



## 2019 Community Benefit Report Our Promise to the Community

In fiscal year 2018, Scripps Health provided

# \$395 million

in community benefit services



### **Serving Our Community**

Scripps is committed to expanding our scope of community benefit through key partnerships with organizations that share our dedication to improving the health and quality of life for San Diegans. From collaborative programs that address obesity and diabetes, to raising awareness about mental illness and teenage alcohol abuse, to free support groups and participation in community health and safety programs, these partnerships are vital to making our community a healthier place.

## LETTER FROM THE CEO

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



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

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

Today, more than 15,000 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 2018, Scripps’ community benefit contributions totaled \$395,361,567. This includes \$358,318,252 in uncompensated care, \$26,757,826 in professional education and health research, \$1,133,020 in community building activities, \$5,384,683 in community health services and \$3,817,785 in subsidized health.

Health care will continue to change in San Diego and across our country. At Scripps we are continually changing to better meet our patients’ needs, improve access in our community, reduce our costs, and simply bring more value to the patients we serve. When Ellen Browning Scripps and Mother Mary Michael Cummings brought quality health care to San Diego 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, appearing to read 'Chris Van Gorder', written in a cursive style.

Chris Van Gorder, FACHE  
President and CEO

# MISSION, VISION, AND VALUES

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## 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 by 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.
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## ABOUT SCRIPPS HEALTH

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Founded in 1924 by philanthropist Ellen Browning Scripps, Scripps Health is a \$3.2 billion not-for-profit integrated health system based in San Diego, California. Scripps treats more than 700,000 patients annually through the dedication of 2,657 affiliated physicians and more than 15,000 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 clinic. Scripps also offers payer products and population health services through Scripps Accountable Care Organization, Scripps Health Plan and customized narrow network plans in collaboration with third-party payers

Today, the health system extends from Chula Vista to Oceanside and is dedicated to improving community health while advancing medicine. Recognized as a leader in disease and injury prevention, diagnosis and treatment, Scripps is also at the forefront of clinical research, and digital health care. With three highly respected graduate medical education programs, Scripps is a longstanding member of the Association of American Medical Colleges. Scripps has been ranked five times as one of the nation's best health care systems by Truven Health Analytics division of IBM Watson Health. Its hospitals are consistently ranked by U.S. News & World Report among the nation's best and Scripps is regularly recognized by Fortune magazine, Working Mother magazine and AARP as one of the best places in the nation to work. More information can be found at [www.scripps.org](http://www.scripps.org).

### SCRIPPS FACILITIES/DIVISIONS

Scripps Memorial Hospital Encinitas  
Scripps Green Hospital  
Scripps Memorial Hospital La Jolla  
Scripps Clinic  
Scripps Mercy Hospital  
\*San Diego & Chula Vista Campuses

Scripps Clinical Research Services  
Scripps Coastal Medical Center  
Scripps Home Health Care  
Scripps Whittier Diabetes Institute

## SERVICE OFFERINGS

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

### CARDIOVASCULAR CARE

- Scripps treats 100,000 heart patients annually – more than any other provider in San Diego. With volume comes high quality, as evidenced by the program being consistently ranked as the best in San Diego for cardiology and heart surgery by U.S. News & World Report. Scripps is the only San Diego heart program on the list that has received the coveted honor for more than a decade (2006-2018).
- In March 2015, Scripps opened the \$456 million Prebys Cardiovascular Institute, which brought together expertise from across the system. The institute is the largest heart hospital on the West Coast with 167 inpatient beds and serves as the center of excellence for research and education.
- For more than 30 years, Kaiser Permanente has chosen Scripps Health to be its partner in cardiac care. Scripps is the exclusive provider of heart surgery to Kaiser Permanente members throughout the San Diego County.

### 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. 14 nationally by U.S. News & World Report in its annual 2017-18 “Best Hospitals” rankings.

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

### CANCER CARE

- In 2016, Scripps Health and MD Anderson Cancer Center announced a partnership agreement to create a comprehensive and clinically integrated cancer center in San Diego, to be known as Scripps MD Anderson Cancer Center.

- Scripps MD Anderson is committed to fighting cancer through a collaborative, team approach that put the patient at the center of care.
- Scripps MD Anderson is part of MD Anderson Cancer Network, a global collaborative network of hospitals and health care systems dedicated to MD Anderson's mission to eliminate cancer.
- MD Anderson has been ranked the nation's top hospital for cancer care by U.S. News & World Report for 14 of the past 17 years. Scripps has been the leading hospital system in San Diego for nearly 95 years, and cares for around a third of all cancer patients in the region.
- Scripps MD Anderson also has an expert team of oncology nurse navigators who give personalized assistance to help guide patients through their treatment journey.
- In 2008, Scripps 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 Radiation Therapy Center on Torrey Pines Mesa, Scripps Clinic Radiation Therapy Center Vista and Scripps Clinic Radiation Therapy Center Encinitas have each been awarded a four-year accreditation by ASTRO's Accreditation Program for Excellence, or APEX. These are the first three cancer care centers in San Diego County to earn APEX distinction.
- Scripps opened a new state-of-the-art regional radiation therapy center in 2012.
- In 2015, three radiation therapy centers located in north San Diego County joined Scripps Clinic Medical Group. The centers continue to practice at their same locations under new names: Scripps Clinic Radiation Therapy Center Encinitas; Scripps Clinic Radiation Therapy Center Vista, and Scripps Clinic Radiation Therapy Center Vista CyberKnife®.

## ORTHOPEDICS

- 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 Orthopedic Research and Education (SCORE) at Scripps Clinic investigates the safety and efficacy of new technologies and therapies designed for the treatment of musculoskeletal diseases and disorders.

- Scripps provides musculoskeletal trauma care at Scripps Mercy Hospital, San Diego, a Level I trauma center, and Scripps La Jolla, a Level 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.

## NEUROSCIENCES

- Scripps has been recognized for high performance in Neurology & Neurosurgery by U.S. News & World Report (2018-2019)
- Scripps is San Diego’s leader in stroke prevention, life-saving stroke treatment and stroke rehabilitation. All five Scripps Health hospital campuses have earned the Stroke Gold Plus Quality Achievement Award by the American Heart Association/American Stroke Association for delivering high-quality, life-saving stroke care. The awards, which are part of the AHA/ASA’s Get With The Guidelines stroke program, recognize hospitals across the United States that consistently comply with patient management quality measures.
- The Joint Commission has certified all four Scripps hospital campuses with emergency rooms as Primary Stroke Centers. The certification recognizes organizations that make exceptional efforts to foster better outcomes for stroke care. It signifies that our hospitals have all the critical elements in place to achieve long-term success in improving outcomes after stroke.
- Our physicians lead research activities designed to find better treatments for conditions like Parkinson’s, MS, and Alzheimer’s.

## WOMEN’S AND NEWBORN SERVICES

- Scripps delivers almost 9,000 babies annually and provides care to thousands of women needing routine and advanced obstetrical care.
- Scripps offers a full spectrum of gynecology services throughout San Diego. The combined 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.8 nationally by U.S. News & World Report in its annual 2017-2018 “Best Hospitals” rankings.
- 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 bridging together the inpatient and ambulatory continuum of care. Scripps Health prioritizes system efforts related to OB, gynecology and NICU development.

- Scripps has a perinatology program, also known as Maternal Fetal Medicine Specialists offering comprehensive care for patients delivering at Scripps throughout their pregnancy episode.

## BEHAVIORAL HEALTH

- The Scripps behavioral health care line offers a variety of services to adults with emotional and behavioral disorders. Our goal is to assist patients in regaining control of their lives and reconnecting with their families and community. The Scripps behavioral health services program provides inpatient treatment and access to outpatient mental health services. The psychiatric liaison services are provided at all five acute care Scripps hospital campuses and associated urgent care facilities. A supportive employment program is also offered to those seeking volunteer or employment opportunities.

## PRIMARY CARE

- Scripps Health offers a 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 for diagnosis and treatment of injuries, illnesses and management of chronic medical conditions.

## HOME HEALTH CARE

- Scripps Home Health Care Services provides a range of health care services in people's homes. Scripps Home Health has a 28 year service history in the San Diego community.
- More than 160 nurses, therapists and support staff work closely with patients' physicians and family to offer a variety of services, including nursing care, physical, occupational and speech therapy, wound management, diabetic care and cardiovascular care.

## EMERGENCY AND TRAUMA MEDICINE

- Scripps operates four emergency departments and three urgent care centers, and is home to two of the region's five adult trauma centers: a Level I trauma center at Scripps Mercy Hospital, San Diego and Level II Trauma center at Scripps Memorial Hospital La Jolla.
- Scripps La Jolla opened a new emergency department with three times more capacity to better serve the community. Scripps Encinitas and Scripps Mercy San

Diego also opened new, larger Emergency Departments (EDs) within the past five years.

- All four Scripps emergency rooms are certified as Primary Stroke Centers by The Joint Commission, and are certified by the American Heart Association as STEMI (ST) Elevation Myocardial Infarction – a severe heart attack caused by clotting of one or more arteries) receiving centers.
- Scripps Emergency Departments serve as major training sites for interns, residents, nurse practitioners, and physician assistants from multiple training programs around the region, including Naval Medical Center San Diego. These intensive, hands-on clinical rotations help train future providers not only for our local community but also for our troops overseas.
- Scripps EDs treats tens of thousands of disadvantaged and underserved patients each year, often for free or at steeply discounted rates through Medi-Cal and similar programs. Scripps EDs are part of the safety net for patients who often have nowhere else to turn for timely primary care or specialty care that is not available in the local community clinics.
- Scripps doctors have led the way for emergency care in San Diego County by leading the annual county-wide Emergency Care Summit, creating safe prescribing guidelines for controlled substances, promoting guidelines for the use of CT scan in pediatric head injuries, creating a system to reduce ambulance bypass hours, and educating providers about the appropriate use of anti-psychotic medications for psychiatric emergencies.

## GOVERNANCE

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

## ORGANIZATIONAL FOUNDATION

Scripps provides a comprehensive range of inpatient and ambulatory services through our system of hospitals and clinics. In addition, Scripps participates in dozens of partnerships with government and not-for-profit agencies across our region to improve our community's health. And our partnerships 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 organization, 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.

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\*Denotes Ex Officio  
Effective 03.07.2019



## 2019 Community Benefit Report Our Promise to the Community

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# \$395 million

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### **Serving Our Community**

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# Investing in Our Community

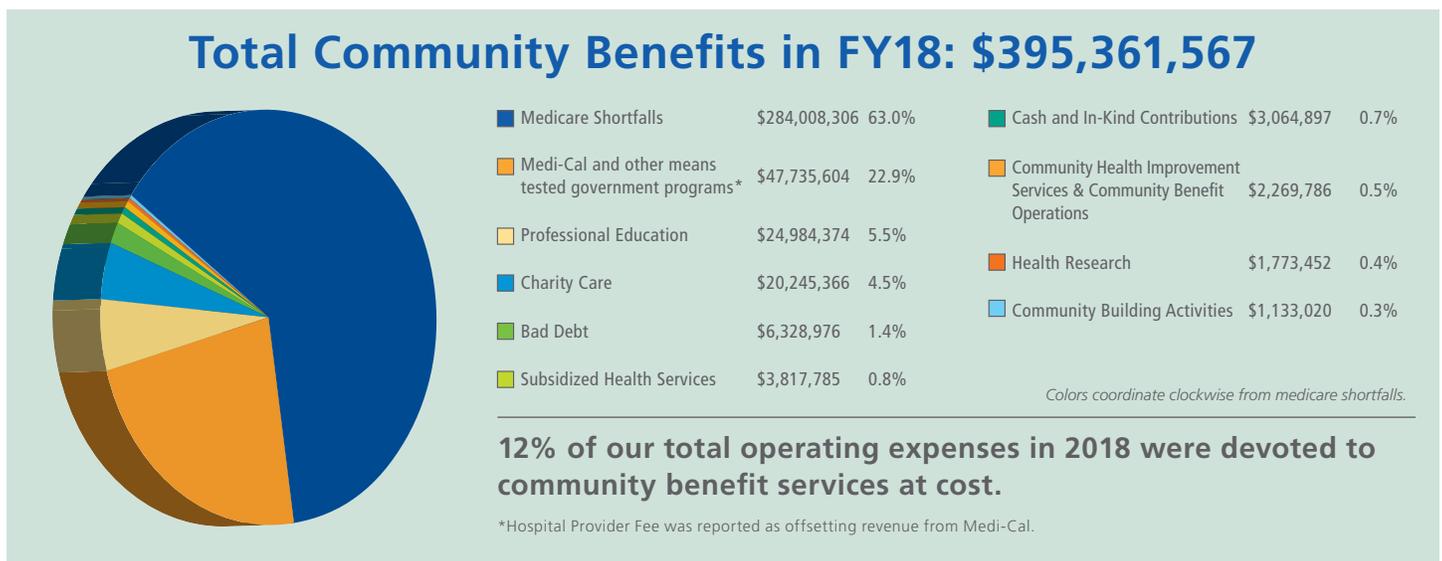
Scripps touches countless lives in San Diego. We are proud of our multifaceted community efforts, which expand access to vitally needed health care services and improve the quality of life for people throughout the region. This report shares many of the ways we serve our community.

In fiscal year 2018, Scripps Health devoted more than \$395 million to community benefit programs, including over \$20 million in charitable care. We offer many free and low-cost services, including community clinics, support groups, screenings for key health indicators, youth programs, special education for pregnant women and patient advocacy services.

Keeping patients at the center of everything we do, Scripps collaborates with other health systems, community groups, government agencies, businesses and grassroots organizations to serve the greatest needs and prioritize our investments in the health of our community. For more information, visit [scripps.org/communitybenefit](http://scripps.org/communitybenefit).

## Scripps Facts

- Over 2,600 affiliated physicians and 15,000 employees treat and support more than 700,000 patients each year.
- Scripps cares for people throughout San Diego with four acute care hospitals on five campuses, 29 outpatient locations, and a home health network.
- Three highly respected graduate medical education programs and two pharmacy resident programs train the next generation of caregivers.
- Operating revenue: \$3,243 billion
- Operating expenses: \$3,157 billion
- Total inpatient discharges: 70,172
- Total outpatient visits: 2,513,440
- Emergency visits: 213,508



## Financial Assistance

### Assisting Low-Income, Uninsured Patients

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 state and federal legislation, and are available to everyone in need, regardless of their race, ethnicity, gender, religion or national origin.



## Oncology Nurse Navigators Guide Patients Through Care

When someone learns they have cancer, their life can change in an instant. In addition to concerns about their future and how the disease will affect their loved ones, cancer patients may suddenly find themselves navigating multiple appointments, tests and treatments, as well as logistical questions and emotional issues. It's no wonder that a cancer diagnosis often feels overwhelming.

To help patients manage these challenges, Scripps MD Anderson Cancer Center has been expanding its nurse navigator program. Nurses who are specially trained in oncology (the study and treatment of cancer), nurse navigators provide support and encouragement to help patients through their cancer journey into survivorship. Navigators contact patients who are newly diagnosed with cancer, ensure that they understand all tests and procedures, and let them know what to expect from their care. They also provide education, help coordinate appointments

and facilitate communication between patients and their care teams. All of this helps empower patients to make informed decisions and play an active role in their care.

In addition, nurse navigators provide compassionate guidance by helping patients deal with treatment side effects and identifying support groups, classes and events, and other community resources. They also offer family members and caregivers support to guide their loved ones to the best possible outcome.

Scripps MD Anderson Cancer Center currently has nine nurse navigators partnering with patients and plans to add three in the coming year.



Left: Students learned how to dress up in sterile gowns, and apply and remove surgical staples on pumpkins. Right: Hoover High School, UCSD first-year medical students, and Scripps Family Medicine residents. The hand movements represents the school's mascot.

## Family Medicine Residents Care for Students at School-Based Clinics

In collaboration with the Sweetwater Union High School District and San Ysidro Health, Scripps Family Medicine Residency Program developed school-based clinics at Palomar High School in 2003 and Southwest High School in 2007. Based on the needs of students and families, the clinics provide a wide scope of services, including sports physicals, mental health assessments and treatment, and preventive health

education. Both clinics collaborate closely with school personnel to identify students at risk and families in need of clinic services.

Family medicine residents not only improve access to care and build their adolescent medicine skills, they serve as role models and support students who have an interest in pursuing health-related careers.

## Food Finders Partnership Feeds Families in Need

Through a new partnership between Scripps Corporate Food Service and Food Finders, a nonprofit group that distributes food to people in need, all leftover food from Scripps corporate facilities is packaged, picked up each day and transferred to the Scripps 4S Ranch Food and Nutrition Services freezer for storage. Food Finders picks up the frozen food twice per week and transports it to one of its facilities to help feed our community.



“This community outreach from Scripps with the help of the nonprofit is what we are about at the end of the day,” said Fri Reyes, director of culinary services for Scripps Corporate Food Service. “We were able to touch more lives and offer a more positive culinary change that our less-fortunate neighbors desperately need.”

## Scripps Offers Students Mental Health Support

Scripps Family Medicine Residency Program and Scripps Mercy Hospital Chula Vista Well-Being Center have partnered with San Diego State University to improve overall mental health care for local high school students through a school-based clinic at Southwest High School. Students earning their master's degrees in social work at SDSU work with local behavioral health providers and Scripps family medicine residents to address mental health issues of vulnerable adolescents, including core issues such as anxiety and depression.



## Parkinson's Event Empowers Hundreds

It was a day of hope and inspiration for hundreds of San Diegans living with Parkinson's disease.

In November 2018, more than 300 guests learned new ways to take control of their health at the Empowerment for Parkinson's Day at Marina Village. From the benefits of exercise and diet change to massage, acupuncture and even music therapy, attendees left the event armed with knowledge to help make positive changes.

Empowerment for Parkinson's was the culmination of work that began 10 years ago. Several Scripps physicians and employees decided to create a motivational day of exercise, confidence-building and education that included neurologists, psychologists, integrative doctors, exercise specialists, physical therapists and more. From this, the annual Keep Moving with Parkinson's Bootcamp was born.

Following the May 2017 bootcamp, the Parkinson's Association of San Diego (PASD) asked the team to share their model to create an even larger-scale event. Through the partnership with PASD and others, more people than ever before who attended the event discovered options to alleviate their symptoms and improve their quality of life.



## Trauma Holds First San Diego County Lifeguard Education Conference

The trauma catchment area for Scripps Memorial Hospital La Jolla includes most of the San Diego County coastline — and lifeguards are often the first responders to beach-related emergencies.

In July 2018, the trauma department at Scripps La Jolla hosted the first San Diego County Lifeguard Education Conference. More than 150 permanent and seasonal lifeguards representing all 11 San Diego County lifeguard agencies learned vital information about topics, including beach injuries and illnesses, drowning resuscitation, shark attacks, sand entrapment and spinal cord injuries, as well as skin cancer prevention tips for the lifeguards themselves.

“You did an incredible job and it is so appreciated,” said Mike Silvestri, lifeguard supervisor from California State Parks.

The trauma department plans to continue this partnership to provide education and help lifeguards further identify opportunities for community outreach and injury prevention.



# Scripps Provides Hepatitis A Vaccines to At-Risk Populations

Scripps Health builds awareness of disaster preparedness and actively responds to events to affect change at the community level. Following the terrorist attack of September 11, 2001, Scripps developed a system-wide disaster preparedness program and moved quickly to integrate disaster preparedness throughout the organization's operations. The Scripps Medical Response Team (SMRT) arose from these efforts, and prepares Scripps to respond to emergencies at local, state, national and international levels.

In Fiscal Year 2018, when San Diego Mayor Kevin Faulconer asked Scripps to help address the Hepatitis A outbreak, the Scripps SMRT team worked directly with city and county public health officials to make vaccinations accessible to individuals at risk of the highly contagious virus.

SMRT teams, including physicians, nurses and support personnel, administered vaccinations and provided education on Hepatitis A at three county-sponsored housing sites over multiple dates and times. Each site housed numerous occupants, many of whom had risk factors, including homelessness or substance abuse recovery. Occupants were notified in advance that Scripps would be offering vaccinations without cost. For their own protection, all volunteers were required to show proof of immunity to Hepatitis A or get vaccinated prior to the outreach.

SMRT volunteers vaccinated approximately 100 people against Hepatitis A; Scripps staff then entered their



vaccination history into the San Diego Immunization Program webpage to track all individuals who received the vaccine. This helped prevent unnecessary revaccination of people who came to local emergency departments and primary care offices for care.

Because the risk factors associated with the outbreak persist in our community, Scripps employee health offers Hep A vaccinations to all employees considered at risk, especially those who work in the emergency department, behavioral health and food service.

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## Seniors Lunch and Learn with Scripps

Scripps offers monthly hot lunch and senior health chats to more than 30 at-risk seniors at St. Charles Nutrition Center and Norman Park Center. The senior health chats cover a variety of timely topics, including heart health, diabetes, osteoporosis, healthy holidays and more.

It's a wonderful opportunity for our local health professionals, family medicine residents, public health students and Scripps community staff to provide public health and social service education.

# High School Exploration Program Alumna Addresses Graduates

Students who participate in the annual Scripps High School Exploration Program spend five weeks of summer break at Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital La Jolla, Scripps Green Hospital, Scripps Mercy Hospital, San Diego, or Scripps Mercy Hospital, Chula Vista, learning first-hand about medical careers, rotating through departments and working alongside our medical professionals.

Recently, two-time Explorer alumna Ellen Douglas spoke to the 2018 Explorer graduates. Now a second-year osteopathic medical student at Pacific Northwest University of Health Sciences in Yakima, Washington, Ellen shared her thoughts with graduates on how the program impacted her career choice.

“I found my path to medicine through personal experience with family illness, coupled with a passion for science and a desire to help others,” Ellen said. “By far the most impactful program that shaped my development as an aspiring health care professional was the Scripps Exploration Program.”

Growing up in Ramona, Ellen saw the challenges of living in a medically underserved community without immediate access to hospital services.



“If it were not for the Scripps High School Exploration Program, I would have never seen first-hand what superior health services looks like from such a young age. Whether I was standing over an open-heart surgery, following the trauma team up to Life Flight, serving patients lunch with the cafeteria staff, or working with the environmental services team to clean up after surgery, it was inspiring to witness how each department works together in synergy to provide the best patient experience and outcomes in a caring environment,” she said. “It was through my experience with the Scripps health care professionals that I truly witnessed what premiere patient-centered care looks like and saw the future doctor I aspire to be.”

## 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](https://scripps.org/communitybenefit) or contact the Scripps Health Office of Community Benefit Services at **858-678-7095**.

# 2019 COMMUNITY BENEFIT PLAN AND REPORT

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# Section 1

## Fulfilling the Scripps Mission

## FULFILLING THE SCRIPPS MISSION

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

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

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

The report covers the period of October 1, 2017 through September 30, 2018 (Fiscal Year 2018). During this fiscal year, Scripps devoted \$395,361,567 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 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 of promote health and healing in response to an identified community need. Community benefit programs must meet at least one of the following criteria:

- Respond to a public health need.
- Involve education or research that improves overall community health.
- Respond to needs of special populations
- Supply services or programs that would likely be discounted if the design was made on a purely financial basis because that 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, Form 990 (the annual information return filed by tax-exempt organizations.) The entire Schedule H was mandatory beginning with tax year 2009<sup>1</sup>

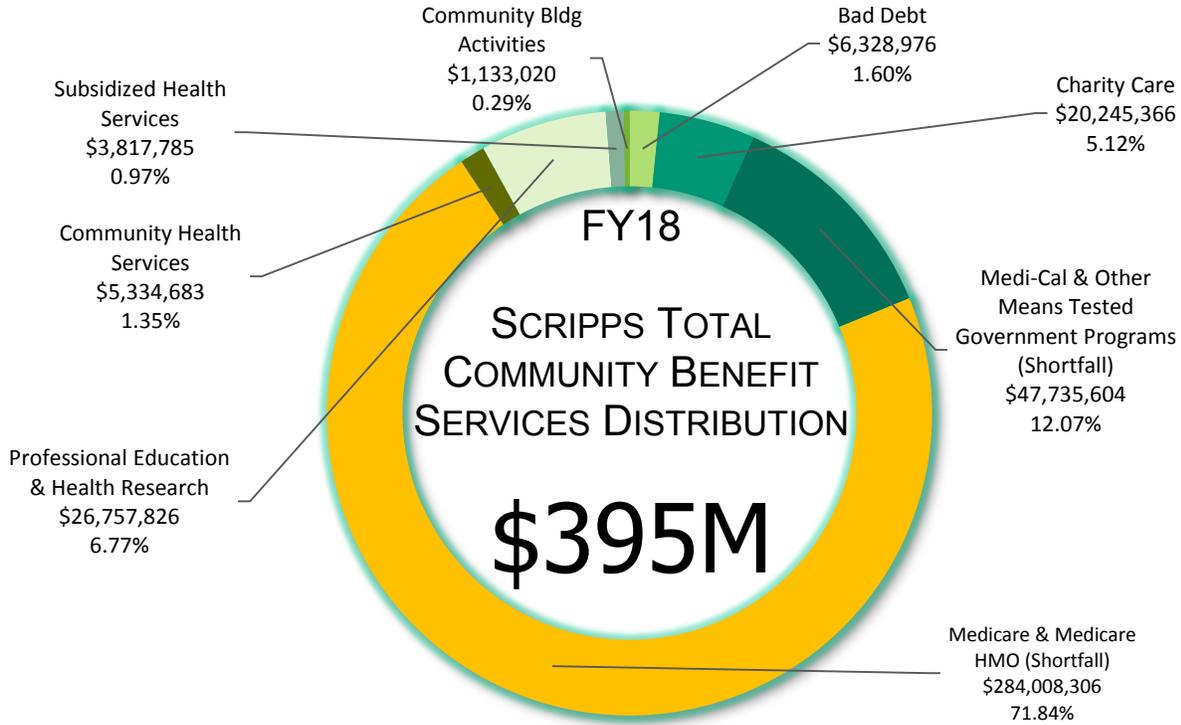
Scripps has aligned the 2019 Community Benefit Plan and Report to the Schedule H categories. According to the IRS, community building activities, bad debt and Medicare shortfalls are reported, but not included in the community benefit totals. (See page 42 for a breakdown of the Scripps Schedule H Uncompensated Care Summary for FY18.)

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<sup>1</sup> Congressional Research Services, Nov 19, 2009. [www.crsdocuments.org](http://www.crsdocuments.org)

# FIGURE 1:1

## FY18 SCRIPPS TOTAL COMMUNITY BENEFIT SERVICES, \$395,361,567



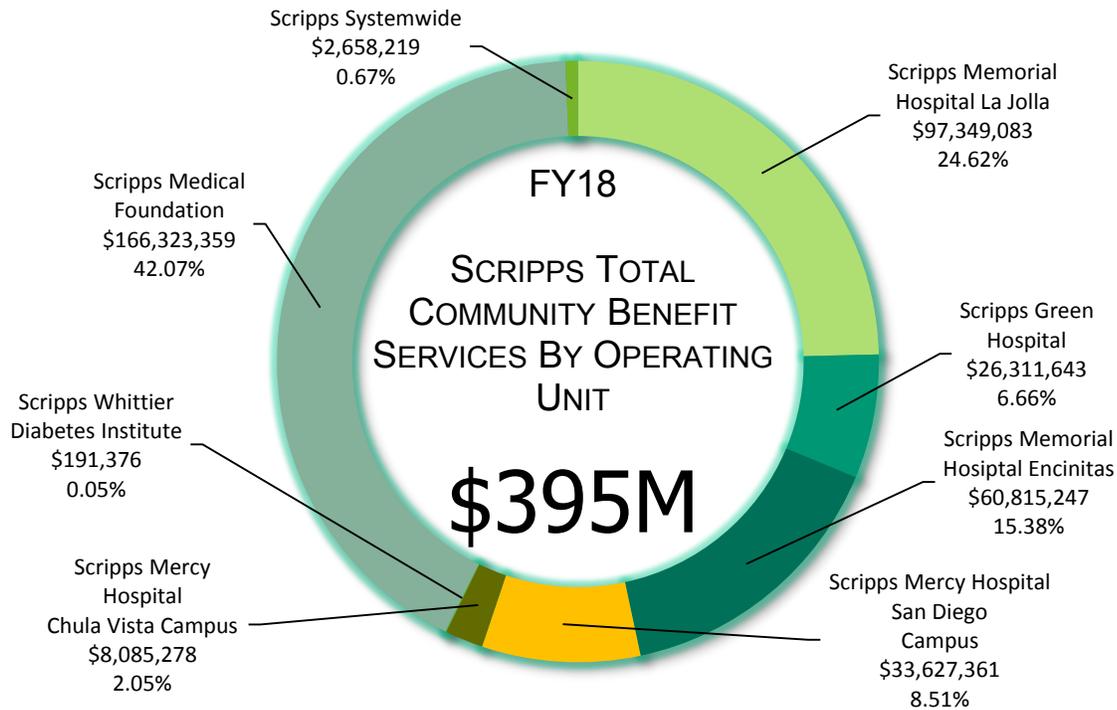
Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Subsidized Health Services	Community Building Activities	Total
Community Benefit Services Before Provider Fee	\$6,328,976	\$20,245,366	\$102,989,135	\$284,008,306	\$5,334,683	\$26,757,826	\$3,817,785	\$1,133,020	\$450,615,098
Provider Fee	—	—	(\$55,253,531)	—	—	—	—	—	(\$55,253,531)
Net-Community Benefit Services After Provider Fee	\$6,328,976	\$20,245,366	\$47,735,604	\$284,008,306	\$5,334,683	\$26,757,826	\$3,817,785	\$1,133,020	\$395,361,567

### COMMUNITY BENEFIT SERVICES:

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

## FIGURE 1:2

### FY18 SCRIPPS TOTAL COMMUNITY BENEFIT SERVICES BY OPERATING UNIT, \$395,361,567



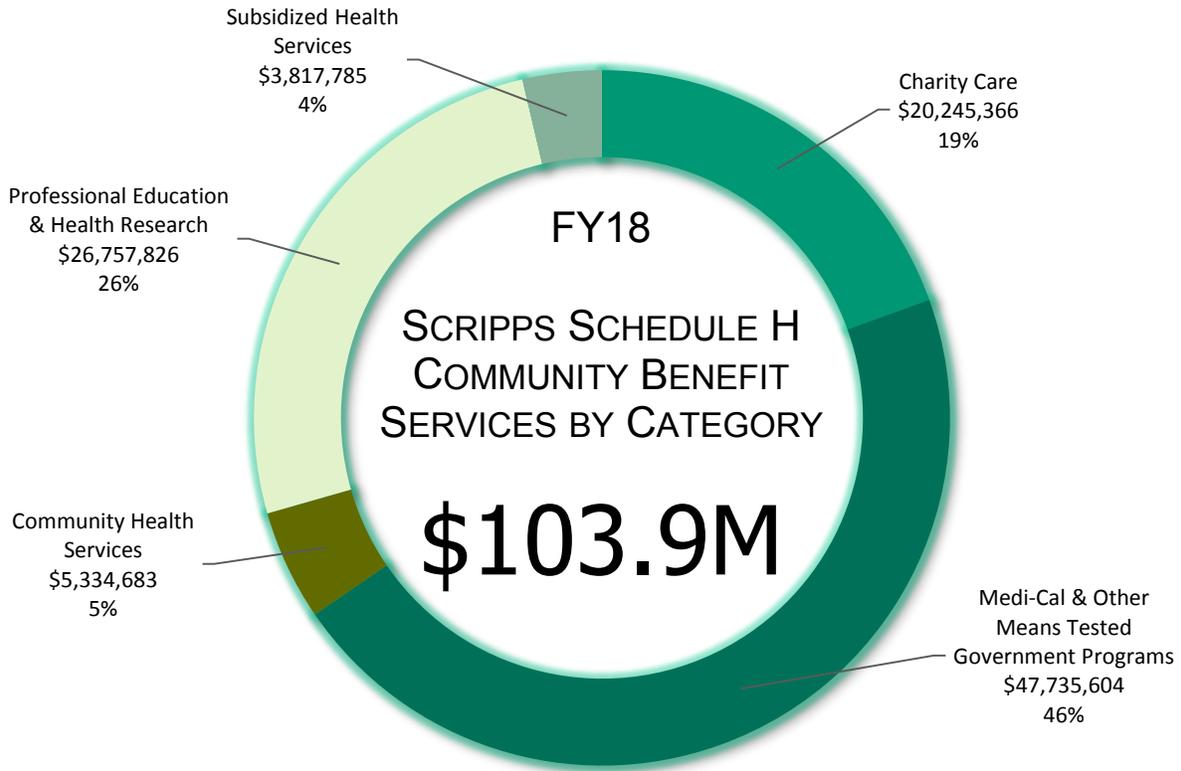
Provider Fee Impact	Scripps Memorial Hospital La Jolla	Scripps Green Hospital	Scripps Memorial Hospital Encinitas	Scripps Mercy Hospital San Diego Campus	Scripps Mercy Hospital Chula Vista Campus	Scripps Whittier Diabetes Institute	Scripps Medical Foundation	Scripps Systemwide	Total
Community Benefit Services Before Provider Fee	\$82,245,960	\$21,489,293	\$49,640,260	\$90,986,462	\$37,080,168	\$191,376	\$166,323,359	\$2,658,219	\$450,615,098
Provider Fee	\$15,103,123	\$4,822,350	\$11,174,987	(\$57,359,100)	(\$28,994,891)	—	—	—	(\$55,253,531)
Net-Community Benefit Services After Provider Fee	\$97,349,083	\$26,311,643	\$60,815,247	\$33,627,361	\$8,085,278	\$191,376	\$166,323,359	\$2,658,219	\$395,361,567

#### COMMUNITY BENEFIT SERVICES:

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

## FIGURE 1:3

### FY18 SCRIPPS SCHEDULE H COMMUNITY BENEFIT SERVICES BY CATEGORY, \$103,891,264



Provider Fee Impact	Charity Care	Medi-Cal (Shortfall)	Community Health Services	Prof Ed & Health Research	Subsidized Health Services	Total
Community Benefit Services Before Provider Fee	\$20,245,366	\$102,989,135	\$5,334,683	\$26,757,826	\$3,817,785	\$159,144,795
Provider Fee	—	(\$55,253,531)	—	—	—	(\$55,253,531)
Net-Community Benefit Services After Provider Fee	\$20,245,366	\$47,735,604	\$5,334,683	\$26,757,826	\$3,817,785	\$103,891,264

#### COMMUNITY BENEFIT SERVICE (SCHEDULE H)

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

# Section 2

## Community Health Needs Assessment (CHNA)

## COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

Scripps Health has a long history of responding to the health needs of the communities it serves, extending beyond traditional hospital care to address the health care needs of the region's most vulnerable populations. Community Health Needs Assessment (CHNA) originated from California state wide legislation in the early 1990s. SB 697 took effect in 1995, which required private not-for-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.

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

As part of the federal reporting requirement for private, not-for-profit (tax exempt) hospitals, Scripps conducts a consolidated Community Health Needs Assessment (CHNA) and corresponding joint Implementations strategy for its licensed hospital facilities every three years. This comprehensive account of health needs in the community is designed for hospitals to plan their community benefit programs together with other local health care institutions, community-based organizations and consumer groups.

The 2016 Scripps Health CHNA is designed to provide a deeper understanding of barriers to health improvement in San Diego County. The report will help us better understand our community's health needs, and inform community benefit planning and the Implementation Strategy for Scripps Health. In addition, the assessment allows interested parties and members of the community mechanism to access the full spectrum of information relative to the development of the Scripps Health 2016 Community Health Needs Assessment Report.

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. The complete report is available online at [Scripps Health 2016 Community Health Needs Assessment Report](#).

## CHNA EXECUTIVE SUMMARY

This Executive Summary provides a high-level summary of the 2016 CHNA methodology and findings. The full CHNA report contains in-depth information and explanations of the data that participating hospitals and healthcare systems will use to evaluate the health needs of their patients and determine, adapt, or create programs at their facilities

Grounded in a longstanding commitment to address community health needs in San Diego, seven hospitals and health care systems, including Scripps Health came together under the auspices of the Hospital Association of San Diego and Imperial Counties (HASD&IC) to conduct 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 meet IRS regulatory requirements. Per legislation hospitals conduct a health needs assessment in the community once every three years.

Based on the findings from the 2013 Community Health Needs Assessment (CHNA) and recommendations from the community, the 2016 CHNA was designed to provide a deeper understanding of barriers to health improvement in San Diego County. Participating hospitals will use this information to inform and guide hospital programs and strategies. This report includes an analysis of health outcomes and associated social determinants of health which create health inequities – ‘the unfair and avoidable differences in health status seen within and between countries<sup>2</sup> and communities-with the understanding that the burden of illness, premature death, and disability disproportionately affects racial and minority population groups and other underserved populations<sup>3</sup>. Understanding regional and population-specific differences is an important step to understanding and ultimately strategizing ways to make collective impact. These new insights will allow participating hospitals to identify effective strategies to address the most prevalent and challenging health needs in the community.

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<sup>2</sup> World Health Organization. Social determinants of health. [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/). Accessed March 2016

<sup>3</sup> U.S. Department of Health and Human Services; HHS action plan to reduce racial and ethnic health disparities: A nation free of disparities in health and health care (Washington, DC:U.S. Department of Health and Human Services, Office of Minority Health, 2011), [http://minorityhealth.hhs.gov/npa/files/plans/hhs/hhs\\_plan\\_complete.pdf](http://minorityhealth.hhs.gov/npa/files/plans/hhs/hhs_plan_complete.pdf)

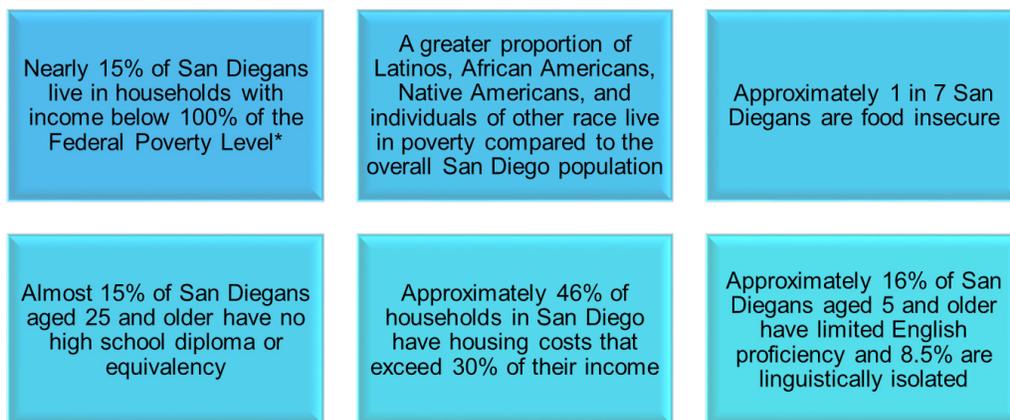
## OVERVIEW AND BACKGROUND

In May 2015, HASD&IC contracted with the Institute for Public Health (IPH) at San Diego State University (SDSU) to provide assistance with the collaborative health needs assessment that was officially called the HASD&IC 2016 Community Health Needs Assessment (2016 CHNA). The objective of the 2016 CHNA is to identify and prioritize the most critical health-related needs in San Diego County based on feedback from community residents in high need neighborhoods and quantitative data analysis. The 2016 CHNA involved a mixed methods approach using the most current quantitative data available and more extensive qualitative outreach. Throughout the process, the IPH met bi-weekly with the HASD&IC CHNA committee to analyzed, refine, and interpret results as they were being collected. The results of the 2016 CHNA will be used to inform and adapt hospital programs and strategies to better meeting the health needs of San Diego County residents.

## COMMUNITY DEFINED

For the purposes of this 2016 CHNA, the service area is defined as the entire County of San Diego due to a broad representation of hospitals in the area. Over three million people live in the socially and ethnically diverse County of San Diego. Select key demographic information is summarized in Figure 2:1 below.

FIGURE 2:1. SELECTED COMMUNITY STATISTICS \*Federal Poverty Level (FPL) is a measure of income issued every year by the Department of Health and Human Services. In 2019, the FPL for a family of four at 200 percent federal poverty level was \$51,500.



Additional information on socioeconomic factors, access to care, health behaviors, and the physical environment can be found in the full Scripps 2016 CHNA report at [Scripps Health 2016 Community Health Needs Assessment Report](#).

Because of its large geographic size and population, the San Diego County Health and Human Services Agency (HHS) organized their service areas into six geographic regions. Central, East, North Central, North Coastal, North Inland and South. When possible, data is presented at a regional level to provide more detailed understanding of the population. The geographical regions are represented below in Figure 2:2.

FIGURE 2:2. SAN DIEGO COUNTY WITH HEALTH AND HUMAN SERVICES AGENCY REGION



Data Source: SanGIS.  
 Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.



## SCRIPPS HEALTH COMMUNITY SERVED

Hospitals and health care systems define the community served as those individuals residing within its service area. A hospital or health care system service area includes all residents in a defined geographic area surrounding the hospital. Scripps serves the entire San Diego county region with services concentrated in North Coastal, North Central, Central and Southern region of San Diego. 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.

TABLE 2:1. SCRIPPS HEALTH HOSPITAL LOCATIONS

Scripps Health			
Hospital/Health Care System*	Location		
Scripps Memorial Hospital La Jolla	9888 Genesee Ave	La Jolla	92037
Scripps Mercy Hospital	4077 5th Ave.	San Diego	92103
Scripps Green	10666 N. Torrey Pines Road	La Jolla	92037
Scripps Memorial Hospital Encinitas	354 Santa Fe Drive	Encinitas	92024
Scripps Mercy Hospital Chula Vista	435 H St.	Chula Vista	91910

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

The trended table below shows the primary service area as defined by those zip codes which 70% of Scripps patient's originate for discharge years 2012 – 2014 (Top 70% of inpatient discharges by zip code). Figure 2:3 is a map of Scripps Health and service areas.

TABLE 2:2. SCRIPPS HEALTH INPATIENT DISCHARGES FOR YEARS 2013-2016 FROM WHICH THE TOP 70% OF SCRIPPS PATIENTS ORIGINATE

CITY	2013	2014	2015	2016
San Diego	37%	37%	36%	36%
Chula Vista	8%	8%	8%	7%
Carlsbad	5%	6%	6%	6%
Oceanside	5%	5%	5%	6%
Encinitas	3%	3%	3%	3%
National City	3%	2%	2%	2%
La Jolla	3%	2%	2%	2%
San Marcos	2%	2%	2%	2%
Vista	2%	2%	2%	3%
El Cajon	2%	2%	2%	2%
<b>Grand Total</b>	<b>70%</b>	<b>70%</b>	<b>70%</b>	<b>70%</b>

## COMMUNITY SERVED

Scripps serves the entire San Diego County region with services concentrated in the North Coastal, North Central, Central and Southern regions of San Diego. Community outreach efforts are focused in those areas with proximity to a Scripps facility.

FIGURE 2:3 SCRIPPS HEALTH SERVICE AREA



## COMMUNITY PRIORITY PROCESS (CHNA METHODOLOGY)

The aim of the 2016 CHNA methodology was to provide a more complete understanding of the top four identified health needs and associated social determinants of health in the San Diego community. The 2013 methodology used to identify the top four health needs is described in Figure 2:4.

FIGURE 2:4 HASD&IC 2013 CHNA METHODOLOGY

<b>Top 15 Health Needs Based on 2013 Initial Quantitative Analysis*</b>	
• Acute Respiratory Infections	• High Risk Pregnancy
• Asthma	• Lung Cancer
• Back Pain	• Mental Health/Mental Illness
• Breast Cancer	• Obesity
• Cardiovascular Disease	• Prostate Cancer
• Colorectal Cancer	• Skin Cancer
• Dementia and Alzheimer's	• Unintentional Injuries
• Diabetes (Type 2)	



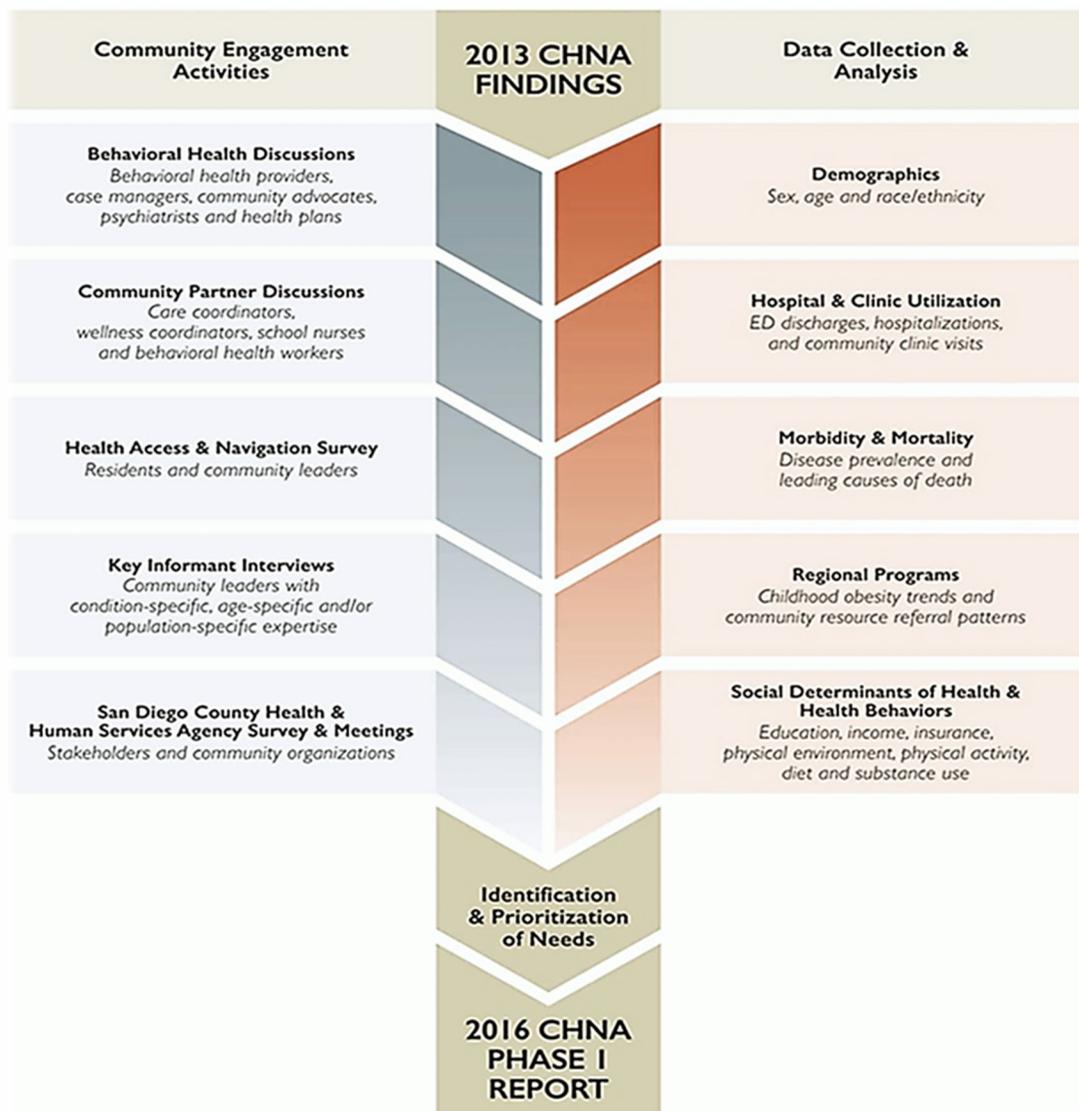
\*For a complete description of the HASD&IC 2013 process and findings, see full report available at <https://www.hasdic.org/2016-chna>

When the results of all of the data and information gathered in 2013 were combined, four conditions emerged clearly as the top community health needs in San Diego County (in alphabetical order).

1. Behavioral/Mental Health
2. Cardiovascular Disease
3. Diabetes (Type 2)
4. Obesity

For the collaborative HASD&IC CHNA process, the IPH employed a rigorous methodology using both community input and quantitative analysis to provide a deeper understanding of barriers to health improvement in SDC. Figure 2:5 provides an overview of the process used to identify and prioritize the health needs for the HASD&IC 2016 CHNA. For the purposes of the CHNA, a “health need” is defined as a health outcome and/or the related conditions that contribute to a defined health outcome.

FIGURE 2:5. 2016 CHNA PROCESS MAP



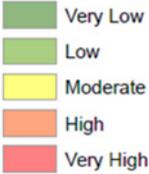
The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs identified in the 2013 CHNA. Quantitative data for both the HASD&IC 2016 CHNA and SMH 2016 CHNA included 2013 OSHPD demographic data for hospital inpatient, emergency department (ED), and ambulatory care encounters to understand the hospital patient population. Clinic data was also gathered from OSHPD’s website and incorporated in order to provide a more holistic view of health care utilization in SDC. The variables analyzed are included in Table 2:3 below and were analyzed at the ZIP code level wherever possible.

