciplinary teams that provide clinical management; and peer educators from each cultural group, known as promotoras, provide public and patient education for their communities. This innovative program combines state-of-the-art clinical diabetes management with proven educational and behavioral interventions.

In fiscal year 2015, Project Dulce provided 7,671 diabetes care, retinal screenings and education visits for low-income and underserved individuals throughout San Diego and enrolled more than 1,284 new Project Dulce patients. The program also initiated four new projects: prevention for women with a history of gestational diabetes, replicating Project Dulce in Tijuana, diabetes peer care coordination at Scripps Mercy Hospital, Chula Vista and the diabetes gene bank program. (Sponsored By Scripps Whittier Diabetes Institute)

Dulce Mothers

In 2013, Scripps Diabetes Care expanded the Project Dulce program to create a prevention-focused arm of the model: Dulce Mothers, a pilot study specifically aimed at reducing type 2 diabetes and cardiovascular risk among low-income, Spanish-speaking Latina women through a culturally tailored curriculum. The program included 84 participants between the ages of 18 and 45 with a history of gestational diabetes mellitus (GDM). These women underwent an eight-week, peer educator-led Diabetes Prevention Program

group intervention that emphasized the importance of behavioral and lifestyle changes. In addition to assessing their knowledge, attitudes and healthy food consumption needed to prevent diabetes, their risk for cardio metabolic conditions (diabetes, hypertension and cardiovascular diseases) was assessed in participants at the beginning of the study, and at three and six months. The results have been extremely positive, with the women showing significant improvements in lipids, blood pressure levels, physical activity and dietary fat intake.

A key factor in the prevention of diabetes is weight management, therefore an adapted version of Dulce Mothers is currently piloting. The pilot added an additional 4 sessions, from the original 8 week program, for a 12-week program that will test the effectiveness of a weight management curriculum designed for Latina women with a history of gestational diabetes. A second arm was added to the pilot called Nuestra Salud/Nuestra Salud. This arm/cohort reaches middle aged prediabetes, premenopausal Latina women, with the goal of preventing the development of type 2 diabetes in this high-risk population. (Sponsored By Scripps Whittier Diabetes Institute)

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, medication upgrades, nutritional adjustments and changes in diabetes-related devices, there is a great need to equip clinicians with the latest information and clinical skills. The Whittier's professional education program is led by a team of experts, including: endocrinologists, nurses, dietitians, psychologists and other diabetes specialists.

These individuals train practicing professionals to deliver the best possible care for their diabetes patients. Courses respond 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 275 people on insulin management, incretin therapy, the diabetes diet and diabetes basics. 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 12 separate programs for physicians, nurses, pharmacists, dietitians, midlevel providers and social workers. (Sponsored By Scripps Whittier Diabetes Institute)

Skinny Gene Project

The City Heights Wellness Center is a partner with the Skinny Gene Project to provide the Centers for Disease Control and Prevention (CDC) diabetes prevention program. The goal of the program is in preventing the onset of diabetes by providing at-risk individuals with scientifically proven, nutrition-based therapies, and creating a supportive community culture that supports the adoption of a healthy lifestyle for the underserved population of people with prediabetes. (Sponsored By City Heights Wellness Center)

Retinal Screening Program

It is estimated that every 24 hours, 55 people will lose their vision as a result of diabetic retinopathy. With early diagnosis and appropriate treatment, 95 percent of diabetic blindness could be prevented. For the past decade, the Scripps Diabetes Care Retinal Screening Program has provided low cost or free screenings to the community. Annually reaching about 500 individuals directly and about 1,000 indirectly, the program identifies those at high risk for retinal damage and provides access to education, treatment and referrals. This innovative prevention program has educated and saved the vision of thousands. (Sponsored By Scripps Whittier Diabetes Institute)

Braille Institute of America – El Poder Sin Ver Eye Expo 2014

Diabetes is the leading cause of Vision loss among those of Latino decent. In collaboration with Bi National Health Week free diabetes and vision wellness expo was held on October 4th. Free services were offered to those that could not afford retinal screenings, had signs of vision loss, were diabetes, at risk for developing diabetes and diabetic eye disease, families and children and those wanting to learn about the link between diabetes and vision loss. The first El Poder Sin Ver Expo was a joint project of BIA's National programs Office and BIA San Diego. The goal was to engage the Latino Community to be active in their eye sight care and 89 individuals were screened. (Sponsored By Scripps Whittier Diabetes Institute)

Health-Related Behaviors

Health-related behavior is one of the most important 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 health.

The risk factors for many chronic diseases are well known. In particular, an unhealthy diet, physical inactivity and substance abuse 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.

Fruit/Vegetable Consumption: According to data from the California Health Interview Survey, 48.3% of children age 2 and older reported consuming less than 5 servings of fruits and vegetables a day compared to 47.4% in California overall. Adults age 18 and over reported even less fruit and vegetable consumption. Approximately 70.5% of adults reported eating the recommended amount each day. Unhealthy eating habits are a significant contributing factor to future health issues including obesity and diabetes.

Physical inactivity: According to the CDC’s National Center for Chronic Disease Prevention and Health Promotion, 14.9% of adults age 20 and older self-reported that they perform no leisure time physical activity. Higher rates of limited leisure time activity were reported at the state and national level (16.6% and 22.6% respectively). For youth, results of the Fitnessgram physical fitness test show that 29.35 of children in grades 5, 7, and 9 ranked within the “High Risk” or “Needs Improvement” zones for aerobic capacity for the 2013-2014 year. The percentage of children that are not in the healthy fitness zone varies among ethnic groups with the lowest being Non-Hispanic Asians at 20.6% and the highest being Hispanic or Latinos at 42.1%. Although this is smaller than the state average of 35.9%, it is still cause for concern and may lead to significant health issues, such as obesity, diabetes, and poor cardiovascular health.

Alcohol consumption: The percentage of adults age 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women) is 17.2% in San Diego County according to the Behavioral Risk Factor Surveillance System (BRFSS). Behaviors such as excessive alcohol consumption are detrimental to future health and may illustrate or preclude significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Tobacco usage: The BRFSS also reports that 12.1% of adults age 18 and older self-reported currently smoking cigarettes some days or every day compared to 18.1% in the United States, adjusted for age. Tobacco use is linked to leading causes of death including cancer and cardiovascular disease.

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 2015, Scripps sponsored a number of health behavior modification efforts.

Community programs and clinical services of Scripps Mercy Hospital, Chula Vista Community Benefits and Family Medicine Residency Programs have delivered extensive value with superior outcomes. Community services combined reached 14,000 program patients and participants. There were more than 13,500 clinical visits provided by Scripps Family Medicine Residency. (Sponsored by Scripps Mercy Hospital Chula Vista, Community Benefits)

Community-Based Health Improvement Activities

Each month approximately 200 community members participate in classes, prevention lectures and support groups held at the Well-Being Center and Norman Park Senior Center. A total of 2,470 community members have participated in classes and support groups. (Sponsored by Scripps Mercy Hospital Chula Vista, Community Benefits)

City Heights Wellness Center Community-Based Health Improvement Activities

Each month approximately 1,200 community members participate in classes, prevention lectures and nutrition related programs held at the City Heights Wellness Center. A total of approximately 15,000 community members have participated in classes and groups. (Sponsored by City Heights Wellness Center)

Youth Program Activities

Scripps Chula Vista Community Benefit Services implemented a wide variety of youth in health career activities including: Camp Scripps, mentoring program, hospital tours, in-classroom presentations and surgery viewings. Scripps Family Medicine Residents also provide football game coverage, sports injury clinics and physicals. A total of 2,900 youth participated in these programs. (Sponsored by Scripps Mercy Hospital Chula Vista, Community Benefits)

Senior Programs

Each month a variety of senior programs are held with local senior centers, churches and senior housing. Some of these activities include: senior health chats, men's group, Senior Camp Scripps, flu event and health fairs. More than 200 seniors participated in residency senior activities including group visits and flu events. A total of 394 seniors participated in these programs. (Sponsored by Scripps Mercy Hospital Chula Vista, Community Benefits)

Patient Community Services

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 only available at the Scripps Mercy Hospital Chula Vista campus. Since the start of the pilot project in July 2014; 532 referrals have been received. (Sponsored by Scripps Mercy Hospital Chula Vista, Community Benefits)

Community Health Improvement Partners (CHIP) and Resident Leadership Academy Model

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 a public safety, access to healthy foods, and increased opportunities for physical activity.

Dementia and Alzheimer's Disease

Dementia is a clinical syndrome of 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 judgments, communicate and carry out daily activities such as bathing and eating.

Alzheimer's is the 6th leading cause of death in the United States and 3rd leading cause of death in San Diego County in 2012.

- AD is the most common form of dementia accounting for 70% of all causes of dementia.
- Currently 60,000 San Diegans are estimated to living with Alzheimer's disease or other dementias (ADOD).

- Most people with AD are diagnosed at age 65 or older. In San Diego County, those 85 years and older are the fastest growing age group, projected to increase by 40% by 2030.
- Women are more likely than men to have ADOD.
- People living with dementia are at greater risk for general disability and experience frequent injury from falls.
- Older adults with dementia are three times more likely to have preventable hospitalizations.

Financial burden:

- In 2012, there were 137,000 unpaid caregivers, or 2.3 caregivers for each of the local 60,000 residents living with ADOD. Due to the negative effects of caregiving on their own health, the cost of providing health care to these residents in 2013 was approximately \$75.4 million.
- At the National level, payments for ADOD care are estimated at \$200 billion in 2012 within the United States.

Prevalence:

- There are more than 5.2 million people in the United States living with ADOD. As the population ages the number is expected to triple by 2050.
- In California there are 588,208 people 55 years and older living with ADOD. One-tenth of AD patients live in California.
- In San Diego County, the number of those 55 years and older with ADOD is expected to increase by 56% between 2012 and 2030, from 60,000 to nearly 94,000 residents. Currently, the East County region has the greatest number (14,765) and proportion (12.4%) of residents 55 years and older with Alzheimer's disease and other dementias. The region with the largest anticipated increase in ADOD is the North Central area, with a projected increase of 76.8% from 2012 to 2030. However, it is estimated that by 2030, nearly one out of four San Diegans 55 years and older with ADOD will live in East County.

During fiscal year 2015, Scripps engaged in the following Alzheimer's and dementia prevention and treatment activities.

Senior Health and Well-Being Programs

The goal is to increase health care, information and preventative services for seniors/older adults in the South Bay. Each month a variety of senior programs are held at local senior centers, churches and senior housing. Some of these activities included dementia, Alzheimer's and pain management, and sponsorship of the Alzheimer's Association Caregiver Conference. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits.

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. Participants began meeting in in early 2014 to craft a regional roadmap to

address the disease, focusing on cure, care, clinical, and public awareness and education initiatives. The Board of supervisors approved the roadmap in December 2014 and later voted in support of an implementation timetable. Dr. Michael Lobatz from Scripps Health is a leading participant of this initiative as a Co-Chairperson of the Clinical RoundTable and is a member of the Steering Committee.

Alzheimer's Association Caregiver Conference

In this free Half-Day Caregiver Conference attendees had an opportunity to learn more about Alzheimer's and dementia from experts and get questions answered. Topics included: Understanding the basics of Alzheimer's disease, how to partner with your doctor to get a diagnosis, addressing behavior through compassionate communication.

Obesity

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). An adult with a BMI between 25 and 29.9 is considered overweight, while an adult who has a BMI of 30 or higher is considered obese. For children and adolescents aged 2-19, overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex, while obese is defined as a BMI at or above the 95th percentile for children of the same age and sex. In San Diego County, according to the 2009 California Health Interview Survey, 22.1% of adults aged 20 years and older were obese (BMI 30.0 or higher) based on their height and weight.

Some facts about obesity in the United States:

- In 2009, more than one-third of U.S. adults (35.7%) were obese and 16.9% of children and adolescents were considered obese.
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, which are some of the leading causes of preventable death.

Health consequences due to overweight and obesity:

Research has shown that as weight increases to reach the levels of "overweight" and "obesity," the risks 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

Overweight and obesity associated costs:

In 2008, medical costs associated with obesity were estimated at \$147 billion; the medical costs for people who are obese were \$1,429 higher than those of normal weight.

Dulce Mothers Pilot Program

In fiscal year 2014, Dulce Mothers was piloted with the goal of decreasing the incidence of type 2 diabetes by managing a major diabetes risk factor – obesity – in underserved, ethnically diverse populations. The program continues to test the effectiveness of a weight management curriculum designed for Latino women with gestational diabetes. (Sponsored by Scripps Whittier Diabetes Institute)

Community Health Improvement Project (CHIP) and Childhood Obesity Initiative

The San Diego County Childhood Obesity Initiative (Initiative) is a public-private partnership with the mission of reducing and preventing childhood obesity through policy, systems, and environmental change. The Initiative is facilitated by Community Health Improvement Partners. Core funding for the Initiative is provided by the County of San Diego, First 5 Commission of San Diego County, The California Endowment, and Kaiser Permanente. Scripps is a strong partner with CHIP and the outcomes of this Initiative have shown a decreased childhood obesity from 4% from 2005-2010, the largest drop in Southern California (many areas have seen increases).

Promise Neighborhood Initiative

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 5-2-1-0 campaign. The program encourages: eating five or more fruits a day; limiting TV screen time to two hours; one hour of daily physical activity; and drinking 0 sugar-filled beverages. School administrators and staff are closely involved in the program, which includes five educational sessions, a health assessment survey and health plan, and support to help the students pass their yearly physical education requirements. Since 2013, more than 400 children and 100 parents have participated in wellness activities on campus — and results show a 50 percent increase in their physical activity, and fruit and vegetable consumption.

Nutrition in Cooking Classes, a local intervention at two elementary schools (Family Medicine and Community Benefits collaboration)

Students of Southwest High School and their parents are taught practical skills to plan and prepare healthy, cost-effective, culturally-relevant meals in a weekly three session healthy eating and cooking class. The purpose of the study is to understand if this information translates into behavior change for students and their parents. Participants in the project learn from medical residents about the connection between healthy eating and the prevention or management of chronic diseases, such as hypertension and diabetes mellitus. The Scripps Family Medicine Residency Program provides 1,300 patient visits per year at the school-based clinic located at Southwest High School. Levels of childhood obesity and diabetes mellitus are disproportionately high in this community. Local school data indicates enrollment at Southwest of 2,100 students with 88% Latino and 6% Filipino. Our students have been documented through school testing to have 32-34% rates of unhealthy body compositions for their age (high BMI). Their fitness scores indicate that less than half can complete all 6 of the fitness goals set for their age, although the scores do improve as they progress from 5th (28%) to 9th grade (48%). 66.5% of students are enrolled in the free/reduced lunch program. (Sponsored by Scripps Mercy Hospital Chula Vista, Community Benefits)

Teaching Gardens

Teaching Gardens is a three year garden education program that targets school-aged students in high-need areas, teaching them what it means to eat healthy and be physically active. Less than one percent of U.S. children are currently consuming the recommended daily servings of fruits and vegetables. Gardening has been demonstrated to increase children's nutrition knowledge and preference regarding fruit and vegetable consumption. Thus, school-based gardening "appears to be an effective intervention for increasing fruit and vegetable knowledge, preference, and consumption in young children (Palmer et al, 2009)." With this in mind, the American Heart Association works closely with community partners to assess a school's ability to successfully benefit from a Teaching Garden. The goal is that once the three year Teaching Gardens program comes to an end, the garden has been established as a sustainable institution on campus for future students to continue to enjoy, support and cherish. The funding pays directly for three years of Planting Days and Harvest Days, garden beds, organic soil, seedlings and plants, cooking demonstrations and a Teaching Gardens Tool Kit. The tool kit comes with a school garden manual, school activation ideas, classroom curriculum and community resources for students and families. There are currently over 250 Teaching Gardens nationwide, seven of which are here in San Diego County's Chula Vista Elementary School District— a district that demonstrates a significant socioeconomic need. Scripps Health funds the Rohr Elementary School through a multiyear sponsorship of \$25,000. (Sponsored by Scripps Medical Foundation)

The City Heights Wellness Center's Teaching Kitchen

A unique aspect of the City Height's Wellness Center (CHWC) is the Teaching Kitchen. The kitchen 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. The Teaching Kitchen serves as an interactive, hands-on environment for participants of all ages to learn how to plan and prepare foods in a healthy manner. Throughout the year, a variety of nutrition-related activities are offered at no-to-low-cost including meal planning, food budgeting and selection, cooking classes and demonstrations, dietary counseling and physical activities. City Heights Wellness Center's trainings, classes and programs for the community to prevent chronic diseases served 14,931 participants in 674 health promotion/preventive activities-classes. The Center enrolled 1,089 individuals in the Cal Fresh (Food Stamps) with Feeding America. In addition to general nutrition education, more specialized services offered include:

- Family Nutrition Programs
- Physical Activity Programs/Dance/Exercise
- Infant and Child Nutrition
- Food Safety
- Breastfeeding Education and Support Services
- Diabetes Education and Management

Let's Get Cooking

In January 2014 the City Heights Wellness Center launched "Let's Get Cooking", a hands-on cooking class for moms, dads, caregivers and their kids (ages eight and older) who want to learn simple, healthy recipes for the whole family. "Let's Get Cooking" aims to inspire families to eat fresh, nutritious, whole foods and to make healthy lifestyle choices

through cooking, education and discussions. The classes are taught in both English and Spanish by bilingual Registered Dietitians. In the Mid-City region of San Diego, there are currently no other hands-on cooking/nutrition education/obesity programs available. What sets this program apart is being able to offer the hands-on cooking experience in a certified teaching kitchen. There are currently nutrition education programs offered in the community. However, none of them is offering nutrition education through cooking. The teaching kitchen provides not only a hands-on learning experience, but more importantly a place for family interaction and building a sense of community. (Sponsored by City Heights Wellness Center)

Super Chef Program and Camp

Joint program of the CHWC and Leah's Pantry through a grant from General Mills, City Heights children and their parents move, cook, and learn to adopt healthier behaviors throughout the year by participating in Food Smarts Workshops, a USDA/FNS approved cooking and nutrition education series. Three-day summer camps are held for three age ranges of neighborhood children, and included a full hour of physical activity each day. Cooking and nutrition workshops teach the building blocks of a balanced diet, basic cooking and kitchen safety skills, develop individual nutrition goals, and spend time exercising. (Sponsored by City Heights Wellness Center)

Vocational English Second Language Culinary Training Program

The International Rescue Committee (IRC) in San Diego offers an innovative Vocational English as a Second Language (VESL) Plus program for refugees. These newly arriving refugees spend 32 hours a week for 8 weeks (Iraqi refugees) or 16 weeks (Swahili and Karen Burmese speakers) learning valuable skills that will help them find and keep employment to support the economic health of their families. The program includes 60 hours of kitchen-based training in a commercial kitchen space that the CHWC provides. (Sponsored by City Heights Wellness Center)

Survivors of Torture International

City Heights Wellness Center hosts cooking classes for the survivors that offer a holistic program which includes cooking as a way of socialization for the survivors. The program helps survivors heal from their trauma, rebuild trust in others, and reconnect with their families. (Sponsored by City Heights Wellness Center)

Maternal Child Health & High Risk Pregnancy

Mothers, infants and children makeup 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, access to preventive care, and fetal, perinatal and other infant deaths.

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.
- Very 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 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 mothers 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.

United States general statistics:

- The number of births declined by 3% from 2009 to 2010.
- General fertility rate also declined by 3%.
- Teenage birth rate fell 10% from 2009 to 2010.
- The birth rate of women aged 40-44 years continued to rise.
- Cesarean delivery rate was down for the first year since 1996, to 32.8%.
- In San Diego County, the infant mortality rate was 4.4 deaths per 1,000 live births in 2009.

Scripps Health continued to enhance prenatal education for low-income women in San Diego County in fiscal year 2015. The following are some examples.

Scripps Memorial Hospital La Jolla Community Benefit Services

- Offered more than 1,000 maternal child health classes throughout San Diego County to enhance parenting skills. Low-income women in San Diego who were eligible attend classes at no charge or on a sliding-fee schedule.

- 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 seven locations throughout San Diego County, including two with bilingual services.
- Offered a maternal child health education series in Northern and Coastal San Diego covering dogs and babies, safety, grand parenting and baby sitter safety.
- Offered maternal child health classes at the throughout the community, such as basic training for dads, getting ready for the baby, infant CPR and safety, Parent Connection programs and redirecting children’s behavior.
- Offered the dogs and babies programs quarterly, with more than 40 attendees.
- Offered weekly mommy and me yoga programs for new parents.
- Offered a prenatal yoga program for expectant women in San Diego County.
- Offered a pregnancy nutrition program quarterly at Scripps Memorial Hospital La Jolla.
- Offered classes in pelvic floor and pregnancy changes for expectant families at Scripps Memorial Hospital La Jolla.
- Offered classes in pelvic floor and postpartum changes for new mother’s throughout the community.

(Sponsored by Scripps Memorial Hospital La Jolla, Community Benefits)

First 5 and Promise Neighborhoods

More than 350 services were received for first time mothers including: home visits, referrals received, data entry, follow up phone calls, parenting classes and other support services. A total of 284 parents participated in parenting classes; 241 sessions provided.

(Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits)

Scripps Mercy’s Supplemental Nutrition Program for Women, Infants and Children (WIC)

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 central San Diego area. WIC targets low-income pregnant and postpartum women, infants and children (ages 0 to 5). Scripps Mercy WIC serves approximately 7,500 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 percent), infants (20 percent) and children (56 percent). In fiscal year 2015, the program provided nutrition services, counseling and food vouchers for 86,117 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. Nutrition staff educate women about the importance of breastfeeding during pregnancy and offer lactation support (one-on-one and group), as well as supplies — pumps and breast pads — during the postpartum period. (Sponsored by Scripps Mercy Hospital, San Diego).

Scripps Family Medicine Program at Scripps Mercy Hospital, Chula Vista

Raising healthy families and caring for the next generation of San Diegans — before they're even 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 200 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 Latino women in order to improve birth outcomes.

With funding from the March of Dimes, the program applies the principles of the Centering Health care Institute and focuses on changing the way patients experience their care through assessment, education and group support. Centering Pregnancy is the institute's model devoted specifically to improving maternal and child health, and has been shown to result in increased prenatal visits, greater levels of breast feeding and stronger relationships between mothers and their health care providers before, during and after pregnancy. The results are promising. Women who gave birth reported an enhanced prenatal experience, gained less weight throughout their pregnancy and showed improved health care knowledge. As the program continues, patient navigators will follow-up with participants to gauge other important factors and help them maintain healthy lifestyles. (Sponsored by Scripps Mercy Hospital, Chula Vista Community Benefits)

Unintentional Injury and Violence

In California, injuries are the number one killer and disabler of people aged 1 to 44 (CDPH, 2010).

Unintentional injuries occur at home, at work, while participating in sports and recreation, on the streets and at school and are associated with motor vehicle accidents, falls, firearms, fire/burns, drowning, poisoning (including drugs and caustic substances), alcohol, gas, cleaners and many other causes.

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 death data alone. In San Diego County during 2009, there were more than 949 deaths, more than 21,149 hospitalizations, and nearly 150,000 emergency department visits for unintentional injuries. The number of unintentional injuries treated in physicians' offices and clinics, while unknown, is likely much higher than the number of emergency department visits.

Unintentional injuries are one of the leading causes of death for San Diego County for residents of all ages, regardless of gender, race or region. Falls were the most common cause of unintentional injury in 2009, followed by motor-vehicle injuries.

The following are a number of Scripps Health programs that addressed unintentional injuries and violence for fiscal year 2015.

AARP Driver Safety Program

An eight hour driver improvement course especially designed for motorists age 50 and older. The course helps drivers refine existing skills and develop safe, defensive driving techniques. Open to AARP members and non-members alike." (Sponsored by Scripps Mercy 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. The 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 (Sponsored by Scripps Mercy 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. (Sponsored by SMH La Jolla, Trauma department).

Health and Wellness, Scripps Home Health Services

This program educates seniors about fall prevention (the primary cause of fractures) and fire safety. Home health nurses also teach seniors and their families about continuum-of-care options. (Sponsored by Home Health Services)

San Diego Fall Prevention Task Force

This County HHS-Aging and Independence Service-supported Task Force seeks to reduce falls and their devastating consequences. The Task Force increases connections between physicians and other community fall prevention services, as well as increasing awareness among older adults. Scripps Mercy Hospital Trauma Center participates in this task force. (Sponsored by Scripps Mercy Hospital)

Weight Status, Nutrition, Activity and Fitness

The numbers speak for themselves — 63 percent of American adults are either overweight or obese. Nationally, the prevalence of obese adults (those with a body mass index (BMI) of 30 or more) has increased by 68 percent since 1995, from 16 percent to almost 27 percent. During this same period, the prevalence of overweight adults (BMI between 25.0 and 29.99) has increased by only two percent, from 35.5 percent to 36.2 percent.

San Diego County Behavioral Risk Factor Surveillance System (BRFSS) data for 2009 indicates that almost 59 percent of adults are considered either overweight or obese. Since 2005, the first year BRFSS data was reported for San Diego County, the prevalence of obese adults has ranged from 20 percent in 2005 to 26.7 percent in 2006, with the most current measure at 21.6 percent. Since 2006, the prevalence of overweight adults in San

Diego County has increased slightly from 36.5 percent to 37.7 percent. At the national, state and county levels, obesity prevalence rates among Latinos and African-Americans are significantly higher than those for whites.

Obesity rates by gender also varied significantly in the 2007 CHIS, the most recent county data by gender, with 25.4 percent of males and 18.1 percent of females having a BMI 30 or higher. Males were significantly more likely to be overweight than females, 40.5 percent and 25.8 percent, respectively.

Causes

Many factors play a role in obesity, making it a complex health issue to address. Factors include (DH&HS, 2010):

- Genetic predisposition
- Behavior (dietary patterns and physical activity)
- Environmental influences
- Cultural influences
- Socioeconomic status

To implement prevention strategies, it is important to understand the effect each of these factors has on obesity and which can be changed. The following are some examples of Scripps programs that address these health issues.

Nutrition Services and Physical Activity

According to the 2009 Behavioral Risk Factor Surveillance System (BRFSS) data for San Diego County, more than 59 percent of adults are overweight or obese. Obesity increases the risk for heart disease, type 2 diabetes, high blood pressure, stroke and some forms of cancer. The nation's low-income, minority populations are at even greater risk.

