



## 2017 Community Benefit Report Our Promise to the Community

In fiscal year 2016, Scripps Health provided

# \$369 million

in community benefit services



### Serving Our Community

Scripps is committed to community benefit through our own efforts and 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



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

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

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

Today, more than 17,000 employees, physicians and volunteers continue to build on our rich history and keep the spirit of community service alive. The pages that follow provide a comprehensive account of how we achieve that: our community benefit programs and services, and our plans for continued action in the future.

In fiscal year 2016, Scripps’ community benefit contributions totaled \$368,982,312. This includes \$335,093,576 in uncompensated care, \$24,201,857 in professional education and health research, \$1,491,418 in community building activities, \$2,670,655 in community health services and \$5,524,807 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, which appears to read "Chris Van Gorder". The signature is fluid and cursive.

Chris Van Gorder, FACHE  
President and CEO

# Mission, Vision and Values

## Our Mission

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

We devote our resources to delivering quality, safe, cost-effective, socially responsible health care services. We advance clinical research, community health education, education of physicians and health care professionals and sponsor graduate medical education. We collaborate with others to deliver the continuum of care that improves the health of our community.

## Our Values

[We provide the highest quality of service.](#)

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

[We demonstrate complete respect for the rights of every individual.](#)

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

[We care for our patients every day in a responsible and efficient manner.](#)

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

## Our Vision

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

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

## About Scripps

Founded in 1924 by philanthropist Ellen Browning Scripps, Scripps Health is a \$2.9 billion nonprofit integrated health system based in San Diego, California. Scripps treats more than 700,000 patients annually through the dedication of 3,000 affiliated physicians and more than 15,000 employees among its five acute-care hospital campuses, home health care services, and an ambulatory care network of physician offices and 28 outpatient centers and clinics. In 2013, Scripps Hospice program was established and provides end of life care.

Recognized as a leader in disease and injury prevention, diagnosis and treatment, Scripps is also at the forefront of clinical research, genomic medicine and wireless 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 four times as one of the nation's best health care systems by Truven Health Analytics. Its hospitals are consistently ranked by U.S. News & World Report among the nation's best and Scripps is regularly recognized by Fortune, 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).

Today, the health system extends from Chula Vista to Oceanside, with 28 primary and specialty care outpatient centers. A leader in the prevention, diagnosis and treatment of disease, Scripps was named by Truven in 2014 as one of the Top 15 large health systems in the nation for providing high-quality, safe and efficient patient care. On the forefront of genomic medicine and wireless health technology, the organization is dedicated to improving community health while advancing medicine through clinical research and graduate medical education. Scripps has also earned a national reputation as a premier employer, named by Fortune magazine as one of "America's 100 Best Companies to Work For" every year since 2008.

### Scripps Facilities/ Divisions

Scripps Green Hospital

Scripps Clinic

Scripps Memorial Hospital Encinitas

Scripps Coastal Medical Center

Scripps Memorial Hospital La Jolla

Scripps Hospice Care

Scripps Home Health Care

Scripps Whittier Diabetes Institute

Scripps Clinical Research Services

Scripps Mercy Hospital

\*San Diego Campus

\*Chula Vista Campus

## Service Offerings

Scripps is an integrated health care delivery system consisting of four acute-care hospitals on five campuses, 28 outpatient centers and clinics, home health care, hospice care, clinical research, and ancillary services for the San Diego region and beyond. Scripps primary services include:

### Cardiovascular Care

- Scripps treats 76,000 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 12 years in a row (2006-2017).
- 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. 24 nationally by U.S. News & World Report in its annual “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. Scripps through outpatient education, inpatient glucose management, clinical research, professional education, and community-based programs.

### Cancer Care

- Scripps is committed to fighting cancer and mobilizes the collective resources of its five hospital campuses, outpatient centers, and research division to form the Scripps Cancer Center.

- In 2008, it became the first multihospital system in California to earn accreditation from the American College of Surgeons Commission on Cancer as an integrated network cancer program.
- Scripps opened a new state-of-the-art regional radiation therapy center in 2012.
- In February 2014, Scripps opened the region's first proton therapy center, which is only the second in California. It is the first in the U.S. to use pencil-beam technology in all of the treatment rooms.
- 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®.
- 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. The new program will launch in 2017.

## Ortho/Spine

- Scripps Health orthopedic and spine care is committed to helping the greater San Diego community stay healthy and active. In addition to providing advanced diagnostic services, surgical and non-surgical treatments and rehabilitation care, Scripps physicians are also well-known leaders in the field of orthopedic surgery – locally and nationally.
- Dedicated to improving patient care and quality of life, Shiley Center for 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 (2014-2015)

- Scripps Memorial Hospital La Jolla was one of the first in the nation certified as a Comprehensive Stroke Center by the Joint Commission. Additionally, all four Scripps emergency rooms are certified Primary Stroke Centers.
- Our physicians lead research activities designed to find better treatments for conditions like Parkinson's, MS, and Alzheimer's.

## Women's and Newborn Services

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

## 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 and access to outpatient mental health services. The psychiatric liaison services are provided at all five acute care Scripps hospitals and associated urgent care facilities. A supportive employment program is also offered to those seeking volunteer or employment opportunities. The division of mental health is a behavioral health outpatient treatment program for geriatric patients of the Scripps Clinic Medical Group.
- The Scripps Drug and Alcohol program provides internal resources to assist patients with drug and alcohol diagnosis. The program also provides access to Scripps patients for follow up outpatient, inpatient and rehabilitation services

## Primary Care

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

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

## Emergency and Trauma Medicine

- Scripps operates two of the region's five adult trauma centers, including a Level I trauma center at Scripps Mercy Hospital, San Diego
- All four Scripps emergency rooms are accredited stroke centers by The Joint Commission, and are certified by the American Heart Association as STEMI (ST Elevation Myocardial Infarction – a severe heart attack caused by clotting of one or more arteries) receiving centers.
- Scripps operates four emergency departments and three urgent care centers, and is home to two of the region's five adult trauma centers, including a Level I trauma center at Scripps Mercy Hospital, San Diego. Scripps La Jolla has just

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 EDs within the past five years.

- 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.
- Scripps EDs serve as major training sites for interns, residents, nurse practitioners, and physician assistants from multiple training programs around the region, including Balboa Naval Medical Center. These intensive, hands-on clinical rotations help train future providers not only for our local community but also for our troops overseas.
- Scripps EDs treat 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.

## Governance

As a tax-exempt health care system, Scripps takes pride in its service to the community. The Scripps system is governed by a 16-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 organizations; as well as international partnerships for physician education and training, and direct patient care. In all that we do, we are committed to quality patient outcomes, service excellence, operating efficiency, caring for those who need us today and planning for those who may need us in the future.

SCRIPPS HEALTH

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\*Denotes Ex Officio  
Effective 01/26/2017



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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.

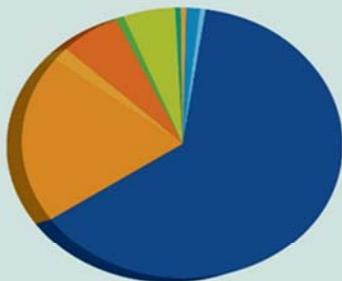
In fiscal year 2016, Scripps Health devoted \$369 million to community benefit programs, including nearly \$24 million in charitable care. We offer many free and low-cost services, including support groups, screenings for key health indicators, youth programs, special education for pregnant women, patient advocacy services and a community clinic.

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

- 3,000 affiliate physicians and 14,500 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, 28 outpatient centers, home health services, hospice care and a mobile medical unit.
- Three highly respected graduate medical education programs and two pharmacy resident programs train the next generation of caregivers.
- Operating revenue: \$2.910 billion
- Operating expenses: \$2.767 billion
- Total inpatient discharges: 68,798
- Total outpatient visits: 2,444,834
- Emergency visits: 210,618

## Total Community Benefits in FY16: \$368,982,312\*



Medicare Shortfalls	\$246,439,692	63.4%	Community Building	\$1,491,418	0.4%
Medi-Cal Shortfalls	\$58,494,206	20.1%	Cash and In-kind	\$407,562	0.1%
Bad Debt	\$6,334,737	1.6%	Subsidized Health Services	\$5,524,807	1.4%
Charity Care	\$23,824,941	6.1%	Community Health Improvement Services & Community Benefit Operations	\$2,263,093	0.6%
Health Research	\$3,338,555	0.9%			
Professional Education	\$20,863,302	5.4%			

Colors coordinate clockwise from medicare shortfalls.

**13 % of our total operating expenses in 2016 were devoted to community benefit services at cost.\***

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

## 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.



Mercy Clinic has been a vital resource for underserved communities for more than 70 years and provides access to Scripps' nationally recognized health care system.



## Mercy Clinic

Founded in 1944 and adopted by the Sisters of Mercy in 1961, Mercy Clinic of Scripps Mercy Hospital, San Diego, is a primary care clinic established to care for San Diego's working and disabled poor. A full-time clinic staff of nurses and other personnel work closely with physicians from Scripps Mercy Hospital to treat more than one thousand patients each month—most of whom are low-income, medically underserved adults and seniors. These patients also have access to specialty health care through Scripps Mercy Hospital.

An important part of the clinic's effort is focused on management of chronic diseases, such as diabetes care. In 2016, the clinic obtained a hemoglobin A1c (a marker of diabetic control) point-of-care test option for patients who are less compliant in self-testing their blood glucose levels.

In fiscal year 2016, the clinic provided 10,351 patient visits for primary and subspecialty care. 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. Mercy Clinic is broadening its managed Medi-Cal contracts in order to better serve the community's underserved patients.

The clinic also continues to strengthen its interdisciplinary teamwork, and clinic nurses are expanding their roles to include care management. Moreover, in 2017, Mercy Clinic will be first in the Scripps Mercy system to be part of the Epic electronic health records roll-out, which will further improve management of care.

As an integral part of treating patients, Mercy Clinic serves as a training ground for nearly 100 residents each year from the Scripps Mercy Hospital graduate medical education program, as well as those from Family Health Centers, the U.S. Navy and University of California, San Diego.

## Caring Beyond the Clinical Setting

Scripps' commitment to the community expands beyond clinical care. We also are dedicated to helping patients thrive after discharge even under challenging circumstances. Last year, Scripps awarded a grant to Catholic Charities to provide short-term emergency shelter for medically fragile homeless patients being discharged from Scripps Mercy Hospital in San Diego and Chula Vista. These patients, who no longer require

hospital care but still need a supportive environment, receive case management and one week in a hotel along with food and bus fare to pursue their care plan. Case managers help them connect to more permanent sources of income and housing, and provide ongoing support. Ultimately, the partnership aims to reduce the number of return visits to the emergency department and improve quality of life for these patients.



Scripps is at the forefront of diabetes care, and is working hand-in-hand with the County of San Diego to help prevent the deadly disease before it starts through an intensive lifestyle intervention program.

## Stopping Diabetes in Its Tracks

With 29 million people living with diabetes in the United States and another 86 million at high risk of developing it (a condition known as prediabetes), diabetes is an epidemic. Without a healthy weight and moderate physical activity, 15 to 30 percent of people with prediabetes will develop type 2 diabetes within five years.

However, research demonstrates that structured lifestyle interventions can cut the risk of type 2 diabetes in half. The National Diabetes Prevention Program (DPP) is a public-private initiative established by the Centers for Disease Control (CDC) that aims to prevent type 2 diabetes by offering evidence-based, cost-effective lifestyle-change programs in communities across the United States.

In San Diego County, Scripps aims to decrease the incidence of type 2 diabetes by promoting healthy lifestyles in underserved, ethnically diverse populations. Scripps is offering an intensive lifestyle intervention program to empower patients with prediabetes to take charge of their health and adopt behaviors that lead to weight loss, proper nutrition, physical activity and stress management. Groups of individuals meet with a community health promoter/lifestyle coach for 16 weekly, one-hour sessions, with six to eight monthly follow-up sessions.

In addition to examining the effectiveness of the DPP in reducing BMI and weight, and thereby reducing diabetes risk, Scripps will study the impact of the program on participants' behavioral and psychological risk profiles. Often, as patients lose weight and improve their physical health, they also experience improvements in their psychological health and overall well-being.

## Healthy Living Program Tackles Chronic Diseases

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. Sessions are offered in English and Spanish, with special emphasis on the Latino population and underserved communities. Participants also receive a prediabetes screening; those who score high are then referred to the Scripps Diabetes Prevention Program.



Exercise classes, cooking demonstrations and educational events at a local elementary school are part of a comprehensive program under way to curb childhood obesity.



## Reducing Childhood Obesity in South Bay

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 designated to implement activities that support the 5-2-1-0 principle: 5 fruits or more a day, 2 hours or less of screen time, 1 hour of physical activity and 0 sugary juices.

In addition to planning and implementing a school-wide wellness event, the committee coordinates presentations for school staff and parents, and integrates campus-wide, sustainable strategies that support healthy eating and active living. The program includes a series of wellness courses for students in the fourth and fifth grades, and physical activities to prepare students to pass the annual state fitness test.

The committee also works with community organizations to plan additional educational events for parents throughout the year in support of 5-2-1-0, such as a series of Healthy Living classes with Scripps Whittier Diabetes Institute. Other activities include a walking club, school food pantry, gardening club, exercise classes for families, cooking demonstrations and events with Scripps Family Medicine residents.

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. Based on annual student surveys, 60 percent of students are physically active, compared to 26 percent in previous years.



## Screening Athletes for Sudden Cardiac Arrest

Every year, three to five student athletes in San Diego County die suddenly and unexpectedly from Sudden Cardiac Arrest/Death, 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.



## Improving Training Safety for SWAT Academy Candidates

On a hot, dry summer day, four participants at the San Diego Sheriff's SWAT team tryouts suffered heat-related illness and were taken to the hospital. All made a full recovery, but the Sheriff's Dept. reached out to Scripps Health President and CEO Chris Van Gorder for help. They wanted a medical professional to sit down with their Special Enforcement Detail (SED) trainers and evaluate their training program and safety plan. As a former medic and a member of the Sheriff's Search and Rescue (SAR) Detail, Chris understood the need for a safe, effective training protocol, and asked three members of the Scripps team - Ghazala Sharieff, MD, senior director, patient experience and medical management, Craig Uejo, MD, medical director of the Employee Care Clinic, and Johan Otter, senior director, occupational health and wellness - to meet with the SWAT team.

The team had several meetings with the Sheriff's Dept., and Dr. Sharieff spent a morning in the field observing a training session. Chris and Dr. Sharieff also visited the final SED training camp, where candidates undergo additional SWAT team training, such as firearm drills, scenario practice and cold water activities.

"The training can be pretty grueling," says Dr. Sharieff, who also is an SAR member. "We ended up having to treat some participants during that morning."

The Scripps team then developed a formal training protocol that included hydration and dietary recommendations, and physical activity guidelines for various temperatures and conditions. The Sheriff's Dept. plans to utilize the team's recommendations during the next SWAT tryouts, and also incorporate them into SAR and other training programs across the department.

## Training Tomorrow's Physicians

Scripps has been training future physicians longer than any other institution in San Diego, and giving back to the community in the process. For nearly 70 years, physicians in our graduate medical education programs have helped care for underserved populations throughout the region. Scripps offers a comprehensive range of graduate medical education programs, including internal medicine residency programs at Scripps Green Hospital and Scripps Mercy Hospital, San Diego, and a family medicine program at Scripps Mercy Hospital, Chula Vista. In 2016, Scripps enrolled 140 residents and 36 fellows throughout the system.

## Ensuring Access to Behavioral Health Care

With the expansion of Medi-Cal and Covered California, significantly more individuals are seeking behavioral health care. To help meet that need, Scripps Mercy Hospital is partnering with Family Health Centers of San Diego (FHCS) to strengthen behavioral health services in the community and ensure patients receive timely access to care before their health status becomes critical. The goal is to provide proactive, comprehensive care to reduce the probability of hospitalization.

If a shared patient is admitted, Scripps Mercy and Family Health Centers will help ensure a seamless transition of care at discharge into appropriate outpatient care, preventing a return to the emergency department. Thanks to a longstanding focus on integrating behavioral health into primary care, community clinics have developed considerable in-house resources and expertise to deal with mild to moderate behavioral health issues. For example, since late 2000, every primary care visit at FHCS has included a mental health screening, and FHCS clinics now see between 180 and 225 patients daily for in-person mental health visits.

## Preparing for the Worst: Scripps Statewide Disaster Drills

When disaster strikes, being ready to act is of utmost importance. Scripps participates in San Diego County and State of California advisory groups to plan, implement and evaluate key disaster preparedness response plans and exercises, including the 2016 Statewide Medical and Health Full Scale Exercise. The drill is sponsored by the California Department of Public Health and Emergency Medical Service Authority in collaboration with response partners from local health departments, public safety groups and health care facilities across the state.

On November 17, 2016, Scripps took part in the exercise — a train derailment resulting in mass casualties. As part of the drill, responders successfully activated the Hospital Incident Command System and Emergency Operations Plan upon notification of a Mass Casualty Incident (MCI). They also activated the medical surge plan that takes effect when demands exceed normal medical capacity, and ensured that a resource management system was in place to obtain the staff, supplies and equipment needed to respond during an MCI.

Scripps also participated in several local drills, and served as an advisor to San Diego County for federal and state grant development and planning.



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## Walking to Support a Healthy Community

Team Scripps participated in several events throughout 2016 to increase awareness and raise funds for life-threatening diseases such as heart disease and cancer.

- **American Heart Association Heart Walk**  
Scripps is a sponsor of the American Heart Association's annual Heart Walk to raise funds for research, professional and public education, and advocacy.
- **Susan G. Komen Race for the Cure** Scripps took part in the Komen Race for the Cure series to support breast cancer research and local breast health initiatives.
- **American Lung Association Lung Force Walk** Scripps participated in the 2016 Lung Force Walk to raise awareness and funds to fight lung cancer and promote lung health, and sponsored the "Ask a Doc" section of the Heroes Tent, which featured several Scripps physicians.
- **Leukemia & Lymphoma Society Light the Night** Team Scripps completed the Light the Night Walk to fund research and support for people battling cancer, and Scripps physicians spoke at the event.





Scripps' community-based youth program helps high school students understand health care risks, provides education on drug and alcohol prevention, and mentors them in leadership skills.

## Engaging Young Leaders in Health Care

In September 2016, the Alcohol Policy Panel of San Diego County honored Scripps' Young Leaders in Health Care (YLHC) Program at Scripps Memorial Hospital Encinitas with a certificate of recognition for their prevention efforts regarding underage drinking, and for their outstanding commitment and dedication to serving and inspiring teens in our community.