TABLE 2:3. VARIABLES ANALYZED IN THE HASD&IC AND SMH 2016 CHNAs

Secondary Data Variables
Hospital Utilization: Inpatient discharges, ED and ambulatory care encounters
Community Clinic Visits
Demographic Data (socio-economic indicators)
Mortality and Morbidity Data
Regional Program Data (childhood obesity trends and community resource referral patterns)
Social Determinants of Health and Health Behaviors (education, income, insurance, physical enforcement, physical activity, diet and substance abuse)

### IDENTIFY VULNERABLE COMMUNITIES

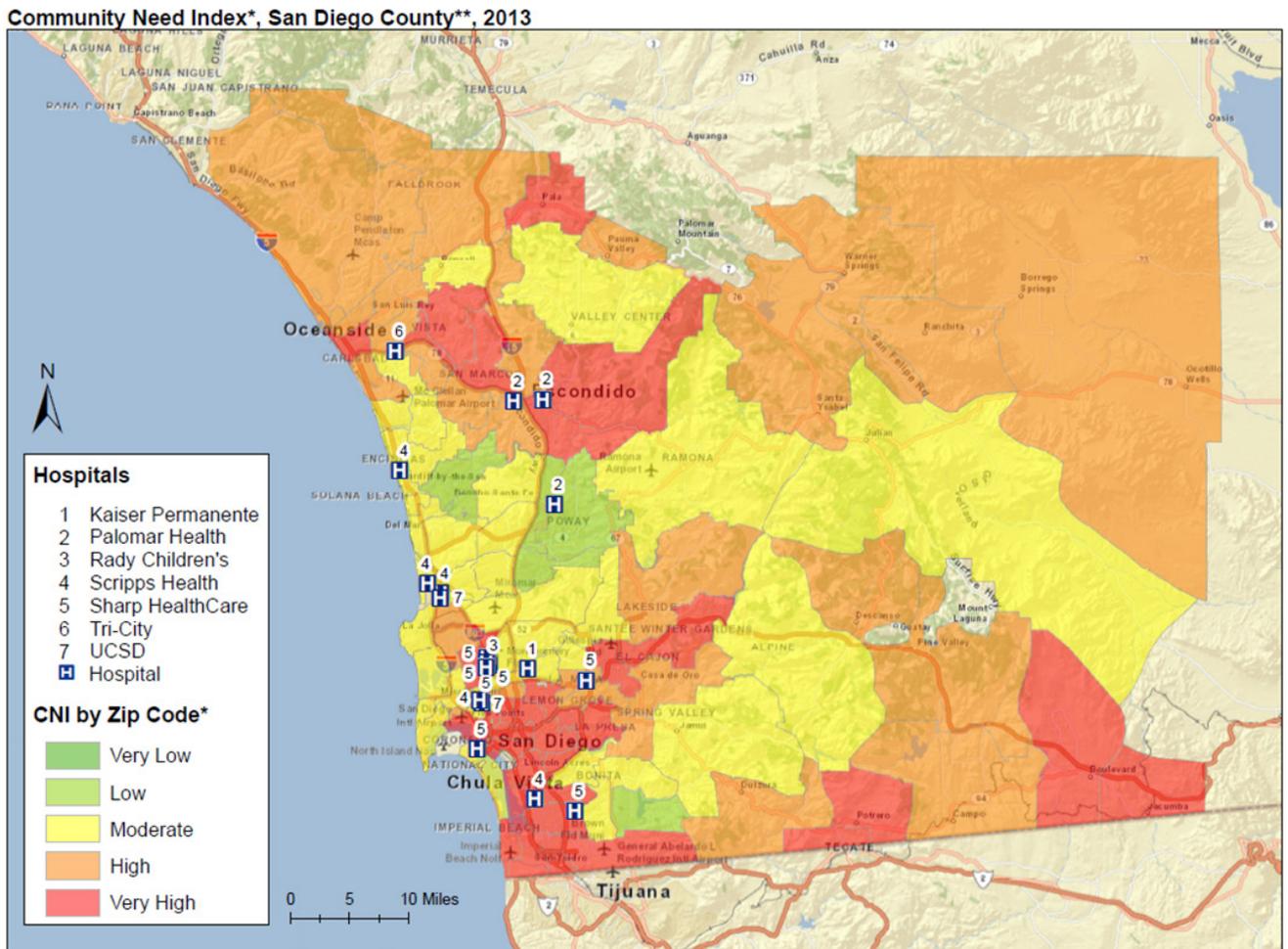
Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, the IPH used the Dignity Health/Truven Health Community Need Index (CNI) to identify communities within San Diego County with the highest level of health disparities and needs. The CNI score is an average of five different barrier scores that measure various socioeconomic indicators of each community using the 2013 source data.

The five barriers used to determine CNI scores are:	CNI Color Scale
<ul style="list-style-type: none"> <li>• Income barrier</li> <li>• Culture barrier</li> <li>• Educational barrier</li> <li>• Insurance barrier</li> <li>• Housing barrier</li> </ul>	 <p>Very Low Low Moderate High Very High</p>

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).

The CNI data and the hospital discharge rate by primary diagnosis for the health conditions: Type 2 diabetes, cardiovascular disease, and behavioral health. For a detailed description of the CNI visit the interactive website at [cni.chw-interactive.org/](http://cni.chw-interactive.org/)

FIGURE 2:6. SAN DIEGO COUNTY COMMUNITY NEED INDEX, 2013



Data Source: \*Dignity Health; \*\*SanGIS;  
 Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.



## COMMUNITY ENGAGEMENT ACTIVITIES

Community engagement activities were conducted with a broad range of people including health experts, community leaders, and San Diego residents, in an effort to gain a more complete understanding of the top identified health needs in the San Diego community. Individuals who were consulted included representatives from state, local tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically underserved, low income, and minority populations.

Figure 2:7 below outlines the number and type of community engagement activities conducted as part of the collaborative HASD&IC 2016 CHNA.

Community input was gathered through the following activities:

- Behavioral Health Discussions
- Community Partner Discussions
- Key Informant Interviews
- Health Access and Navigation Survey
- San Diego County HHS Survey

FIGURE 2:7. HASD&IC 2016 CHNA COMMUNITY ENGAGEMENT ACTIVITIES



The overall purpose of collecting community input was to gather information about the health needs and social determinants specific to San Diego County. Specific objectives included:

- Gather in depth feedback to aid in the understanding of the most significant health needs impacting San Diego County.
- Connect the identified health needs with associated social determinants of health.
- Aid in the process of prioritizing health needs within San Diego County.
- Gain information about the system and policy changes within San Diego County that could potentially impact the health needs and social determinants of health.

## FINDINGS AND PRIORITIZED HEALTH CONDITIONS

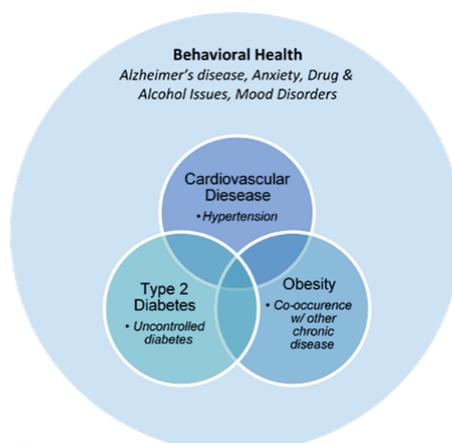
The Collaborative, HASD&IC 2016 CHNA prioritized the top health needs for San Diego County overall through the application of the following five criteria:

1. Magnitude or Prevalence
2. Severity
3. Health Disparities
4. Trends
5. Community Concern

Using these criteria, a summary matrix translating the 2016 CHNA findings was created for review by the CHNA Committee.

As a result of this review, the CHNA Committee identified behavioral health as the number one health need in San Diego County. In addition, cardiovascular disease, diabetes, and obesity were identified as having equal importance due to their interrelatedness. Health needs were further broken down into priority areas due to the overwhelming agreement among all data sources and in recognition of the complexities with each health need. Within the category of behavioral health, Alzheimer's disease, anxiety, drug and alcohol issues, and mood disorders are significant health needs in San Diego County. Among the other chronic health needs, hypertension was consistently found to be a significant priority area related to cardiovascular disease, uncontrolled diabetes was an important factor leading to complication related to diabetes, and obesity was often found to co-occur with other conditions and contribute to worsening health status. The impact of the top health needs differed among age groups; with Type 2 diabetes, obesity, and anxiety affecting all age groups, drug and alcohol issues affecting teens and adults, and Alzheimer's disease, cardiovascular disease, and hypertension affecting older adults. Figure 2:8 illustrates the prioritization of the tops health needs for San Diego County.

FIGURE 2:8 HASD&IC 2016 CHNA TOP HEALTH NEEDS



## SOCIAL DETERMINANTS OF HEALTH

In addition to the health outcome needs that were identified, social determinants of health were a key theme in all of the community engagement activities. Analysis of results from the community partner discussions and key Informant interviews revealed the most commonly associated social determinants of health for each of the top health needs above. Ten social determinants were consistently referenced across the different community engagement activities. The importance of these social determinants was also confirmed by quantitative data. Hospital programs and community collaborations have the potential to impact these social determinants, which are outlined below in order of priority.

FIGURE 2:9. SOCIAL DETERMINANTS OF HEALTH, HASD&IC 2016 CHNA

Food Insecurity & Access to Healthy Food	<ul style="list-style-type: none"> <li>• Cited most often as a social determinant of health across all community engagement activities.</li> <li>• Lack of access to healthy food poses a challenge that contributes to diabetes and obesity.</li> </ul>
Access to Care or Services	<ul style="list-style-type: none"> <li>• Overarching barriers to access included transportation, language barriers, health literacy, insurance coverage, cost, time, and legal status.</li> </ul>
Homeless/Housing issues	<ul style="list-style-type: none"> <li>• Frequently mentioned as barriers to addressing health needs and improving health status, particularly behavioral health.</li> </ul>
Physical Activity	<ul style="list-style-type: none"> <li>• For youth, concerns included decreased physical education, limited access to gyms and safe spaces for activities.</li> <li>• For seniors, lack of exercise was attributed to reduced mobility.</li> </ul>
Education/Knowledge	<ul style="list-style-type: none"> <li>• Educational efforts on behavioral health &amp; stigma reduction, food insecurity awareness and patient, caregiver, &amp; family empowerment are needed to improve health.</li> </ul>
Cultural Competency	<ul style="list-style-type: none"> <li>• The changing demographics of San Diego County require a culturally competent workforce.</li> </ul>
Transportation	<ul style="list-style-type: none"> <li>• Transportation problems make it difficult to obtain services.</li> <li>• There are often no providers within a reasonable travel distance.</li> </ul>
Insurance Issues	<ul style="list-style-type: none"> <li>• Residents reported challenges understanding, securing and using health insurance, which impede ability to access care.</li> </ul>
Stigma	<ul style="list-style-type: none"> <li>• Frequently mentioned as a barrier that hindered individuals from seeking help with behavioral health.</li> <li>• Also mentioned with reference to seeking food assistance.</li> </ul>
Poverty	<ul style="list-style-type: none"> <li>• Linkages between low-income levels and diabetes, obesity and cardiovascular disease were cited.</li> <li>• Behavioral health issues were mentioned as barriers to employment and financial stability.</li> </ul>

## COMMUNITY RECOMMENDATIONS

Following the completion of the community engagement activities, all of the different types of feedback were combined and analyzed. Four key categories emerged: overarching strategies to address the top health needs; resources that must be increased or developed to meet the health needs; system, policy and environmental changes that could support better health outcomes, and possible collaborations to improve access and quality of care for vulnerable populations. A compilation of the overarching recommendations is below.

FIGURE 2:10. SUMMARY OF COMMUNITY RECOMMENDATIONS, HASD&IC 2016 CHNA

**Resources** that must be developed or increased to address the top health needs are:

Community and cultural competency	Behavioral health services	Integration health/social services/behavioral health systems	After hours urgent care	Worksite wellness
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**System, policies and environmental changes** required to support better health outcomes

Data sharing	Increased awareness of available services	Increased number of psychiatrists and nurse practitioners	Reimbursement for social and supportive services & care management
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**Strategies** to address the top health needs fell into four major categories:

Knowledge/education	Community and cultural competency	Early identification and prevention	Care integration and coordination
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**Collaborations** that could improve community health outcomes

Warm hand-offs and information sharing between health providers & community based organizations	Increased internship and workforce training programs with local educational institutions	Partnerships with community collaboratives & Intergenerational Partnerships	External support for providers through the use of technology	Collaboration between provider and community
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## 2016 CHNA FOLLOW UP SURVEY, PHASE 2

The Hospital Association of San Diego and Imperial Counties 2016 Community Health Needs Assessment (HASD&IC 2016 CHNA) used a multi-level, hospital-focused analysis to identify the priority community health needs in San Diego County.

The CHNA Committee completed Phase 2 of the 2016 CHNA, which included gathering community feedback on the 2016 CHNA process and strengthening partnerships around the identified health needs and social determinants. Two community surveys were conducted in the fall of 2016 and in the summer of 2017. The results of these community surveys helped guide individual hospital programs and plans, and also helped refine the CHNA process in 2019.

The fall 2016 survey was conducted as a follow-up to the Collaborative 2016 Community Health Needs Assessment process that was completed in May of 2016. The purpose was to gather feedback on the identified top four health needs and the top 10 social determinants of health that were identified in the 2016 CHNA. In addition, organizations were asked about their screening methods for behavioral health issues and methods for identifying social determinants of health.

An electronic survey was created and a survey link was emailed to community partners. Due to the fact that community partners were able to forward the email to their colleagues the total response rate was unable to be calculated. The survey was open from October 10<sup>th</sup> through November 7<sup>th</sup>, approximately four weeks. A total of 132 respondents completed the survey.

Of the 132 respondents that completed the survey, 30 worked in hospitals or hospital-based settings, while the remaining 102 respondents self-identified as working for a range of entities including but not limited to community clinics, not-for-profits, community based organizations, local government, and health insurance plans. A summary of key findings from the survey is presented in the following section.

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### 2016 CHNA Community Survey

Nearly 98 percent of respondents agreed (33.3%) or strongly agreed (64.4%) that behavioral health, cardiovascular disease, type 2 diabetes, and obesity are the top health needs of communities facing inequities within San Diego County.

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99 percent of respondents agreed (33.0%) or strongly agreed (66.1%) that the top ten social determinants of health identified by the 2016 CHNA represented the greatest barriers for communities facing inequities in San Diego County.

---

Nearly 72% of respondents are likely (40.0%) or very likely (31.8%) to use the findings and/or data that resulted from the CHNA to help inform your programs or help in the grant writing process.

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In addition to soliciting feedback on the findings, the survey also included questions seeking to determine whether the integration of behavioral health and physical health was being integrated locally, as well as whether organizations were screening for and addressing social determinants of health.

Ninety nine respondents stated that their organization screens patients and clients about their social determinants of health. Access to care of services topped the list, along with homeless/housing issues and insurance issues (details below in Table 2:4). Ninety four respondents shared information about how they screen patients and document the information. Findings clearly indicate that these organizations are screening patients for social determinants and making referrals, but indications are that follow-up is somewhat limited (details below in Table 2:5). There is strong interest on the part of respondents in learning more about the ways that our community partners are screening clients and patients.

<b>Table 2:4</b> <b>What social determinants of health does your organization screen for? (n=99)</b>	<b>%</b>
<b>Access to Care or Services</b>	83.0%
<b>Homeless/Housing issues</b>	70.2%
<b>Insurance Issues</b>	68.1%
<b>Food Insecurity &amp; Access to Healthy Food</b>	61.7%
<b>Transportation</b>	60.6%
<b>Poverty</b>	57.4%
<b>Education/Knowledge</b>	54.3%
<b>Physical Activity</b>	47.9%
<b>Cultural Competency</b>	40.4%
<b>Stigma</b>	27.7%

<b>Table 2:5</b> <b>How does your organization identify and/or document patients' social determinants of health? (n=94)</b>	<b>%</b>
<b>Refer patients to resources that address social determinants of health</b>	76.6%
<b>Ask standardized screening questions on specific social determinants of health</b>	71.3%
<b>Casually talk with patients to gather information on possible social determinants of health.</b>	63.8%
<b>Document any identified social determinants of health within the patient's chart or records.</b>	62.8%
<b>Follow-up with patients who were identified with high risk social determinants of health.</b>	42.6%
<b>Conduct trend analysis on the social determinants of health identified for your patients and clients.</b>	20.2%
<b>Other</b>	9.6%
<b>Total</b>	<b>100%</b>

## COLLABORATIVE 2016 CHNA FOLLOW-UP SURVEY RESULTS – WHAT HAS CHANGED? – SUMMER 2017

### INTRODUCTION

A second community feedback survey was conducted in the Summer of 2017 as a follow up to the 2016 Community Health Needs Assessment (CHNA) process. Community partners feedback was gathered in order to understand how the health and social needs of communities facing inequity have changed over the past year.

Feedback was collected in several key areas, including:

1. How has access to care changed over the past 12 months.
2. Ways that hospitals can work more effectively with community organizations to ensure that patients are treated in the most appropriate setting.
3. How are patients'/clients' concerns about their immigration status impacting their access to needed health care.
4. Given the federal policies and budget cuts that are under consideration, what are the greatest challenges in the community's ability to address social determinants of health.

An electronic survey was created and a survey link was emailed to community partners. Due to the fact that community partners were able to forward the email to their colleagues the total response rate was unable to be calculated. The survey was open from July 24<sup>th</sup> through August 16<sup>th</sup>, approximately three weeks. A total of 66 respondents completed the survey. Below are some of the results from a few of the survey questions.

### ACCESS TO CARE CHANGE

**QUESTION 1.** IN THE PAST 12 MONTHS, HOW HAS ACCESS TO CARE CHANGED FOR YOUR PATIENTS, CLIENTS OR COMMUNITY? (N=66)

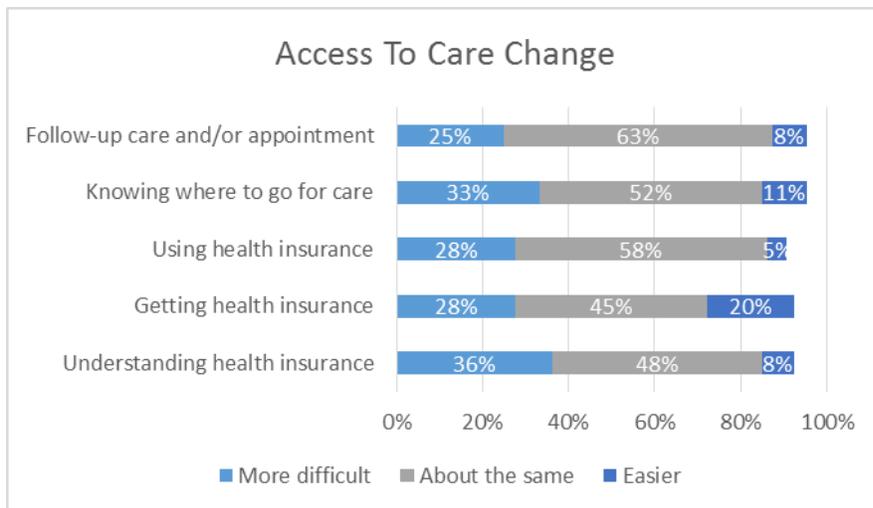
In the fall of 2015, as part of the 2016 Community Health Needs Assessment (CHNA) process, a Health Access and Navigation Survey<sup>4</sup> was distributed to identify specific barriers residents faced when trying to access healthcare services. The top 5 identified barriers were:

1. Understanding health insurance
2. Getting health insurance
3. Using health insurance
4. Knowing where to go for care
5. Follow-up care and/or appointment

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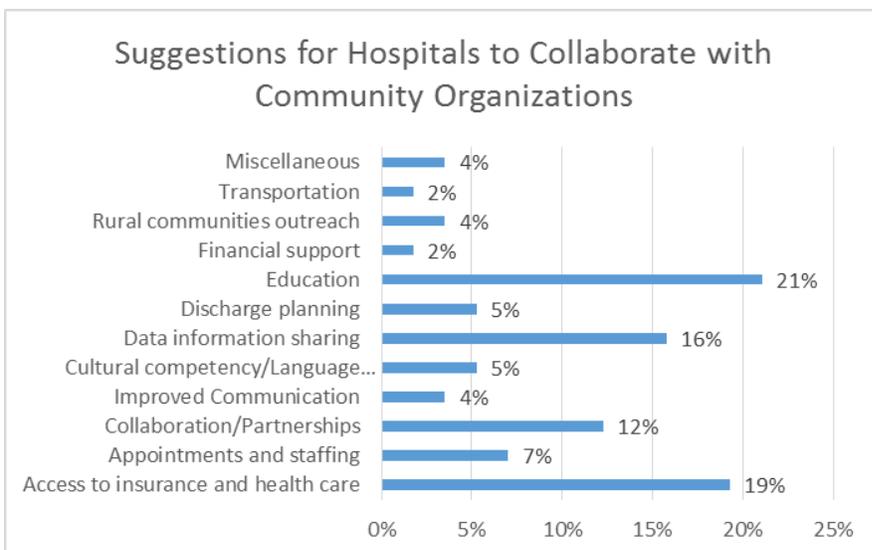
<sup>4</sup> Navigation Survey, Roadmap – *Where Do You Get Stuck?* Was created in collaboration with the Community Health Improvement Partners & the Resident Leadership Academy Council.

As a follow up to this navigation survey, participants were asked how access to care has changed for their patients, clients or community within the past 12 months. The majority of respondents indicated that things are about the same.



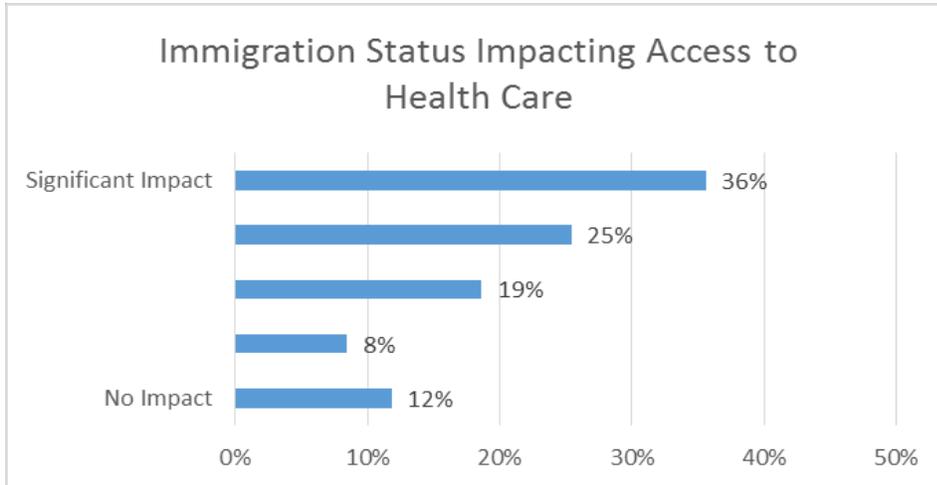
**QUESTION 2.** GIVEN THE BARRIERS IDENTIFIED TO ACCESSING CARE, WHAT IS ONE WAY HOSPITALS COULD WORK MORE EFFECTIVELY WITH COMMUNITY ORGANIZATIONS TO ENSURE THAT PATIENTS ARE TREATED IN THE MOST APPROPRIATE SETTING? (N=57)

The table below shows the categorizations of the open-ended responses. Education (21%), access to insurance and health care (19%), and data information sharing (16%) were the most common types of recommendations that respondents had to help hospitals ensure that patients are treated in the most appropriate settings.

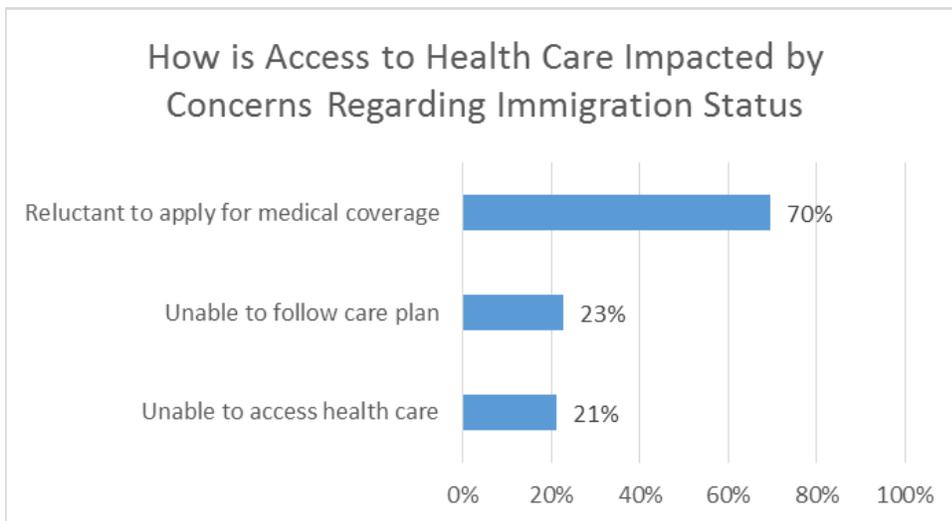


**QUESTION 3.** HOW ARE YOUR PATIENTS'/CLIENTS' CONCERNS ABOUT THEIR IMMIGRATION STATUS IMPACTING THEIR ACCESS TO NEEDED HEALTH CARE? (N=59)

Participants were asked about their patients'/clients' concerns on their immigration status and how it impacts their access to needed health care. Thirty-six percent responded that their patients'/clients' are significantly impacted by immigration status. Of those that responded, 70% believe that their patients'/clients' are reluctant to apply for medical coverage.



**QUESTION 4.** IF YOUR PATIENTS'/CLIENTS' ACCESS TO NEEDED HEALTH CARE IS BEING IMPACTED BY THEIR CONCERNS REGARDING IMMIGRATION STATUS, PLEASE LET US KNOW HOW. (CHECK ALL THAT APPLY) (N=66)



## CHALLENGES ADDRESSING SOCIAL DETERMINANTS OF HEALTH

**QUESTION 5.** GIVEN FEDERAL POLICIES AND BUDGET CUTS THAT ARE UNDER CONSIDERATION, WHAT IS THE GREATEST CHALLENGE YOU FORESEE IN OUR COMMUNITY'S ABILITY TO ADDRESS SOCIAL DETERMINANTS OF HEALTH? (N=54).

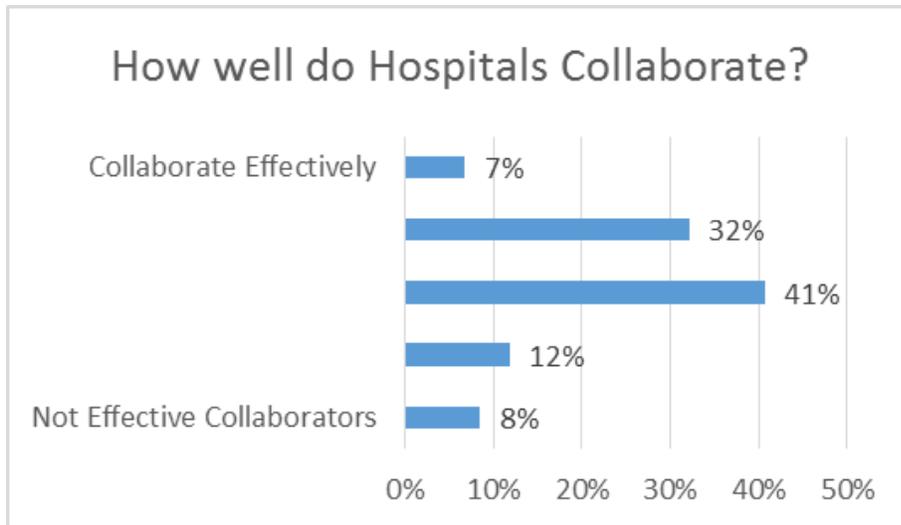
Given federal policies and budget cuts that are under consideration, participants were asked the greatest challenge that they foresee in their community's ability to address social determinants of health. This question was asked in an open-ended format; the table below represents the major categories that participants referred to. The majority of respondents commented on the financial burden with accessing health care, housing, insurance, food, and overall lack of resources.

Figure 1. Greatest Challenge in the Community's Ability to Address Social Determinants of Health, Collaborative 2016 CHNA (n=54)

Social Determinant of Health Category	n
Financial	26
Behavioral health	5
Education	5
General comments	4
Access to care/prevention	3
Insurance	3
Access to healthy food/Food insecurity	2
Senior health issues	2
Communication	1
Poverty	1
Prevention	1
Transportation	1

## COLLABORATION

**QUESTION 6.** HOW WELL DO HOSPITALS IN SAN DIEGO COUNTY COLLABORATE WITH YOUR ORGANIZATION IN MEETING COMMUNITY NEEDS? (N=59)



## POLICY OR PROGRAM CHANGE RECOMMENDATIONS

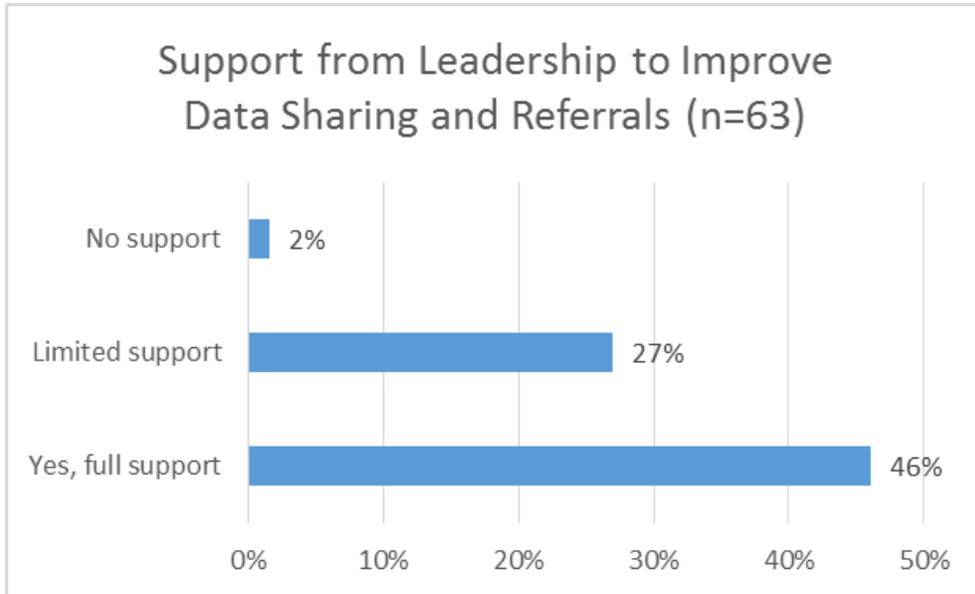
**QUESTION 7.** IMPROVING ACCESS TO BEHAVIORAL HEALTH CARE SERVICES REMAINS A TREMENDOUS CHALLENGE IN SAN DIEGO AND ACROSS THE COUNTRY. WHAT POLICY OR PROGRAM CHANGE COULD MAKE A POSITIVE IMPACT IN A RELATIVELY SHORT AMOUNT OF TIME TO IMPROVE ACCESS TO BEHAVIORAL HEALTH CARE SERVICES? (N=49).

## DATA ACCESS AND DATA SHARING

**QUESTION 8.** How would you rate your organization's ability to access and share data from outside your organization in order to manage your patients' and clients' health and social needs? (n=60)

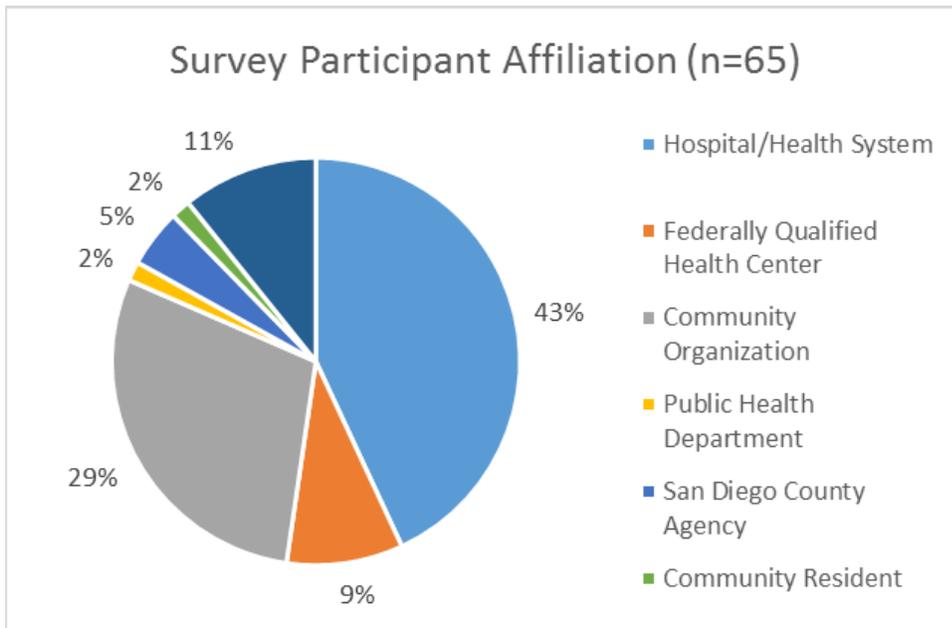


**QUESTION 9.** IS THERE SUPPORT FROM YOUR ORGANIZATIONAL LEADERSHIP FOR TRAINING AND/OR TECHNOLOGY TO IMPROVE DATA SHARING AND REFERRALS BETWEEN ORGANIZATIONS? (N=63).



**SURVEY PARTICIPANT AFFILIATION**

**QUESTION 10.** PLEASE IDENTIFY WHAT ORGANIZATION YOU ARE AFFILIATED WITH. (N=65)



**QUESTION 11.** Please specify the name of your organization. *Optional* (n=34)

1. Backyard Produce Project,  
Running Club Sponsorship,  
OASIS Tutoring
2. Bayside Community Center
3. CMSS-SYHC (Chaldean &  
Middle-Eastern Medical Services)
4. Ed Brown Center for Active  
Adults
5. El Cajon Collaborative
6. Family Health Centers of San  
Diego
7. Foundation for Senior Care
8. Geriatric Specialist for North  
Inland/NIMHC
9. HHSA (including SD County  
HHSA North Inland) (n=2)
10. Jacobs & Cushman San Diego  
Food Bank
11. Jewish Family Service of San  
Diego
12. LASSD/CCHEA
13. Meals on Wheels San Diego  
County
14. Neighborhood House Association  
Geriatric Specialty Program
15. Palomar Health
16. Pauma, Pala, Valley Center  
Community Action Council -  
Palomar Hospital system
17. Rady Children's (n=2)
18. RCHN
19. San Diego Hunger Coalition
20. San Ysidro Health Center
21. SAY San Diego
22. Scripps (n=6)
23. Sharp HealthCare
24. San Ysidro School District
25. The California Endowment
26. Vista Hill SmartCare (n=2)

## NEXT STEPS

The results of the community surveys will guide individual hospital programs and plans, and will also help refine the CHNA process for 2019.

Hospital and healthcare systems that participated in the HASD&IC 2016 CHNA process have varying requirements for next steps. Private, not-for-profit (tax exempt) hospitals and healthcare systems are required to develop hospital or healthcare system community health needs assessment reports and implementation strategy plans to address selected identified health needs.

The participating public hospitals and healthcare systems do not have federal or state CHNA requirements, but work very closely with their patient communities to address health needs by providing programs, resources, and opportunities for collaboration with partners. Every participating hospital and healthcare system reviews the CHNA data and findings in accordance with their own patient communities and principal functions, and evaluates opportunities for next steps to address the top identified health needs in their respective patient communities.

The CHNA report is made available as a resource to the broader community and may serve as a useful resource to both residents and healthcare providers to further communitywide health improvement efforts.

## SCRIPPS HEALTH IMPLEMENTATION PLAN

With the 2016 CHNA complete and health priority areas identified, Scripps Health has developed a corresponding Implementation Strategy – a multifaceted, multi-stakeholder, plan that addresses the community health needs identified in the CHNA. The Implementation Plan translates the research and analysis presented in the Assessment into actual, measurable strategies and objectives that can be carried out to improve community health outcomes.

Scripps Health anticipates the implementation strategies may evolve due to the fast pace at which community and health care industry change. Therefore, a flexible approach is best suited for the development of its response to the Scripps Health Community Health Needs Assessment (CHNA). On an annual basis Scripps Health evaluates the implementation strategy and its resources and interventions; and makes adjustments as needed to achieve its stated goals and outcome measures as well as to adapt to changes and resources available. Scripps describes any challenges encountered to achieve the outcomes and makes modifications as needed.

In addition, Scripps Health Implementation Plan is filed with the Internal Revenue Service using Form 990 Schedule H on an annual basis. In response to identified unmet health needs in the 2016 Community Health Needs Assessment, during FY17-FY19 Scripps Health is focusing on the strategies and initiatives, their measures of implementation and the metrics used to evaluate their effectiveness.

Scripps will monitor and evaluate the strategies listed in the Implementation Plan for the purpose of tracking the implementation of those strategies as well as the document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures. The complete [FY17-FY19 Implementation Plan Report](#) is available online at Scripps.org.

# Section 3

## Uncompensated Care

# UNCOMPENSATED HEALTH CARE

Scripps contributes significant resources to provide low and no-cost health care for our patients in need. During FY18, Scripps contributed \$358,318,252 in uncompensated health care, including \$20,245,366 in charity care, \$331,743,910 in Medi-Cal and Medicare shortfall, and \$6,328,976 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 64 percent of Scripps’ charity care (refer to figure 3:3).

SCRIPPS UNCOMPENSATED HEALTH CARE	
Bad Debt	\$6,328,976
Charity Care	\$20,245,366
Medi-Cal & Medicare Shortfall	\$331,743,910
<b>Uncompensated Health Care Total</b>	<b>\$358,318,252</b>

The health care safety net in San Diego County is highly dependent upon hospitals and community health clinics to care for uninsured and medically underserved communities. Finding more effective ways to coordinate and enhance the safety net is a critical policy challenge.

While public subsidies help finance services for San Diego County’s 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.



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 San Diego County (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 2009-2013, 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%).

## SAN DIEGO'S UNINSURED

The lack of health insurance is a significant barrier to accessing needed health care and to maintaining financial security. Between 2010 and 2013 uninsured rate was relatively stable in the United States, California and in San Diego County.

In the past, gaps in the public insurance system and lack of access to affordable private coverage left millions without health insurance, and the number of uninsured Americans grew over time, particularly during economic downturns. By 2013, the year before the major coverage provisions of the Affordable Care Act (ACA) went into effect, more than 44 million nonelderly individuals lacked coverage.<sup>5</sup>

Under the Patient Protection and Affordable Care Act (ACA), millions of Californians have gained health coverage. These gains have come either through the expansion of Medicaid (called Medi-Cal in California) to low income adults earning up to 138% of the federal poverty guideline (FPG), or through Covered California, the state's ACA health insurance marketplace, where people earning up to 400% FPG can purchase subsidized insurance coverage. The major coverage expansions of the ACA were implemented starting in 2014, and by 2016 the uninured rate among nonelderly

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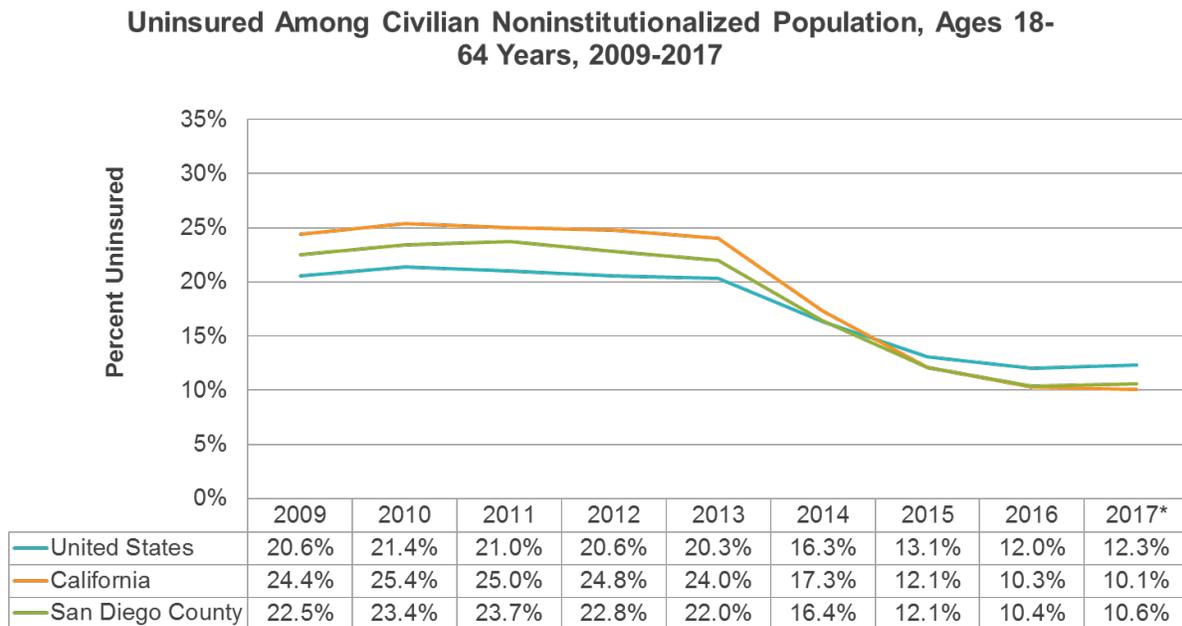
<sup>5</sup> Kaiser Family Foundation analysis of the 2013 National Health Interview

Californians had fallen from 15.5% to a historic low of 8.5%. <sup>6</sup> (This percentage includes children).

## KEY FINDINGS

Since 2010, generally all age groups experienced a decline in the percent uninsured for both the county and state. The 18-64 year age group experienced the greatest decline in number of people uninsured under the ACA. <sup>7</sup>

FIGURE 1: PERCENT UNINSURED: UNITED STATES, CALIFORNIA & SAN DIEGO COUNTY, 2012 – 2017



\*2017 data show uninsured percentage for 19-64 year olds

Source: U.S. Census Bureau, 2009-2017 American Community Survey, Table S2701 1-Year Tables

Prepared by: County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, January 2019

*Note: Important to show the uninsured rate for adults 18-64 as those who are 65+ have Medicare which creates a large impact on the uninured rate in the overall population (reducing the uninsured significantly).*

<sup>6</sup> California Health Care Foundation, "ACA Reduces Racial/Ethnic Disparities in Health Coverage. October 2018

<sup>7</sup> County of San Diego, Health & human Services Agency, Public Health Services. Small Area Estimates of Health Insurance Coverage, Community Health Statistics Unit, [www.sandiegocounty.gov](http://www.sandiegocounty.gov).

## FINANCIAL ASSISTANCE

### ASSISTING LOW-INCOME, UNINSURED PATIENTS

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

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

Eligibility for financial assistance is based on family income and expenses. For low-income, uninsured patients who earn less than twice the federal poverty level (FPL), Scripps forgives the entire bill. For those patients who earn between two and four times the FPL, a portion of the bill is forgiven. Patients who qualify for financial assistance are not charged more than Scripps' discounted financial assistance amount. For 2019, the Department of Health and Human Services defined a family of four at 200 percent federal poverty level as \$51,500.

## ESTIMATED ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED BY SCRIPPS HEALTH IN FISCAL YEAR 18

Senate Bill 697 Category	Programs & Services Included	Estimated FY18 Unreimbursed Costs
<b>Medical Care Services</b>		
	Charity Care	\$ 20,245,366
	Medi-Cal & Other Government Means Tested Programs (Shortfall) *	\$ 47,735,604
	Medicare & Medicare HMO (Shortfall) **	\$ 284,008,306
	Bad Debt	\$ 6,328,976
	<b>Total Costs of Uncompensated Care</b>	<b>\$ 358,318,252</b>
<b>Benefits for Vulnerable Population</b>		
Definition: Any population that is exposed to medical or financial risk, by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children’s Service Program, or county indigent programs.		
	A – Community Health Improvement Services	\$ 642,700
	C – Subsidized Health Services	\$ 3,817,785
	E – Cash and In-Kind Contributions	\$ 549,759
	F – Community Building Activities	\$ 3,517
	<b>Total Benefits for Vulnerable Populations</b>	<b>\$ 5,013,761</b>
<b>Benefits for the Broader Community</b>		
Definition: Services that improve overall community health, and can include: in-kind donations and sponsorships.		
	A – Community Health Improvement Services	\$ 1,228,917
	E – Cash and In-Kind Contributions	\$ 2,515,137
	F – Community Building Activities	\$ 1,129,503
	G – Community Benefit Operations	\$ 398,170
	<b>Total Benefits for Broader Community</b>	<b>\$ 5,271,727</b>
<b>Professional Education &amp; Health Research</b>		
	B – Professional Education	\$ 24,984,374
	D – Health Research	\$ 1,773,452
	<b>Total Professional Education &amp; Research</b>	<b>\$ 26,757,826</b>
	<b>Total Community Benefit and Economic Value</b>	<b>\$ 395,361,567</b>

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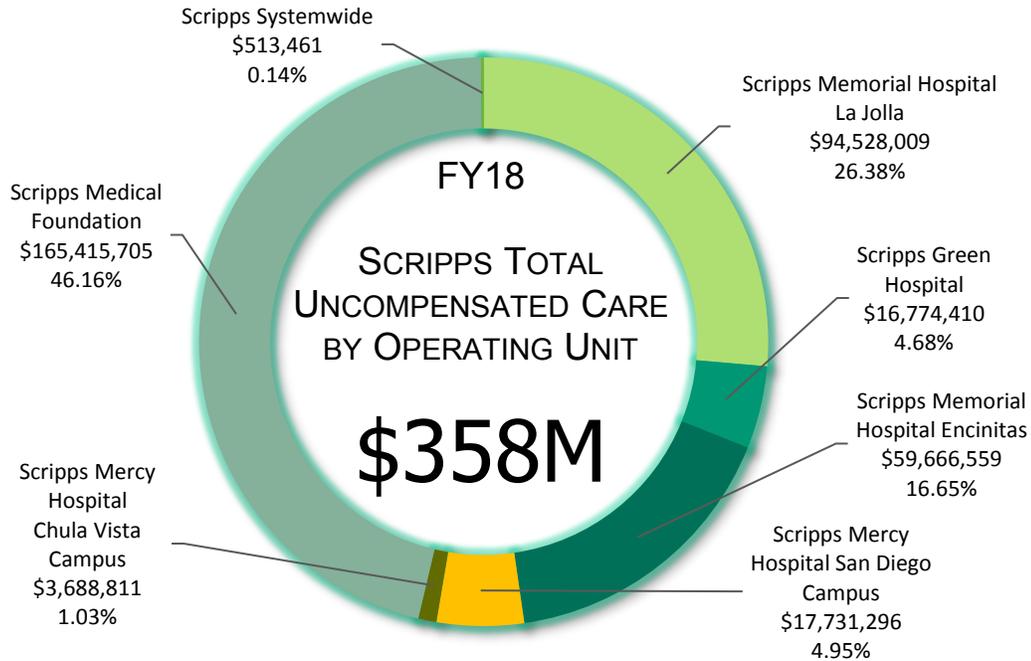
Financial Support: Calculations for bad debt and charity care are estimated by extracting the gross write-offs of bad debt and charity care charges and applying the hospital ratio of costs to charges (RCC) to estimate the cost of care. Calculations for Medi-Cal & other means-tested government programs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

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

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

## FIGURE 3:1

### FY18 SCRIPPS TOTAL UNCOMPENSATED CARE BY OPERATING UNIT, \$358,318,252<sup>8</sup>



Provider Fee Impact	Scripps Memorial Hospital La Jolla	Scripps Green Hospital	Scripps Memorial Hospital Encinitas	Scripps Mercy Hospital San Diego Campus	Scripps Mercy Hospital Chula Vista Campus	Scripps Medical Foundation	Scripps Systemwide	Total
Community Benefit Services Before Provider Fee	\$79,424,886	\$11,952,060	\$48,491,572	\$75,090,396	\$32,683,702	\$165,415,705	\$513,461	\$413,571,783
Provider Fee	\$15,103,123	\$4,822,350	\$11,174,987	(\$57,359,100)	(\$28,994,891)	—	—	(\$55,253,531)
Net-Community Benefit Services After Provider Fee	\$94,528,009	\$16,774,410	\$59,666,559	\$17,731,296	\$3,688,811	\$165,415,705	\$513,461	\$358,318,252

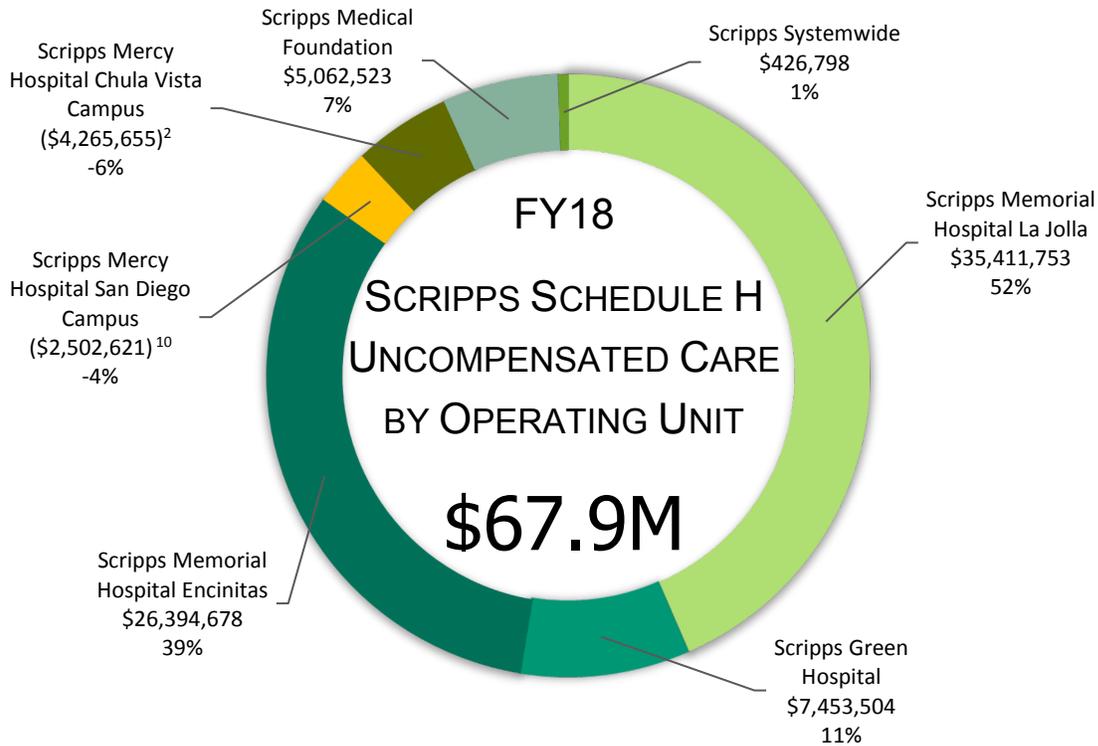
#### UNCOMPENSATED HEALTH CARE

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 2018 uncompensated care expenditures are contained in the following graphs.