In an effort to address this critical health concern, staff members at the City Heights Wellness Center has established a variety of nutrition education programs to meet the needs of low-income, minority populations. The center uses a combination of approaches to address a broad array of community health priorities, including nutrition, access to services and community engagement. The goal is to prevent disease by strengthening community partnerships and link existing services to provide City Heights' residents with opportunities to become more involved in managing their own health. The "hub" of the Wellness Center is their teaching kitchen — a hands-on interactive setting for cooking demonstrations, weight management, meal preparation, nutrition education and counseling. The Center, which serves more than 18,000 culturally diverse families a year, is based on the belief that keeping people healthier is one of the most effective ways to reduce health care costs. The Center strives to be the hub of health education addressing nutrition, healthy lifestyle behaviors and childhood injury prevention through a variety of health and wellness programs.

The Center has earned a reputation for being (1) A safe place to come and seek help for a variety of health and social needs; (2) A resource for obtaining easy access to information about health and community resources; (3) A flexible meeting place that has the capacity to bring people together around community health issues, especially food and nutrition. (Sponsored by Scripps Mercy Hospital, San Diego Community Benefit Services)

Live Healthy Family Nutrition Program

Using the Cooperative Extension's research-based curriculums and bilingual staff, a registered dietitian implemented weekly nutrition education classes in Spanish. The program targets low-income people who use food stamps and offers a series of eight weekly classes. The program increases residents' knowledge, skills and motivation to help them practice healthy eating and related behaviors. Classes focus on nutrition, physical fitness, food safety, meal planning and food shopping. (Sponsored by Scripps Mercy Hospital, Community Benefit Services)

Collaborate for Healthy Weight

This Advisory Group meets monthly. Drs. Serpas and Brandstein are the leaders of this collaboration. Collaborate for Healthy Weight is a program of the Health Resources and Services Administration (HRSA) and the National Initiative for Children's Health care Quality (NICHQ). The shared vision is to create partnerships between primary care, public health, and community organizations to discover sustainable ways to promote healthy weight and eliminate health disparities in communities across the United States. All three sectors must collaborate, using evidence-based approaches, to reverse the obesity epidemic and improve the health of our communities; 120 members. Several manuscripts are under development. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefit Services)

Chula Vista Promise Neighborhood (CVPN)

Scripps Mercy Hospital Chula Vista Well-Being Center and Scripps Family Medicine Residency are partners in the Chula Vista Promise Neighborhood (CVPN) efforts funded by the Department of Education. CVPN brings together a collaboration of partners focused on family, education, health and community to provide children and families in the Castle Park neighborhood with opportunities they need to excel in school, get into college, find good jobs and lead healthy lives. Together, the Scripps Family Medicine Residency and the Scripps Mercy Hospital Chula Vista Well Being Center are implement health and wellness activities at Castle Park Elementary for the students and their parents focusing on the 5210 message in an effort to promote healthy living in the Castle Park area. The 5210 message emphasizes teaching families on eating more fruits and vegetables, limiting screen time, incorporating one hour of physical activity a day and promoting zero sugary drinks. (Sponsored by Scripps Mercy Hospital Chula Vista Well Being Center)

Mental Health and Illness

Mental health is 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."

Depression:

- Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population.

- It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world, trailing only ischemic heart disease.

Disparities:

- Males commit suicide four times more than females.
- Younger American adults, aged 18-24 years, suffered the most mental health distress.
- Adults with the lowest income or education report more unhealthy days than those with higher income or education.
- Mental Illness is associated with chronic diseases such as cardiovascular disease, diabetes, and obesity.

Prevalence:

- About 25% of U.S. adults have a mental illness (BRFSS, 2004).
- Nearly 50% of U.S. adults will develop at least one mental illness during their lifetime.

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. In 2010, 372 San Diegans died by suicide, a rate of 11.5 per 100,000. This was higher than California overall (9.9 per 100,000) and slightly lower than the national rate (11.9 per 100,000).

Suicide deaths are only part of the problem; more people survive suicide attempts than die. Those who attempt suicide are often seriously injured and require medical and psychiatric care. Between 2000 and 2008, 2,896 San Diegans died from suicide. On average, one suicide affects the lives of at least six people, causing considerable grief, social stigma and, in some cases, elevated risk of additional suicides. In 2010, the County of San Diego Health and Human Services Agency (HHS) launched a suicide prevention planning process, which was informed 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.

Scripps offers both inpatient and outpatient adult behavioral health services at Scripps Mercy Hospital, San Diego. The behavioral health program at Scripps Mercy also supports community programs to reduce the stigma of mental illness and help affected individuals live and work in the community.

Scripps Health 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 ones work through short-term crises, manage mental illness and resume their daily lives.

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 2015, the Scripps Mercy Behavioral Health Program lost \$4.4 million.
- In 2015, 3.2 percent of patients in the inpatient unit were uninsured.

Scripps Health Behavioral Health Outpatient Programs

Scripps Mercy provides community-based adult psychiatric treatment at Scripps Mercy Hospital, San Diego. The intensive day program helps participants reduce their symptoms while they continue to live in the community. The outpatient program offers patients one to four treatment days per week.

Mental Health Outreach Services, A-Visions Service Program

Behavioral Health Services at Scripps Mercy Hospital, in partnerships with the San Diego Mental Health Association, 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 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, 93 clients have been served, and 46 enrolled at Scripps, including 3 as volunteers and 23 as Scripps Mercy Hospital employees. Currently, there is a total of 26 active candidates, 23 employees and 3 volunteering which are participating in supportive employment. 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 and Palliative Care Services. Paid A-Visions candidates typically limit their work to eight hours per week, which allows them to maintain eligibility for the disability benefits, medications and ongoing behavioral health care that supports their work. The total expense for the A-Visions program for fiscal year 2014 was \$90,902 (Sponsored by Scripps Mercy Behavioral health Department)

Increasing Awareness of Mental Health Issues

In fiscal year 2015, Scripps Behavioral Health Services improved awareness of mental health issues by providing information and supportive services for more than 1,000 people at community events. (Sponsored by Scripps Mercy Behavioral Health Department)

Depression Screenings

In October 2015, Scripps again participated in National Depression Screening Day, an annual event aimed at helping people identify the signs of depression and providing resources to assist those at risk. In the past two years, Scripps has expanded the availability of free depression screenings by making them available in the community in a partnership with the YMCA's. The screenings are open to adults of all ages on a walk-in-basis and include referrals to mental health professionals, as well as literature that can be shared with friends and family members. In 2015, Scripps staff cared for more than 114 people and conducted 72 depression screening services and information in both English and Spanish. (Sponsored by Scripps Mercy Behavioral health Department)

Community Health Improvement Project (CHIP) and Suicide Prevention Council

Scripps is a strong partner of CHIP. CHIP trained approximately 8,000 community members in suicide prevention to help address rising rates of suicide in the county.

Guiding Veteran's to Mental Health Services

San Diego is home to more than 250,000 veterans. A substantial number of our service members have suffered or are struggling with Post-Traumatic Stress Disorder (PTSD), depression, anxiety and other psychological conditions related to military service and repeated deployments. Partnering with community-based organizations, Scripps is actively working to assist these veterans through informational sessions designed to improve knowledge of veterans' mental health issues and access to community-based services. Last year, Scripps personnel spoke with more than 150 individuals involved in veterans' health care.

Mental Health Support Services at Local School-Based Clinics

Scripps Family Medicine Residency and the 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 faculty to engage high school students in counseling and referrals to psychiatrists and other 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. There were a total of 1,085 medical visits at the school based clinics and one third of these were mental health, 400. (Sponsored by Scripps Mercy Hospital Chula Vista Well-Being Center)

Volunteers of America (VOA)

Through a contract with the Volunteers of America Scripps provides safe detox up to five patients per week with Case Management from the Scripps Drug and Alcohol Resource Nurses to help them into community based programs. The goal is to increase the ability to provide treatment to those who are unfunded or underfunded. (Sponsored by Scripps Drug and Alcohol Department)

Latinos Y Latinas en Accion

Latinos Y Latinas en Accion is an organization that works with the Latino community through education on rights and health opportunities. The need for Mental Health counseling was identified in the Latino community so a series of classes were formulated to meet the identified needs of Latinos in Central San Diego. The series was called "Emotional Healing to Maintain Emotional Health." The six week series included the following topics: anxiety, depression, stress, co-dependency, emotionality, and quality of life. (Sponsored by City Heights Wellness Center)

Acute Respiratory Diseases

Respiratory diseases, such as asthma and chronic obstructive pulmonary disease (COPD), are a significant public health burden in the United States. Asthma and COPD are among the 10 leading chronic conditions that restrict activity. After chronic sinusitis, asthma is the most common chronic illness in children. Death rates from COPD have declined from 2000 to 2009 at the national, state, and local levels.

Influenza, also known as the “flu”, is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. Complications of flu can include bacterial pneumonia (particularly for older and immunocompromised individuals), ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes. Clinical symptoms include fever, cough, sore throat, chills, muscle and body aches, runny or stuffy nose, and congestion.

Some facts about acute respiratory infections and pneumonia:

- Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the United States, accounting for 56,000 deaths annually.
- On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year.
- The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

The populations at higher risk for complications due to acute respiratory infections and pneumonia:

- Children younger than 5, but especially children younger than 2 years old.
- Adults 65 years of age and older.
- Pregnant women.
- Also, American Indians and Alaskan Natives seem to be at higher risk of flu complications.

Flu/Pneumonia-Associated Costs:

Pneumonia and the flu cost \$6 billion in direct medical care and another \$34.2 billion in projected lost earnings in 2007, according to the American Lung Association. This represented an increase of nearly 50 percent from 2003, the previously reported year.

Health Disparities in Influenza:

Hispanic children younger than 18 years of age account for 27 percent of 210 reported 2009 H1N1 influenza-associated deaths in the United States.³ Their representation in the US population is 21 percent.

Asthma

Asthma is a chronic breathing condition due to inflammation of the air passages in the lungs. Asthma affects the sensitivity of the nerve endings in the airways causing them to become easily irritated. During an asthma attack, the lining of these passages swell causing the airways to narrow thereby reducing the flow of air in and out of the lungs. Asthma attacks can range in severity from mild to life-threatening. Clinical symptoms include coughing, shortness of breath, wheezing, and tightness or pain in the chest.

In 2009, 12.3% of San Diego County residents reported ever being diagnosed with asthma. The County age-adjusted asthma rates decreased slightly between 2001 and 2004, before increasing again in 2005. It then decreased again in 2006 and hit a new low in 2009.

Triggers of asthma attacks include:

- Allergens (like pollen, mold, animal dander, and dust mites)
- Exercise
- Occupational hazards
- Tobacco smoke
- Air pollution
- Airway infections

Some risk factors for developing asthma include:

- Demographic variables such as gender, age, race/ethnicity
- Educational level
- Income level
- Smoking
- Obesity

Asthma-Associated Costs:

In 2009, it was estimated that asthma-related costs exceeded \$56 billion dollars per year. The average yearly cost of care for a child with asthma was \$1,039 in 2009.

Asthma Prevalence:

U.S. age-adjusted prevalence rates for current diagnosed asthma for the year of 2010 were 8.6 percent, as compared to a rate of 7.3 percent in 2001. The state of California reported a rate of 7.7 percent for adults and 5.9 percent for children for the year of 2010.

During fiscal year 2015, Scripps engaged in the following respiratory disease prevention and treatment activities.

Ask A Nurse Program

The central public health nurses provide information to all participants at the City Heights Wellness Center on monthly topics that include Asthma, heart health, seasonal health and other topics. (Sponsored by City Heights Wellness Center)

Fostering Volunteerism

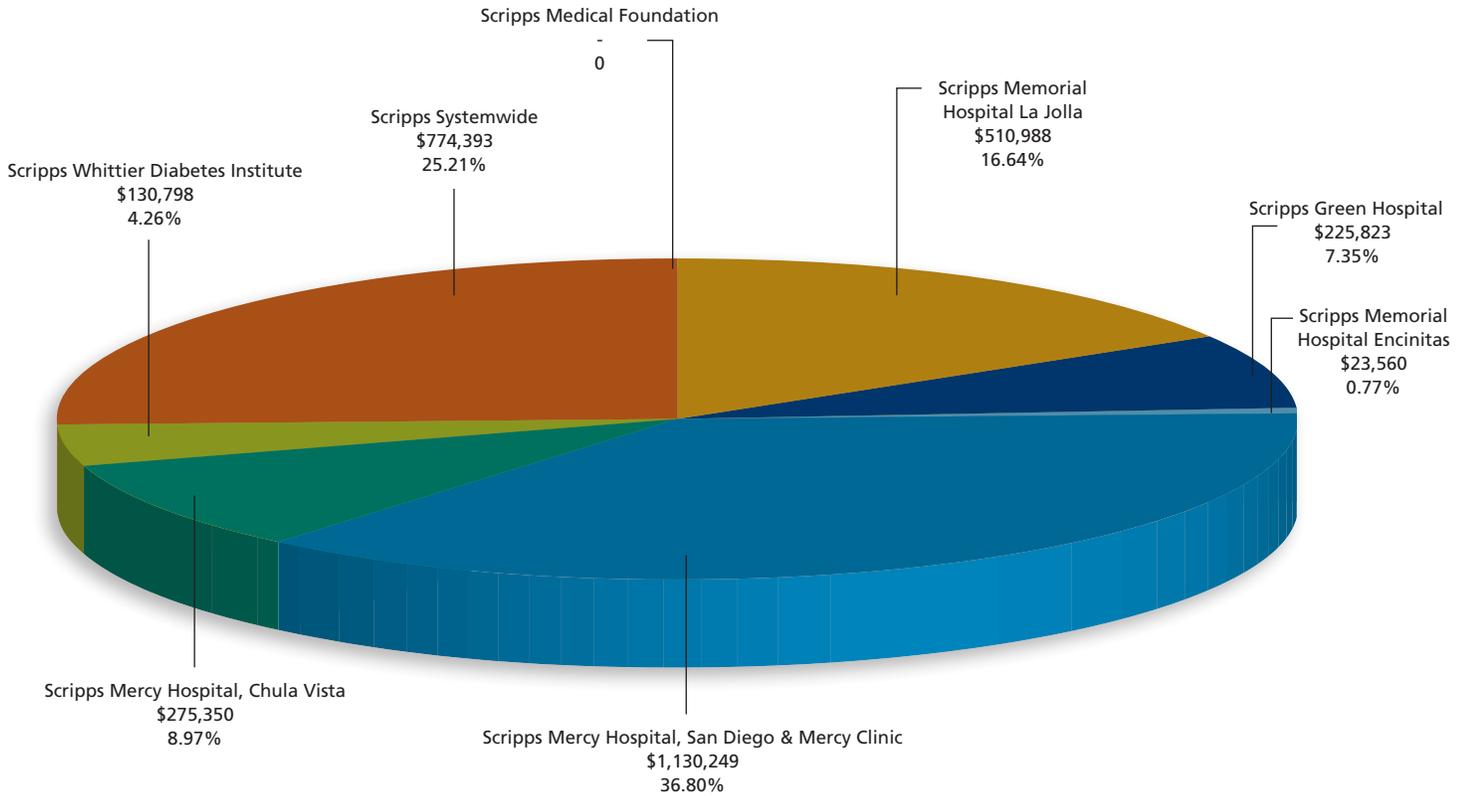
Scripps believes that health improvement begins when people take an active role in making a positive impact on their community. For this reason, Scripps supports volunteer programs for Scripps employees and affiliated physicians who want to make an even larger impact on their community. Scripps matches 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 2015, Scripps employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs. With close to 7,737 hours, the estimated dollar value of this volunteer labor is \$364,388,81*, which is not included in the Scripps fiscal year 2015 community benefit programs and services totals.

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

FIGURE 4:1

FY15 Scripps Community Health Services (does not include subsidized care) by Operating Unit, \$3,071,160

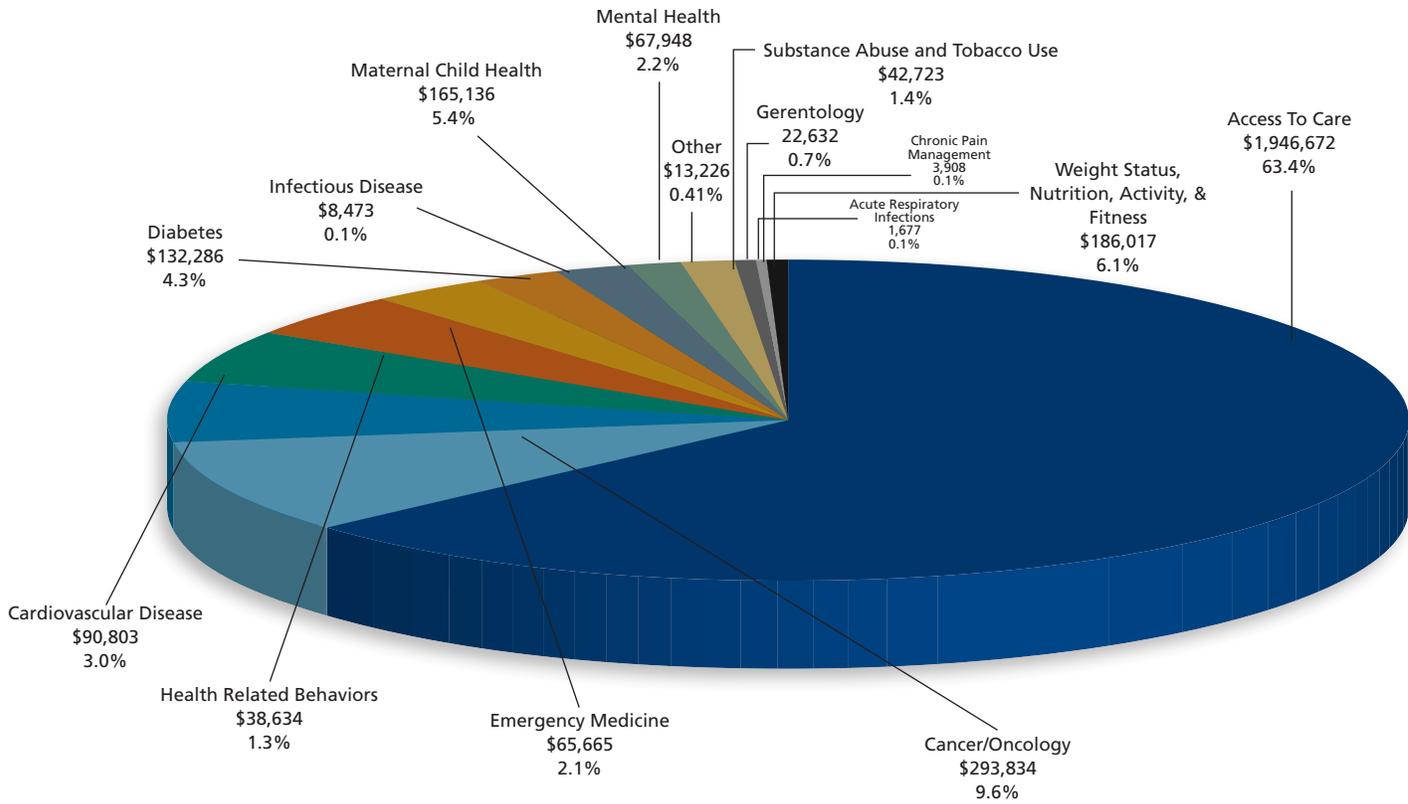


Community Health Services

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 2015 Schedule H 990 IRS guidelines, "direct offsetting revenue" also includes restricted grants or contributions that the organization uses to provide a community benefit.

FIGURE 4:2

**FY15 Scripps Community Health Services by Health Issue,
\$3,071,160**



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 2015 Schedule H 990 IRS guidelines, "direct offsetting revenue" also includes restricted grants or contributions that the organization uses to provide a community benefit.

SCRIPPS COMMUNITY HEALTH SERVICES

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY15 COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support
American Cancer Society Cancer Action Network	150	5	-	\$2,458
American Cancer Society, Making Strides Against Breast Cancer	5,000	8	-	\$2,901
Angels Depot	249	72	-	\$4,934
Beach Area Community Court Program	338	24	-	\$1,941
Bereavement Support Group	117	2	2	\$99
Blood Drives for the American Red Cross	437	38	2	\$2,166
Breast Cancer Education and Support Group	511	88	-	\$8,940
Breastfeeding Support Groups - Scripps La Jolla Community Benefit Services	3,094	-	48	\$750
Cancer Center Heredity and Cancer Genetic Counseling Program	970	5,731	28	\$96,847
Cancer Center Nutrition Program	2	12	-	\$584
Cancer Center Outpatient Social Worker and Liaison Program	286	1,690	-	\$28,555
Cancer Center Registered Nurse Navigator Program	340	1,621	-	\$80,898
Cancer Support Health Improvement Services	141	-	-	-
Cancer Support Services and Educational Materials	25	148	-	\$6,536
Cardiac Risk Screenings	5	2	-	\$112
Cardiac Treatment Center Group Exercise Programs	5,128	912	-	\$35,687
Central Region Public Health Nurses	440	128	-	\$8,718
City Heights Wellness Center Community Health Education	6,660	1,938	-	\$131,566
<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 labor 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>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support
City Heights Wellness Center Health Care Support Services	968	282	-	\$19,179
Community Clinical Services	163	22	-	\$715
Community Health Education Program	9,420	1,877	156	\$107,820
Covered California Enrollment Event	300	119	-	\$5,931
Diabetes Education Outreach Events	1,221	1,759	-	\$23,851
Donated Room Space for Not - For - Profit Organizations	390	-	-	\$270
Dulce Mothers	193	278	-	\$4,855
Eric Paredes Save a Life Foundation Health Screenings	3,600	303	8	\$11,901
Fiji Alliance - School of Medicine Training	277	400	-	\$14,748
Friends & Family Infant & Child CPR & First Aid	346	304	-	\$5,501
Gentle Chair Yoga	35	18	-	\$1,841
Healing Arts Class and Support Group	44	34	-	\$2,251
Health Education and Support Groups	569	1,825	-	\$32,345
Heart Health Management Class	40	19	-	\$963
Heart Health Management Class - Spanish	98	47	-	\$2,359
Heart Saver CPR, AED & Basic First Aid	49	58	-	\$2,184
Lebed Method - Focus on Healing Through Movement and Exercise	144	52	-	\$3,275
Look Good Feel Better - American Cancer Society	13	4	-	\$670
Love Your Heart County Wide BP Screening Day	100	-	-	-
Managing your Osteoarthritis	300	-	-	-
Mercy Outreach Surgical Team	360	1,441	1,850	\$14,302
Nutrition Education Class	124	4	-	\$128
Organ Transplant Support Group	920	72	-	\$5,360
Parent Connection	269	200	-	\$8,608
Parkinson's Boot Camp	60	6	3	\$364
Pediatric Advanced Life Support Course	26	66	-	\$2,688
Perinatal Education Classes - Scripps La Jolla Community Benefit Service	1,774	2,466	86	\$44,159

*"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 labor 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.

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support
Physician Presentation	42	31	2	\$1,344
Prescription Drug Take Back Day	500	82	-	\$6,951
Project Dulce Diabetes Clinical Services	6,677	9,619	-	\$89,601
Project Dulce Diabetes Education	994	1,432	-	\$12,491
Rehabilitation Parkinson's Class and Stroke Exercise	355	76	-	\$4,187
Scripps Green Hospital Medical Library	-	-	-	\$200,882
Scripps Health System Community Benefit Planning and Outreach	-	5,890	-	\$408,725
Scripps Memorial Hospital La Jolla Medical Library	-	1,044	-	\$48,245
Scripps Mercy Behavioral Health Services	1,151	39	-	\$3,052
Scripps Mercy Hospital Chula Vista Community Building	154	389	-	\$9,201
Scripps Mercy Hospital Chula Vista Rehabilitation Programs	175	93	-	\$5,825
Scripps Mercy Hospital Chula Vista Senior Programs	138	66	-	\$3,322
Scripps Mercy Hospital Chula Vista Youth Programs	2,634	322	-	\$2,461
Scripps Mercy Hospital Medical Library	-	2,401	-	\$192,119
Scripps Mercy Maternal and Child Health Programs - Community Based Clinical Breast Health	1,134	-	-	-
Scripps Mercy Maternal and Child Health Programs - Community Health Education	473	1,544	-	\$6,103
Scripps Mercy Maternal and Child Health Programs - Community Health Education Breast Health	3,172	-	-	\$7,038
Scripps Mercy Maternal and Child Health Programs - Health Care Support Services	987	1,916	-	\$41,794
Scripps Polster Breast Care Center Support Groups	169	41	-	\$2,280
Scripps Recuperative Care Program	42	290	-	\$184,461
Senior Flu Shot Clinic	13	42	-	\$926
Skin Cancer Screenings	365	17	-	\$988
<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 labor 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>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support
Skinny Gene Project	399	116	-	\$7,906
Spinal Cord Injury Support and Education Group	93	32	-	\$1,874
Stroke and Brain Injury Support and Education Group	412	59	-	\$3,298
Successful Living Expo	1,100	114	-	\$7,454
Trauma Community Health Improvement Services	40	-	-	\$10,906
Violent Threat Exercise- La Jolla	170	487	-	\$62,930
Volunteers of America	32	100	-	\$34,935
Women, Infants, and Children (WIC) Community Health Education	93,361	36,538	-	\$44,179
YMCA Wellness Wednesday Health Screenings	400	-	-	\$2,095
Yoga and Wellness Workshop	14	10	-	\$448
Young Leaders in Health care	582	25	-	\$3,740
TOTAL FY15 COMMUNITY HEALTH IMPROVEMENT SERVICES & COMMUNITY BENEFITS OPERATIONS	161,474	86,890	2,185	\$2,141,720
<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 labor 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>				

FY15 SUBSIDIZED HEALTH SERVICES

Program Title	Persons Served	Staff Hours	Volunteer Hours	Financial Support*
Behavioral Health, A-Vision Services Program	-	-	-	\$90,902
Mercy Clinic, Scripps Mercy Hospital	-	-	-	\$1,989,963
Mercy Inpatient Behavioral Health	-	-	-	\$1,389,977
Mercy Outpatient Behavioral Health	-	-	-	\$3,019,301
TOTAL FY15 SUBSIDIZED HEALTH SERVICES	-	-	-	\$6,490,142

*"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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.