Created to educate teens about the hazards of underage drinking and other public health issues, teach them about health care and public health opportunities, and mentor them in leadership skills, YLHC began in 2009 with a partnership between San Dieguito Alliance for Drug Free Youth (SDA) and Scripps Health. Scripps employees Jason and Joelle Cook started the program with Scripps Encinitas emergency department physician Andrew Accardi, MD, and his wife, Pasha.

Scripps began working with local high school clubs, holding meetings on the Scripps Encinitas campus. Over the years, YLHC has grown into a community-based regional club and has supported 12 public and private schools around the county. The students meet once a month at Scripps Encinitas and at their school sites with a teacher advisor. Last year, approximately 90 students attended each meeting.

"The YLHC not only gives high school students an opportunity to understand the health care risks in today's society, but also teaches them to take preventable steps to educate their peers on these risks," notes Joelle Cook. "It has been amazing to watch these kids step up in their schools and communities to educate on the consequences of drug and alcohol abuse in teens."

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## 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**.

# 2017 Community Benefit Plan and Report

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# SECTION 1

## Fulfilling the Scripps Mission

**2017** Scripps Community Benefit Plan and Report

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# 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 community, not-for-profits hospitals to annually describe and document the full range of community benefits they provide. Scripps has taken this legislative requirement a step further.

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

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

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

The report covers the period of October 2015 through September 2016 (fiscal year 2016) during this fiscal year, Scripps devoted \$368,982,312 to community benefit programs and services in the three areas listed above (see figures 1:1 and 1:2.) Our programs emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

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

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

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

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

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

## Schedule H (Form 990)

Hospitals with tax-exempt status are required to provide information specific to their organization on Schedule H, 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 2017 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 43 for a breakdown of the Scripps system Uncompensated Care Summary for Fiscal Year 2016)

## Hospital Provider Fee Program

### Thirty-Month Hospital Fee Program

In September 2011, the state of California enacted legislation that continues the Hospital Fee Program covering the period from July 1, 2011 through December 31, 2013. For the entire thirty month period, the Organization paid quality assurance fees of \$171,953,000 and received Medi-Cal fee-for-service payments of \$191,474,000 and managed care payments of \$27,404,000. Net of expected contributions to California Health Foundation & Trust (CHFT) of \$2,735,000, the expected net benefit to the Organization is \$44,190,000.

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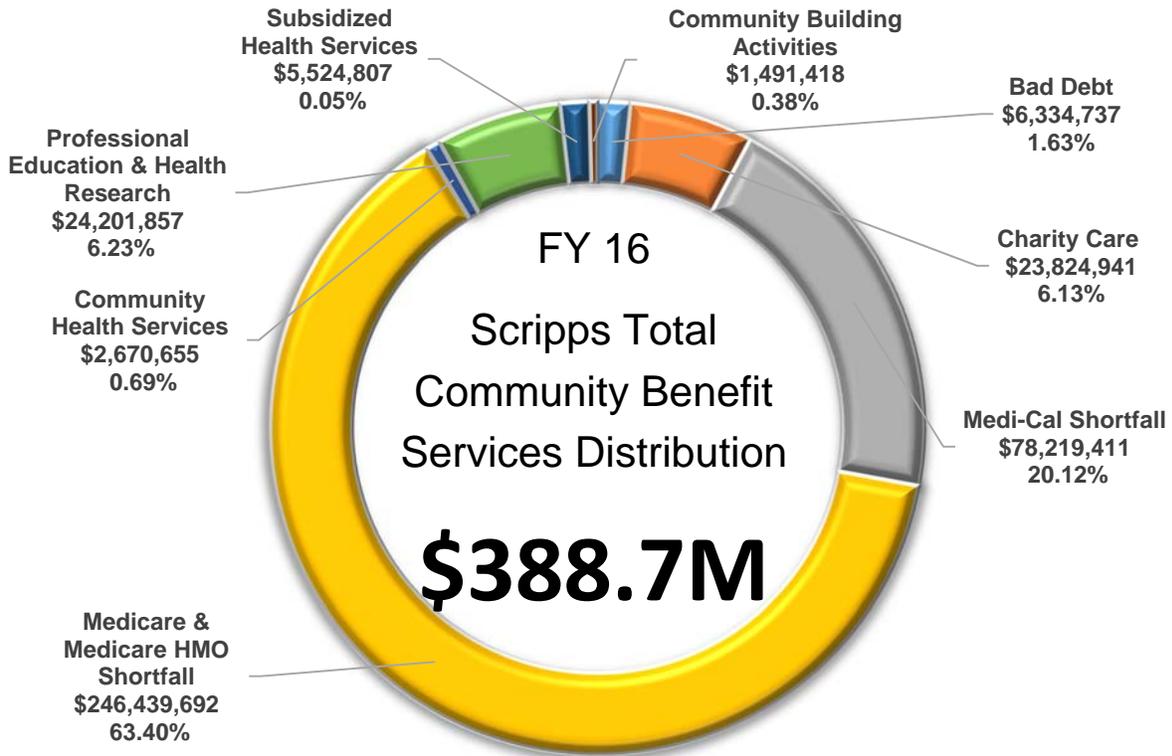
<sup>1</sup> Congressional Research Services, Nov 19, 2009. [www.crsdocuments.org](http://www.crsdocuments.org)

## Calendar Year 2014 – Calendar year 2016 Hospital Fee Program

In September 2013, SB 239 was approved and created a three-year hospital fee program effective January 1, 2014 through December 31, 2016. On December 10, 2014, California Hospital Association (CHA) announced that CMS approved the fee-for-service payments for the period January 1, 2014 to December 31, 2016. On June 30, 2015, CMS approved the non-expansion managed care rates for the first six months of the thirty-six month hospital fee program. On March 29, 2016, CMS issued the approval letters for the 2014-16 hospital fee program expansion population managed care rates for January 1, 2014 to June 30, 2014

## Figure 1:1

### Fiscal Year 2016 Scripps Total Community Benefit Services Distribution, \$388,707, 518 (before provider fee)



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 Bldg Activities	Total
Community Benefit Services Before Provider Fee	\$6,334,737	\$23,824,941	\$78,219,411	\$246,439,692	\$2,670,655	\$24,201,857	\$5,524,807	\$1,491,418	\$388,707,518
Provider Fee	-	-	(\$19,725,205)	-	-	-	-	-	(\$19,725,205)
Net-Community Benefit Services After Provider Fee	\$6,334,737	\$23,824,941	\$58,494,206	\$246,439,692	\$2,670,655	\$24,201,857	\$5,524,807	\$1,491,418	\$368,982,313

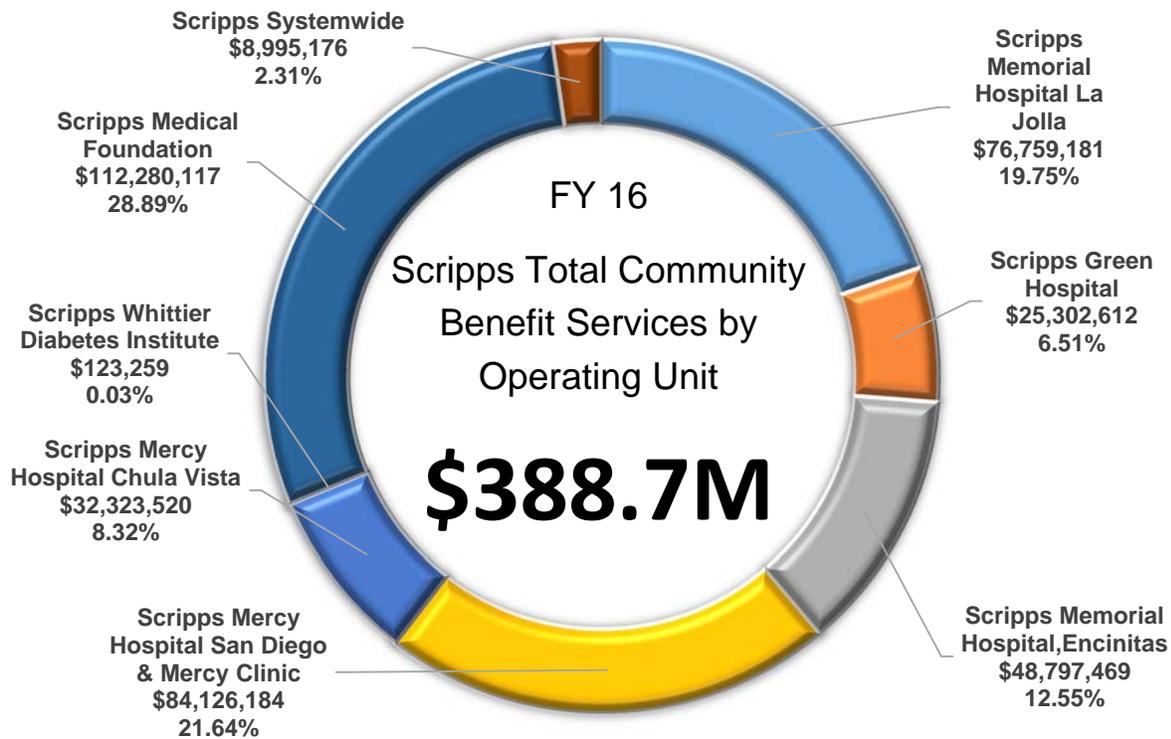
### Community Benefit Services

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research.

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

## Figure 1:2

### Fiscal Year 2016 Scripps Total Community Benefit Services by Operating Unit, \$388,707,518 (before provider fee)



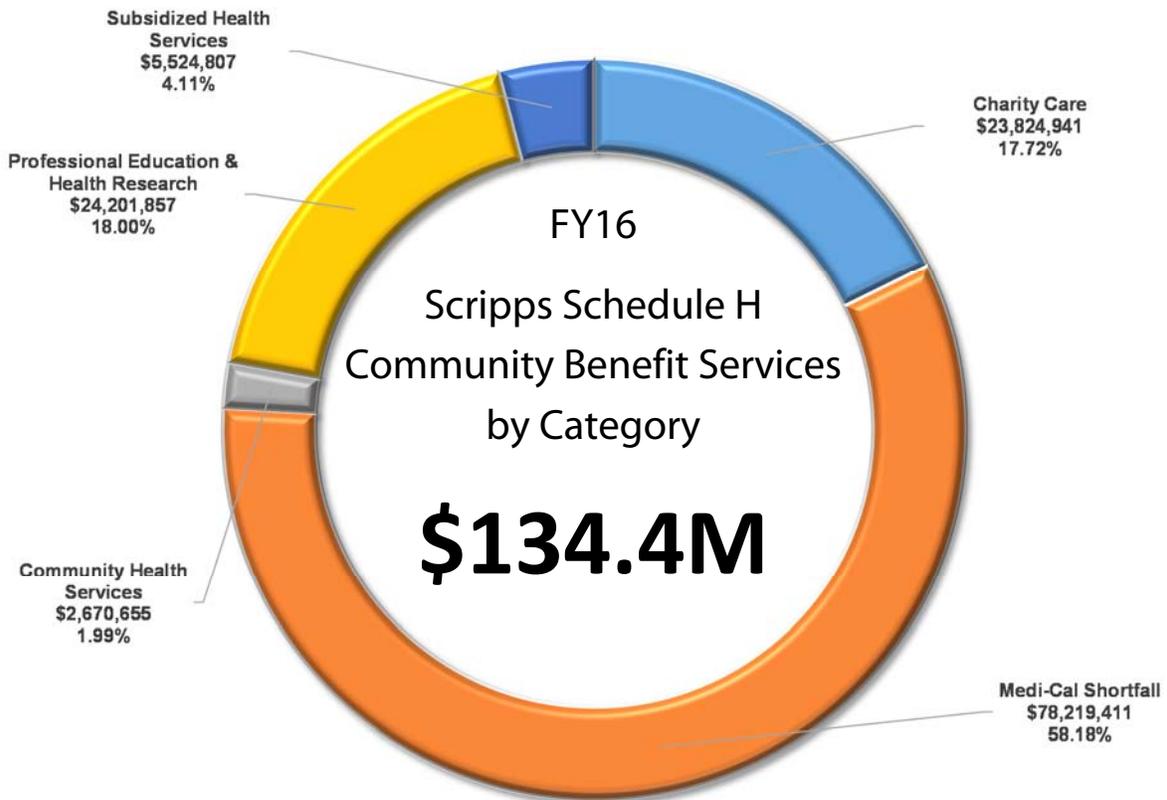
Provider Fee Impact	Scripps Memorial Hospital La Jolla	Scripps Green Hospital	Scripps Memorial Hospital, Encinitas	Scripps Mercy Hospital San Diego & Mercy Clinic	Scripps Mercy Hospital Chula Vista	Scripps Whittier Diabetes Institute	Scripps Medical Foundation	Scripps Systemwide	Total
Community Benefit Services Before Provider Fee	\$76,759,181	\$25,302,612	\$48,797,469	\$84,126,184	\$32,323,520	\$123,259	\$112,280,117	\$8,995,176	\$388,707,518
Provider Fee	-	\$7,545,230	\$4,925,535	(\$21,571,298)	(\$10,624,674)	-	-	-	(\$19,725,207)
Net-Community Benefit Services After Provider Fee	\$76,759,181	\$32,847,842	\$53,723,004	\$62,554,886	\$21,698,847	\$123,259	\$112,280,117	\$8,995,176	\$368,982,311

### 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 shortfall.

## Figure 1:3

### Fiscal Year 2016 Scripps Schedule H Community Benefit Services by Category, \$134,441,671 (before provider fee)



Provider Fee Impact	Charity Care	Medi-Cal Shortfall	Community Health Svcs	Prof Ed & Health Research	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	\$23,824,941	\$78,219,411	\$2,670,655	\$24,201,857	\$5,524,807	\$134,441,671
Provider Fee	-	(\$19,724,205)	-	-	-	(\$19,724,205)
Net-Community Benefit Services After Provider Fee	\$23,824,941	\$58,494,206	\$2,670,655	\$24,201,857	\$5,524,807	\$114,717,466

#### Community Benefit Service (Schedule H)

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



# SECTION 2

## Community Health Needs Assessment (CHNA)

**2017** Scripps Community Benefit Plan and Report

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# COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

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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 1900s. SB 697 took effect in 1995, which required private non-profit hospitals to submit detailed information to the Office of Statewide health Planning and development (OSHPD) on their community benefit contributions. Annual hospital community benefit reports are summarized by OSHPD in a Report to the Legislature, which provides valuable information for government officials to assess the care and services provided to their constituents.

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 nonprofit 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](#).

## Community Health Needs Assessment 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>1</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>2</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>1</sup> World Health Organization. Social determinants of health. [http://www.who.int/topics/social\\_determinants/en/](http://www.who.int/topics/social_determinants/en/). Accessed March 2016

<sup>2</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)

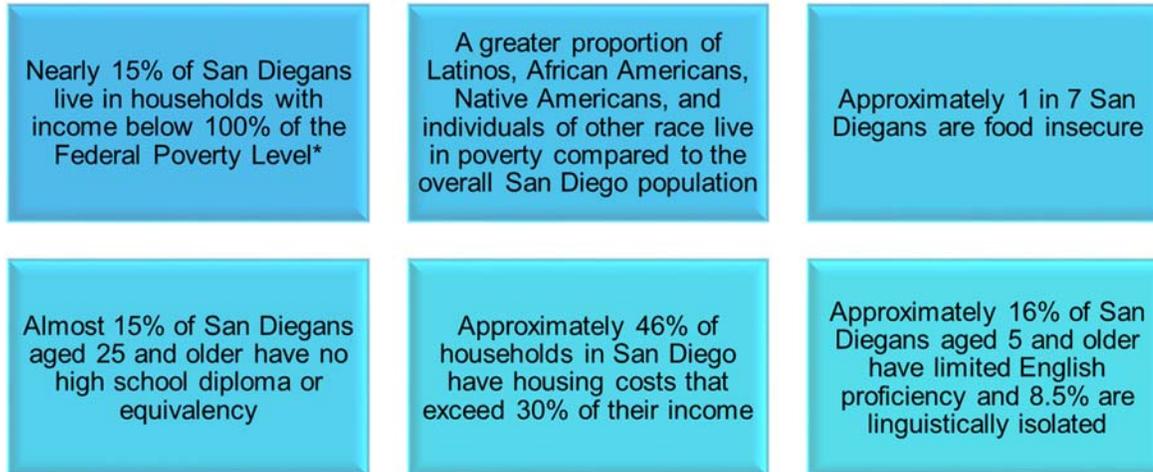
## Overview and Background

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 2017, the FPL for a family of four was \$24,300.*

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 (HHSA) 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*

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

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 2012-2014 from which the top 70% of Scripps Patients Originate*

City	2012	2013	2014
San Diego	38%	38%	37%
Chula Vista	7%	7%	7%
Carlsbad	5%	5%	6%
Oceanside	4%	4%	5%
Encinitas	3%	4%	4%
La Jolla	3%	3%	3%
National City	3%	3%	3%
San Marcos	2%	2%	2%
San Ysidro	2%	2%	2%
Spring Valley	1%	1%	1%
Imperial Beach	1%	1%	1%
<b>Grand Total</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.