<sup>8</sup> Calculation for Medi-Cal and other means-tested government programs and Medicare shortfall are derived using the payer-based cost allocation method. Calculations for bad debt and charity care are estimated by extracting the gross write-offs of bad debt and charity care charges and applying the hospital ratios of cost to charges (RCC) to estimate net cost of care.

## FIGURE 3:2

### FY18 SCRIPPS SCHEDULE H UNCOMPENSATED CARE BY OPERATING UNIT, \$67,980,970<sup>9</sup>



Provider Fee Impact	Scripps Memorial Hospital La Jolla	Scripps Green Hospital	Scripps Memorial Hospital Encinitas	Scripps Mercy Hospital San Diego Campus	Scripps Mercy Hospital Chula Vista Campus	Scripps Medical Foundation	Scripps Systemwide	Total
Community Benefit Services Before Provider Fee	\$20,308,630	\$2,631,154	\$15,219,692	\$54,856,479	\$24,729,226	\$5,062,523	\$426,798	\$123,234,502
Provider Fee	\$15,103,123	\$4,822,350	\$11,174,987	(\$57,359,100)	(\$28,994,891)	—	—	(\$55,253,531)
Net-Community Benefit Services After Provider Fee	\$35,411,753	\$7,453,504	\$26,394,678	(\$2,502,621)	(\$4,265,665)	\$5,062,523	\$426,798	\$67,980,970

### UNCOMPENSATED HEALTH CARE (SCHEDULE H)

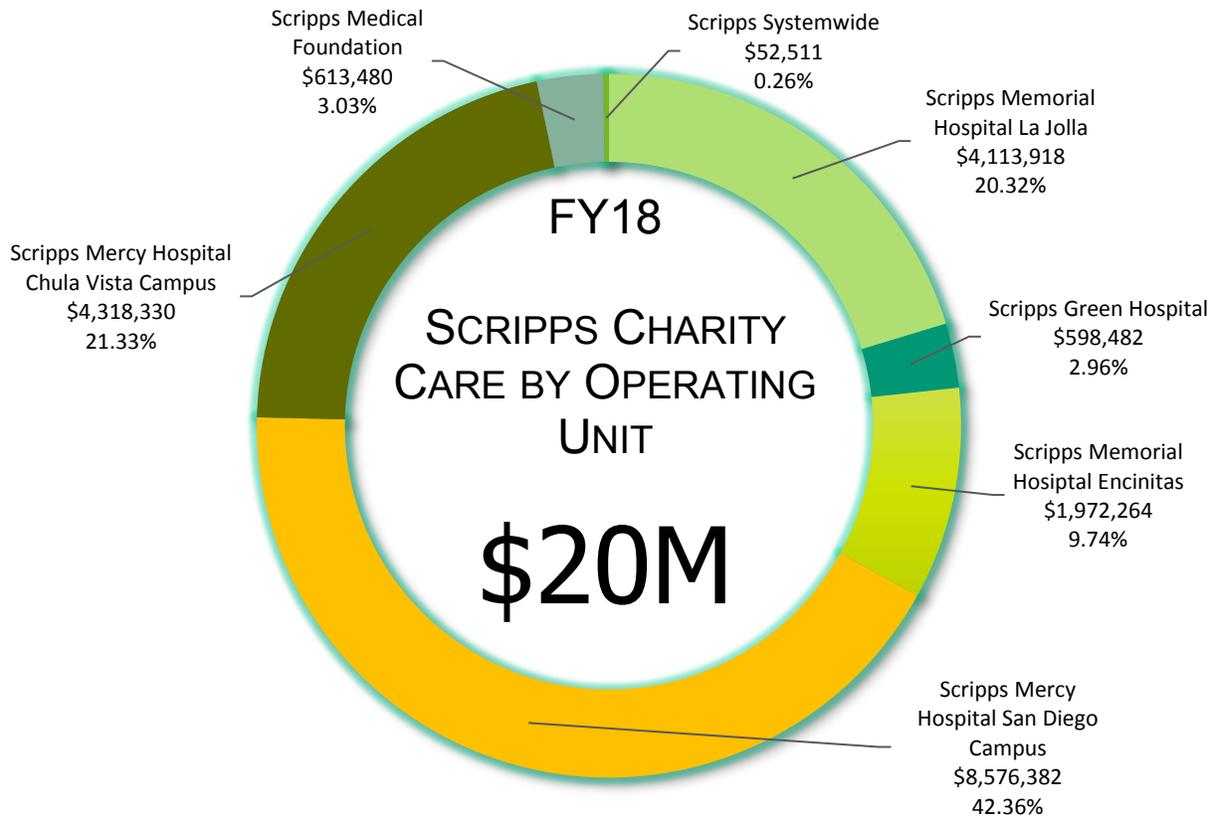
Uncompensated health care includes the sum of expenses associated with charity care, Medi-Cal and other means-tested government programs.

<sup>9</sup> Calculations for Medi-Cal and other means-tested government programs are derived using the payer-based cost allocation method. Calculations for charity care are estimated by extracting the gross write-offs of charity care charges and applying the hospital's 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 Schedule H 990 but are still reportable outside the community benefit table.

<sup>10</sup> \$86.3 million Hospital Provider Fee for Scripps Mercy Hospital (San Diego & Chula Vista campuses) was reported as offsetting revenue for Medi-Cal.

## FIGURE 3:3

FY18 SCRIPPS CHARITY CARE BY OPERATING UNIT, \$20,245,366 <sup>11</sup>



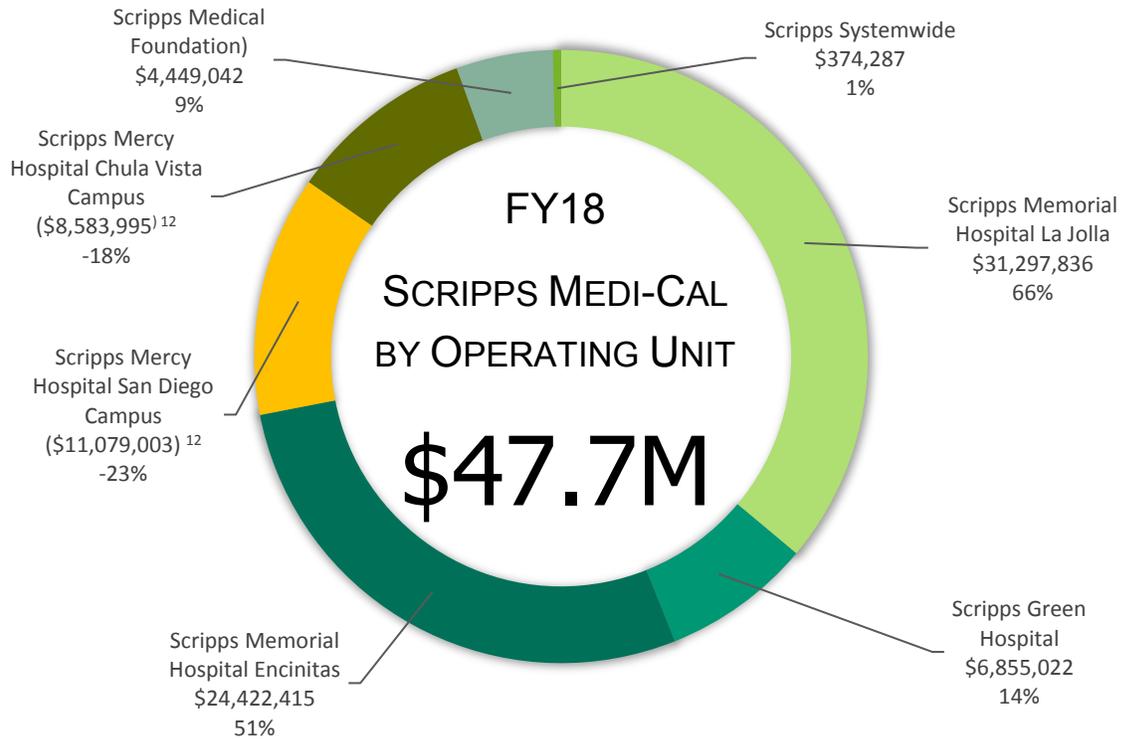
### CHARITY CARE

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

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

## FIGURE 3:4

### FY18 SCRIPPS MEDI-CAL & OTHER MEANS-TESTED GOVERNMENT PROGRAMS BY OPERATING UNIT, \$47,735,604



Provider Fee Impact	Scripps Memorial Hospital La Jolla	Scripps Green Hospital	Scripps Memorial Hospital Encinitas	Scripps Mercy Hospital San Diego Campus	Scripps Mercy Hospital Chula Vista Campus	Scripps Medical Foundation	Scripps Systemwide	Total
Community Benefit Services Before Provider Fee	\$16,194,713	\$2,032,672	\$13,247,428	\$46,280,097	\$20,410,896	\$4,449,042	\$374,287	\$102,989,135
Provider Fee	\$15,103,123	\$4,822,350	\$11,174,987	(\$57,359,100)	(\$28,994,891)	—	—	(\$55,253,531)
Net-Community Benefit Services After Provider Fee	\$31,297,836	\$6,855,022	\$24,422,415	(\$11,079,003)	(\$8,583,995)	\$4,449,042	\$374,287	\$47,735,604

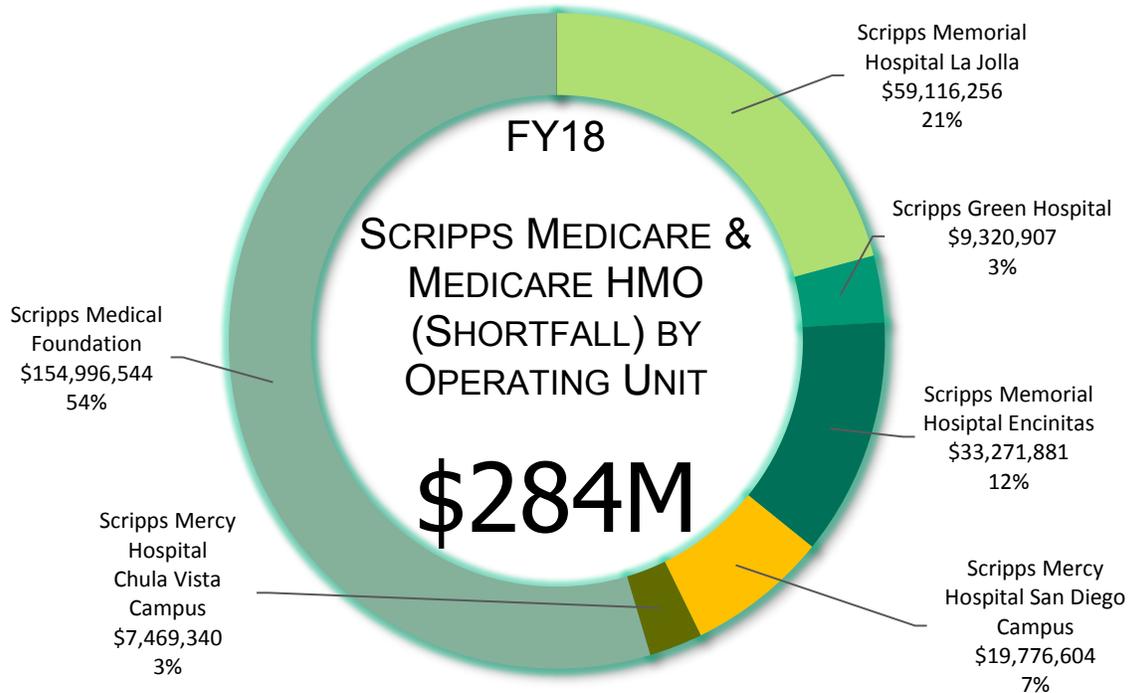
### MEDI-CAL (SHORTFALL)

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.

<sup>12</sup> \$86.3 million Hospital Provider Fee for Scripps Mercy Hospital (San Diego & Chula Vista campuses) was reported as offsetting revenue for Medi-Cal.

## FIGURE 3:5

### FY18 SCRIPPS MEDICARE & MEDICARE HMO (SHORTFALL) BY OPERATING UNIT, \$284,008,306<sup>13</sup>



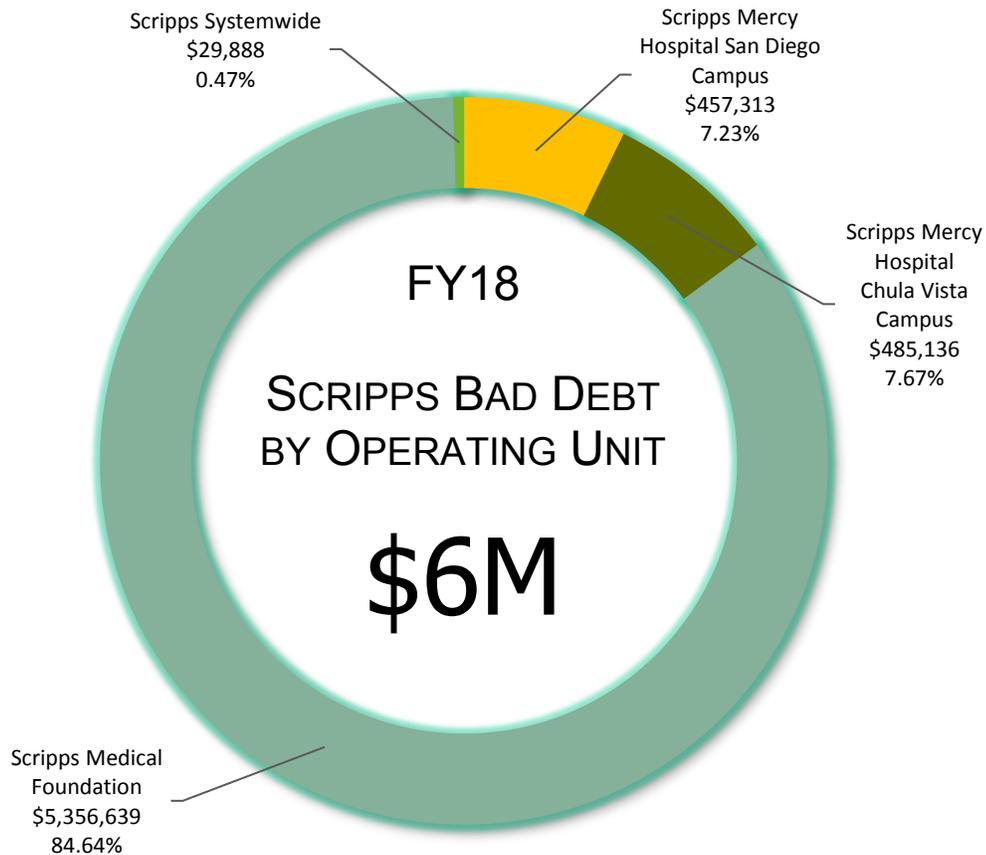
#### MEDICARE AND MEDICARE HMO (SHORTFALL)

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.

<sup>13</sup> Calculations for Medicare are derived using the payer-based cost allocation methodology. In Schedule H, the Medicare cost report is used.

## FIGURE 3:6

FY18 SCRIPPS BAD DEBT BY OPERATING UNIT, \$6,328,976<sup>14</sup>



### 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 payer 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.

<sup>14</sup> Cost of bad debt is estimated by applying the hospital ratio of cost-to-charges (RCC) to the gross write-offs of bad debt to arrive at the estimated cost of providing care.

# Section 4

## Community Health Services

## COMMUNITY HEALTH SERVICES

Community Health Services include prevention and wellness programs, screenings, health education, support groups and health fairs, supported by operational funds, grants, in-kind-donations and philanthropy. Per Section 2 Community Health Needs Assessment (CHNA), behavioral health was identified as the number one health need in San Diego County. Among the other chronic health needs, hypertension was consistently found to be a significant priority area related to cardiovascular disease, uncontrolled diabetes was an important factor leading to complications related to diabetes, and obesity was often found to co-occur with other conditions and contribute to worsening health status. The impact of the top health needs differed among age groups, with Type 2 diabetes, obesity, and anxiety affecting all age groups, drug and alcohol issues affecting teens and adults, and Alzheimer's disease, cardiovascular disease, and hypertension affecting older adults

In addition to the health outcome needs that were identified, social determinants of health were a key theme in all of the community engagement activities. Analysis of results from the community partner discussions and key informant interviews revealed the most commonly associated social determinants of health for each of the top health needs. Ten social determinants were consistently referenced across the different community engagement activities. The importance of these social determinants was also confirmed by quantitative data. Hospital programs and community collaborations have the potential to impact these social determinants, which are outlined below in order of priority:

- Food Insecurity & Access to Healthy Food
- Access to Care or Services
- Homeless/Housing Issues
- Physical Activity
- Education/Knowledge
- Cultural Competency
- Transportation
- Insurance Issues
- Stigma
- Poverty

The programs included in this section raise public awareness and understanding of the community health needs documented in Scripps 2016 Community Needs Assessment Report (Refer to Section 2, Community Health Needs Assessment (CHNA) <sup>15</sup>

Included in this section are other health conditions and needs that Scripps addresses via community benefit programs and initiatives. Scripps defines Community Health services according to the Schedule H 990 IRS categories. The categories are broken down into five main areas: (see the Scripps Community Health Services Summary list for more details, page 118). These cost 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 2018 (October 2017 to September 2018), Scripps invested \$5,334,683 in community health services (does not include subsidized health). This figure reflects the costs associated with providing these programs, salaries, materials, and supplies minus revenue.

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

The rest of this chapter highlights Scripps activities, programs and services conducted by Scripps during FY18. Refer to Figure 4:1 for a graphic representation of the FY18 Scripps system Community Health Services program distribution.

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<sup>15</sup> Demographic and community need information data presented throughout the body of this document are based upon the findings of the Hospital Association of San Diego and Imperial Counties 2016 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>

## LEADING CAUSES OF DEATH IN SAN DIEGO COUNTY, 2016

Cancer and diseases of the heart were the top two leading causes of death in San Diego County in 2016<sup>16</sup>. See Table 1 for a summary of leading causes of death in San Diego County

**Table 1: Leading Causes of Death in San Diego County, 2016**

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,096	24.1%
Diseases of the Heart	4,808	22.7%
Alzheimer's Disease	1,403	6.6%
Cerebrovascular Diseases	1,363	6.4%
Accidents/Unintentional Injuries	1,071	5.1%
Chronic Lower Respiratory Diseases	1,027	4.8%
Diabetes Mellitus	734	3.5%
Chronic Liver Disease and Cirrhosis	412	1.9%
Intentional Self-Harm (Suicide)	407	1.9%
Essential Hypertension and Hypertensive Renal Disease	400	1.9%
All Other Causes	4,463	21.1%
<b>Total Deaths</b>	<b>21,184</b>	<b>100.0%</b>

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, 2018

## 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 and activities in FY18.

<sup>16</sup> County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, 2018

## MERCY OUTREACH SURGICAL TEAM

For three decades, Mercy Outreach Surgical Team (M.O.S.T) has been crossing borders and changing lives. Working in Mexico, the Mercy Outreach Surgical Team provides reconstructive surgeries for children suffering from birth defects or accidents. In special circumstances, surgeries are also provided for adults. During FY18, the M.O.S.T team served in three outreach mission trips. The M.O.S.T team volunteered 2,243 hours to provide reconstructive surgeries for more than 700 people served. The M.O.S.T program celebrated its 31<sup>st</sup> anniversary this year.

### OCTOBER 2017

In October 2017, a team of 52 M.O.S.T. volunteers including two plastic surgeons, one urologist, and a general surgeon traveled over 1,500 miles from San Diego to Leon, Mexico. The team helped 164 patients on this mission.

### APRIL 2018

With so many patients in need, M.O.S.T. returned for their second mission to Queretaro, Mexico in April 2018. The teams of 58 volunteers included four plastic surgeons, one general surgeon, one urologist, and one ophthalmologist. The team provided 271 children with services.

### JUNE 2018

In June 2018, M.O.S.T traveled to the coastal city of Ensenada, Mexico at the invitation of the local Desarrollo Integral de La Familia (DIF), a program that provides assistance to families living in poverty. The weekend mission was focused on corrective eye surgery and ophthalmology. The team performed 58 life changing surgeries and 20 eye exams during the 48 hour trip.

## SCRIPPS RECUPERATIVE CARE PROGRAM (RCU)

The Scripps/San Diego Rescue Mission Recuperative Care Unit (RCU) Project provides a safe discharge for chronically homeless patients with ongoing medical needs. All patients are unfunded or underfunded. Most have substance use and/or mental health issues. The lack of funding and mental illness, along with alcohol and/or substance use, make post-acute placement of these homeless patients difficult. RN case management oversight is provided by Scripps with physician back up to ensure completion of their medical recovery goals. Scripps pays the Rescue Mission a daily rate for housing and services provided to the patient.

The Rescue Mission provides a safe, secure environment with 24 hour supervision, medication oversight, meals, clothing, and 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 disorder are connected with a psychiatrist in the community and all patients are connected with a medical home in the community.

In FY18, 54 patients accounted for 65 RCU admissions. As a group, the RCU patients has a cumulative 646 hospital days of stay, an average of 10 hospital days of stay, before going to the RCU. The RCU has taken medically complex patients, including those with: IV antibiotics, wound vacs, skin grafts, fractures, abscesses, osteomyelitis, amputation, paraplegia, dog bites, DKA, G bleeds, pancreatitis, ESRD on dialysis, end stage liver disease, diabetes, traumatic brain injury or encephalopathy, ostomies, complex trauma, MVA, pedestrian versus auto, pleural effusion, CVA, cancer (lymphoma, pancreatic cancer, brain mass), HIV/Aids, sepsis, respiratory failure, pneumonia, CHF. Patients were assault victims with gunshot and stab wounds, facial trauma, and surgical post op patients. Many are diabetic and psych problems are common, occasionally the main problem for RCU clients. Over 70% of this group were either positive for alcohol, drugs or had a drug history addressed by the physician in the H & P. More specifically, 43 % of RCU clients were noted to have used heroin or meth.

### GRADUATE MEDICAL EDUCATION STAFF SUPPORT, ST. LEO'S CLINIC

The Graduate Medical Education (GME) program at Scripps Green Hospital and Scripps Clinic focuses on physician training and clinical research, with 45+ residents and 38 fellows. Weekly community clinics were held at the St. Leo's clinic. 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 FY18.

### FIJI SOLOMON ISLANDS MEDICAL MISSION

The medical mission consists of Scripps Health general medical specialists and residents setting up clinics on rural islands for the purpose of providing much needed medical care, medical supplies and surgical screening for an underserved population that have no access to basic medical care. The International Medical Missions provide an exceptional clinical education experience to our senior Internal Medicine residents at Scripps Clinic and Scripps Green Hospital.

### AMERICAN RED CROSS BLOOD DRIVES

Scripps Health partnered with the American Red Cross in FY18 to host 13 blood drives; 421 Scripps employees donated blood throughout the year. Scripps Health collected

365 pints of blood (for every pint donated 3 lives are saved), which saved approximately 1,095 lives.

## SCRIPPS HEALTH HEPATITIS A OUTBREAK RESPONSE

Scripps Health builds awareness of disaster preparedness and actively responds to events to affect change at the community level. Following the terrorist attack of September 11, 2001, Scripps developed a system-wide disaster preparedness program and moved quickly to make disaster preparedness an integral element throughout the organization's operations. The Scripps Medical Response Team (SMRT) arose from these efforts.

In 2017, when San Diego Mayor Kevin Faulconer asked Scripps to help address the Hepatitis A outbreak, the Scripps SMRT team worked directly with city and county public health officials to make vaccinations accessible to individuals at risk.

SMRT teams including physicians, nurses and support personnel administered vaccinations and provided education on Hepatitis A at three county-sponsored housing sites over multiple dates and times. Each site housed numerous occupants, many of whom had risk factors including homelessness or substance use recovery. Occupants were notified in advance that we would be offering vaccinations without cost. For their own protection, all volunteers were required to show proof of immunity to Hepatitis A or get vaccinated prior to the outreach.

SMRT volunteers vaccinated approximately 100 people against Hepatitis A; Scripps staff then entered their vaccination history into the San Diego Immunization Program webpage to track all individuals who received the vaccine. This helped prevent unnecessary revaccination of people who came to local emergency departments and primary care offices for care.

Because the risk factors associated with the outbreak persist in our community, Scripps employee health screens and offers Hepatitis A vaccinations to all employees considered at risk, especially those who work in the emergency department, behavioral health and food service.

## SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND

In FY18, Scripps Health continued to deepen its commitment to philanthropy with its Community Benefit Fund. Over the course of the year, it awarded \$221,000 in community grants to programs in San Diego (four 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 \$3.7 million. Programs funded during FY18 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. The Consumer Center stresses the importance of accessing community-based services for routine health care instead of using the ED's and hospital departments. They also emphasize the importance of establishing medical homes.

### CATHOLIC CHARITIES

Funding provides short term emergency shelter for medically fragile homeless patients upon discharge from Scripps Mercy Hospital, San Diego and Chula Vista. Case management and shelter are provided for homeless patients discharged from Scripps Mercy Hospital. While these patients no longer require hospital care, they do need a short term recuperative environment. Patients who demonstrate a willingness to change receive one week in a hotel, along with food and bus fare to pursue a case plan. The focus of the case management is to stabilize the client by helping them connect to more permanent sources of income, housing and other self-reliance measures. The partnership seeks to reduce emergency room recidivism in this population and improve their quality of life.

### 2-1-1 HEALTH CARE NAVIGATION PROGRAM

Locally, 2-1-1 San Diego was launched in June 2005 as a multilingual and confidential service committed to providing 24/7 access. There was an overwhelming need for a dependable service to help people navigate today's complex health care system. Scripps Health has been a longtime supporter of 2-1-1 San Diego's Health Navigation Program which creates a record for every person who calls, in order to provide a service that navigates clients through different referrals and tracks their success toward

achieving improved social determinants of health. All 2-1-1 staff are trained to identify individuals who are in need of care coordination services, particularly individuals who are having difficulties managing their chronic health conditions. Health Navigators are trained to determine client risk using the Risk Rating Scale (RRS). The RRS determines a client's status ranging from "In Crisis" to "Thriving" using social determinants of health such as Housing, Nutrition, Primary Care and Health Management.

Health Navigators assess on the following to determine whether a client has decreased in vulnerability for health management:

- Understanding of prescription medication: Does the client understand how and when to take their medicine and do they understand the use/importance of each medication?
- Health Condition Management: Does the client understand the illness/disease that they have been diagnosed with, what their prognosis is, and what they need to do in order to remain healthy?
- Health Insurance/ Medical Home: Does the client have health insurance and do they know how to utilize it? Does the client have a primary care doctor and/or specialists that they see and do they know how to make appointments with each? Does the client know in what situation they should make an appointment with the PCP vs going to an Emergency Room for an immediate medical need?
- Transportation: Does the client have the means to get to their doctor's appointments?

During this grant period 2-1-1 provided care coordination services to 576 clients with complex chronic conditions. Clients decreased vulnerability in the following social determinants of health: housing, nutrition, primary care, and health management by 67%. Clients also reported feeling better to manage their health condition by 71% increase. 2-1-1 Health Navigators provided individualized needs assessments, case planning, information, education and referrals and provided ongoing client contact and progress checks via phone over a period of time relevant to the client's needs to check on and document client progress.

## CANCER/ONCOLOGY

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

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

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

- The HASD&IC 2016 CHNA continued to identify Alzheimer’s disease as one of the top 15 priority health conditions among San Diego County hospitals.
- In 2016, cancer was the leading cause of death in San Diego County, responsible for 24.1 percent of deaths.
- In 2016, there were 5,096 deaths due to cancer (all sites)<sup>17</sup>, and an age adjusted death rate of 146.6 deaths per 100,000 population.<sup>18</sup>
- In 2016, 19.3 percent of all cancer deaths in San Diego County were due to lung cancer, 9.3 percent to colorectal cancer, 7.4 percent to female breast cancer, 7.2 percent to pancreatic cancer, 6.7 percent to prostate cancer, 5.7 percent to liver and female reproductive cancers, and 3.6 percent to Leukemia.
- According to the American Cancer Society (ACS) 2017 California Cancer Facts & Figures report, in 2014 there were 13,625 observed new cancer cases and 4,868 cancer deaths in San Diego County.

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<sup>17</sup>The County of San Diego HHSA’s Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics (NCHS). Data is based on “underlying cause of death” information from all death certificates filed in SDC in 2016. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10’s “List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile.” (Peña, M., County of San Diego HHSA Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol. 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

<sup>18</sup> County of San Diego HHSA, Public Health Services, Community Epidemiology Branch

- According to the ACS Cancer Statistics Center, in 2018 there will be an estimated 29,360 new cases of breast cancer and 4,500 breast cancer deaths for females in California.
- In 2016, the age-adjusted mortality rate of breast cancer in San Diego County was 20.0 per 100,000 women. This falls slightly below the HP2020 target of 20.7 breast cancer deaths per 100,000 women.
- According to the 2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report, in SDC there were 46.1 late-stage cases of breast cancer per 100,000 women, exceeding the HP2020 target of 42.4 cases per 100,000 women. The report projects that SDC will meet the HP2020 target within five years.
- The 2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile also reported that, in 2013, breast cancer mortality rates in SDC were highest among African American women, at 27.7 deaths per 100,000. This exceeded the mortality rate for Caucasian (23.9), Latina (17.3) and Asian/Pacific Islander (13.2).
- According to the ACS 2017 California Cancer Facts & Figures report, 72.4 percent of breast cancer cases among non-Hispanic white women in San Diego County were diagnosed at an early stage, compared to 69.3 percent of African American cases, 68.1 percent of Hispanic cases and 70.4 percent of Asian/Pacific Islander cases. Data suggests that early breast cancer detection resources are needed in minority communities.
- According to 2015-2016 CHIS data, 85.6 percent of women in San Diego County between the ages of 50 to 74 reported having a mammogram in the past two years. This exceeds the HP2020 target of 81.1 percent for breast cancer screenings. Approximately 2.9 percent of women in this age range in SDC reported that they had never had a mammogram.
- According to findings from the ACS 2018 Cancer Facts & Figures report, screening offers the ability for secondary prevention by detecting cancer early. For example, the 39 percent decrease in the female breast cancer death rate between 1989 and 2015 is attributed to improvements in early detection, namely screening and increased awareness. In addition, over the past three decades, five-year relative survival rates for all cancers combined increased by 20 percent among whites and 24 percent among blacks, reflecting earlier diagnosis for some cancers as well as improvements in treatment (ACS, 2018).
- Study findings from the 2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile indicate a critical need for culturally competent outreach,

especially for Hispanic, Middle Eastern and African American women (Susan G. Komen, 2015).

- A recent study by the ACS found that 42 percent of newly diagnosed cancer cases in the U.S. are potentially avoidable. Many of the known causes of the cancer — and other non-communicable diseases — are attributable to behavioral factors including tobacco use and excess body weight due to poor dietary habits and lack of physical activity (ACS, 2018).
- The American Society of Clinical Oncology (ASCO) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. A patient navigator may assist with various tasks, including: psychosocial support; assistance with treatment decisions; assistance with insurance issues; arrangement of transportation; coordination of additional services (i.e., fertility preservation); and tracking of interventions and outcomes. The navigator works with the patient across the care continuum, ensuring coordination and efficiency of care, and removal of barriers to care (ASCO, 2016).
- According to the NIH, clinical trials, a part of clinical research, are at the heart of all medical advances. Clinical trials look at new ways to prevent, detect or treat disease by determining the safety and efficacy of a new test or treatment. Greater clinical trial enrollment benefits medical research and increases the health of future generations as well as improves disease outcomes, quality of life and health of trial participants.

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 FY18:

### SCRIPPS MD ANDERSON 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.

### SCRIPPS MD ANDERSON 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.

#### SCRIPPS MD ANDERSON CANCER CENTER – REGISTERED NURSE NAVIGATOR PROGRAM

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

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

This program provides genetic testing and counseling to cancer patients, along with providing education to health professionals and caregivers.

#### SCRIPPS MD ANDERSON CANCER CENTER – OUTPATIENT SOCIAL WORKER & LIAISON PROGRAM

Scripps provides a Social Worker, dedicated to assisting cancer patients, along with providing education to health professionals and caregivers.

#### SCRIPPS MD ANDERSON CANCER CENTER HEAD AND NECK SUPPORT GROUP

Scripps provides support groups designed for individuals diagnosed with head and neck cancer. This group provides education and resources to help manage emotional and physical challenges normally encountered during and after cancer treatment.

#### SCRIPPS MD ANDERSON CANCER CENTER LYMPHEDEMA SUPPORT GROUP

Scripps provides education and support for those diagnosed with Lymphedema and undergoing treatment for the disease.

#### SCRIPPS MD ANDERSON CANCER SURVIVORS DAY

National Cancer Survivors Day events are held in hundreds of communities nationwide throughout the month of June. Scripps holds a celebratory event at each Scripps hospital each year to provide an opportunity for those that have battled cancer to come together and enjoy the company of friends, family and the camaraderie of fellow cancer survivors. Throughout the month of June cancer survivors and other guests share inspirational stories, learn about advances in cancer treatment and research, and enjoy the opportunity to connect with caregivers and fellow survivors. Each year the cancer survivor event helps celebrate life, inspire those recently diagnosed, offer support to family and loved ones and recognize all who provided support along the way. They also

provide a forum for discussing the physical, financial and social issues that many cancer survivors face following completion of treatment.

#### SCRIPPS MD ANDERSON CANCER CENTER –GYNECOLOGICAL SUPPORT GROUP

Scripps Health provides meeting space for women facing gynecological cancers.

#### SAN DIEGO CITY FIREFIGHTERS, LIFEGUARDS AND POLICE OFFICERS SKIN CANCER SCREENINGS

A total of 280 Firefighters, Lifeguards and Police officers were screened for skin cancer.

#### LOCAL STATE BEACHES LIFEGUARD SKIN CANCER SCREENINGS

A total of 55 local state beaches lifeguards were screened for skin cancer. This is the first year Scripps participated in this program.

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

#### 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 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 full support system for those already diagnosed. Moreover, the fact they are bi-lingual Latinas, lend an air of automatic trust among the Hispanic community as they can connect with the residents on a cultural level.

#### SCRIPPS MERCY HOSPITAL, CHULA VISTA: BREAST HEALTH CLINICAL SERVICES

A total of 548 women were referred to clinical breast health services in the community and to Scripps Mercy Hospital, Chula Vista radiology services. More than 2,000 services were provided, including telephone reminders, outreach and education, case management and a variety of presentations.

### SCRIPPS MERCY HOSPITAL, CHULA VISTA RADIOLOGY FOLLOW UP SERVICES

A total of 160 women were provided services. Services included encouragement for patients to repeat exams, assistance to get patients' health insurance approval for repeat exams, social/emotional support and education about preventing breast cancer.

### SCRIPPS MERCY HOSPITAL, CHULA VISTA RADIOLOGY, POSITIVE BREAST CANCER PATIENT SUPPORT

More than 340 services were provided including phone calls, home visits, mailed educational materials and supplies (wigs, bras, prosthesis and medical record organizer binder). A resource package with educational materials on nutrition, treatment options, commonly asked questions and local resources were also provided.

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

Together Promotoras and Cancer survivors hold a bi-monthly support group that helps individuals cope with living with cancer. More than 20 women participate as part of this group monthly. Group support including navigating the cancer system and educational presentations by local providers are offered.

### 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.

### AMERICAN CANCER SOCIETY (ACS) MAKING STRIDES AGAINST BREAST CANCER

Scripps Health participated and sponsored the Making Strides Against Breast Cancer walk in the amount of \$10,000 to raise money for breast cancer research. A series of educational events are coordinated with the 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.

### SUSAN G. KOMEN 3 DAY BREAST CANCER WALK – FIRST AID SUPPORT STATION

Scripps is the official Physical Therapy Sports Medicine Crew for the First Aid Station at the Susan G. Komen Cancer Walk. This vital station provides treatments to those participating such as wound care, orthopedic evaluation treatments, limb and joint taping, assistance with stretching and education.

## SCRIPPS MD ANDERSON CANCER CENTER ALOHA LOCK CANCER WIG PROGRAM

This program provides wigs and hair accessories to cancer patients suffering from alopecia or expected to suffer from alopecia.

### CARDIOVASCULAR DISEASE

'Diseases of the heart' were the second leading cause of death in San Diego County in 2016. In addition 'cerebrovascular diseases' were the fourth leading cause of death, and essential (hypertension and hypertensive renal disease) was the tenth.

Coronary Heart Disease is the most common form of heart disease. High blood pressure, high cholesterol, and smoking are all risk factors that could lead to CVD and stroke. About half of Americans (49%) have at least one of these three risk factors.

#### RISK FACTORS FOR CARDIOVASCULAR DISEASE:

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

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

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

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

- The Scripps 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as a priority health issue affecting members of the communities served by Scripps.
- According to data presented in the Scripps 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. About half of all Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors (CDC, 2015).
- 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.

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

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

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

- In 2016, cerebrovascular diseases including stroke were the fourth leading cause of death for San Diego County overall.
- In 2016, there were 1,362 deaths due to stroke in San Diego County<sup>19</sup>, a 17.2 percent increase from 2015. The age-adjusted death rate due to stroke was 38.3 per 100,000 population, which was higher than the HP2020 target of 34.8 deaths per 100,000.
- In 2016, there were 6,346 hospitalizations for stroke in San Diego County, with an age-adjusted rate of 183 per 100,000 population. The rate of hospitalization for stroke increased 2.8 percent from 2015 to 2016 — the first increase since 2011, when San Diego County recorded a stroke rate of 218.4 per 100,000 population.
- In 2016, there were 2,371 stroke-related ED visits in San Diego County. The age-adjusted rate of ED visits was 68.9 per 100,000 population.
- According to 2016-2017 CHIS data, an estimated 23.9 percent of adults in San Diego County were obese, 9.7 percent smoked cigarettes and 62.0 percent did not regularly walk for transportation, fun, or exercise. In 2016, 16.3 percent of adults in SDC reported eating fast food four or more times in the past week.
- The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25 percent of people who recover from their first stroke will have another stroke within five years (NINDS, 2016).
- The CDC estimates that up to 80 percent of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors.
- According to the CDC, healthy lifestyle choices can help prevent stroke. Behaviors that can mitigate the risk of stroke include choosing a healthy diet full of fruits and vegetables, maintaining a healthy weight, engaging in at least 2.5 hours of moderate-intensity aerobic physical activity each week, refraining from or quitting smoking, and limiting alcohol intake (CDC, 2018).

Not only is Scripps a nationally recognized heart care leader, consistently ranked by U.S. News & World Report as one of America’s Best Hospitals for cardiology and heart surgery, but we treat more heart patients than any other health care provider in San Diego. We have state-of-the-art technology and highly trained heart care specialists, providing an innovative and expansive scope of services and high-quality outcomes.

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<sup>19</sup>The County of San Diego HHSA’s Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics (NCHS). Data is based on “underlying cause of death” information from all death certificates filed in SDC in 2016. Causes are ranked according to the number of deaths assigned to all ranked causes, which are a subset of ICD-10’s “List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile.” (Peña, M., County of San Diego HHSA Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol. 67 no. 6. Hvttsville. Maryland: National Center for Health Statistics. 2018.)

Along with the tremendous care Scripps provides within our hospitals and outpatient clinics, Scripps also supports our surrounding communities with resources, outreach programs and partnerships to ensure the heartbeat of our community continues on.

During FY18, Scripps engaged in the following heart health, stroke, and cardiovascular disease prevention and treatment activities.

### AMERICAN HEART ASSOCIATION (AHA) – HEART WALK

Scripps partners with the American Heart Association on its annual San Diego Heart and Stroke Walk to raise funds for research, professional and public education and advocacy. 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 has proudly supported the AHA's annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of cardiovascular diseases and stroke.

In September 2018, Scripps employees volunteered their time to coordinate walker participation and fundraising efforts. The San Diego Heart Walk raised more than \$1.1 million. In FY18, more than 1,063 Scripps Heart Walk participants, (employees, families, and friends) and more than 114 teams representing entities across Scripps Health walked to help raise more than \$74,954. To date, Scripps has raised more than \$3 million through its San Diego Heart & Stroke Walk fundraising efforts.

### AMERICAN HEART ASSOCIATION – GO RED FOR WOMEN'S LUNCHEON

Scripps sponsors this annual event that brings philanthropists, cardiologists, and survivors together to create awareness around heart disease and stroke. Funds raised help support local research projects in San Diego.

### COMMUNITY HEALTH EDUCATION PROGRAMS

Scripps Health has a robust community health education program in which physicians and experts cover a wide variety of topics. Cardiovascular related talks include Healthy Hearts at Every Age, Beyond Blood Thinners, and Living Well with Heart Disease. These lectures are delivered public events hosted by the Scripps Marketing department and through ongoing partnership with the Lawrence Family Jewish Community Center.

### 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.

## CARDIAC TREATMENT CENTER GROUP EXERCISE PROGRAMS

Cardiac Treatment Center Group Exercise Programs are designed for cardiovascular health improvement. Classes include training in Balance, Hatha Yoga, Tai Chi, Fitball, Chair Yoga and Meditation, and Lebed Method of Exercise. The Cardiac Treatment Center also provides exercise programs that include nutritional education through the Pulmonary Class, Dietary One-On-One Counseling, and the Cardiac Life Project. The Better Breathers and Self-Defense Fitness classes provide additional education in cardiovascular health.

## CARDIAC LIFE PROJECT

The Cardiac Treatment Center's Life Project is a support group for people with heart disease and their family members. The goal is to provide education and resources on coping with heart disease in a friendly and supportive environment.

## PULMONARY CARDIAC CLASS

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

## STROKE CARE PROGRAMS

Scripps sponsors a wide variety of stroke related education and awareness programs. These include support groups and education for stroke and brain injury survivors and their loved one. Information and resources are provided, along with skills to help reinforce inner strengths and learn self-care strategies. Support groups offer the ability to develop encouraging peer relationships along with the goal of returning to and continuing a life of meaning and purpose.

## STUDENT PRECEPTORSHIPS AT CARDIAC TREATMENT CENTER

Scripps provides preceptorships for student RN's, Exercise Physiologist's and Cardiac Sonographers. The Scripps Cardiac Treatment Center nurses mentor the students through education and modeling. The students learn the roles and responsibilities required of the positions.

## VENTRICULAR ASSIST DEVICE (VAD) SUPPORT GROUP

Scripps offers a support group for patients with a Ventricular Assist Device. This group provides education and support to those patients and their caregivers/partners. Topics include: safety and proper mechanics required for the device.

### JOE NIEKRO FOUNDATION

Scripps Health provides meeting space for the Joe Niekro Foundation support groups of patients, families and friends who have been affected with brain aneurysms or hemorrhagic stroke. The program is opened to the public.

### SAN DIEGO ECHO SOCIETY

Scripps Health provides meeting space to the American Society of Echocardiography. This is an organization of professionals committed to excellence in cardiovascular ultrasound and its application to patient care through education, advocacy, research, innovation and service to our members and the public.

### WOMEN HEART – THE NATIONAL COALITION FOR WOMEN WITH HEART DISEASE - SUPPORT GROUP

Scripps Health provides meeting space for Women's Heart support group. Women Heart's mission is to improve the health and quality of life of women living with or at risk of heart disease, and to advocate for their benefit. Women with heart disease have the opportunity to share their stories, support each other and heal together. Experts are invited to talk to the group about different kinds of heart conditions, heart attack prevention, blood pressure, exercise and nutrition.

### EDUCATING WOMEN ABOUT HEART HEALTH

Together with Women Heart 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.

### SENIOR HEALTH CHATS

A wide variety of senior chats are offered at local senior centers in South Bay to address education and prevention of heart disease. Some topics include heart health 101, stroke, and a variety of prevention education. A total of 10 presentations are given yearly to more than 223 individuals.

### 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 annually.

Scripps efforts began when a registered nurse at Scripps created the foundation after her 15 year old son, Eric passed away from sudden cardiac arrest in 2009. Turning tragedy into an opportunity, the Paredes' established the organization to prevent sudden cardiac arrest in school-age children and adolescents. As a sponsor for the Eric Paredes Save A Life Foundation, Scripps has held more than 20,000 free cardiac screenings to local teens, including the homeless, uninsured and underinsured. In FY18, Scripps made an \$8,500 donation to help pay for screenings. In FY18, Scripps supported screening events at area high schools and screened 4,915 teens, identifying 42 with abnormalities and 24 who were at risk.

### SWEETWATER UNION HIGH SCHOOL DISTRICT – SPORTS SCREENINGS

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

Scripps Mercy Hospital Chula Vista Family Medicine Residency, Southwest Sports Wellness Foundation and the Sweetwater Union High School District partner to prevent sudden cardiac arrest and death among high school students by increasing awareness of the importance of healthy lifestyles and cardiovascular screenings among active students. Family Medicine residents offer yearly cardiac screening and sports physicals before students participate in organized sports, and implement an injury clinic during football season to evaluate and treat possible concussions and other injuries.

### SU VIDA, SU CORAZON / 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 the 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 offers a three week educational based community intervention program to support improved quality of life for patients diagnosed with heart disease. 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 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 Life, Your Heart 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 33 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. Health assessments are reviewed including waist circumference, weight, height, BMI and blood pressure. Overall, participants have made a positive impact from the course.

### 2018 BE THERE SAN DIEGO PREVENTING HEART ATTACKS AND STROKES SUMMIT

Be There San Diego is an unprecedented, nationally-recognized collaboration and community-wide activation focused on preventing heart attacks and strokes in the San Diego region. Scripps sponsored the 2018 Summit as it is a unique opportunity to bring together physicians, community leaders, healthcare systems, and community partners to impact the region's health by sharing best practices and discussing strategies for future progress.

## DIABETES

Diabetes is an important health need because of its prevalence, its impact on morbidity and mortality, and its preventability. An analysis of mortality data for San Diego County found that in 2016 ‘Diabetes mellitus’ was the seventh leading cause of death.

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

- The Scripps 2016 CHNA continued to identify diabetes as a priority health issue affecting members of the communities served by Scripps.
- The Centers for Disease Control and Prevention (CDC) identify diabetes as the seventh leading cause of death in the U.S., as well as the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults.
- The number of adults diagnosed with diabetes in the U.S. has more than tripled in the last 20 years (CDC, 2017).
- In 2016, there were 734 deaths due to diabetes in San Diego County overall<sup>20</sup>, a 3.7 percent increase when compared to 2015 (708 deaths). The age-adjusted death rate due to diabetes was 20.7 per 100,000 population.
- In 2016, there were 4,132 hospitalizations due to diabetes in San Diego County. The age-adjusted rate of hospitalization was 120.9 per 100,000 population in 2016, which was slightly lower than the age-adjusted rate in 2015 (123.1 per 100,000 population).
- In 2016, there were 5,168 diabetes-related ED discharges in SDC, an 8 percent increase from 2015 (4,783 ED discharges). The age-adjusted rate of diabetes

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

<sup>20</sup> The County of San Diego HHS's Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics (NCHS). Data is based on "underlying cause of death" information from all death certificates filed in SDC in 2016. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile." (Peña, M., County of San Diego HHS Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol. 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

related ED discharges was 151.9 per 100,000 population in 2016, which was higher than the age-adjusted rate in 2015 (143.5 per 100,000 population).