FY15 CASH AND IN-KIND DONATIONS

Program Name	Persons Served	Staff Hours	Volunteer Hours	Financial Support*
Aloha Locks Cancer Wig Program	27	160	-	\$6,640
Alzheimer's Association	-	-	-	\$25,000
American Cancer Society, Making Strides Against Breast Cancer - Sponsorship	-	-	-	\$5,000
American Heart Association - Heart Walk - In-Kind-Donation	-	-	-	\$28,648
American Heart Association - Heart Walk - Sponsorship	-	-	-	\$10,000
American Heart Association - Go Red for Women	-	-	-	\$10,000
California Association of Hospitals and Health Systems (CAHHS)	-	-	-	\$1,500
California Health Foundation and Trust (CHFT) Donation	-	-	-	\$577,000
Community Benefit Fund - Catholic Charities	-	-	-	\$70,000
Community Benefit Fund - 2-1-1 San Diego	-	-	-	\$15,000
Community Health Improvement Partners - Crew Rendezvous	-	-	-	\$12,500
Consumer Center for Health Education	-	-	-	\$120,000
Donated Room Space for Not - For - Profit Organizations	9,627	125	-	\$20,075
Eric Paredes Save a Life Foundation - Sponsorship	-	-	-	\$15,000
Father Joe's Villages	-	-	-	\$1,000

Program Name	Persons Served	Staff Hours	Volunteer Hours	Financial Support*
Food and Blanket Drive for Catholic Charities and St. Vincent de Paul	200	-	-	\$954
Greater La Jolla Meals on Wheels	6,549	-	-	-
Grossmont College	-	-	-	\$1,535
Jewish Family Services Embrace a Family	167	88	-	\$4,589
Susan G. Komen Race for the Cure - Sponsorship	-	-	-	\$5,000
TOTAL FY15 CASH AND IN KIND DONATIONS	16,570	373	-	\$929,440

*"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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.

FY15 COMMUNITY BUILDING ACTIVITIES

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
American Heart Association - Heart Walk	10,000	2,560	-	\$190,684
California Association of Hospitals and Health Systems (CAHHS)	-	255	-	\$20,147
City Heights Wellness Center - Community Support	1,922	560	-	\$38,081
City Heights Wellness Center Health Advocacy Project	1,175	547	-	\$2,201
Disaster Preparedness Community Outreach and Education	137	318	-	\$35,872
Economic Development	-	495	-	\$105,166
Health Care Public and Government Advocacy	-	2,600	-	\$500,535
Honorary Deputy Sheriff's Association -Evening Under The Stars Gala	-	-	-	\$5,000
In Lieu of Funds	-	-	-	\$745,599
Latinos Y Latinas en Accion	952	277	-	\$18,862
Mass Rescue Operation Exercise	150	228	-	\$16,510
San Diego County Deputy Sheriff's Foundation - Annual Save the Bacon Ride	-	-	-	\$1,000
San Diego Police Foundation - Gold Shield Gala	-	-	-	\$10,000
Scripps Mercy Hospital Chula Vista Community Building	1,016	3,316	-	\$72,339
Scripps Mercy Leadership Volunteer Services	350	169	-	\$8,426
Susan G. Komen 3 Day Breast Cancer Walk	1,000	16	-	\$4,202
Susan G. Komen Race for the Cure	1,000	8	-	\$2,401
Trauma Coalition Building	120	60	-	\$22,124
TOTAL FY15 SCRIPPS COMMUNITY BUILDING	17,822	11,409	-	\$1,799,149

*"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 labor 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 new Schedule H 990 but are still reportable outside the community benefit table.

Professional Education and 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 an important 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 2015 (October 2014 to September 2015), Scripps invested \$26,184,190¹ 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.

Figure 5:1 and Figure 5:2 on the following pages have a more detailed overview of the fiscal year 2015 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 82.)

¹ 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 primarily takes place at Scripps Clinical Research Services, Scripps Whittier Diabetes Institute, Scripps Genomic Medicine and Scripps Translational Science Institute.

Health Professions Training

Internships

Scripps' commitment to ongoing learning and health care excellence extends beyond our organization. Our internship 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 an important role as preceptors by investing their time to create a valuable experience for the community. In fiscal year 2015, Scripps hosted 2,488 interns within our system and provided 356,474 development hours spanning nursing and ancillary settings. Table 5:1 provides a breakdown of interns by Scripps facility.

Figure 5:1 Scripps Health Internships for FY15

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)	78	0	4,010	180	0	28,771	258	0	32,781
Scripps Memorial Hospital Encinitas	144	9,700	1,996	143	6,606	18,816	287	16,306	20,812
Scripps Green Hospital	166	16,788	5,648	74	5,670	15,176	240	22,458	20,824
Scripps Home Health/Hospice	4	0	1,138	7	0	1,174	11	0	2,312
Scripps Memorial Hospital La Jolla	398	23,800	22,222	172	2,388	16,281	570	26,188	38,503
Scripps Mercy Hospital, Chula Vista	274	36,768	6,100	91	12,960	12,533	365	49,728	18,633
Scripps Mercy Hospital, San Diego	560	63,498	4,749	171	11,012	25,165	731	74,510	29,914
Scripps Health Administrative Services	2	0	600	24	0	2,905	26	0	3,505
Total	1,626	150,554	46,463	862	38,636	120,821	2,488	189,190	167,284

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 is regularly accepting new partnerships, based on community and workforce needs, and established an affiliation agreement committee to review all requests and provide a system wide approach to securing new student 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.

Research Students

Scripps supports graduate research for masters and doctoral students at universities with affiliation agreements. Scripps Center for Learning & Innovation oversees the student placement process. 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 2015, Scripps research included students from USD, Western Governors, SDSU, PLNU Loma Linda University and postdoctoral pharmacy residency programs, including the PGY1 Pharmacy Residency Program.

College Collaborations

Scripps partnered with PLNU to create health care focus courses, including Health care Finance and Health care Operations. PLNU students (non-Scripps employees) may elect to take these courses towards their MBA.

High School Programs

Scripps is dedicated to promoting health care as a rewarding career, collaborating with a number of high schools to offer students opportunities to explore a role in health care and gain firsthand experience working with Scripps health care professionals. Here is a summary of the high school programs Scripps made available to the community.

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

This program reaches out to San Diego high school students interested in exploring a career in health care. In fiscal year 2015, 25 students participated in the program. During their five-week rotation, the students were exposed to different departments, exploring career options and learning valuable life lessons about health and healing.

UC High School Collaboration

UC High School and Scripps partnered to provide a real-life context to the school's Health care Essentials course. For fiscal year 2015, sixteen students were selected to rotate through five different Scripps locations, during the spring semester, to increase their awareness of health care careers. UC High students visited Scripps Clinic Torrey Pines, Carmel Valley, Rancho Bernardo, Mercy San Diego, Scripps Memorial Hospital La Jolla and Green.. The students were able to view surgeries and shadowing healthcare professionals in the emergency department, ICU, pharmacy, urgent care, internal medicine, pediatrics, ambulatory services, rehab therapy, patient logistics, lab and trauma.

Young Leaders in Health Care

An outreach program at Scripps Hospital Encinitas, Young Leaders in Health Care targets local high school students interested in exploring health care careers. Student's 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. 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 life challenges. Young Leaders in Health Care also includes a service project to meet high school requirements and make a positive impact on the community. The program closes the year with a presentation aligned with the yearly focus. More than 100 students, community members and health care specialists attended the Young Leader in Health Care final meeting, culminating with student presentations on sports injuries and prevention. Students that participate in the program are eligible to apply to the High School Explorer summer internship program.

Scripps Health Graduate Medical Education

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-recognized 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. Scripps has a pharmacy residency program which train residents with doctor of pharmacy degrees. In 2015, Scripps had a total of 131 residents and 36 fellows enrolled throughout the Scripps health system. More detail on these programs is included in the community benefit report.

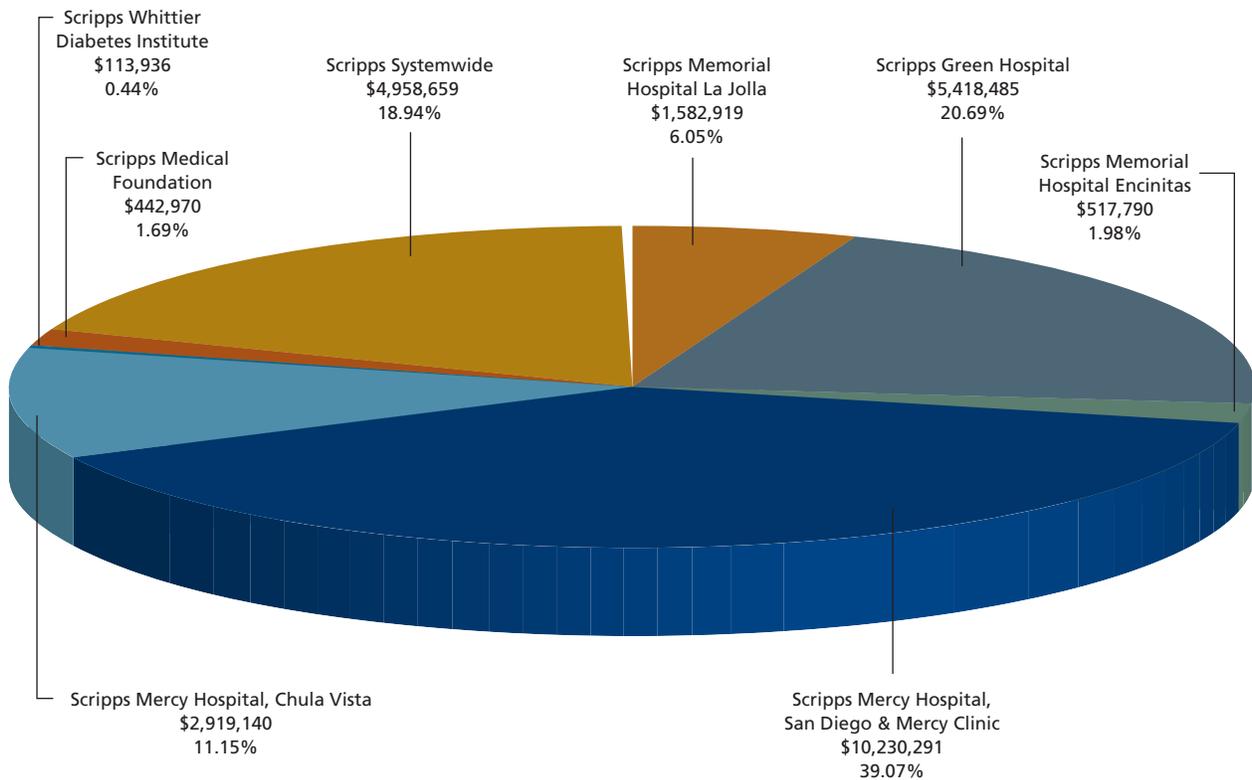
UCSD/Scripps Health Hospice and Palliative Medicine Fellowship Program

In 2015, Scripps continued the 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 program prepares trainees

to work in a variety of roles, including leadership positions within the field. Graduates have successfully become hospice medical directors and palliative medicine consultants in outpatient and inpatient settings across the United States. The program is a continuation of the legacy of the San Diego Hospice and the Institute for Palliative Medicine fellowship program, in which both Scripps Mercy Hospital/Scripps Health and UCSD played integral roles to graduate more than 80 fellows. 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. There are currently four fellows and for the 2015-2016 year the program will grow to six fellows.

FIGURE 5:2

Scripps Professional Education and Health Research by Operating Unit, \$26,184,190



Professional Education and Health Research

This table 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 2015 Schedule H 990 IRS guidelines, "direct offsetting revenue" also includes restricted grants or contributions that the organization uses to provide a community benefit.

SCRIPPS PROFESSIONAL EDUCATION AND HEALTH RESEARCH

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY15 PROFESSIONAL EDUCATION

Program Name	Person Served	Staff Hours	Volunteer Hours	Financial Support*
Advanced Cardiac Life Support (ACLS) Heartcode After Online Skills Check	28	38	-	\$5,547
Advanced Cardiac Life Support (ACLS) Provider Course	29	136	-	\$4,042
Advanced Cardiac Life Support Renewal Course	21	86	-	\$1,058
Basic Life Support for Healthcare Provider Online Skills Check	44	52	-	\$1,793
Basic Life Support for Healthcare Providers Renewal	21	67	-	\$1,957
Basic Life Support for the Healthcare Provider Initial	83	138	-	\$3,762
California Association of Nurse Practitioners - North San Diego Chapter	53	-	-	\$93
Cancer Center Oncology Nursing Education Program	82	484	-	\$8,446
Emergency Care Summit	100	228	-	\$16,019
Health Professions Training	1,112	3,424	5,447	\$66,477
MCH Nursing Students	153	213	-	\$4,662
Neonatal Resuscitation Program (NRP)	13	18	-	\$1,265
Nursing Student Education	244	244	-	\$18,070
Nursing Student Rotation Education	-	70,845	-	\$5,134,958
Pharmacy Residency	-	16,156	-	\$954,965
Physical Therapist of California	55	-	-	-
Physical Therapy and Physical Therapy Assistant Student Program	58	1,945	-	\$122,073
Professional Education Diabetes Programs	275	396	-	\$3,168
Scripps High School Exploration Program	25	1,130	-	\$84,432
St. Leo's Mission Medical Clinic	526	-	-	-
St. Vincent de Paul Village Medical Clinic & Mid City Clinic	453	-	-	-

* "FINANCIAL SUPPORT" reflects the cost (labor, supplies, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H.

Program Name	Person Served	Staff Hours	Volunteer Hours	Financial Support*
Student Preceptorship - Scripps Memorial Hospital La Jolla Cardiac Treatment Center	211	623	-	\$33,730
UC High School Exploration Program	16	595	-	\$45,251
TOTAL FY15 SCRIPPS PROFESSIONAL EDUCATION	3,602	480,342	5,447	\$6,511,768

*" FINANCIAL SUPPORT" reflects the cost (labor, supplies, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H.

FY15 GRADUATE MEDICAL EDUCATION

Program Name	Person Served	Staff Hours	Volunteer Hours	Financial Support*
Scripps Family Medicine Residency Program	-	66,210	-	\$1,889,798
Scripps Green Hospital Department of Graduate Medical Education	-	155,431	-	\$4,794,772
Scripps Mercy Hospital's Graduate Medical Education Program	-	161,883	-	\$7,639,924
TOTAL FY15 GRADUATE MEDICAL EDUCATION	-	383,524	-	\$14,324,494

FY15 HEALTH RESEARCH

Program Name	Person Served	Staff Hours	Volunteer Hours	Financial Support*
Research: Do audit filters have value in a mature trauma system?	-	736	-	\$53,604
Research: Frailty in Trauma Clinical Assessment Tool	-	153	-	\$14,447
Research: Impact of a More Conservative Approach to CT Scanning	-	9	-	\$607
Research: Isolated traumatic brain injury and adrenergic blockade	-	992	-	\$70,094
Research: Routine repeat head CT and neurosurgical consultation in neurologically stable patients with mild TBI	-	569	-	\$38,572
Research: Surveys in Support of Screening, Brief Intervention, and Referral to Treatment (SBIRT)	-	1	-	\$96
Research: The Value of Ultrasound Imaging Surveillance for Venous Thromboembolic Disease in Trauma Patients	-	14	-	\$926
Research: Thoracic Endovascular Repair versus Open Surgery for Blunt Aortic Injury	-	125	-	\$8,627
Research: Venous Thromboembolic Prophylaxis after Major Trauma: A Randomized Controlled Trial of Three Times a Day Unfractionated Heparin versus Enoxaparin	-	460	-	\$33,985
Clinical Research Services	-	58,589	-	\$4,213,382

*" FINANCIAL SUPPORT" reflects the cost (labor, supplies, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H.

Program Name	Person Served	Staff Hours	Volunteer Hours	Financial Support*
Scripps Genomic Medicine and Translational Services	-	47,765	-	\$544,955
Research: AAST Vascular Trauma Registry-Pro prospective Observational Vascular Injury Trial (PROOVIT)	-	1	-	\$96
Research: Clinical relevance of the MRI in Cervical Spine Clearance	-	382	-	\$24,456
Research: Football days: A case crossover study	-	26	-	\$1,725
Research: Hereditary Thrombophilia in Trauma Patients with Venous Thromboembolism	-	7	-	\$479
Research: Impact of Trauma Service Workload on Nurse Practitioner Time	-	140	-	\$9,388
Research: Level I Trauma Centers Survey of Peripheral Vascular Trauma and Vascular Capabilities	-	256	-	\$17,637
Research: Path to the OR	-	20	-	\$1,309
Research: Systematic review of clinical trauma frailty assessment tools	-	212	-	\$20,037
Research: The Effects of Chronic Conditions on Clinical Outcomes Following Traumatic Injury	-	1,084	-	\$75,367
Research: The Impact Mental Illness on a Level I Trauma Center	-	261	-	\$19,971
Research: The Impact of Trauma Service Management on Older Adult Hip Fracture Outcomes	-	1	-	\$96
Research: Trial of Effectiveness of Screening and Brief Intervention for Drug Users in the Trauma and Emergency Departments	-	1	-	\$96
Research: Venous Thromboembolism Multicenter Trauma Registry	-	1,286	-	\$86,792
Research: VTE Risk Stratification of Trauma Patients Using Thrombelastography in Combination with Known Risk Factors	-	6	-	\$415
*“ FINANCIAL SUPPORT” reflects the cost (labor, supplies, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H.				

Program Name	Person Served	Staff Hours	Volunteer Hours	Financial Support*
Scripps Whittier Diabetes Research	-	9,187	-	\$110,769
TOTAL FY15 SCRIPPS HEALTH RESEARCH	-	122,283	-	\$5,347,928
TOTAL FY15 SCRIPPS HEALTH RESEARCH & PROFESSIONAL EDUCATION	3,602	602,625	5,447	\$26,184,190

* " FINANCIAL SUPPORT" reflects the cost (labor, supplies, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H.

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 18.9 percent of the inpatient population living in the hospital's 50 percent service area. Today, the hospital has 444 licensed beds and more than 2,364 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 psychology 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 19.7 percent of Medicare patients, 10.1 percent of Medi-Cal patients, 21.0 percent of commercially insured patients and 13.4 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, Scripps Whittier Diabetes Institute and Scripps Polster Breast Care Center.

Distinguishing Programs and Services

- Prebys Cardiovascular Institute
- Crivello Cardiovascular Center
- 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 Drug And Alcohol Treatment Center
- Scripps Mende Well Being Center
- Scripps Mericos Eye Institute
- Scripps Cancer Care (programs/services referenced in section 12)
- Trauma Center

Scripps Memorial Hospital La Jolla

2016 Community Benefit Plan, Fiscal Year 2016

The Scripps La Jolla 2016 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health during fiscal year 2016 (October 2015 to September 2016).

The Scripps 2016 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 2016 Community Benefit Objectives

Community Health Services

Cancer Outreach, Education and Support

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

- Continuing to provide education and support services for those who are experiencing, or are at risk for lymphedema.
- Continuing to provide education and support for breast health by participating in community events and health fairs.
- Continuing to support the volunteer breast buddy support program, matching newly diagnosed breast cancer patients with breast cancer survivors trained to mentor.
- Supporting Young Women's Support Group bimonthly meetings for women under 40 in continuation of a Young Women's Survivor Coalition (YSC), San Diego Chapter. Funding assistance is given to YSC community education.

Scripps Cancer Care

- Continue to offer genetic counseling and cancer risk assessment for individuals at high risk for hereditary and familial cancer syndromes, including education and 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.
- Outpatient oncology social worker provides psychosocial 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 social worker provides counseling 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.

- Continue to provide wig, head wrap and appearance programs with support from Aloha Locks.
- In conjunction with rehabilitation services, continue to support education and exercise classes, focusing on healing and recovery.
- In conjunction with Scripps Whittier Diabetes Institute, continue to support education and nutritional counseling for cancer treatment and recovery.
- Continue to work with community to develop patient cancer navigator role. Patient navigator provides clinical education and distributes resource information to both patients and their families.
- Continue to provide and develop evidence-based nursing continuing education curriculum based on community needs assessment that includes hospital staff, ancillary offices and other nurses in the community.
- Continue to foster relationships and participate with professional organizations and community outreach organizations at both the local and national level.
- Continue to foster academic affiliation and student support through preceptor experiences.
- Plan and develop community-based informational and celebratory events specific to patient populations and community needs.
- Provide community support and education through gynecological support group, twice a month.

General Health Education and Wellness Initiatives

- Continue to sponsor community-based support groups for parenting, breastfeeding, cardiac, cancer, lymphedema, bariatrics, joint replacement, ovarian cancer, mental health, nutrition, postpartum depression, spine surgery, chronic pain, parenting and grand parenting, babysitting safety, stroke exercise, Parkinson's voice class, Parkinson's exercise class, pelvic floor wellness, fall prevention, home safety, healing touch workshops and diabetes patients at Scripps Memorial Hospital La Jolla.
- Offer 30 to 40 educational programs on arthritis, senior health concerns, orthopedics, diabetes, osteoporosis, macular degeneration and other ophthalmological conditions, women's health issues, cancer, stroke, alternative and complementary medicine, heart health, exercise, nutrition, migraines, Parkinson's, weight loss, incontinence and bladder health, exercise and injury prevention, joint replacement, pain management, neurological disorders, stress reduction, depression, hearing, dermatological, health care reform, food allergies, back pain, gynecological updates, sleep disorders, addiction, palliative care, and urology disorders.
- 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 the March of Dimes to promote healthy behaviors.
- Work with the Lawrence Family Jewish Community Center to offer 12 health education seminars on a variety of health improvement topics focused on senior health issues.

- Support school and Scripps nursing in-services and community-based medical outreach activities.
- 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:

- Offering education targeting women to increase public awareness about the advances in women's health care.
- Offering cardiac education programs for the community, focusing on current heart treatment options and new screening technologies.
- Offering monthly cardiac screenings (blood pressure and body fat, lipid panel and cardiac risk assessment) at Scripps La Jolla.
- Offering cardiac screenings (blood pressure and body fat) at two to four health fairs throughout San Diego County.
- Offering an ongoing, seven-week cardiac education class (Straight to the Heart) for newly diagnosed patients.
- Offering a continuous twelve-week pulmonary education program.
- Offering a continuous course for cardiac heart failure (CHF) patients, Taking Control of Heart Failure.
- Providing monthly programs for heart patients, including lectures, dinner, grocery store tours, walks and social events through the Happy Hearts Club.
- Work with young women's groups (sororities, civic clubs and volunteer organizations) to provide heart health information, screenings, etc.
- Continuing to hold the Cardiac Casino to provide education on heart health.

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 not provided.
- Maintain the existing prenatal education services in the county, ensuring that programs demonstrate a satisfaction rating higher than 90 percent.
- Continue to offer seven breastfeeding support groups throughout the county on a weekly basis (includes two with bilingual services).
- Offer twelve maternal child health education series covering issues such as grand parenting and babysitter safety in San Diego County.
- Offer quarterly dogs and babies safety education program for expectant parents.
- Offer pelvic floor and pregnancy education program for expectant women.
- Offer postpartum pelvic floor wellness education for postpartum women.

- Parent Connection programs for new families: baby sleep class, spirited child, infant exercise and movement, new mom's returning to work, positive discipline, potty training, alternatives to spanking, turning terrible twos into terrific twos, redirecting children's behavior, and the joy of parenting.

Substance Abuse Prevention and Treatment Programs

Continue to provide substance abuse prevention and treatment programs throughout San Diego County. Scripps Drug and Alcohol Treatment Program will offer a series of drug and alcohol abuse prevention and treatment programs including:

- Continue providing countywide lectures and respond to speaking requests from the community.
- Promote awareness of alcoholism and chemical dependency and effective treatments.
- Maintain a speaker's bureau to accommodate requests for presentations on drug abuse and prevention from community organizations throughout San Diego County.
- Offer monthly intervention trainings for people suffering from addiction.
- Maintain and enhance web-based self-assessment tools for drug addiction and a list of care resources.
- Increase chemical dependency intervention and family systems education in the community and continue to speak to parents and school systems.
- Offer drug and alcohol intervention workshops at no cost to parents of adolescents.
- Increase the ability to provide treatment to those who are unfunded or underfunded. Through a contract with the Volunteers of America Scripps will provide safe detox up to five patients per week with Case Management from the Scripps Drug and Alcohol Resource Nurses to help them into community based programs.

Unintentional Injury and Violence

- Provide at least two safety education programs for students and teachers on bike, skateboard and car seat safety.
- Provide at least two safety education programs for older adults.

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 extern program.
- Provide clinical education experiences for allied health students such as OT, PT, RCP, radiographers, surgical technicians and clinical social workers.

Uncompensated Health Care

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.

Scripps Memorial Hospital La Jolla

2016 Community Benefit Report, Fiscal Year 2015

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 2015 (October 2014 to September 2015).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2015, 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 167 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$7,865.18.¹

Making a Financial Commitment

During fiscal year 2015, Scripps La Jolla devoted \$73,647,014 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.