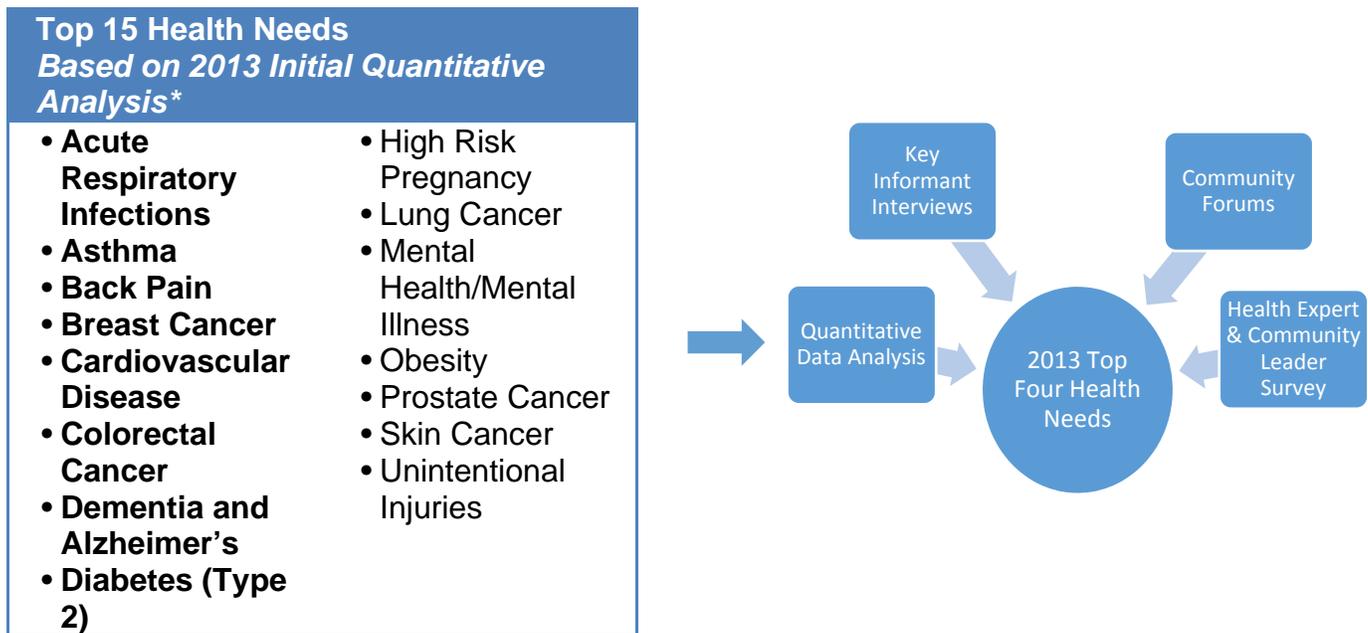
Figure 2:3 Scripps Health Service Area



## Community Priority Process (CHNA Methodology)

The 2016 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. 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



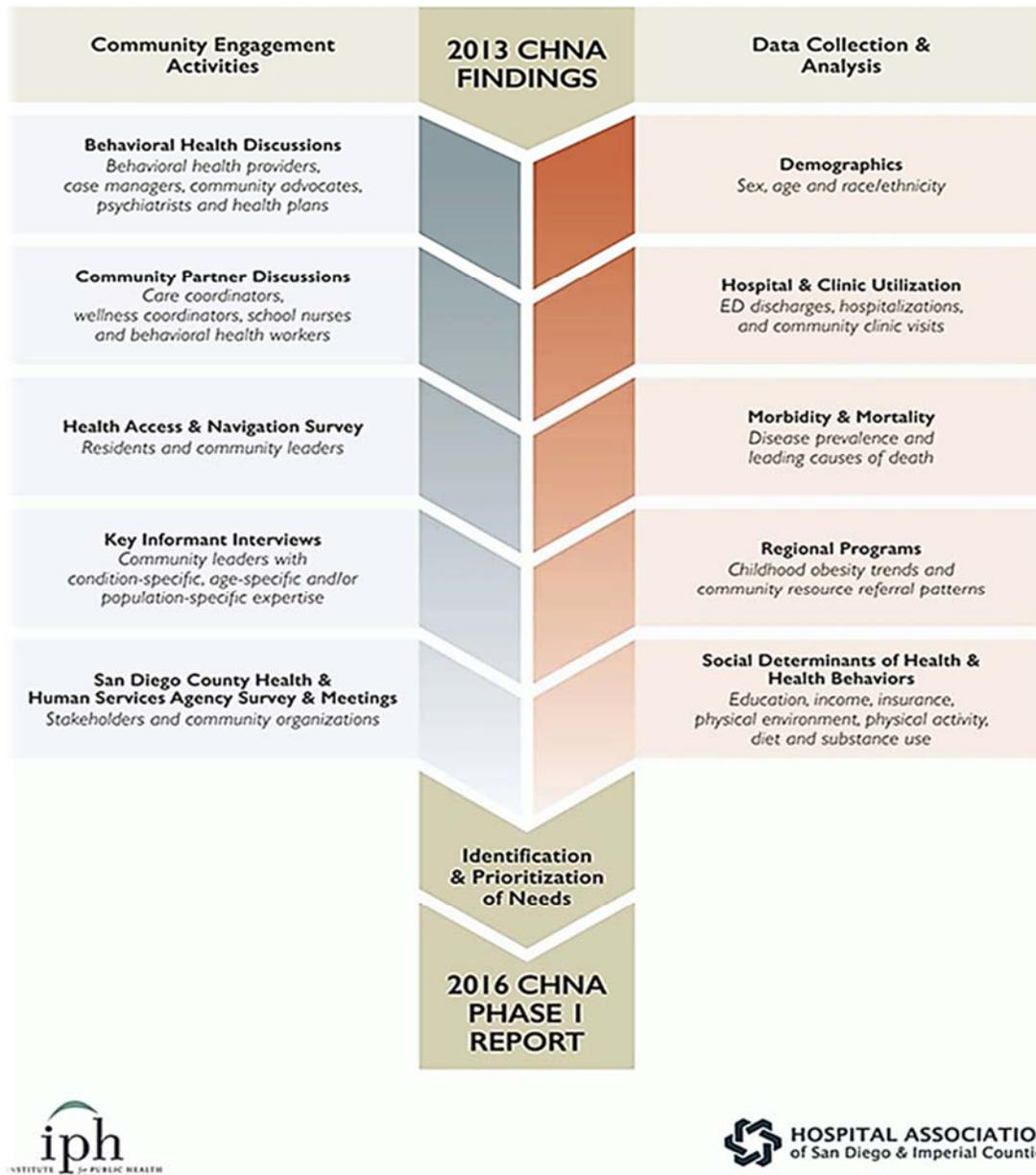
For a complete description of the HASD&IC 2013 process and findings, see full report available at <http://www.hasdic.org/chna>

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 implied 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



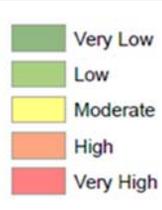
The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs identified in the 2013 CHNA. Quantitative data for both the HASD&IC 2016 CHNA and SMH 2016 CHNA included 2013 OSHPD demographic data 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

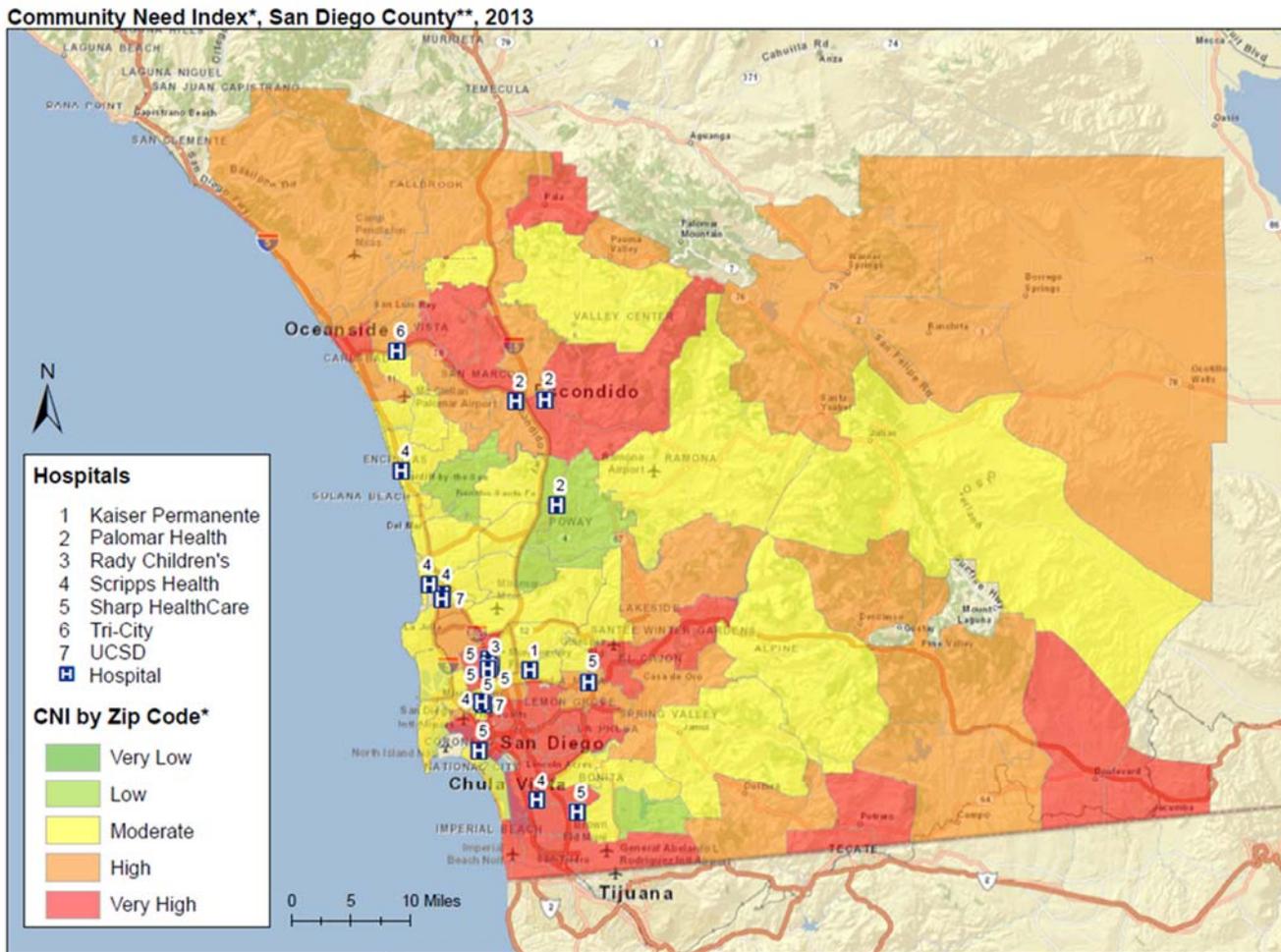
Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, the IPH used the Dignity Health/Truven Health Community Need Index (CNI) to identify communities within San Diego County with the highest level of health disparities and needs. The CNI score 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 <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

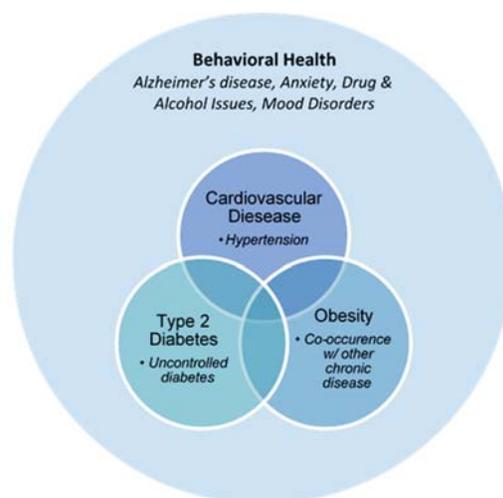
The Collaborative, HASD&IC 2016 CHNA prioritized the top health needs for San Diego County overall through the application of the following five criteria:

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 SDC. 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 with 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 top health needs for SDC.

*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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## Phase 2 of the 2016 CHNA

The CHNA Committee is in the process of working on Phase 2 of the 2016 CHNA, which includes gathering community feedback on the 2016 CHNA process and strengthening partnerships around the identified health needs and social determinants. In November 2016, the HASD&IC CHNA workgroup and IPH conducted an electronic survey to determine whether or not the broader community agrees with the 2016 CHNA findings. 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, non-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.

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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 is being integrated locally, as well as whether organizations are 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> What social determinants of health does your organization screen for? (n =99)	<b>%</b>
Access to Care or Services	83.0%
Homeless/Housing issues	70.2%
Insurance Issues	68.1%
Food Insecurity & Access to Healthy Food	61.7%
Transportation	60.6%
Poverty	57.4%
Education/Knowledge	54.3%
Physical Activity	47.9%
Cultural Competency	40.4%
Stigma	27.7%

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

### Next Steps

The CHNA Committee is continuing work on Phase 2 of the CHNA. The results of the community survey 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 will review the CHNA data and findings in accordance with their own patient communities and principal functions, and evaluate 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 measure. The complete [FY17-FY19 Implementation Plan Report](#) is available online at Scripps.org.



# SECTION 3

## Uncompensated Health Care

**2017** Scripps Community Benefit Plan and Report

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# UNCOMPENSATED HEALTH CARE

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Scripps contributes significant resources to provide low and no-cost health care for our patients in need. During fiscal year 2016, Scripps contributed \$335,093,576 in uncompensated health care, including \$23,824,941 in charity care, \$304,933,898 in Medi-Cal and Medicare shortfall, and \$6,334,737 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 57 percent of Scripps' charity care (refer to figure 3:3).

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.

## Demographic Profile of San Diego County

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

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

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

*Race/Ethnicity:* In the U.S. Census Bureau American Community Survey 2009-2013, 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%). Please see the figures below for more details.

## San Diego's Uninsured

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

## Socioeconomic Factors

There are three indicators determined to be the most powerful predictors of population health: poverty rate, percent of population uninsured, and educational attainment. Low-income, uninsured, and undereducated individuals have been found to be most at risk for poor health status. Five-year estimates from the 2009-2013 American Community Survey (ACS) show how these indicators impact the San Diego community. Evaluating these risk factors is important for identifying communities with the most significant health needs and health disparities.

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

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

## The Changing Landscape under the Affordable Care Act\*

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

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

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

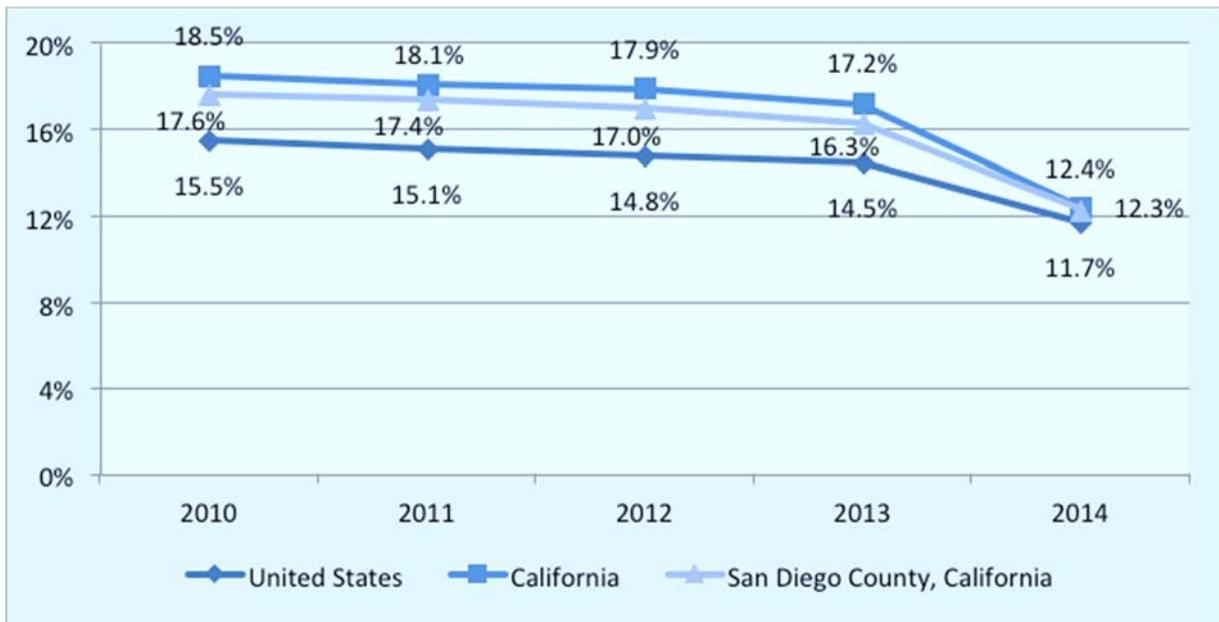
- Decrease in the percentage of uninsured overall in the U.S. from 13.3% in 2013 to 10.4% in 2014
- Decrease in the percentage of uninsured children under age 19 from 7.5% to 6.2%
- Decrease in the percentage of uninsured across ethnic groups to 19.9%, 11.8%, 9.3% and 7.6% for Hispanics, blacks, Asians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

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

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

**Uninsured:** Between 2010 and 2013 uninsured rate was relatively stable in the United States, California and in SDC. In 2014, the uninsured rate sharply decreased to 12.3%, which was the largest change in the uninsured rate throughout this period. This decrease can be attributed in large part to the Affordable Care Act (ACA). For more information regarding the impact of the ACA, please see page 28 'The Changing the Landscape under the Affordable Care Act.' Lack of insurance is a primary barrier to health care access including regular primary care, specialty care, and other health services that contributes to poor health status.

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



*Data Source: U.S. Census Bureau, 2010 to 2014 1-Year American Community Surveys. ACS uninsured rate is based on whether an individual had insurance at the time of the survey. Note: The American Community Survey, estimates are for the civilian noninstitutionalized population. This is different from the percentage uninsured cited in 'The Changing Landscape under the Affordable Care Act' box on the previous page, which used the CPS ASEC. The CPS ASEC uninsured rate represents the percentage of people who had no health insurance coverage at any time during the previous calendar year. For information on confidentiality protection, sampling error, non-sampling error, and definitions in the American Community Survey, see [www2.census.gov/programs-surveys/acs/tech\\_docs/accuracy/ACS\\_Accuracy\\_of\\_Data\\_2014.pdf](http://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2014.pdf)*

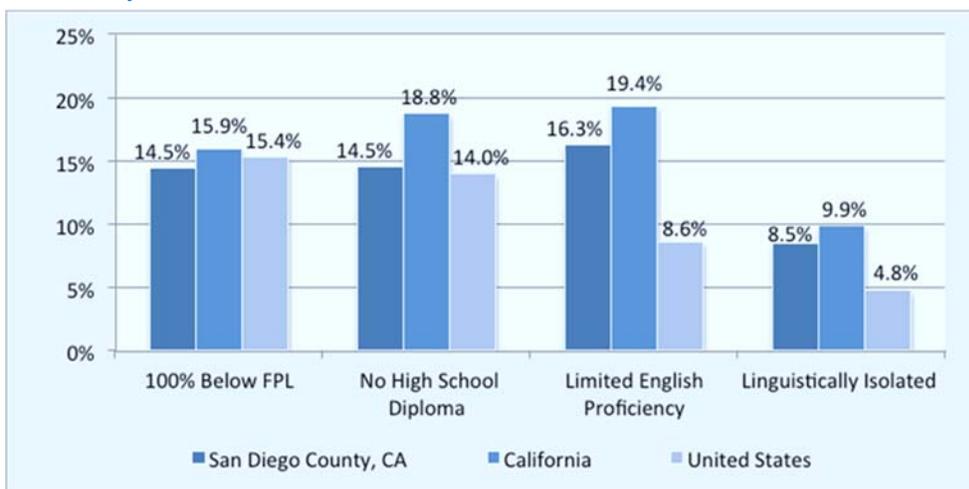
Along with income, education, and insurance status, culture/language and employment status also have profound implications for population health:

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

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

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

### Summary of Social Determinants of Health, 2009-2013



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

## Financial Assistance

### Assisting Low-Income, Uninsured Patients

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

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

Eligibility for financial assistance is based on family income and expenses. For low-income, uninsured patients who earn less than twice the federal poverty level. (FPL), Scripps forgives the entire bill. For those patients who earn between two and four times the FPL, a portion of the bill is forgiven. Patients who qualify for financial assistance are not charged more than Scripps' discounted financial assistance amount. For 2017, the Department of Health and Human Services defined a family of four at 200 percent federal poverty level as \$48,600.