- According to 2016-2017 CHIS data, 8.6 percent of adults living in San Diego County indicated that they had ever been diagnosed with diabetes, which was lower than the state of California (9.9 percent). Diabetes rates among seniors were particularly high, with 18.8 percent of San Diego County adults over 65 reporting that they had ever been diagnosed with diabetes.
- According to 2016-2017 CHIS data, 12.3 percent of San Diego County residents had been told by their doctor that they have pre- or borderline diabetes.
- According to the CDC's 2017 National Diabetes Statistics Report, 87.5 percent of adults diagnosed with diabetes were overweight or obese. To prevent or delay the onset of diabetes, the CDC recommends lifestyle changes such as losing weight, eating healthier, and getting regular physical activity. The CDC estimates that 30.3 million people in the U.S. have diabetes. Of those individuals, 1 in 4 is not aware they have the disease (CDC National Diabetes Statistics Report, 2017).

The percentage of adults aged 20 and older who have ever been diagnosed with diabetes was 9.4% in 2017 in San Diego County and has been steadily rising since 2005 according to the National Center for Chronic Disease Prevention and Health Promotion. Type 2 diabetes is an important target for intervention because hospitalizations due to diabetes related complications are potentially preventable with proper management and a healthy lifestyle.

There are three major types of diabetes: Type 1, Type 2 and gestational. All three types share similar characteristics, the body loses the ability to either make or use insulin. Without enough insulin, glucose stays in the blood, creating dangerous blood sugar levels. Over time, this 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 are at high risk of developing diabetes.

Some alarming facts about Type 2 diabetes:

- Diabetes is a major cause of heart disease and stroke, and is the 7<sup>th</sup> leading cause of death in the United States and California.
- More than 1 out of 3 adults have prediabetes and 15 to 30% of those with prediabetes will develop Type 2 diabetes within 5 years.
- Nine out of 10 people with prediabetes don't know they have it.

Some risk factors for developing diabetes include:

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

A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research found that 13 million adults in California (46 percent) are estimated to have prediabetes or undiagnosed diabetes, while another 2.5 million (9 percent) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016). 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 2018, Scripps sponsored the following diabetes management programs and initiatives:

### WOLTMAN FAMILY DIABETES CARE AND PREVENTION CENTER IN CHULA VISTA

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

With the generous support of philanthropist Richard Woltman, the Center added critical classroom space to meet the high demand for services. The Center offers a full range of wellness, prevention, diabetes education and nutrition services in English and Spanish.

### PROJECT DULCE

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 23 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.

One of the primary components of the program is recruiting peer educators from the community to work directly with patients. These educators reflect the diverse population affected by diabetes and help teach others about changing eating habits, adopting exercise routines and nurturing their wellbeing to manage this chronic disease.

In FY18, Project Dulce provided 5,699 diabetes care, retinal screenings and education visits for low income and underserved individuals throughout San Diego and enrolled 1,067 new Project Dulce patients.

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

Diabetes affects nearly 30 million individuals in the U.S., and if current trends continue, 1 of 3 adults will have diabetes by 2050. Diabetes self-management education and

support (DSME) is a cornerstone of effective care that improves clinical control and health outcomes; however, DSME participation is low, particular among underserved populations, and ongoing support is often needed to maintain DSME gains.

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

### DIABETES PREVENTION

The UCLA Center for Health Policy and Research recently published data that revealed nearly half of California adults have prediabetes or diabetes. While the Scripps Whittier Diabetes Institute has been providing the best care for people with diabetes for decades, the Institute continued with the Scripps Diabetes Prevention Program (DPP), which is a yearlong intervention where people with prediabetes meet weekly for 16 weeks, then monthly thereafter. The DPP is an intensive lifestyle behavior change intervention program that has been proven to prevent diabetes in large-scale national studies. The primary objective is to lose 5 to 7% of body weight through healthy eating and physical activity. The Diabetes Prevention Program (DPP) has been thoroughly evaluated in NIH sponsored randomized controlled trials, and has been found to decrease the number of new cases of diabetes among those with prediabetes by 58%. Among people over age 60, there was a 71% reduction in new cases. In FY18, 212 patients attended 78 Scripps DPP orientation sessions. Much of the effort is focused in the South Bay for the Latino population, which is at higher risk of getting diabetes than their white counterparts.

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

Diabetes is a fast-growing epidemic, afflicting 29.1 million Americans and costing more than \$245 billion a year, according to the American Diabetes Institute. Hispanics face a higher risk of developing the disease – 13.9 percent compared with 7.6 percent for non-Hispanic whites.

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

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

The participants received health-related text messages every day for six months and they saw improvements in their blood sugar levels that equaled those resulting from some glucose-lowering medications. The Dulce Digital-Me clinical trial represents the first randomized controlled study to look at the use of text messages to help underserved Hispanics better self-manage their diabetes through glycemic control. The results were published by Diabetes Care in an online pre-print version of the study, which is scheduled to be published in a future issue of the journal.

## HEALTHY LIVING

In 2015, Scripps began Healthy Living classes which are open to anyone interested in learning about the benefits of good nutrition, physical activity, and avoiding tobacco. These behaviors can help to prevent the four chronic diseases (lung disease, cancer, Type 2 diabetes and, cardiovascular disease) that contribute to 50 percent of all the deaths in the US. The three-class series is held at locations throughout the community. One hundred fifty seven people attended Healthy Living classes that were provided throughout the County, again with special attention to the Latino community of the South Bay.

## SCRIPPS WHITTIER DIABETES INSTITUTE PROFESSIONAL EDUCATION AND TRAINING

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

These individuals train practicing professionals to deliver the best possible care for their diabetes patients. Courses are tailored to the needs of allied health professionals seeking to understand new and complex clinical treatment options for Type 1, Type 2

and gestational diabetes. Professional education was provided for 528 people on insulin management, incretin therapy, and 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 four CME programs for physicians, nurses, pharmacists, dietitians, midlevel providers and social workers and made numerous academic and research presentations at professional association meetings.

### RETINAL SCREENING PROGRAM

It is estimated that every 24 hours, 55 people will lose their vision as a result of diabetic-related eye disease (diabetic retinopathy) even though 95 percent of diabetic blindness could be prevented with early diagnosis and treatment. For more than a decade, Scripps has been screening people in underserved communities for diabetic retinopathy using a mobile camera. Our free or low-cost eye exams diagnose individuals at high risk for retinal damage and help patients get treatment and referrals to specialists. In FY18, 534 people were screened, and 33.52 percent had some degree of diabetes-related eye disease. This program referred 31 people who had advanced disease, 5.81 percent of all screened or nearly 17.32 percent of positives, to specialists for further care.

### 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 life.

The risk factors for many chronic diseases are well known. In particular, an unhealthy diet, physical inactivity and substance use have been cited by the World Health Organization (<http://www.who.int/chp>) as important health behaviors that contribute to illnesses such as cardiovascular disease, cancer, chronic respiratory disease, diabetes, and others including mental disorders and oral diseases.

- The HASD&IC 2016 CHNA process continued to identify the following among the top priority health conditions in San Diego County hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases.

- The HASD&IC and Scripps 2016 CHNA community engagement activities emphasized 10 social determinants of health (SDOH) as having a serious impact on the four priority health issues in San Diego County (cardiovascular disease, Type 2 diabetes, behavioral health and obesity). These 10 social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested several health improvement strategies to address the four priority health issues identified for San Diego County. These strategies include: behavioral health prevention and stigma reduction; education on disease management and food insecurity; integrating physical and mental health care; better coordination of care; greater cultural competence and diversity; and engagement of patient navigators and case managers in the community.
- *Fruit/Vegetable Consumption:* According to data from California Health Interview Survey, 48.3% of children age 2 and older reported consuming less than five servings of fruits and vegetables a day compared to 47.7% 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 36.9%, 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, cancer, and untreated mental and behavioral health needs.

- *Tobacco Usage:* The BFRSS also reports that 12.1% of adults age 18 and older self-reported currently smoking cigarettes some days or every day compare to 18.1% in the United States, adjusted for age. Tobacco use is linked to leading causes of death including cancer and cardiovascular disease.
- The HHS's Live Well San Diego (LWSD) 3-4-50 initiative identified three behaviors (poor diet, physical inactivity and tobacco use) that contribute to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths worldwide. In 2015, 54 percent of all deaths in SDC were attributed to 3-4-50 conditions.
- In 2016, 16.3 percent of adults ages 18 and older in SDC self-reported eating at fast-food restaurants four or more times each week (CHIS, 2016).

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 2018, 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 43,872 (11,400 Scripps Mercy Hospital + 2,000 program participants residency + 30,472 residency clinic visits) program patients and participants. There were more than 30,472 (24,849 residency clinical services + 2523 school based clinic + 3100 other community clinics and residency) clinical visits provided by Scripps Family Medicine Residency.

## COMMUNITY BASED HEALTH IMPROVEMENT ACTIVITIES

Each month approximately 11,400 community members participate in classes, prevention lectures and support groups held at the Well Being Center. Senior focused activities at St. Charles Nutrition Center and Norman Park Senior Center reached over 200 participants.

## YOUTH EDUCATIONAL PROGRAM ACTIVITIES

Scripps Chula Vista Community Benefits Services implemented a wide variety of youth in health career activities including: Camp Scripps, mentoring programs, hospital tours, in-classroom presentations and surgery viewings. Scripps Family Medicine Residents

also provide football game coverage, sport injury clinics and physicals. A total of 3,391 youth participated in these programs.

### CAMP SCRIPPS

Designed to introduce youth to health careers, this program is a three-week camp experience to educate youth participants on the duties performed by health care professionals in various medical fields. Participants receive opportunities for interactions with the health professionals. Camp activities include tours of hospital departments, hands-on activities with health care professionals and presentations on specific health careers and/or health-related issues. Examples of activities include visits to the laboratory, radiology, nursing units and the Cath Lab. Family Medicine residents provide a variety of presentations and interaction activities for the youth. Some of these include “Doc 101” or visits to specific hospital departments.

### MENTORING PROGRAM

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

### HEALTH PROFESSIONS OVERVIEW 101

Students from local high schools tour the hospital in departments where patients are not present. Family Medicine residents expose students to the 80 or more health professions in the hospital. These tours are designed to peak student’s interest in pursuing a career in health care.

### HEALTH PROFESSIONALS IN THE CLASSROOM

Health care professionals, such as medical residents, dietitians, nurses and doctors, enlighten students on health care careers and health related topics. These are interactive sessions on Nursing 101, Doc 101, Health and Nutrition, Stroke Prevention, Breast Health, Teen Pregnancy, Substance use, STD’s, Health Professions 101 and Mental Health Issues that Impact High School Students. Students receive health career tools/brochures that include information on education requirements, scholarships and

way to pay for college. Family Medicine residents throughout the year will present in the classroom.

### SURGERY VIEWING

Interested students have an opportunity to observe elective surgeries such as total knee and hip replacements. Students are able to interact and to ask on the spot questions with the surgeons and other operating room staff members.

### SCHOOL BASED CLINICS

Two health clinics at Palomar and Southwest High School are established for medical residents to gain additional skills in adolescent medicine and for youth to gain the knowledge, attitudes, and skills necessary to pursue health careers. Designed by students, Family Medicine residents and faculty based on youth needs assessment surveys, residents and students interact twice per week at the clinic providing adolescent medicine.

### SENIOR PROGRAMS

Each month a variety of senior programs are held in partnership with local senior centers, churches, and senior housing. The following programs are conducted as part of Scripps Mercy Hospital Chula Vista's San Diego Border Area Health Education Center and Scripps Family Medicine Residency Program. These Senior Health Chats are designed to provide health education to the older adult community. Approximately 20-25 seniors attend these monthly throughout the year. These presentations include a variety of health and age related topics that include nutrition, hearing loss, and maintaining a healthy life style. These presentations are facilitated by various health care professions and residents. Topics are all chosen by the seniors themselves so as to meet their local needs. Also, the health chats provide an interchange between the community members and our medical residents and other health care professionals to foster healthy lifestyles and health prevention. The program are conducted in collaboration with Norman Park Center, Congregational Towers Senior Living and St Charles Nutrition Center. Family Medicine Residents rotate through these programs to learn more about geriatric medicine, health and wellness and overall public health and community training. Over 223 seniors participated in these programs.

### 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 project in July 2014, 1,539 referrals have been received.

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

### 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, macular degeneration, fall prevention, stroke awareness, menopause, sleep disorders, foot health, bladder and pelvic floor wellness, mental illness, postpartum issues, gynecological cancer, and multiple sclerosis.

### PRESCRIPTION TAKE BACK DAY

Prescription drug abuse is a growing problem in the United States. About 54 million people, or more than 20 percent of those aged 12 and older, have used prescription medications such as powerful pain-reducing opioids like oxycodone and hydrocodone for non-medical reasons at least once in their lifetime, according to the most recent National Survey on Drug Use and Health. Every day, 5,750 more Americans misuse prescription drugs for the first time. And 62 percent of teens who admit taking medications for non-medical reasons say they got those drugs from medicine cabinets in their homes.

Scripps encourages patients to remove expired, unwanted and unused medicines from their homes as quickly as possible and to avoid throwing them into the trash or flushing them down the toilet because this unwittingly risks exposing others to the drugs and damages the environment. The semi-annual event offers a no-questions-asked method to safely dispose of such medications, such as the remainder of the 20-day oxycodone supply from that outpatient procedure last year. Flushing drugs down the toilet can harm the environment. Scripps collaborates with the County of San Diego on the Prescription Drug Take Back Day which provides an opportunity for safe disposal of left over medications. The U.S. Drug Enforcement Administration, local law enforcement agencies and county officials host collection events for unwanted prescription drugs at 44 sites across the county.

## OPIOID STEWARDSHIP PROGRAM (OSP)

The Opioid Stewardship Program has spearheaded multiple projects at Scripps to educate patients and providers about the risks of opioids and the benefits of alternative multi-modal pain management options to reduce opioid use. The program has established prescribing standards for opioids, resulting in a 25 percent reduction in the number of opioid pills per prescription at Scripps hospitals and outpatient centers in 2018. Scripps also has opened three drug take-back kiosks at its on-site pharmacies, offering patients year-round access to dispose of unused, unneeded or outdated medications

## SPONDYLITIS ASSOCIATION

Scripps Health provides meeting space to the Spondylitis Association of America (SAA). This is a non-profit organization founded in 1983 to address the needs of people affected by Spondyloarthritis. Since that time, SAA has been at the forefront of the fight to promote medical research, educate both the medical community and general public and advocate on behalf of the people they serve.

## 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 judgements, communicate and carry out daily activities such as bathing and eating.

A summary of the magnitude and prevalence of dementia and Alzheimer's disease is described below:

- The HASD&IC 2016 CHNA continued to identify Alzheimer's disease as one of the top 15 priority health conditions among San Diego County hospitals.
- In 2016, Alzheimer's disease was the 6<sup>th</sup> leading cause of death in the United States and 3<sup>rd</sup> leading cause of death in San Diego County.
- In 2016, the top 10 leading causes of death among adults ages 65 and older in San Diego County were (in rank order): overall cancer, Alzheimer's disease and other dementias (ADOD), coronary heart disease (CHD), stroke, chronic obstructive pulmonary disease (COPD), chronic lower respiratory diseases, overall hypertensive diseases, diabetes, unintentional injuries, Parkinson's disease and falls.

- In 2016, hospitalization rates among seniors were higher than the general population due to CHD, stroke, COPD, nonfatal unintentional injuries (including falls), overall cancer and arthritis.
- The top three causes of ED utilization among San Diego County residents ages 65 and older in 2016 were unintentional injuries, falls and arthritis/other rheumatic conditions.
- Seniors in San Diego County use the 911 system at higher rates than any other age group. The most common complaints include general medical, altered neurological state, respiratory distress, cardiac chest pain and trauma to the extremities (HHSA, 2015).
- According to the CDC, 2.8 million older adults, or more than one in four, are treated in the ED for falls every year. One in five falls causes a serious injury, such as broken bones or a head injury, and with each fall, the chance of falling again doubles. These injuries may result in serious mobility issues and difficulty with everyday tasks or living independently. The direct medical costs for fall injuries are estimated at \$31 billion annually (CDC, 2018).
- In 2013, an estimated 62,000 San Diegans ages 55 and older were living with Alzheimer’s disease and other dementias (ADOD), which accounted for 8.3 percent of this age group. Assuming current trends continue, by 2030, nearly 94,000 residents 55 years and older will be living with ADOD, which is a 51 percent increase from 2013 (Alzheimer’s Disease and Other Dementias in San Diego County, HHSA, 2016).
- In 2016, an estimated 71.4 percent of San Diego County residents ages 65 and older reported that they were vaccinated for influenza in the past 12 months (CHIS, 2016). In 2016, 26 of the 46 recorded influenza deaths in San Diego County occurred among residents ages 65 and older. The age-adjusted rate of influenza death among this group was 6.0 per 100,000 (HHSA, 2016).
- Research shows that caregiving can have serious physical and mental health consequences. According to findings from the Stress in America survey described in a report titled “Valuing the Invaluable”, caregivers to older relatives report poorer health and higher stress levels than the general population. Fifty-five percent of surveyed caregivers reported feeling overwhelmed by the amount of care their family member needs (AARP Public Policy Institute, updated July 2015).
- According to AARP, more than 40 million people in the U.S. act as unpaid caregivers to people ages 65 and older. More than 10 million of these caregivers

are Millennials with separate full- or part-time jobs, and one in three employed Millennial caregivers earns less than \$30,000 per year (AARP, 2018).

- According to a report from the National Alliance for Caregiving (NAC) and AARP titled Caregiving in the U.S. 2015, 60 percent of unpaid caregivers are female, and nearly 1 in 10 caregivers are ages 75 or older (AARP and NAC, 2015).
- The UCLA Center for Health Policy Research conducted a study highlighting the plight of California's "hidden poor," finding 772,000 seniors who live in the gap between the FPL and the Elder Economic Security Standard. The highest proportion of seniors living in this gap includes renters, Latinos, women and grandparents raising grandchildren (Padilla-Frausto & Wallace, 2015).

During Fiscal Year 2018, Scripps engaged in the following Alzheimer's and dementia prevention and treatment programs and activities:

### SENIOR HEALTH AND WELL BEING PROGRAMS

Senior Health Chats are designed 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. Approximately 20-25 seniors attend these monthly throughout the year, these presentations include a variety of health and age related topics that include nutrition, hearing loss, dementia, Alzheimer's and pain management, nutrition and wellness and maintaining a healthy life style. These presentations are facilitated by various health care professionals and residents. Topics are all chosen by seniors themselves so as to meet their local needs. Also, the health chats provide an interchange between the community members and the medical residents and other health care professionals to foster healthy lifestyles and health prevention.

### 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 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 Round Table and is a member of the Steering Committee.

### THE SCRIPPS HEALTH ALZHEIMER'S CARE CONFERENCE

The Scripps Health Alzheimer's Care conference took place on February 10, 2018 and was offered to health care professionals who care for the patient with or at risk for Alzheimer's disease and related dementias, in order to support them with the best in advanced tools for screening, evaluating, diagnosing and treating. The care conference addressed statistical national local trends in Alzheimer's disease and related dementias, focusing on prevalence, mortality, cost and burden to healthcare providers and caregivers.

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

Scripps provides a maintenance class for those who have completed the LSVT BIG Exercise protocol. This class is taught by a physical therapist and is designed for Parkinson's patients to improve strength and mobility for a healthier life.

### EMPOWERMENT PARKINSON'S EVENT

Scripps offered a conference in 2018 to more than 300 guests where they learned new ways to take control of their health at the Empowerment for Parkinson's Day at Marina Village. Attendees learned the benefits of exercise and diet change, massage, acupuncture, music therapy and were armed with knowledge to help them make positive changes.

## OBESITY, WEIGHT STATUS, NUTRITION, ACTIVITY & FITNESS

Obesity is an important health need due to its high prevalence in the U.S. and San Diego. Although it is not a leading cause of death, it is a significant contributor to the development of other chronic conditions.

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

- The Scripps 2016 CHNA continued to identify obesity as a priority health issue affecting members of the communities served by Scripps.
- According to 2017 CHIS data, the self-reported obesity rate for adults ages 18 and older in San Diego County was 22.5 percent.
- In 2017, between 25 and 30 percent of adults in California self-reported being obese. Obesity levels decreased as education levels increased, indicating a need for health education as a tool for reducing obesity rates (CDC, 2017).
- Obesity has been linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015).
- According to data from the 2016 National Study of Children's Health, nearly one-third of children in California are obese. California has one of the highest childhood obesity rates in Western states (The State of Obesity, 2018).
- According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and certain types of cancer. In 2016, 39.8 percent of Americans were obese (CDC, 2017).
- Obesity is largely categorized as a secondary diagnosis in hospital discharge data. When examining inpatient hospital discharge data with obesity as a secondary diagnosis, it was found that the most common primary diagnosis of those patients were nonspecific chest pain in ages 25-64, abnormal pain for

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health. Overweight and obesity ranges are determined using weight and height to calculate a number known as "body mass index" (BMI).

For adults:

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

For children and adolescents (ages 2-19):

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

those ages 15-24, and those over 65 years their primary diagnosis was osteoarthritis, septicemia followed by congestive heart failure.

- Research has shown that as weight increases to reach the levels of “overweight” and “obesity” the 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

Obesity is addressed through general nutrition and exercise education and resources provided at Scripps as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. During FY18, Scripps engaged in the following obesity prevention and treatment activities:

### COMMUNITY HEALTH IMPROVEMENT PROJECT (CHIP) AND CHILDHOOD OBESITY INITIATIVE

The San Diego County Childhood Obesity Initiative (The Initiative) is a private public partnership with the mission of reducing and preventing childhood obesity through policy, systems, and environment change. The Initiative is facilitated by Community Health Improvement Partners (CHIP). 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 The Initiative have shown an overall reduction in childhood overweight and obesity, from 36% in 2005 to 34% in 2015 (many areas have seen increases).

According to the 2016 San Diego County State of Childhood Obesity Report, the rate of obesity for Hispanic students is more than twice that of white students. The rate of obesity for economically disadvantaged students is more than twice that of students who are not economically disadvantaged. Hispanic students represent approximately half of all public school students in San Diego County with respect to race/ethnicity, and low-income students account for half of all public school students.

## DIABETES PREVENTION PROGRAM (DPP)

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

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

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

## HEALTHY LIVING PROGRAM

Diabetes, heart disease, cancer and respiratory disease are the four most prevalent serious chronic diseases in California. These diseases cause 50 percent of all deaths in San Diego and throughout the U.S., and many people have more than one of these conditions.

Because lifestyle can play a major role in preventing these chronic illnesses, Scripps introduced Healthy Living, a free, interactive education program to help the San Diego community learn about and adopt practical ways to improve three behaviors: smoking, poor diet and physical inactivity that contribute to these four diseases.

Participants learn how to make healthy food choices using low costs options, make physical activity part of their daily life and learn how to stay motivated and maintain healthy habits. Scripps implements a series of three free sessions that encourage participants to identify and adopt practical ways to improve their health habits. Sessions are offered throughout San Diego County in English and Spanish, with special emphasis on the Latino and underserved communities. Sessions include health screenings, healthy cooking tips, and mindful eating practice sessions. Participants also receive a prediabetes screening; those who score high are then referred to the Scripps Diabetes Prevention Program.

## 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 5210 campaign. The message is to promote a Healthy Lifestyle (5 Servings of Fruits and Vegetables, 2 Hour Screen Time Limit, 1 Hour of Physical Activity and 0 Sugary Drinks) per day. This five session series is designed to increase knowledge and behaviors regarding a healthy lifestyle. The series includes hands-on activities and demonstrations. Scripps partners with the Promise Neighborhood Initiative and Castle Park Elementary School to increase education and awareness about healthy lifestyles for students, their parents and school staff. Promise Neighborhood developed a Wellness Committee composed of the school principal, teachers, parents and Scripps staff aimed to implement activities that support 5-2-1-0: **5** fruits or more a day, **2** hours or less of screen time, **1** hour of physical activity and **0** sugary juices.

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 200 parents have participated in wellness activities on campus. As a result of activities, lesson plans and advocacy for healthy living, the amount of physical activity and consumption of fruits and vegetables by children, parents and staff has increased. Student responses via a 5210 post health assessment survey showed that there was an 80% improvement rate for knowledge after participating in the 5210 sessions. And a 38% improvement rate for behavior after participating in the 5210 sessions.

## CITY HEIGHTS WELLNESS CENTER

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

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

place where residents and providers come together to cook, discover and communicate in a safe and trusted environment.

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

The Scripps Mercy Supplemental Nutrition Program for Women, Infants and Children (WIC), collocated in the Wellness Center, continues to provide WIC services as one program within the City Heights Wellness Center.

### COLLABORATIVE FOR HEALTHY WEIGHT

Collaborate for Healthy Weight is a program of the Health Resources and Services Administration (HRSA) and the National Initiative for Children's Healthcare 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. Collaborate for Healthy Weight meets monthly and all three sectors collaborate, using evidence-based approaches, to reverse the obesity epidemic and improve the health of our communities. This program will continue in 2019 and several manuscripts are under development.

### FOOD ADDICTS ANONYMOUS

Scripps Health provides Food Addicts Anonymous meeting space to meet. Food Addicts Anonymous is an international fellowship of men and women who have experienced difficulties in life as a result of the way they eat.

### TAKE OFF POUNDS SENSIBLY (TOPS) MEETING

Scripps Health provides meeting space to Take Off Pounds Sensibly (TOPS). Take Off Pounds Sensibly is the short name for TOPS Club, Inc., the original non-profit, non-commercial network of weight-loss support groups and wellness education organization.

### OVEREATERS ANONYMOUS – SPANISH

Scripps Health provides meeting space to Overeaters Anonymous. This is a support group that provides dietary education for individuals who desire to lose weight. The groups is held in Spanish.

### GREATER LA JOLLA MEALS ON WHEELS

Greater La Jolla Meals on Wheels is a non-profit senior service organization. It provides nutritious meals to seniors, the homebound and the disabled residing in the communities of La Jolla and University City. Scripps Health provides office space to the Greater La Jolla Meals on Wheels program in the volunteer service office. This shared space is used by Greater La Jolla Meals on Wheels for its coordinators to conduct business on behalf of the program.

### FOOD HANDLERS TRAINING COURSE

Scripps Health provides the use of a classroom to Full Spectrum Nutrition Services to provide a three hour course which provides certification for food handlers and meets requirements of the San Diego County Food Handlers Ordinance.

## MATERNAL CHILD HEALTH & HIGH RISK PREGNANCY

Mothers, infants and children make up a large segment of the U.S. population and their well-being is a health predictor for the next generation. There is tremendous focus on maternal illness and death, and infant health and survival, including infant mortality rates, access to preventative 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 years and older.

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

### HIGH RISK PREGNANCY

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

Risk factors:

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

A summary of the magnitude and prevalence of Maternal and Child Health & High Risk Pregnancies are described below:

- The HASD&IC 2016 CHNA continued to identify high risk pregnancies as one of the top 15 priority health conditions among San Diego County hospitals
- In 2016, there were 42,654 live births in SDC overall.<sup>21</sup> The 2016 fetal mortality rate<sup>20</sup> was 3.2 infant deaths per 1,000 live births in the north inland region, 3.4 in the north coastal region, 3.7 in the east region and SDC overall, 3.8 in the central region, 3.9 in the north central region, and 4.3 in the south region.
- In 2016, 159 infants died before their first birthday in SDC. Infant mortality was higher among male infants (93 deaths) than female infants (66 deaths). African American/black infants had the highest mortality rate (10.7 infant deaths per 1,000 live births) when compared to infants of all other races and ethnicities. Hispanic infants had the second highest mortality rate of 4.5 deaths per 1,000 live births. In addition, there were 3,628 preterm births (less than 37 weeks gestation) in SDC during 2016. Compared to all other races and ethnicities, Hispanic mothers had the highest total number of births (16,978), 8.2 percent of which were preterm. Despite having fewer total births than Hispanic mothers (1,781), 11.6 percent of births by African American/black mothers were preterm. Similarly, although women ages 25 to 39 had the highest total number of births compared to other age groups, mothers age 40 and above were more likely to give birth preterm compared to younger age groups (45.8 percent preterm births among mothers age 40 and above compared to 15.4 percent preterm births among mothers ages 25 to 39).<sup>22</sup>
- In 2016, all SDC regions met the HP2020 national targets for prenatal care, preterm births, low birth weight (LBW) infants, very low birth weight (VLBW) infants and infant mortality.<sup>23</sup> See Table 2 for a summary of maternal and infant health indicators in San Diego County in 2016 and Table 3 for a summary of maternal and infant health indicators by region.

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<sup>21</sup> County of San Diego, Health and Human Services Agency (HHSA), Public Health Services, Maternal, Child, and Family Health

<sup>20</sup> Fetal mortality refers to the number of fetuses at least 20 complete weeks of gestation per 1,000 live births and fetal deaths. Reporting of fetal deaths is known to be complete.

<sup>22</sup> County of San Diego, Health and Human Services Agency (HHSA), Public Health Services, Maternal, Child, and Family Health

<sup>23</sup> The U.S. Department of Health and Human Services' HP2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP2020 has four overarching goals: to attain high quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development, and healthy behaviors across all life stages.

**Table 2: Maternal and Infant Health Indicators in San Diego County, 2016**

Maternal and Infant Health Indicator	Rate	HP2020 Target
Early Prenatal Care <sup>24</sup>	84.2%	77.9%
Preterm Births <sup>25</sup>	8.5%	9.4%
VLBW Infants <sup>26</sup>	1.2%	1.4%
LBW Infants <sup>27</sup>	6.7%	7.8%
Infant Mortality <sup>28</sup>	3.7%	6.0%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Maternal, Child, and Family Health Services (MCFHS) Statistics

**Table 3: Maternal and Infant Health Indicators by Region in San Diego County, 2016**

Indicator	Central	East	North Central	North Coastal	North Inland	South
Prenatal Care	80.3%	81.5%	89.1%	85.6%	82.9%	85.5%
Preterm Births	8.8%	8.7%	8.1%	8.1%	8.5%	8.6%
VLBW Infants	1.2%	1.2%	1.1%	1.0%	1.2%	1.3%
LBW Infants	6.8%	6.6%	7.1%	6.3%	6.7%	6.4%
Infant Mortality	3.8%	3.7%	3.9%	3.4%	3.2%	4.3%

Source: County of San Diego HHSA, Public Health Services, MCFHS Statistics

Scripps Health continued to enhance prenatal education for low income women in San Diego County in Fiscal Year 2018. The following are some examples:

### COMMUNITY BENEFIT SERVICES

- Offered more than 1,200 maternal child health classes throughout San Diego County to enhance parenting skills. Low income women in San Diego who were eligible attended classes at no charge or on a sliding fee schedule.
- Maintained existing prenatal education services in all regions of the county, ensuring that programs continued to demonstrate a satisfaction rating above 90 percent.
- Provided and supported weekly breastfeeding support groups at six locations throughout San Diego County, including three with bilingual services.

<sup>24</sup> Early prenatal care is defined as care beginning during the first trimester of pregnancy. This does not account for frequency of care.

<sup>25</sup> Preterm birth refers to births prior to 37 completed weeks of gestation.

<sup>26</sup> Very low birth weight refers to birth weight less than 1,500 grams (approximately 3 pounds, 5 ounces).

<sup>27</sup> Low birth weight refers to birth weight less than 2,500 grams (approximately 5 pounds, 8 ounces).

<sup>28</sup> Infant mortality refers to the number of deaths of infants under one year of age per 1,000 live births.

- Offered maternal child health classes throughout the community, such as Getting Ready for the Baby and Grand Parenting Today.
- Offered the Dogs and Babies programs quarterly, with more than 40 attendees.
- Offered a prenatal yoga program for expectant women in San Diego County.
- Offered classes in pelvic floor and postpartum changes for new mothers throughout the community.

### FIRST 5 PARENTING EDUCATION

Parenting classes are offered at the Scripps Mercy Hospital Chula Vista Well-Being Center for parents with infants, toddlers and preschoolers. A wide variety of topics are covered including issues related to health, learning/development, family/safety, advocacy as well as parenting tips. Developmental assessments are conducted by Rady Children’s Hospital. More than 400 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 209 parents participated in parenting classes, 180 sessions provided.

### MATERNAL CHILD HEALTH NURSING STUDENTS

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

### SCRIPPS MERCY’S SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

The Special Supplement Nutrition Program for Women, Infants and Children (WIC) was established as a permanent program in 1974 to safeguard the health of low-income women, infants and children up to age 5 who are at nutritional risk. Scripps Mercy Hospital is one of five regional organizations that administer the state funded WIC program. The program serves six locations conveniently situated near community clinics and/or hospitals in the central San Diego area. WIC targets low income pregnant and postpartum women, infants and children (ages 0 to 5 years). Scripps Mercy WIC serves approximately 6,500 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%), infants (20%) and children (56%). In FY18, the program provided nutrition services, counseling and food vouchers for 71,357 women and children in South and Central San Diego. The Scripps Mercy WIC program plays a key role in

maternity care by reaching low income women to promote prenatal care, good nutrition and breastfeeding during pregnancy and offer lactation support (one on one and group), as well as supplies, pumps and breast pads, during the postpartum period.

### CENTERING PREGNANCY, SCRIPPS FAMILY MEDICINE RESIDENCY

Raising healthy families and caring for the next generation of San Diegans before they're 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 Latina women in order to improve birth outcomes. The program applies the principles of the Center Health Care Institute and focuses on changing the way patients experience their care through assessment, education and group support. Centering Pregnancy is the institute's model devoted specifically to improving maternal and child health, and has been shown to result in increased prenatal visits, greater levels of breastfeeding and stronger relationships between mothers and their healthcare providers before, during and after pregnancy. The results are promising. Women who gave birth reported an enhanced prenatal experience, gained less weight throughout their pregnancy and showed improved healthcare knowledge. As the program continues, patient navigators will follow-up with participants to gauge other important factors and help them maintain healthy lifestyles.

### UNINTENTIONAL INJURY AND VIOLENCE

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 the death data alone. Unintentional injuries, motor vehicle accidents, falls, pedestrian related, firearms, fire/burns, drowning, explosion, poisoning (including drugs and alcohol, gas, cleaners and caustic substances) choking/suffocation, cut/pierce, exposure to electric current/radiation/fire/smoke, natural disasters and injuries at work, are one of the leading causes of death for San Diego County residents of all ages, regardless of gender, race or region.

Most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk taking; the physical environment both at home and in the community; access to health services and systems created for injury related care; the social environment, including individual social experiences.

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

- The HASD&IC 2016 CHNA continued to identify unintentional injury as one of the top 15 priority health conditions among San Diego County hospitals.
- In 2016, accidents (unintentional injuries) were the fifth leading cause of death for San Diego County overall. Unintentional injuries (i.e., motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, explosions, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electrical current/radiation/ fire/smoke, natural disasters and workplace injuries) are one of the leading causes of death for San Diego County residents of all ages, regardless of gender, race or region.
- Between 2012 and 2016, more than 5,700 San Diegans died from unintentional injuries.
- In 2016, there were 1,071 deaths due to unintentional injury in San Diego County<sup>29</sup>. The County's age-adjusted death rate due to unintentional injury was 31.1 deaths per 100,000 population. In 2016, unintentional injury accounted for 5.1 percent of total deaths in San Diego County.
- In 2016, there were 20,247 hospitalizations related to unintentional injury in San Diego County. The age-adjusted rate of hospitalizations due to unintentional injury was 589.4 per 100,000 population.
- In 2016, there were 169,017 ED discharges related to unintentional injury in SDC. The age-adjusted rate of discharges due to unintentional injury was 5,160.3 per 100,000 population.

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<sup>29</sup> The County of San Diego HHSA's Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics (NCHS). Data is based on "underlying cause of death" information from all death certificates filed in SDC in 2016. Causes are ranked according to the number of deaths assigned to all ranked causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile." (Peña, M., County of San Diego HHSA Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol. 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

- CDPH injury data reports that in 2016, unintentional injuries caused over 13,000 deaths, 200,000 non-fatal hospitalizations, and 2.3 million non-fatal ED visits (CDPH, Safe and Active Communities Branch, 2016).
- In 2015, the CDC recorded approximately 30.8 million ED visits in the U.S. for unintentional injuries (CDC, 2015).
- In 2015, the CDC recorded approximately 30.8 million ED visits in the U.S. for unintentional injuries (CDC, 2015).
- In 2016, unintentional injury was the third leading cause of death across all age groups in the U.S., accounting for over 160,000 deaths. Unintentional injury was the leading cause of death in the U.S. for people ages 1 to 44, and the seventh leading cause of death for those over age 65 (CDC, 2018).
- According to data from NCHS, in 2016, over 130,000 deaths in the U.S. were attributed to three causes: poisoning (26 percent), motor vehicle traffic accidents (16.9 percent), and falls (16.5 percent).
- Unintentional injuries are the leading cause of death among children in the U.S., while nonfatal unintentional injuries can result in children having long-term disabilities (LWSD Report Card on Children, Families, and Community, 2017).
- Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord injuries. The physical, emotional, psychological and learning problems that affect injured children, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation. Educational programs like ThinkFirst increase knowledge and awareness of the causes and risk factors of brain and SCI, injury prevention measures, and the use of safety habits at an early age ([www.thinkfirst.org/kids](http://www.thinkfirst.org/kids), 2015).
- San Diego County has made strides to decrease deaths from unintentional injuries as well as non-fatal unintentional injury rates, though non-fatal unintentional injury rates continue to exceed state and federal rates. SDC has focused injury prevention efforts on the most vulnerable populations, including children of all ages (especially older children), Native American and rural children. Successful interventions include safety campaigns, educational strategies and changes in parenting practices (LWSD Report Card on Children, Families, and Community, 2017).
- According to HP2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking; physical environment both at home and in the community; access to

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

Scripps Health continues to address unintentional injury and violence in FY18. The following are some examples:

### AGING SUMMIT EXPO

Scripps provided a conference on home and medication safety and fall prevention. This conference was designed to provide seniors with education and resources for healthy living.

### FALL PREVENTION AND HOME SAFETY

Scripps Social Worker and RN lecture on ways to reduce fall risk, improve safety awareness and utilize available resources to promote independence and overall safety. Balance classes are designed to help building balance, posture and coordination through strengthening and balance exercises. This importance aspect to healthy living for seniors provides education on preventing falls through exercise and being proactive through safety measures in the home.

### SAN DIEGO BRAIN INJURY FOUNDATION

Scripps Health provides meeting space to the San Diego Brain Injury Foundation. The organization provides quality of life improvements for brain injury survivors and support to family members.

### BRAINMASTERS

Brainmasters is a supportive communication group for adults coping with acquired brain injury. It is offered as a community benefit through the Rehabilitation Center at Scripps Memorial Hospital Encinitas. The main goal of Brainmasters is to help brain injury survivors to build confidence by practicing thinking on their feet. This helps to alleviate challenges with communication and social isolation that so many brain injury survivors experience.

## 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.

## 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.

## SAN DIEGO COUNTY LIFEGUARD EDUCATION CONFERENCE

In FY18, the trauma department at Scripps La Jolla hosted the first ever San Diego County Lifeguard Education Conference. More than 150 lifeguards representing all 11 San Diego County lifeguard agencies were in attendance at the event. Information was shared on a number of topics critical for lifeguards, including downing resuscitation, sand entrapment and skin cancer prevention. A physician presented on shark bite attack survival. The trauma department plans to continue this partnership with the county lifeguards to provide education and help them further identify opportunities for community outreach and injury prevention.

## SAN DIEGO HUMAN TRAFFICKING TASK FORCE AND PROJECT LIFE

Scripps has partnered with the San Diego Human Trafficking Task Force and Project Life to offer “soft rooms” at all Scripps hospital facilities except Scripps Green Hospital. These soft rooms will be available to Project Life on a moment’s notice to serve as a safe, confidential environment for law enforcement to interview victims of human trafficking and for service providers to connect with the victims with emergency shelter and community resources. The San Diego Human Trafficking Task Force receives 3,000 to 8,000 human trafficking victims every year in San Diego County. Approximately 80 percent are born in the United States.

## SAVING LIVES THROUGH STOP THE BLEED CAMPAIGN

Whether from a bullet wound or other traumatic injury, severe blood loss can kill in just five minutes. However, one-fifth of trauma deaths, the leading cause of death for Americans under age 46, could be prevented by stanching the bleeding. Scripps doctors participate and convey the important messages of the national Stop the Bleed campaign.

## TRAUMA AWARENESS CONFERENCE

Scripps participates with local agencies giving attendees the opportunity to learn more about Trauma Services. Education is provided on injury prevention and the latest trauma research. Activities include: concussion prevention, fatal vision goggles, and learning the consequences of distracted driving.

## BEHAVIORAL HEALTH

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

An analysis of mortality data in San Diego County found that in 2016, Alzheimer's disease and suicide as the third and ninth leading causes of death in San Diego County, respectively.

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

- The Scripps 2016 CHNA continued to identify behavioral health as a priority health issue affecting members of the communities served by Scripps.
- The HASD&IC 2016 CHNA identified behavioral health as the top priority health issue for community members in San Diego County.
- In the HASD&IC 2016 CHNA mental health issues and alcohol/drug abuse issues were consistently selected by the highest number of HHSA survey participants in all regions as health problems that have the greatest impact on overall community health. In addition, aging concerns including Alzheimer's disease was cited among the top five most important health needs in all regions in San Diego County except the central region. The following categories were found to be important health needs with behavioral health in San Diego County:
  - Alzheimer's disease (seniors)
  - Anxiety (all age groups)
  - Drug and alcohol issues (teens and adults)
  - Mood disorders (all age groups)

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

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

- Feedback from the behavioral health discussions in the 2016 CHNA found that high rates of psychotic discharges in ages 25 to 44 were likely linked to underlying substance use problems. Although participants agreed with the findings, it was found that hospital coding may potentially underrepresent the prevalence of underlying issues and miss certain conditions. Most notably missing from OSHPD data was developmental disorders. The groups also pointed out the importance of emerging data trends. In recent years, discussion participants cited a significant increase in drug-related discharges, particularly methamphetamine (~over 100%).
- An analysis of 2016 mortality data for San Diego County revealed Alzheimer's disease and suicide as the third and ninth leading causes of death for San Diego County, respectively.
- Among adults: 14.6% of Medicare beneficiaries suffer from depression, 10.3% have seriously considered suicide and 12.4% per 100,000 commit suicide each year.
- In 2016, 5,692 individuals were discharged from the emergency department (ED) for self-inflicted injury in San Diego County, an age-adjusted rate of 173.20 per 100,000 population. This included 191 individuals ages 65 and older, an age-adjusted rate of 44.37 per 100,000 population. Of these seniors, 90 were hospitalized (20.91 per 100,000 population). During the same year, the age-adjusted death rate due to suicide in San Diego County was 11.89 deaths per 100,000 population, or 406 deaths. The rate for seniors was much greater at 18.35 deaths per 100,000 population. Both rates are higher than the HP2020 target of no more than 10.2 deaths per 100,000 population.
- According to 2017 data from the Office of Statewide Health Planning and Development (OSHPD), anxiety disorders were the top primary diagnosis for behavioral health-related ED discharges among those ages five to 44 and ages 65 and older. For those ages 45 to 64, the top ED discharge for behavioral health was alcohol-related disorders, followed by anxiety and mood disorders.
- According to 2017 CHIS data, 11.8 percent of adults in SDC have ever seriously thought about committing suicide, a 40.5 percent increase since 2013 (8.4 percent).
- In 2016, there were 1,080 hospitalizations due to overdose/poisoning in SDC. The age-adjusted rate of hospitalizations due to overdose/poisoning was 31.2 per 100,000 population.
- In 2016, the age-adjusted rate of overdose/poisoning-related ED discharges in SDC was 162.3 per 100,000 population. Age-adjusted rates for

overdose/poisoning-related ED discharges were higher among males, blacks and individuals ages 15 to 24 years in comparison among groups.

- In 2014-2015, 12.3 percent of California adolescents ages 12 to 17 experienced a Major Depressive Episode (MDE). This rate has increased 3.1 percent since 2011-2012 (Substance use and Mental Health Services Administration (SAMHSA), Behavioral Health Barometer – California Volume 4, 2017).
- From 2011 to 2015, less than a third of California adolescents ages 12 to 17 who experienced an MDE in the past year received treatment (SAMHSA, Behavioral Health Barometer – California Volume 4, 2017).
- Approximately 10.2 million U.S. adults have co-occurring mental health and addiction disorders (NAMI, 2016).

### 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. Compared to 2016, the County’s suicide rate in 2017 increased 5% from 13.1 to 13.8 per 100,000 population. This increase follows a 5% decrease in regional suicide rates from 2013 to 2016. In contrast, the rate of regional Emergency Department discharges due to non-fatal self-harm decreased 5% between 2015 and 2016 (most recent data available). In addition, significant gains in help-seeking are evident. Crisis Calls to the local Access & Crisis hotline in 2017 increased 22% to an unprecedented 31.4% of all call volume.

For more information on the status of suicide and suicide prevention in San Diego County: 2018 Report Card. <https://tribkswb.files.wordpress.com/2018/09/spc-report.pdf>

Indicator	2013	2014	2015	2016	2017
Total Suicide Deaths					
a. Number	441	420	427	431	458
b. Rate per 100,000 people	14.0	13.2	13.2	13.1	13.8
*Emergency Department (ED) Discharges: Self-Inflicted Injury/Poisoning					
a. Number	2,870	3,263	3,248	3,098	-
b. Rate per 100,000 people	91.1	102.2	99.5	94.2	-
Crisis Calls: Access and Crisis Line Percent of ALL Calls that are Crisis Calls	19.7	22.4	25.8	25.7	31.4

Source: San Diego County Prevention Council, Annual Report to the Community, 2018

In 2010, the County of San Diego Health and Human Services Agency (HHS) launched a suicide prevention planning process, which was formed by the National Strategy for Suicide Prevention and the California Strategic Plan on Suicide Prevention. Scripps is a member of the Community Health Improvement Partners (CHIP), which collaborates with the county on this initiative.

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

### BEHAVIORAL HEALTH INPATIENT PROGRAMS

Individuals suffering from acute psychiatric disorders are sometimes unable to live independently or may even pose a danger to themselves or others. In such cases, hospitalization may be the most appropriate alternative. The Behavioral Health Inpatient Program at Scripps Mercy Hospital helps patients and their loved 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 FY18, the Scripps Mercy Behavioral Health Program experienced a \$4.7 million loss in total operations, however 3.3 million of this is captured in Medi-Cal/CMS and Charity Care.
- In FY18, 2.0 percent of patients in the inpatient unit were uninsured.

### BEHAVIORAL HEALTH OUTPATIENT PROGRAMS

Scripps Behavioral Health entered into an agreement in May 2016 to transition the intensive behavioral health outpatient program to the Family Health Centers of San Diego and expand outpatient behavioral health offerings to the population served.

### SCRIPPS MERCY AND FAMILY HEALTH CENTERS BEHAVIORAL HEALTH PARTNERSHIP

Scripps Mercy has established an initiative with Family Health Centers of San Diego (FHCS) to create a more robust behavioral health care system for Medi-Cal patients that receive care at SMH. The goal is to strengthen the continuum of integrated primary and mental health services for patients discharged from various hospital settings (medical and behavioral health inpatient and emergency care) through a variety of timely patient engagement strategies including the expansion of community-based behavioral health services adjacent to the hospital. The ultimate goal is to involve

patients in appropriate outpatient care before their behavioral health issues become acute, preventing returns to the Emergency Department.

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

Behavioral Health Services at Scripps Mercy Hospital, in partnership with the San Diego chapter of Mental Health of America established the A-Visions Vocational Training Program (social rehabilitation and prevocational services for people living with mental illness) to help decrease the stigma of mental illness and offer volunteer and employment opportunities to persons with mental illness. This supportive employment program provides vocational training for people receiving mental health treatment, potentially leading to greater independence. This year, Behavioral Health Services continued participating in the A-Visions program.

Since its inception, 577 clients have been enrolled; 96 have been Scripps volunteers and 52 have been employed at Scripps Health. Currently, there are a total of 20 employees and four volunteers participating in this supportive employment program. A-Visions participants have been employed on a casual/per diem basis by Scripps Environmental Services, Food Services and clerical support for Health and Information Services, Emergency Services, Nursing Research, Human Resources, Access, Behavioral Health, Credentialing, Labor and Delivery, Laboratory, Medical Staffing, Performance Improvement, Spiritual Care and Palliative Care Services. Paid A-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.

### INCREASING AWARENESS OF MENTAL HEALTH ISSUES

In FY18, Scripps Behavioral Health Services improved awareness of mental health issues by providing information and supportive services for more than 900 people at community events.