Scripps Memorial Hospital La Jolla Community Benefit Services Highlights (After Hospital Provider Fee)

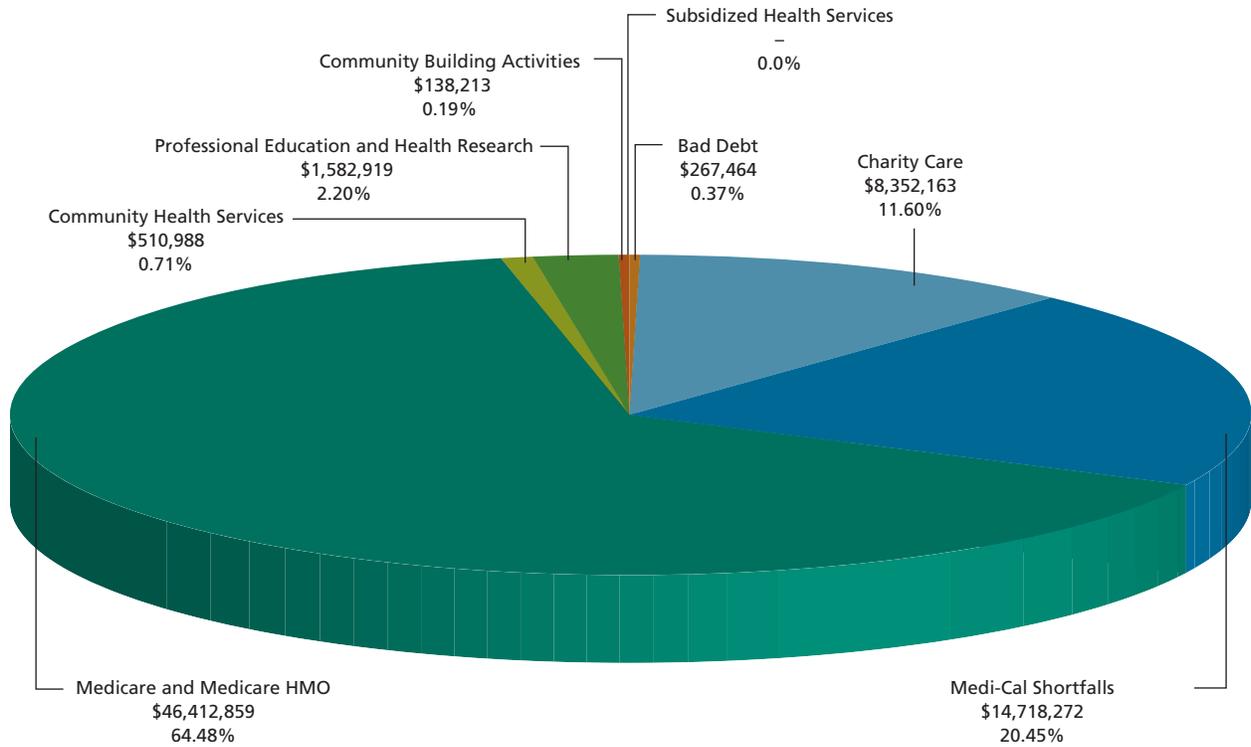
During fiscal year 2015, Scripps La Jolla contributed \$73,647,014 in community benefits, including \$8,352,163 in charity care, \$16,382,408 in Medi-Cal, \$46,412,859 in Medicare shortfall, \$267,464 in bad debt, \$510,988 in community health services, \$0 in subsidized health services, \$1,582,919 in professional education and research and \$138,213 in community building activities.

Refer to Figure 6:1 presented on the following page for a graphic representation of the fiscal year 2015 Scripps Memorial Hospital La Jolla Community Benefit Services distribution.

¹ Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

FIGURE 6.1

FY15 Scripps Memorial Hospital La Jolla Community Benefit Services Distribution, \$71,982,878 (before provider fee)



Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal Shortfalls	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	\$267,464	\$8,352,163	\$14,718,272	\$46,412,859	\$510,988	\$1,582,919	\$138,213	-	\$71,982,878
Provider Fee	-	-	\$1,664,136	-	-	-	-	-	\$1,664,136
Net Community Benefit Services After Provider Fee	\$267,464	\$8,352,163	\$16,382,408	\$46,412,859	\$510,988	\$1,582,919	\$138,213	-	\$73,647,014

Community Benefit Services:

Community benefit services include programs offered to the community that go above and beyond normal patient care. Scripps places community benefit services in three categories: uncompensated health care, community health services, and professional education and health research. Uncompensated care includes charity care, bad debt, Medi-Cal shortfalls and Medicare shortfalls.

Scripps La Jolla Fiscal Year 2015 Community Health Services

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 2015 (October 2014 to September 2015), Scripps La Jolla invested \$510,988 in community health 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's fiscal year 2015 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 Memorial Hospital La Jolla invested \$1,582,919² in professional training and research programs during fiscal year 2015 (October 2014 to September 2015). This section highlights some of Scripps La Jolla's professional education activities during fiscal year 2015.

Scripps La Jolla was 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 and other areas. Scripps La Jolla supported clinical instruction and practice affiliations for non-nursing students one-day student observations, wound care lectures on the university's campus, and intensive care unit learning lab three times per year. In addition, Scripps La Jolla provided clinical and nonclinical 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.

² 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.

Pharmacy Residency Program

Scripps Memorial Hospital La Jolla, with Scripps Green Hospital in La Jolla, offers three 12-months ASHP accredited postgraduate year one (PGY-1) pharmacy resident positions. The pharmacy practice residency program focuses on pharmacotherapy, research and teaching in a decentralized pharmacy setting. The pharmacy department is open 24/7 and includes a central pharmacy, two OR satellite pharmacies along with decentralized pharmacist clinical services. Scripps Memorial is affiliated with multiple schools of pharmacy and annually trains 10-15 PharmD candidates. Graduates of this program are prepared to practice in tertiary community hospital settings and adjunct faculty positions as well as pursue further training such as postgraduate year two (PGY-2) residency or other clinical venues.

SCRIPPS MEMORIAL HOSPITAL LA JOLLA

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY15 SCRIPPS MEMORIAL HOSPITAL LA JOLLA

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Aloha Locks Cancer Wig Program	27	160	-	\$6,640
Bad Debt **	-	-	-	\$267,464
Beach Area Community Court Program	338	24	-	\$1,941
Breastfeeding Support Groups - Scripps La Jolla Community Benefit Services	3,094	-	48	\$750
Cancer Center Heredity and Cancer Genetic Counseling Program	970	5,731	28	\$96,847
Cancer Center Nutrition Program	2	12	-	\$584
Cancer Center Oncology Nursing Education Program	82	484	-	\$8,446
Cancer Center Outpatient Social Worker and Liaison Program	286	1,690	-	\$28,555
Cancer Center Registered Nurse Navigator Program	340	1,621	-	\$80,898
Cancer Support Health Improvement Services	141	-	-	-
Cancer Support Services and Educational Materials	25	148	-	\$6,536
Cardiac Risk Screenings	5	2	-	\$112
Cardiac Treatment Center Group Exercise Programs	4,289	762	-	\$35,687
Charity Care	-	-	-	\$8,352,163
Community Health Education Program	8,081	1,630	9	\$97,989
Donated Room Space for Not - For - Profit Organizations	897	-	-	\$1,641
Greater La Jolla Meals on Wheels	6,549	-	-	-
Health Education and Support Groups	569	1,825	-	\$32,345
Health Professional Education	100	228	-	\$16,019
In Lieu of Funds **	-	-	-	\$138,213
Jewish Family Services Embrace a Family	167	88	-	\$4,589

*"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 labor 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 new Schedule H 990 but are still reportable outside the community benefit table.

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Lebed Method - Focus on Healing Through Movement and Exercise	144	52	-	\$3,275
Medi-Cal (Shortfall)	-	-	-	\$16,382,408
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$46,412,859
Nursing Student Education	397	457	-	\$22,732
Nursing Student Rotation Education	-	12,938	-	\$960,526
Nutrition Education Class	9	4	-	\$128
Other Health Professional Education	108	-	-	\$93
Parent Connection	269	200	-	\$8,608
Perinatal Education Classes - Scripps La Jolla Community Benefit Service	1,774	2,466	86	\$44,159
Pharmacy Residency	-	6,834	-	\$419,298
Physical Therapy and Physical Therapy Assistant Student Program	58	1,945	-	\$122,073
Physician Representation	42	31	2	\$1,344
Rehabilitation Parkinson's Class and Stroke Exercise	355	76	-	\$4,187
Scripps Memorial Hospital La Jolla Medical Library	-	1,044	-	\$48,245
Scripps Polster Breast Care Center Support Groups	169	41	-	\$2,280
Student Preceptorship - Scripps memorial Hospital La Jolla Cardiac Treatment Center	211	623	-	\$33,730
Successful Living Expo	100	74	-	\$3,200
Yoga and Wellness Workshop	14	10	-	\$448
TOTAL FY15 SCRIPPS MEMORIAL HOSPITAL LA JOLLA	29,619	41,200	173	\$73,647,014

*"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 labor 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 new Schedule H 990 but are still reportable outside the community benefit table.

Scripps Memorial Hospital Encinitas

About Scripps Memorial Hospital Encinitas

Scripps Memorial Hospital Encinitas, located along the coast of San Diego's North County, has 194 licensed beds, 1,423 employees and provides health care services for 25.8 percent of the inpatient population living within the hospital's North County West service area. 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 and urology and acute care rehabilitations services. Within its service area, Scripps Encinitas cares for 30.8 percent of Medicare patients, 16.0 percent of Medi-Cal patients, 25.6 percent of commercially insured patients, and 19.7 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
- STEMI-receiving center designation from the American Heart Association
- Spine and joint replacement programs
- Palliative care program

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

Rehabilitation Center:

- Rehabilitation center and brain injury treatment program accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF)
- Brain injury outpatient day treatment program
- Concussion management program
- Driving safety assessments
- Gait analysis
- Outpatient physical rehabilitation services

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

2016 Community Benefit Plan, Fiscal Year 2016

The Scripps Memorial Hospital Encinitas 2016 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health improvement during fiscal year 2015 (October 2015 to September 2016).

The Scripps 2016 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 2016 Community Benefit Objectives

Community Health Services

- Continue to coordinate quarterly blood drives on behalf of American Red Cross at the Encinitas hospital campus.
- Continue to offer bereavement support group, which is facilitated by a licensed professional, 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 stroke and brain injury support group, which is facilitated by a licensed professional, meets twice a month and is free and open to the community.
- 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 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.

Professional Education and Research

- Support California State San Marcos and Palomar College nursing school program 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

- 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

2016 Community Benefit Report, Fiscal Year 2015

The Scripps Memorial Hospital Encinitas Community Benefit Report is an account of the hospital's dedication and commitment to improving the health of the community, detailing hospital programs that have provided benefit over and above standard health care practices in fiscal year 2015 (October 2014 to September 2015).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2015, Scripps Encinitas employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. In FY15, Encinitas has two volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$94.19.¹

Making a Financial Commitment

During fiscal year 2015, Scripps Memorial Hospital Encinitas devoted \$53,489,802 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.

Scripps Memorial Hospital Encinitas Community Benefit Services Highlights (After Hospital Provider Fee)

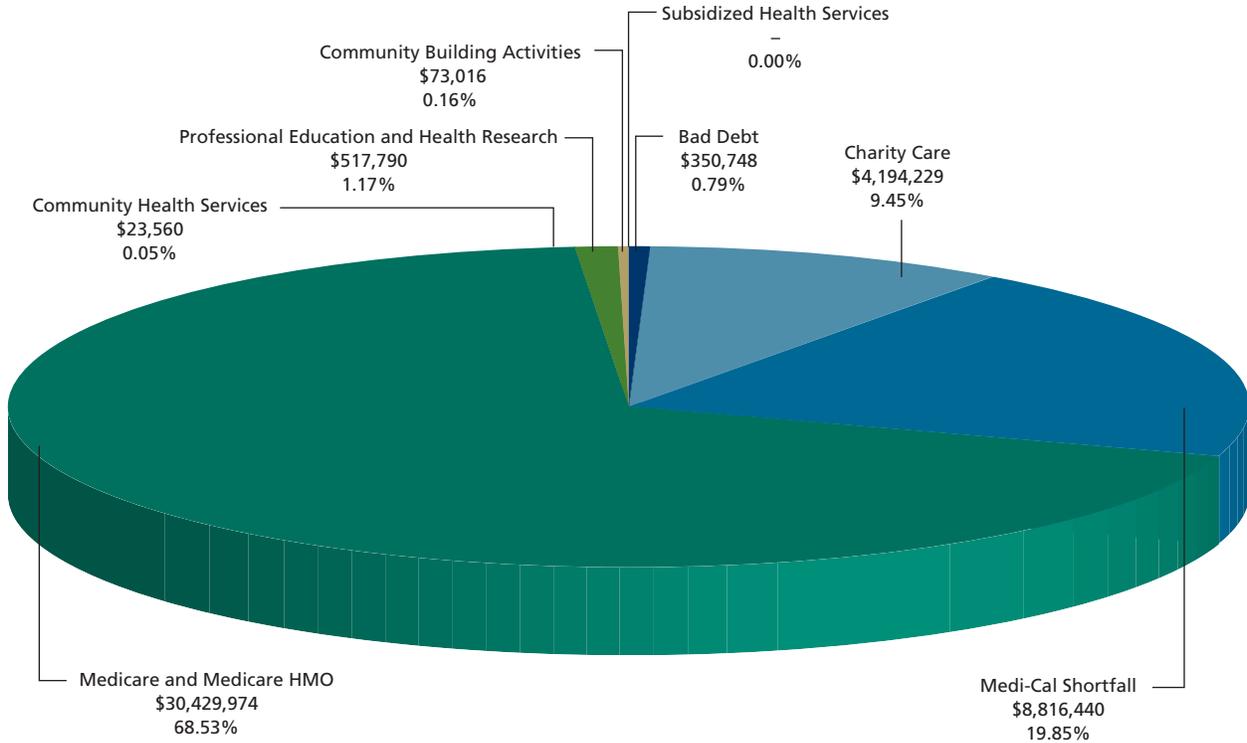
During fiscal year 2015, Scripps Encinitas contributed \$53,489,802 to community benefits, including \$4,194,229 in charity care, \$17,900,485 in Medi-Cal shortfall, \$30,429,974 in Medicare shortfall, \$350,748 in bad debt, \$23,560 in community health services, \$0 in subsidized health services, \$517,790 in professional education and health research and \$73,016 in community building activities.

Refer to figure 7:1 presented on the following page for a graphic representation of the fiscal year 2015 Scripps Memorial Hospital Encinitas Community Benefit Services distribution.

¹ Calculation based upon an average hourly wage for the Scripps Health system plus benefits

FIGURE 7:1

FY15 Scripps Memorial Hospital Encinitas Community Benefit Services Distribution, \$44,405,757 (before provider fee)



Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal Shortfalls	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	\$350,748	\$4,194,229	\$8,816,440	\$30,429,974	\$23,560	\$517,790	\$73,016	-	\$44,405,757
Provider Fee	-	-	\$9,084,045	-	-	-	-	-	\$9,084,045
Net Community Benefit Services After	\$350,748	\$4,194,229	\$17,900,485	\$30,429,974	\$24,560	\$517,790	\$73,016	-	\$53,489,802

Community Benefit Services:

Community benefit services include programs offered to the community that go above and beyond normal patient care. Scripps categorizes community benefit services in three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, Medi-Cal and Medicare shortfalls.

Scripps Encinitas Fiscal Year 2015 Community Health Services

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 2015 (October 2014 to September 2015), Scripps Encinitas invested \$23,560 in community health 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 the Scripps Encinitas fiscal year 2015 community health services.

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 an important 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 health professional education programs. To enhance service delivery and treatment practices for San Diego County, Scripps Encinitas invested \$517,790² in professional training programs and health research during fiscal year 2015 (October 2014 to September 2015). This section highlights some of the Scripps Encinitas professional education activities in fiscal year 2015.

- The stroke and brain injury support and education group is for survivors, caregivers and loved ones. Participants receive information and resources, reinforce inner strengths, learn self-care strategies, develop encouraging peer relationships and continue a life of meaning and purpose.
- The breast cancer support group recognizes the special needs of women who have suffered from breast cancer. Group members share experiences, information, hopes, fears and strengths in a relaxed setting.

² 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.

- 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.

SCRIPPS MEMORIAL HOSPITAL ENCINITAS

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY15 SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Bad Debt **	-	-	-	\$350,748
Bereavement Support Group Encinitas	45	2	-	\$99
Blood Drives for the American Red Cross	91	-	2	\$189
Breast Cancer Education and Support Group	511	88	-	\$8,940
Charity Care	-	-	-	\$4,194,229
Community Health Education Program	500	25	-	\$1,332
Gentle Chair Yoga	35	18	-	\$1,841
Healing Arts Class and Support Group	44	34	-	\$2,251
In Lieu of Funds **	-	-	-	\$73,016
Look Good Feel Better - American Cancer Society	13	4	-	\$670
Medi-Cal (Shortfall) ***	-	-	-	\$17,900,485
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$30,429,974
Nursing Student Rotation Education	-	7,424	-	\$517,790
Spinal Cord Injury Support and Education Group	93	32	-	\$1,874
Stroke and Brain Injury Support and Education Group	384	46	-	\$2,624
Young Leaders in Healthcare	582	25	-	\$3,740
TOTAL FY15 SCRIPPS MEMORIAL HOSPITAL ENCINITAS	2,298	7,698	2	\$53,489,802

*"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 labor 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 new Schedule H 990 but are still reportable outside the community benefit table.

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

Scripps Mercy Hospital

Scripps Mercy Hospital

With 684 licensed beds and more than 3,588 employees, Scripps Mercy Hospital is San Diego's longest-established and only Catholic medical center. The two hospitals (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 provides health care services for 28.2 percent of the inpatient population living within the hospital's central services area. Scripps Mercy is designated a disproportionate share hospital, providing care to a large number of patients who either lack health insurance or are covered through a government subsidy program (30.5 percent are Medicare patients, 34.5 percent are Medi-Cal patients, 16.4 percent are commercially insured patients, and 19.9 percent have another payment source, including self-pay, CMS or charity care).

San Diego Campus

Founded in 1890, Scripps Mercy has a long tradition of caring for the underserved. Located in Central San Diego County, Scripps Mercy Hospital, San Diego has 501 licensed beds and 2,488 employees. As a major teaching hospital, Scripps Mercy Hospital, San Diego, provides a primary site for the clinical education of more than 140 residents per year. Mercy 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 Hospital, 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 183 licensed-care beds and more than 1,100 employees. It became a Scripps Mercy Hospital campus in October 2004 and, together with the Scripps Mercy facility in Hillcrest, is growing to care for San Diego's Metro and South Bay communities. Scripps Mercy Hospital, 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

- Bariatric Surgery Program
- Behavioral Health Services
- Robotics Program
- Heart Care Center
- Community Benefit Programs
 - City Heights Wellness Center
 - WIC (Women, Infants and Children) Program
- City Heights Wellness Center
- Graduate Medical Education
- Lithotripsy
- Mercy Clinic
- Robotic Surgery Program
- Maternal Child Health
- Neonatal Intensive Care Nursery
- Neurological Institute
- Orthopedic Center
- Spiritual Care Services
- The O'Toole Breast Center
- Trauma Center

Distinguished Programs — Scripps Mercy Hospital, Chula Vista

- 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
- Health Education Programs
- Scripps Family Practice Residency Program
- Scripps Outpatient Imaging Center
- Scripps Rehabilitation Services
- Scripps Mercy Hospital, Chula Vista Well Being Center

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 2015 was \$6,490,142. This includes Scripps inpatient and outpatient behavioral health services, Mercy Clinic and Scripps in-lieu of funds. Scripps offers both inpatient and outpatient 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.

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 ones work through short-term crises, manage mental illness and resume their daily lives.

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 2015, the Scripps Mercy Behavioral Health Program lost \$4.4 million.
- In 2015, 3.2 percent of patients in the inpatient unit were uninsured.

Behavioral Health Outpatient Programs

Scripps Mercy provides hospital based adult psychiatric treatment at Scripps Mercy, San Diego. The outpatient program is an intensive day program designed to help individuals reduce their symptoms while they continue to live in the community. The outpatient program offers patients one to four treatment days per week.

A-Visions Vocational Training Program

- The innovative A-Visions Vocational Training Program at the San Diego campus helps prepare patients for volunteer and employment opportunities by exposing them to a variety of work activities and training. The total expense for the A-Visions program for fiscal year 2015 was \$90,902
- Since its inception, 93 clients have been served, and 46 enrolled at Scripps, including three as volunteers and 23 as Scripps Mercy Hospital employees. Currently, there are a total of 26 active candidates, 23 employees and three volunteering which are participating in supportive employment. 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 and Palliative Care Services. Paid A-Visions 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.

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 used for medications, equipment and transportation services. The total subsidized expense for in-lieu of funds during fiscal year 2015 was \$745,599.

Mercy Clinic of Scripps Mercy Hospital, San Diego

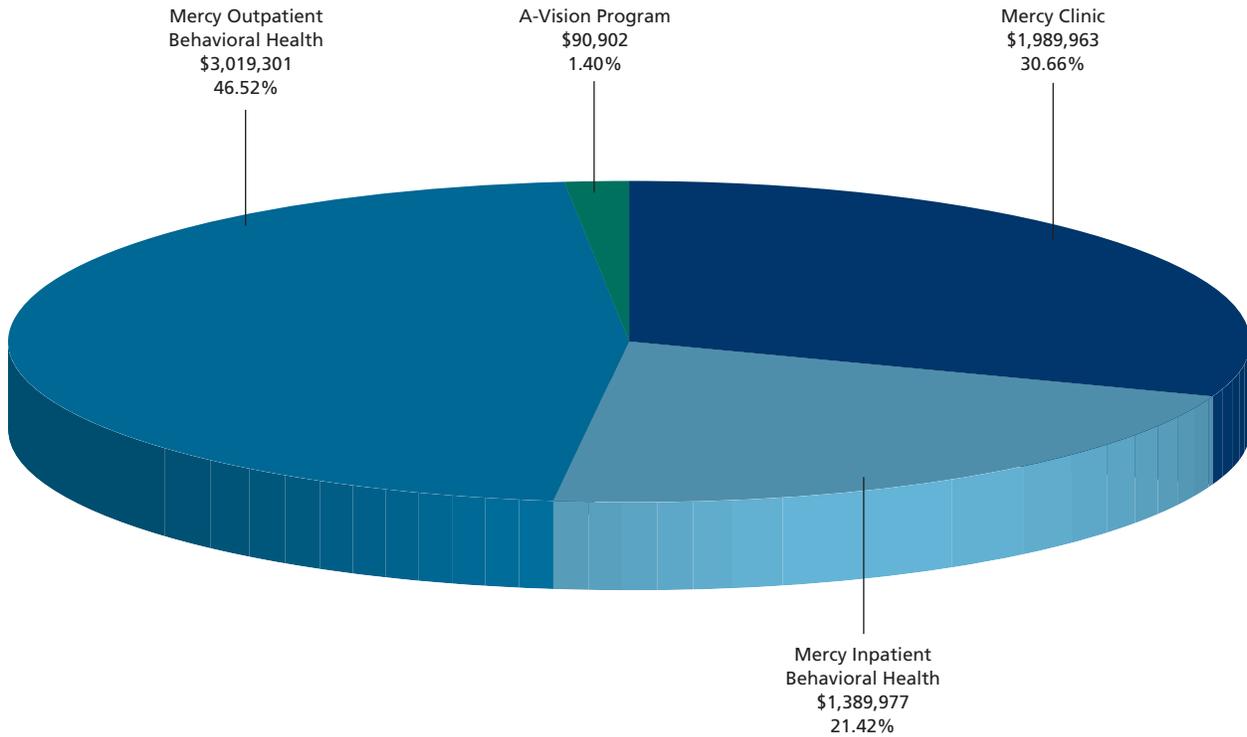
Founded in 1944 and adopted by the Sisters of Mercy in 1961, Mercy Clinic of Scripps Mercy Hospital is a primary care clinic that treats more than 1,000 patients each month. In fiscal year 2015, the clinic provided 10,120 patient visits for 3,764 patients for primary and subspecialty care. Established to care for the underserved, Mercy Clinic is a medical care resource for San Diego's working and disabled poor. Each year, 90 percent of patient visits are paid through Medi-Cal, Medicare or some other insurance plan. The remaining 10 percent pay what, and if, they can. Thousands of people rely on Mercy Clinic. Most are low-income, medically underserved adults and seniors who would otherwise have no access to specialty health care. The total subsidized expense for Mercy Clinic for fiscal year 2015 was \$2.0 million (excludes Medicare, Medi-Cal, bad debt and charity care).

A full-time clinic staff of nurses and other personnel work hand-in-hand with physicians from Scripps Mercy Hospital. As an integral part of treating its patients, Mercy Clinic serves as a training ground for more than 50 residents each year from the Scripps Mercy Hospital Graduate Medical Education Program.

Note: Mercy Clinic expenses are included within Scripps Mercy Hospital financials.

FIGURE 8:1

FY15 Scripps Subsidized Health Services Distribution by Category, \$6,490,142



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 effect of charity care, bad debt and Medi-Cal shortfalls. This includes Scripps inpatient and outpatient behavioral health services, and Mercy Clinic.

Scripps Mercy Hospital, San Diego

2016 Community Benefit Plan, Fiscal Year 2016

The Scripps Mercy Hospital, San Diego, and Mercy Clinic 2016 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the hospital's and clinic's objectives and strategies to support community health improvement during fiscal year 2016 (October 2015 to September 2016).

The Scripps 2016 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 and Mercy Clinic Fiscal Year 2016 Objectives

Community Health Services

Mercy Outreach Surgical Team (MOST) provides free reconstructive surgeries for more than 400 children (under 18 years of age) in Mexico with physical deformities caused by birth defects or accidents.

In 2002, Scripps Mercy Hospital and Rady Children's Hospital came together with the community to develop the City Heights Wellness Center. The center promotes health in mid-city San Diego by preventing disease, strengthening community partnerships, linking with existing services and providing opportunities for city residents to manage their own health. The Center's continuing vision is to help ensure optimal health and safety for City Heights residents. The center addresses a broad array of community health priorities, including nutrition, access to services and community engagement. The Center's hub is its' teaching kitchen; a hands-on interactive facility for cooking demonstrations, weight management, meal preparation classes, nutrition education and counseling. Key objectives for 2015 will be to:

- Promote healthy behaviors and positive health outcomes through educational activities and community projects.
- Provide the most current and reliable health education and information using local language and cultural preferences.
- Work with local schools, community groups, businesses and other entities to increase access to healthy foods and physical activity in City Heights.

Scripps Mercy's Supplemental Nutrition Program for Women, Infants and Children (WIC)

WIC has its largest distribution location based at the City Heights Wellness Center. 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 at least 7,200 low income women, infants and children monthly. Lactation education and support services are offered to improve breastfeeding among postpartum and parenting women.

Mercy Clinic

Provide primary and specialty health care for San Diego residents, serving as the outpatient clinical rotation site for Scripps Mercy Internal Medicine and Transitional Residency Program.

Mental Health Issues

Improve awareness of mental health by providing information and support services at community events.