## FY16 Scripps System Uncompensated Health Care Summary (After Provider Fee)

Title	Financial Support*
Bad Debt	\$6,334,737
Charity Care	\$23,824,941
Medi-Cal (Shortfall)**	\$58,494,206
Medicare and Medicare HMO (Shortfall) ***	\$246,439,692
<b>SCRIPPS TOTAL FY16 UNCOMPENSATED CARE</b>	<b>\$335,093,576</b>
<b>SCRIPPS SCHEDULE H FY16 UNCOMPENSATED CARE (Excludes Bad Debt and Medicare Shortfalls)</b>	<b>\$82,319,147</b>

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

### \*\*Thirty-Month Hospital Fee Program

*In September 2011, the state of California enacted legislation that continues the Hospital Fee Program covering the period from July 1, 2011 through December 31, 2013. For the entire thirty month period, the Organization paid quality assurance fees of \$171,953,000 and received Medi-Cal fee-for-service payments of \$191,474,000 and managed care payments of \$27,404,000. Net of expected contributions to California Health Foundation & Trust (CHFT) of \$2,735,000, the expected net benefit to the Organization is \$44,190,000.*

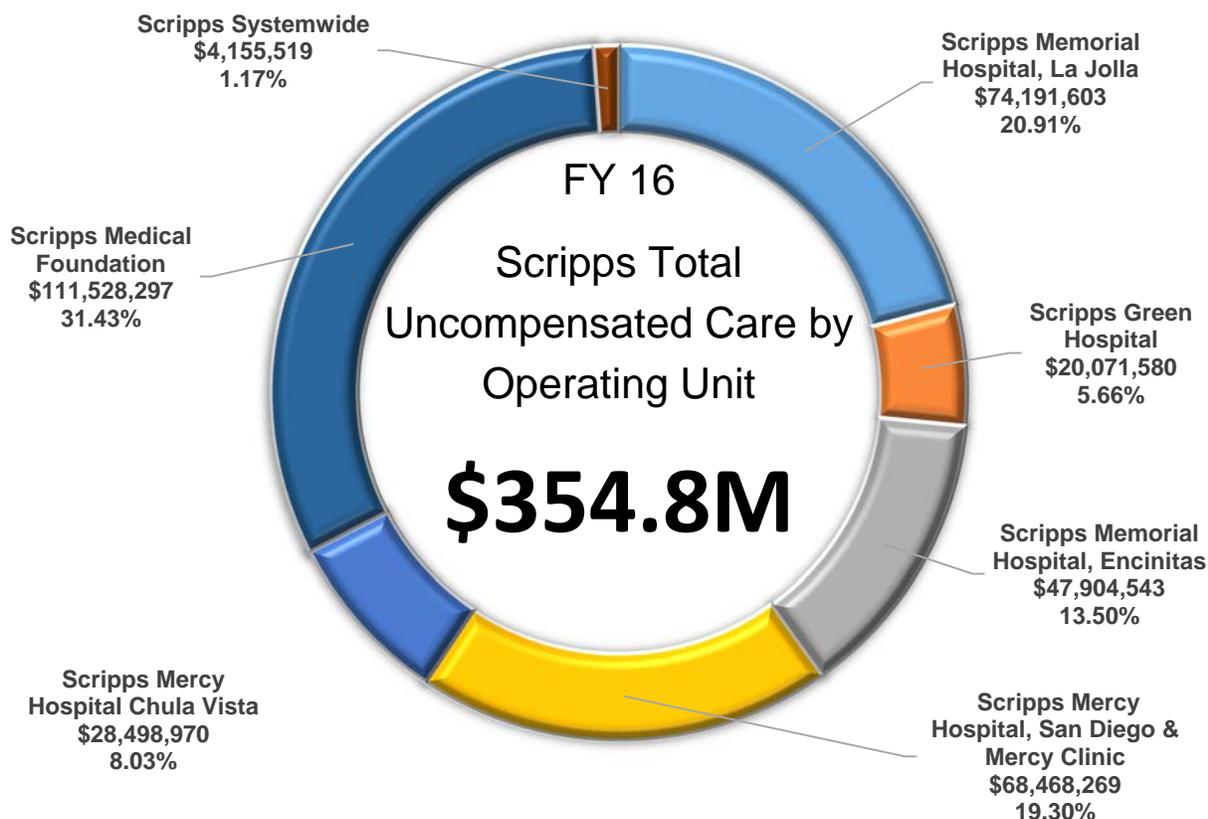
### \*\*Calendar Year 2014 – Calendar Year 2016 Hospital Fee Program

*In September 2013, SB 239 was approved and created a three-year hospital fee program effective January 1, 2014 through December 31, 2016. On December 10, 2014, California Hospital Association (CHA) announced that CMS approved the fee-for-service payments for the period January 1, 2014 to December 31, 2016. On June 30, 2015, CMS approved the non-expansion managed care rates for the first six months of the thirty-six month hospital fee program. On March 29, 2016, CMS issued the approval letters for the 2014-16 hospital fee program expansion population managed care rates for January 1, 2014 to June 30, 2014.*

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

## Figure 3:1

### FY16 Scripps Total Uncompensated Care by Operating Unit, \$354,818,781<sup>1</sup> (before provider fee)



Provider Fee Impact	Scripps Memorial Hospital, La Jolla	Scripps Green Hospital	Scripps Memorial Hospital, Encinitas	Scripps Mercy Hospital, San Diego & Mercy Clinic	Scripps Mercy Hospital Chula Vista	Scripps Whittier Diabetes Institute	Scripps Medical Foundation	Scripps Systemwide	Total
Community Benefit Services Before Provider Fee	\$74,191,603	\$20,071,580	\$47,904,543	\$68,468,269	\$28,498,970	-	\$111,528,297	\$4,155,519	\$354,818,781
Provider Fee	-	\$7,545,230	\$4,925,535	(\$21,571,298)	(\$10,624,674)	-	-	-	\$19,725,205
Net-Community Benefit Services After Provider Fee	\$74,191,603	\$27,616,811	\$52,830,079	\$46,896,971	\$17,874,296	-	\$111,528,297	\$4,155,519	\$335,093,576

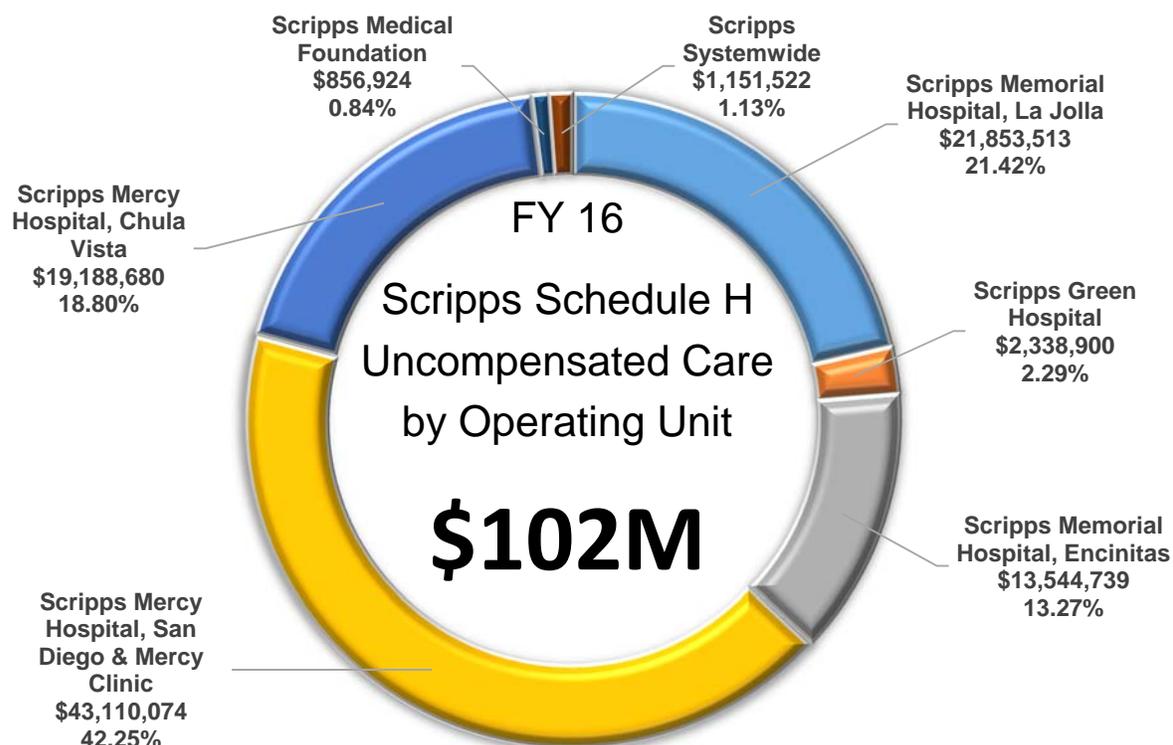
#### Uncompensated Health Care

Uncompensated health care includes the sum of expenses associated with charity care, Medi-Cal and other means-tested government programs, Medicare shortfall and bad debt. A detailed account of Scripps fiscal year 2016 uncompensated care expenditures are contained in the following graphs.

<sup>1</sup> Calculations for Medi-Cal and other means-tested government programs and Medicare shortfall are derived using the payor-based cost allocation method. Calculations for bad debt and charity care are estimated by extracting the gross write-offs of bad debt and charity care charges and applying the hospital ratio of cost to charges (RCC) to estimate net cost of care.

## Figure 3:2

### FY16 Scripps Schedule H Uncompensated Care by Operating Unit, \$102,044,352<sup>2</sup> (before provider fee)



Provider Fee Impact	Scripps Memorial Hospital, La Jolla	Scripps Green Hospital	Scripps Memorial Hospital, Encinitas	Scripps Mercy Hospital, San Diego & Mercy Clinic	Scripps Mercy Hospital, Chula Vista	Scripps Whittier Diabetes Institute	Scripps Medical Foundation	Scripps Systemwide	Total
Community Benefit Services Before Provider Fee	\$21,853,513	\$2,338,900	\$13,544,739	\$43,110,074	\$19,188,680	-	\$856,924	\$1,151,522	\$102,044,352
Provider Fee	-	\$7,545,230	\$4,925,535	(\$21,571,298)	(\$10,624,674)	-	-	-	\$19,725,205
Net-Community Benefit Services After Provider Fee	\$21,853,513	\$9,884,131	\$18,470,274	\$21,538,776	\$8,564,007	-	\$856,924	\$1,151,522	\$82,319,147

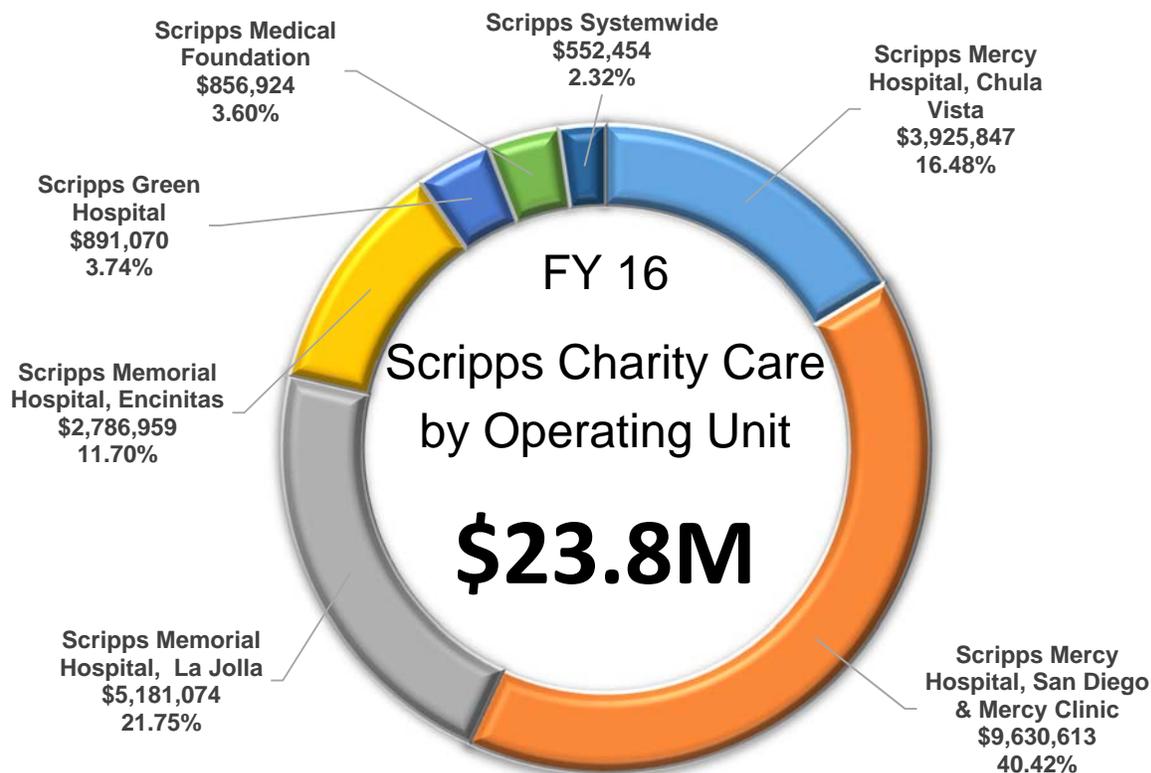
#### Uncompensated Health Care (Schedule H)

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

<sup>2</sup> Calculations for Medi-Cal and other means-tested government programs are derived using the payor-based cost allocation method. Calculations for charity care are estimated by extracting the gross write-offs of charity care charges and applying the hospital ratio of cost to charges (RCC) to estimate the cost of care. Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

## Figure 3:3

FY16 Scripps Charity Care by Operating Unit, \$23,824,941<sup>3</sup>



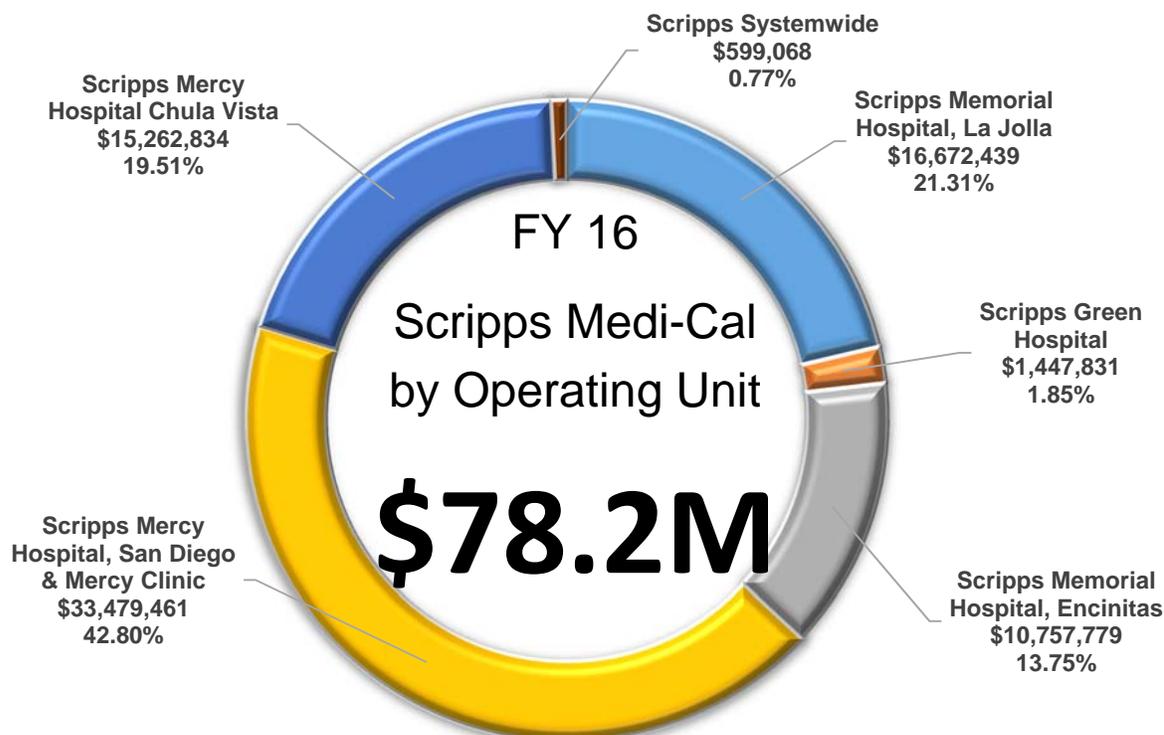
### Charity Care

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>3</sup> Calculations for charity care are estimated by extracting the gross write-offs of charity care charges and applying the hospital ratio of cost to charges (RCC) to estimate the cost of providing charity care.

## Figure 3:4

FY16 Scripps Medi-Cal by Operating Unit, \$78,219,412<sup>4</sup> (before provider fee)



Provider Fee Impact	Scripps Memorial Hospital, La Jolla	Scripps Green Hospital	Scripps Memorial Hospital, Encinitas	Scripps Mercy Hospital, San Diego & Mercy Clinic	Scripps Mercy Hospital Chula Vista	Scripps Whittier Diabetes Institute	Scripps Medical Foundation	Scripps Systemwide	Total
Community Benefit Services Before Provider Fee	\$16,672,439	\$1,447,831	\$10,757,779	\$33,479,461	\$15,262,834	-	-	\$599,068	\$78,219,412
Provider Fee	-	\$7,545,230	\$4,925,535	(\$21,571,298)	(\$10,624,674)	-	-	-	(\$19,725,205)
Net-Community Benefit Services After Provider Fee	\$16,672,439	\$8,993,061	\$15,683,315	\$11,908,163	\$4,638,160	-	-	\$599,068	\$58,494,206

### 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>4</sup> Calculations for Medi-Cal are derived using the payor-based cost allocation method.