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

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

The core strategies of the Suicide Prevention Council are:

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

### PSYCHIATRIC LIAISON TEAM (PLT)

The Psychiatric Liaison Team is a mobile psychiatric assessment team. Clinicians provide mental health evaluation and triage services to accurately assess patients and provide them with the best and safest community resources to promote ongoing care. The team aims to help people adhere to treatment plans, reduce hospital readmission rates, relieve symptoms and ultimately ensure the long-term stabilization of the patient's mental health. Scripps will continue to provide a dedicated Psychiatric Liaison Team at all Scripps Hospitals Emergency Departments and urgent care settings (Rancho Bernardo and Torrey Pines).

### MI PUENTE: "MY BRIDGE" TO BETTER CARDIOMETABOLIC HEALTH AND WELL BEING

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

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

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

Mi Puente aims to improve continuity of care and address the (physical and behavioral) health needs of the at-risk Hispanic population. This program holds promise for impactful expansion to other conditions and underserved populations.

## BEHAVIORAL HEALTH INTEGRATION PROGRAM (BHIP) IN DIABETES

Many people find that the day-to-day tasks associated with having diabetes testing one's blood sugar, planning meals, getting enough physical activity and remembering to take medications can be stressful. A common condition known as "diabetes distress" can be the result of feeling like it's all too much. Scripps Diabetes Care and Prevention has a Diabetes Behavioral Specialist on staff to help people manage their diabetes without being overwhelmed or unduly distressed. The Behavioral Health Integration Program (BHIP) in Diabetes is an integrated, interdisciplinary approach to managing the emotional and behavioral needs that often leads to burnout of individuals with Type 1 and Type 2 diabetes. The collocation of medical and behavioral health services in the same facility allow for convenient, warm hand-off from physician to behavioral health specialist. It also affords opportunities for physicians, diabetes educators and others to receive consultation on behavioral health concerns, and in turn, more comprehensively address the multi-faceted needs of their patients with diabetes.

## 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 veteran's mental health issues and access to community-based services. Scripps is working with San Diego State University to implement a Veteran's mental health course in the Social Work Department.

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

Scripps Family Medicine Residency and Scripps Mercy Hospital Chula Vista Well-Being Center have partnered to offer clinical training opportunities for Master Social Work students in training from San Diego State University at Southwest and Palomar High Schools. These students work with local providers that address the mental health needs of vulnerable adolescents. A variety of mental health issues are present for local high school students. Many of these issues include depression, anxiety and suicide related concerns. The program works to improve overall mental health care for local students through a school-based clinic. Approximately 240 hours were spent in the school-based clinics offering services for adolescents to an average of 12 students per week.

### WIDOWED SUPPORT GROUP

This support group offers bereavement/mental health support and guidance to families who have lost a loved one. The group facilitates discussion and guest lectures about topics related to the loss of loved ones. There are approximately 6-10 participants monthly that attend and many have been a part of the group for more than 15-20 years.

### PATIENT COMMUNITY SERVICES

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

### ALCOHOLIC ANONYMOUS

Scripps Health provides meeting space for members of Alcoholic Anonymous. A fellowships of men and women who share their experience, strength and support of each other.

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

Scripps Health provides meeting space for members of GRASP. GRASP was founded to help provide sources of help, compassion and most of all, understanding, for families or individuals who have had a loved one die as a result of substance use or addiction.

### NATIONAL ALLIANCE OF MENTAL ILLNESS (NAMI) SIBLINGS SUPPORT

Scripps Health provides meeting space for members of NAMI Sibling Support. This is a confidential support group for siblings of person with mental illness and adult children of parents with mental illness.

### SURVIVORS OF SUICIDE LOSS – SAN DIEGO CHAPTER

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

## SCRIPPS DRUG AND ALCOHOL RESOURCES

There are in excess of 25 million illicit drug users in the US. There are an estimated 136.9 million current drinkers of alcoholic beverages and of those, approximately 23 percent binge drank in the last 30 days and 6.3 percent are considered heavy drinkers. It is estimated there are 8.7 million under-age drinkers. Substance use, particularly opioid misuse, is a health crisis that has reached epidemic proportions both nationally and locally. In San Diego, the rate of discharge from emergency departments for chronic substance use increased by 559% from 2014-2016; rates for those 65 years and older increased the most – by 714%. The rate of discharge for opioid misuse for this age group was even more startling – it rose by 1.734% over this two year period. Rates of discharge from emergency departments for acute substance use also rose. Rates increased for people of all racial and ethnic backgrounds; however, the most substantial increases (177%) was for Blacks. Heavy alcohol consumption is also a problem in San Diego. Nearly 20% of all adults ages 18 and older self-report excessive alcohol use.

## SCRIPPS SUBSTANCE USE DISORDER SERVICE (SUDS) NURSES

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

The Substance Use Disorder Service (SUDS) nurses act in a proactive and reactive role in all of the Scripps hospitals, helping to identify patients who are at risk, or are currently experiencing withdrawal from addictive substances. This mobile group of specially trained drug and alcohol resource nurses provide education, interventions and discharge placement assistance to patients in the Scripps hospitals. The resource nurses work directly with the nursing staff at each of the hospitals in search of patients who may be at risk for alcohol/drug withdrawal and assist with implementing a standardized protocol withdrawal process.

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

### BETTY FORD CENTER

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

### FAMILY HEALTH CENTERS OF SAN DIEGO

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

### OPIOID STEWARDSHIP PROGRAM (OSP)

The Opioid Stewardship Program has spearheaded multiple projects at Scripps to educate patients and providers about the risks of opioids and the benefits of alternative multi-modal pain management options to reduce opioid use. The program has established prescribing standards for opioids, resulting in a 25 percent reduction in the number of opioid pills per prescription at Scripps hospitals and outpatient centers in 2018. Scripps also has opened three drug take-back kiosks at its on-site pharmacies, offering patients year-round access to dispose of unused, unneeded or outdated medications.

## SOCIAL DETERMINANTS OF HEALTH

Per Section 2, Community Health Needs Assessment (CHNA), in addition to the health outcome needs that were identified in the CHNA, social determinants of health were a key theme in all of the community engagement activities. Analysis of results from the community partner discussions and key informant interviews revealed the most commonly associated social determinants of health for each of the top health needs. The top ten social determinants were consistently referenced across the different community engagement activities, food insecurity & access to healthy food, access to care or services, homeless/housing issues, physical activity, education/knowledge, cultural competency, transportation, insurance issues, stigma and poverty. The importance of these social determinants was also confirmed by quantitative data.

Approximately 80 percent of modifiable risks for diseases are attributable to non-medical (upstream) determinants of health, such as health behaviors, socioeconomic status, and environmental conditions. To prevent chronic conditions and promote health, greater emphasis should be placed on population health, which has been defined to focus on outcomes as well as on the broader factors that influence health at a population level, including medical care systems, the social environment, and the physical environment.<sup>30</sup>

## FOOD INSECURITY

Food Insecurity is the inability to afford enough food for an active, healthy life. The HASD&IC 2016 CHNA identified food insecurity and access to healthy food as the top social determinant impacting San Diego's priority health needs (diabetes, obesity, cardiovascular disease and behavioral health).

According to the latest research from the San Diego Hunger Coalition, almost half a million San Diegans, 1 in 7 residents, or 15 percent of the San Diego County population are considered to be food insecure, an economic and social condition characterized by limited or uncertain access to adequate food. To put the total number of food insecure San Diegans into perspective, it is roughly equivalent to the entire populations of Chula Vista, Oceanside, Imperial Beach, Coronado, and Solana Beach combined. Rates in Imperial County are even higher, with 17% of the general population suffering food insecurity. Even more alarming is that the rate of food insecurity among children in Imperial County is the highest in California at over 33%.

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<sup>30</sup> UCLA Center for Health Policy Research. "Emerging Models of Diabetes and Hypertension Prevention in Los Angeles", Ying\_Ying Meng, Susan H. Babey, Natalie Bradford and Tony Kuo. November 2017.

The CalFresh Program, federally known as the Supplemental Nutrition Assistance Program (SNAP), issues monthly electronic benefits that can be used to buy foods at participating markets and stores. More than 290,000 San Diegans receive CalFresh.

An additional one in five San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget.<sup>30</sup> In 2016, 21 percent of households in San Diego County participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 23.3 percent of those below 138 percent of the FPL were eligible for such benefits.<sup>31</sup> Refer to table 4 for SNAP participation and eligibility in San Diego County.

**Table 4: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for San Diego County, 2016**

<b>Food Stamps/SNAP Benefits</b>	
Households	7.0%
Families with Children	7.1%
<b>Eligibility by Federal Poverty Level</b>	
Population ≤130% FPL	19.5%
Population ≤138% FPL	21.0%
Population 139% - 350% FPL	32.7%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

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

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

<sup>31</sup> San Diego Hunger Coalition. Hunger Free San Diego Issue Brief: 2016 San Diego County Food Insecurity. San Diego, CA; August 2018.

<sup>32</sup> County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018, Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

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

### SCRIPPS HEALTH CALFRESH SCREENINGS

As health care delivery systems moves towards a population health paradigm that incentivizes keeping patient's healthy, hospitals and clinics are recognizing the significance of addressing social determinants of health, such as Food Insecurity (FI). Hospitals have been more proactive in intervening at some level of care to aid the individuals suffering from FI and their ability to gain control over their health.

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

Scripps Health began screening for CalFresh in June 2017 through the support of the Public Resource Specialist (PRS) team. The PRS are experienced staff with strong knowledge of the County programs. They screen all uninsured patients who have received services at any of the five Scripps hospital facilities. The in-house application process can take up to 45 minutes as they are screening for multiple programs concurrently. Once an application has been completed, the PRS staff submits it to the County via the Hospital Outstation Services (HOS) program. Once submitted, a County HOS worker is assigned and the PRS team tracks the application, advocating for the patients throughout the process that can take up to 45 days to receive an eligibility response. In some instances having to go through the appeal process that may add an additional 30 days. In doing so, the PRS team helps patient's maneuver a complex application process that otherwise may deter them from seeking much needed acute and preventative care. The team has been successful in having the important conversation about food insecurity with 36% of the patients they have screened in this past fiscal year. Refer to Table 5 for a breakdown of Scripps Cal Fresh Screenings.

**Table 5: Scripps Cal Fresh Screenings. Fiscal Year 2018**

SCRIPPS CAL FRESH SCREENING FY 18		
STATUS	COUNT	% OF TOTAL
Active	135	7%
Approved	63	3%
Declined	1,192	61%
Denied	22	1%
Not Eligible	238	12%
Referred/ No County Response	289	15%
Pending PRS Assistance	8	0%
<b>Total Applications</b>	<b>1,947</b>	
<b>Note:</b> PRS screening triggered by income below 200% of FPL – Based on conversation with patient, PRS determines appropriate assistance and disposes using status's below		
Status	Definition	
Active	Current recipient of CalFresh	
Approved	Confirmed by County of Patient	
Declined	Declined assistance/No application submitted	
Denied	Confirmed by County or Patient	
Not eligible	Not eligible (Not a CA resident, does not have satisfactory Immigration status, felon etc.)	
Referred	Application submitted to County and/or pending outcome (external or HOS)	
Pending	PRS assigned to be screened (No application has been initiated)	

### THE CITY HEIGHTS WELLNESS CENTER (CHWC)

Scripps Mercy Hospital has established a partnership at the City Heights Wellness Center (CHWC) with La Maestra Family Clinic and Rady Children’s Hospital to address some of the attributing factors to poor health status for local residents. With La Maestra serving as the lead agency, Scripps Mercy and Rady Children’s are contributing resources to support operational costs of the Center in order to provide capacity for needed community linkages.

Eligibility Workers from La Maestra Family Clinic are available to counsel people and assist filling out applications for Food Stamp Assistance. CHWC not only provides the needed space for the activity, but also actively participates by developing outreach flyers, scheduling community residents, and overall coordination for the class. Applications and assistance for CalFresh to supplement food budget and allow families/individuals to buy nutritious food.

## SCRIPPS MERCY WIC PROGRAM

The City Heights Wellness Center is home to the Scripps Mercy Hospital-WIC Program that provides nutrition education and counseling, breastfeeding education and support and food vouchers to pregnant and parenting women, and children 0-5 years of age.

## FOOD FINDERS – RESCUING FOOD, REDUCING HUNGER

Scripps Corporate Food Service partnered with Food Finders, a multi-regional food bank and food rescue program that connects businesses to charitable institutions in need of donations. Food Finders connected Scripps with Interfaith Community Services in Escondido, which distributes food to people in need. All leftover food from Scripps Corporate facilities is packaged, picked up each day and transferred to the Scripps 4S Ranch Food and Nutrition Services freezer for storage. The cost is minimal, as Scripps uses the same amount of labor to package the food as it would to dispose of it, and unsold “grab and go” items are already packaged. Interfaith Community Services picks up the frozen food twice per week and transports it to one of their facilities to help feed the community. Between food donated by Scripps and others, Interfaith distributes an average of 126,000 hot meals and packed lunches and 23,000 emergency meals, feeding approximately 17,000 people every year.

## FOSTERING VOLUNTEERISM

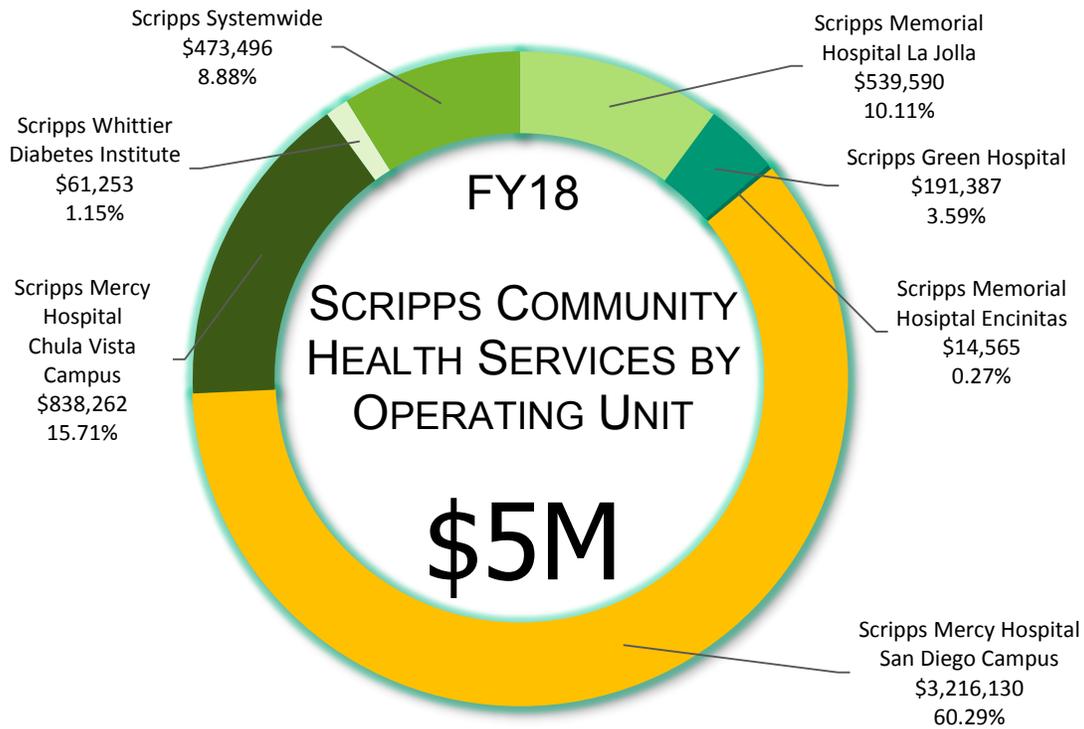
Scripps believes that health improvement begins when people take an active role in making a positive impact on their community. For this reason, Scripps supports volunteer programs for Scripps employees and affiliated physicians who want to make an even larger impact on their community. Scripps matches 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 FY18, Scripps employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs. With close to 10,191 hours, the estimated dollar value of this volunteer labor is \$507,887.44\*, which is not included in the Scripps FY18 community benefit programs and services totals.

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

## FIGURE 4:1

### FY18 SCRIPPS COMMUNITY HEALTH SERVICES BY OPERATING UNIT, \$5,334,683 (DOES NOT INCLUDE SUBSIDIZED CARE)

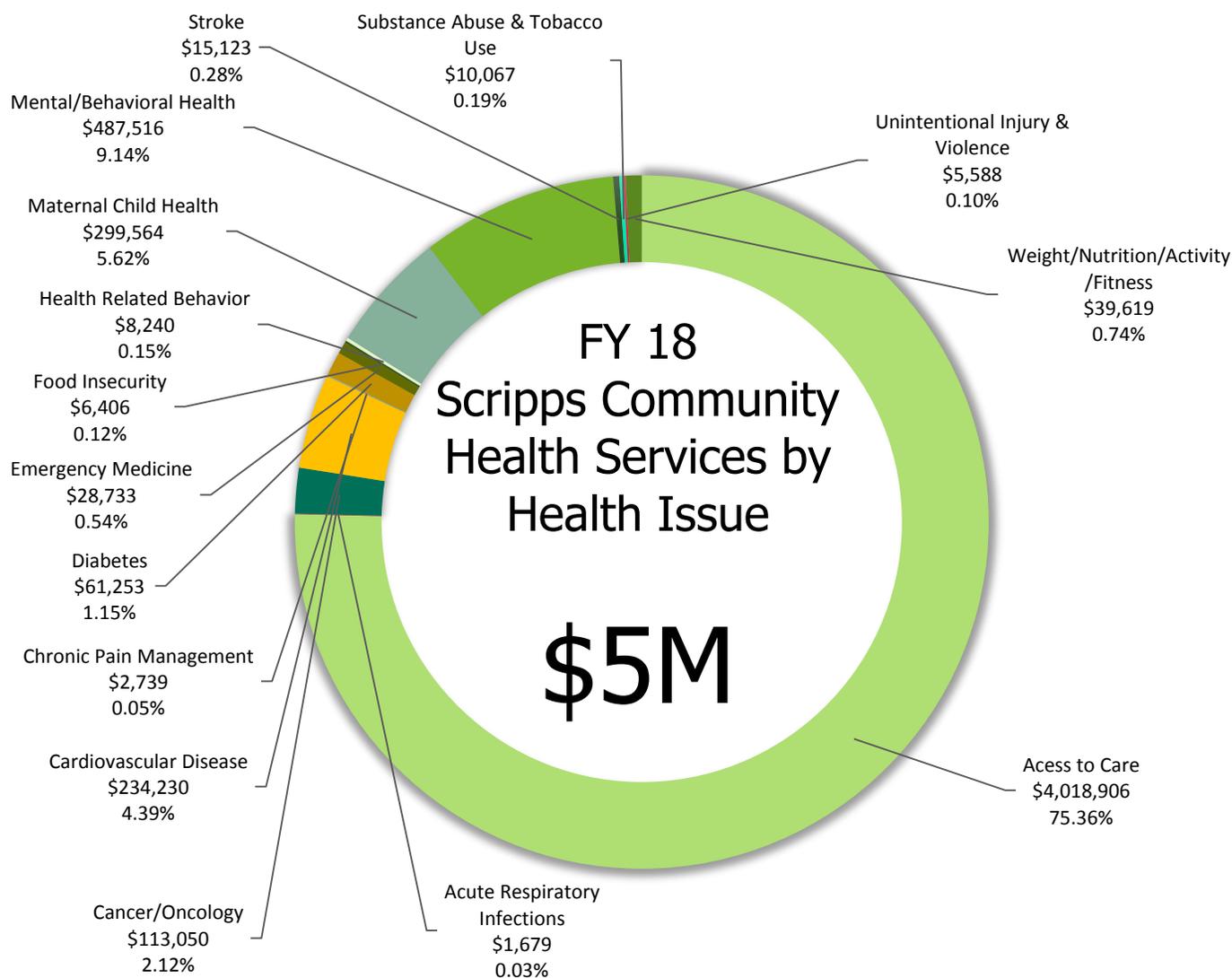


#### COMMUNITY HEALTH SERVICES

These services include prevention and wellness programs, screenings, health education, support groups, health fairs and other programs supported by operational funds, grants and in-kind donations. Calculations are based on cost less “direct offsetting revenue”, which includes any revenue generated by the activity or program, such as payment or reimbursement for services provided to program patients. According to the current 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

### FY18 SCRIPPS COMMUNITY HEALTH SERVICES BY HEALTH ISSUE \$5,334,683



#### 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 current 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 IMPROVEMENT & COMMUNITY BENEFIT OPERATION

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Adult, Infant and Child CPR for Family and Friends - SD	129	-	146	\$5,535
Aging Summit Expo	2,200	-	14	\$740
American Cancer Society - Look Good Feel Better Class	5	2	5	\$311
American Cancer Society- Making Strides Against Breast Cancer - Event	25	10	-	\$0
American Heart Association Heart Walk - Event	1,062	-	1,765	\$123,400
Annual Coronado Fire Department Open House	52	-	18	\$1,132
Annual Imperial Beach Fire Department Open House	38	-	18	\$1,132
Balance: Fall Proof - Fall Prevention Class	853	-	57	\$3,159
Beach Area Community Court Program	304	-	16	\$1,172
Bereavement Support Group	127	-	48	\$2,203
Better Breathers Support Group	127	-	27	\$1,679
Bike to Work Day-First Aid Support Station	385	1	28	\$1,334
Blood Drive - American Red Cross	372	-	-	\$0
* <b>"Financial Support"</b> reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Blood Drive - American Red Cross - Campus Point	49	-	-	\$0
Brainmasters - Stroke & Brain Injury Survivors Communication Skill	167	-	12	\$551
Breast Cancer Education & Support Group	628	-	121	\$4,796
Breast Health Clinical Services	548	-	-	\$0
Breast Health Outreach & Education	1,633	-	231	\$10,271
Breastfeeding Support Group - at various locations	3,624	-	-	\$2,010
Cardiac Dietary Counseling - Community Education Program	576	-	140	\$8,231
Cardiac Power Yoga - Fitness Program	79	-	16	\$876
Cardiac Tai Chi - Fitness Program	339	-	24	\$4,900
Cardiac Treatment Center Group Exercise Programs	1,607	-	242	\$16,460
Cardiac Treatment Center Life Project	282	-	24	\$1,411
Castle Park Elementary Wellness Committee Meeting	24	-	44	\$565
Centering Pregnancy, Healthy Moms, Healthy Babies	400	-	-	\$0
CHIP - Community Health Improvement Partners - Suicide Prevent Council	-	-	60	\$4,796

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Chula Vista Community Collaborative	120	-	218	\$2,824
Community Health Education Lecture Series	1,369	43	39	\$6,724
CPR Classes for Patients and Families of the Cardiac Treatment Center	22	-	6	\$373
Dogs and Babies -Child Safety and Prevention Education Program	33	-	459	\$30,101
Eric Paredes Adult Cardiac Risk Assessment.	36	-	20	\$985
Eric Paredes Save a Life Foundation - Screenings	4,915	171	425	\$23,395
Every 15 Minutes Program	1,604	-	29	\$2,256
Fiji Solomon Islands Medical Mission	2,440	976	-	\$0
First Five Home Visits	76	-	138	\$1,788
First Five Parenting Education	361	-	654	\$8,495
Fitball: Core Conditioning Class - Adult/Senior Fitness Class	668	-	95	\$5,389
Getting Ready for Baby - Child Safety and Prevention Class	1,339	108	2,123	\$35,365
Grandparenting Today - Child Safety and Prevention Class	97	-	15	\$438

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Gynecological Cancer Support Group - Scripps Campus Point, Bldg. B	325	2	35	\$3,982
Healing Arts Class for People with Neurological Challenges	126	-	23	\$1,332
Healing Touch Level 1 - SMH La Jolla	34	-	473	\$27,427
Heartsaver CPR, AED and Basic First Aid - American Heart Assoc.	22	-	16	\$496
Heredity and Cancer Genetic Counseling Program	118	-	118	\$6,463
Lebed Method - Focus on Healing Through Movement and Exercise	159	-	50	\$2,739
Managing Your Osteoarthritis	75	8	-	\$0
Meditation Class - Wellness Program	491	-	41	\$4,577
Mental Health Association Recognition Dinner - Event	-	10	-	\$0
Mercy Outreach Surgical Team (MOST)	349	2,243	1,684	\$18,954
National Alliance of Mental Illness (NAMI) - Walk	10	-	6	\$590
North County Health & Wellness Fair	75	-	-	\$0
Organ Transplant Caregiver Support	100	-	-	\$0
Organ Transplant Support Groups	260	-	-	\$0
Parkinson's Boot Camp 101 - SMH La Jolla	380	12	27	\$1,436

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Parkinson's LSVT (Lee Silverman Training) Big Exercise - SMH LJ	175	-	24	\$1,461
Parkinson's Maintenance Class for Voice	57	-	17	\$1,057
Postpartum and Pelvic Floor Changes	43	-	598	\$40,238
Prescription Drug Take Back Day	374	-	24	\$0
Promise Neighborhood (Reducing Childhood Obesity in South Bay)	750	-	1,360	\$17,649
Psychiatric Emergency Response Teams (PERT)	150	-	12	\$1,346
Psychiatric Liaison Team (PLT)	1,233	-	-	\$286,119
Pulmonary Cardiac Class	583	-	103	\$5,993
Residency Led Health and Well Being Programs	184	-	-	\$0
Residency Led Youth Programs	666	-	-	\$0
Restorative Yoga - For Seniors	360	-	90	\$5,565
San Diego County Methamphetamine Strike Force (MSF)	-	-	20	\$1,599
San Diego County Policy Panel on Youth Access to Alcohol	-	-	50	\$3,997
San Diego County Prescription Drug Abuse Task Force	-	-	13	\$1,039
San Diego Fall Prevention Task Force	-	-	2	\$160

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
San Ysidro Health Center Committee	-	-	10	\$799
Scripps Hepatitis A Immunization Outreach	18	22	105	\$8,143
Scripps Cal Fresh Screening Program	1,947	-	-	\$0
Scripps Cancer Survivors Day - Event	300	3	52	\$16,790
Scripps Drug & Alcohol Resource Nurse	73	-	-	\$16,940
Scripps Green Hospital Medical Library	-	-	-	\$175,189
Scripps Health System Community Benefit Planning and Outreach	-	-	-	\$398,170
Scripps MD Ander Cancer Center - Outpatient Social Worker and Liaison	305	-	3,428	\$43,024
Scripps MD Anderson Cancer Center Head and Neck Support Group	32	-	12	\$746
Scripps MD Anderson Cancer Center Lymphedema Education	23	-	12	\$746
Scripps MD Anderson Cancer Center - Registered Nurse Navigator Program	141	-	1,585	\$994
Scripps Memorial Hospital La Jolla Medical Library	-	-	561	\$26,862

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Scripps Mercy & Family Health Centers Behavioral Health Partnership	-	-	60	\$5,161
Scripps Mercy Behavioral Health - A-Visions Service Program	-	-	394	\$18,572
Scripps Mercy Hospital Chula Vista - Healthy Weight Collaborative	120	-	218	\$2,824
Scripps Mercy Hospital Medical Library	-	-	2,390	\$181,806
Scripps Mercy Supplemental Nutrition Program for WIC	71,357	-	30,941	\$126,383
Scripps Recuperative Care Program (RCU)	54	-	1,381	\$303,233
Scripps Spinal Cord Injury Support and Education Group	128	-	14	\$693
Scripps Women's Heart Health Morning	80	-	12	\$657
Senior Health Chats	223	6	404	\$6,234
Sibling Preparation Class - Child Safety and Prevention Class	59	-	820	\$54,746
Skin Cancer Screenings-San Diego Firefighters, Lifeguards & Police	280	92	140	\$7,202
Skin Cancer Screenings - Local State Beaches Lifeguards	55	16	20	\$1,178
South County Action Network (SoCAN) Meeting	300	-	544	\$7,060
St. Leo's Mission Medical Clinic	360	225	-	\$0
Strike Out Stroke - Event	27	-	15	\$688

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Stroke and Brain Injury Support and Education Group	266	-	29	\$13,908
Stroke Risk Factor Program	90	-	-	\$0
Stroke Updates - at various community locations	217	5	3	\$187
Stroke-Parkinson's Exercise Group	148	-	16	\$3,855
Su Vida, Su Corazon. Your Life, Your Heart	33	-	-	\$0
Susan G. Komen 3 Day Breast Cancer Walk - First Aid Support Station	2,600	-	48	\$3,269
Sweetwater Union High School District Pre-Participation Sports Screen	1,025	-	-	\$0
Trauma Awareness	19,635	21	413	\$28,733
Ventricular Assist Device (LVAD) Support Group	161	-	14	\$1,430
Violent Threat Exercise	-	-	-	\$0
Whittier - Diabetes Education Outreach Events	1,140	-	714	\$3,615
Whittier - Diabetes Prevention Program	5,010	-	3,136	\$17,521
Whittier - Healthy Living Classes	314	-	197	\$1,313
Whittier - MAC Program	978	-	612	\$2,844
Whittier - Mi Puente Program	404	-	253	\$1,175
<p>* <b>"Financial Support"</b> reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p>				

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Whittier - Project Dulce Care Management	10,330	-	6,466	\$30,393
Whittier - Scripps Diabetes Retinal Screening Program	1,068	-	669	\$3,106
Whittier - (BHIP) Behavioral Health Intervention Program in Diabetes	442	-	277	\$1,285
WomenHeart - Support Groups	38	-	-	\$180
Yoga for Cancer Recovery	38	-	12	\$657
Young Survival Coalition (YSC) Breast Cancer Support Group	2	-	-	\$0
Young Women's Breast Cancer Support Group - SMH La Jolla	172	-	40	\$2,456
<b>FY 18 Community Health Improvement &amp; Community Benefit Operations Total</b>	<b>155,807</b>	<b>3,974</b>	<b>68,074</b>	<b>\$2,269,786</b>

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

## SUBSIDIZED HEALTH SERVICES

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Scripps Mercy Behavioral Health - A-Visions Service Program	-	-	-	\$147,296
Scripps Mercy Clinic	-	-	-	\$2,289,925
Scripps Mercy Inpatient Behavioral Health	-	-	-	\$1,380,564
<b>FY 18 Scripps Subsidized Health Services Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$3,817,785</b>

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

## CASH AND IN-KIND DONATIONS

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
2-1-1 San Diego - Community Benefit Fund	-	-	-	\$12,000
2-1-1 San Diego Annual Event	-	-	-	\$5,000
4th Annual Heart Attack & Stroke Free Zone Summit - UCSD	-	-	-	\$1,000
Alcoholics Anonymous	4,584	-	-	\$3,432
American Cancer Society- Making Strides Against Breast Cancer-Sponsorship	-	-	-	\$10,000
American Heart Association - Go Red for Women Luncheon Sponsorship	-	-	-	\$5,000
American Heart Association Heart Walk - In-Kind Donation	-	-	-	\$7,400
American Heart Association Heart Walk - Sponsorship	-	-	-	\$10,000
Association of Clinical Research Professionals	152	-	-	\$318
Be There San Diego	-	-	-	\$1,000
California Association of Physician Assistants	50	-	-	\$1,971
California Health Foundation and Trust (CHFT) Grant	-	-	-	\$2,295,000
Catholic Charities - Community Benefit Fund	-	-	-	\$70,000
Catholic Charities - Thanksgiving Food Donations	-	-	2	\$1,451
<p>* <b>"Financial Support"</b> reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p>				

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Chelsea's Light Foundation	-	-	-	\$1,000
Consumer Center for Health Education and Advocacy (CCHEA)	-	-	-	\$120,000
Eric Paredes Save a Life Foundation - Grant	-	-	-	\$8,500
Family Health Centers of San Diego (FHCS) - GRANT	-	-	-	\$300,000
Food Addicts Anonymous	600	-	-	\$894
Food Finders and Interfaith Community Services	-	-	87	\$4,124
Food Handlers Training Course	267	-	-	\$613
GRASP - Grief Recovery After a Substance Passing - SMH La Jolla	89	-	3,103	\$142,439
Greater La Jolla Meals on Wheels	4,161	-	-	\$832
Jewish Family Services - Embrace a Family	122	-	135	\$6,195
Joe Niekro Foundation	240	-	-	\$477
La Maestra - Human Trafficked Victims Program	-	-	-	\$1,000
La Maestra Community Health Center Casino Night	-	-	-	\$1,000
Mental Health Association Recognition Dinner - Sponsor	-	-	-	\$1,507
National Alliance of Mental Illness (NAMI) Siblings Support	103	-	-	\$416
Overeaters Anonymous - Spanish	711	-	-	\$1,440

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

<b>Program</b>	<b>Persons Served</b>	<b>Volunteer Hours</b>	<b>Staff Hrs.</b>	<b>Financial Support *</b>
San Diego Brain Injury Foundation	80	-	-	\$210
San Diego County Crime Stoppers	-	-	-	\$1,000
San Diego Echo Society	420	-	-	\$2,365
San Diego Family Health Center	-	-	-	\$7,500
San Diego Psych Society Dinner	-	-	-	\$1,500
San Diego Public Library Foundation	-	-	-	\$5,000
Scripps MD Anderson Cancer Center - Aloha Locks Cancer Wig Program	2	-	22	\$163
Spondylitis Association	241	-	-	\$278
Survivors of Suicide Loss - San Diego Chapter	330	-	2	\$600
Survivors of Suicide Loss - Save A Life Community Walk	-	-	-	\$250
Take Off Pounds Sensibly (TOPS) Meeting	647	-	-	\$1,365
The City Heights Wellness Center Partnership - La Maestra	-	-	-	\$30,158
Widowed Support Group	20	-	-	\$0
Yellow Ribbon Suicide Prevention Program - SoCal Chapter	-	-	-	\$500
<b>FY 18 Cash &amp; In-Kind Donations Total</b>	<b>12,819</b>	<b>-</b>	<b>3,351</b>	<b>\$3,064,897</b>
<p>* <b>"Financial Support"</b> reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p>				

## COMMUNITY BUILDING ACTIVITIES

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Disaster Preparedness - Community Outreach and Education	-	-	6	\$0
Enlisted Leadership Foundation - The Foundry	-	-	-	\$25,000
Executive Leadership - Community Building	-	-	620	\$39,971
Health Care Public and Government Advocacy	-	-	730	\$31,976
Healthy Development Services Provider Meeting	300	-	544	\$7,060
Hospital Preparedness Program Development Committee	-	-	50	\$3,109
In Lieu of Funds	-	-	-	\$714,095
North San Diego Business Chamber Health Committee Meeting	25	-	-	\$0
Parent Education, Support and Empowerment (PESE) Work Group Meet	80	-	145	\$1,883
San Diego County Healthcare Disaster Council	-	-	20	\$1,199
San Diego Health Connect - Referrals Work Group	-	-	4	\$0
San Diego Organization of Healthcare Leaders (SOHL)	-	-	-	\$2,000
San Diego Police Foundation	-	-	-	\$2,500
San Diego Regional Task Force on the Homeless	-	-	44	\$3,517

\* **"Financial Support"** reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.  
 \*\*Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.

<b>Program</b>	<b>Persons Served</b>	<b>Volunteer Hours</b>	<b>Staff Hrs.</b>	<b>Financial Support *</b>
Scripps High School Exploration Program	25	-	2,874	\$190,193
SD Sherriff's Search & Rescue Academy - Emergency Response Module	20	42	4	\$1,034
University City (UC) High School Exploration Program	14	-	808	\$51,577
Young Leaders in Healthcare Program	684	-	86	\$5,336
Youth Educational Programs	1,700	-	3,082	\$52,570
<b>FY 18 Community Building Activities Total</b>	<b>2,848</b>	<b>42</b>	<b>9,016</b>	<b>\$1,133,020</b>
<p>* <b>"Financial Support"</b> reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p>				

# Section 5

## Professional Education and Health Research

## PROFESSIONAL EDUCATION & HEALTH RESEARCH

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers, or to offer continuing education to existing health care professionals, the quality of health care will be greatly diminished. Medical research also plays 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 2018 (October 2017 to September 2018), Scripps invested \$26,757,826<sup>33</sup> in professional training programs and clinical research to enhance service delivery and treatment practices in San Diego County. This section highlights some of our professional education and health research activities.

Table 5:1 and Figure 5:1 on the following pages have a more detailed overview of the FY18 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 139).

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<sup>33</sup> Reflects clinical research as well as professional education for non-Scripps employees, including graduate medical education, nursing resource development and other care professional education. Research primarily take place at Scripps Clinical Research Services, Scripps Whittier Diabetes Institute, Scripps Genomic Medicine and Scripps Translational Science Institute.

## HEALTH PROFESSIONS TRAINING

### INTERNSHIPS

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

Interacting with health care professionals in the field expands education outside the classroom. Scripps employees play an important role as preceptors by investing their time to create a valuable experience for the community. In FY18, Scripps hosted 1,927 students within our system and provided 277,789 development hours spanning nursing and allied health settings. Table 5:1 provides a breakdown of students by Scripps location.

TABLE 5:1 SCRIPPS HEALTH STUDENT PLACEMENTS FOR FY18

Scripps Health Location	NURSING			ANCILLARY			TOTAL		
	# of Students	Group Hours	Preceptor Hours	# of Students	Group Hours	Preceptor Hours	# of Students	Group Hours	Preceptor Hours
Scripps Medical Foundation (Clinic & SMC)	51	0	6427	175	0	34759	226	0	41,186
Scripps Memorial Hospital Encinitas	263	17318	8155	33	0	15588	296	17,318	23,743
Scripps Green Hospital	33	0	4158	59	0	18404	92	0	22,562
Scripps Home Health/Hospice	0	0	0	4	0	300	4	0	300
Scripps Memorial Hospital La Jolla	311	8900	20348	166	3922.5	25501	477	12,823	45,849
Scripps Mercy Hospital, Chula Vista	139	15173	2717	23	0	13751	162	15,173	16,468
Scripps Mercy Hospital, San Diego	531	47843	2139	126	5020	26090	657	52,863	28,229
Scripps Integrative Medicine	0	0	0	0	0	0	0	0	0
Scripps Health Administrative Services	2	0	400	11	0	875	13	0	1,275
<b>Total</b>	<b>1,330</b>	<b>89,234</b>	<b>44,344</b>	<b>597</b>	<b>8,943</b>	<b>135,268</b>	<b>1,927</b>	<b>98,177</b>	<b>179,612</b>

## COLLEGE AND UNIVERSITY AFFILIATIONS

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

Scripps is regularly accepting new partnerships, based on community and workforce needs, and maintains an affiliation agreement committee to review all requests and provide a systemwide approach to securing new students placements. This interdisciplinary committee represents education and department leadership across the Scripps system ensuring a proactive approach to building a career pipeline for top talent.

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

## RESEARCH STUDENTS

Scripps supports graduate research for masters and doctoral student at universities with affiliation agreements. Scripps Talent Development oversees the student's 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 FY18, Scripps research included students from USD, Western Governors University, SDSU, PLNU, Loma Linda University and postdoctoral pharmacy residency programs, including the PGY1 Pharmacy residency Program.

## HIGH SCHOOL PROGRAMS

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

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

This program reaches out to San Diego high school students interested in exploring a career in health care. In FY18, 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.

## UNIVERSITY CITY HIGH SCHOOL COLLABORATION

UC High School and Scripps partnered to provide a real-life context to the school's Health Care Essentials course. For FY18, 14 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 Carmel Valley, Rancho Bernardo, Mercy San Diego, Scripps Memorial Hospital La Jolla, Encinitas and Green Hospital. The students were able to view surgeries and shadowing healthcare professionals in the emergency department, ICU, pharmacy, urgent care, internal medicine, pharmacy, cardiac catheter lab, definitive observation unit, 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 schools students interested in exploring health care careers. Students in grades 9-12 participate in the program, which provides a forum for high school students to learn about the health care system and its career opportunities.

The mission of the Young Leaders in Health Care is:

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

This combined experience includes weekly meetings at local schools facilitated by teachers and advisors, as well as monthly meetings at Scripps Hospital Encinitas. The program mentors students on leadership and provides tools for daily challenges. Each year the students work toward a final presentation based on their community service

projects related to health care and wellness. The 2018 class touched a variety of topics from mental illness to influenza. More than 100 students, community members and health care specialists attended the Young Leader in Health Care final meeting, culminating with student presentations on types of cancer and treatments. Students that participate in the program are eligible to apply to the High School Explorer summer internship program.

This year's 2018 YLHC Service Project Presentation Awards were given to:

- 1<sup>st</sup> place: Mission Vista High School for their presentation on Mental Health
- 2<sup>nd</sup> place: Westview High School for their presentation on Alzheimer's
- 3<sup>rd</sup> place: Francis Parker High School for their presentation on Influenza
- 4<sup>th</sup> place: San Dieguito High School for their presentation on Epidemiology
- 5<sup>th</sup> place: Canyon Crest Academy for their presentation on Stem Cells

### 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-known for excellence, provide a hands-on curriculum that focuses on patient-centered care and offer residencies in a variety of practices, including internal medicine, family medicine, podiatry, pharmacy and palliative care. Scripps has a pharmacy residency program which train residents with doctor of pharmacy degrees. In FY18, Scripps had a total of 149 residents and 38 fellows enrolled throughout the Scripps health system. More details on these programs are included in the community benefit report.

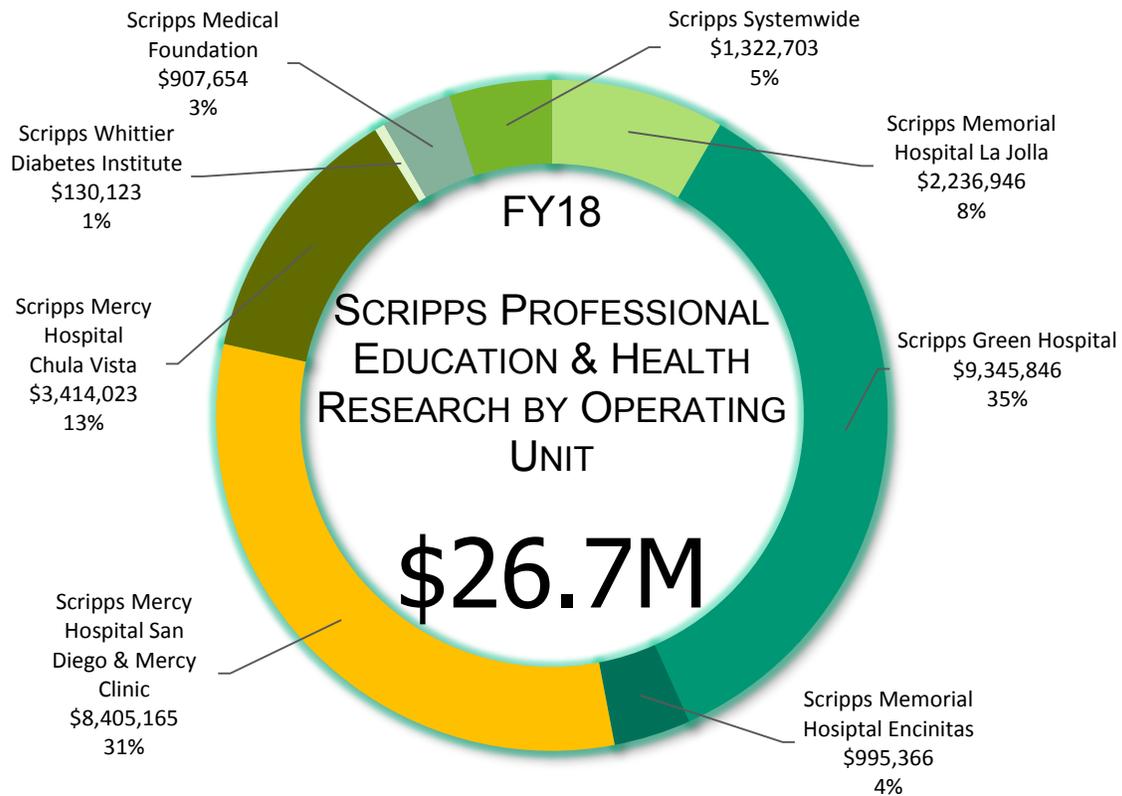
### UCSD/SCRIPPS HEALTH HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAM

The UCSD/Scripps Health Hospice and Palliative Medicine Fellowship Program is a one-year program designed for physicians who wish to become sub-specialists and have a long-term career in hospice and palliative medicine. In 2017, the hospice program transitioned to The Elizabeth Hospice and it became the hospice rotation site for the fellowship. 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 in the field. Graduates have successfully become hospice medical directors and palliative medicine consultants in outpatient and inpatient settings across the United States. Fellows who complete the UCSD/Scripps Health

program are well equipped to practice in diverse settings, including: acute palliative care units, inpatient consultation, outpatient consultation, patients' homes, and long-term care facilities.

## FIGURE 5:1

### FY18 SCRIPPS PROFESSIONAL EDUCATION & HEALTH RESEARCH BY OPERATING UNIT, \$26,757,826



#### PROFESSIONAL EDUCATION AND HEALTH RESEARCH

This graph reflects clinical research, as well as professional education for non-Scripps employees, including graduate medical education, nursing resource development and other health care professional education. Research takes place primarily at Scripps Clinical Research Services and Scripps Whittier Diabetes 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 current Schedule H 990 IRS guidelines, “direct offsetting revenue” also includes restricted grants or contributions that organization uses to provide a community benefit.

## SCRIPPS PROFESSIONAL EDUCATION & HEALTH RESEARCH COMMUNITY BENEFIT SERVICES SUMMARY LIST

### SCRIPPS PROFESSIONAL EDUCATION

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Advanced Cardiac Life Support (ACLS) Provider Course	3	-	34	\$1,888
Advanced Cardiac Life Support (ACLS) Renewal Course	13	-	70	\$2,728
Basic Life Support for Healthcare Provider - Initial	2	-	12	\$312
Basic Life Support for Healthcare Provider - Renewal	7	-	12	\$291
Basic Life Support for Healthcare Provider Online Skills Check	33	-	122	\$5,734
Bleeding Control Class	60	-	25	\$1,806
Nursing Student Education Rotation	-	-	-	\$6,550,027
Health Professions Training	2,372	5,880	1,255	\$16,285
Maternal Child Health (MCH) Nursing Students	75	-	119	\$2,563
Navy Research Fellow Research Program - Program Admin & Research	5	-	140	\$10,851
Neonatal Resuscitation Program (NRP)	8	-	21	\$644
Pediatric Advanced Life Support (PALS) Renewal Course	1	-	9	\$364
Pharmacy Residency	-	-	-	\$2,172,401
Physical Therapist and Physical Therapy Assistant Student Program	29	-	350	\$15,668
* <b>"Financial Support"</b> reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
San Diego Day of Trauma Conference	-	-	15	\$1,199
Scripps Alzheimer's Care Conference	73	-	-	-\$3,580
Scripps Primary Care Summer Conference	236	13	-	\$0
Student Preceptorship - SMH La Jolla Cardiac Treatment Center	34	-	240	\$12,933
UCSD Graduate Student Internship	3	-	528	\$41,868
<b>FY 18 Scripps Professional Education Total</b>	<b>2,954</b>	<b>5,893</b>	<b>2,952</b>	<b>\$8,833,983</b>

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

## SCRIPPS GRADUATE MEDICAL EDUCATION

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Scripps Family Medicine Residency Program	-	-	70,565	\$2,638,976
Scripps Green Hospital Department of GME	-	-	179,093	\$8,845,602
Scripps Mercy Hospital's GME Program	-	-	164,617	\$4,665,813
<b>FY 18 Scripps Graduate Medical Education Total</b>	<b>-</b>	<b>-</b>	<b>414,275</b>	<b>\$16,150,391</b>

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

## SCRIPPS HEALTH RESEARCH

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Clinical Research Services	-	-	79,160	\$1,256,572
IRB 10-5542 Trial of Effectiveness of Screening & Brief Intervention for Drug Users in the Trauma & Emergency Departments	-	-	4	\$320
IRB 11-5716 Impact of a More Conservative Approach to CT Scanning in the Trauma Patient	-	-	2	\$160
IRB 11-5736 Thoracic Endovascular Repair vs. Open Surgery for Blunt Aortic Injury	-	-	15	\$756
IRB 11-5782 The Value of Ultrasound Imaging Surveillance for Venous Thromboembolic Disease in Trauma Patients	-	-	204	\$16,240
IRB 11-5786 Proposal to Initiate & Maintain a Multicenter Registry for the Purpose of Determining the Comparative Effectiveness of Risk Assessment, Prophylaxis, Surveillance, and Treatment of Venous Thromboembolism in Trauma Patients	-	-	82	\$3,831
IRB 12-6045 AAST Vascular Trauma Registry - PROOVIT	-	-	90	\$4,471

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
IRB 13-6219 Path to the Operating Room (OR): The need for CT Scan of the Torso in Trauma Patients who require Laparotomy for Blunt or Penetrating Trauma.	-	-	32	\$1,537
IRB 13-6300 The Effects of Chronic Conditions on Clinical Outcomes Following Traumatic Injury	-	-	127	\$10,153
IRB 13-6309 Clinical Relevance of the MRI in Cervical Spine Clearance.	-	-	2	\$160
IRB 14-6326 The Burden of Mental Illness: Impact on a Level 1 Trauma Center	-	-	10	\$799
IRB 14-6373 Hereditary Thrombophilia in Trauma Patients w/ Venous Thromboembolism.	-	-	164	\$7,663
IRB 14-6426 The Impact of Trauma Service Management on Older Adult Hip Fracture Outcomes	-	-	2	\$160
IRB 14-6519 Do Audit Filters Have Value in a Mature Trauma System	-	-	2	\$160
IRB 15-6652 Geriatric Trauma Care & Outcomes Registry Study	-	-	745	\$40,999

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

<b>Program</b>	<b>Persons Served</b>	<b>Volunteer Hours</b>	<b>Staff Hrs.</b>	<b>Financial Support *</b>
IRB 15-6721 Epidemiology, Injury Control, Treatments, Outcomes, Value of Care and Performance Improvement	-	-	1,111	\$67,704
IRB 16-6744 Outcomes & Trends in Traumatic Injury & Surgical Critical Care	-	-	2,580	\$163,687
IRB 16-6752 Characterizing Mortality Following Severe Trauma Injury @ SF Gen	-	-	262	\$12,092
IRB 17-6993 Symptomatic Blunt Cerebrovascular Injuries	-	-	92	\$4,290
IRB 18-7126 The Pathogenesis of Post Traumatic PE	-	-	543	\$26,043
IRB 18-7165 Current Diagnosis & Management of Pancreatic Injuries	-	-	40	\$2,176
IRB 18-7188 Blunt Blow & Mesenteric Injury	-	-	86	\$4,628
Scripps Genomic Medicine and Translational Services	-	-	-	\$18,729
Scripps Whittier Diabetes Institute Federal Grants	-	-	10,116	\$130,123
<b>FY 18 Health Research Total</b>	-	-	<b>95,687</b>	<b>\$1,773,452</b>
<b>FY 18 Professional Education, Graduate Medical Education &amp; Health Research Total</b>	<b>2,954</b>	<b>5,893</b>	<b>512,914</b>	<b>\$26,757,826</b>
* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				

# Section 6

**Scripps Memorial Hospital  
La Jolla**

# SCRIPPS MEMORIAL HOSPITAL LA JOLLA

## ABOUT SCRIPPS MEMORIAL HOSPITAL LA JOLLA

Located in North Central San Diego County, Scripps Memorial Hospital La Jolla provides health care services for 16.7 percent of the inpatient population living in the hospital's 50 percent service area. Today, the hospital has 432 licensed beds and more than 2,673 employees.