National Depression Screening Day

For 2016, depression screening will be held in a partnership with all Scripps Hospitals and local YMCA's to increase the number of people assessed, educated and given referrals. This is a system-wide community benefit goal, including Scripps Mercy.

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

- Participate in at least three Every 15 Minutes events targeting more than 2,500 high school students in San Diego County.
- Increase injury prevention services availability (e.g., suicide prevention) throughout San Diego County.

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 medical students and residents, and San Diego Naval Hospital clinicians.

- Provide comprehensive graduate medical education training for 36 internal medicine residents, 18 transitional year residents and three chief residents.
- 97 percent of internal medicine resident graduates have successfully passed the American Board of Internal Medicine Certifying Examination on the first try for the past 18 years, resulting in Scripps Mercy Hospital having the highest ABIM pass rate among over 450 Internal Medicine Programs in the Nation. .
- Provide comprehensive graduate medical education training for nine podiatry residents.
- Provide a portion of graduate medical education training for up to six 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.
- Provide a comprehensive graduate medical education program in trauma and surgical critical care for 80 San Diego Naval Hospital surgery and emergency medicine physicians.
- Provide a year-long trauma research fellowship for approximately 2 San Diego Naval Hospital surgery residents.
- Provide a comprehensive didactic and clinical nursing education program in trauma care for six San Diego Naval Emergency Department nurses.
- Provide a comprehensive training program in trauma and critical care for 10 Navy physicians assistants-in-training.

Uncompensated Health Care

Scripps Mercy Hospital, San Diego and Mercy Clinic 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 the needs of patients.
- Assure that care is available through the emergency department and trauma center, regardless of a person's ability to pay.

Scripps Mercy Hospital, San Diego

2016 Community Benefit Report, Fiscal Year 2015

The Scripps Mercy Hospital, San Diego 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 2015 (October 2014 to September 2015).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2015, 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 1,961 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$92,357.04.¹

Making a Financial Commitment

During fiscal year 2015, Scripps Mercy Hospital, San Diego and Mercy Clinic devoted \$50,421,811 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.

Scripps Mercy Hospital, San Diego and Mercy Clinic Community Benefit Services Highlights (After Hospital Provider Fee)

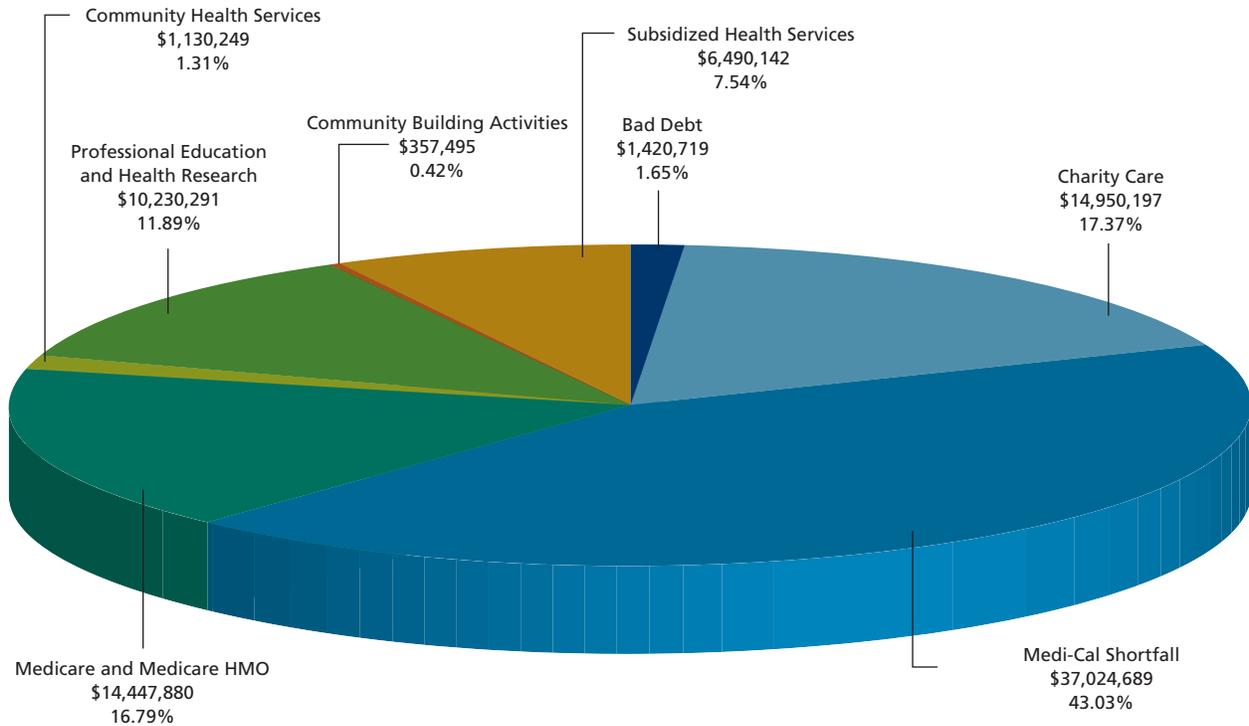
Scripps Mercy Hospital, San Diego and Mercy Clinic contributed \$50,421,811 to community benefits, including \$14,950,197 in charity care, \$1,394,837 in Medi-Cal shortfall (Scripps had to offset the provider fee income from Medi-Cal in fiscal year 2015), \$14,447,880 in Medicare shortfall, \$1,420,719 in bad debt, \$1,130,249 in community health services, \$10,230,291 in professional education and health research, \$6,490,142 in subsidized health services and \$357,495 in community building activities.

Refer to Figure 8:2, presented on the following page, for a graphic representation of the fiscal year 2015 Scripps Mercy Hospital, San Diego and Mercy Clinic Community Benefit Services distribution.

¹ Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

FIGURE 8:2

FY15 Scripps Mercy Hospital, San Diego and Mercy Clinic Community Benefit Services Distribution, \$86,051,663 (before provider fee)



Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal & Other Means-Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	\$1,420,719	\$14,950,197	\$37,024,689	\$14,447,880	\$1,130,249	\$10,230,291	\$357,495	\$6,490,142	\$86,051,663
Provider Fee	-	-	(\$35,629,852)	-	-	-	-	-	(\$35,629,852)
Net Community Benefit Services After Provider Fee	\$1,420,719	\$14,950,197	\$1,394,837	\$14,447,880	\$1,130,249	\$10,230,291	\$357,495	\$6,490,142	\$50,421,811

Community Benefit Services:

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

Scripps Mercy Hospital, San Diego and Mercy Clinic Fiscal Year 2015 Community Health Services

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 2015 (October 2014 to September 2015), Scripps Mercy Hospital and Mercy Clinic invested \$1,130,249 in community health services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Scripps Mercy Hospital's and Mercy Clinic's fiscal year 2015 community health 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 to 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, Scripps Mercy Hospital, San Diego and Mercy Clinic 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 and Mercy Clinic invested \$10,230,291² in professional training programs and health research during fiscal year 2015 (October 2014 to September 2015). This section highlights these activities.

Graduate Medical Education (GME) Program

Scripps Mercy Hospital, San Diego 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. Ninety-seven percent of internal medicine resident graduates have successfully passed the American Board of Internal Medicine Certifying Examination on the first try for the past 18 years, resulting in Scripps Mercy Hospital having the highest ABIM pass rate among over 450 Internal Medicine Programs in the Nation.

² 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. Calculations based on total program expenses.

Founded in 1949, Scripps Mercy Hospital, San Diego and Mercy Clinic's 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 36 internal medicine residents and four chief residents enrolled in the program, as well as 24 transitional year residents, 24 family medicine residents and nine podiatry residents at both the San Diego and Chula Vista sites.

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 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.

Since 1986, Scripps Mercy Hospital Trauma Services has provided graduate medical education in trauma and critical care for the Naval Medical Center (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 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 oromaxillofacial 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.

In addition to providing medical services for indigent and unassigned patients at Scripps Mercy Hospital, residents and interns act as primary care providers at Mercy Clinic, an outpatient primary and specialty care service of Scripps Mercy Hospital. With more than 9,000 patient contacts each year, Mercy Clinic provides adult care for underserved patients,

as well as subspecialty care for clinic and community clinic patients. The clinic participates in multiple projects, including health screenings, the breast cancer early detection program (BCEDP) and Project Dulce, to name a few.

The fiscal year 2015 cost of operating the Scripps Mercy Hospital, San Diego Graduate Medical Education program and other professional education programs totaled \$10,230,291.³

Other Professional Education Training Programs

In fiscal year 2015, Scripps Mercy Hospital, San Diego and Mercy Clinic served as a training site for San Diego Naval Hospital, Family Health Centers of San Diego and UCSD clinicians by:

- Providing rotations in the internal medicine inpatient service for UCSD internal medicine and psychiatry residents and medical students, as well as to Mercy Clinic for psychiatry residents and medical students.
- Providing a comprehensive graduate medical education program in trauma and surgical critical care for 83 San Diego Naval Hospital surgery and emergency medicine physicians.
- Providing a comprehensive trauma research fellowship for 3 San Diego Naval Hospital surgery residents.
- Providing a comprehensive didactic and clinical nursing education program in trauma care for three San Diego Naval Emergency Department nurses.
- Providing a comprehensive training program in trauma and critical care for 14 physicians assistants-in-training, including students and fellows.

Pharmacy Residency Program

The largest private teaching hospital in San Diego, Scripps Mercy Hospital offers three 12-month postgraduate year one (PGY-1) pharmacy resident positions. Accredited since 2002 by the American Society of Health-System Pharmacists (ASHP), the postgraduate program is designed to develop skilled clinicians that can deliver pharmaceutical care in a variety of health care settings.

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 six inpatient satellite locations. Pharmacists provide a broad range of clinical services and work collaboratively with the health care team. Scripps Mercy is affiliated with six pharmacy schools and annually trains 15 to 20 pharmacy candidates. Educational in nature, the residency program is intended to develop a competent graduate into a highly trained pharmacist focused on pharmacy practice management.

³ GME calculations based on total program expenses plus overhead.

SCRIPPS MERCY HOSPITAL AND MERCY CLINIC

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY15 SCRIPPS MERCY HOSPITAL AND MERCY CLINIC

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Angels Depot	249	72	-	\$4,934
Bad Debt **	-	-	-	\$1,420,719
Blood Drives for the American Red	96	16	-	\$907
California Health Foundation and Trust (CHFT) Donation	-	-	-	\$386,590
Cardiac Treatment Center Group Exercise	839	-	-	-
Central Region Public Health Nurses	440	128	-	\$8,718
Charity Care	-	-	-	\$14,950,197
City Heights Wellness Center Community Health Education	6,660	1,938	-	\$131,566
City Heights Wellness Center Community Support **	1,922	560	-	\$38,081
City Heights Wellness Center Health Advocacy Project **	1,175	547	-	\$2,201
City Heights Wellness Center Health Care Support Services	968	282	-	\$19,179
Community Clinical Services	50	10	-	\$303
Community Health Education Program	8	73	-	\$12
Consumer Center for Health Education	-	-	-	\$120,000
Donated Room Space for Not - For - Profit Organizations	430	125	-	\$8,520
Emergency Health Professional Training	464	1,309	-	\$39,090
Food and Blanket Drive for Catholic Charities and St. Vincent de Paul	200	-	-	\$954
In Lieu of Funds **	-	-	-	\$276,226
Latinos Y Latinas en Accion **	952	277	-	\$18,862
Love Your Heart County Wide BP Screening Day	100	-	-	-
Medi-Cal (Shortfall)	-	-	-	\$1,394,837
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$14,447,880

*"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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Mercy Outreach Surgical Team	360	1,441	1,850	\$14,302
Nursing Student Rotation Education	-	20,855	-	\$1,536,788
Nutrition Education Class	115	-	-	-
Pharmacy Residency	-	9,322	-	\$535,667
Research: AAST Vascular Trauma Registry-Pro prospective Observational Vascular Injury Trial (PROOVIT)	-	1	-	\$96
Research: Clinical relevant of the MRI in Cervical Spine Clearance	-	382	-	\$24,456
Research: Do audit filters have value in a mature trauma system?	-	736	-	\$53,604
Research: Football days: A case crossover study	-	26	-	\$1,725
Research: Frailty in Trauma Clinical Assessment Tool	-	153	-	\$14,447
Research: Hereditary Thrombophilia in Trauma Patients with Venous Thromboembolism	-	7	-	\$479
Research: Impact of a More Conservative Approach to CT Scanning	-	9	-	\$607
Research: Impact of Trauma Service Workload on Nurse Practitioner Time	-	140	-	\$9,388
Research: Isolated traumatic brain injury and adrenergic blockade	-	992	-	\$70,094
Research: Level I Trauma Centers Survey of Peripheral Vascular Trauma and Vascular Capabilities	-	256	-	\$17,637
Research: Routine repeat head CT and neurosurgical consultation in neurologically stable patients with mild TBI	-	569	-	\$38,572
Research: Surveys in Support of Screening, Brief Intervention, and Referral to Treatment (SBIRT)	-	1	-	\$96
Research: Systematic review of clinical trauma frailty assessment tools	-	212	-	\$20,037
<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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community building activities, bad debt, In Lieu of Funds, and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Research: The Impact of Trauma Service Management on Older Adult Hip Fracture Outcomes	-	1	-	\$96
Research: The Value of Ultrasound Imaging Surveillance for Venous Thromboembolic Disease in Trauma Patients	-	14	-	\$926
Research: Thoracic Endovascular Repair versus Open Surgery for Blunt Aortic Injury	-	125	-	\$8,627
Research: Trial of Effectiveness of Screening and Brief Intervention for Drug Users in the Trauma and Emergency Departments	-	1	-	\$96
Research: Venous Thromboembolic Prophylaxis after Major Trauma: A Randomized Controlled Trial of Three Times a Day Unfractionated Heparin versus Enoxaparin	-	460	-	\$33,985
Research: Venous Thromboembolism Multicenter Trauma Registry	-	\$1,286	-	\$86,792
Scripps Health System Community Benefit Planning and Outreach	-	1,908	-	\$176,103
Scripps Mercy Behavioral Health Services	1,151	39	-	\$3,052
Scripps Mercy Hospital Medical Library	-	2,401	-	\$192,119
Scripps Mercy Hospital's Graduate Medical Education Program	-	161,883	-	\$7,639,924
Skinny Gene Project	399	116	-	\$7,906
Subsidized Health Services	-	-	-	\$6,490,143
Trauma Coalition Building **	120	60	-	\$22,124
Trauma Community Health Improvement Services	40	-	-	\$10,906
Trauma Research, Scripps Mercy Hospital Trauma Service	-	1,371	-	\$97,062
Women, Infants, and Children (WIC) Community Health Education	93,361	36,538	-	\$44,179
TOTAL FY15 SCRIPPS MERCY HOSPITAL AND MERCY CLINIC	110,099	246,672	1,850	\$50,421,811
<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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community building activities, bad debt, In Lieu of Funds, and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

Scripps Mercy Hospital, Chula Vista

2016 Community Benefit Plan, Fiscal Year 2016

The Scripps Mercy Hospital, Chula Vista 2016 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 2016 (October 2015 to September 2016).

The Scripps 2016 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 2016 Objectives

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 200 community members participate in classes, prevention lectures and support groups held at the Center. Total programs and services combined reached over 14,000 participants. Total funding of 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: housing/homelessness senior issues, chronic disease issues, drug/alcohol and mental health, cancer and more. This service is currently only available at the Chula Vista campus; five hundred and thirty two referrals have been received and more than half of patients have remained out of the hospital for more than 30 days and are being supported through the Center's staff, programs and activities.

Community-Based Health Improvement Activities

Community members will participate in classes, prevention lectures and support groups. A total of 2,500 participants will take advantage of these programs.

Heart Health Management Class

Community members will participate in a five 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.

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/hospital tour and puppet show. All of these activities are designed to pique the interest of students to pursue a career in healthcare. A total of 1,500 youth 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 the South Bay. Each month a variety of senior programs will be held at local senior centers, churches and senior housing. Some of these activities include: senior health chats, men's group, flu events, health fairs and a widow support group. More than 350 seniors will participate in these programs.

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. Home visiting will be offered together with Family Medicine residency and parenting education.

First Five and Promise Neighborhoods Home Visits

A total of 40 home visits will be provided and 300 services will be given to first time and at risk mothers including: home visits, referrals, data entry, follow-up phone calls, and other support services.

First Five Parenting Classes

A total of 260 unduplicated parents will participate in parenting classes; 240 sessions will be provided.

Breast Health Outreach and Clinical Services

The goal is to increase education, outreach and access to early detection and screenings for breast health clinical services. A total of 1,300 women will be referred to clinical breast health services in the community and Scripps Mercy Hospital, Chula Vista radiology services. A total of 3,000 services will be provided, including telephone reminders, outreach and education, case management and a variety of presentations.

Scripps Mercy Hospital Chula Vista Radiology Loss to Follow-Up Services

More than 80 services will be provided including encouragement for patients to repeat exam, assist patients to get health insurance approval to repeat exam, and education by phone about preventing breast cancer.

Scripps Mercy Hospital Chula Vista Radiology Positive Breast Cancer Patient Support

More than 950 services will be provided. These include phone calls, home visits, educational material packets, supplies (wigs, bras prosthesis, medical record organizer binder, breast cancer support group and social/emotional support.

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 improves 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

Students from local schools 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 maximum of 12 students per tour.

Health Professionals in the Classroom

Health care professionals, such as medical residents, dieticians, 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, Stroke Prevention, Breast Health, Teen Pregnancy, Substance Abuse, STD's and Health Professions 101. Students receive health career tools/brochures that include information on education requirements, scholarships and way to pay for college.

Health Professions Education, Resident and Student Training

The goal is to raise the numbers, types, diversity and retention of primary health and social service care professionals working in underserved areas.

- Expand community medicine opportunities for family practice residents to provide services and reach at least 300 individuals.
- Continue to work closely with Scripps Family Practice Residency Program to place medical students in community health activities.

- A total of 600 individuals will participate in Health Career Talks, Veterans Mental Health Training, community activities, internship programs, residency rotations and Balint support groups.
- Two articles will be published in peer-reviewed journals.
- Coordinate community experience for visiting/rotating doctors from the PACCT (Pediatricians and Community Collaborating Together) Program. Provide community experience for 10 Pediatric Residents.

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 and 624 members. 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.

Collaborate for Healthy Weight

A program of the Health Resources and Services Administration (HRSA) and the National Initiative for Children's Health care Quality (NICHQ), Collaborate for Healthy Weight meets monthly to create partnerships among primary care, public health and community organizations to discover sustainable ways to promote healthy weight and eliminate health disparities. All three sectors collaborate, using evidence-based approaches, to reverse the obesity epidemic and improve the health of our communities. Several manuscripts are under development.

South County Action Network (SoCan)

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

Located near the United States Mexico border, Scripps Mercy Hospital, Chula Vista plays a pivotal role in the health care delivery network for the underserved in San Diego County. During fiscal year 2015, Scripps Mercy Hospital, Chula Vista 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.
- Ensure that care is available through the emergency department, regardless of a person's ability to pay.

Scripps Mercy Hospital, Chula Vista

2016 Community Benefit Report, Fiscal Year 2015

The Scripps Mercy Hospital, Chula Vista 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 2015 (October 2014 to September 2015).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2015, Scripps Mercy Hospital, Chula Vista 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 5,447 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$256,536.88.⁴

Making a Financial Commitment

During fiscal year 2015, Scripps Mercy Hospital, Chula Vista devoted \$18,815,422 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.

Scripps Mercy Hospital, Chula Vista Community Benefit Services Highlights (After Hospital Provider Fee)

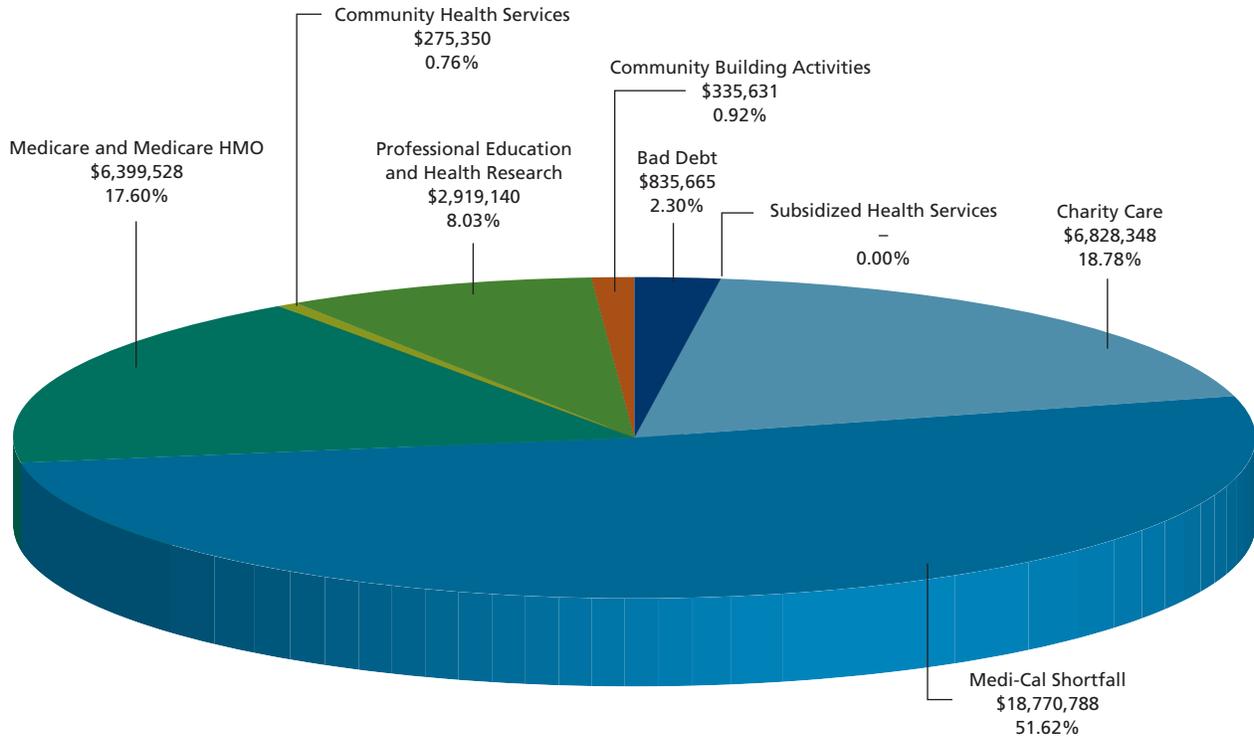
During fiscal year 2015, Scripps Mercy Hospital, Chula Vista contributed \$18,815,422 to community benefits, including, \$6,828,348 in charity care, \$1,221,761 in Medi-Cal shortfall (Scripps had to offset the provider fee income from Medi-Cal in fiscal year 2015), \$6,399,528 in Medicare shortfall, \$835,665 in bad debt, \$275,350 in community health services, \$0 in subsidized health services \$2,919,140 in professional education and health research and \$335,631 in community building activities.

Refer to Figure 8:3 presented on the following page for a graphical representation of the FY15 Scripps Mercy Hospital, Chula Vista Community Benefit Services distribution.

⁴Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

FIGURE 8:3

FY15 Scripps Mercy Hospital, Chula Vista Community Benefit Services Distribution, \$36,364,449 (before provider fee)



Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal & Other Means-Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	\$835,665	\$6,828,348	\$18,770,788	\$6,399,528	\$275,350	\$2,919,140	\$335,631	-	\$36,364,449
Provider Fee			(\$17,549,027)						(\$17,549,017)
Net Community Benefit Services After Provider Fee	\$835,665	\$6,828,348	\$1,221,761	\$6,399,528	\$275,350	\$2,919,140	\$335,631	-	\$18,815,422

Community Benefit Services:

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

Scripps Mercy Hospital, Chula Vista's Fiscal Year 2015 Community Health Services

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).

During fiscal year 2015 (October 2014 to September 2015), Scripps Mercy Hospital, Chula Vista invested \$275,350 in community health services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Scripps Mercy Hospital, Chula Vista's fiscal year 2015 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 to offer continuing education to existing health care professionals, the quality of health care would be greatly diminished.

Each year, Scripps Mercy Hospital, Chula Vista allocates resources to advance health care services through professional health education programs. To enhance service delivery and treatment practices for San Diego County, Scripps Mercy Hospital, Chula Vista invested \$2,919,140⁵ in professional training programs during fiscal year 2015 (October 2014 to September 2015). This section highlights some of Scripps Mercy Hospital, Chula Vista's professional education and health research activities in fiscal year 2015.

Scripps Family Medicine Residency Program (2014–2015)

The Scripps Family Medicine Residency Program (SFMRP) is a community-based training program developed through a partnership between the UCSD School of Medicine, Scripps Mercy Hospital, Chula Vista and the San Ysidro Health Center, Inc. (SYHC). SFMRP was established with the support of the San Diego Border Area Health Education Center (San Diego Border AHEC) to increase access to quality health care for medically underserved communities along the California and Baja California border. SYHC is a federally-qualified health center (FQHC).

The majority of inpatient training takes place at Scripps Mercy Hospital, Chula Vista, the institutional base for the San Diego Border AHEC. SFMRP collaborates with the Community Benefits Department at Scripps Mercy Hospital, Chula Vista and the San Diego Border

⁵ 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.

AHEC to support a diverse, culturally sensitive primary health care workforce in San Diego's medically underserved communities. Currently, there are eight residents per class with a full complement of 24. A total of 92 residents have graduated since the program's inception in 1999.

SFMRP emphasizes community medicine throughout the curriculum. Through its partnership with SYHC and their satellite clinics, residents receive community experience during their rotations in pediatrics, adolescent medicine, women's health, behavioral medicine, HIV/AIDS, sports medicine and geriatrics. All rotations combine clinical and community training.

Community-based activities include childhood obesity prevention, home-based falls assessment in the elderly, maternal and child health outcomes studies and required Community Medicine Oriented Primary Care (CMOPC) Projects for residents. In response to local Healthy Border objectives, SFMRP has a curriculum to improve cultural and linguistic competence among residents. This longitudinal program incorporates teaching medical Spanish, cultural issues and health disparities in a clinically relevant context. SFMRP also runs three school-based clinics at Hoover, Southwest and Palomar High Schools that address the health needs of vulnerable adolescents. More than 1,400 youth have been provided clinical services in these clinics. Training in adolescent medicine also includes sports medicine physicals, mentoring at the local high schools to more than 2,400 students.