\*\*Thirty-Month Hospital Fee Program

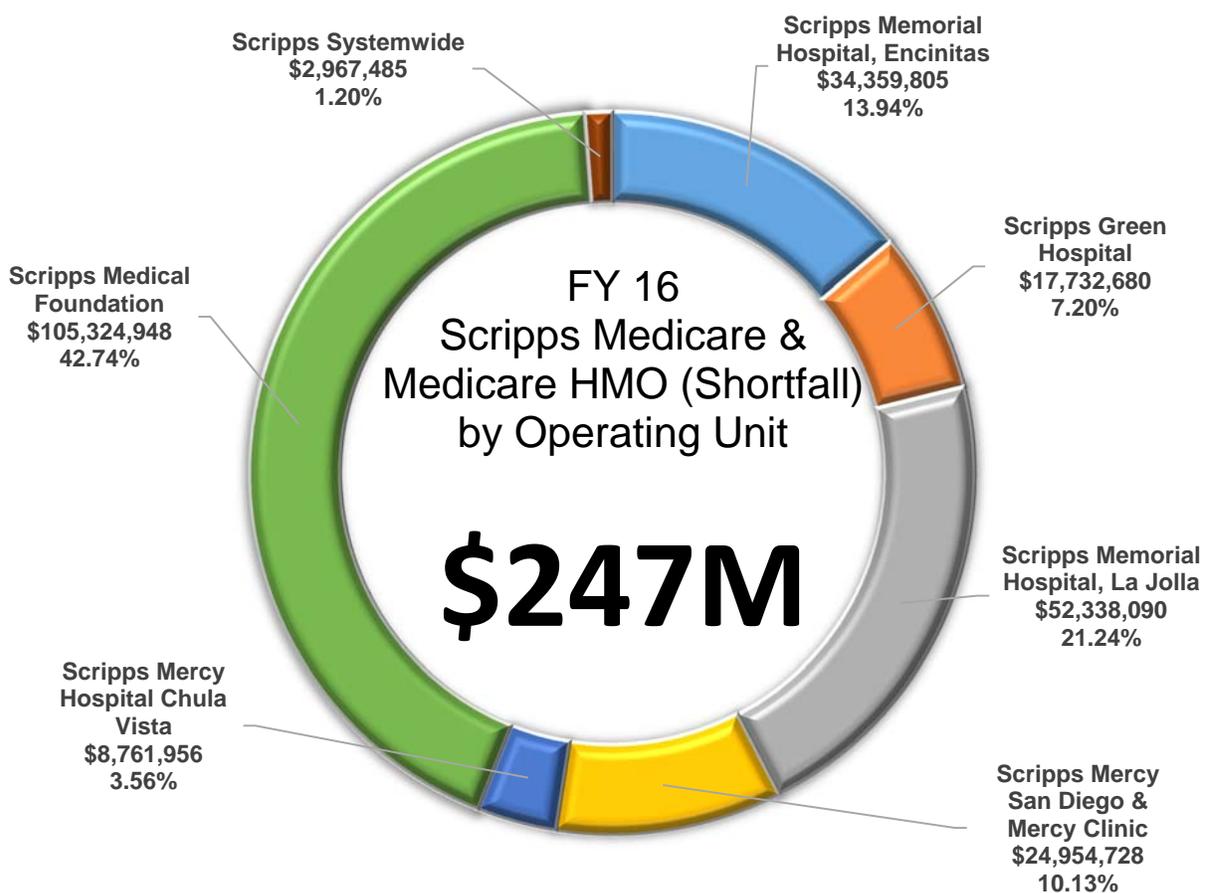
In September 2011, the state of California enacted legislation that continues the Hospital Fee Program covering the period from July 1, 2011 through December 31, 2013. For the entire thirty month period, the Organization paid quality assurance fees of \$171,953,000 and received Medi-Cal fee-for-service payments of \$191,474,000 and managed care payments of \$27,404,000. Net of expected contributions to California Health Foundation & Trust (CHFT) of \$2,735,000, the expected net benefit to the Organization is \$44,190,000.

\*\*Calendar Year 2014 - Calendar Year 2016 Hospital Fee Program

In September 2013, SB 239 was approved and created a three-year hospital fee program effective January 1, 2014 through December 31, 2016. On December 10, 2014, California Hospital Association (CHA) announced that CMS approved the fee-for-service payments for the period January 1, 2014 to December 31, 2016. On June 30, 2015, CMS approved the non-expansion managed care rates for the first six months of the thirty-six month hospital fee program. On March 29, 2016, CMS issued the approval letters for the 2014-16 hospital fee program expansion population managed care rates for January 1, 2014 to June 30, 2014.

## Figure 3:5

FY16 Scripps Medicare and Medicare HMO (Shortfall) by Operating Unit, \$246,967,485<sup>5</sup>



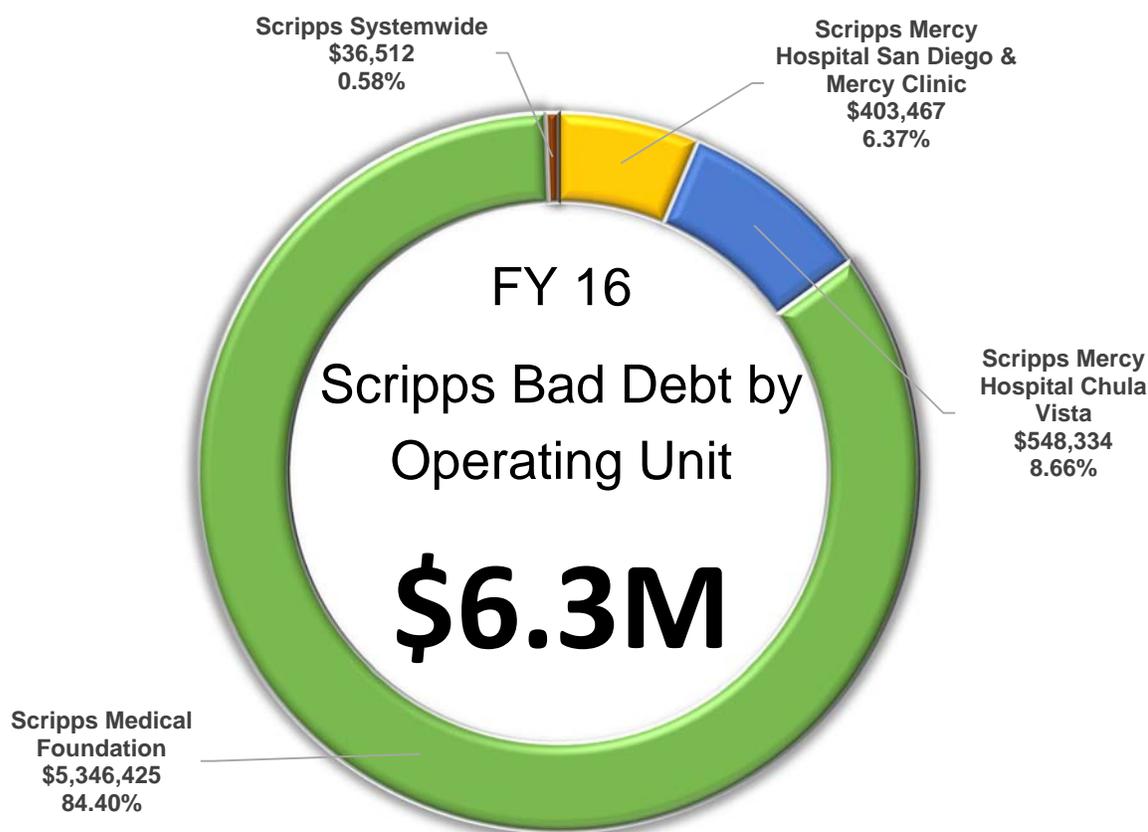
### Medicare and Medicare HMO (Shortfall)

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>5</sup> Calculations for Medicare are derived using the payor-based cost allocation methodology. In Schedule H, the Medicare cost report is used.

## Figure 3:6

FY16 Scripps Bad Debt by Operating Unit, \$6,334,738<sup>6</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 payor or have a co-payment obligation that is not met. These costs are included in the IRS Form 990 Schedule H Part III Section A.

<sup>6</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

**2017** Scripps Community Benefit Plan and Report

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# COMMUNITY HEALTH SERVICES

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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>1</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 categories mandated by the IRS. Then are broken down into five main areas: (see the Scripps Community Health Services Summary list for more details, page 95). 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 2016 (October 2015 to September 2016), Scripps invested \$2,670,655 in community health services (does not include subsidized health). This figure reflects the costs associated with providing these programs, salaries, materials, and supplies minus revenue.

Here are a few highlights of activities conducted by Scripps during fiscal year 2016. Refer to Figure 4:1 for a graphic representation of the FY16 Scripps system Community Health Services program distribution.

## 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.

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<sup>1</sup> Demographic and community need information data presented throughout the body of this document are based upon the findings of the San Diego Hospital Association and Imperial Counties 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>

In an effort to provide for people in need, Scripps sponsored a number of programs in fiscal year 2016.

### Mercy Outreach Surgical Team

Working in Mexico, the Mercy Outreach Surgical Team (M.O.S.T) provides reconstructive surgeries for children suffering from birth defects or accidents. In special circumstances, surgeries are also provided for adults. During fiscal year 2016, the M.O.S.T team served in two outreach mission trips. The M.O.S.T team volunteered 4,088 hours to provide reconstructive surgeries for more than 800 people served. (Sponsored by Scripps Mercy Hospital, San Diego and affiliated physicians).

### Scripps Recuperative Care Program (RCU)

The Scripps Rescue Mission Project provides a safe discharge for chronically homeless patients with ongoing medical needs. All patients are unfunded or underfunded. Most have substance abuse and/or mental health issues. The lack of funding and mental illness, along with alcohol and/or substance abuse, make post-acute placement of these homeless patients difficult. RN case management oversight is provided by Scripps with physician 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. They provide 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 2016, 68 patients had a cumulative 1,518 hospital days of stay before going to the RCU. The RCU has taken medically complex patients, including those with tracheotomies, feeding tubes, IV antibiotics, wound vacs, multiple fractures, abscess, osteomyelitis, paraplegia, ESRD on dialysis, end stage liver disease, heart valve replacement, diabetes, traumatic brain injury or encephalopathy, ostomies, craniotomy, complex trauma, CVA, cancer, HIV/AIDS, and a patient with and external defibrillator, the Life Vest.

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

The Graduate Medical Education (GME) program at Scripps Green Hospital and Scripps Clinic focuses on physician training and clinical research, with 40 residents and 36 fellows. Weekly community clinics were held at the St. Vincent de Paul and St. Leo's clinics. Staffed by Scripps Green Hospital and Scripps Clinic internal medicine residents, these clinics cared for approximately 800 of our county's most vulnerable residents during fiscal year 2016. (Sponsored by Scripps Clinic/Green Hospital)

## Fiji Alliance Project

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

## Scripps Health Community Benefit (CB) Fund

In fiscal year 2016, Scripps Health continued to deepen its commitment to philanthropy with its Community Benefit Fund. Over the course of the year, it awarded \$212,000 in community grants to programs in San Diego (five grants ranging from \$10,000 to \$120,000). The funded projects address some of San Diego County's high priority health needs, seeking to improve access to vital health care services for at risk populations, including the homeless, economically disadvantaged, mentally ill and others. Since the Community Benefit Fund began, Scripps has awarded \$3.3 million. Programs funded during fiscal year 2016 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

## Catholic Charities

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

## 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, so as to provide a service that navigates clients through different referrals and tracks their success toward achieving improved social determinants of health. Between July 2, 2015 and June 30, 2016, the percentage of clients with health insurance was 82%, a three percent increase from the previous year. As more people begin to have health insurance, 2-1-1 expects that client needs will also begin to shift from seeking to obtain coverage to learning how to use their coverage. Many of the Health Navigation Program's clients are already seeking the latter. This past year, Navigators provided a deeper level of care coordination, preventative support, and advocacy to about 1,000 clients. Compared to clients who received basic Information and Referral services, clients who received the deeper level of support reported a higher rate of confidence in managing their health needs (49% confidence among I&R clients, compared to 65% confidence among care coordination clients).

## American Heart Association

Scripps provided funding for the 2016 Heart Walk through corporate sponsorship. Heart disease and stroke are the number one and three causes of death in the nation. Heart

disease claims more than 950,000 Americans each year. Scripps partners with the American Heart Association on its annual Heart Walk to raise funds for research, professional and public education and advocacy.

## 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.

In 2013 cancer was the leading cause of death in SDC, responsible for 24.4 percent of deaths. There were 5,030 deaths due to cancer (all sites), and an age adjusted death rate of 155.6 deaths per 100,000 population.<sup>2</sup>

According to a 2016 report from the American Cancer Society, California Cancer Facts & Figures, 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. In 2013, the percentage of cancer cases diagnosed at an early age is lowest among African American women for breast and Hispanic males for prostate in SDC.

### Most Commonly Diagnosed Cancers

Prostate, lung, and colorectal cancers are the most commonly diagnosed cancers and the leading causes of cancer related death among men. Similarly, breast, lung, and colorectal cancers are the most commonly diagnosed cancers and the leading causes of cancer related death among women. For both sexes combined, melanoma of the skin is the fifth most commonly diagnosed cancer and pancreatic cancer is the fourth leading cause of cancer related death.

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<sup>2</sup> County of San Diego HHSA, Public Health Services, Community Epidemiology Branch

## Cancer Disparities

The burden of cancer does not fall equally on all Californians, and risk of developing cancer varies considerably by race/ethnicity. Among men, African Americans have the highest incidence and mortality from cancer, followed by non-Hispanic whites. Among women, non-Hispanic whites have the highest incidence of cancer, but African Americans have the highest cancer mortality. In general, persons of Asian/Pacific Islander and Hispanic origin have cancer rates that are about 30 to 35 percent lower than non-Hispanic whites. However, Asian/Pacific Islanders and Hispanics are two to three times more likely than non-Hispanic whites to develop stomach and liver cancer. Hispanic women also have twice the risk of being diagnosed with invasive cervical cancer relative to non-Hispanic white women.

Scripps has developed a series of prevention and wellness programs to educate people about the importance of early detection and treatment for some of the most common forms of cancer. At Scripps, cancer care is more than just medical treatment, and a wide array of resources are provided such as counseling, support groups, complementary therapies and educational workshops. Here are a few examples of Scripps cancer programs during fiscal year 2016:

### Scripps Cancer Center Directory of Community Resources

Scripps collaborates with the community and develops a cancer directory of a comprehensive list of resources available for cancer survivors, their families, and the community.

### Scripps Green Cancer Center Support Groups

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

### Health Science Middle School – City Heights Educational Tour

Health Science Mid-High School (6<sup>th</sup> to 8<sup>th</sup> graders) from City Heights (40 students and 2 instructors) spent two hours at Scripps Mercy San Diego O’Toole Breast Care Center. It was an educational visit to learn about cancer care services from Dr. Paul Goldfarb

and Dr. William Stanton. The tour was provided by the O'Toole Breast Care Centers Staff.

### Firefighters, Lifeguards and Police Officers Skin Cancer Screenings

A total of 346 Firefighters, Lifeguards and Police officers were screened for skin cancer.

### 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 600 women are referred to clinical breast health services at community and 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

More than 50 services were provided, including 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 850 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. 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 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.

## Susan G. Komen Race for the Cure

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

## Susan G. Komen 3 Day Breast Cancer Walk

Scripps Health was the official physical therapy sports medicine crew at the event. Provided wound care, orthopedic evaluations and treatments, including limb and joint taping, assistance with stretching and education for self-care.

## Nine Girls Ask (for Cure for Ovarian Cancer)

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

## Cancer Awareness and Educational Events

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.

## Aloha Lock Cancer Wig Program

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

## 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.

## 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.

## Cancer Center – Outpatient Social Worker & Liaison Program

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

## Cancer Survivors Day

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.

## Cardiovascular Disease

'Diseases of the heart' were the second leading cause of death in San Diego County in 2012. In addition 'Cerebrovascular Diseases' were the fifth leading cause of death, and Essential (primary) 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.

### Heart Disease is the Leading Cause of Death in the United States

- Heart disease is the leading cause of death for people of most racial/ethnic groups in the United States, including African Americans, Hispanics and whites.

### Prevalence Data

- In 2012, 11.1% of adults aged 18 and over had ever been told by a doctor or other health professional that they had heart disease.
- In 2012, 224% of adults 18 and over had been told on two or more visits that they had hypertension.

### Disparities and Cardiovascular Disease

- In 2012, thirty five percent of non-Hispanic black women had hypertension compared with 22% of non-Hispanic white women and 22% of Hispanic women. Thirty percent of non-Hispanic black men had hypertension compared with 25% of non-Hispanic white men and 19% of Hispanic men.
- Men are more likely than women to have ever been told they have coronary heart disease or hypertension.
- Individuals with low incomes are much more likely to suffer from high blood pressure, heart attack, and stroke.

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.

- Among adults aged 65 and over, those covered by Medicare and Medicaid were more likely to have been told they had hypertension than those with either Medicare alone or private insurance.
- Depression occurs in up to 20% of people with heart disease and has also been found to be a risk factor for subsequent heart attacks.

During fiscal year 2016, Scripps engaged in the following heart health, cardiovascular disease prevention and treatment activities.

### American Heart Association – Heart Walk

In addition, Scripps employees volunteered their time to coordinate walker participation and fundraising efforts. The San Diego Heart Walk raised more than \$1.1 million. In 2016, more than 2,140 Scripps Heart Walk participants, (employees, families, and friends) walked to help raise more than \$110,000. Additionally, Scripps reached out to the community at the event and provided health education materials and giveaways.

### American Heart Association – Heart Ball

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. The event featured Scripps Stroke patient Claire Cordua and Scripps neurologist Dr. Thomas Chippendale was posthumously honored for his pioneering efforts in stroke prevention.

### 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 partnerships with OASIS San Diego and 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 include Tai-Chi, offered twice weekly; classes to decrease stress and improve balance, strength and flexibility, Restorative Yoga, offered three times a week; Fitball: Core Conditioning , offered twice a week; classes to improve strength, posture and core stability, Yoga for Cancer Recovery, offered weekly; classes centering on balance, offered weekly; classes to build balance, posture and ordination, Power Yoga for Multiple Sclerosis, offered weekly; classes to promote healing and improve strength and flexibility and weekly meditation classes.

## 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.

## 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. More than 6 to 10 individuals are given this information.

## The Eric Paredes Save A Life Foundation

Each year, 7,000 teens lose their lives due to sudden cardiac arrest (SCA). SCA is not a heart attack, it is caused by an abnormality in the heart's electrical system that can easily be detected with a simple EKG. Unfortunately, heart screenings are not part of a regular, well-child exam or pre-participation sports physical. The first symptom of SCA could be death. San Diego alone loses three to five teens from SCA. As a sponsor for

the Eric Paredes Save A Life Foundation, Scripps has held more than 20,000 free cardiac screenings to local teens, including the homeless, uninsured and underinsured. In 2016, Scripps made a \$15,000 donation to help pay for screenings. In 2016, Scripps supported screening events at area high schools and screened 3,869 teens, identifying 41 with abnormalities and 16 who were at risk.