Scripps La Jolla provides a wide range of clinical and surgical services, including intensive care, interventional cardiology and radiology, radiation oncology, cardiothoracic and orthopedic services, neurology, ophthalmology, and mental health and psychological services, as well as skilled nursing. As one of six designated trauma centers, and one of 19 emergency departments, in San Diego County, Scripps La Jolla is a critical part of the county's emergency service network.

Within the hospital's service area, Scripps La Jolla cares for 20 percent of Medicare patients, 5.5 percent of Medi-Cal patients, 18.4 percent of commercially insured patients and 8.4 percent of patients with other payment sources, including self-pay and charity care.

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

## DISTINGUISHING PROGRAMS AND SERVICES

- Prebys Cardiovascular Institute
- Emergency Department
- Gamma Knife Center of San Diego
- Neonatal intensive Care Nursery (operated by Rady Children's Hospital)
- Scripps Polster Breast Care Center
- Scripps Center for Women's Health
- Scripps Mericos Eye Institute
- Scripps MD Anderson Cancer Center (programs/services referenced in Section 12)
- Trauma Center
- Primary Stroke Center designated by The Joint Commission

# SCRIPPS MEMORIAL HOSPITAL LA JOLLA

## 2019 COMMUNITY BENEFIT PLAN FOR FISCAL YEAR 2019

The Scripps La Jolla 2019 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health during Fiscal Year 2019 (October 2018 to September 2019).

### THE SCRIPPS 2019 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 2019 Community Benefit Objectives

#### COMMUNITY HEALTH SERVICES

##### CANCER OUTREACH, EDUCATION AND SUPPORT

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

- Continuing to provide education and support services in collaboration with the Rehabilitation Department for those who are experiencing, or are at risk for lymphedema.
- Continuing to provide education and support for breast health by participating in community events and health fairs.
- Continue to provide education and support for breast health by supporting Young Women's Breast Cancer Support Group bimonthly meetings for women under 40.

##### SCRIPPS MD ANDERSON 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.

Continue to offer outpatient oncology social workers which provide psychological support services and community resources for individuals diagnosed with cancer, their family members, caregivers and health care workers in conjunction with other health care providers. Outpatient social worker provides counselling services and resource information to address emotional and social distress, including needs and risk assessments, transportation resources, financial and assistance programs and benefits, housing issues, and the challenges before, during, and after diagnosis and treatment.

- Continue to provide wig, head wrap and appearance programs with support from Scripps MD Anderson Cancer Center Aloha Locks.
- In conjunction with rehabilitation services and cardiac treatment center continue to support education and exercise classes, focusing on healing and recover.
- In conjunction with Scripps Whittier Diabetes Institute and Integrative Medicine, continue to support education and nutritional counseling for cancer treatment and recovery.
- Continue to work with the community to develop patient cancer navigator role. Patient navigator provides clinical education and distributes resource information to both patients and their families.
- Continue to foster relationships and participate with professional organizations and community outreach organizations at both the local and national level.
- Plan and develop community-based informational and celebratory events specific to patient populations and community needs.
- Provide community support and education through monthly lymphedema, head and neck cancer support and gynecological support groups.

### GENERAL HEALTH EDUCATION AND WELLNESS INITIATIVES

- Continue to sponsor community based support groups for breastfeeding, cardiac, cancer, lymphedema, gynecological, aphasia, grand parenting classes, Parkinson's voice class, Parkinson's exercise class, pelvic floor wellness, fall prevention, home safety, healing touch workshops and diabetes at Scripps Memorial Hospital La Jolla and community sites.
- 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, migraines, Parkinson's, incontinence and bladder health, exercise and injury prevention, back pain, gynecological 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 Rady's Children's Hospital 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 Scripps nursing in services and community-based medical outreach activities and physical therapy internships.
- Support nursing school programs by offering observations of maternal child health programs for student nurses.

### HEART HEALTH AND CARDIOVASCULAR DISEASE

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

- Offer education targeting women to increase public awareness about the advances in women's health care.
- Offer cardiac education programs for the community, focusing on current heart treatment options.
- Offer a continuous twelve week pulmonary education program.
- Provide monthly programs for heart patients, including lectures on various topics and to provide a supportive atmosphere for participants to work on stress management techniques dealing with chronic illness through The Cardiac Treatment Center Life Project.
- Work with young women's groups (sororities, civic clubs and volunteer organizations) to provide heart health information, screenings, etc.
- Sponsor the Annual California Society for Cardiac Rehabilitation Conference.

### MATERNAL CHILD HEALTH EDUCATION

- Continue to provide prenatal, postpartum and parenting education programs for low-income women throughout San Diego County.
- Offer 1,200 maternal child health classes throughout San Diego County to enhance parenting skills. Low-income women in the County of San Diego can attend classes at no charge or on a sliding fee schedule. Military discount is provided.
- Maintain the existing prenatal education services in the county, ensuring that programs demonstrate a satisfaction rating higher than 90 percent.

- Continue to offer six breastfeeding support groups throughout the county on a weekly basis (includes two with bilingual services) and one for high risk mothers.
- Offer six maternal child health education classes for grand parenting in San Diego County.
- Offer quarterly dogs and babies safety education program for expectant parents and families.
- Offer pelvic floor postpartum education for new mothers.

### UNINTENTIONAL INJURY AND VIOLENCE

- Provide at least two safety education programs for older adults through Trauma Services.

### PROFESSIONAL EDUCATION AND HEALTH RESEARCH

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

### UNCOMPENSATED CARE

During fiscal year 2019, Scripps La Jolla will continue to provide health care services for vulnerable patients who are unable to pay.

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

# SCRIPPS MEMORIAL HOSPITAL LA JOLLA

## 2019 COMMUNITY BENEFIT REPORT FOR FISCAL YEAR 2018

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 2018 (October 2017 to September 2018).

### FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during FY18, 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 297 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$10,316.23.

#### COMMUNITY BENEFIT SERVICES HIGHLIGHTS

Fostering Volunteerism	
Volunteer Hours	Labor <sup>34</sup>
297	\$10,316.23

#### Community Benefit Financial Commitment

**\$97,349,083**

### MAKING A FINANCIAL COMMITMENT

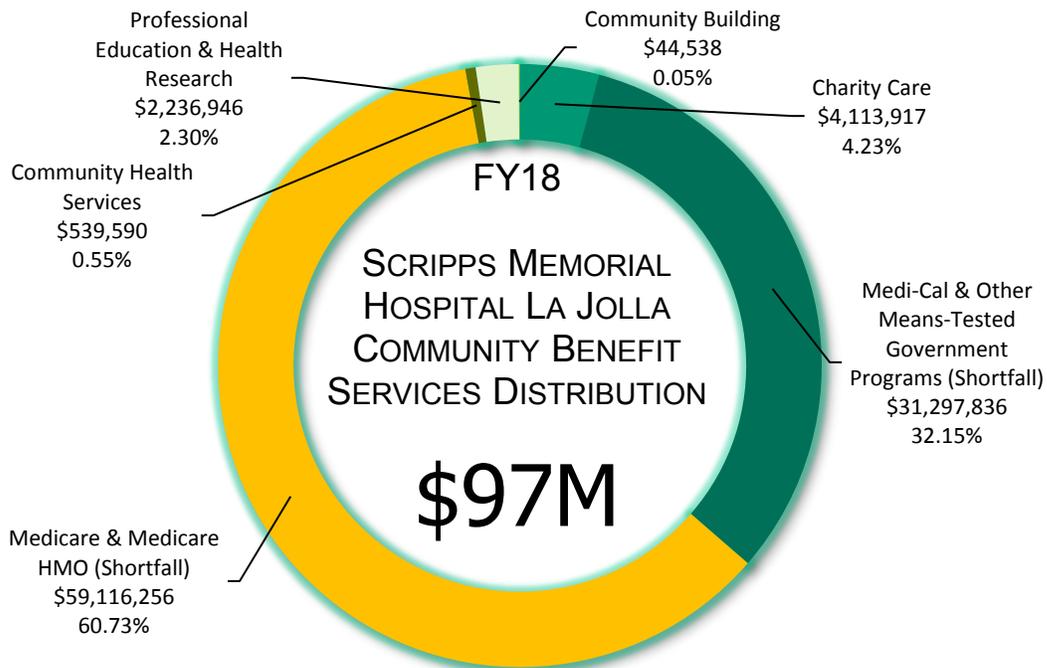
During FY18, Scripps La Jolla devoted **\$97,349,083** to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps La Jolla emphasize community based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

Community Benefit Services	
Charity Care	\$4,113,918
Community Building Activities	\$44,538
Community Health Services	539,590
Medi-Cal & Other Means Tested Shortfall	\$31,297,836
Medicare & Medicare HMO Shortfall	\$59,116,256
Professional Education & Research	\$2,236,946
Refer to Figure 6:1 presented on the following page for a graphic representation of fiscal year 2018.	

<sup>34</sup> Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

## FIGURE 6:1

### FY18 SCRIPPS MEMORIAL HOSPITAL LA JOLLA COMMUNITY BENEFIT SERVICES DISTRIBUTION, \$97,349,083



Provider Fee Impact	Charity Care	Medi-Cal (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Community Building	Total
Community Benefit Services Before Provider Fee	\$4,113,918	\$16,194,713	\$59,116,256	\$539,590	\$2,236,946	\$44,538	\$82,245,961
Provider Fee	—	\$15,103,123	—	—	—	—	\$15,103,123
Net-Community Benefit Services After Provider Fee	\$4,113,918	\$31,297,836	\$59,116,256	\$539,590	\$2,236,946	\$44,538	\$97,349,083

#### COMMUNITY BENEFIT SERVICES:

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

# SCRIPPS LA JOLLA COMMUNITY HEALTH SERVICES FISCAL YEAR 2018

## 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 2018 (October 2017 to September 2018) Scripps La Jolla invested \$539,590 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 FY18 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 \$2,236,946<sup>35</sup> in professional training and research programs during Fiscal Year 2018 (October 2017 to September 2018). This section highlights some of Scripps La Jolla's professional education activities during FY18.

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

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<sup>35</sup> Reflects clinical research as well a 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 offers four 12 month 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. Residents may complete elective experiences at Scripps Green Hospital, Scripps Clinic working with the Advance Practice Pharmacists. The pharmacy department is open 24/7 and includes a central pharmacy, two OR satellite pharmacies along with decentralized pharmacist clinical services in a variety of practice settings. Scripps Memorial Hospital is affiliated with multiple schools of pharmacy and annually trains 18-20 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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Aging Summit Expo	2,200	-	14	\$740
Balance: Fall Proof - Fall Prevention Class	853	-	57	\$3,159
Beach Area Community Court Program	304	-	16	\$1,172
Better Breathers Support Group	127	-	27	\$1,679
Bike to Work Day-First Aid Support Station	385	1	28	\$1,334
Blood Drive - American Red Cross	65	-	-	\$0
Breastfeeding Support Group	3,624	-	-	\$2,010
Cardiac Dietary Counseling - Community Education Program	576	-	140	\$8,231
Cardiac Power Yoga - Fitness Program	79	-	16	\$876
Cardiac Tai Chi - Fitness Program	339	-	24	\$4,900
Cardiac Treatment Center Group Exercise Programs	1,607	-	242	\$16,460
Cardiac Treatment Center Life Project	282	-	24	\$1,411

\* **"Financial Support"** reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.  
 \*\*Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.  
 \*\*\* Hospital provider fee was reported as offsetting revenue from Medi-Cal.

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Charity Care	-	-	-	\$4,113,918
Nursing Student Education Rotation	-	-	17,601	\$1,388,338
Community Health Education Lecture Series	1,369	43	39	\$6,724
CPR Classes for Patients and Families of the Cardiac Treatment Center	22	-	6	\$373
Dogs and Babies -Child Safety and Prevention Education Program	33	-	459	\$30,101
Fitball: Core Conditioning Class - Adult/Senior Fitness Class	668	-	95	\$5,389
Getting Ready for Baby - Child Safety and Prevention Class	1,339	108	2,123	\$35,365
Grandparenting Today - Child Safety and Prevention Class	97	-	15	\$438
GRASP - Grief Recovery After a Substance Passing - SMH La Jolla	89	-	3,103	\$142,439
Greater La Jolla Meals on Wheels	4,161	-	-	\$832
Gynecological Cancer Support Group	325	2	35	\$3,982
Healing Touch Level 1	34	-	473	\$27,427

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

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

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
In Lieu of Funds **	-	-	-	\$44,538
Jewish Family Services - Embrace a Family	122	-	135	\$6,195
Lebed Method - Focus on Healing Through Movement and Exercise	159	-	50	\$2,739
Maternal Child Health (MCH) Nursing Students	75	-	119	\$2,563
Medi-Cal & Other Means-Tested Government Programs ***	-	-	-	\$31,297,836
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$59,116,256
Meditation Class - Wellness Program	491	-	41	\$4,577
National Alliance of Mental Illness (NAMI) Siblings Support	103	-	-	\$416
Parkinson's Boot Camp 101	380	12	27	\$1,436
Parkinson's LSVT (Lee Silverman Training) Big Exercise	175	-	24	\$1,461
Parkinson's Maintenance Class for Voice	57	-	17	\$1,057
Pharmacy Residency	-	-	11,845	\$821,024
Physical Therapist and Physical Therapy Assistant Student Program	29	-	350	\$15,668
Postpartum and Pelvic Floor Changes	43	-	598	\$40,238

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

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

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Pulmonary Cardiac Class	583	-	103	\$5,993
Restorative Yoga - For Seniors	360	-	90	\$5,565
Scripps Alzheimer's Care Conference	73	-	-	-\$3,580
Scripps Cancer Survivors Day - Event	88	3	32	\$9,990
Scripps MD Ander Cancer Ctr. - Outpatient Social Worker and Liaison	305	-	3,428	\$43,024
Scripps MD Anderson Cancer Center - Head and Neck Support Group	32	-	12	\$746
Scripps MD Anderson Cancer Center - Lymphedema Education	23	-	12	\$746
Scripps MD Anderson Cancer Center - Aloha Locks Cancer Wig Program	2	-	22	\$163
Scripps MD Anderson Cancer Ctr. Registered Nurse Navigator Program	141	-	1,585	\$994
Scripps Memorial Hospital La Jolla Medical Library	-	-	561	\$26,862
Scripps Primary Care Summer Conference	236	13	-	\$0
Sibling Preparation Class - Child Safety and Prevention Class	59	-	820	\$54,746
Strike Out Stroke - Event	27	-	15	\$688

\* **"Financial Support"** reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.  
\*\*Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.  
\*\*\* Hospital provider fee was reported as offsetting revenue from Medi-Cal.

<b>Program</b>	<b>Persons Served</b>	<b>Volunteer Hours</b>	<b>Staff Hrs.</b>	<b>Financial Support *</b>
Stroke Updates - at various community locations	217	5	3	\$187
Student Preceptorship - SMH La Jolla Cardiac Treatment Center	34	-	240	\$12,933
Susan G. Komen 3 Day Breast Cancer Walk - First Aid Support Station	2,600	-	48	\$3,269
Trauma Awareness	19,635	21	413	\$28,733
Ventricular Assist Device (LVAD) Support Group	161	-	14	\$1,430
WomenHeart - Support Groups	38	-	-	\$180
Yoga for Cancer Recovery	38	-	12	\$657
Young Women's Breast Cancer Support Group - SMH La Jolla	172	-	40	\$2,456
<b>Total FY18 Scripps Memorial Hospital La Jolla</b>	<b>45,036</b>	<b>207</b>	<b>45,190</b>	<b>\$97,349,083</b>

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

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

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

# Section 7

Scripps Memorial Hospital  
Encinitas

# SCRIPPS MEMORIAL HOSPITAL ENCINITAS

## ABOUT SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Located along the coast of San Diego's North County, Scripps Memorial Hospital Encinitas provides health care services of the inpatient population living in the hospital's 30.1 percent service area within the hospital's North County West service area. Today the hospital has 193 licensed beds and more than 1,610 employees. Scripps Encinitas provides a wide range of acute clinical care services including, but not limited to, 24-hour emergency services, intensive care, cancer/oncology, nuclear medicine, radiology, orthopedics, neurology, urology and acute care rehabilitations services. Within its service area, Scripps Encinitas cares for 36.2 percent of Medicare patients, 19 percent of Medi-Cal patients, 28.7 percent of commercially insured patients, and 26.3 percent of patients with other payment sources, including self-pay and charity care.



## DISTINGUISHING PROGRAMS AND SERVICES

- 24 hour emergency services
- Neurological care services
- Primary stroke center designated by The Joint Commission
- Spine and Joint replacement programs
- Palliative care program

## LEICHTAG FAMILY BIRTH PAVILION

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

## WOMEN'S IMAGING SERVICES

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

# SCRIPPS MEMORIAL HOSPITAL ENCINITAS

## 2019 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2019

The Scripps Memorial Hospital 2019 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health during Fiscal Year 2019 (October 2018 to September 2019).

### THE SCRIPPS 2019 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 2019 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, which meets twice a month and is free and open to the community.
- Continue to offer breast cancer support group, which is facilitated by a licensed professional, meets twice a month and is free and open to the community.
- Continue to offer stroke and brain and 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 from October through May at the hospital to discuss the health care system, explore career opportunities, meet medical professionals and develop service projects to implement in their school communities.

## PROFESSIONAL EDUCATION AND HEALTH 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

During fiscal year 2019, 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 2019 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2018

The Scripps Memorial Hospital Encinitas Community Benefit Report is an account of the hospital’s dedication and commitment to improving the community’s health, detailing programs that have provided benefit over and above standard health care practices in fiscal year 2018 (October 2017 to September 2018).

## MAKING A FINANCIAL COMMITMENT

During FY18, Scripps Memorial Hospital Encinitas devoted **\$60,815,247** to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

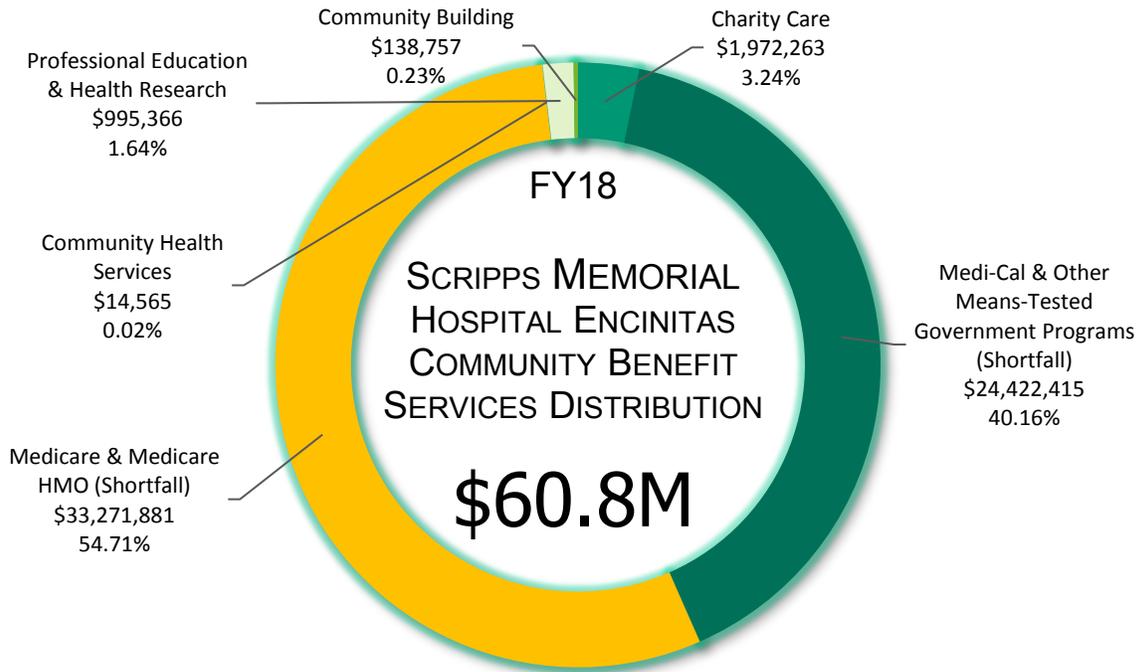
COMMUNITY BENEFIT SERVICES HIGHLIGHTS

Community Benefit Financial Commitment
<b>\$60,815,247</b>

Community Benefit Services	
Charity Care	\$1,972,264
Community Building Activities	\$138,757
Community Health Services	\$14,565
Medi-Cal & Other Means Tested Shortfall	\$24,422,415
Medicare & Medicare HMO Shortfall	\$33,271,881
Professional Education & Research	\$995,366
Refer to Figure 7:1 presented on the following page for a graphic representation of fiscal year 2018.	

## FIGURE 7:1

### FY18 SCRIPPS MEMORIAL HOSPITAL ENCINITAS COMMUNITY BENEFIT SERVICES DISTRIBUTION, \$60,815,247



Provider Fee Impact	Charity Care	Medi-Cal (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Community Building	Total
Community Benefit Services Before Provider Fee	\$1,972,264	\$13,247,428	\$33,271,881	\$14,565	\$995,366	\$138,757	\$49,640,261
Provider Fee	—	\$11,174,987	—	—	—	—	\$11,174,987
Net-Community Benefit Services After Provider Fee	\$1,972,264	\$24,422,415	\$33,271,881	\$14,565	\$995,366	\$138,757	\$60,815,247

#### COMMUNITY BENEFIT SERVICES:

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

# SCRIPPS ENCINITAS COMMUNITY HEALTH SERVICES FISCAL YEAR 2018

## 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 2018 (October 2017 to September 2018) Scripps Encinitas invested \$14,565 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 Encinitas FY18 community health services achievements.

- 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.

## PROFESSIONAL EDUCATION AND HEALTH RESEARCH HIGHLIGHTS

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

Each year, Scripps Encinitas allocates resources to advance health care services through professional education health programs and research. To enhance service delivery and treatment practices for San Diego County; Scripps Memorial Hospital Encinitas invested \$995,366<sup>36</sup> in professional training and health research programs

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<sup>36</sup>Reflects clinical research as well a professional education for non-Scripps employees, nursing resource development and other health care professional education. Calculations based on total program expenses.

during Fiscal Year 2018 (October 2017 to September 2018). This section highlights some of Scripps Encinitas professional education activities during FY18.

- 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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Bereavement Support Group	127	-	48	\$2,203
Blood Drive - American Red Cross	163	-	-	\$0
Brainmasters - Stroke & Brain Injury Survivors Communication Skill	167	-	12	\$551
Breast Cancer Education & Support Group	628	-	121	\$4,798
Charity Care	-	-	-	\$1,972,264
Nursing Student Education Rotation	-	-	12,318	\$995,367
Healing Arts Class for People with Neurological Challenges	126	-	23	\$1,333
In Lieu of Funds **	-	-	-	\$133,420
Medi-Cal & Other Means-Tested Government Programs ***	-	-	-	\$24,422,414
Medicare and Medicare HMO (Shortfall)**	-	-	-	\$33,271,881
San Diego Brain Injury Foundation	80	-	-	\$210
Scripps Cancer Survivors Day - Event	111	-	20	\$3,318
Scripps Spinal Cord Injury Support and Education Group	128	-	14	\$693
Stroke and Brain Injury Support and Education Group	179	-	29	\$1,462
Young Leaders in Healthcare Program	684	-	86	\$5,337
<b>FY18 Scripps Memorial Hospital Encinitas Total</b>	<b>2,393</b>	<b>-</b>	<b>12,671</b>	<b>\$60,815,248</b>

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

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

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

# Section 8

Scripps Mercy Hospital

# SCRIPPS MERCY HOSPITAL

Located in the central service area and near the United States Mexico border Scripps Mercy Hospital provides health care services for 25.1 percent of the inpatient population living within the hospital's service areas. Today, the hospital has 655 licensed beds and more than 3,812 employees. Scripps Mercy Hospital is San Diego's longest established and only Catholic hospital. The two hospital campuses (San Diego Campus and Chula Vista Campus) share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD).

Scripps Mercy is designated as a disproportionate share hospital, providing care to a large number of patients who either lack health insurance or are covered through a government subsidy program. Within the Scripps Mercy service area, Scripps Mercy cares for 29 percent of Medicare patients, 27.9 percent of Medi-Cal patients, 15.5 percent of commercially insured patients, and 15.2 percent of patients 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 482 licensed beds and 2,737 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.



Scripps 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 173 licensed-care beds and more than 1,075 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 CAMPUS

- Bariatric Surgery Program
- Behavioral Health Services
- Robotics Program
- Heart Care Center
- Community Benefit Programs
  - City Heights Wellness Center
  - WIC (Women, Infants and Children Program)
- Graduate Medical Education
- Primary Stroke Center designated by The Joint Commission
- Lithotripsy
- Mercy Clinic
- Robotic Surgery Program
- Maternal Child Health
- Neonatal Intensive Care Nursery
- Orthopedic Center
- Spiritual Care Services
- The O’Toole Breast Center
- Level 1 Trauma Care

### DISTINGUISHED PROGRAMS – SCRIPPS MERCY HOSPITAL, CHULA VISTA CAMPUS

- Breast Health Outreach and Education Services
- Neonatal Intensive Care Nursery
- San Diego Border Area Health Education Center (AHEC)
- Cultural Competency and Language Services
- Youth Health Careers Development Programs
- Primary Stroke Center designated by The Joint Commission
- Health Education Programs
- Scripps Family Practice Residency Program
- Scripps Outpatient Imaging Center
- Scripps Rehabilitation Services
- Scripps Mercy Hospital, Chula Vista Well Being Center

## 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 2018 was \$3,817,785. This includes Scripps inpatient behavioral health and Mercy Clinic. Scripps offers inpatient adult behavioral health services at the Scripps Mercy Hospital, San Diego campus. The Scripps Mercy Behavioral Health Program also actively supports community programs to reduce the stigma of mental illness and help affected individuals live and work in the community.

## 340 B DRUG PRICING PROGRAM AND IN-LIEU OF FUNDS

Scripps Mercy Hospital San Diego and Chula Vista participate in the 340B Drug Pricing Program administered by the Health Resources and Services Administration.

Designated as a disproportionate share hospital (DSH), Scripps Mercy is eligible to purchase outpatient drugs at a reduced price, allowing it to stretch scarce federal resources as far as possible, reaching more eligible patients, and providing more comprehensive services. Scripps uses the 340B savings to keep our costs down so we can keep our doors open. Scripps Mercy provides care to a large number of patients who either lack health insurance or are covered through a government subsidy program. One way Scripps Mercy is able to provide care to some of our most needy patients is through in-lieu of funds. In-lieu of funds are used for unfunded or underfunded patients and their post-discharge needs. Funds are used for board and care, skilled nursing facilities, long-term acute care and home health. In addition, funds are also used for medications, equipment and transportation services. The total subsidized expense for in-lieu of funds for Mercy Hospital during FY18 was \$536,138.

## 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 FY 2018, the Scripps Mercy Behavioral Health Program experienced a \$4.7 million loss in total operations however \$3.3 million of this is captured in Medi-Cal/CMS and charity care.
- In FY 2018, 2.0 percent of patients in the inpatient unit were uninsured.

## BEHAVIORAL HEALTH OUTPATIENT SERVICES

Scripps Behavioral Health entered into an agreement in May 2016 to transition the intensive behavioral health outpatient program to the Family Health Centers of San Diego and expand outpatient behavioral health offerings to the population served.

## SCRIPPS BEHAVIORAL HEALTH A-VISIONS VOCATIONAL TRAINING PROGRAM

- The innovative A-Visions Vocational Training Program at the San Diego campus helps prepare mental health patients for volunteer and employment opportunities by exposing them to a variety of work activities and training. The total expense for the A-Visions program for FY18 was \$147,296,150.
- Since its inception, 575 inquiries have come in, 155 of these resulted in qualified candidates with 96 volunteers and 52 employees thus far. Currently, there are a total of 24 active candidates: 20 employees and four volunteers who participate in this supportive employment program. A-Visions participants have been employed on a per-diem basis by Scripps in Environmental Services, Food Services and clerical support for Health and Information Services, Emergency Services, Nursing Research, Human Resources, Access, Behavioral Health, Credentialing, Labor and Delivery, Laboratory, Medical Staffing, Performance Improvement, Spiritual Care and Palliative Care Services. Paid A-Visions candidates typically limit their work to eight hours per week, which allows them to maintain eligibility for their disability benefits, medications and ongoing behavioral healthcare that supports their work.

## MERCY CLINIC OF SCRIPPS MERCY HOSPITAL, SAN DIEGO

Founded in 1944 and integrated into Mercy Hospital in 1961, Mercy Clinic of Scripps Mercy Hospital is a primary care clinic that treats more than 1,000 patients each month. In FY18, the clinic provided 11,836 patient visits for 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 FY18 was \$2.3 million (excludes Medicare, Medi-Cal, bad debt and charity care).

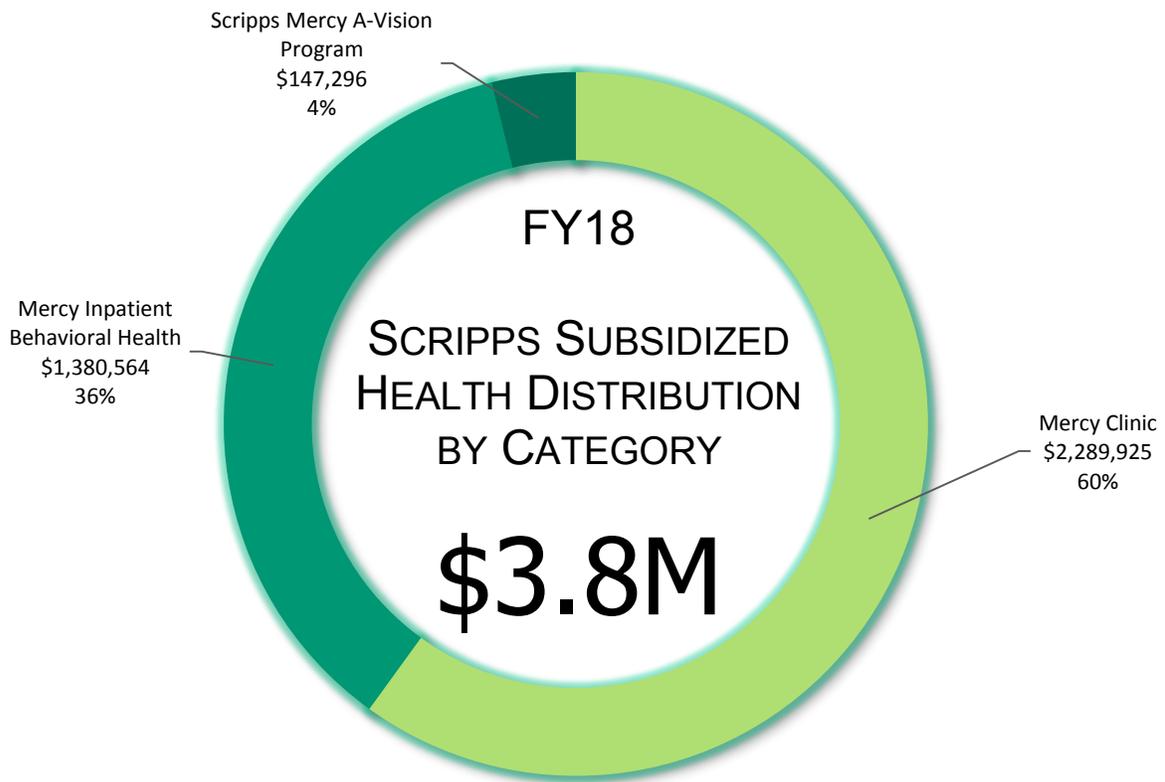
A full-time clinic staff of nurses and other personnel work hand-in-hand with physicians from Scripps Mercy Hospital. As an integral part of treating its patients, Mercy Clinic serves as a training ground for more than 100 residents each year from the Scripps Mercy Hospital Graduate Medical Education Program, as well as from UCSD, Family Health Centers of San Diego and the Navy.

**Note:** *Mercy Clinic expenses are included within Scripps Mercy Hospital financials for FY18. In 2019, the Scripps Mercy Graduate Medical Education (GME) program will move its outpatient primary care and specialty clinics from Mercy Clinic to a new location with Hillcrest Family Health Center. The agreement to co-locate the GME program with Family Health Centers of San Diego (FHCSO) is an expansion of an ongoing, successful relationship with this federal qualified Health Center. Scripps and FHCSO already work together in a number of areas that benefit the medically underserved, including a pediatric residency training program, a collaborative prenatal care and delivery program, a coordinated behavioral health program, and emergency room referrals for patients without medical homes. The new location will also provide patients with access to other FHCSO services like behavioral health, dental, social work and care coordination.*

## FIGURE 8:1

### FY18 SCRIPPS SUBSIDIZED HEALTH DISTRIBUTION BY CATEGORY, \$3,817,785

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#### 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 behavioral health services, and Mercy Clinic.

# SCRIPPS MERCY HOSPITAL SAN DIEGO CAMPUS 2019 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2019

The Scripps Mercy Hospital, San Diego, and Mercy Clinic 2019 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 2019 (October 2018 to September 2019).

## THE SCRIPPS 2019 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 2019 Objectives

### COMMUNITY HEALTH SERVICES

#### MERCY OUTREACH SURGICAL TEAM (M.O.S.T)

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

#### LA MAESTRA FAMILY CLINIC, INC.

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

Since its inception in 2002, the City Heights Wellness Center has been a dynamic, community-based program developed by Scripps Mercy Hospital and Rady Children's Hospital, working with residents to improve their lifestyle behaviors and self-sufficiency skills. Multiple not-for-profit and governmental organizations, philanthropic foundations and grassroots groups have joined the effort conducting health promotion and educational activities for community residents. A unique aspect of the City Heights Wellness Center is the Teaching Kitchen that is known throughout the community as a place where residents and providers come together to cook, discover and communicate in a safe and trusted environment.

La Maestra Family Clinic continues to bring new perspectives to the partnership as a community health center and primary care provider serving the culturally diverse populations within the City Heights community. La Maestra is committed to maintaining

the collaborative nature of the partnership, and will continue to work with current CHWC agencies as well as look for opportunities to expand health promotion services.

### 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 nearly 6,500 low income women, infants and children monthly. In FY18, the WIC program served 71,357 clients. Lactation education and support services are offered to improve breastfeeding among postpartum and parenting women. The Scripps Mercy Supplemental Nutrition Program for Women, Infants and Children (WIC) has distribution sites within City Heights at the Wellness Center as well as Linda Vista Health Center and other storefront facilities in Central and South San Diego County.

### MERCY CLINIC

In 2019, the Scripps Mercy Graduate Medical Education (GME) program will move its outpatient primary care and specialty clinics from Mercy Clinic to a new location with Hillcrest Family Health Center. The agreement to co-locate the GME program with Family Health Centers of San Diego (FHCS) is an expansion of an ongoing, successful relationship with this federal qualified Health Center. Scripps and FHCS already work together in a number of areas that benefit the medically underserved, including a pediatric residency training program, a collaborative prenatal care and delivery program, a coordinated behavioral health program, and emergency room referrals for patients without medical homes. The new location will also provide patients with access to other FHCS services like behavioral health, dental, social work and care coordination. From a GME perspective, this is a new opportunity for our residents to practice within a broader interdisciplinary setting and regularly collaborate with other community health care providers. Mercy Clinic's mission of providing quality health care to the community's underserved will continue.

### MENTAL HEALTH ISSUES

Scripps Mercy will continue to improve awareness of mental health by providing information and support services at community events.

## 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 Master's Program students, 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.
- Provide comprehensive graduate medical education training for nine podiatry residents.
- Provide a portion of graduate medical education training for up to eight Palliative Care Fellows under a combined Scripps-UCSD Palliative Care Fellowship.
- Provide a portion of undergraduate medical education training for approximately 75 third and fourth-year medical students at the University of California, San Diego.
- Provide a comprehensive graduate medical education program in trauma and surgical critical care for 80 San Diego Naval Hospital surgery and emergency medicine physicians, 12 Kaiser Emergency medicine residents, and 3 Rady Children's Hospital Fellows.
- Provide a year-long trauma research fellowship for 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 18 Navy physicians assistants-in-training.
- Provide a clinical research practicum in trauma and surgical critical care for 2 UCSD Masters of Advanced Studies in Clinical Research students.
- Provide a portion of graduate medical education for 18 Family Medicine Residents from Family Health Centers San Diego
- Provide a portion of graduate medical education for 6 third-year Kaiser Emergency Medicine Residents.

### UNCOMPENSATED HEALTH CARE

During fiscal year 2019, Scripps Mercy Hospital, San Diego will continue to provide health care for vulnerable patients who are unable to pay for services.

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

# SCRIPPS MERCY HOSPITAL SAN DIEGO CAMPUS 2019 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2018

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 2018 (October 2017 to September 2018).

## FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during FY18, 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 2,529 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$126,037.42.

### COMMUNITY BENEFIT SERVICES HIGHLIGHTS

Fostering Volunteerism	
Volunteer Hours	Labor <sup>37</sup>
2,529	\$126,037.42

### Community Benefit Financial Commitment

**\$33,627,361**

## MAKING A FINANCIAL COMMITMENT

During FY18, Scripps Mercy Hospital, San Diego and Mercy Clinic devoted **\$33,627,361** to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

### Community Benefit Services

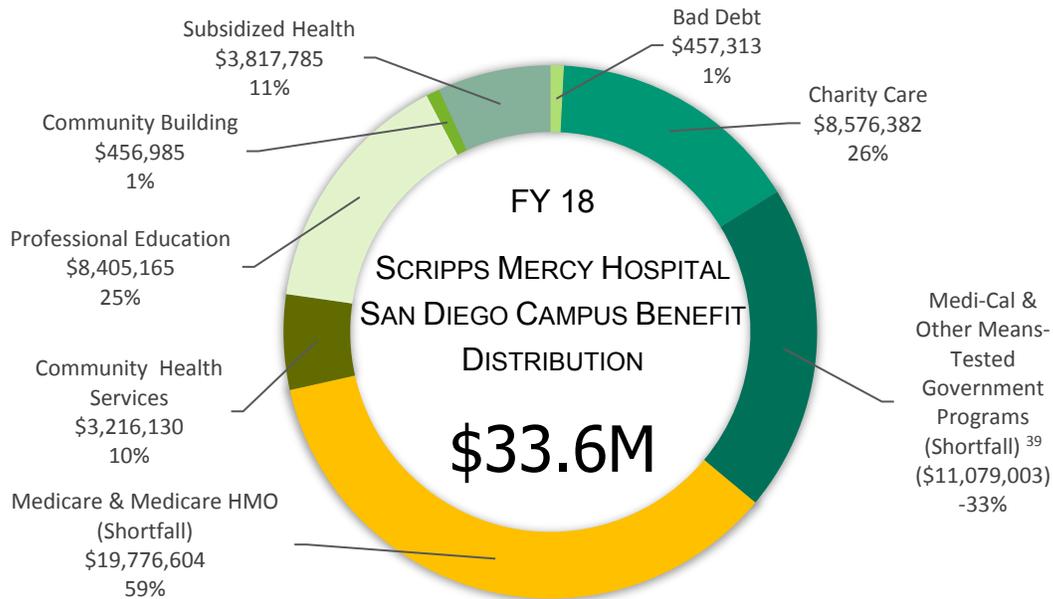
Bad Debt	\$457,313
Charity Care	\$8,576,382
Community Building Activities	\$456,985
Community Health Services	\$3,216,130
Medi-Cal & Other Means Tested Shortfall	(\$11,079,003) <sup>38</sup>
Medicare & Medicare HMO Shortfall	\$19,776,604
Professional Education & Research	\$8,405,165
Subsidized Health Services	\$3,817,785
Refer to Figure 8:2 presented on the following page for a graphic representation of fiscal year 2018.	

<sup>37</sup>Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

<sup>38</sup>\$86.3 million Hospital Provider Fee for Scripps Mercy Hospital (San Diego & Chula Vista campuses) was reported as offsetting revenue for Medi-Cal

## FIGURE 8:2

### FY18 SCRIPPS MERCY HOSPITAL SAN DIEGO CAMPUS BENEFIT DISTRIBUTION, \$33,627,361



Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Community Building	Subsidized Health Services	Total
Community Benefit Services Before Provider Fee	\$457,313	\$8,576,382	\$46,280,097	\$19,776,604	\$3,216,130	\$8,405,165	\$456,985	\$3,817,785	\$90,986,461
Provider Fee	—	—	(\$57,359,100)	—	—	—	—	—	(\$57,359,100)
Net-Community Benefit Services After Provider Fee	\$457,313	\$8,576,382	(\$11,079,003)	\$19,776,604	\$3,216,130	\$8,405,165	\$456,985	\$3,817,785	\$33,627,361

#### COMMUNITY BENEFIT SERVICES:

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

<sup>39</sup>\$86.3 million Hospital Provider Fee for Scripps Mercy Hospital (San Diego & Chula Vista campuses) was reported as offsetting revenue for Medi-Cal.

# SCRIPPS MERCY HOSPITAL SAN DIEGO CAMPUS FISCAL YEAR 2018

## 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 2018 (October 2017 to September 2018), Scripps Mercy Hospital and Mercy Clinic invested \$3,216,130 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 FY18 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 \$8,405,165<sup>40</sup> in professional training programs and health research during Fiscal Year 2018 (October 2017 to September 2018). This section highlights these activities.

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<sup>40</sup> Reflects clinical research as well a professional education for non-Scripps employees, nursing resource development and other health care professional education. Calculations based on total program expenses.

## GRADUATE MEDICAL EDUCATION (GME) PROGRAM

Scripps Mercy Hospital is a major teaching hospital with the longest existing medical education program in San Diego County. The program has been recognized nationally for its impressive results and innovative curriculum.

Founded in 1949, Scripps Mercy Hospital, San Diego and 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 18 transitional year residents, 42 family medicine residents and nine podiatry residents at both the San Diego and Chula Vista sites. There are 18 Kaiser Emergency Medicine residents who do some of their training at Scripps Mercy Hospital.

In 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.

In 2014, Scripps Mercy Hospital began a partnership with Family Health Centers of San Diego to provide inpatient and subspecialty teaching to 18 family medicine residents who were part of the new Teaching Health Centers Residency programs.

In 2016, Scripps Mercy Hospital began a partnership with Kaiser Emergency Medicine to provide critical care inpatient teaching in the ICU to 6 PGY-3 Residents, who are partnering with our own Mercy Internal Medicine and Transitional Year Residents in the Intensive Care Unit.

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 research fellowship for a select number of San Diego Naval Hospital surgery residents. Today, the trauma service also provides training opportunities for residents in other programs, including: NMCS D oral maxillofacial surgery, otolaryngology, emergency medicine, transitional year residencies, Scripps Mercy Hospital transitional year residency, and Children’s Specialists of San Diego Pediatric Emergency Medicine Fellowship. All these residents play a key role in managing and maintaining the continuity of care for patients in Central San Diego.

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 2018 cost of operating the Scripps Mercy Hospital, San Diego Graduate Medical Education program and other professional education programs totaled \$8,405,165.<sup>41</sup>

### OTHER PROFESSIONAL EDUCATION TRAINING PROGRAMS

In Fiscal Year 2018, 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 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 (including four Chief Residents) and 13 Kaiser Emergency medicine residents, and 3 Rady Children’s Hospital Fellows.

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<sup>41</sup> GME calculation based on total program expense plus overhead.

- 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 18 physicians assistants-in-training, including students and fellows.

### PHARMACY RESIDENCY PROGRAM

The largest private teaching hospital in San Diego, Scripps Mercy Hospital offers four 12-month postgraduate year one (PGY-1) pharmacy residency positions and two graduate year two (PGY-2) specialty residency positions. One in critical care and one in psychiatry starting July 15, 2017. Both PGY2 programs underwent accreditation June 2018 and are in Candidate status. The PGY1 residency programs started in 2002 and have received full accreditation every six years by the American Society of Health-System Pharmacists (ASHP). Both programs are part of Graduate Medical Education and pharmacy residents are considered “house staff”. These postgraduate programs are designed to develop skilled clinicians that can deliver pharmaceutical care in a variety of health care settings.

The pharmacy practice residency program at Scripps Mercy Hospital focuses on pharmacotherapy, project management skills and teaching in a decentralized pharmacy setting. The pharmacy department is open 24/7 and includes a central pharmacy along with eleven inpatient clinical pharmacist practice settings. Our clinical pharmacists provide a broad range of clinical services, carry out pharmacist driven medication protocols, practice under prescriptive authority granted by Pharmacy and Therapeutics Committee, and teach pharmacy students, medical and pharmacy residents. Scripps Mercy is affiliated with six pharmacy schools and annually trains 15 to 20 Pharm D candidates and 55 medical interns and residents. Each year the residents present 4-7 national and international presentations as part of their residency program.

## SCRIPPS MERCY HOSPITAL SAN DIEGO CAMPUS COMMUNITY BENEFIT SERVICES SUMMARY LIST

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
American Cancer Society - Look Good Feel Better Class	5	2	5	\$311
Annual Coronado Fire Department Open House	52	-	18	\$1,132
Annual Imperial Beach Fire Department Open House	38	-	18	\$1,132
Bad Debt **	-	-	-	\$457,313
Bleeding Control Class	60	-	25	\$1,806
Blood Drive - American Red Cross	110	-	-	\$0
California Health Foundation and Trust (CHFT) Grant	-	-	-	\$1,537,650
Catholic Charities - Community Benefit Fund	-	-	-	\$70,000
Catholic Charities - Thanksgiving Food Donations	-	-	2	\$1,451
Charity Care	-	-	-	\$8,576,382
CHIP - Community Health Improvement Partners - Suicide Prevent Council	-	-	60	\$4,796
Nursing Student Education Rotation	-	-	24,328	\$1,964,222

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

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

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Consumer Center for Health Education and Advocacy (CCHEA)	-	-	-	\$120,000
Every 15 Minutes Program	1,604	-	29	\$2,256
Family Health Centers of San Diego (FHCS) - GRANT	-	-	-	\$300,000
Health Professions Training	1,680	-	-	\$0
In Lieu of Funds	-	-	-	\$453,468
IRB 10-5542 Trial of Effectiveness of Screening & Brief Intervention	-	-	4	\$320
IRB 11-5716 Impact of a More Conservative Approach to CT Scanning	-	-	2	\$160
IRB 11-5736 Thoracic Endovascular Repair vs. Open Surgery	-	-	15	\$756
IRB 11-5782 The Value of Ultrasound Imaging Surveillance for Venous	-	-	204	\$16,240
IRB 11-5786 Proposal to Initiate & Maintain a Multicenter Registry	-	-	82	\$3,831
IRB 12-6045 AAST Vascular Trauma Registry - PROOVIT	-	-	90	\$4,471
IRB 13-6219 Path to the Operating Room (OR)	-	-	32	\$1,537
IRB 13-6300 The Effects of Chronic Conditions on Clinical Outcomes	-	-	127	\$10,153

\* **"Financial Support"** reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.  
\*\*Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.  
\*\*\* Hospital provider fee was reported as offsetting revenue from Medi-Cal.