Chula Vista Medical Plaza, a satellite clinic of SYHC, is the family medical center for the SFMRP. In fiscal year 2015, there were more than 13,000 clinical visits at this location and an additional 2,300 clinical visits at the other community clinics including Operation Samahan, Imperial Beach and SYHC'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.

SFMRP has recruited and matched a diverse group of residents. More than 68 percent of residents and graduates are members of underrepresented minority groups reflecting the cultural and ethnic mix of the region. More than 75 percent of graduates have stayed in San Diego County. More than 70 percent are specifically serving low-income populations by practicing in a community health center or National Health Service Corp (NHSC) site. All of 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.

SCRIPPS MERCY HOSPITAL, CHULA VISTA

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY15 SCRIPPS MERCY HOSPITAL CHULA VISTA

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Bad Debt **	-	-	-	\$835,665
California Health Foundation and Trust (CHFT) Donation	-	-	-	\$190,410
Charity Care	-	-	-	\$6,828,348
Donated Room Space for Not - For - Profit Organizations	2,127	-	-	\$5,714
Heart Health Management Class	40	19	-	\$963
Heart Health Management Class - Spanish	98	47	-	\$2,359
In Lieu of Funds **	-	-	-	\$254,866
Medi-Cal (Shortfall)	-	-	-	\$1,221,761
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$6,399,528
Nursing Student Rotation Education	-	13,672	-	\$1,001,954
Scripps Family Medicine Residency Program	-	66,210	-	\$1,889,798
Scripps Mercy Health Professional Training	648	2,115	5,447	\$27,387
Scripps Mercy Hospital Chula Vista Community Building **	1,125	3,672	-	\$80,100
Scripps Mercy Hospital Rehabilitation Programs	175	93	-	\$5,825
Scripps Mercy Hospital Chula Vista Senior Programs	138	66	-	\$3,322
Scripps Mercy Hospital Chula Vista Youth Programs	2,634	322	-	\$2,461
Scripps Mercy Leadership Volunteer Services **	350	169	-	\$8,426
Scripps Mercy Hospital Chula Vista and Child Health Programs - Community Based Clinical Breast Health	1,134	-	-	-

**"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 labor 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 new Schedule H 990 but are still reportable outside the community benefit table.

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Scripps Mercy Hospital Chula Vista Maternal and Child Health Programs - Community Health Education	473	1,544	-	\$6,103
Scripps Mercy Hospital Chula Vista Maternal and Child Health Programs - Community Health Education Breast Health	3,172	-	-	\$7,038
Scripps Mercy Hospital Chula Vista Maternal and Child Health Programs - Health Care Support Services	987	1,916	-	\$41,794
Senior Flu Shot Clinic	13	42	-	\$926
Stroke and Brain Injury Support and Education Group	28	13	-	\$674
TOTAL FY15 SCRIPPS MERCY HOSPITAL CHULA VISTA	13,142	89,900	5,447	\$18,815,422
<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 labor 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 new Schedule H 990 but are still reportable outside the community benefit table.</p>				

Scripps Green Hospital

About Scripps Green Hospital

Located on Torrey Pines Mesa in La Jolla, Scripps Green Hospital has 173 licensed beds, more than 1,467 employees and cares for 6.5 percent of the inpatient population living in the hospital's service area. Within the service area, Scripps Green cares for 9.6 percent of Medicare patients; 0.1 percent of Medi-Cal patients; 6.5 percent of commercially insured patients; and 1.9 percent of patients with other payment sources, including self-pay and charity care.

Scripps Green Hospital 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.

Distinguishing Programs and Services

- Bone Marrow Transplant Program
- Heart, Lung and Vascular Center
- Ida M. and Cecil H. Green Cancer Center
- Organ Transplantation, Caregiver Support Group, Living Organ 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

Scripps Green Hospital

2016 Community Benefit Plan, Fiscal Year 2016

The Scripps Green Hospital 2016 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 2016. (October 2015 to September 2016)

The Scripps 2016 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 Green Hospital Fiscal Year 2016 Community Benefit Objectives

Community Health Services

- St. Vincent de Paul Village Medical Center — Staffed by internal medicine residents and attending staff, this clinic offers medical care to approximately 300 of the county's most vulnerable residents each year. (Sponsored by Scripps Green Hospital, Department of Graduate Medical Education)
- 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 one evening and Saturday morning each week, typically treating up to 25 patients at each session. (Sponsored by Scripps Green Hospital, Department of Graduate Medical Education)
- 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 the Expressive Writing workshop series, which is open to all Scripps patients and the community. This is a free, activity-based support group, which helps cancer patients find artistic outlets for their emotions, as well as providing clinical benefits.
- Continue to offer free risk-assessment consultations and education for women who are at high-risk for the BRCA gene mutation.
- Provide support services and community resources for health care 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

- Fiji Alliance (School of Medicine Training) — Scripps Green and Scripps Clinic physicians will provide specialty medicine training and supervision to undergraduate and post graduate students attending the Fiji School of Medicine.
- Maintain and improve the graduate medical education program at Scripps Green and the Clinic. With 36 residents and 38 fellows, the Scripps Clinic and Scripps Green Hospital Department of Graduate Medical Education serve more than 5,000 San Diegans each year, both inpatient and outpatient. All residents demonstrate a strong commitment to community service by maintaining an evening clinic at the St. Vincent De Paul Village Medical Clinic and weekly clinics at St. Leo's Mission Community Clinic.

Uncompensated Health Care

- Scripps Green Hospital will continue to provide health care services to vulnerable patients who are unable to pay.
- Maintain, communicate and effectively administer Scripps' financial assistance policy in a manner that meets the needs of patients.

Scripps Green Hospital

2016 Community Benefit Report, Fiscal Year 2015

The Scripps Green Hospital Community Benefit Report is an account of the hospital's dedication and commitment to improving the health of the community, detailing the hospital programs that have provided benefit over and above standard health care practices in fiscal year 2015 (October 2014 to September 2015).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2015, Scripps Green Hospital employees and affiliated physicians contributed a portion of their personal time volunteering to support Scripps-sponsored community benefit programs. With close to 3 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$141.29.¹

Making a Financial Commitment

During fiscal year 2015, Scripps Green Hospital devoted \$43,891,527 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.

Scripps Green Hospital Fiscal Year 2015 Community Benefit Services Highlights (After Hospital Provider Fee)

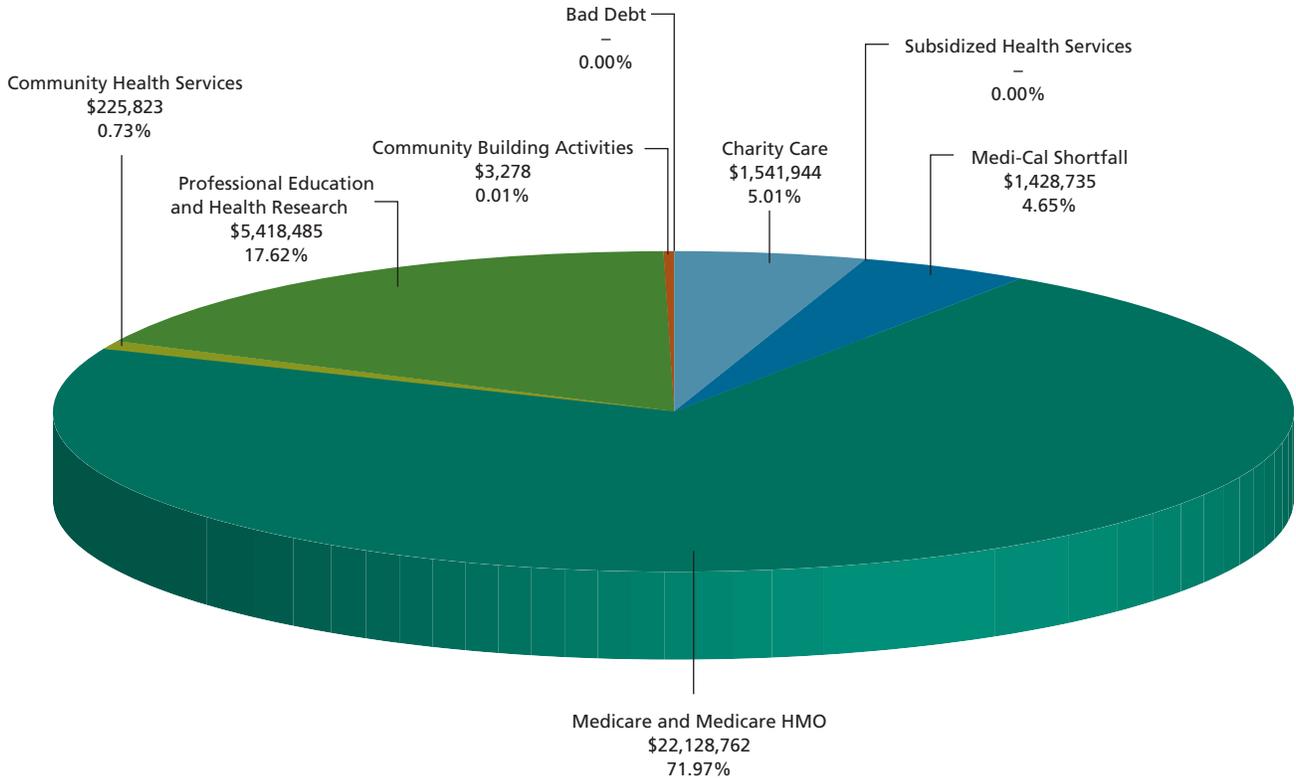
During fiscal year 2015, Scripps Green Hospital contributed \$43,891,527 to community benefits, including \$1,541,944 in charity care, \$14,573,235 in Medi-Cal shortfall, \$22,128,762 in Medicare shortfall, \$225,823 in community health services and \$5,418,485 in professional education and health research and \$3,278 in community building activities.

Refer to figure 9:1, on the following page, for a graphic representation of the fiscal year 2015 Scripps Green Hospital Community Benefit distribution.

¹ Calculation based upon an average hourly wage for the Scripps Health system plus benefit

FIGURE 9:1

FY15 Scripps Green Hospital Community Benefit Services Distribution, \$30,747,027 (before provider fee)



Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal & Other Means-Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	-	\$1,541,944	\$1,428,735	\$22,128,762	\$225,823	\$5,418,485	\$3,278	-	\$30,747,027
Provider Fee	-	-	\$13,144,500	-	-	-	-	-	\$13,144,500
Net Community Benefit Services After Provider Fee	-	\$1,541,944	\$14,573,235	\$22,128,762	\$225,823	\$5,418,485	\$3,278	-	\$43,891,527

Community Benefit Services:

Community benefit services include those programs and services 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, Medi-Cal shortfalls and Medicare shortfalls.

Scripps Green Hospital Fiscal Year 2015 Community Health Services

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 2015 (October 2014 to September 2015), Scripps Green Hospital invested \$225,823 in community health services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Green Hospital's fiscal year 2015 community benefit 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 to 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 through the development of new and innovative treatment options.

Each year, Scripps Green Hospital allocates resources to advance health care services through clinical research and medical education. To enhance service delivery and treatment practices for San Diego County, Scripps Green Hospital invested \$5,418,485² in professional training programs and health research during fiscal year 2015 (October 2014 to September 2015). This section highlights some of Scripps Green Hospital's professional education and health research activities in fiscal year 2015.

Internal Medicine Residency Program

With 36 residents and 38 fellows, the Scripps Clinic/Scripps Green Hospital Department of Graduate Medical Education serves above 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 the St. Vincent de Paul Village Medical Clinic and St. Leo's Mission Community Clinic. With a commitment to community health, these health care providers are working to improve the overall health of San Diegans.

² 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. Calculations based on total program expenses.

Fiji/Scripps Alliance (School of Medicine Training)

Education is critical to the Fiji Alliance's mission. Through a formal agreement, volunteer specialists from Scripps Health provide academic training in the Fiji School of Medicine's post-graduate programs for anesthesia, surgery, internal medicine, pediatrics and obstetrics/gynecology. Scripps is one of only a few freestanding health systems in the U.S. to assist in such overseas academic training programs. In conjunction with other regional foundations the residents and faculty of the Scripps Clinic and Scripps Green Hospital Internal Medicine Program provided humanitarian medical services to the impoverished and isolated populations of the Solomon Islands (Sponsored by Scripps Clinic/Green Hospital).

SCRIPPS GREEN HOSPITAL

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY15 SCRIPPS GREEN HOSPITAL

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support *
Bad Debt **	-	-	-	-
Blood Drives for the American Red Cross	70	-	-	-
Charity Care	-	-	-	\$1,541,944
Donated Room Space for Not - For - Profit Organizations	6,563	-	-	\$4,470
Fiji Alliance - School of Medicine Training	277	400	-	\$14,748
In Lieu of Funds **	-	-	-	\$3,278
Medi-Cal (Shortfall)	-	-	-	\$14,573,235
Medicare and Medicare HMO (Shortfall)**	-	-	-	\$22,128,762
Nursing Student Rotation Education	-	8,656	-	\$623,713
Organ Transplant Support Group	920	72	-	\$5,360
Parkinson's Boot Camp	60	6	3	\$364
Scripps Green Hospital Department of Graduate Medical Education	-	155,431	-	\$4,794,772
Scripps Green Hospital Medical Library	-	-	-	\$200,882
St. Leo's Mission Medical Clinic	526	-	-	-
St. Vincent de Paul Village Medical Clinic & Mid City Clinic	453	-	-	-
TOTAL FY15 SCRIPPS GREEN HOSPITAL	8,869	164,565	3	\$43,891,527

* "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 labor 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 new Schedule H 990 but are still reportable outside the community benefit table.

Scripps Whittier Diabetes Institute

About Scripps Whittier Diabetes Institute

Scripps Whittier Diabetes Institute is dedicated to caring for and educating people with diabetes through diabetes management and support programs. Through leading-edge research, Scripps Whittier and its academic partners strive to find a cure for this chronic disease. 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.

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 within Scripps Health and collaborating with other institutions, their researchers and physicians, including the University of California, San Diego; San Diego State University; Scripps Translational Science 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 and research.
- Operates diabetes self-management education programs accredited by the American Diabetes Association. Nurses and dietitians certified in diabetes education provide hundreds of people with up-to-date and individualized diabetes training and education.
- 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. Led by five principal investigators, the Whittier-UCSD Stem Cell Islet Research Laboratory is engaged in several projects aimed at understanding pancreatic development for translational approaches to cell-based diabetes therapies. These scientists are significant contributors to the collaborative worldwide efforts to restore and/or maintain normal beta cell mass.
- Internationally recognized as one of the most effective approaches to diabetes in low-income and diverse populations. Project Dulce has provided diabetes care and self-management education at community health centers, free clinics, community centers, churches, senior housing facilities and other locations for over 15 years. 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.

- Provides retinal screenings for low-income people in Project Dulce, in order 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 Translational Science Institute (STSI) and San Diego State University, to prevent and treat diabetes in San Diego's multiethnic communities.
- Serves as the community engagement arm for the Clinical Translational Science Award (CTSA) funded by the National Institutes of Health. In collaboration with the Scripps Translational Science 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 aimed 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; Project Dulce 2.0 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 was recently funded two NIH community based research trials aiming to close the health disparities gap. One program is focused on training clinical teams to work in collaboration to optimize diabetes care and outcomes by training Medical Assistants to provide health coaching in a primary care setting. The second is Mi Puente, an interdisciplinary program that applies a sustainable nurse + volunteer team approach to reduce hospitalizations, and improve functioning and quality of life, in Hispanics.
- Trains 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 and gestational diabetes. Scripps Whittier's professional education program is led by a team of experts that include endocrinologists, nurses, dietitians, psychologists and community health workers.
- Leads the diabetes care line at Scripps, and provides systemwide training and technical assistance to improve the quality of diabetes care throughout Scripps inpatient and ambulatory facilities.

Scripps Whittier Diabetes Institute

2016 Community Benefit Plan, Fiscal Year 2016

Scripps Whittier Diabetes Institute 2016 Community Benefit Plan provides a description of the overall Scripps community benefit goal and Scripps Whittier Diabetes Institute's objectives and strategies to support community health improvement during Fiscal Year 2016 (October 2015 to September 2016).

The Scripps 2016 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 2016 Objectives

Scripps Whittier Diabetes Program

Scripps Whittier diabetes self-management education program has integrated the diabetes education services of two large primary care and multi-specialty groups: Scripps Clinic and Scripps Coastal Medical Group. This consolidation has expanded individual and group education and diabetes support groups to 14 sites.

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 FY16, Project Dulce will:

- Continue to provide diabetes self-management education in community clinics and free diabetes education and support groups throughout San Diego County.
- 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 Tijuana to implement the Project Dulce model within their national community clinic system.
- Collaborate with Scripps Mercy Hospital, Chula Vista 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.
- In collaboration with San Diego State University, test the effectiveness of a diabetes focused prevention program with a cohort of 40, mid-life at risk Latina women.

Community Education

- Scripps Whittier will continue participating in community health fairs and screenings in FY 2016 to expand public awareness about diabetes prevention, risk factors and the basic standards of care.
- Community events are planned in collaboration with the American Diabetes Association, the Juvenile Diabetes Research Foundation, Dia de La Mujer, Binational Health Week, Take Control of Your Diabetes (TCOYD) conference and Scripps Wellness Day's.

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

2016 Community Benefit Report, Fiscal Year 2015

The Scripps Whittier Diabetes Institute 2016 Community Benefit Report is an account of Scripps Whittier's dedication and commitment to improving the health of the community, detailing the institute's programs that have provided benefit over and above standard health care practices in fiscal year 2015 (October 2014 to September 2015).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2015, Scripps Whittier Diabetes Institute employees and affiliated physicians donated a portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. With close to 0 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$0.¹

Making a Financial Commitment

During fiscal year 2015, Scripps Whittier Diabetes Institute devoted \$244,734 to community benefit programs, including community-based health improvement activities, and professional education and clinical research. The programs offered by Scripps Whittier emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

Over the past 10 years, the diabetes epidemic has permeated 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, 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 highest risk populations. Diabetes leads to school and work absenteeism, elevated hospitalization rates, frequent emergency room visits, permanent physical disabilities and sometimes death.

According to a UCLA health policy, both obesity and diabetes have grown significantly in California. Six million adults are obese and an additional 9.3 million are overweight. Diabetes prevalence increased 26 percent between 2001 and 2007. Obesity is a significant risk factor for diabetes; more than two million adults have been diagnosed with diabetes in California. Obesity and diabetes disproportionately affect people of color, the poor and those with the least education in California. In addition, according to the CDC from 1980 through 2009, the number of U.S. adults aged 18 years or older with diabetes has more than tripled (from 5.5 million to 19.6 million).

¹ Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

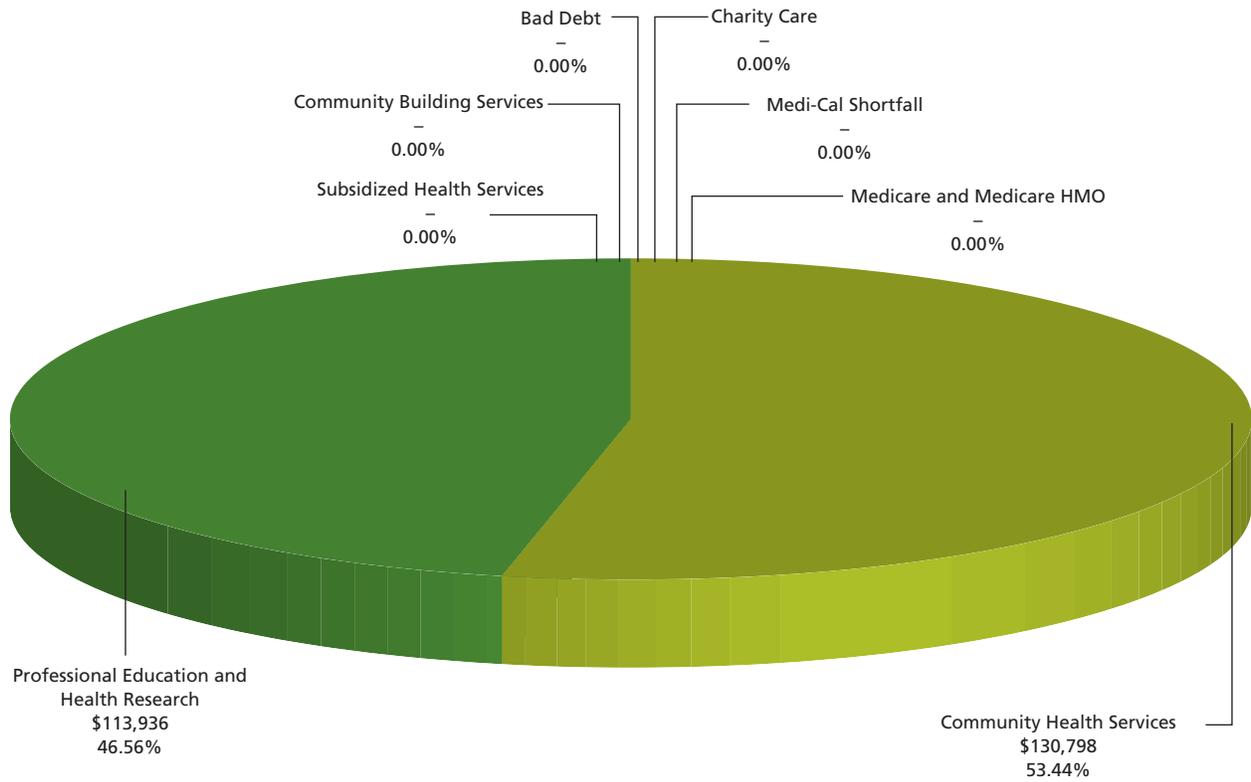
Project Dulce Model – 17 Years of Experience

The key elements of the Project Dulce Model are: Multidisciplinary Team Approach (Nurse-led), Peer Education (Promotoras) and Empowered Patients. This model has improved clinical outcomes for glucose, blood pressure and LDL-c. It has improved behavior outcomes and patient satisfaction. Lowered costs to the health system through fewer ER visits and hospitalizations. Over 25,000 individuals have been treated.²

² Phillis-Tsimikas A, et al. Community-Created Programs: Clinical Diabetes, Fall 2012; 30;4: 156-163. Phillis-Tsimikas A. et al. Diabetes Care 2004; 27: 110-115.

FIGURE 10:1

FY15 Scripps Whittier Diabetes Institute Community Benefit Services Distribution, \$244,734



Community Benefit Services:

Community benefit services include 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, Medi-Cal and Medicare shortfalls.

SCRIPPS WHITTIER DIABETES INSTITUTE

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY15 SCRIPPS WHITTIER DIABETES INSTITUTE

Program Name	Persons Served	Staff Hours	Volunteer Hours	Financial Support *
Diabetes Education Outreach Events	1,221	1,759	-	\$23,851
Dulce Mothers	193	278	-	\$4,855
Professional Education Diabetes Programs	275	396	-	\$3,168
Project Dulce Diabetes Clinical Services	6,677	9,619	-	\$89,601
Project Dulce Diabetes Education	994	1,432	-	\$12,491
Scripps Whittier Diabetes Research	-	9,187	-	\$110,769
TOTAL FY15 WHITTIER DIABETES INSTITUTE	9,360	22,671	-	\$244,734

*"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 labor 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 new Schedule H 990 but are still reportable outside the community benefit table.

Scripps Medical Foundation

About Scripps Medical Foundation

Scripps supports a number of programs and services that meet the health care needs of patients and community members throughout San Diego County. These include programs operated by Scripps Clinic, Scripps Coastal Medical Center and Scripps Cardiovascular and Thoracic Surgery Center.

Scripps Clinic

Founded in 1924, Scripps Clinic is a multispecialty outpatient facility caring for patients at multiple locations throughout San Diego County, including Del Mar, Encinitas, Rancho Bernardo, San Diego, Rancho San Diego, San Marcos, Santee and La Jolla. Scripps Clinic and its physicians are world-renowned for research-driven care and medical specialty expertise. Scripps Clinic contracts with the Scripps Clinic Medical Group, Inc., which has 523 board-certified physicians in more than 50 fields of medicine and surgery. Scripps Clinic's main facility is located on Torrey Pines mesa, adjacent to Scripps Green Hospital. Scripps Clinic offers the following services: Brain and Stroke Research and Treatment Center, Musculoskeletal Center, Scripps Center for Integrative Medicine and Scripps Clinic Center for Weight Management.

Scripps Coastal Medical Center

Scripps Coastal Medical Center is the name of the physician offices and outpatient centers created by merging Scripps Mercy Medical Group and Sharp Mission Park Medical Group. With more than 100 physicians in twelve locations throughout the San Diego region, Scripps Coastal Medical Center specializes in internal medicine, family medicine, gynecology and obstetrics and pediatrics and operates an urgent care center in Vista. In 2008, new locations in Carlsbad and Eastlake opened. In 2010, Scripps Health acquired three additional locations in Del Mar, Encinitas and Vista.

In 2011 the physicians of Del Mar Family Practice and La Jolla Radiology Medical Group joined Scripps Clinic Medical Group — a group that includes more than 400 physicians practicing in more than 50 areas of medicine and surgery.

Scripps Cardiovascular and Thoracic Surgery Group

The cardiovascular and thoracic surgeons from Scripps Memorial Hospital La Jolla, Scripps Clinic and Scripps Mercy Hospital joined together to create Scripps Cardiovascular and Thoracic Surgery Group. Scripps cardiovascular and thoracic surgeons have a wide range of expertise in chest and heart surgery, performing procedures to address cardiac and pulmonary disorders.

Scripps Medical Foundation

2016 Community Benefit Plan, Fiscal Year 2016

The Scripps Medical Foundation 2016 Community Benefit Plan provides a description of the overall Scripps community benefit goal and systemwide objectives/strategies to support community health improvement during fiscal year 2016 (October 2015 to September 2016).

The Scripps 2016 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 Systemwide Program Fiscal Year 2016 Community Benefit Objectives

Community Health Services

- Scripps Coastal Medical Center will continue to provide a variety of screenings, such as body fat and blood pressure checks, at various health fairs.
- Scripps Coastal Medical Center will continue to provide a variety of health education classes for seniors.
- Scripps Coastal Medical Center will continue to provide health education to the community osteoarthritis class.
- Scripps Coastal Medical Center will continue to provide Hepatitis C support groups.
- Scripps Clinic will continue to provide hip and knee orthopedic surgery education for the general public.