## Screening Athletes for Sudden Cardiac Arrest

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 five 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 suggest that a lack of post discharge social support and education are important to prevent readmission. Group sessions provide education and social support. Discharge planning that uses transitional coaches has been proven to reduce readmission rates. The overall goal of Your 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 51 community members have participated in this educational series for those affected by hypertension, angina, cardiac heart failure or any other heart health concerns. Topics covered include the risk of heart disease, signs of heart attack, diabetes, cholesterol, physical activity, healthy eating and much more. With 19 heart health participants still active in the program health assessments are reviewed including waist circumference, weight, height, BMI and blood pressure. Overall, participants have improved their BMI by 6.9%, lost a combined 42 pounds together, and improved their blood pressure at an average of 131/74 (three times normalized and maintained since initial assessment).

## 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 2012 ‘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 7.2% in 2012 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. In San Diego, approximately 1.5% of discharges in the black patient population were attributable to diabetes compared to 0.7% of discharges of whites.

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.

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

Type 2 diabetes, once known as adult onset or noninsulin dependent diabetes, is a chronic condition that affects the way your body metabolizes sugar (glucose), which is your body’s main source of fuel. With Type 2 diabetes, your body either resists the effects of insulin, a hormone that regulates the movement of sugar into your cells or doesn’t produce enough insulin to maintain a normal glucose level. If left untreated, Type 2 diabetes can be life threatening. Clinical symptoms can include: frequent urination, excessive thirst, extreme hunger, sudden vision changes, unexplained weight loss, extreme fatigue, sores that are slow to heal, and increased number of infections.

Type 2 diabetes has reached epidemic proportions, and people of Hispanic origin have dramatically higher rates of the disease and the complications that go along with its poor management, including cardiovascular disease, eye disease and limb amputation. In fact, it is estimated that one out of every two Hispanic children born in 2000 will develop diabetes in adulthood. This is especially true in the South Bay communities in San Diego. Specifically, the city of Chula Vista is home to 26,000 Latinos with

diagnosed diabetes and tens of thousands more who are undiagnosed, have pre-diabetes and are at high risk of developing diabetes.

#### Some alarming facts about Type 2 diabetes:

- About 1.7 million people aged 20 or older were newly diagnosed with diabetes in 2012 in the U.S.
- 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.

#### 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.

#### Disparities and Diabetes:

- Hispanics and African Americans have two times higher prevalence: 1 in 20 non-Hispanic whites have Type 2 diabetes, compared with 1 in 10 Hispanics and 1 in 11 African Americans in 2011 – 2012.
- In San Diego, whites and blacks had the highest death rates due to diabetes in 2012.
- The prevalence of Type 2 diabetes is 13 percent higher in men than women in California.
- In San Diego, males had a higher death rate than females (22.5 per 100,000 versus 19.0 per 100,000 in 2012).
- The percent of adults in California with diabetes is almost two times higher in those with families incomes below 200 percent of the federal poverty level compared to those whose income is 300 percent above.
- Adults with diabetes are more likely to have arthritis, hypertension and cardiovascular disease than adults without diabetes.
- Diabetes is a leading cause of lower limb amputation and kidney failure in the United States.

More than 7 million Americans are unaware that have diabetes. The complications related to diabetes are serious and can be reduced with preventive practices. Diabetes is a serious community health problem, leading to school and work absenteeism,

elevated hospitalization rates, frequent emergency room visits, permanent physical disabilities and sometimes death.

During fiscal year 2016, Scripps sponsored the following diabetes management initiatives:

### 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 19 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 other ways to help manage this chronic disease.

In fiscal year 2016, Project Dulce provided 5,970 diabetes care, retinal screenings and education visits for low income and underserved individuals throughout San Diego and enrolled 1,327 new Project Dulce patients. The program also initiated four new projects, diabetes prevention for women with a history of gestational diabetes, replicating Project Dulce in Tijuana, diabetes care coordination at Scripps Mercy Hospital Chula Vista and the diabetes gene bank program.

### Medical Assistant Health Coaching (MAC)

Diabetes affects nearly 25 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. The complex needs of individuals with diabetes cannot be adequately addressed in the typical 15-minute primary care visit. Therefore, the Scripps Whittier Institute will be

studying the use of specially trained medical assistants as diabetes health coaches. By adopting a “team-based” approach that is informed by the Chronic Care Model, other primary care personnel [e.g., medical assistants (MAs)] can be trained as health coaches to work in tandem with primary care providers to deliver self-management support.

## 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, this year the Institute kicked off the Scripps Diabetes Prevention Program (DPP), which is a yearlong intervention where people with prediabetes meet weekly for 16 weeks, then monthly thereafter. 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 2016, 63 patients attended 21 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.

## Healthy Living

Another prevention initiative of the Institute is Healthy Living, a series of 3 classes focused on promoting health behaviors that are directly related to the incidence of chronic disease, smoking, nutrition, and physical activity. 675 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 respond to the needs of allied health professionals seeking

to understand new and complex clinical treatment options for Type 1, Type 2 and gestational diabetes. Professional education was provided for 374 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 retinopathy. With early diagnosis and appropriate treatment, 95 percent of diabetic blindness could be prevented. For the past decade, the Scripps Diabetes Care Retinal Screening Program has provided low cost or free screenings to the community. Annually reaching about 500 individuals directly and about 1,000 indirectly, the program identifies those at high risk for retinal damage and provides access to education, treatment and referrals. This innovative prevention program has educated and saved the vision of thousands.

## 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 abuse have been cited by the World Health Organization (<http://www.who.int/chp>) as important health behaviors that contribute to illnesses such as cardiovascular disease, cancer, chronic respiratory disease, diabetes, and others including mental disorders and oral diseases.

*Fruit/Vegetable Consumption:* According to data from 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 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.

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 2016, 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 10,608 program patients and participants. There were more than 13,500 clinical visits provided by Scripps Family Medicine Residency.

### Community Based Health Improvement Activities

Each month approximately 200 community members participate in classes, prevention lectures and support groups held at the Well Being Center and Norman Park Senior Center. A total of 3,000 community members have participated in classes and support groups.

### Youth 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 3,726 youth participated in these programs.

### Senior Programs

Each month a variety of senior programs are held with local senior centers, churches, and senior housing. Some of these activities include: senior health chats and men's

group. More than 200 seniors participated in residency senior activities including group visits. Over 400 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, 709 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.

## Ask a Nurse

Public health nurses are available to provide information to promote and encourage healthy choices that lead to better lives. The central public health nurses provide information to all participants at the City Heights Wellness Center on monthly topics that include asthma, heart health, seasonal health and other topics.

## 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, Parkinson's disease, mental illness, postpartum issues, gynecological cancer, chronic pain and multiple sclerosis.

## Brain and Head Gear Protection

Educational program for high school students to stress the importance of bike safety. Brain injury protection through the proper use of head gear.

## Prescription Take Back Day

Scripps collaborates with the County of SD on the Prescription Drug Take Back Day which provides an opportunity for safe disposal of left over medications.

## 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.

Alzheimer's is 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 2013, an estimated 62,000 San Diegans age 55 years and older were living with Alzheimer's disease and dementias (ADOD), accounting for 8.3% of the 55 years and older population. This population will roughly double in less than 20 years. In 2013, more than 20,000 San Diegans age 55 and older were discharged from the emergency department (ED) or hospital with a mention of ADOD.

### Financial burden:

- In 2013 nearly 141,000 caregivers provided unpaid care for the 62,000 people living with ADOD in San Diego County. These caregivers provided nearly 161 million hours of unpaid care, valued at nearly \$2 billion dollars. Due to the negative effects of caregiving on their own health, the cost of providing health care to these residents in 2013 was approximately \$77.7 million dollars.

### Prevalence

- There are more than 5.2 million people in the United States living with ADOD. As the population ages the number is expected to triple by 2015.
- In California there are 588,208 people 55 years and older living with ADOD. One tenth of AD patients live in California.
- In San Diego County, the number of those 55 years and older with ADOD is expected to increase by 51% between 2012 and 2030, from 60,000 to nearly 94,000 residents. Currently, the East County region has the greatest number (14,765) and proportion (12.4%) of residents 55 years and older with Alzheimer's disease and other dementias. The region with the largest anticipated increase in ADOD in the North Central area, with a projected increase of 76.8% from 2012 to 2030. However, it is estimated that by 2030, nearly one out of four San Diegans 55 years and older with ADOD will live in East County.

During fiscal year 2016, Scripps engaged in the following Alzheimer's and dementia prevention and treatment activities:

### Senior Health and Well Being Programs

The goal is to increase health care information and preventative services for seniors/older adults in the South Bay. Each month a variety of senior programs are held at local senior centers, churches and senior housing. Some of these activities included dementia, Alzheimer's and pain management, nutrition and wellness and sponsorship of the Alzheimer's Association Caregiver Conference. More than 200 seniors participated in these activities.

### 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.

### Alzheimer's San Diego Program Support

Alzheimer's San Diego offers a free half day event. Attendees learn the basics of Alzheimer's disease, how to partner with your doctor and get a diagnosis, and addressing behavior through compassionate communication. Scripps donated \$25,000 for program support.

## Obesity, Weight Status, Nutrition, Activity and 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.

**Adults:** 36.3% of adults aged 18 and older self-reported they have a BMI between 25.0 and 30.0 (overweight) in San Diego County according to 2011 – 2012 BRFSS data. An additional 20.1% of adults aged 20 years and older self-reported they have a BMI greater than 30.0 (obese) in San Diego County. The percentage of residents who are obese was higher slightly among men (21.3%) than women (18.8%). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues including obesity, heart disease, diabetes, and other health issues.

**Youth:** FITNESSGRAM is the required physical fitness test that school districts must administer to all California students in grades 5, 7 and 9. The percentage of children in grades 5, 7 and 9 ranking within the “health risk” category (overweight) for body composition on the FITNESSGRAM physical fitness test was 17.7% in San Diego County for the years 2013-2014. Furthermore, approximately 15.9% of children in grades 5, 7 and 9 were ranked within the “high risk” category (obese). Rates of overweight and obese youth were highest among Hispanic/Latino and African American youth.

Obesity is largely categorized as a secondary diagnosis in hospital discharge data. An analysis of the primary diagnoses associated with a secondary diagnosis of an obesity related ICD-9 code in 2013 was used to provide an overview of the main reasons individuals with abnormal weight seek care by age group. In addition, local program data were summarized to provide additional perspective on the impact of obesity on morbidity in SDC. A summary of the trends found were as follows:

- When examining inpatient hospital discharge data with obesity as a secondary diagnosis, it was found that the most common primary diagnosis of those

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

For adults:

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

For children and adolescents (ages 2-19):

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

patients were nonspecific chest pain in ages 25-64, abnormal pain for those ages 15-24, and those over 65 years their primary diagnosis was osteoarthritis, septicemia followed by congestive heart failure.

### Some facts about obesity in the United States:

- According to the 2013 BRFSS and YRBSS, 28.3% of the U.S. adults were obese, 35.5% of adults were overweight, 13.7% of adolescents were considered obese and 16.6% of adolescents were overweight.
- In 2013, 21.4% of adults reported in engaging in no leisure time activity and the number of adults who report eating less than one vegetable or fruit daily is 17.3% and 30.4% respectively.

### Health consequences due to overweight and obesity:

Research has shown that as weight increases to reach the levels of “overweight” and “obesity” the risks for the following conditions also increases:

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast and colon)
- Hypertension (high blood pressure)
- Stroke
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis

### Overweight and obesity associated costs:

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

## Disparities and Obesity

### Obesity & Race

- According to the BRFSS, from 2012 through 2014, non-Hispanic blacks had the highest prevalence of self-reported obesity (38.1%), followed by Hispanics (31.3%) and non-Hispanic whites (27.1%)
- In 2011 – 2012, the prevalence among children and adolescents was higher among Hispanics (22.4%) and non-Hispanics (20.2%) than among non-Hispanic whites (14.1%)

## Obesity & Gender

- Among men, 42% were considered to be overweight compared to 29% of women. The median percentage of obesity was similar among men (28%) and women (27%) in the U.S.

## Obesity & Income

- Among non-Hispanic black and Mexican American men, those with higher incomes are more likely to have obesity than those with low income.
- Higher income women and women with higher educational attainment are less likely to be obese than low income women.
- Obesity prevalence was the highest among children in families with an income to poverty ratio of 100% or less.

## Obesity & Quality of Life

- Obesity can affect the quality of life through limited mobility and decreased physical endurance, in addition to social, academic, and job discrimination.

During fiscal year 2016, 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 a decreased childhood obesity from 4% from 2005-2010, the largest drop in Southern California (many areas have seen increases).

## Diabetes Prevention Program (DPP)

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 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. Scripps aims to examine the effectiveness of the DPP program in improving behavioral and psychological risk profiles.

## 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 screening, healthy cooking tips, and mindful eating and 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 5-2-1-0 campaign. 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 5210: 5 fruits or more a day, 2 hours or less of screen time, 1 hour of physical activity and 0 sugary juices. The program encourages: eating **5** or more fruits a day, limiting TV screen time to **2** hours, **1** hour of daily physical activity, and drinking **0** sugar filled beverages.

School administrators and staff are closely involved in the program, which includes five educational sessions, a health assessment survey and health plan, and support to help the students pass their yearly physical education requirements.

Since 2013, more than 400 children and 200 patients 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. Based on annual student surveys, 60 percent of students are more physically active, compared to 26 percent in previous years.

### Let's Get Cooking

In January 2014 The City Heights Wellness Center launched "Let's Get Cooking" , a hands on cooking class for moms, dads, caregivers and their kids (ages eight and older) who want to learn simple, healthy recipes for the whole family. "Let's Get Cooking" aims to inspire families to eat fresh, nutritious, whole foods and to make healthy lifestyle choices through cooking, education and discussions. The classes are taught in both English and Spanish by bilingual registered dietitians. In the Mid-City region of San Diego, there are currently no other hands on cooking/nutrition, education/obesity programs available. What sets this program apart is being able to offer the hands on cooking experience in a certified teaching kitchen. There are currently nutrition education programs offered in the community. However, none of them is offering nutrition education through cooking. The teaching kitchen provides not only a hands on learning experience, but more importantly a place for family interaction and building a sense of community.

### Super Chef Program and Camp

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

## Vocational English Second Language Culinary Training Program

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

## Nutrition Services and Physical Activity

According to the 2013 Behavioral Risk Factor Surveillance System (BRFSS) data for San Diego County, more than 63 percent of adults are overweight or obese. Obesity increases the risk for heart disease, Type 2 Diabetes, high blood pressure, stroke and some forms of cancer. The nation's low income, minority populations are at an even greater risk

In an effort to address this critical health concern, staff members at the City Heights Wellness Center has established a variety of nutrition education programs to meet the needs of low income, minority populations. A unique aspect of the City Heights Wellness Center (CHWC) is the Teaching Kitchen. The kitchen is known throughout the community as a place where residents and providers come together to cook, discover and communicate in a safe and trusted environment. The Teaching Kitchen serves as an interactive, hands on environment for participants of all ages to learn how to plan and prepare food in a health manner.

Throughout the year, a variety of nutrition related activities are offered at no or low cost, including meal planning, food budgeting and selection, cooking classes and demonstrations, dietary counseling and physical activities. City Heights Wellness Center's trainings, classes and programs for the community to prevent chronic diseases served 6,876 participants.

**Note:** Data was only reported for six months as there was a change in leadership at the Center, and thus a transition period with a decrease in service as a result. In addition to general nutrition education, more specialized services offered include:

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

The Center uses a combination of approaches to address a broad array of community health priorities, including nutrition, access to services and community engagement. The goal is to prevent disease by strengthening community partnerships and link existing services to provide City Heights' residents with opportunities to become more involved in managing their own health.

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

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 will bring 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 will continue 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, will continue to provide WIC services as one program within the City Heights Wellness Center.

## Collaborative for Healthy Weight

This advisory group meets monthly. 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. All three sectors must collaborate, using evidence-based approaches, to reverse the obesity epidemic and improve the health of our communities, 120 member. Several manuscripts are under development.

## 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.

There were 43,627 live births in SDC overall in 2013 and the fetal mortality in SDC was 4.56 deaths, meeting the HP 2020 national targets for all maternal and infant health indicators including the target of less than 5.6 fetal deaths per 1,000 live births and fetal deaths.

## Maternal and Infant Health Indicators by SDC Region, 2013

SDC regions met all HP 2020 national targets in 2013. In 2013, fetal mortality was 4.5 fetal deaths per 1,000 live births and fetal deaths in the North Coastal region, 4.3 in the North Central region, 5.7 in the Central region, 3.1 in the South region, 5.6 in the East region, and 4.1 in the North Inland region.

Indicator	North Coastal	North Central	Central	South	East	North Inland
<b>Prenatal</b>	83.2%	91.0%	92.6%	85.7%	81.1%	84.7%
<b>Preterm</b>	6.9%	8.1%	8.8%	8.5%	8.8%	8.1%
<b>VLBW</b>	1.08%	0.9%	1.3%	1.1%	1.3%	0.8%
<b>LBW Infants</b>	5.6%	6.4%	7.1%	6.8%	6.8%	5.8%
<b>Infant Mortality</b>	4.5%	4.3%	5.7%	3.1%	5.6%	4.1%

Source: County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services. **Note:** Infant mortality rates are per 1,000 live births. Fetal mortality rates are per 1,000 live births and fetal deaths.

Scripps Health continued to enhance prenatal education for low income women in San Diego County in fiscal year 2016. The following are some examples:

## Community Benefit Services

- Offered more than 1,000 maternal child health classes throughout San Diego County to enhance parenting skills. Low income women in San Diego who were eligible 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 seven locations throughout San Diego County, including two with bilingual services.
- Offered maternal child health classes throughout the community, such as Basic Training for Dads, Getting Ready for the Baby, Infant CPR and Safety, Parent Connection programs and Redirecting Children’s Behavior.
- Offered the Dogs and Babies programs quarterly, with more than 40 attendees.
- Offered weekly Mommy and Me Yoga programs for new parents.
- Offered a prenatal yoga program for expectant women in San Diego County.
- Offered a pregnancy nutrition program quarterly at Scripps Memorial Hospital La Jolla.
- Offered classes in pelvic floor and pregnancy changes for expectant families at Scripps Memorial Hospital La Jolla.
- Offered classes in pelvic floor and postpartum changes for new mothers throughout the community.