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
IRB 13-6309 Clinical Relevance of the MRI in Cervical Spine Clear	-	-	2	\$160
IRB 14-6326 The Burden of Mental Illness: Impact on a Level 1	-	-	10	\$799
IRB 14-6373 Hereditary Thrombophilia in Trauma Patients w/ Venous	-	-	164	\$7,663
IRB 14-6426 The Impact of Trauma Service Management on Older Adult	-	-	2	\$160
IRB 14-6519 Do Audit Filters Have Value in a Mature Trauma System	-	-	2	\$160
IRB 15-6652 Geriatric Trauma Care & Outcomes Registry Study	-	-	745	\$40,999
IRB 15-6721 Epidemiology, Injury Control, Treatments, Outcomes	-	-	1,111	\$67,704
IRB 16-6744 Outcomes & Trends in Traumatic Injury & Surgical	-	-	2,580	\$163,687
IRB 16-6752 Char Mortality Following Severe Trauma Injury @ SF Gen	-	-	262	\$12,092
IRB 17-6993 Symptomatic Blunt Cerebrovascular Injuries	-	-	92	\$4,290
IRB 18-7126 The Pathogenesis of Post Traumatic PE	-	-	543	\$26,043
IRB 18-7165 Current Diagnosis & Management of Pancreatic Injuries	-	-	40	\$2,176

\* **"Financial Support"** reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.  
\*\*Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.  
\*\*\* Hospital provider fee was reported as offsetting revenue from Medi-Cal.

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
IRB 18-7188 Blunt Blow & Mesenteric Injury	-	-	86	\$4,628
La Maestra - Human Trafficked Victims Program	-	-	-	\$1,000
La Maestra Community Health Center Casino Night	-	-	-	\$1,000
Medi-Cal & Other Means-Tested Government Programs ***	-	-	-	(\$11,079,003)
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$19,776,604
Mental Health Association Recognition Dinner - Event	-	10	-	\$0
Mental Health Association Recognition Dinner - Sponsor	-	-	-	\$1,507
Mercy Outreach Surgical Team (MOST)	349	2,243	1,684	\$18,954
National Alliance of Mental Illness (NAMI) - Walk	10	-	6	\$590
Navy Research Fellow Research Program - Program Admin & Research	5	-	140	\$10,851
Pharmacy Residency	-	-	20,024	\$1,351,377
Psychiatric Emergency Response Teams (PERT)	150	-	12	\$1,346
Psychiatric Liaison Team (PLT)	1,233	-	-	\$286,119
San Diego County Methamphetamine Strike Force (MSF)	-	-	20	\$1,599
San Diego County Policy Panel on Youth Access to Alcohol	-	-	50	\$3,997

\* **"Financial Support"** reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.  
\*\*Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.  
\*\*\* Hospital provider fee was reported as offsetting revenue from Medi-Cal.

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
San Diego County Prescription Drug Abuse Task Force	-	-	13	\$1,039
San Diego Day of Trauma Conference	-	-	15	\$1,199
San Diego Fall Prevention Task Force	-	-	2	\$160
San Diego Health Connect - Referrals Work Group **	-	-	4	\$0
San Diego Psych Society Dinner	-	-	-	\$1,500
San Diego Regional Task Force on the Homeless **	-	-	44	\$3,517
Scripps Drug & Alcohol Resource Nurse	73	-	-	\$16,940
Scripps Health System Community Benefit Planning and Outreach	-	-	-	\$174,331
Scripps Mercy & Family Health Centers Behavioral Health Partnership	-	-	60	\$5,161
Scripps Mercy Behavioral Health - A-Visions Service Program	-	274	394	\$165,868
Scripps Mercy Clinic	-	-	-	\$2,289,925
Scripps Mercy Hospital Medical Library	-	-	2,390	\$181,806
Scripps Mercy Hospital's GME Program	-	-	164,617	\$4,665,813
Scripps Mercy Inpatient Behavioral Health	-	-	-	\$1,380,564
Scripps Mercy Supplemental Nutrition Program for WIC	71,357	-	30,941	\$126,383
Scripps Recuperative Care Program (RCU)	54	-	1,381	\$303,233

\* **"Financial Support"** reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.  
\*\*Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.  
\*\*\* Hospital provider fee was reported as offsetting revenue from Medi-Cal.

<b>Program</b>	<b>Persons Served</b>	<b>Volunteer Hours</b>	<b>Staff Hrs.</b>	<b>Financial Support *</b>
Scripps Women's Heart Health Morning	80	-	12	\$657
Stroke Risk Factor Program	90	-	-	\$0
Survivors of Suicide Loss - San Diego Chapter	330	-	2	\$600
Survivors of Suicide Loss - Save A Life Community Walk	-	-	-	\$250
The City Heights Wellness Center Partnership - La Maestra	-	-	-	\$30,158
UCSD Graduate Student Internship	3	-	528	\$41,868
Yellow Ribbon Suicide Prevention Program - SoCal Chapter	-	-	-	\$500
<b>FY 18 Scripps Mercy Hospital San Diego Campus Total</b>	<b>77,283</b>	<b>2,529</b>	<b>253,020</b>	<b>\$33,627,361</b>

\* **"Financial Support"** reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.  
\*\*Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.  
\*\*\* Hospital provider fee was reported as offsetting revenue from Medi-Cal.

# SCRIPPS MERCY HOSPITAL CHULA VISTA CAMPUS 2018 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2019

The Scripps Mercy Hospital, Chula Vista 2018 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 2018 (October 2017 to September 2018).

## THE SCRIPPS 2019 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 2019 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 12,000 participants. Total funding of over one million dollars was received from federal and local foundation sources were received this year for Scripps Mercy Hospital Chula Vista Community Benefits and the Family Medicine Residency Program.

In addition, decreasing readmissions is an important goal of the Center. Services are offered directly to patients and their family post discharge to decrease the risks of readmission and to increase patient continuity. Support services are referral based and provide assistance with the following: 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; one thousand five hundred and thirty nine referrals have been received and most of the patients have remained out of the hospital for more than 30 days and are being supported through the Center's staff, programs and activities.

### COMMUNITY-BASED HEALTH IMPROVEMENT ACTIVITIES

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

## HEART HEALTH MANAGEMENT CLASS

Community members will participate in a three week educational series for those affected by hypertension, angina, cardiac heart failure or any other heart health concerns. Topics covered will include the risk of heart disease, signs of heart attack, diabetes, cholesterol, physical activity, healthy eating and much more. Participants will learn to play a vital role in improving their health. The overall goal of Your Heart, Your Life is to decrease the readmission rates for heart failure patients, which reduces medical costs for the patient and improves their quality of life.

## YOUTH ACTIVITIES

The goal is to implement a wide variety of School-to-Health Career activities including: Camp Scripps which introduces young students to health careers; this three-week camp educates them on the duties performed by professionals in various medical fields. Camp activities include a tour of the hospital, hands on activities involving health care and speakers on health-related issues. Other activities include Health Professionals in the classroom presentations, Health Professions Overview 101/Interactive hospital tour, Mentoring Program, Health Professionals in the Classroom Presentations, 5210 Wellness Message series and surgery viewings. All of these activities are designed to pique the interest of students to pursue a career in healthcare. A total of 3,000 students will participate in these programs.

## SENIOR HEALTH AND WELL-BEING PROGRAMS

The goal is to increase health care, information and preventative services for seniors/older adults in the South Bay. Each month a variety of senior programs will be held at local senior centers, churches and senior housing. A total of 250 seniors will participate in a variety of activities including senior health chats.

## MATERNAL AND CHILD HEALTH PROGRAMS

The goal is to improve the health of pregnant women, mothers and their babies in San Diego County. The program aims to enhance the capacity of the local maternal and child health service systems to improve birth outcomes. Services include home visits, referrals, data entry, follow-up phone calls, and other support services. Home visiting will be offered together with Family Medicine residency and parenting education.

## FIRST FIVE PARENTING CLASSES

A total of 230 unduplicated parents will participate in parenting classes; 150 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 400 women will be referred to clinical breast health services in the community and Scripps Mercy Hospital, Chula Vista radiology services. A total of 1,500 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 150 women will receive services 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 300 services will be provided. These include phone calls, home visits, and 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 will continue in 2018-2019 to improve health care access, education, job training and placement for youth and adults in southern San Diego County. A primary focus is implementing School to Health career activities, including mentoring, camps, job shadowing, health education classes, health chats, support groups, health fairs and others.

### HEALTH PROFESSIONS OVERVIEW 101

In 2019, students from local schools will continue to tour the hospital and spend time in clinical departments to learn about a variety of health care professions. Students interact with the staff and ask questions. The tours are two hours and 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 including the 5210

Wellness series, Stroke Prevention, Breast Health, Teen Pregnancy, Substance Abuse, STD's, Mental Health Issues that Impact Youth and Health Professions 101. In 2019, students will continue to participate in the program and receive health career tools/brochures that include information on education requirements, scholarships and way to pay for college.

### HEALTH PROFESSIONS EDUCATION, RESIDENT AND STUDENT TRAINING

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

- Expand community medicine opportunities for family practice residents to provide services and reach at least 300 individuals.
- Continue to work closely with Scripps Family Practice Residency Program to place medical students in community health activities.
- A total of 650 individuals will participate in Health Career Talks, Health Training, community activities, internship programs, residency and community based rotations and Balint support groups.
- Two articles will be published in peer-reviewed journals.
- Coordinate community experience for visiting/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. This program will continue in 2019 and several manuscripts are under development.

### **SOUTH COUNTY ACTION NETWORK (SOCAN)**

This program will continue in 2019. This Action Network consists of individuals and service providers working together to advocate and improve services for older adults and adults with disabilities in the South County region.

### **UNCOMPENSATED HEALTH CARE**

During fiscal year 2019, Scripps Mercy Hospital, Chula Vista will continue to provide health care for vulnerable patients who are unable to pay for services.

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

# SCRIPPS MERCY HOSPITAL CHULA VISTA CAMPUS 2019 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2018

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 2018 (October 2017 to September 2018).

## FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during Fiscal Year 2018, 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 5,886 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$293,339.76.

### COMMUNITY BENEFIT SERVICES HIGHLIGHTS

Fostering Volunteerism	
Volunteer Hours	Labor <sup>42</sup>
5,886	\$293,339.76

Community Benefit Financial Commitment
<b>\$8,085,278</b>

## MAKING A FINANCIAL COMMITMENT

During Fiscal Year 2018, Scripps Mercy Hospital, Chula Vista devoted \$8,085,278 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

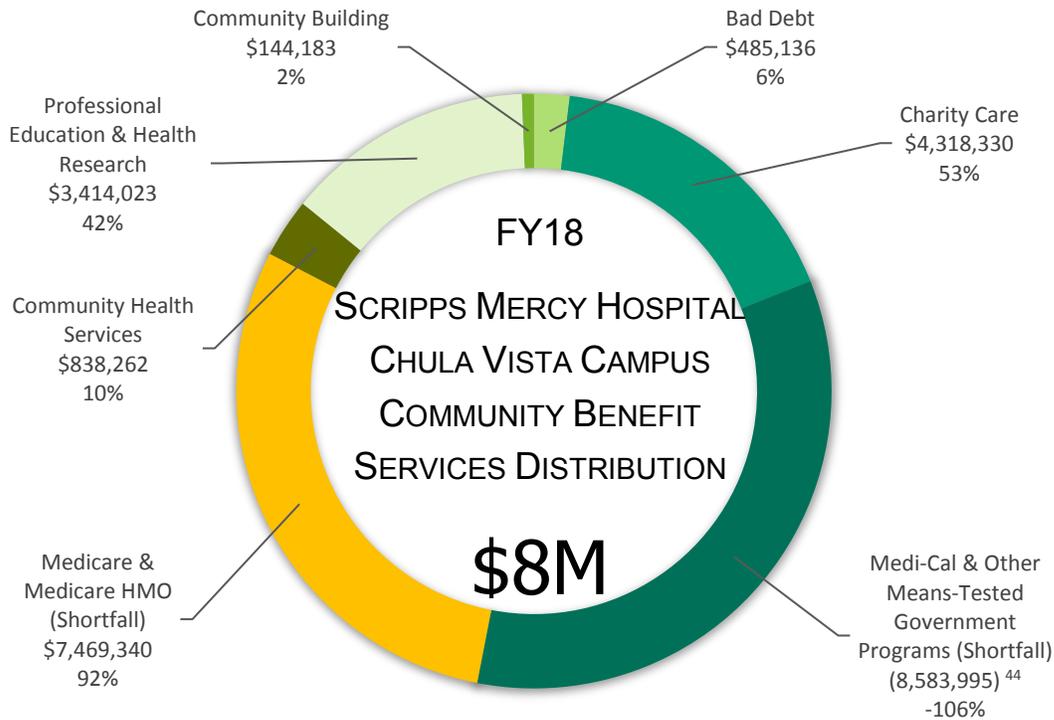
Community Benefit Services	
Bad Debt	\$485,136
Charity Care	\$4,318,330
Community Building Activities	\$144,182
Community Health Services	\$838,262
Medi-Cal & Other Means Tested Shortfall	(\$8,583,995) <sup>43</sup>
Medicare & Medicare HMO Shortfall	\$7,469,340
Professional Education & Research	\$3,414,023
Refer to Figure 8:3 presented on the following page for a graphic representation of fiscal year 2018.	

<sup>42</sup>Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

<sup>43</sup>\$86.3 million Hospital Provider Fee for Scripps Mercy Hospital (San Diego & Chula Vista campuses) was reported as offsetting revenue for Medi-Cal

## FIGURE 8:3

### FY18 SCRIPPS MERCY HOSPITAL CHULA VISTA CAMPUS COMMUNITY BENEFIT DISTRIBUTION, \$8,085,278



Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Community Building	Total
Community Benefit Services Before Provider Fee	\$485,136	\$4,318,330	\$20,410,896	\$7,469,340	\$838,262	\$3,414,023	\$144,182	\$37,080,169
Provider Fee	—	—	(\$28,994,891)	—	—	—	—	(\$28,994,891)
Net-Community Benefit Services After Provider Fee	\$485,136	\$4,318,330	(\$8,583,995)	\$7,469,340	\$838,262	\$3,414,023	\$144,182	\$8,085,278

#### COMMUNITY BENEFIT SERVICES:

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

<sup>44</sup> \$86.3 million Hospital Provider Fee for Scripps Mercy Hospital (San Diego & Chula Vista campuses) was reported as offsetting revenue for Medi-Cal.

# SCRIPPS MERCY HOSPITAL, CHULA VISTA FISCAL YEAR 2018

## 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 2018 (October 2017 to September 2018), Scripps Mercy Hospital, Chula Vista invested \$838,262 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 Fiscal Year 2018 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 \$3,414,023<sup>45</sup> in professional training programs during Fiscal Year 2018 (October 2017 to September 2018). This section highlights some of Scripps Mercy Hospital, Chula Vista professional education and health research activities in fiscal year 2018.

## SCRIPPS FAMILY MEDICINE RESIDENCY PROGRAM (2017 - 2018)

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

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<sup>45</sup> Reflects clinical research as well as professional education for non-Scripps employees, nursing resource development and other health care professional education. Calculations based on total program expenses.

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, and 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 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 116 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 2,525 youth have been provided clinical services in these clinics. Training in adolescent medicine also includes sports medicine physicals, football game medical coverage and post-game injury clinics.

Residents are also mentors for the School to Health Career Mentoring Program which is designed to help local high school students set a course for a successful career in health care. Students meet with the residents each week and shadow them during rounds and throughout the experience. The Residents provide interactive classroom presentations on a variety of public health concerns, medically focused topics as well as hands-on clinical skills workshops mentoring at the local high schools to more than 2,000 students.

In addition, SFMRP has developed an area of concentration for adolescent studies and two residents have started this program. The Future Faces of Family Medicine mentoring curriculum has expanded to include a public health curriculum.

Chula Vista Medical Plaza, a satellite clinic of SYHC, is the family medical center for the SFMRP. In fiscal year 2018, there were more than 24,849 clinical visits at this location and an additional 3,100 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 60 percent of residents and graduates are members of underrepresented minority groups reflecting the cultural and ethnic mix of the region. More than 65 percent of graduates have stayed in San Diego County. More than 65 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.

The Fiscal Year 2018 cost of operating the Scripps Mercy Hospital, Chula Vista Graduate Medical Education program and other professional education programs totaled \$3,414,023.<sup>46</sup>

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<sup>46</sup> GME calculation based on total program expense plus overhead.

## SCRIPPS MERCY HOSPITAL CHULA VISTA COMMUNITY BENEFIT SERVICES SUMMARY LIST

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Bad Debt **	-	-	-	\$485,136
Breast Health Clinical Services	548	-	-	\$0
Breast Health Outreach & Education	1,633	-	231	\$10,271
California Health Foundation and Trust (CHFT) Grant	-	-	-	\$757,350
Castle Park Elementary Wellness Committee Meeting	24	-	44	\$565
Centering Pregnancy, Healthy Moms, Healthy Babies	400	-	-	\$0
Charity Care	-	-	-	\$4,318,330
Chula Vista Community Collaborative	120	-	218	\$2,824
Nursing Student Education Rotation	-	-	9,492	\$758,762
First Five Home Visits	76	-	138	\$1,788
First Five Parenting Education	361	-	654	\$8,495
Food Handlers Training Course	267	-	-	\$613
Health Professions Training	692	5,880	1,255	\$16,285
Healthy Development Services Provider Meeting **	300	-	544	\$7,060

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

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

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
In Lieu of Funds **	-	-	-	\$82,670
Medi-Cal & Other Means-Tested Government Programs ***	-	-	-	(\$8,583,995)
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$7,469,340
Overeaters Anonymous - Spanish	711	-	-	\$1,440
Parent Education, Support and Empowerment (PESE) Work Group Meeting **	80	-	145	\$1,883
Promise Neighborhood (Reducing Childhood Obesity in South Bay)	750	-	1,360	\$17,649
Residency Led Health and Well Being Programs	184	-	-	\$0
Residency Led Youth Programs	666	-	-	\$0
Scripps Cancer Survivors Day - Event	101	-	-	\$3,482
Scripps Family Medicine Residency Program	-	-	70,565	\$2,638,976
Scripps Mercy Hospital Chula Vista - Healthy Weight Collaborative	120	-	218	\$2,824
Senior Health Chats	223	6	404	\$6,234
South County Action Network (SoCAN) Meeting	300	-	544	\$7,060
Stroke and Brain Injury Support and Education Group	87	-	-	\$12,446
Stroke-Parkinson's Exercise Group	148	-	16	\$3,855
Su Vida, Su Corazon. Your Life, Your Heart	33	-	-	\$0

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

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

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

<b>Program</b>	<b>Persons Served</b>	<b>Volunteer Hours</b>	<b>Staff Hrs.</b>	<b>Financial Support *</b>
Sweetwater Union High School Dist. Pre-Participation Sports Screen	1,025	-	-	\$0
Take Off Pounds Sensibly (TOPS) Meeting	647	-	-	\$1,365
Widowed Support Group	20	-	-	\$0
Young Survival Coalition (YSC) Breast Cancer Support Group	2	-	-	\$0
Youth Educational Programs **	1,700	-	3,082	\$52,570
<b>FY 18 Scripps Mercy Hospital Chula Vista Campus Total</b>	<b>11,218</b>	<b>5,886</b>	<b>88,908</b>	<b>\$8,085,278</b>
<p>* <b>"Financial Support"</b> reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

# Section 9

## Scripps Green Hospital

# SCRIPPS GREEN HOSPITAL

## ABOUT SCRIPPS GREEN HOSPITAL

Located on Torrey Pines Mesa in La Jolla, Scripps Green Hospital has 173 licensed beds, more than 1,183 employees and cares for 5.5 percent of the inpatient population living in the hospital's service area. Within the service area, Scripps Green cares for 6.0 percent of Medicare patients, 0.1 percent of Medi-Cal patients, 7.9 percent of commercially insured patients, and 3.4 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.

## DISTINGUISHED 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 Donor and Liver Disease Center
- Scripps Radiation Therapy Center
- Big Horn Dermatology and Mohs Surgery Center
- Scripps Shiley Center for Integrative Medicine
- Donald P. and Darlene V. Shiley Musculoskeletal Center
- Emily Fenton Hunte Breast Care Center
- Primary Stroke Center designated by The Joint Commission

# SCRIPPS GREEN HOSPITAL 2019 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2019

The Scripps Green Hospital 2019 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health during Fiscal Year 2019 (October 2018 to September 2019).

## THE SCRIPPS GREEN HOSPITAL 2019 COMMUNITY BENEFIT GOAL

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

### Scripps Green Hospital Fiscal Year 2019 Community Benefit Objectives

#### COMMUNITY HEALTH SERVICES

- Continue to partner with St. Leo's Mission Community Clinic. Staffed by internal medicine residents and Scripps Clinic staff physicians. This clinic serves lower income and indigent people in North County San Diego. The clinic is operated one evening and Saturday morning each week, typically treating up to 25 patients at each session.
- Continue to conduct blood drives on behalf of the American Red Cross.
- Continue to provide physical, emotional and spiritual support for cancer patients during their treatment.
- Continue to offer free risk assessment consultations and education for women who are at high risk for the BRCA gene mutation.
- Provide support services and community resources for healthcare workers, families, caregivers and cancer patients.
- Provide psychosocial services and guidance on transportation, housing, homecare, financial benefits, emotional concerns and other issues.
- Continue to work with community resources to enhance patient cancer navigator role and patient navigator education and resources.
- Continue to provide education and support for patients going through transplants, end stage liver disease and renal disease. Additional services for caregivers and those thinking about becoming an organ donor.

## PROFESSIONAL EDUCATION AND HEALTH RESEARCH

Maintain and improve the graduate medical education program at Scripps Green Hospital and Scripps Clinic. With 40+ residents and 37 fellows, the Scripps Clinic and Scripps Green Hospital Department of Graduate Medical Education serves more than 5,000 San Diegans each year, both inpatient and outpatient. All residents demonstrate a strong commitment to community service by maintaining weekly clinics at St. Leo's Mission Community Clinic.

## UNCOMPENSATED HEALTH CARE

During fiscal year 2019, Scripps Green will continue to provide health care services for vulnerable patients who are unable to pay for services.

- Maintain, communicate and effectively administer Scripps' financial assistance policy in a manner that meets patients' needs.

# SCRIPPS GREEN HOSPITAL 2019 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2018

The Scripps Green Hospital Community Benefit Report is an account of the hospital’s dedication and commitment to improving the community’s health, detailing programs that have provided benefit over and above standard health care practices in Fiscal Year 2018 (October 2017 to September 2018).

## FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during FY18, Scripps Green Hospital employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. In FY18, Scripps Green had 1,201 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$59,854.

### COMMUNITY BENEFIT SERVICES HIGHLIGHTS

Fostering Volunteerism	
Volunteer Hours	Labor <sup>47</sup>
1,201	\$59,854

Community Benefit Financial Commitment
<b>\$26,311,643</b>

## MAKING A FINANCIAL COMMITMENT

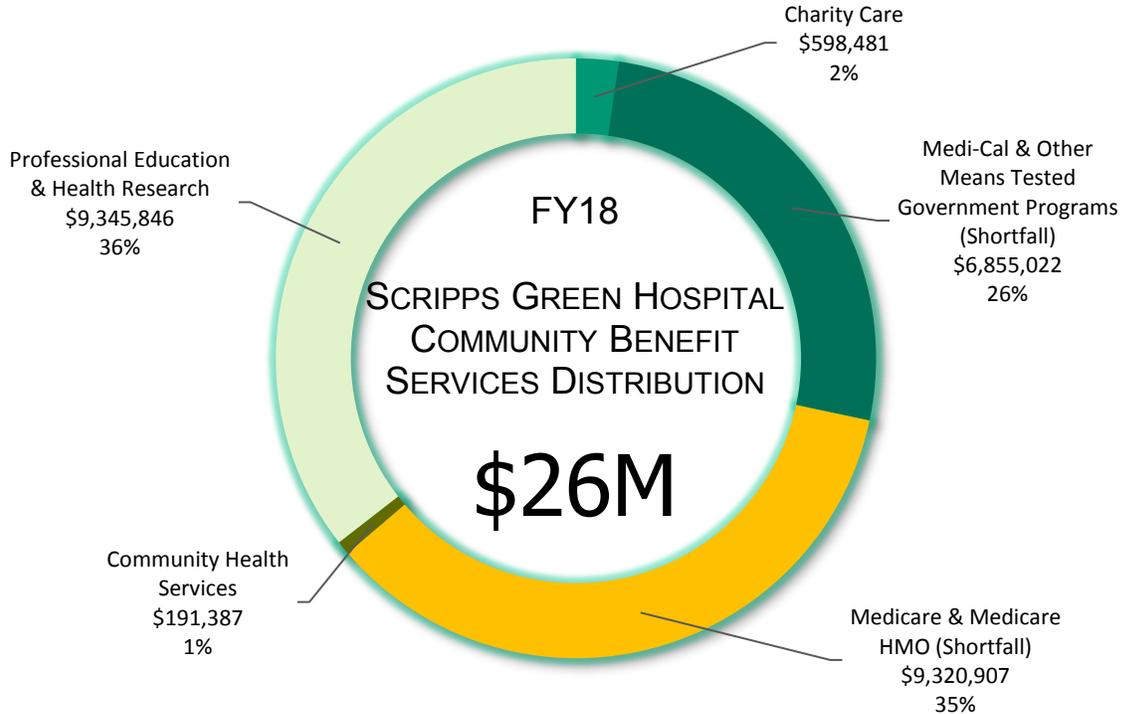
During FY18, Scripps Green Hospital devoted **\$26,311,643** to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps Green Hospital emphasize community based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

Community Benefit Services	
Charity Care	\$598,482
Community Health Services	\$191,387
Medi-Cal & Other Means Tested Shortfall	\$6,855,022
Medicare & Medicare HMO Shortfall	\$9,320,907
Professional Education & Research	\$9,345,846
Refer to Figure 9:1 presented on the following page for a graphic representation of fiscal year 2018.	

<sup>47</sup> Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

# FIGURE 9:1

## FY18 SCRIPPS GREEN HOSPITAL COMMUNITY BENEFIT DISTRIBUTION, \$26,311,643



Provider Fee Impact	Charity Care	Medi-Cal (Shortfall)	Medicare & Medicare HMO (Shortfall)	Community Health Services	Prof Ed & Health Research	Total
Community Benefit Services Before Provider Fee	\$598,482	\$2,032,672	\$9,320,907	\$191,387	\$9,345,846	\$21,489,294
Provider Fee	—	\$4,822,350	—	—	—	\$4,822,350
Net-Community Benefit Services After Provider Fee	\$598,482	\$6,855,022	\$9,320,907	\$191,387	\$9,345,846	\$26,311,643

### COMMUNITY BENEFIT SERVICES:

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

## SCRIPPS GREEN FISCAL YEAR 2018 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 2018 (October 2017 to September 2018) Scripps Green Hospital invested \$191,387 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 Green Hospital's FY18 community health services achievements.

### PROFESSIONAL EDUCATION AND HEALTH RESEARCH HIGHLIGHTS

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

Each year, Scripps Green Hospital allocates resources to advance health care services through professional education programs. To enhance service delivery and treatment practices for San Diego County; Scripps Green Hospital invested \$9,345,846<sup>48</sup> in professional training and health research programs during FY18 (October 2017 to September 2018). This section highlights some of Scripps Green Hospital's professional education activities during FY18.

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<sup>48</sup> Reflects clinical research as well a professional education for non-Scripps employees, nursing resource development and other health care professional education. Calculations based on total program expenses.

### INTERNAL MEDICINE RESIDENCY PROGRAM

With 44 residents and 38 fellows, the Scripps Clinic/Scripps Green Hospital Department of Graduate Medical Education serves about five thousand San Diegans each year. All residents and many attending physicians in the program demonstrate a strong commitment to community service by maintaining an evening clinic at St Leo's Mission Community Clinic. With a commitment to community health, these health care providers are working to improve the overall health of San Diegans.

### FIJI SOLOMON ISLANDS MEDICAL MISSION

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.

## SCRIPPS GREEN HOSPITAL COMMUNITY BENEFIT SERVICES SUMMARY LIST

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Alcoholics Anonymous	4,584	-	-	\$3,432
Association of Clinical Research Professionals	152	-	-	\$318
Blood Drive - American Red Cross	34	-	-	\$0
California Association of Physician Assistants	50	-	-	\$1,971
Charity Care	-	-	-	\$598,482
Nursing Student Education Rotation	-	-	6,769	\$500,243
Fiji Solomon Islands Medical Mission	2,440	976	-	\$0
Food Addicts Anonymous	600	-	-	\$894
Heredity and Cancer Genetic Counseling Program	118	-	118	\$6,463
Joe Niekro Foundation	240	-	-	\$477
Medi-Cal & Other Means Tested Government Programs ***	-	-	-	\$6,855,022
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$9,320,907

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

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

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

<b>Program</b>	<b>Persons Served</b>	<b>Volunteer Hours</b>	<b>Staff Hrs.</b>	<b>Financial Support *</b>
Organ Transplant Caregiver Support	100	-	-	\$0
Organ Transplant Support Groups	260	-	-	\$0
San Diego Echo Society	420	-	-	\$2,365
Scripps Green Hospital Department of GME	-	-	179,093	\$8,845,602
Scripps Green Hospital Medical Library	-	-	-	\$175,189
Spondylitis Association	241	-	-	\$278
St. Leo's Mission Medical Clinic	360	225	-	\$0
<b>FY18 Scripps Green Hospital Total</b>	<b>9,599</b>	<b>1,201</b>	<b>185,979</b>	<b>\$26,311,643</b>

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

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

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

# Section 10

Scripps Whittier Diabetes  
Institute

# SCRIPPS WHITTIER DIABETES INSTITUTE

## ABOUT SCRIPPS WHITTIER DIABETES INSTITUTE

Scripps Whittier Diabetes Institute is caring for and educating people with diabetes through diabetes management and support programs. The mission is to improve quality of life for people with diabetes through innovative education programs, clinical care, research and collaborations that pursue prevention and a cure. The Institute manages the Scripps Diabetes Clinical Care Line and provides diabetes care and education in the hospitals, ambulatory care clinics, and in the community.

Founded in 1982 Scripps Whittier stands alone as the region's leading comprehensive diabetes organization. The mandate at Scripps Whittier has always been to achieve excellence in diabetes care, research and education. The Institute accomplishes its mission by being a resource and partner with Scripps Health and collaborating with other institutions, their researchers and physician's, including the University of California San Diego, San Diego State University, Scripps Translational Science Institute, Community Housing Works, Chula Vista Elementary School District, and San Diego Community Clinics.

## SCRIPPS WHITTIER DIABETES INSTITUTE DISTINGUISHING PROGRAMS

- Recognized as a comprehensive international center of excellence in diabetes care and prevention, professional education, community benefit programs, and clinical, health services, and behavioral research.
- Operates diabetes self-management education programs accredited by the American Diabetes Association. Nurses and dieticians certified in diabetes education, along with community-based diabetes health educators, provide thousands of people with diabetes and nutrition education and support each year.
- Provides education and care management to women with gestational diabetes, and is recognized as a Sweet Success provider by the State of California.
- Credited with the first successful replication of insulin producing human islet cells outside the human body. Dr. Alberto Hayek's achievement is a milestone on the pathway to a cure.
- Internationally recognized as one of the most effective approaches to diabetes management in low-income and diverse populations, Project Dulce has provided diabetes care and self-management education at community health centers, and other community-based locations or over 20 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. Project Dulce has expanded its reach throughout California, Baja California, and nationally through its training and replication programs.

- Provides retinal screenings for low-income people 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 Research Translational Institute (SRTI) and San Diego State University, to prevent and treat diabetes in San Diego's multi-ethnic communities.
- Serves as the community engagement arm for the Clinical Translational Science Award (CTSA) funded by the National Institute of Health. In collaboration with the Scripps 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 is operating three NIH community-based research trials focused on closing the health disparities gap. One program trains medical assistants to provide health coaching in a primary care setting. The second, Mi Puente/The Bridge, uses a nurse/volunteer team to help patients with behavioral health and chronic disease get the services they need after hospital discharge to prevent readmissions and improve health and quality of life. The third builds on Project Dulce's successful texting program, Dulce-Digital, by testing the effectiveness of real time digital feedback to people with diabetes.

- 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 deploys diabetes educators and advance practice nurses in Scripps inpatient and ambulatory environments to support quality diabetes care and patient education.

# SCRIPPS WHITTIER DIABETES INSTITUTE 2019 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2019

Scripps Whittier Diabetes Institute 2019 Community Benefit Plan provides a description of the overall Scripps community benefit goal of Scripps Whittier Diabetes Institute's objectives and strategies to support community health during Fiscal Year 2019 (October 2018 to September 2019).

## THE SCRIPPS 2019 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 2019 Objectives

### SCRIPPS WHITTIER DIABETES PROGRAM

Scripps Whittier diabetes self-management training and education program has integrated the diabetes education services of two large primary and multi-specialty groups; Scripps Clinic and Scripps Coastal Medical Group. This consolidation has expanded individual and group education and diabetes support through enhanced efficiencies.

### GESTATIONAL DIABETES MANAGEMENT AND EDUCATION PROGRAM

Scripps Whittier Diabetes Program will continue to collaborate with Scripps Clinic OB-GYNs and endocrinologists to provide comprehensive care and education to women with gestational diabetes.

### PROJECT DULCE

Scripps Whittier will continue to offer a comprehensive, culturally sensitive diabetes self-management program for underserved and uninsured populations.

During FY19, 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 underserved communities in California to implement the Project Dulce model in their communities.

- Collaborate with Scripps Mercy Hospital San Diego to reach patients with diabetes who need a medical home, reducing preventable hospital readmissions.

### COMMUNITY ENGAGEMENT

- Identify and develop partnerships with community health providers, researchers and community stakeholders to promote bi-directional dialogues that foster equitable research agendas, discovery, application and dissemination of science that improves health and reduces disparities.

### COMMUNITY EDUCATION

- Participate in community health fairs and screenings in fiscal year 2019 to expand public awareness about diabetes risk factors, prevention, and health maintenance for those with diabetes.
- Community events are planned in collaboration with the American Diabetes Association, Dia de La Mujer (Day of the Woman), Take Control of Your Diabetes (TCOYD) conference and Scripps Wellness Day.

### DIABETES PREVENTION

- Scripps Whittier will provide the evidence-based Diabetes Prevention Program, a year-long intensive lifestyle intervention demonstrated program to reduce the incidence of diabetes among those at risk (with prediabetes), and with a focus on the highest risk population in San Diego's South Bay.

### PROFESSIONAL EDUCATION

- Scripps Whittier's education department will provide ongoing classes and programs tailored to the health care professional in communities throughout the United States and globally.

# SCRIPPS WHITTIER DIABETES INSTITUTE

## 2018 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2018

The Scripps Whittier Diabetes Institute 2019 Community Benefit Report is an account of Scripps Whittier's dedication and commitment to improving the community's health, detailing programs that have provided benefit over and above standard health care practices in Fiscal Year 2018 (October 2017 to September 2018).

### MAKING A FINANCIAL COMMITMENT

During FY18, Scripps Whittier Diabetes Institute devoted \$191,376 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps Whittier emphasize community based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

The diabetes epidemic permeates every facet of our community. The percentage of individuals entering hospitals with diabetes is rising, the number of children developing diabetes is growing, and larger numbers of people are experiencing complications from diabetes, such as renal failure and heart disease, at an earlier age. Developing unique and innovative clinical programs and community-based research is urgently needed to combat this epidemic. The diabetes and obesity epidemic have a disproportionate impact on low-income ethnic groups, yet there is little research demonstrating clinically and cost-effective care and treatment models for these populations. Diabetes leads to school and work absenteeism, elevated hospitalization rates, frequent emergency room visits, permanent physical disabilities and sometimes death.

Diabetes is an important health need because of its prevalence, its impact on morbidity and mortality, and its preventability. Diabetes is a major cause of heart disease and stroke and an analysis of mortality data for San Diego County found that in 2016 'Diabetes mellitus' was the seventh leading cause of death.

The percentage of adults aged 20 and older who have ever been diagnosed with diabetes was 9.4% in 2017 in San Diego County and has been steadily rising since 2005 according to the National Center for Chronic Disease Prevention and Health Promotion. Type 2 diabetes is an important target for intervention because hospitalizations due to diabetes related complications are potentially preventable with proper management and a healthy lifestyle

More than 1 out of 3 adults have prediabetes and 15-30% of those with prediabetes will develop Type 2 diabetes within 5 years. This is especially true in the South Bay

communities in San Diego. Specifically, the city of Chula Vista is home to 26,000 Latinos with diagnosed diabetes and thousands more who are undiagnosed, have prediabetes and are at high risk of developing diabetes.

### PROJECT DULCE MODEL 22 YEARS OF EXPERIENCE

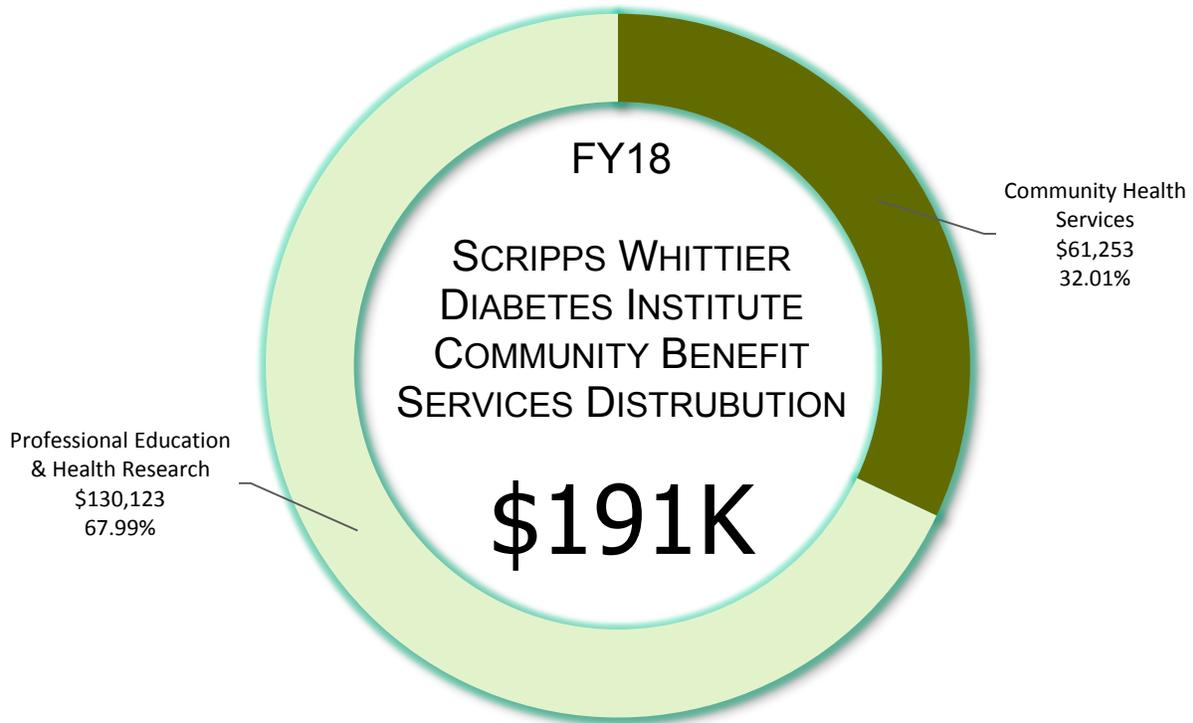
The key elements of Project Dulce are multidisciplinary clinical teams and peer educators (Promotoras) who work together to improve health and empower patients. This model has improved clinical outcomes for glucose, blood pressure and LDL-C. It has improved behavior outcomes and patient satisfaction and lowered costs to the health system through fewer ER visits and hospitalizations. Over 25,000 individuals have been treated in San Diego alone.<sup>49</sup>

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<sup>49</sup> Philis-Tsimikas A, et al. Community Created Programs: Clinical Diabetes, Fall 2012; 30; 4; 156-163. Philis-Tsimikas A. et al. Diabetes Care 2004;27: 110-115

## FIGURE 10:1

### FY18 SCRIPPS WHITTIER DIABETES INSTITUTE COMMUNITY BENEFIT DISTRIBUTION, \$191,376



#### COMMUNITY BENEFIT SERVICES:

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

## SCRIPPS WHITTIER DIABETES INSTITUTE COMMUNITY BENEFIT SERVICES SUMMARY LIST

Programs	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Scripps Whittier Diabetes Institute Federal Grants	-	-	10,116	\$130,123
Whittier - Diabetes Education Outreach Events	1,140	-	714	\$3,615
Whittier - Diabetes Prevention Program	5,010	-	3,136	\$17,521
Whittier - Healthy Living Classes	314	-	197	\$1,313
Whittier - MAC Program	978	-	612	\$2,844
Whittier - Mi Puente Program	404	-	253	\$1,175
Whittier - Project Dulce Care Management	10,330	-	6,466	\$30,393
Whittier - Scripps Diabetes Retinal Screening Program	1,068	-	669	\$3,106
Whittier - (BHIP) Behavioral Health Intervention Program in Diabetes	442	-	277	\$1,285
<b>FY18 Scripps Whittier Diabetes Institute Total</b>	<b>19,686</b>	<b>-</b>	<b>22,438</b>	<b>\$191,376</b>
<p>* <b>"Financial Support"</b> reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

# Section 11

Scripps Medical Foundation

# SCRIPPS MEDICAL FOUNDATION

## ABOUT SCRIPPS MEDICAL FOUNDATION

Scripps Medical Foundation 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, 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 545 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, Scripps Clinic Center for Weight Management and Bariatric services. In January 2017, Scripps Health launched the Scripps Women's Heart Center, offering expert cardiology care for women by women. The center, is led by four female cardiologists, located at the John R. Anderson V Medical Pavilion outpatient clinic on the Scripps Memorial Hospital La Jolla campus.

## SCRIPPS COASTAL MEDICAL CENTER

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

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

## SCRIPPS 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 2019 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2019

The Scripps Medical Foundation 2019 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 2019 (October 2018 to September 2019).

## THE SCRIPPS 2019 COMMUNITY BENEFIT GOAL

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

## Scripps Medical Foundation Fiscal Year 2019 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 offer an educational seminar to learn how osteoarthritis is diagnosed and managed, including the use of assistive devices, osteoarthritis medication, safe use of nutritional supplements and exercise tips.
- Scripps Clinic will continue to provide hip and knee orthopedic surgery education for the general public.

### UNCOMPENSATED HEALTH CARE

During fiscal year 2019, Scripps Medical Foundation will continue to provide health care services for vulnerable patients who are unable to pay for services.

- Maintain, communicate and effectively administer Scripps' financial assistance policy in a manner that meets patients' needs.

# SCRIPPS MEDICAL FOUNDATION 2019 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2018

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 2018 (October 2017 to September 2018).

## FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during FY18, Scripps Medical Foundation employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. In FY18, Scripps Medical Foundation had 8 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$398.

### COMMUNITY BENEFIT SERVICES HIGHLIGHTS

Fostering Volunteerism	
Volunteer Hours	Labor <sup>50</sup>
8	\$398

### Community Benefit Financial Commitment

**\$166,323,359**

## MAKING A FINANCIAL COMMITMENT

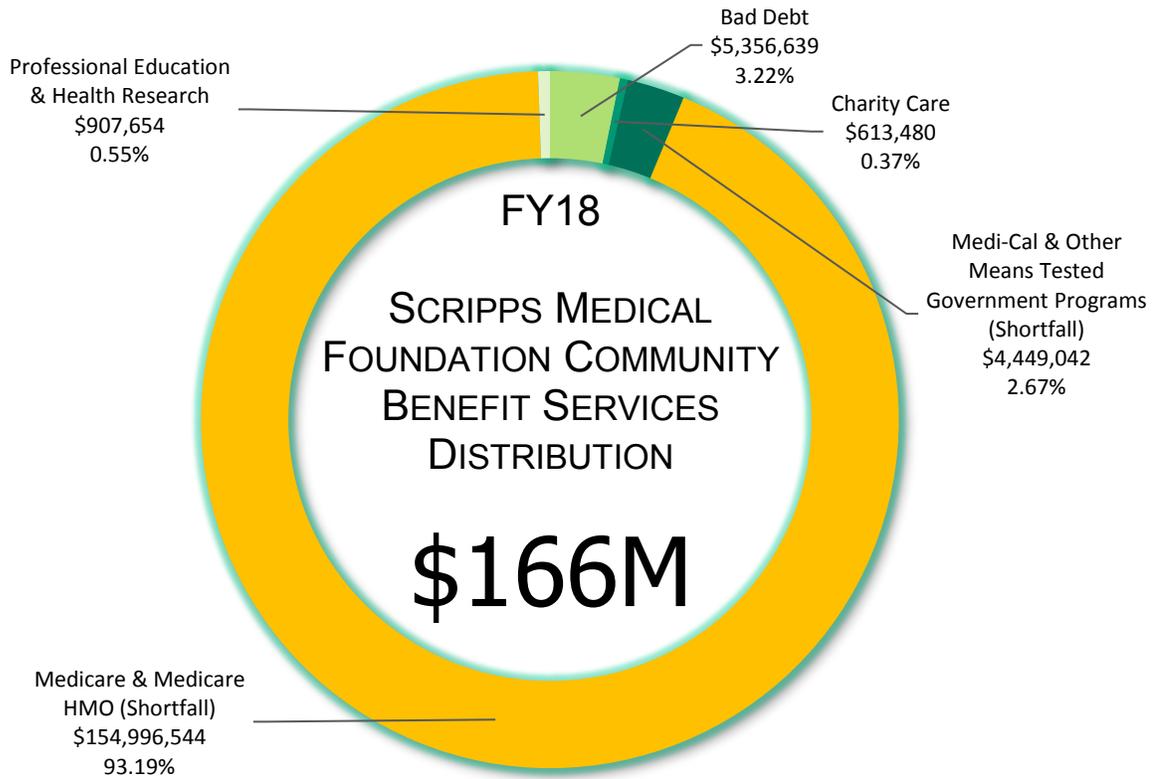
During FY18, Scripps Medical Foundation devoted **\$166,323,359** to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasizes community based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

Community Benefit Services	
Charity Care	\$613,480
Medi-Cal & Other Mean Tested Shortfall	\$4,449,043
Medicare Shortfall & Medicare HMO	\$154,996,544
Professional Education & Research	\$907,654
Refer to Figure 11:1 presented on the following page for a graphic representation of fiscal year 2018.	

<sup>50</sup>Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

# FIGURE 11:1

## FY18 SCRIPPS MEDICAL FOUNDATION COMMUNITY BENEFIT DISTRIBUTION, \$166,323,359



### COMMUNITY BENEFIT SERVICES:

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

# SCRIPPS MEDICAL FOUNDATION FISCAL YEAR 2018 COMMUNITY HEALTH SERVICES

## COMMUNITY HEALTH SERVICES HIGHLIGHT

Community health services include prevention and wellness programs such as screenings, health education, support groups and health fairs which are supported by operational funds, grants, in-kind donations and philanthropy. These programs are designed to raise public awareness and understanding of, and access to, identified community health needs (refer to Section 2, Community Health Needs Assessment).

## SCRIPPS MEDICAL FOUNDATION COMMUNITY BENEFIT SERVICES SUMMARY LIST

Program	Total Served	Volunteer Hours	Program Staff Hrs.	Financial Support *
Bad Debt **	-	-	-	\$5,356,639
Charity Care	-	-	-	\$613,480
Nursing Student Education Rotation	-	-	12,356	\$907,654
Managing Your Osteoarthritis	75	8	-	\$0
Medi-Cal & Other Means-Tested Government Programs ***	-	-	-	\$4,449,044
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$154,996,544
<b>FY18 Scripps Medical Foundation Total</b>	<b>75</b>	<b>8</b>	<b>12,356</b>	<b>\$166,323,359</b>

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

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

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

# Section 12

## Scripps System wide Programs

# SCRIPPS SYSTEM WIDE PROGRAMS

## ABOUT SCRIPPS SYSTEM WIDE 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 MD Anderson Cancer Center, 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 30-year service history in the San Diego community. During Fiscal Year 2018, the 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 190 nurses, therapists and support staff work closely with 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 MD ANDERSON CANCER CENTER

In 2016, Scripps Health and The University of Texas MD Anderson Cancer Center announced a partnership agreement to create a comprehensive and clinically integrated cancer center in San Diego, to be known as Scripps MD Anderson Cancer Center. This new center will combine Scripps' leading knowledge with MD Anderson's world-renowned expertise, best practices and guidelines to serve patients in San Diego and Southern California. Scripps MD Anderson is committed to fighting cancer through a collaborative, team approach that puts the patient at the center of care. Scripps and MD Anderson are both nationally recognized leaders in cancer therapy, and are combining their strength to bring some of the most advanced cancer care available to San Diego. Scripps MD Anderson physicians and staff work collaboratively toward cancer prevention, early detection, coordinated treatment and community support services, and is actively involved in leading-edge clinical, translational and basic research. Additional resources include specialized breast care centers, infusion clinics, nurse navigators, rehabilitation services, support groups and Scripps Center for Integrative Medicine.