Uncompensated Health Care

- Scripps Medical Foundation will continue to provide health care services for vulnerable patients who are unable to pay.
- Maintain, communicate and effectively administer Scripps' financial assistance policy in a manner that meets patients' needs.

Scripps Medical Foundation

Community Benefit Report Fiscal Year 2015

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 2015 (October 2014 to September 2015).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2015, Scripps Medical Foundation employees and affiliated physicians donated a portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. With close to 0 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$0¹

Making a Financial Commitment

During fiscal year 2015, \$101,157,970 was devoted by Scripps Medical Foundation programs to community activities, including uncompensated health care, community health services and 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.

Scripps Medical Foundation Community Benefit Services

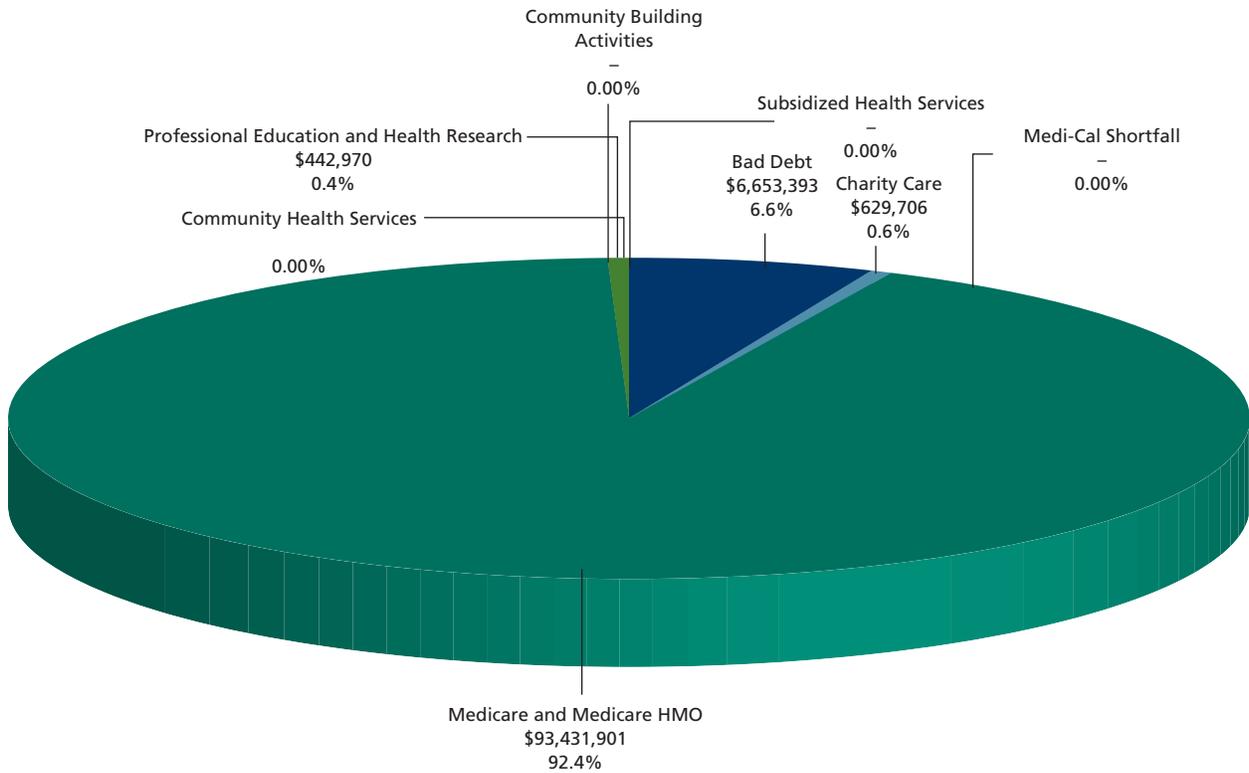
During fiscal year 2015, Scripps Medical Foundation contributed \$101,157,970 to community benefits, including \$629,706 in charity care, \$93,431,901 in Medicare shortfall, \$6,653,393 in bad debt and, \$442,970 in professional education and health research.

Refer to Figure 11:1 presented on the following page for a graphical representation of the FY15 Scripps Medical Foundation Community Benefit Services distribution.

¹ Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

FIGURE 11:1

FY15 Scripps Medical Foundation Community Benefit Services, \$101,157,970



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, Medi-Cal and Medicare shortfalls.

Scripps Medical Foundation Fiscal Year 2015 Community Health Services

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).

SCRIPPS MEDICAL FOUNDATION

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY15 SCRIPPS MEDICAL FOUNDATION

Program Name	Persons Served	Staff Hours	Volunteer Hours	Financial Support *
Bad Debt **	-	-	-	\$6,653,393
Charity Care	-	-	-	\$629,706
Nursing Student Rotation Education	-	6,556	-	\$442,970
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$93,431,901
TOTAL FY15 SCRIPPS MEDICAL FOUNDATION	-	6,556	-	\$101,157,970

* "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 labor 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 new Schedule H 990 but are still reportable outside the community benefit table.

Scripps Systemwide Programs

About Scripps Systemwide Programs

Scripps supports a number of programs that meet the health care needs of patients and community members throughout San Diego County. These include programs operated by Scripps Home Health Services, Scripps Cancer Care, Scripps Translational Science Institute (STSI), the Scripps Clinical Research Center and Scripps System Community Benefit Services

Scripps Home Health Services

Scripps Home Health Care Services provides a range of health care services in people's homes. Scripps Home Health has a 27-year service history in the San Diego community. During fiscal year 2015, this multidisciplinary team of caregivers provided professional home care services, as well as education on disease prevention and management, medications, diet and exercise, to approximately 5,000 patients throughout San Diego County. More than 160 nurses, therapists and support staff work closely with the patients' physicians and family to offer a variety of services, including nursing care, physical, occupational and speech therapy 365 days per year. Home Health includes cardiovascular care, wound management, diabetic care, physical therapy, occupational therapy, speech therapy dietary services and medical social services.

Scripps Hospice

Scripps Hospice is committed to providing compassionate in-home hospice care to patients with a serious life-limiting illness. The program coordinates hospice care services with other programs at Scripps, including home health and inpatient palliative care services. Designed to help reduce patients' physical pain and emotional suffering, Scripps hospice care program is available to those who have made the decision to manage their pain and physical symptoms without seeking curative treatments. Staff work as a team to provide end-of-life care for adult and pediatric patients that not only brings patients comfort, self-respect and dignity, but also provides emotional, social and spiritual support for their family members. Scripps Hospice provides in-home hospice care throughout San Diego County — coastal cities, North County, East County, Central San Diego and the South Bay.

ScrippsCare

ScrippsCare was formed as a not-for-profit corporation governed by Scripps and seven physician groups. This collaboration promotes care coordination among patients, hospitals, providers and payers.

Scripps Mobile Medical Unit

Scripps operates a 40-foot Mobile Medical Unit that hosts diabetes prevention, screening and education services, as well as community disaster relief communications systems. The unit is equipped with two exam rooms, lab and retinal camera. State-of-the art telecommunications equipment enables staff to send test results to a physician's office for review in minutes. The unit is also equipped with triage and specialized communications systems so it can be used by the community during disasters.

Scripps Cancer Care

Founded in 1999, Scripps Cancer Center (SCC) ensures the coordinated delivery of oncology services throughout the Scripps system. Scripps Cancer Care is a systemwide umbrella for cancer services across all Scripps hospital campuses and ambulatory care sites. SCC is the first multi-hospital cancer program in California to earn network accreditation from the American College of Surgeon's Commission on Cancer. Through Scripps Cancer Care, clinicians, scientists and health care professionals with expertise in research, treatment, education and prevention have come together to create a powerful cancer resource in San Diego County. Scripps adds 100 new clinical trials each year through its four hospitals, the Scripps Clinic medical group and Scripps Cancer Care. In addition, investigator-initiated research projects have produced new, state-of-the-art medical devices and technologies that are used worldwide. Scripps Cancer Care includes screening services, diagnostic services, ultrasound and biopsy services. SCC administers an innovative program, which utilizes "peer educators" to teach at-risk women in San Diego County about breast health exams and guide them to clinical care and social support services.

Scripps Cancer Center Support Group Programs

Through generous community support Scripps Cancer Center is able to provide a wide range of support services and patient assistance programs. At all SCC sites, oncology social workers or cancer 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. A popular 10-session expressive writing workshop is offered several times a year.

Cancer Registry

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. Data also aids in determining which Cancer Center programs should be developed or further expanded. To date there are more than 112,000 cases in the Scripps Cancer Registry. Cancer registrars annually conduct follow-up on more than 20,000 cancer survivors.

Scripps Proton Therapy Center

In 2013, Scripps entered into a community collaboration with Rady Children’s Hospital San Diego and the University of California San Diego Hospital for the provision of proton treatment at the newly opened Scripps Proton Therapy Center. This is the first proton center in the nation to treat patients exclusively with “pencil-beam scanning,” the most accurate form of proton therapy available. This enables doctors to “paint” radiation onto tumors layer by layer, with unmatched precision. Proton treatment beams can be controlled to stop the tumor, which reduces radiation exposure to healthy surrounding tissue. With five patient treatment rooms and state-of-the-art imaging equipment on site, the center has the capacity to treat 2,400 patients annually.

Scripps Clinical Research Center (SCRC)

Research and clinical discovery has been part of Scripps Health’s mission since its founding in 1924. Scripps Clinical Research Center consolidates and expands access to clinical research for physicians and patients across the Scripps system and in all the communities Scripps serves. The research mission is to provide comprehensive, expert support for Scripps physicians and staff, so that they may provide patients with access to new treatment opportunities when appropriate. In addition, Scripps aligns its research objectives with ongoing continuing and graduate medical education programs.

In 2008, the Scripps Clinical Research Center was created to support clinical research throughout the Scripps system. The center supports more than 25 medical specialties under one administration team. As a result, it accelerates the delivery of new technologies to patients by consolidating the components to conduct clinical investigation into one seamless, streamlined regulatory and administrative process. Scripps is building on a strong foundation for clinical and translational research — from small pilot studies to large multicenter trials. All Scripps hospitals are engaged in research involving inpatient care. Ambulatory-based research is increasing across the system. Scripps currently supports more than 150 principal investigators and about 350 active clinical research protocols crossing broad interdisciplinary disease categories.

Scripps Clinical Research Trials

- Arthritis
- Cancer (various tumor sites)
- Cardiology
- Chronic Lung Disease
- Cosmetic Procedures
- Dermatology
- Epilepsy
- Eye Infections
- Eye – Macular Degeneration
- Eye – Cataracts
- Genomic Directed
- Growth Hormone Deficiency
- Hepatitis C
- High Cholesterol
- Joint Replacement
- Liver Disease
- Migraine Headaches
- Neuro-Imaging
- Obesity/Weight Loss
- Organ Transplant
- Osteoporosis
- Orthopedics
- Parkinson’s Disease
- Stroke

Scripps Genomic Medicine and Scripps Translational Science Institute (STSI)

In 2007, Scripps made substantial investments to establish the Scripps Genomic Medicine (SGM) program and the Scripps Translational Science Institute (STSI). A year later through a joint effort with The Scripps Research Institute (TSRI), STSI was selected to receive a National Institutes of Health Clinical Translational Science Award (CTSA). The five-year, \$20 million grant supports research, infrastructure and training. In 2013, STSI received a second CTSA award for \$33M for the next 5 years.

The Scripps Translational Science Institute is dedicated to accelerating the “translation” of basic laboratory discoveries into clinical trials and, ultimately, treatments. The institute, through seed funding, primarily supports collaborative opportunities between researchers at Scripps Health and The Scripps Research Institute (TSRI) to produce proof of concept studies. This funding allows collaborators to pursue promising and novel ideas by developing preliminary research findings in pilot studies that could lead to larger grants from National Institutes of Health or other funders. The institute also provides corollary support activities, such as biostatistics, bioinformatics, clinical trial staff, research training in clinical investigation and administrative support.

Additionally, STSI has developed a strong program of developing and researching the application of digital technology in the health care environment through digital devices and cell phone technologies. Several studies are underway looking at small adhesive skin patches and “watches” that assist with monitoring chronic disease conditions 24/7 to catch faltering or declining health sooner and effect remedy earlier. Catching and treating patients before they present at clinics and hospitals with serious health conditions holds great promise for better patient outcomes, healthcare cost reduction, and health self-awareness.

SGM is a Scripps Health initiative in collaboration with TSRI as well. The work of SGM dovetails with STSI, looking to advance personalized medicine based on an individual’s genetic code. Today, virtually all standards of care are based on a drug or therapy’s greatest common efficacy with the least amount of acceptable side effects, leaving significant numbers of patients unaffected by a drug or therapy (non-responders). These non-responders may end up taking expensive medications or undergoing medical testing needlessly in a financially strapped health care environment. By defining the genetic codes that underlie susceptibility to disease, and taking these findings from the laboratory to drug discovery and design to the patient’s bedside, Scripps Genomic Medicine seeks to usher in a new era of individualized care.

Along similar lines, SGM has launched genomic research efforts into idiopathic diseases, sudden unexplained death syndrome, and circulating DNA in the blood system. The IDIOM study looks for genetic underpinnings for patients and immediate family members who have medical conditions that have failed all other means of diagnosis.

Similarly, the Molecular Autopsy study working with the San Diego County Coroner's Office uses genomic science to potentially uncover causes of unexplained death in people from birth to 44 that the Coroner's Office post-mortem examinations fail to detect a cause death. Finally, SGM/STSI is research cell-free circulating DNA signatures in the blood system for early-on detection of tumor presence and life-threatening cardiac conditions, all under the rubric of personalized, individualized health care.

Scripps Translational Science Institute Community Engagement Program (STSI-CEP)

The STSI Community Engagement Program (STSI-CEP) is led by the nationally recognized Scripps Whittier Diabetes Institute, which has provided the San Diego community with the most advanced diabetes care, education, and support for more than 30 years. In addition to leading its own CEnR projects in diabetes and cardiometabolic disease, the STSI-CEP aims to enhance the involvement of community in other areas of research. Scripps supports community engaged research (CEnR) that aims 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 have increasingly employed CEnR, 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 wellbeing of those people". The primary goals of CEnR are to build trust, enlist new resources and allies, create better communication, and improve overall health outcomes as successful projects evolve into lasting collaborations.

Scripps System Community Benefit Services

Scripps System 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 Systemwide Programs and Services

2016 Community Benefit Plan, Fiscal Year 2016

The Scripps Systemwide 2016 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the systemwide objectives and strategies to support community health improvement during fiscal year 2016 (October 2015 to September 2016).

The Scripps 2016 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 Systemwide Program Fiscal Year 2016 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. (Funded by Scripps Health System, Community Benefit Services)

Mobile Medical Unit

The Mobile Medical Unit (MMU) will continue to provide diabetes prevention, screening, diabetic retinopathy and education services directly to the communities Scripps serves. The MMU participates in community health fairs and will be available to respond to disasters as part of Scripps' overall preparedness efforts.

School Partnerships

- Partner with high schools throughout San Diego county to offer job shadowing, mentoring, a speakers bureau, internships, volunteer opportunities, health facility tours, strategies for student success in health occupations, student portfolio reviews and/or senior exhibitions. (Initiative led by Scripps Health System, Community Benefit Services)
- Continue to collaborate with Point Loma Nazarene School of Business to introduce health care business courses for MBA program and School of Nursing for their MSN program.
- In partnership with Point Loma Nazarene University create a Physician Leadership Development Certification Program.
- Host dean and faculty luncheons with CNOEs and CVPs to discuss community workforce and educational needs.
- Continue partnerships with the RN to BSN and MSN programs at Arizona State University

and the University of Texas, Arlington.

- Expand collaborations with community and nationally recognized schools/universities that provide education in support of Scripps' strategic goals.
- Partner with University of Phoenix to offer online degree programs for staff to receive their Bachelor's or Master's degrees.
- Partner with Straighterline to help staff complete their general education courses online to accelerate their degree completion.
- Partner with UCSD Extended studies to offer seminars for staff and physicians on a variety of professional development topics.

Disaster Preparedness: Community Outreach and Education

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 during fiscal year 2015, including:

- Participating in San Diego County and State of California advisory groups to plan, implement and evaluate key disaster preparedness response and recovery plans.
- Collaborating with the State of California Emergency Medical Services Authority on state projects and state/federal grants supporting disaster preparedness and business continuity planning.
- Collaborating with Emergency Medical Services, County of San Diego to provide disaster preparedness training curriculum to San Diego Health care partners.
- Collaborating with community partners to monitor and analyze business continuity within the health care community, identifying potential disruption impact.
- Participate in a Community Partner Disaster Planning conference
- Providing two 16-hour decontamination response team training for health care partners and a specialized decontamination training for security staff
- Participate in community education locally and nationally as an organizational leader in disaster preparedness and planning.
- Ready to deploy the Scripps Medical Response teams and Scripps Hospital Administrative Support teams to any domestic or international disaster. (Initiative led by the disaster preparedness program under the direction of the Scripps President/CEO)
- Sustain the MOU with International Medical Corp a Non-Governmental Agency, to deploy as a medical response team for international disaster relief aid as well as the USAID medical response team for the Trauma Surgical Deployment Unit
- Maintain a Medical Response Team in readiness state with the ability to respond within 24 hours.
- Key leadership participation on the San Diego Fire Incident Management Team Type 3 Command Staff deployments and education

American Heart Walk

Scripps Health Community Benefit Department will coordinate walker participation and fundraising efforts in support of the American Heart Association's Annual Heart Walk. Scripps Health will also allocate operational funds to support the American Heart Association's efforts to fight heart disease and stroke. (Initiative led by Scripps Health System, Community Benefit Services).

Professional Education and Health Research

- Scripps High School Exploration Program and Health and Science Pipeline Initiative (HASPI) will continue to provide education internships for 27 students, offering five week-long paid internships, in which students rotate through clinical and nonclinical departments to learn about health care. (Funded by Scripps Health System Operations)
- Expand UC High Internship Program systemwide to include Scripps Mercy Hospital, San Diego, Scripps Memorial Hospital La Jolla, Scripps Green Hospital and Scripps Clinic Torrey Pines.
- Expand WorkAbility Program systemwide to include Scripps Health Administrative Services, Scripps Green Hospital and Scripps Memorial Hospital Encinitas.
- Expand systemwide internship program to include clinical and non-clinical placements.
- Expand physician shadowing opportunities through community awareness and process standardization systemwide.
- Continue to provide Scripps Health systemwide New Grad Residency and Training Programs.
- Continue to provide Specialty Training Programs, ICU, MCH, Peri-op, ED and SPD.
- Continue expansion of local college-based internship programs to include MBA, System Engineering, IT and Allied Services.
- Expand Young Leaders in Healthcare to employee dependents and school partnerships.

Community Mentorship Program for Health Sciences and Research

Continue to provide opportunities for local high schools and universities to expose students to the knowledge, skills and values necessary to pursue health and research careers. SCORE (Shiley Center for Orthopedic Research and Education at Scripps Clinic) offers opportunities for students to observe live orthopedic surgeries and have an open interactive discussion with a surgeon and health care research team. Participants learn how aging affects the musculoskeletal system and about resulting diseases, including the role surgery plays in the treatment.

Uncompensated Health Care

Scripps Home Health Care and Scripps Hospice Care will continue to provide health care services for vulnerable patients who are unable to pay.

Scripps Systemwide Programs and Services

2016 Community Benefit Report, Fiscal Year 2015

This section is an account of Scripps' dedication and commitment to improving the health of the community, detailing the systemwide programs and services that have provided benefit over and above standard health care practices in fiscal year 2015 (October 2014 to September 2015).

Fostering Volunteerism

In addition to the financial community benefit contributions made during FY15, Scripps system employees donated a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. With 157 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$7,394.22¹.

Making a Financial Commitment

During fiscal year 2015, \$11,910,097 was devoted by Scripps systemwide programs to community activities, including uncompensated health care, community health services, and 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.

Scripps Systemwide Community Benefit Services Highlights

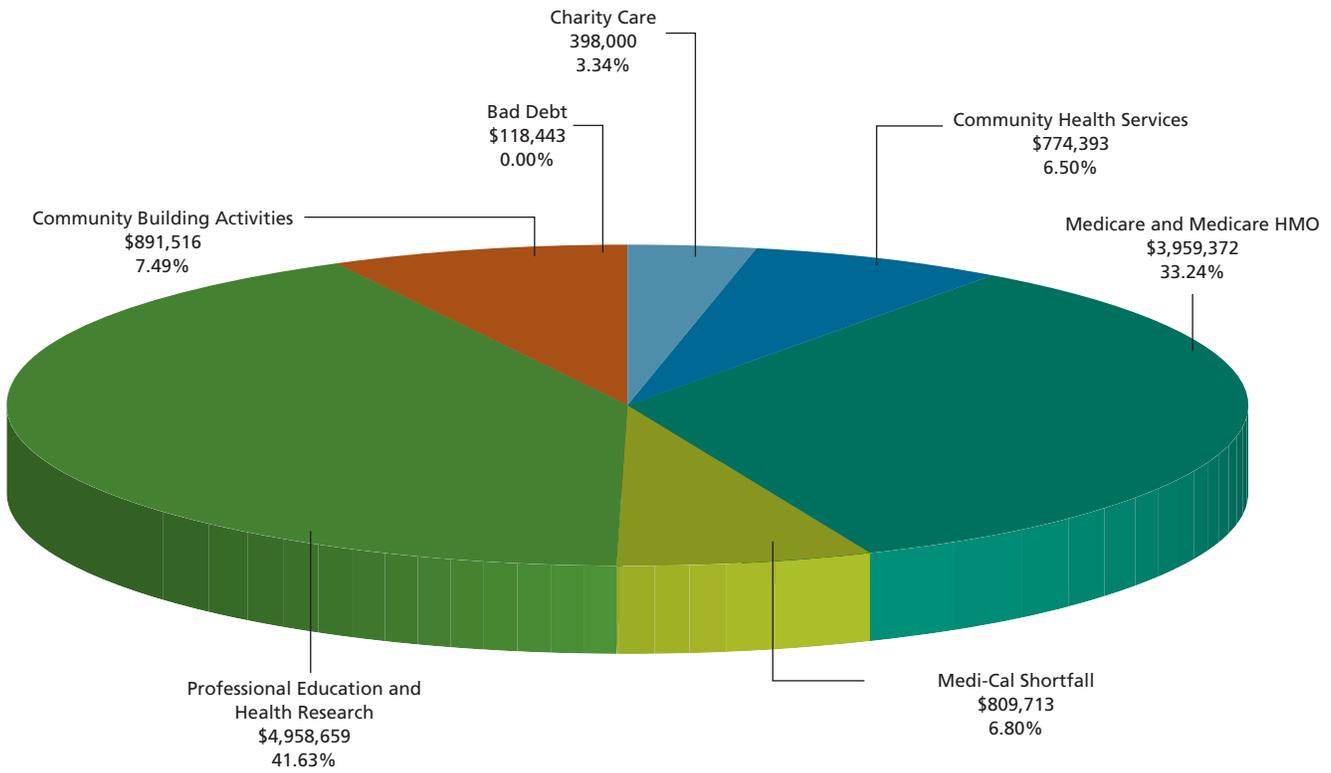
During fiscal year 2015, Scripps systemwide contributed \$11,910,097 to community benefits, including \$809,713 in Medi-Cal shortfall, \$3,959,372 in Medicare and Medicare HMO, \$774,393 in community health services, \$4,958,659 in professional education and health research and \$891,516 in community building activities.

Refer to Figure 12:1 presented on the following page for a graphical representation of the FY15 Scripps Systemwide Community Benefit Services distribution.

¹ Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

FIGURE 12:1

FY15 Scripps Systemwide Community Benefit Services Distribution, \$11,910,097



Community Benefit Services

Community benefit services include those programs and services 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, Medi-Cal shortfalls and Medicare shortfalls.

Scripps Systemwide Fiscal Year 2015 Community Health Services Highlights

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 2015 (October 2014 to September 2015), \$775,393 was invested by Scripps systemwide programs in community-based health improvement activities. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of the Scripps systemwide fiscal year 2015 community health services.

Scripps Health Community Benefit (CB) Fund

In Fiscal Year 2015, Scripps Health continued to deepen its commitment to philanthropy with the establishment of its Community Benefit Fund. Over the course of the year, it awarded \$215,000 in community grants to programs throughout San Diego. Scripps awarded four grants ranging from \$10,000 to \$120,000 each. The projects that received funding address some of San Diego 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 \$3.1 million dollars. Programs funded during fiscal year 2015 include:

- **Catholic Charities** — Funding was awarded to provide short-term emergency shelter for medically fragile, homeless patients being discharged from Scripps Mercy Hospital, San Diego, and to expand the program to Scripps Mercy Hospital, Chula Vista. 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 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.

- **The 2-1-1 Health Care Navigation Program** —2-1-1 San Diego is the dialing code for information about community, health and disaster services. It connects people with resources over the phone, online and in print. 2-1-1 San Diego was launched in June 2005 as a multilingual and confidential service committed to providing access 24/7. Funding was awarded for the 2-1-1 Health Care Navigation Program. There is an overwhelming need for a dependable service to help people navigate today's complex health care system. More than 20 percent of adult San Diegans struggle to access health care. The Health Care Navigation Program addresses this need by serving as an entry point for clients. The Health Care Navigation Program provides a wide arrange of support, including an assessment of need and eligibility, assistance in setting up medical appointments and help completing applications for Medi-Cal, Healthy Families and prescription assistance. In 2015, the Health Navigation Program provided in depth navigation services to more than 11,000 individuals.
- **American Heart Association** — Funding awarded for the 2015 Heart Walk sponsorship. Heart disease and stroke are the No. 1 and No. 3 causes of death in the nation. Heart disease claims more than 950,000 American lives each year. Scripps partners with the American Heart Association on their annual Heart Walk, to raise funds for research, professional and public education, and advocacy.
- **Consumer Center for Health Education and Advocacy (CCEA)** — Funding provides low-income, uninsured Mercy Clinic and behavioral health patients who need assistance obtaining health care benefits, SSI and related services, while simultaneously reducing uncompensated care expenses for Mercy. This project provides advocacy services for time-intensive government benefit cases. (Sponsored by Scripps Mercy Hospital Administration.)