## First 5 and Promise Neighborhood

More than 350 services were received for first time mothers including: home visits, referrals received, data entry, follow up phone calls, parenting classes and other support services. A total of 231 parents participated in parenting classes, 213 sessions provided.

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

Scripps Mercy Hospital is one of five regional organizations that administer the state funded WIC program. The program serves six locations conveniently situated near community clinics and/or hospitals in 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 7,500 women and children annually, 44 percent in the City Heights community.

In City Heights clients are 91 percent Hispanic and include pregnant and postpartum women (24%), infants (20%) and children (56%). In fiscal year 2016, the program provided nutrition services, counseling and food vouchers for 80,049 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.

### City Heights East African Alliance Health Advocacy Project

The City Heights Wellness Center Health Advocacy Project is supported by a grant from The California Endowment Foundation and is designed to strengthen the capacity to deliver culturally and religiously competent health promotion services to Somali and East African women and their families. The program addresses unmet needs like prenatal outreach and education, culturally adapted nutrition and fitness education, breastfeeding education, early childhood health, and nutrition and safety classes.

### 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 SDC 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.

According to the California Department of Public Health's, Burden of Chronic Disease and Injury Report: California, 2013 injuries, including both intentional and unintentional, is the number one killer and disabler of person's ages 1 to 44 years in California. The same report states that every year in California, injuries, cause more than 16,000 deaths, 75,000 cases of disability, 240,000 hospitalizations, and 2.3 million ED visits.

Between 2010 and 2013, nearly 4,000 San Diegans died as a result of unintentional injuries. The region's age-adjusted death rate due to unintentional injuries was 37.4 deaths per 100,000 population, the highest of all regions in SDC and above the SDC age-adjusted rate of 30.6 deaths per 100,000 population. In 2013, there were 3,995 hospitalizations related to unintentional injury in SDC's east region. The age-adjusted rate of hospitalizations was 785 per 100,000 population, which is above the county age-adjusted average of 691.5 per 100,000 population.

Scripps Health continues to address unintentional injury and violence in fiscal year 2016. The following are some examples:

### AARP Driver Safety Program

An eight hour driver improvement course especially designed for motorists age 50 and older. The course helps drivers refine existing skills and develop safe, defensive driving techniques. Open to AARP members and non-members alike.

### Aging Summit Expo

Scripps provided education regarding Home Safety, Fall Prevention and Medication Safety.

### 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.

### San Diego Brain Injury Foundation

Provide quality of life improvements for brain injury survivors and support to family members. Scripps Memorial Hospital Encinitas donates space to this organization for meetings.

### 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.

## Car Seat Check

Scripps provides a safety assessment of the installation of a child's care seat. Offered at no cost to low/median income and refugee families.

## 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 abuse. 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 2012, Alzheimer's disease was the third leading cause of death and intentional self-harm (suicide) was the eighth. Hospital emergency department encounters and inpatient discharge data for patients with a primary diagnosis of behavioral health-associated ICD 9 code in 2013 was used to provide an overview of main reasons individuals sought care related to behavioral health by age group.

A summary of the trends found were as follows:

- OSHPD ED discharge data: Anxiety disorders were the top primary diagnosis for ED discharge among those aged 5 through 44 and those 65 and older. For those aged 45-64, the top ED discharge for behavioral health was alcohol-related disorder followed by anxiety and mood disorders. Alcohol related disorders was the number two primary diagnosis for discharge for those aged 15 through 44 and those 65 years and older.
- OSHPD inpatient discharge data revealed that when examining the ICD 9 codes related to behavioral health, 'mood disorders' was the top primary diagnosis for inpatient discharge for ages 5 through 24 and 45 and over. For those aged 25 through 44, the top behavioral health primary diagnosis was 'schizophrenia and other psychotic disorders' followed by mood disorders.
- 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 abuse 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

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".

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%).

In the 2016 CHNA mental health issues and alcohol/drug abuse issues were consistently selected by the highest number of HHS 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 SDC except the central region. The following categories were found to be important health needs with behavioral health in SDC:

- Alzheimer's disease (seniors)
- Anxiety (all age groups)
- Drug and alcohol issues (teens and adults)
- Mood disorders (all age groups)

*Anxiety:* Anxiety is a normal reaction to stress but can become excessive, difficult to control, and ultimately interfere with normal day-to-day living. There are wide variety of anxiety disorders including post-traumatic stress disorder. National prevalence data estimates that 18% of the population had an anxiety disorder, with phobias and generalized anxiety being the most common. In San Diego County, there has been a steady increase in the rate of ED discharges with a primary diagnosis of anxiety. In particular, there has been a 64.2% increase in children up to age 14 from 25 per 100,000 in 2010 to 41 per 100,000 in 2013.

*Substance Abuse:* The Substance Abuse and Mental Health Services Administration (SAMHSA) defines substance use disorders as the recurrent use of alcohol and/or drugs which causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. The percentage of adults aged 18 and older in San Diego County 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%, additionally, 12.1% reported currently smoking cigarettes some days or everyday according to the BRFSS. Acute substance abuse hospitalization rates increased 37.4% from 2010 to 2013 and increased most among 15-24 year olds (58%).

Acute alcohol hospitalization rates grew most among 25-44 year olds with a 45.9% increase between 2010 and 2013. Finally, chronic alcohol ED visits among seniors aged 65 and older increased 89.7% during the same period.

*Alzheimer's disease:* Alzheimer's is the most common form of dementia although all dementias are characterized by a decline in memory, thinking skills, and ability to perform everyday activities. According to the 2015 San Diego County Senior Health Report, roughly 60,000 individuals in San Diego are living with Alzheimer's disease or other dementia (ADOD) in 2012. It is projected that the number of San Diego adults aged 55 and older with ADOD will increase by 55.9% between 2012 and 2030. The largest majority of individuals live in the East region though the largest percentage is projected in the North Central. ADOD also affects caregivers physically and emotionally so significant increases in the number of people living with ADOD will have an impact that extends beyond those affected.

*Mood disorders:* Mood disorders are particularly prevalent in the community and increasing. Data from the Centers for Medicare and Medicaid show that among the fee-for-service population, 14.5% suffer from depression compared to 13.4% in California in 2012. In addition, an analysis of OSHPD data shows that the rate of ED discharges per 100,000 individuals with a primary diagnosis of mood disorders increased by 38.7% from 2010 to 2013 for children up to age 14, hospitalizations also went up by 26.8% in this age group. Mood disorders are often associated with comorbidities including diabetes, obesity and asthma. Suicide is also an indicator of poor mental health and is one of the major complications of depression. In San Diego County, the suicide rate according to the California Department of Public Health is 11.3 per 100,000 population which is above the state suicide rate of 9.8 per 100,000 and above the HP2020 benchmark of 10.2 per 100,000 population. It is also the eighth leading cause of death in San Diego County. When adjusting for race/ethnicity, non-Hispanic whites are more likely to commit suicide followed by Native Hawaiian/Pacific Islanders. Comparing suicide rates by race, non-Hispanic, black, Asian, Native Hawaiian/Pacific Islanders, and those of multiple races were all above state levels.

#### **Mental and Behavior health covers a broad range of topics:**

- Substance abuse and misuse are one set of behavioral health problems. Others include (but not limited to) serious psychological distress, suicide, and mental illness.
- Barriers can exist for patients across the lifespan. The National Survey for Children's Health (HRSA, 2010) showed that among children with emotional,

- developmental, or behavioral conditions, 45.6% were receiving needed mental health services.
- In 2014, among the 20.2 million adults with a past year substance use disorder, 7.9 million (39.1%) had any mental illness in the past year.

### Depression:

- Depression is the leading cause of disability worldwide and is a major contributor of global burden of disease.
- In 2014, 11.4% of adolescents aged 12 to 17 had a major depressive episode. The percentage who used illicit drugs in the past year was higher among those with a past year major depressive episode (MDE) than it was among those without a past year MDE (33% vs. 15.2%).

### Prevalence:

- In 2014, an estimated 43.6 million (roughly 18%) adults aged 18 or older had any mental illness in the United States.
- One-half of all chronic mental illness begins by the age of 14; three quarters by the age of 24.

## Disparities and Behavioral Health:

### Behavioral Health & Race

- Compared with Whites, African Americans and Hispanic Americans used mental health services at about one-half the rate in 2010.
- Black adults and adolescents were less likely than their white counterparts to receive treatment for depression.
- American Indian/Alaskan Native adults and those of two or more races had the highest prevalence of mental illness with 26% and 28% living with a mental health condition, respectively.

### Behavioral Health & Housing

- An estimated 26% of homeless adults staying in shelters live with serious mental illness and an estimated 46% live with severe mental illness and/or substance use disorders.

## Behavioral Health & Gender

- Males commit suicide four times more than females.
- Adult males were less likely than adult females to receive treatment for depression.

## Behavioral Health & Sexuality

- LGBTQ individuals are two or more times likely as straight individuals to have a mental health condition.

## Behavioral Health & Chronic Disease

- Mental illness is associated with chronic diseases such as cardiovascular disease, diabetes, and obesity.

## 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. While the U.S. and California struggle with rising suicide rates, the 2015 San Diego County (SDC) data revealed that SDC is holding its ground on progress made last year. Compared to 2014, when the suicide rate declined for the first time in recent history, the suicide rate in 2015 held steady at 13.2 per 100,000 population. Gains in help-seeking among San Diegans are also staying the course. Crisis calls to the local Access & Crisis hotline rose 1% in 2015 on top of the 15% increase in 2014. For more information on the status of suicide and suicide prevention in San Diego County: 2016 Report Card.

<http://www.sdchip.org/wp-content/uploads/2015/12/Suicide-Prevention-Council-Annual-Report-to-the-Community-2016-FINAL-UPDATED-9-7-16.pdf>

Indicator	2011	2012	2013	2014	2015
Total Suicide Deaths					
a. Number	392	413	441	420	427
b. Rate per 100,000 people	12.6	13.2	14.0	13.2	13.2
*Emergency Department (ED) Discharges: Self-Inflicted Injury/Poisoning					
a. Number	2,511	2,788	2,870	3,263	-
b. Rate per 100,000 people	80.6	89.1	91.1	102.2	-
Crisis Calls: Access and Crisis Line	13,450	15,834	17,635	20,267	20,485

Source: San Diego County Prevention Council, Annual Report to the Community, 2016

\*Total number, rates of persons discharged from emergency department that had self-inflicted harm from 2011-2014. Source: County of San Diego HHSA, Emergency Medical Services, Medical Examiner Database, 2011-2014. Population Data from SANDAG

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

## Scripps Health Behavioral Health Inpatient Programs

Individuals suffering from acute psychiatric disorders are sometimes unable to live independently or may even pose a danger to themselves or others. In such cases, hospitalization may be the most appropriate alternative. The Behavioral Health Inpatient Program at Scripps Mercy Hospital helps patients and their loved ones work through short-term crises, manage mental illness and resume their daily lives.

### Challenges

- Like many behavioral health programs across the country, funding is difficult, as payment rates have not kept pace with the cost to provide care.
- In 2016, the Scripps Mercy Behavioral Health Program experienced a \$2.9 million loss in operations.
- In 2016, 1.9 percent of patients in the inpatient unit were uninsured.

## Behavioral Health Outpatient Programs

Scripps Behavioral Health entered into an agreement in May 2016 to transition the intensive behavioral health outpatient program to the Family Health Centers of San Diego 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 so they do not return 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, 484 clients have been enrolled and 91 have been Scripps volunteers and 46 have been employed at Scripps Health. Currently, there are a total of 29 active candidates, 25 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 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 fiscal year 2016, Scripps Behavioral Health Services improved awareness of mental health issues by providing information and supportive services for more than 1,000 people at community events.

### Community Health Improvement Partners (CHIP) and Suicide Prevention Council

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

### 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 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).

### Scripps Drug and Alcohol Resources Nurses

Scripps has implemented the role of a mobile group of specially trained drug and alcohol resource nurses that 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. Through a contract with Volunteers of America (VOA), the Scripps resource nurse in collaboration with case management is able to offer a limited number patients in need of detox residential placement at the VOA facility in National City.

### Mi Puente/My Bridge-Scripps Mercy Hospital Chula Vista

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. Mi Puente applies a RN plus volunteer approach, and builds upon a strong collaborative partnership between inpatient ("referring") and outpatient ("receiving") care settings.

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

Behavioral Health Integration Program (BHIP) in Diabetes is an integrated, interdisciplinary approach to managing the emotional and behavioral needs 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.

## Latinos y Latinas en Acción

Latinos y Latinas en Acción is an organization that works with the Latino community through education on rights and health opportunities. The need for mental health counseling was identified in the Latino community so a series of classes were formulated to meet the identified needs of Latinos in Central San Diego. The series was called "Emotional Healing to Maintain Emotional Health".

The six week series included the following topics: anxiety, depressions, stress, co-dependency, emotionality, and quality of life.

## Survivors of Suicide Loss

The City Heights Wellness Center donates space to this organization. Survivors of Suicide Loss reaches out to and supports people who have lost a loved one to suicide. Their 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.

## Widow 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.

## Scripps Hospice Counseling

Individual counseling is offered at Scripps Mercy Hospital Chula Vista Well-Being Center weekly by a Hospice provider. Counseling is offered for patients dealing with the loss, anger and anxiety associated with the loss of a loved one. Supportive counseling helps strengthen and rebuild the families'. This is a new program and data will be tracked in fiscal year 2017.

## 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. Below are programs and organizations that Scripps supports that are addressing social determinants of health.

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 need community linkages. Some of these include:

### Integrative Health Night

The Alternative Healing Network offers bimonthly community clinics which bring together and promotes the uses of integrative healing arts and improves access to 'alternative' health care in under-served neighborhoods. Services include acupuncture, chiropractic, naturalistic medicine and clinical massage. Scripps Health provides in-kind space at the City Heights Wellness Center to hold these meetings.

### International Rescue Committee (IRC)

The International Rescue Committee (IRC) in San Diego offers an innovative Vocational English as a Second Language (VESL) Plus program for refugees. The program includes 60 hours of kitchen based training in a commercial kitchen space that the City Heights Wellness Center provides.

## Food Insecurity

Food insecurity was prioritized as the number one social determinants of health in the 2016 CHNA. Food insecurity is the inability to afford enough food for an active, healthy life. One in six San Diegans are “food insecure”. An estimated 485,521 San Diego County residents, or 15.7 percent of the county’s population, do not have enough food for an active, healthy life.<sup>3</sup> The programs highlighted below are ways that Scripps Health is addressing food insecurity.

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.

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 abuse 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.

## The City Heights Wellness Center (CHWC)

Hosts 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.

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<sup>3</sup> *California Health Interview Survey. CHIS 2014 Adult, Adolescent, Child Public Use Files. [Computer files]. Los Angeles, CA: UCLA Center for Health Policy Research, October 2016.*

## Health Insurance Enrollment Assistance

Assist community members with health insurance eligibility and applications.

## Health Education and Parenting Classes

Working with a variety of community-based organization, the CHWC provides a broad array of health education, parenting, nutrition and cooking classes.

## Scripps Mercy WIC Program

The CHWC is home to the SMH-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.

## Fostering Volunteerism

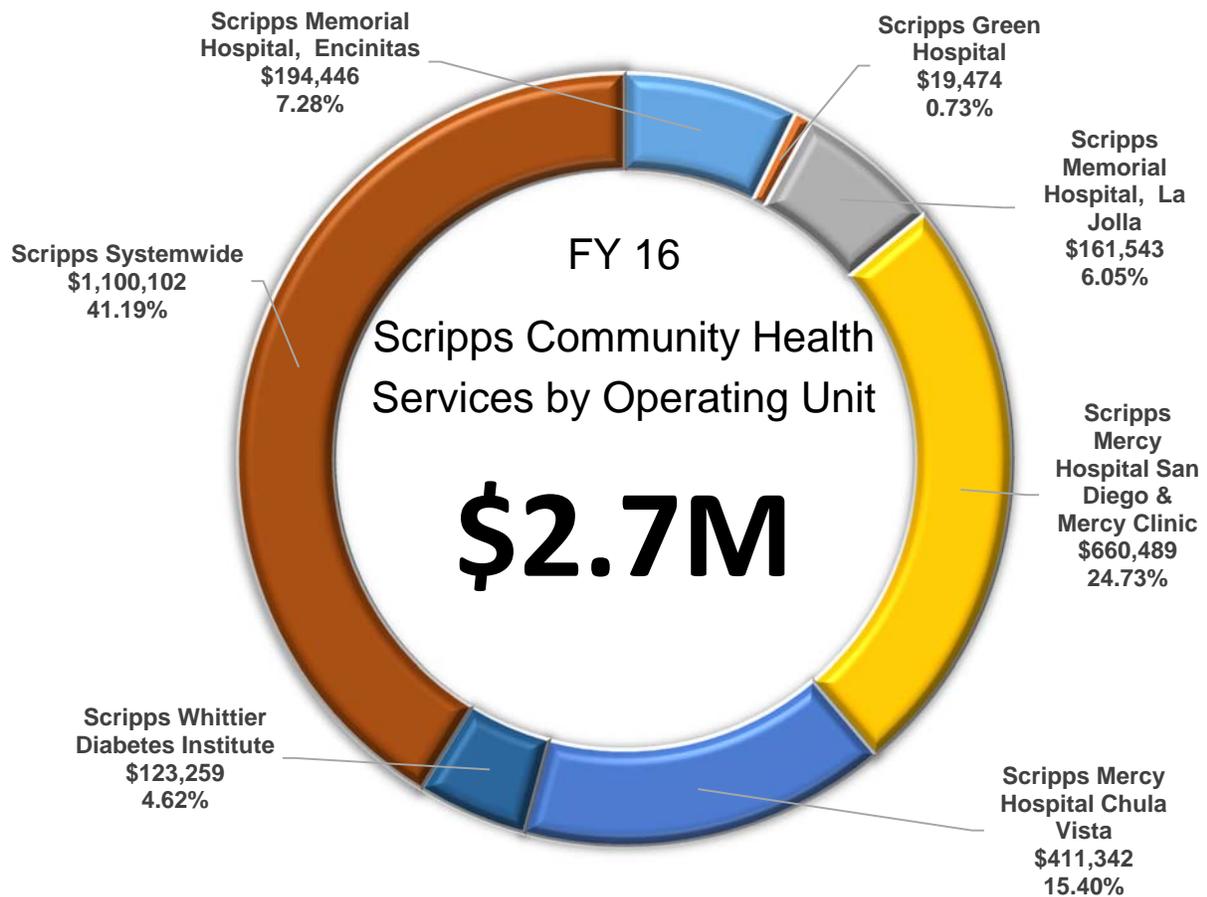
Scripps believes that health improvement begins when people take an active role in making a positive impact on their community. For this reason, Scripps supports volunteer programs for Scripps employees and affiliated physicians who want to make an even larger impact on their community. Scripps matches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

In addition to the financial community benefit contributions made during fiscal year 2016, Scripps employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs. With close to 27,903 hours, the estimated dollar value of this volunteer labor is \$1,335,158.55\*, which is not included in the Scripps Fiscal Year 2016 community benefit programs and services totals.