## SCRIPPS MD ANDERSON 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. Throughout the system, 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.

## SCRIPPS MD ANDERSON 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.

## 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 trials 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 and emerging treatment opportunities when appropriate. In addition, Scripps coordinates its research with nationally accredited continuing and graduate medical education programs.

In 2008, Scripps Clinical Research (CRS) was created to support clinical research throughout the Scripps system. CRS supports more than 25+ medical specialties under one administration team. As a result, it accelerates the access to new technologies for physicians and patients by consolidating the various components of clinical investigation into a seamless, streamlined regulatory and administrative process. Scripps continues building in its strong foundation for clinical and translational research through small pilot studies to large multicenter trials placed at all Scripps hospitals engaging both inpatient and outpatient settings. As ambulatory-based research increases across the system, Scripps supports more than 150 principal investigators and about 350 active clinical research protocols crossing interdisciplinary disease categories.

## SCRIPPS CLINICAL RESEARCH TRIALS

- Arthritis
- Cancer (various tumor sites)
- Cardiology
- Cardiac Stem Cell
- Chronic Lung Disease
- Cosmetic Procedures
- Dermatology
- Diabetes
- Proton Therapy
- Eye Infections
- Eye-Macular Degeneration
- Eye-Cataracts
- Genomic Directed
- Growth Hormone Deficiency
- Hepatitis C
- High Cholesterol
- Joint Replacement (hip, shoulder, knee, cartilage stem cell)
- Liver Disease
- Migraine Headaches
- Neuro Imaging
- Nephrology
- Obesity/Weight Loss
- Organ Transplant
- Osteoporosis
- Orthopedics
- Parkinson's Disease
- Stroke
- Sleep

## SCRIPPS WHITTIER DIABETES INSTITUTE AND SCRIPPS RESEARCH TRANSLATIONAL INSTITUTE (SRTI) PARTNERSHIP

The Scripps Research Translational Institute (SRTI) partners with Scripps Health to combine strong patient care and clinical research capabilities with the exceptional biomedical science expertise of Scripps Research to leverage the power of genomic medicine and digital medicine technologies, for the advancement of individualized medicine. SRTI is dedicated to accelerating the “translation” of basic laboratory discoveries into clinical trials and ultimately approved treatments. Under the direction of Scripps Research, SRTI is supported in part by the National Institutes of Health Clinical and Translational Science Award (CTSA). A five-year, \$20 million grant to support translational clinical research, infrastructure and training first awarded in 2008 was renewed in 2013 and renewed again in 2018 for its 3<sup>rd</sup> five-year NIH grant through 2023 for \$31.5 million.

The SRTI Community Engagement Program (SRTI-CEP) and the Clinical Translational Academic Research Core are led by the Scripps Whittier Diabetes Institute, which has provided the San Diego community with the most advanced diabetes care, education, research and support for more than 30 years.

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

In addition to leading its own Community Engagement Research (CEnR) projects in diabetes and cardio metabolic disease, Scripps Whittier Diabetes Institute enhances the involvement of community and clinicians in other areas of translational and transformational research through the resources provided by the Academic Research Core, such as a research navigator, biostatistician and community engagement program manager. Scripps supports 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 has 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.”

### SCRIPPS COMMUNITY BENEFIT SERVICES

Scripps System wide Community Benefit Services provides oversight, support, guidance and coordination of Scripps community health and outreach programs, helping ensure that they are in accordance with the Scripps mission, values and strategic objectives. This program also supports the Strategic Planning Committee, a committee of the Scripps Board of Trustees, in assessing and planning to meet community need. Additionally, this program is responsible for developing the triennial health needs assessment and, through the Community Benefit Fund, supports community programs that address San Diego County’s high-priority health needs.

## SCRIPPS SYSTEM WIDE PROGRAMS AND SERVICES 2019 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2019

The Scripps System wide 2019 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the system wide objectives and strategies to support community health improvement during Fiscal Year 2019 (October 2018 to September 2019).

### THE SCRIPPS 2019 COMMUNITY BENEFIT GOAL

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

### Scripps System wide Program Fiscal Year 2019 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.

#### SCHOOL PARTNERSHIPS

- Continue to align Scripps Talent Development Services and programs with the organization's workforce development strategy.
- Partner with identified high schools in San Diego County to offer internships in support of student success in future healthcare occupations.
- Host an annual school and service partnership breakfast to discuss community workforce and education needs.
- Strategically build academic partnerships by working with the Consortium to include local schools with programs that support Scripps talent pipeline.
- Continue to expand visibility of our academic partners by providing opportunities to meet with employee's onsite during our annual College Fairs.
- Continue to oversee new requests for affiliation agreements with a focus on establishing agreements that support Scripps talent pipeline. These are reviewed by the education committee.

## DISASTER PREPAREDNESS: COMMUNITY OUTREACH AND EDUCATION

Scripps Health's goal is to enhance our organizations emergency preparedness program in order to benefit the community. We aim to establish activities to maximize our overall medical surge capacity and help to enhance the community's emergency preparedness and response. Having the ability to provide emergency services to those injured in a local disaster while continuing to care for hospitalized patients, is a critical community need. Scripps, together with other first responder agencies (public and private), will engage in a variety of training, outreach and planning initiatives during Fiscal Year 2019, including:

- Full participation in 2019 San Diego County Operational Area Full Scale Exercise
- Full participation in November 15, 2019 Statewide Medical & Health Full Scale Exercise
- Continued active participation with San Diego County in planning and preparing for emergencies with the San Diego County Healthcare Disaster Coalition.
- Continued active participation with San Diego County in the Hospital Preparedness Program's (HPP). The group's intent is to increase the preparedness, response capabilities and surge capacities of hospitals and other healthcare facilities.
- Assist DEA with all Drug Take Back event requests.
- First Receiver Operations, PPE & Decontamination for Health Care training and full-scale drill for community partners.

## AMERICAN HEART ASSOCIATION – 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.

## SUBSTANCE USE PREVENTION AND TREATMENT PROGRAMS

Continue to provide substance abuse prevention and treatment programs. 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. In collaboration with Scripps Drug and Alcohol Resource Nurses to help maintain them into community based programs.

## PROFESSIONAL EDUCATION AND HEALTH RESEARCH

Scripps High School Exploration Program and the Health and Science Pipeline Initiative (HASPI) will continue to provide education internships for students offering five week-long paid internships, in which students rotate through clinical departments to learn about health care.

- In alignment with predicative analytics for Scripps hiring and staffing needs, continue to provide Specialty Training Programs in ICU, MCH, OR, ED and SPD.
- Continue to provide Scripps Health New Grad RN Residency Programs. Explore expansion of this program to the clinic setting.
- Explore expanding Young Leaders in Healthcare to employee dependents and school partnerships. There are currently 15 partnership high schools.

## UNCOMPENSATED HEALTH CARE

During fiscal year 2019, Scripps Home Health Care will continue to provide health care services for vulnerable patients who are unable to pay for services.

- Maintain, communicate and effectively administer Scripps' financial assistance policy in a manner that meets patients' needs.

# SCRIPPS SYSTEM WIDE PROGRAMS AND SERVICES

## 2019 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2018

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 2018 (October 2017 to September 2018).

### FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during FY18, Scripps system wide employees donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. With 360 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$17,941.27

#### COMMUNITY BENEFIT SERVICES HIGHLIGHTS

Fostering Volunteerism	
Volunteer Hours	Labor <sup>51</sup>
360	\$17,941.27

Community Benefit Financial Commitment
<b>\$2,658,219</b>

### MAKING A FINANCIAL COMMITMENT

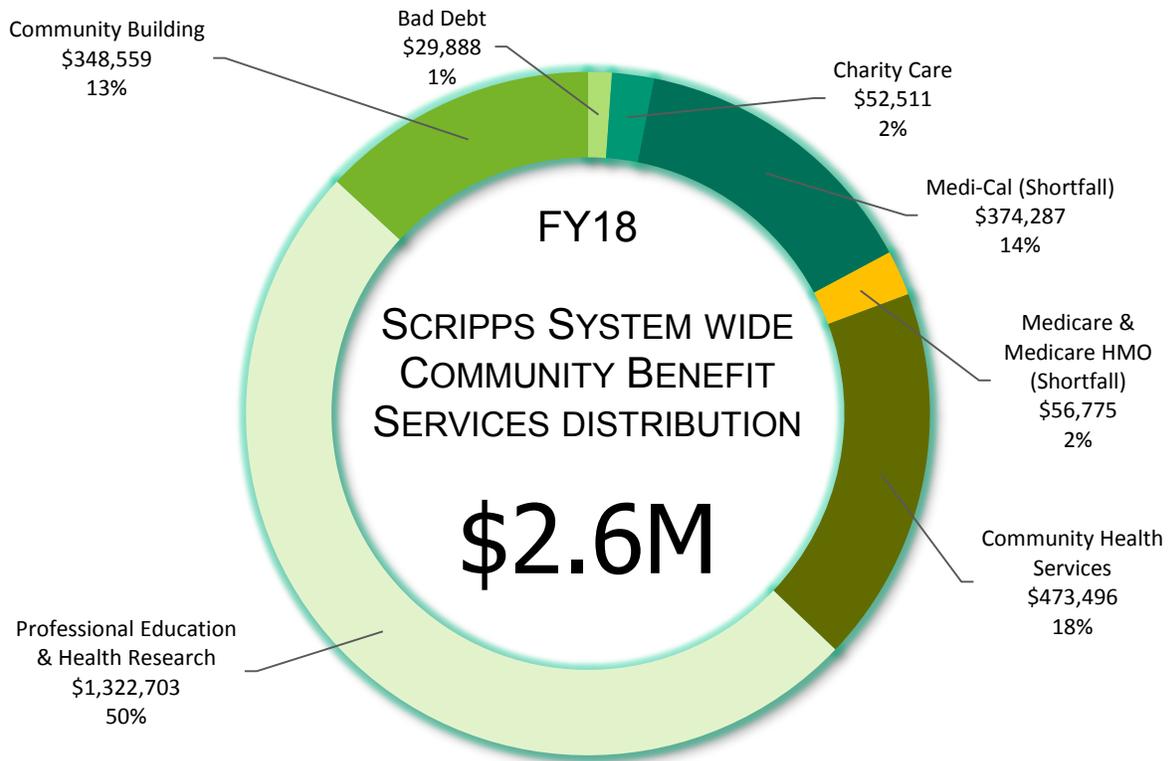
During FY18, **\$2,658,219** was devoted by Scripps System wide programs to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

Community Benefit Services	
Bad Debt	\$29,888
Charity Care	\$52,511
Community Building Activities	\$348,559
Community Health Services	\$473,496
Medi-Cal & Other Mean Tested Shortfall	\$374,287
Medicare & Medicare HMO Shortfall	\$56,775
Professional Education & Research	\$1,322,703
Refer to Figure 12:1 presented on the following page for a graphic representation of fiscal year 2018.	

<sup>51</sup> Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

## FIGURE 12:1

### FY18 SCRIPPS SYSTEM WIDE COMMUNITY BENEFIT DISTRIBUTION, \$2,658,219



#### COMMUNITY BENEFIT SERVICES:

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

# SCRIPPS SYSTEM WIDE COMMUNITY HEALTH SERVICES FISCAL YEAR 2018

## 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 2018 (October 2017 to September 2018) \$473,496 was invested by Scripps System wide programs in community based health improvement activities. This figure reflects the costs associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Scripps system wide FY18 community health services achievements.

## SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND

In FY18, Scripps Health continued to deepen its commitment to philanthropy with the Community Benefit Fund. Over the course of the year, it awarded \$220,500 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's County's high-priority health needs. The goal is to improve access to vital health care services for a variety of at-risk populations, including the homeless, economically disadvantaged, mentally ill and others. Since the Community Benefit Fund began, Scripps has awarded \$3.7 million dollars. Programs funded during Fiscal Year 2018 include:

### 211 HEALTH CARE NAVIGATION PROGRAM

Locally, 2-1-1 San Diego was launched in June 2005 as a multilingual and confidential service committed to providing 24/7 access. There was an overwhelming need for a dependable service to help people navigate today's complex health care system. Scripps Health has been a longtime supporter of 2-1-1 San Diego's Health Navigation Program which creates a record for every person who calls, in order to provide a service that navigates clients through different referrals and tracks their success toward achieving improved social determinants of health. All 2-1-1 staff are trained to identify individuals who are in need of care coordination services, particularly individuals who are having difficulties managing their chronic health conditions. Health Navigators are trained to determine client risk using the Risk Rating Scale (RRS). The RRS determines

a client's status ranging from "In Crisis" to "Thriving" using social determinants of health such as housing, nutrition, primary care and health management.

Health Navigators evaluate on the following to determine whether a client has decreased in vulnerability for health management:

- Understanding of prescription medication: Does the client understand how and when to take their medicine and do they understand the use/importance of each medication?
- Health Condition Management: Does the client understand the illness/disease that they have been diagnosed with, what their prognosis is, and what they need to do in order to remain healthy?
- Health Insurance/Medical Home: Does the client have health insurance and do they know how to utilize it? Does the client have a primary care doctor and/or specialists that they see and do they know how to make appointments with each? Does the client know in what situation they should make an appointment with their Primary Care Physician vs. going to an Emergency Room for an immediate medical need?
- Transportation: Does the client have the means to get to their doctor's appointments?

During this grant period 2-1-1 provided care coordination services to 576 clients with complex chronic conditions. Clients decreased vulnerability in the following social determinants of health: housing, nutrition, primary care, and health management by 67%. Clients also reported feeling better to manage their health condition by 71% increase. 2-1-1 Health Navigators provided individualized needs assessments, case planning, information, education and referrals and provided ongoing client contact and progress checks via phone over a period of time relevant to the client's needs to check on and document client progress.

## 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 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 a case plan. The focus of the case management is to stabilize the client by helping them

connect to more permanent income sources, housing and ongoing support for self-reliance. The goal of this partnership is to reduce the incidence of ER recidivism and improve quality of life for the patients.

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

Funding provides low-income, uninsured and behavioral health patients who need assistance obtaining health care benefits, SSI and related services, while simultaneously reducing uncompensated care expenses. This project provides advocacy services for time-intensive government benefit cases.

### CANCER/ONCOLOGY

In 2016 cancer was the leading cause of death in San Diego County, responsible for 24.1 percent of deaths. There were 5,096 deaths due to cancer (all sites) and an age-adjusted death rate of 146.6 deaths per 100,000 population.<sup>52</sup>

In response to this serious health concern, Scripps has developed a series of prevention and wellness programs to educate people on the importance of early detection and treatment for some of the most common forms of cancer. During Fiscal Year 2018, 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.

### 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 diagnosis 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.

### CARDIOVASCULAR DISEASE

'Diseases of the heart' were the second leading cause of death in San Diego County in 2016. In addition, 'Cerebrovascular Diseases' were the fourth leading cause of death and 'Essential (primary) hypertension and hypertensive' was the tenth. Heart disease claims more than 950,000 American's<sup>53</sup> lives every year. Stroke is a leading cause of serious, long-term disability.

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<sup>52</sup> County of San Diego HHS, Public Health Services, Community Epidemiology Branch

<sup>53</sup> San Diego Hospital Association and Imperial Counties 2016 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>

During FY18, Scripps engaged in the following heart health and cardio-vascular disease prevention and treatment activities.

### AMERICAN HEART ASSOCIATION WALK

Scripps partners with the American Heart Association on its annual Heart Walk to raise funds for research, professional and public education and advocacy. 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 has proudly supported the AHA's annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of cardiovascular diseases and stroke.

In September 2018, Scripps employees volunteered their time to coordinate walker participation and fundraising efforts. The San Diego Heart Walk raised more than \$1.1 million. In FY18, more than 1,063 Scripps Heart Walk participants, (employees, families, and friends) and more than 114 teams representing entities across walked to help raise more than \$74,634. To date, Scripps has raised more than \$3 million through its San Diego Heart & Stroke Walk fundraising efforts.

### 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.

#### 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 (SMRT).

Both are lead teams for the State of California Mobile Field Hospital deployment and the USAID Trauma Surgical Deployment Unit. Scripps teams are also ready for deployment if the International Medical Corps requests assistances.

## SAN DIEGO COUNTY AND NATIONAL COMMUNITY SUPPORT AND OUTREACH EDUCATION

Scripps Health maximizes awareness and encourages participation in disaster preparedness activities to affect change at the community level. In FY18, Scripps participated in the following:

- Scripps Health participated in San Diego County Healthcare Disaster Coalition and State of California advisory groups to plan, implement and evaluate key disaster preparedness response plans and exercises. Scripps Health also participates in the National Hospital Incident Command (HICS) Advisory Committee.
- First Receiver Operations, PPE & Decontamination for Health Care. Scripps Health offered training to the community in First Receiver Operations, PPE & Decontamination for Health Care. This was an eight hour course on managing hazardous material emergencies (Chemical, Biological, Radiological, Nuclear, and Explosives) and a decontamination response in the healthcare setting. The course included a full functional exercise and training that incorporated the skills of team communication, collaborations, and continuation of care.
- The Scripps Medical Response Team (SMRT) assisted the County of San Diego in the Hepatitis A Outbreak response. The County vaccination strategy centered upon assessing the at-risk populations and making vaccines as accessible as possible to these individuals. In November 2017, the SMRT went to three dispensing sites to administer vaccinations. Each team consisted of a team leader, physician, 2 -3 registered nurses, logistics, and security personnel.

## SAN DIEGO COUNTY OPERATIONAL AREA FULL SCALE EXERCISE

- On April 20, 2018 Scripps Health participated in the National Disaster Medical System – Earthquake Full Scale Exercise. The exercise included the activation of the local Federal Coordination Center, medical facilities, local government jurisdictions, and health and medical community partners.

## SAN DIEGO COUNTY COALITION SURGE TEST NO NOTICE EXERCISE

- June 11, 2018 Scripps Health participated in the no notice evacuation scenario exercise. The Coalition Surge Test used an evacuation scenario to help health care coalitions assess how well their members can work together to respond to a sudden health care crisis. It was designed to test a coalition's functional surge capacity and to identify gaps in surge planning. Scripps Memorial Hospital La Jolla was the chosen hospital to have to evacuate.

## CALIFORNIA STATEWIDE MEDICAL & HEALTH FULL SCALE EXERCISE

- 2017 Statewide Medical & Health Full Scale Exercise  
A full scale exercise planned for San Diego Operational Area to take place at various locations throughout the County. The 2017 Statewide Medical and Health Exercise program is a progressive exercise program comprised of a series of training exercises tied to a set of common program priorities. The scenario was an active shooter/terrorist event.

## SAN DIEGO COUNTY PRESCRIPTION TAKE BACK DAY

Prescription drug abuse is currently being reported by law enforcement agencies across the country as their greatest threat. In addition, unsafe disposal of prescription medications is costly to the environment. The "Safe Prescription Drug Drop-Off" pilot program is available to the community. Residents can drop off unused or expired prescriptions - no questions asked. Police officers check the boxes daily, collect the contents and prepare for disposal that is eco-friendly and in accordance with Federal and State laws.

This program not only helps to protect the environment, it can also deter the usage of prescription drugs by unintended parties – including young people facing peer pressure and new ways to "get high." The San Diego Police Department constantly strives to be proactive in enhancing public safety and saving lives.

Scripps Health participated in this initiative on October 28, 2017 and April 28, 2018 with four hospital/clinic sites participating.

Scripps Prescription Take Back Day Totals	Boxes	Pounds
Scripps Coastal Medical Center	15	253
Scripps Green Hospital	12	194
Scripps Rancho Bernardo Clinic	67	1122
Scripps Encinitas Hospital	47	767
Totals	141	2336

## PROFESSIONAL EDUCATION AND HEALTH RESEARCH HIGHLIGHTS

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

Each year, resources are allocated by Scripps System wide programs and services to advance health care services through professional health education programs and research. To enhance service delivery and treatment practices for San Diego County; \$1,322,703<sup>54</sup> was invested by Scripps System wide programs and services in professional training and health research programs during Fiscal Year 2018 (October 2017 to September 2018). This section highlights some of Scripps System wide professional education and research activities during FY18.

### 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 FY18, 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.

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<sup>54</sup> Reflects clinical research as well as professional education for Non-Scripps employees, nursing resource development and other health care professional education. Calculations based on total program expenses. Clinical research includes the subsidy, which is the operating income/loss of Scripps research entities. Scripps research entities: Scripps Clinical Research Services, Scripps Whittier Institute, Scripps Genomic Medicine and the Scripps Translational Science Institute.

## SCRIPPS SYSTEM WIDE COMMUNITY BENEFIT SERVICES SUMMARY LIST

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
2-1-1 San Diego - Community Benefit Fund	-	-	-	\$12,000
2-1-1 San Diego Annual Event	-	-	-	\$5,000
4th Annual Heart Attack & Stroke Free Zone Summit - UCSD	-	-	-	\$1,000
Adult, Infant and Child CPR for Family and Friends	129	-	146	\$5,535
Advanced Cardiac Life Support (ACLS) Provider Course	3	-	34	\$1,888
Advanced Cardiac Life Support (ACLS) Renewal Course	13	-	70	\$2,728
American Cancer Society-Making Strides Against Breast Cancer - Event	25	10	-	\$0
American Cancer Society-Making Strides Against Breast Cancer-Sponsorship	-	-	-	\$10,000
American Heart Association - Go Red for Women Luncheon Sponsorship	-	-	-	\$5,000
American Heart Association Heart Walk - Event	1,062	-	1,765	\$123,400
American Heart Association Heart Walk - In-Kind Donation	-	-	-	\$7,400

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

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

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
American Heart Association Heart Walk - Sponsorship	-	-	-	\$10,000
Bad Debt **	-	-	-	\$29,888
Basic Life Support for Healthcare Provider - Initial	2	-	12	\$312
Basic Life Support for Healthcare Provider - Renewal	7	-	12	\$291
Basic Life Support for Healthcare Provider Online Skills Check	33	-	122	\$5,734
Be There San Diego	-	-	-	\$1,000
Blood Drive - American Red Cross - Campus Point	49	-	-	\$0
Charity Care	-	-	-	\$52,511
Chelsea's Light Foundation	-	-	-	\$1,000
Clinical Research Services	-	-	79,160	\$1,256,572
Nursing Student Education Rotation	-	-	473	\$35,442
Disaster Preparedness - Community Outreach and Education **	-	-	6	\$0
Enlisted Leadership Foundation - The Foundry **	-	-	-	\$25,000
Eric Paredes Adult Cardiac Risk Assessment.	36	-	20	\$985
Eric Paredes Save a Life Foundation - Grant	-	-	-	\$8,500

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

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

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
Eric Paredes Save a Life Foundation - Screenings	4,915	171	425	\$23,395
Executive Leadership - Community Building **	-	-	620	\$39,971
Food Finders and Interfaith Community Services	-	-	87	\$4,124
Health Care Public and Government Advocacy **	-	-	730	\$31,976
Heartsaver CPR, AED and Basic First Aid - American Heart Assoc.	22	-	16	\$496
Hospital Preparedness Program Development Committee **	-	-	50	\$3,109
Medi-Cal & Other Means-Tested Government Programs ***	-	-	-	\$374,287
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$56,775
Neonatal Resuscitation Program (NRP)	8	-	21	\$644
North County Health & Wellness Fair	75	-	-	\$0
North San Diego Business Chamber Health Committee Meeting **	25	-	-	\$0
Pediatric Advanced Life Support (PALS) Renewal Course	1	-	9	\$364
Prescription Drug Take Back Day	374	-	24	\$0
San Diego County Crime Stoppers	-	-	-	\$1,000
San Diego County Healthcare Disaster Council **	-	-	20	\$1,199

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

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

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

Program	Persons Served	Volunteer Hours	Staff Hrs.	Financial Support *
San Diego Family Health Center	-	-	-	\$7,500
San Diego Organization of Healthcare Leaders (SOHL) **	-	-	-	\$2,000
San Diego Police Foundation **	-	-	-	\$2,500
San Diego Public Library Foundation	-	-	-	\$5,000
San Ysidro Health Center Committee	-	-	10	\$799
Scripps Hepatitis A Immunization Outreach	18	22	105	\$8,143
Scripps Cal Fresh Screening Program	1,947	-	-	\$0
Scripps Genomic Medicine and Translational Services	-	-	216	\$18,729
Scripps Health System Community Benefit Planning and Outreach	-	-	-	\$223,839
Scripps High School Exploration Program	25	-	2,874	\$190,193
SD Sherriff's Search & Rescue Academy - Emergency Response Module **	20	42	4	\$1,034
Skin Cancer Screenings-San Diego Firefighters, Lifeguards & Police	280	92	140	\$7,202
Skin Cancer Screenings - Local State Beaches Lifeguards	55	16	20	\$1,178
University City (UC) High School Exploration Program	14	-	808	\$51,577
<b>FY 18 Scripps System wide Total</b>	<b>9,138</b>	<b>352</b>	<b>87,999</b>	<b>\$2,658,219</b>

\* **"Financial Support"** reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.  
\*\*Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.  
\*\*\* Hospital provider fee was reported as offsetting revenue from Medi-Cal.

# Section 13

## Appendices

## 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 (CHNA)** – the written report adopted for the hospital facility by an authorized body of the hospital facility.

**Community Health Needs** – those requisites for improvement or maintenance of health status in the community.

**Cost Accounting** – Cost accounting systems generally provide the most accurate portrayal of the true cost of community benefit activities. Measurement of the costs associated with specific activities and programs to provide information meaningful to management. For example, cost accounting is used to determine the amount of an organization's total expense that reasonably can be attributed to community benefit, to assign indirect (overhead) expense to the direct cost of a program, and to estimate the cost associated with serving a subset of patients, such as Medicaid recipients.

**Direct Costs** – “Direct costs” means salaries and benefits, supplies, and other expenses directly related to the actual conduct of each activity or program.

**Direct Offsetting Revenue** – Revenue from the activity during the year that offsets the total community benefit expense of that activity. Includes any revenue generated by the activity or program, such as reimbursement for services provided to program

patients. Direct offsetting revenue also includes restricted grants or contributions that the organization uses to provide a community benefit, such as a restricted grant to provide financial assistance or fund research. Direct offsetting revenue does not include unrestricted grants or contributions that the organization uses to provide a community need.

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

**Hospital Provider Fees** – States have some form of Medicaid provider tax (or fees and assessments) in place. Through these arrangements, providers pay funds to states that then are appropriated to Medicaid agencies and serve as a source of matching funds that yields federal Medicaid revenue. These fees are included in community benefit accounting as Medicaid cost, and any revenues they yield also included in Medicaid “direct offsetting revenue”.

**Implementation Strategy** – the written document that describes the hospital facility’s strategy to meet the community health needs identified through the hospital facility’s Community Health Needs Assessment (CHNA).

**In-Kind Contributions** – Donations made (or received) using resources that are not legal tender (e.g., cash, checks, credit cards). Donations of supplies (e.g., pharmaceuticals), equipment, or staff time that benefits another organization are examples of in-kind contributions. In community benefit accounting, in-kind contributions are valued fairly. For example, the hospital donates a two-year old computer to a community clinic. The community benefit expense would be \$1,000 if the computer was purchased for \$3,000 and after two years of use it has depreciated to a value on the books of the hospital of \$1,000.

**In-Lieu of Funds** – Funds used for unfunded or under-funded patients and their post-discharge needs. Funds are used for board and care, skilled nursing facilities, long-term acute care, and home health. In addition funds are also used for medications, equipment, and transportation services.

**Net Community Benefit Expense** – Total community benefit expense minus direct offsetting revenue.

**Other Means-Tested Government Programs** – Government-sponsored health programs where eligibility for benefits or coverage is determined by income or assets.

Examples include: the State Children’s Health Insurance Program (SCHIP), or the California Children’s Services (CCS) Program.

**Payer** – Insurance companies, health care service plans, Medicare, Medi-Cal and other private or public entities that pay hospitals for health care provided to their sponsored patients.

**Professional Education and Health Research** – includes clinical research as well as professional education of non-Scripps employees including graduate medical education (GME), nursing resource development, and other health care professional training. Costs for medical residents and interns may be included as health professions educations costs. Calculations based on total program expense.

**Restricted Contributions (Grants)** – Donations, gifts, bequests and other transfers of money or property made by a donor or grantor that has stipulated a temporary or permanent use for the resources provided. Donors or grantors provide restricted contributions with the intent of supporting a particular activity or program. Restrictions generally are stated in writing by the donor or grantor when they make a gift or grant.

**Subsidized Health Services** – Patient care services the organization provides despite a financial loss, (even) after removing the effects of charity care and Medi-Cal shortfalls (and bad debt). Clinical programs 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.

**Total Community Benefit Expense** – Total gross expense of the activity incurred during the year.

**Uncompensated Health Care** – Includes charity, under-reimbursed care and bad debt. Shortfalls are derived using the payer based cost allocation methodology. Bad debt and charity care are estimated by extracting the gross write offs of bad debt and charity care charges and applying the hospital RCC to estimate net uncompensated cost.

**Under-Reimbursed Care** – Care that is reimbursed below cost by County Medical Services, Medi-Cal and Medi-Cal HMO, Medicare, Medicare PPO, Medicare HMO and SHPS Medicare.

**Unrestricted Contributions (Grants)** – Donations, gifts, bequests and other transfers of money or property that are free from any external restrictions and are available for general use.

**Volunteer Hours** – includes the labor hours contributed by Scripps employees and affiliated physicians in support of Scripps-sponsored activities for which no compensation is received. The dollar value is not included in Scripps’ “community benefit contribution.”

## APPENDIX B

### SCRIPPS UNCOMPENSATED CARE METHODOLOGY FISCAL YEAR 2018

Scripps continues to contribute resources to provide low and no-cost health care services to populations in need. During fiscal year 2018, Scripps contributed \$358,318,252 to uncompensated health care, \$20,245,366 in charity care, \$331,743,910 in Medi-Cal and Medicare shortfall, and \$6,328,976 in bad debt.

**Schedule H Methodology** — Schedule H requires the uncompensated care to be divided into four categories: Charity care, under-reimbursed Medi-Cal and Other Means-Tested Government Programs, Bad Debt, and under-reimbursed Medicare. Bad debt and Medicare shortfalls are reportable under the Schedule H guidelines but do not count towards the community benefit totals. Thus, the categories are reported in a specific order/hierarchy. Charity Care and under-reimbursed Medi-Cal and Other Means-Tested Government Programs are counted first.

**Charity Care Methodology** — Uncompensated cost is estimated by applying ratio-cost-to-charge (RCC) percentages for the hospital to the gross charity adjustments. The following costs are excluded: Community health services, professional education and research, and expenses excluded in the Medicare cost report. Traditional Charity Care is included in the Internal Revenue Service (IRS) Form 990 Schedule H Part I Line 7a.

**Medi-Cal Shortfall** — The shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare, Medicare PPO, Medicare HMO, Medicare Capitated program at the hospitals, Medi-Cal, Medi-Cal HMO, and CMS primary insurance carriers. Operating margin is defined as net revenue less all variable, fixed, and overhead costs. Profitability is estimated as follows: Net revenue is equivalent to payments plus an estimation of the account balance for all open accounts, plus revenue from uncompensated care pools including Medi-Cal DSH. Cost is derived using the relative value allocation methodology per the 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.

**Medicare and Medicare HMO Hospitals** — Shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare and Medicare Senior primary insurance carriers. Operating margin is defined as net revenue less all variable, fixed, and overhead costs. Profitability is estimated as follows: net revenue is equivalent to payments plus an estimation of the capitation account balance for all open accounts, plus other revenue including. Cost is derived using the relative value allocation methodology per the McKesson HPM cost accounting system. These costs are included in the IRS Form 990 Schedule H Part III Section B.

**Bad Debt Methodology** — Uncompensated cost is estimated by applying ratio- cost-to-charge (RCC) percentages for the hospital to the gross bad debt adjustments less recoveries. The following costs are excluded: Bad debt adjustments at cost for Medi-Cal and CMS patients, community health services, professional education and research, and expenses excluded in the Medicare cost report. These costs are included in the IRS Form 990 Schedule H Part III Section A.

**Shortfall Methodology Clinics** — Shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare and Medicare Senior primary insurance carriers. Operating margin is defined as net revenue less all variable, fixed, and overhead costs. Profitability is estimated as follows: net revenue is equivalent to payments plus an estimation of the capitation account balance for all open accounts, plus other revenue including. Cost is derived using the relative value allocation methodology per the McKesson HPM cost accounting system. These costs are included in the IRS Form 990 Schedule H Part III Section B.

## **Hospital Provider Fee Program**

The State of California enacted legislation for a hospital fee program to fund certain Medi-Cal coverage expansions. The program charges hospitals a quality assurance fee that is used to obtain federal matching funds for Medi-Cal with the proceeds redistributed as supplemental payments to California hospitals that treat Medi-Cal patients. There are two hospital fee programs that had activity in 2017 and 2018: a 36 month hospital fee program covering the period from January 1, 2017 through June 30, 2019. Historically, the Organization's policy was to record revenue and expense upon approval of the program. During 2018, the Organization determined that, for all hospital fee programs through 2018, the supplemental payments met all criteria related to revenue recognition and the quality assurance fees are both probable and estimable. Accordingly, all related supplemental payments have been recognized as revenue and related quality assurance fees have been recognized as expense as of September 30,

2018. Federal and state payments received from these programs are included as provider fee revenue in net patient revenue, and fees paid or payable to the state and California Health Foundation and Trust (CHFT) are included in provider fee expense in operating expenses. The Organization recorded a net benefit of \$55,253,000 during 2018, with \$20,401,000 from the 36 month program, and \$34,852,000 from the 30-month program.

Provider fee program revenue recorded for the years ended September 30 is summarized below (in thousands):

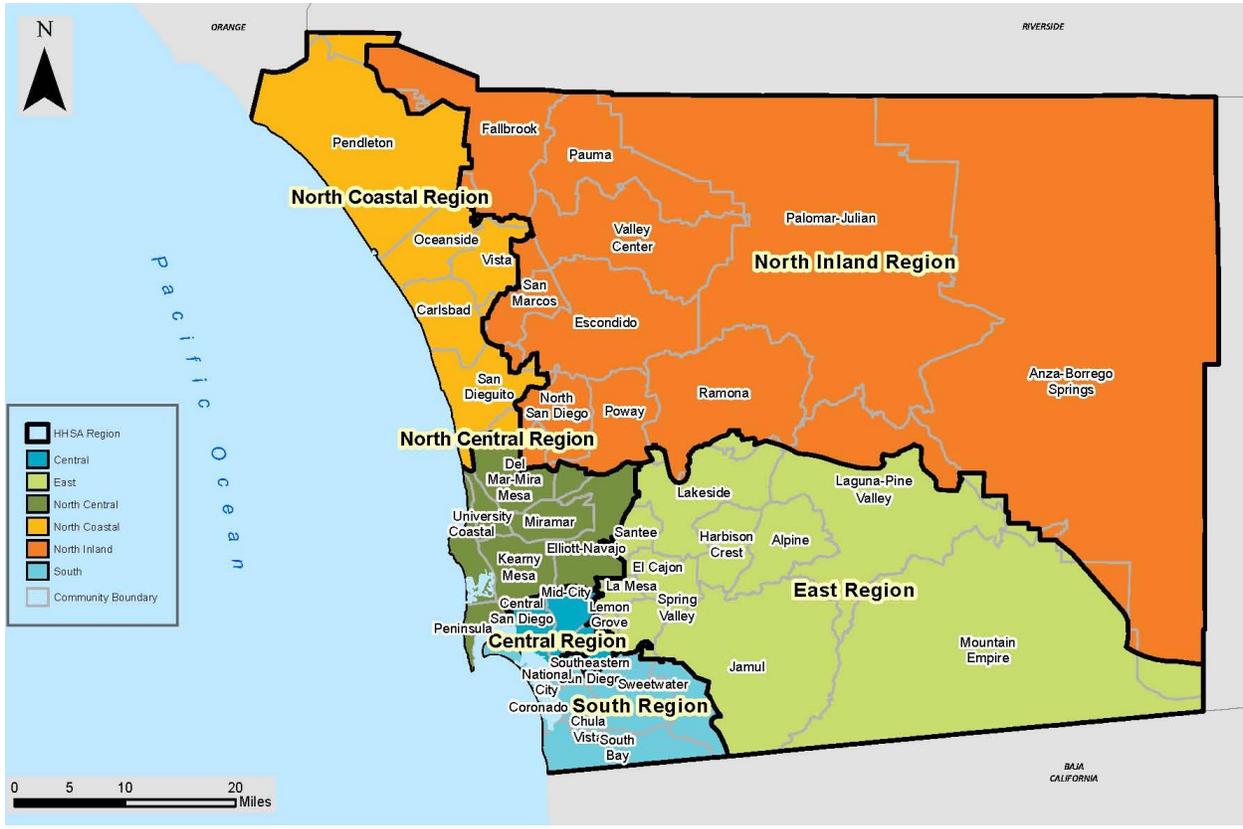
	2018	2017
Provider fee revenue	\$ 241,538	\$ 41,804
Provider fee expense	(183,990)	(36,368)
CHFT fee	(2,295)	(90)
Net operating income from provider fee	\$ 55,253	\$ 5,346

# APPENDIX C



# APPENDIX D

## SAN DIEGO COUNTY HHSA GEOGRAPHIC SERVICES REGIONS<sup>1</sup>



Source: County of San Diego:

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

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

<sup>1</sup>These regions have been designated by the County of San Diego Health and Human Services Agency (HHSA) for the purpose of service delivery. The regions include different sub-regional area (SRA) groupings that the regions designated by the San Diego Association of Governments (SANDAG)

# APPENDIX E

## REGULATORY REQUIREMENTS

### SB 697 and Scripps History with Past Assessments

Scripps Health has a long history of responding to the health needs of the communities it serves, extending beyond traditional hospital care to address the health care needs of the region's most vulnerable populations. In 1994, California legislators passed Senate Bill 697 (SB 697), which requires all private not-for-profit hospitals in the state to conduct a CHNA every three years. Since 1994, these programs have been created based on an assessment of needs identified through hospital data, community input, and major trends. Previous collaborations among not-for-profit hospitals, healthcare systems, and other community partners have resulted in numerous well regarded Community Health Needs Assessments (CHNA) reports. Information is gathered through the CHNA for the purposes of reporting community benefit, developing strategic plans, creating annual reports, providing input on legislative decisions, and informing the general community of health issues and trends.

### Federal Requirements

In 2010, Congress added several new requirements for hospital organizations to maintain federal income tax exempt status under Section 501 (r) of the Internal Revenue Code (the "Code") as part of the Affordable Care Act. One of the requirements set forth in Section 501 (r) of the Code is for each hospital organization to conduct a Community Health Needs Assessment (CHNA) at least once every three tax years. The requirement to conduct a CHNA applies to Scripps Health, which is a health system that operates four hospital facilities. In addition, Scripps Health must adopt a triennial Implementation Plan which is a separate written document to address certain community health needs identified in the CHNA. Additional information on the ACA requirements for nonprofit hospitals can be found at [www.irs.gov](http://www.irs.gov), keyword: "Charitable Organizations".

## Required Components of the Community Health Needs Assessment

Per IRS requirements, (Treas. Reg. § 1.501 (r)-3(b) (6) (i)) the following are components the CHNA must include:

- A description of the community served by the health system and how it was determined
- A description of the processes and methods used to conduct the assessment
- A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility
- 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 with the community available to meet the community health needs identified in the CHNA.
- An evaluation of the impact of any actions that were taken since the hospital finished conducting its immediately preceding CHNA to address the significant health needs identified in the prior CHNA.
- Make the CHNA widely available to the public via the hospital's website.

## Required Components of the Implementation Strategy

Provisions in the Affordable Care Act permit a hospital facility that adopts a joint CHNA report to also adopt a joint implementation strategy which, with respect to each significant health need identified through the joint CHNA, either describes how one or more collaborating facilities plan to address the health need or identifies the health need as one collaborating facilities do not intend to address. The joint implementation strategy adopted for the hospital facility must: (Treas. Reg. § 1.501 (r)-3(c) (4).

- Meet community health needs identified in the CHNA. Describe any needs identified in the CHNA that are not being addressed and the reasons for not addressing them
- Be clearly identified as applying to the hospital facility
- Clearly identify the hospital facility's particular roles and responsibilities in taking the actions described in the implementation strategy, and the programs and resources the hospital facility plans to commit to such actions
- Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relates to the hospital facility.

## APPENDIX F

# SCRIPPS HEALTHCARE PARTICIPATION IN COMMUNITY ORGANIZATIONS

The list below highlights Scripps community partners and coalitions in Fiscal Year 2018. Community organizations are listed alphabetically.

2-1-1 San Diego  
Aging & Independence Services - Fall Prevention Task Force  
Alcoholic Anonymous  
Alliant International University San Diego  
Alzheimer's San Diego  
American Cancer Society  
American College of Healthcare Executives (ACHE)  
American College of Surgeons  
American Diabetes Association  
American Heart Association  
American Lung Association  
American Red Cross of San Diego  
American Society of Echocardiography  
Association of Clinical Research Professionals  
BAME Community Development Corporation  
Be There San Diego  
Beach Area Community Court Program  
Bethel University/Bethel Seminary San Diego  
Bonita Library  
Braille Institute of America  
Brandman University  
Brightwood (Kaplan) College, Vista Campus  
Brookdale Senior Apartments  
California Association of Hospital & Health Systems  
California College San Diego  
California Department of Public Health  
California Emergency Medical Services Authority - CAL MAT  
California Hospital Association  
California Southern University  
California State University San Marcos (CSUSM)  
Canyon Crest Academy  
Canyon Villas  
Carlsbad High School  
Casa Familiar San Ysidro  
Castle Park Elementary School

Castle Park High School  
Castle Park Middle School  
Catholic Charities, Diocese of San Diego  
Catholic Charities, Rachel's Women's Center (Homeless Clothing)  
Central Region HHS Public Health  
Chelsea's Light Foundation  
Chicano Federation San Diego County  
Children's Care Connection (C3)  
CHIP - Childhood Obesity Initiative  
CHIP Resident Leadership Academy  
Chula Vista Community Collaborative  
Chula Vista Community Collaborative (CVCC)  
Chula Vista Library  
Chula Vista Medical Plaza  
Chula Vista Middle School  
Chula Vista Promise Neighborhood  
Chula Vista Rotary Club  
City of Chula Vista  
City of Coronado Fire Department  
City of San Diego Fire-Rescue  
Claremont Library  
Community Health Improvement Exchange (CIE)  
Community Health Improvement Partners (CHIP)  
Community Health Improvement Partners (CHIP) Behavioral Health Work Team  
Community Housing Works Inc.  
Consumer Center for Health Education & Advocacy (CCHEA)  
Coronado Fire Department  
County of San Diego Emergency Medical Services  
Diabetes Prevention Program (DPP)  
e3Civic High School  
Eastlake High School  
EMSTA College  
Enlisted Leadership Foundation - The Foundry  
Episcopal Community Services  
Eric Paredes Save a Life Foundation  
Every 15 Minutes Organization  
Family Health Centers - Federally Qualified Health Center  
Feeding America  
Fiji Alliance School of Medicine  
First Five San Diego  
Food Addicts Anonymous  
Food Finders  
Francis Parker School

Full Spectrum Nutrition Services (FSM Cert)  
Golden Age Apartments  
Goodwill Industries of San Diego County  
Grand Canyon University  
Granger Junior High School  
GRASP - Grief Recovery After Substance Passing  
Greater La Jolla Meals on Wheels  
Grossmont College  
Grossmont Health Occupations Center  
Grossmont-Cuyamaca College District Auxiliary  
HASD&IC Community Health Needs Assessment Advisory Group  
Health and Human Services County of San Diego  
Health and Science Pipeline Initiative  
Health Resources and Services Administration - HRSA  
Health Science Middle - High School Inc.  
Health Services Advisory Group (HSAG)  
High Tech High  
High Tech San Marcos  
Hoover High School  
Hospital Association of San Diego & Imperial Counties (HASDIC)  
Imperial Beach Fire Department  
Interfaith Community Services  
Jackie Robinson Family YMCA  
Jewish Family Services  
Joe Niekro Foundation  
Juvenile Diabetes Research Foundation  
Kaiser Permanente  
La Costa Canyon High School  
La Maestra Family Clinic, Inc.  
Lawrence Jewish Community Center (JCC)  
Legal Aid Society of San Diego - LEAD  
Leukemia & Lymphoma Society  
Live Well San Diego  
Mana De San Diego  
Mar Vista High School  
March of Dimes  
Mental Health Association of San Diego County  
Mira Costa College District of San Diego County  
Miramar Fire Department  
Mission Hills High School  
Mission Vista High School  
National Alliance on Mental Illness (NAMI)  
National Institute of Health (NIH)

National University  
Naval Medical Center San Diego (NMCS D)  
Navy Medicine & Training Command (NMETC)  
Neighborhood Healthcare - Federally Qualified Health Center  
Nine Girls Ask (for Cure for Ovarian Cancer)  
Norman Park Senior Center  
North County Lifeline Inc.  
Ocean View Hills Middle School  
Oceanside High School  
Olive Green Apartments  
Operation Samahan Health Clinic  
Orchard Senior Living  
Overeaters Anonymous - Spanish  
Pacific Ridge High School  
Palomar College Community College District  
Palomar High School  
Pancreatic Cancer Action Network  
Para las Familias  
Pima Medical Institute - Chula Vista & San Marcos  
Point Loma Nazarene University (PLNU)  
Psychiatric Emergency Response Team (PERT) San Diego  
Rady Children's Hospital San Diego  
Rancho Bernardo High School  
Redwood Villa Seniors Apartments  
Regional Task Force on the Homeless- Continuum of Care Housing Collaborative  
San Diego Academy  
San Diego Association of Governments (SANDAG)  
San Diego Blood Bank  
San Diego Border Area Health Center (AHEC)  
San Diego City College  
San Diego Community College District  
San Diego County Alcohol Policy Panel  
San Diego County Health and Human Services Agency  
San Diego County Medical Society  
San Diego County Office of Education  
San Diego County Prescription Drug Abuse Task Force  
San Diego County Sheriff's Department  
San Diego County Sheriff's Foundation  
San Diego County Stroke Consortium  
San Diego County Suicide Prevention Council (Facilitated by CHIP)  
San Diego County Taxpayers Association  
San Diego Covered California Collaborative

San Diego Echo Society  
San Diego Health Connect - Referrals Work Group  
San Diego Healthy Weight Collaborative  
San Diego High School  
San Diego Human Trafficking Task Force  
San Diego Hunger Coalition  
San Diego LGBT Community Center  
San Diego Mesa College  
San Diego Methamphetamine Strike Force  
San Diego Miramar College  
San Diego Nursing & Allied Health Service - Education Consortium  
San Diego OASIS  
San Diego Police Foundation  
San Diego Psychiatric Society  
San Diego Regional Chamber of Commerce  
San Diego Regional Continuum of Care Collaborative Governance  
San Diego Regional Economic Development Corporation  
San Diego Rescue Mission (SDRM)  
San Diego State University (academic partner)  
San Diego Unified School District  
San Diego Workforce Partnership  
San Dieguito Union High School District  
San Ysidro Health Center - Federally Qualified Health Center  
San Ysidro Health Center (SYHC)  
San Ysidro High School  
San Ysidro Middle School  
San Ysidro School District  
SanDi-Can  
Santa Fe Christian Schools  
South Bay Community Services  
South Bay Women's Recovery Center  
South County Action Network (SoCAN)  
South County Career Center  
South County Economic Development Council  
South County Regional Task Force on the Homeless  
South bay YMCA  
Southwest Senior High School  
Southwest Sports Wellness Foundation  
Southwestern Community College District  
Spondylitis Association of America  
St. Charles Nutrition Center  
St. Leo's Clinic  
Survivors of Suicide Loss

Susan G. Komen San Diego  
Sweetwater High School  
Sweetwater Union High School District  
TELACU Housing  
Temple Heights Elementary  
The Downtown San Diego Partnership  
The Grauer School  
The Jacobs & Cushman San Diego Food Bank  
The Patrician Senior Apartments  
The San Diego Brain Injury Foundation  
The San Diego Foundation  
TOPS Club, Inc.  
Torrey Pines High School  
Trinity Manor  
U.S. Border Patrol, San Diego Sector, Paramedic Unit  
U.S. Customs & Border Protection, Office of Field Operations  
U.S. Drug Enforcement Agency (DEA)  
UCSD Extension Healthcare  
UCSD School of Medicine  
University City High School  
University of California San Diego (UCSD)  
University of California San Diego Health System  
University of California San Diego (Academic Partner)  
University of California, San Diego, Skaggs School of Pharmacy &  
Pharmaceutical Sciences  
University of San Diego (USD)  
University of Southern California  
Villa Serena  
Vista Adult School  
Vista Chamber of Commerce  
Vista High School  
Vista La Rosa  
Vista Unified School District  
Viva Life Health Hub  
Volunteers of America  
Western Governors University  
Westminster Manor  
Westview High School  
Women, Infant and Children Program (WIC)  
WomenHeart Center  
Yellow Ribbon Suicide Prevention Program - San Diego Chapter  
Young Leaders in Healthcare

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