Cancer/Oncology

Cancer is the second leading cause of death in the U.S., exceeded only by heart disease, and accounts for almost one-quarter of all deaths in San Diego County. The actual all cancer death rate among residents of San Diego County was 148.6 per 100,000 in 2009.²

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 2015, Scripps engaged in the following cancer programs and activities.

- **American Cancer Society (ACS) Making Strides Against Breast Cancer**
Scripps Health participates in this fundraising event to raise money for breast cancer research. Scripps also participates in hosting Look Good Feel Better classes put on by the ACS. (Sponsored by Scripps Health Systemwide)

² San Diego Hospital Association and Imperial Counties. 2013 Community Health Needs Assessment and the most recent San Diego County community health statistics (unless otherwise indicated). Retrieved from the World Wide Web: <http://www.hasdic.org/chna.htm>

- **Susan G. Komen Race for the Cure**

Scripps Health participates in this fundraising event to support breast cancer research and local breast health initiatives. The Komen Race for the Cure Series raises significant funds and awareness for the fight against breast cancer, celebrates breast cancer survivorship and honors those who have lost their battle with the disease. (Sponsored by Scripps Health Systemwide)

- **Nine Girls Ask (For a Cure for Ovarian Cancer)**

Scripps Health participates in this fundraising event to support ovarian cancer research and initiatives.

- **Scripps Polster Breast Care Center (SPBCC)**

Scripps Polster Breast Care Center 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. (Sponsored by Scripps Polster Breast Care Center)

Cardiovascular Disease

Coronary heart disease and stroke are the number one and three causes of death in the nation. Heart disease claims more than 950,000 American lives every year. Stroke is a leading cause of serious, long-term disability.³ During fiscal year 2013, Scripps engaged in the following heart health and cardiovascular disease prevention and treatment activities.

- **American Heart Walk** — Scripps allocated \$10,000 in operational funds and over \$30,000 in in-kind donations to support the American Heart Association’s efforts to fight heart disease and stroke. In addition, Scripps employees volunteered their time to coordinate walker participation and fundraising efforts. The San Diego Heart Walk raised more than \$1.3 million. In 2015, more than 2,300 Scripps Heart Walk participants – employees, families, and friends – walked to help raise more than \$158,000. Additionally, Scripps reached out to the community at the event and provided health education materials and giveaways.

Disaster Preparedness: 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. Scripps participated in San Diego County and state of California advisory groups to plan, implement and evaluate key disaster preparedness response plans and exercises. Scripps is an advisor to San Diego County for federal and state grant development and planning. Scripps participated in community education, providing educational opportunities for local and national partners. Scripps provided 1,219 hours of local community education.

Nepal Mission

The Scripps Medical Response Team (SMRT) deployed to Nepal to aid international humanitarian and medical relief efforts. The five-member team, which was dispatched to two different regions by the International Medical Corps, spent three weeks caring for

³ Coronary heart disease and stroke are the number one and three causes of death in the nation. Heart disease claims more than 950,000 Americans every year.

victims — from infants to the elderly. The team of four nurses and a mission leader cared for nearly 2,200 patients and set up temporary clinics in 17 remote, mountain villages, many of which were accessible only by helicopter. The mission was logistically supported by numerous U.S.-based members of the Scripps team, and emotionally supported by thousands of Scripps employees and physicians who joined the mission virtually through daily email updates. The SMRT also deployed after Hurricane Katrina in 2005, during the 2007 San Diego wildfires and in Haiti following the 2010 earthquake there.

Hospital Administrative Support Unit and Scripps Medical Response Team (SMRT)

Having the ability to provide emergency services for those injured in a state of California disaster while continuing to care for hospitalized patients is a critical community need. Scripps maintains active readiness for the Scripps Hospital Administrative Unit and the Scripps Medical Response Team. Both are lead teams for the State of California Mobile Field Hospital deployment and the USAID Trauma Surgical Deployment Unit.

- In April, Scripps deployed 5 members of the Scripps Medical Response Team with the USAID Trauma Surgical Deployment Unit to Nepal after a 7.8 magnitude earthquake killed over 9,000 people and injured more than 23,000.
- On September 30, 2015 SMRT participated in a MRO (Mass Rescue Operation) exercise. This exercise simulated a team deployment in the event of a large maritime disaster. The team, with the participation of Rady Children's hospital Emergency Department team, established and set up an Alternate Care Site in austere conditions.

Scripps continues to participate with California in an advisory capacity, exercising and training with the Specialized Cal Mat Program.

- In January, the SMRT participated in the Violent Threat Exercise at our La Jolla location in the then empty Scripps Prebys Cardiovascular Institute. Fire, Police, Sheriff, Ambulance and Dispatch Agencies from San Diego County participated in this collaborative event providing training experience and an opportunity to build community relationships within a unified command structure.

San Diego County and National Community Support and Outreach Education

The goal is to participate in community education locally and nationally as an organizational leader in disaster preparedness and planning. In fiscal year 2015, Scripps participated in the San Diego Business Consortium and led multiple lectures to government and community audiences:

- San Diego County Statewide Medical and Health Exercise November 2014 Ebola preparedness and Response
- Full Scales Violent Threat Exercise, Scripps La Jolla participant and host to 300 community agencies and healthcare providers
- July 8, 2015 Host San Diego County 6th Annual Disaster Preparedness Partnership Conference- Community Partners Innovative Programs & Support in Disaster
- San Diego County Prescription Take Back Day, September 26, 2015 with 5 hospital/clinic sites participating
- Statewide Medical and Health Exercise-Power Outage Exercise May 20, 2015 Scripps system participation
- September 30, 2015 MRO (Mass Rescue Operation) exercise.

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.

Each year, resources are allocated by Scripps systemwide 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, \$4,958,659⁴ was invested by Scripps systemwide programs and services in professional training programs and research during fiscal year 2015 (October 2014 to September 2015). This section highlights some of the Scripps systemwide professional education and research activities conducted in fiscal year 2015.

Scripps High School Exploration Program and Health and 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. During fiscal year 2015, Scripps Health partnered with HASPI to provide continuing education internships for their students. The program offered five week internships, in which 25 students rotated through clinical and non-clinical departments to learn about health care. In addition, Young Leaders in Healthcare participants were eligible for the five week summer program. Ten students were selected to participate in the program. (Funded by Scripps Health System Operations)

⁴Reflects 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 Clinical Research Services, Scripps Whittier Institute, Scripps Genomic Medicine and the Scripps Translational Science Institute.

SCRIPPS SYSTEMWIDE

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY15 SCRIPPS SYSTEMWIDE

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support
Advanced Cardiac Life Support Heart Code	28	38	-	\$5,547
Advanced Cardiac Life Support Provider Course	29	136	-	\$4,042
Advanced Cardiac Life Support Renewal Course	21	86	-	\$1,058
Alzheimer's Association	-	-	-	\$25,000
American Cancer Society Cancer Action Network	150	5	-	\$2,458
American Cancer Society, Making Strides Against Breast Cancer	5,000	8	-	\$2,901
American Cancer Society, Making Strides Against Breast Cancer - Sponsorship	-	-	-	\$5,000
American Heart Association - Heart Walk - In-Kind-Donation	-	-	-	\$28,648
American Heart Association - Heart Walk - Event **	10,000	2,560	-	\$190,684
American Heart Association - Heart Walk - Sponsorship	-	-	-	\$10,000
American Heart Association Go Red for Women	-	-	-	\$10,000
Bad Debt **	-	-	-	\$118,443
Basic Life Support for Healthcare Provider Online Skills Check	44	52	-	\$1,793
Basic Life Support for Healthcare Providers Renewal	21	67	-	\$1,957
Basic Life Support for the Healthcare Provider Initial	83	138	-	\$3,762
Bereavement Support Group	72	-	2	-
Blood Drives for the American Red Cross	180	22	-	\$1,070

**"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 labor 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 new Schedule H 990 but are still reportable outside the community benefit table.

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support
California Association of Hospitals and Health Systems (CAHHS) **	-	255	-	\$21,647
Charity Care	-	-	-	\$398,000
Clinical Research Services	-	58,589	-	\$4,213,382
Community Benefit Fund - Catholic Charities	-	-	-	\$70,000
Community Benefit Fund - 2-1-1 San Diego	-	-	-	\$15,000
Comunity Clinical Services	113	12	-	\$412
Community Health Education Program	876	182	147	\$9,927
Community Health Improvement Partners - Crew Rendezvous	-	-	-	\$12,500
Covered California Enrollment Event	300	119	-	\$5,931
Disaster Preparedness Community Outreach and Education **	137	318	-	\$35,872
Economic Development **	-	495	-	\$105,166
Eric Paredes Save a Life Foundation - Sponsorship	-	-	-	\$15,000
Eric Paredes Save a Life Foundation Health Screenings	3,600	303	8	\$11,901
Father Joe's Villages	-	-	-	\$1,000
Friends & Family Infant & Child CPR & First Aid	346	304	-	\$5,501
Grossmont College	-	-	-	\$1,535
Health Care Public and Government Advocacy **	-	2,600	-	\$500,535
Heart Saver CPR, AED & Basic First Aid	49	58	-	\$2,184
Honorary Deputy Sheriff's Association - Evening Under The Stars Gala**	-	-	-	\$5,000
Managing your Osteoarthritis	300	-	-	-
Mass Rescue Operation Exercise **	150	228	-	\$16,510
Medi-Cal (Shortfall)	-	-	-	\$809,713
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$3,959,371
Neonatal Resuscitation Program	13	18	-	\$1,265
Nursing Student Rotation Education	-	724	-	\$51,217
Pediatric Advanced Life Support Course	26	66	-	\$2,688
Prescription Drug Take Back Day	500	82	-	\$6,951

**"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 labor 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 new Schedule H 990 but are still reportable outside the community benefit table.

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support
San Diego County Deputy Sheriff's Foundation - Annual Save the Bacon Ride**	-	-	-	\$1,000
San Diego Police Foundation - Gold Shield Gala**	-	-	-	\$10,000
Scripps Genomic Medicine and Translational Services	-	47,765	-	\$544,955
Scripps Health System Community Benefit Planning and Outreach	-	3,982	-	\$232,622
Scripps High School Exploration Program	25	1,130	-	\$84,432
Scripps Recuperative Care Program	42	290	-	\$184,461
Skin Cancer Screenings	365	17	-	\$988
Successful Living Expo	1,000	40	-	\$4,254
Susan G. Koman Race for the Cure Cancer Walk**	1,000	16	-	\$4,202
Susan G. Komen Race for the Cure**	1,000	8	-	\$2,401
Susan G. Komen Race for the Cure - Sponsorship	-	-	-	\$5,000
UC High School Exploration Program	16	595	-	\$45,251
Violent Threat Exercise - La Jolla	170	487	-	\$62,930
Volunteers of America	32	100	-	\$34,935
YMCA Wellness Wednesday Health Screenings	400	-	-	\$2,095
TOTAL FY15 SCRIPPS SYSTEMWIDE	26,088	121,885	157	\$11,910,097
<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 labor 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 new Schedule H 990 but are still reportable outside the community benefit table.</p>				

Appendix A: Definition of Terms

Bad Debt — Unpaid costs for care that is provided to persons 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 persons 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 child care 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 — 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.

Health Research — can include, but is not limited to, clinical research, community health research, and generalizable studies on health care delivery.

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.

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.

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 on non-Scripps employees including graduate medical education (GME), nursing resource development, and other health care professional training. Costs for medical residents and interns may be included as health professions education costs. Calculations based on total program expense.

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 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. Example of such services are: inpatient psychiatric units, satellite clinics serving low-income communities and burn units.

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 to estimate net uncompensated cost.

Under-Reimbursed Care — Care that is reimbursed below cost by CMS (County Medical Services), Medi-Cal and Medi-Cal HMO, Medicare, Medicare PPO, Medicare HMO and SHPS Medicare.

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."

Appendix B: Scripps Uncompensated Care Fiscal Year 2015 Methodology

Scripps continues to contribute resources to provide low and no-cost health care services to populations in need. During fiscal year 2015, Scripps contributed \$316,033,736 to uncompensated health care, \$36,894,589 in charity care, \$269,492,715 in Medi-Cal and Medicare shortfall, and \$9,646,432 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 — The 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 McKesson HPM system. 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.

Hospital Provider Fee Program

Thirty-Month Hospital Fee Program

During the year ended September 30, 2015, Scripps Health recognized supplemental provider fee amounts of \$5,485,000. This amount was recognized as net patient revenue in the consolidated statement of operations. Scripps Health recognized quality assurance fees of \$8,977,000. This amount was recorded as provider fee expenses in the consolidated statement of operations. Scripps Health recorded \$203,000 income for charitable contributions to CHFT as an offset to the provider fee expenses in the statement of operations. The net operating loss recognized by Scripps Health from provider fee was \$3,289,000 in fiscal year 2015.

Calendar Year 2014 – Calendar Year 2016 Hospital Fee Program

In September 2013, SB 239 was approved and created a three-year hospital fee program effective January 1, 2014 through December 31, 2016. On December 10, 2014, California Hospital Association (CHA) announced that CMS approved the fee-for-service payments for the period January 1, 2014 to December 31, 2016. On June 30, 2015, CMS approved the non-expansion managed care rates for the first six months of the thirty-six month hospital fee program. During the year ended September 30, 2015, Scripps Health recognized supplemental provider fee amounts of \$146,643,000. This amount was recognized as net patient revenue in the consolidated statement of operations. Scripps Health recognized quality assurance fees of \$113,491,000. This amount was recorded as provider fee expenses in the consolidated statement of operations. In addition, Scripps Health was assessed and accrued charitable contributions to CHFT of \$577,000 in the statement of operations. The net operating income recognized by Scripps Health from provider fee was \$32,575,000 in fiscal year 2015. Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-Kind Contributions.

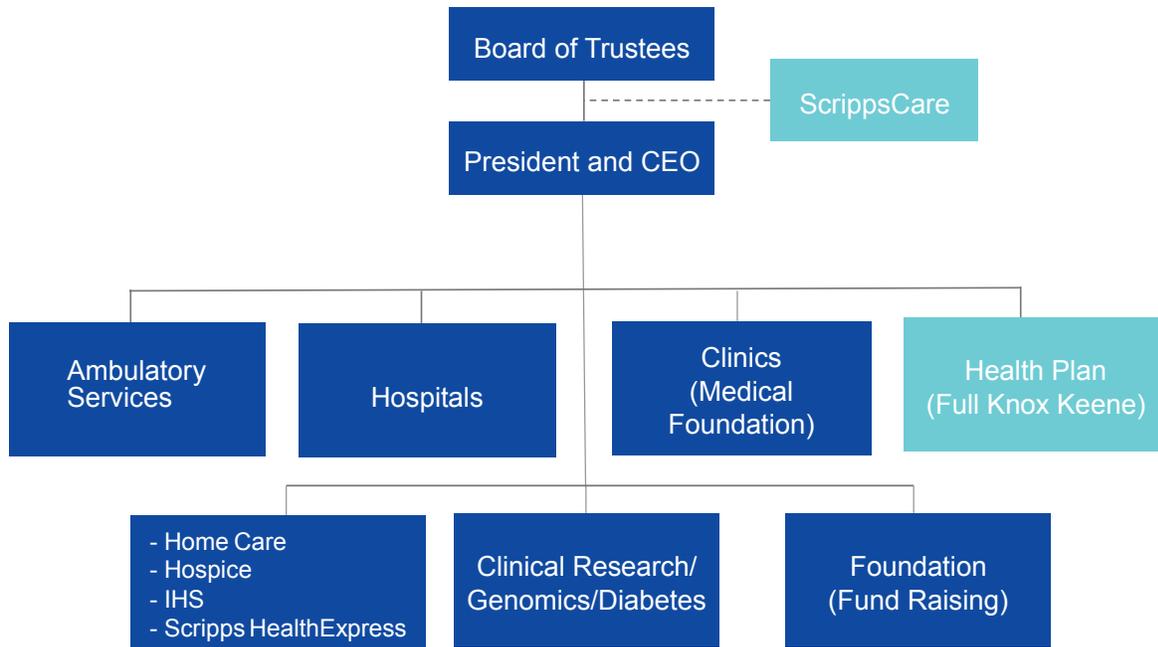
Bad Debt Methodology — The uncompensated cost is estimated by applying ratio-cost-to-charge (RCC) percentages for the hospital to the gross bad debt adjustments less recoveries. The following costs are excluded: Bad debt adjustments at cost for Medi-Cal and CMS patients, community health services, professional 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.

Medicare and Medicare HMO–Hospitals — The 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 account balance for all open accounts, plus other revenue including IME and DSH. Cost is derived using the relative value allocation methodology per the Trendstar cost accounting system. The following costs are excluded: Charity and bad debt adjustments at cost for Medicare and Medicare Senior patients, community health services, professional education and research, subsidized health services provided to Medicare patients, and expenses excluded in the Medicare cost report. These costs are included in the IRS Form 990 Schedule H Part III Section B.

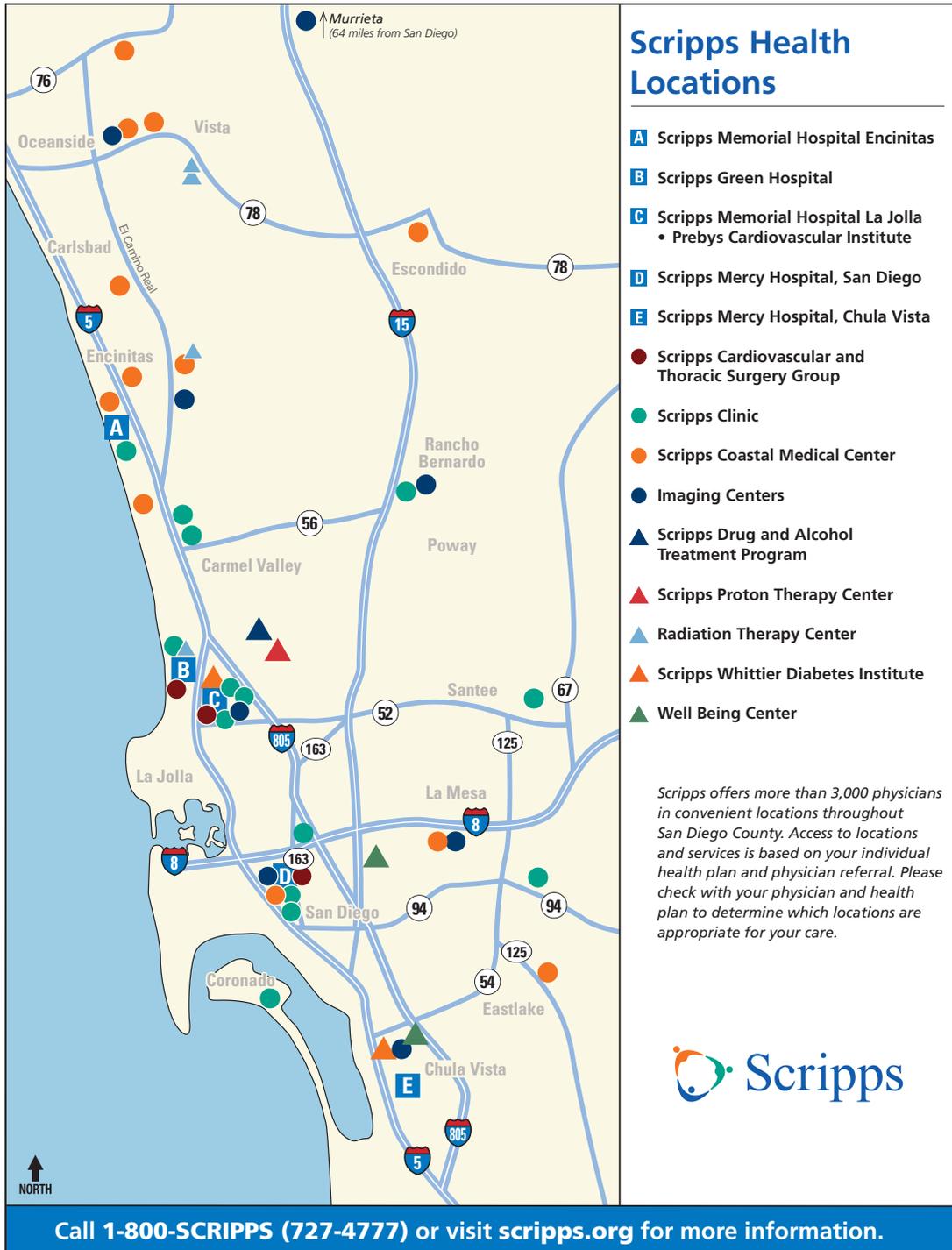
Shortfall Methodology–Clinics — The shortfall was derived by extracting the Medicare, Medicare PPO, Medicare HMO, and Medicare Capitated program, gross charges and net revenue from the patient billing system. The cost was estimated by applying the ratio-cost-to-charges for Scripps Clinic and Scripps Coastal Medical Centers to the gross charges. Shortfall is equal to Net Revenue less estimated cost using RCC methodology. These costs are included in the IRS Form 990 Schedule H Part III Section B.

Appendix C

Scripps Health



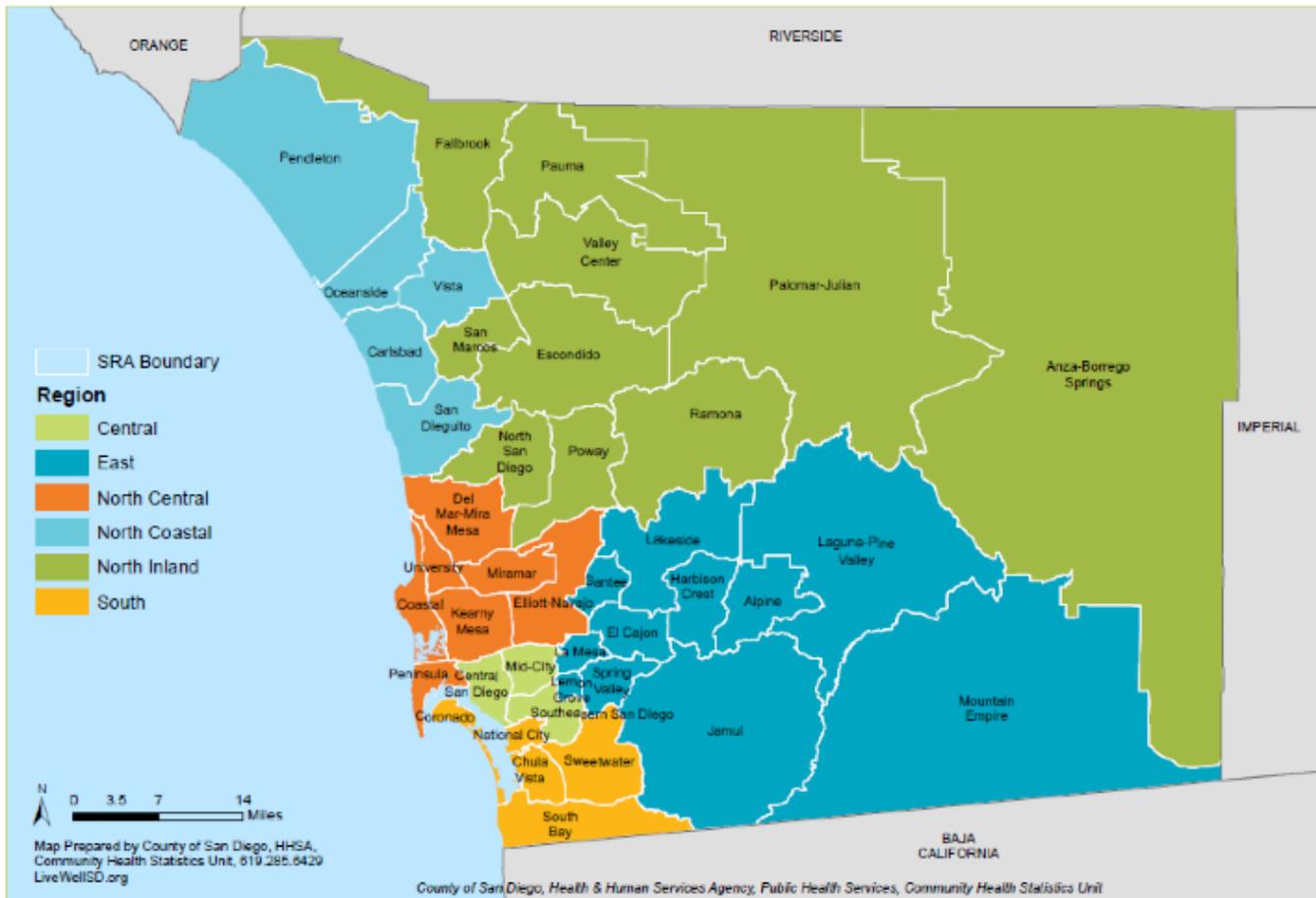
Appendix D



Appendix E: San Diego County HHSA Geographic Services Regions¹



Regional and Subregional Areas (SRA) Boundaries in San Diego County



CENTRAL

- Central San Diego
- Mid City
- Southeast San Diego

NORTH CENTRAL

- Coastal
- Elliott Navajo
- Kearny Mesa
- Mira Mesa
- Miramar
- Peninsula
- University

NORTH COASTAL

- Carlsbad
- Del Mar
- Oceanside
- Pendleton
- San Dieguito
- Vista

SOUTH

- Chula Vista
- Coronado
- National City
- South Bay
- Sweetwater

EAST

- Alpine
- El Cajon
- Harbison Crest
- Jamul
- La Mesa
- Laguna/Pine Valley
- Lakeside
- Lemon Grove
- Mountain Empire
- Santee
- Spring Valley

NORTH INLAND

- Borrego Springs
- Escondido
- Fallbrook
- North San Diego
- Palomar/Julian
- Pauma
- Poway
- Ramona
- San Marcos
- Valley Center

¹ 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 than the regions designated by the San Diego Association of Governments (SANDAG).

For more information about the programs and services offered by Scripps Health, visit scripps.org/communitybenefit or contact the office of community benefit services at **858-678-7095**.