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

## Figure 4:1

FY16 Scripps Community Health Services by Operating Unit, \$2,670,655  
(does not include subsidized care)

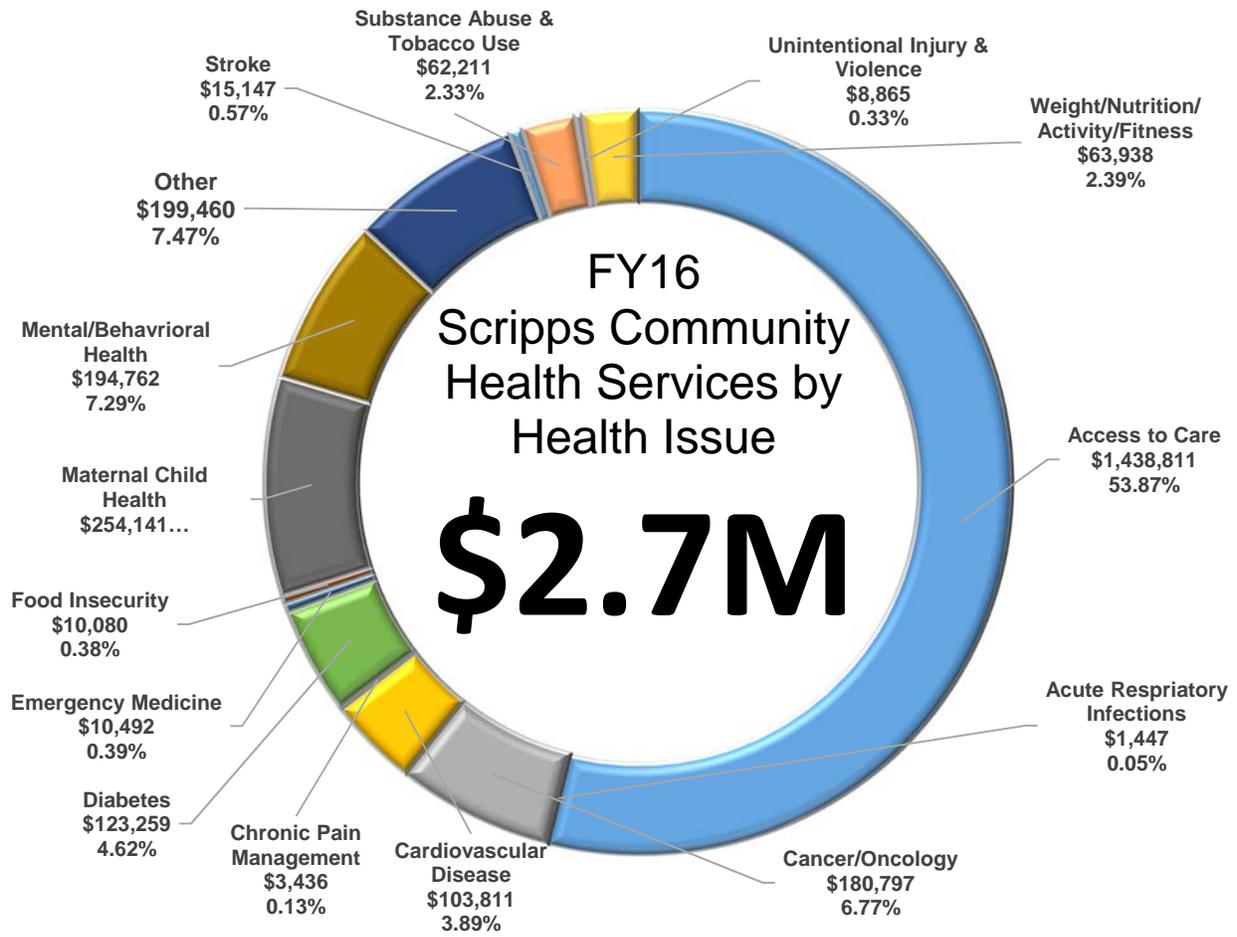


### Community Health Services

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

## Figure 4:2

FY16 Scripps Community Health Services by Health Issue, \$ 2,670,655



### Community Health Services

These services include prevention and wellness programs, screenings, health education, support groups, health fairs and other programs supported by operational funds, grants and in-kind donations. Calculations are based on cost less “direct offsetting revenue”, which includes any revenue generated by the activity or program, such as payment or reimbursement for services provided to program patients. According to the 2015 Schedule H 990 IRS guidelines, “direct offsetting revenue” also includes restricted grants or contributions that the organization uses to provide a community benefit.

## Scripps Community Health Services Community Benefit Services Summary List

### FY16 Community Health Improvement Services and Community Benefit Operations

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
AARP Driver Safety Program	220	3	-	\$235
Adult Substance Abuse Intervention	784	-	-	\$53,832
Adult, Infant and Child CPR for Family and Friends	302	283	-	\$7,880
Aging Summit Expo	1,300	24	-	\$1,326
Alcoholics Anonymous (AA)	2,454	-	-	\$1,200
Alternatives in Treatment for A-Fib	100	-	-	-
American Cancer Society	70	73	-	\$8,375
Ask A Nurse	460	223	-	\$10,643
Balance: Fall Proof!	454	52	-	\$3,134
Band - Cardiac Treatment Center (CTC)	31	13	-	\$784
Beach Area Community Court Program	143	10	-	\$573
Bereavement Support Group	121	48	-	\$2,098
Better Breathers	168	24	-	\$1,447
Beyond Blood Thinners, New Treatment for A-Fib	164	2	-	\$105
Blood Drive - American Red Cross	552	-	-	-
Brain & Head Gear Protection	200	8	-	\$482
Brainmasters	15	8	-	\$350
Breast Cancer Education & Support Group	394	100	-	\$6,027
Breast Health Clinical Services	776	-	-	-

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Breast Health Outreach & Education	4,046	38	-	\$3,086
Breastfeeding Community Support	3,071	2,197	-	\$14,720
Cancer Center - Heredity and Cancer Genetic Counseling Program	270	1,937	-	\$32,691
Cancer Center - Outpatient Social Worker and Liaison Program	183	1,313	-	\$23,408
Cancer Support Services	104	746	-	\$12,592
Car Seat Check	102	49	-	\$2,360
Car Seat Class	105	51	-	\$2,429
Cardiac Health Update	14	104	-	\$3,299
Cardiac Health: Diet and Exercise	12	89	-	\$2,828
Centering Pregnancy	400	-	-	-
Central Region Public Health Nurses	198	96	-	\$4,581
Chronic Pain Management Seminar	14	-	-	-
Community Bereavement Group Support	1,163	172	-	\$8,913
CPR Classes for Patients and Families of the Cardiac Treatment Ctr	15	4	-	\$241
CTC (Cardiac Treatment Center) Life Project	340	34	-	\$2,049
Diabetes Prevention Program	63	68	-	\$696
Dietary Counseling - Matters of the Heart	315	89	-	\$5,364
Emergency Care Summit	90	30	-	\$1,311
Eric Paredes Adult Cardiac Risk Assessment	85	-	-	\$384
Eric Paredes Save a Life Foundation - Screenings	3,869	237	-	\$13,108
Every 15 Minutes Program	2,758	26	-	\$1,802
Fall Prevention & Home Safety	8	59	-	\$1,885

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Fighting Addiction	2	15	-	\$471
First Five Home Visits	627	1,479	-	\$31,365
First Five Parenting Education	585	1,380	-	\$29,264
Fitball: Core Conditioning Class	594	96	-	\$5,726
Gentle Chair Yoga for Limited Mobility	33	26	-	\$1,136
Getting Ready for Baby #2	1,278	2,755	-	\$54,769
Grandparenting Today	82	177	-	\$3,232
Gynecological Cancer Support Group	206	38	-	\$2,260
Head and Neck Cancer Support Group	16	6	-	\$362
Healing Arts for People with Neurological Challenges	90	56	-	\$2,360
Healing Touch Level 1	39	289	-	\$15,593
Health Science Mid High School - City Heights Educational Tour	10	-	-	\$20
Healthy Hearts at Every Age	40	5	-	\$235
Healthy Holiday Eating	2	-	-	-
Heart Health Management Class	34	-	-	\$2,783
Heart Health Management Class - Spanish	99	-	-	\$8,103
Heartsaver CPR, AED and Basic First Aid - American Heart Association	9	16	-	\$1,059
I Wanna Dance	589	286	-	\$13,627
Insurance Eligibility Assistance	531	258	-	\$12,285
Integrative Health Night	583	283	-	\$13,489
IRC Cooking	71	34	-	\$1,643
Joint Replacement Class	6	8	-	\$482

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Lebed Method - Focus on Healing through Movement and Exercise	145	53	-	\$3,195
Left Ventricular Assist Device (LVAD) Support Group	103	20	-	\$1,175
Let's Get Cooking	249	121	-	\$5,761
Lymphedema Education	84	623	-	\$19,793
Macular Degeneration: Are Your Eyes at Risk?	57	-	-	\$641
Medicare Made Easy	53	4	-	\$225
Meditation Classes	401	96	-	\$5,786
Mended Hearts	34	7	-	\$509
Men's Support Group	82	193	-	\$4,102
Mercy Outreach Surgical Team (MOST)	863	1,447	-	\$23,527
Multiple Sclerosis Seminar	130	8	-	\$485
National Depression Screening Day	72	-	-	-
New Year's Resolutions	65	482	-	\$15,316
Nutrition Education Class	175	-	-	-
Organ Transplant Caregiver Support	300	-	-	\$140
Organ Transplant Support Groups	780	-	-	\$304
Parent Connection	415	5	-	-\$2,220
Parkinson's Boot Camp	90	1	-	\$30
Parkinson's Exercise Program	81	34	-	\$2,049
Parkinson's LSVT (Lee Silverman Voice Training) Big Exercise	241	29	-	\$1,748
Parkinson's Maintenance Class for Voice	80	10	-	\$603
Pelvic Floor Wellness	12	89	-	\$2,828

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Positive Parenting	464	225	-	\$10,735
Postpartum and Pelvic Floor Changes	20	148	-	\$4,713
Power Yoga	532	101	-	\$6,313
Prescription Drug Take Back Day	347	-	-	-
Pulmonary Cardiac Class	553	125	-	\$7,534
Registered Nurse Navigator Program	122	875	-	\$14,772
Residency Led Health & Well Being Programs	1,224	-	-	-
Residency Led Youth Programs	1,918	-	-	-
Restorative Yoga - For Seniors	779	150	-	\$8,438
San Diego Count & National Community Support & Outreach Education	404	2,212	-	\$110,768
San Diego Restless Leg Syndrome (RLS) Support Group	35	-	-	-
San Diego Seafood Saturday's	-	18	-	\$949
School Wellness Programs Community Meetings	75	-	-	-
Scripps Cancer Sruivors Day	447	47	-	\$14,507
Scripps Green Hospital Medical Library	-	-	-	\$185,283
Scripps Health System Community Benefit Planning and Outreach	-	-	-	\$361,197
Scripps Medical Foundation - Hepatitis C Support Group	300	40	-	\$2,411
Scripps Memorial Hospital La Jolla Medical Library	-	1,047	-	\$48,300
Scripps Mercy Hospital Medical Library	-	2,513	-	\$190,595
Scripps Mercy San Diego Cancer Support Group	23	20	-	\$1,160
Scripps Mercy Supplemental Nutrition Program for WIC	80,919	36,626	-	\$103,551

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Scripps Recuperative Care Program (RCU)	68	1,282	-	\$356,797
Senior Flu Shot Clinic	20	47	-	\$1,000
Senior Health Chats	51	120	-	\$2,551
Siblings Classes	86	185	-	\$3,935
Skin Cancer Screenings - SD Firefighters, Lifeguards & Police	346	240	-	\$14,396
Snow Bunnies	208	-	-	-
Spinal Cord Injury Support and Education Group	157	22	-	-
Strike Out Stroke	1,000	-	-	-
Stroke and Brain Injury Support and Education Group	490	48	-	\$3,980
Stroke Awareness through Education	15	111	-	\$3,535
Stroke Updates	13	96	-	\$3,063
Stroke-Parkinson's Exercise Group	80	12	-	\$4,219
Susan G. Komen 3 Day Breast Cancer Walk - Support	1,000	30	-	\$2,351
Susan G. Komen Race for the Cure - Event	5	-	-	-
Tai Chi - Exercise Class	856	-	-	\$4,950
Trauma Awareness	870	40	-	\$2,411
Understanding Palliative Care	9	4	-	\$241
Understanding the Importance of Immunizations	8	-	-	-
UT San Diego Successful Aging Expo: Stroke Booth	12,000	-	-	-

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Voice and Swallowing Rounds	19	6	-	\$362
Volunteers of America	132	132	-	\$109,200
When Words Heal - Writing Workshop	12	-	-	\$1,850
Whittier - Diabetes Education Outreach Events	1,315	1,428	-	\$15,057
Whittier - Dulce Mothers	58	63	-	\$1,041
Whittier - Health Living Class	641	3,112	-	\$4,360
Whittier - Project Dulce Diabetes Clinical Services	6,577	7,141	-	\$72,638
Whittier - Project Dulce Diabetes Education	2,186	2,374	-	\$29,468
Yoga for Cancer Recovery	255	90	-	\$125
Young Women's Breast Cancer Group	91	41	-	\$2,541
Your Heart, Your Health	18	2	-	\$78
Youth Educational Programs	584	1,378	-	\$29,214
<b>FY16 Community Health Improvement Services and Community Benefit Operations</b>	<b>153,303</b>	<b>80,787</b>	<b>-</b>	<b>\$2,263,093</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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.

### FY16 Subsidized Health Services

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Scripps Behavioral Health - A-Visions Service Program	-	-	-	\$165,422
Mercy Clinic, Scripps Mercy Hospital	-	-	-	\$1,518,794
Mercy Inpatient Behavioral Health	-	-	-	\$2,441,158
Mercy Outpatient Behavioral Health	-	-	-	\$1,399,433
<b>Total FY 16 Scripps Subsidized Health Services</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$5,524,807</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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.

### FY16 Cash and In-Kind Donations

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
2-1-1 San Diego Annual Event	-	-	-	\$5,000
2-1-1 San Diego Community Benefit Fund	-	-	-	\$12,000
Aloha Locks Cancer Wig Program	53	380	-	\$6,987
Alzheimers Association San Diego Program Support - Sponsorship	-	-	-	\$25,000
American Cancer Society - Making Strides Against Breast Cancer - Sponsorship	-	-	-	\$15,000
American Heart Association - Heart Ball	-	-	-	\$7,500
American Heart Association Heart Walk - In-Kind-Donation	-	-	-	\$25,725
American Heart Association Heart Walk - Sponsorship	-	-	-	\$10,000
California State University San Marcos	-	-	-	\$1,000

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Catholic Charities	-	-	-	\$70,000
City Heights Wellness Center - Community Support Group Meetings	653	317	-	\$15,108
Community Health Improvement Partners (CHIP) - Crew Rendezvous	-	-	-	\$12,500
Consumer Center for Health Education and Advocacy (CCHEA)	-	-	-	\$120,000
Donated Space for Not for Profit Organization	18,370	164	-	\$19,986
Eric Paredes Save a Life Foundation - Grant	-	-	-	\$15,000
GRASP - Grief Recovery After a Substance Passing	105	778	-	\$24,742
Jewish Family Services - Embrace a Family	202	130	-	\$5,681
Mama's Kitchen - 25th Anniversary	-	-	-	\$10,000
Promises 2 Kids	-	-	-	\$300
San Diego Brain Injury Foundation	167	-	-	\$0
Save a Life San Diego Community Walk	-	-	-	\$500
SCAD Research Inc	-	-	-	\$250
Senior Nutrition Program	208	101	-	\$4,812
Vista Community Clinic Annual Gala	-	6	-	\$470
<b>Total FY16 Cash &amp; In Kind Donations</b>	<b>19,758</b>	<b>1,876</b>	<b>-</b>	<b>\$407,562</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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				

## FY16 Community Building Activities

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
American Heart Association Heart walk - Event	2,500	1,800	-	\$114,039
Castle Park Elementary Wellness Committee Meeting	96	227	-	\$4,802
Chula Vista Community Collaborative	120	283	-	\$6,003
City Heights East African Alliance CHEA 2 - Health Advocacy Project	311	368	-	\$4,024
Community Health Improvement Partners - Suicide Prevention Council	-	120	-	\$9,403
Disaster Preparedness - Community Outreach & Education	-	220	-	\$12,296
Economic Development - Community Building	-	320	-	\$103,672
Encinitas Embracing Retirement Event	2	10	-	\$655
Firehouse Ambassadors	130	14	-	\$612
Food Stamp Assistance	694	337	-	\$16,057
Health Care Public & Government Advocacy	-	2,125	-	\$365,225
Healthy Development Services Provider Meeting	300	708	-	\$15,007
Hospital Administrative Support Unit & Scripps Medical Reponse Team (SMRT)	-	538	-	\$34,429
In Lieu of Funds	810	393	-	\$694,194
Latinos y Latinas en Accion	3	20	-	\$18,741
Leadership North County - University of California San Marcos	-	2	-	\$1,567
North San Diego Business Chamber Health Committee Meeting	-	2	-	\$314
Nutrition in Healthcare Leadership Team	-	21	-	\$1,645
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Parent Education, Support and Empowerment (PESE) Work Group Meeting	80	189	-	\$4,002
San Diego County Methamphetamine Strike Force (MSF)	-	30	-	\$2,351
San Diego County Policy Panel on Youth Access to Alcohol	60	65	-	\$5,093
San Diego County Prescription Drug Task Force	-	6	-	\$470
San Diego Hunger Coalition - Food Stamp Assistance - CHWC	425	206	-	\$9,833
San Diego Nursing Service/Education Consortium	-	-	-	\$2,000
San Diego Police Foundation - Gold Shield Gala	-	-	-	\$2,500
Scripps Mercy - Leadership Retreat Volunteer Service Day	-	324	-	\$27,099
Scripps Mercy Hospital Chula Vista - Health Weight Collaborative	120	283	-	\$6,003
SD Sherriff's Search & Rescue Academy - Emergency Response Module	20	45	-	\$14,375
South County Action Network (SoCAN) Meeting	300	708	-	\$15,007
Special Enforcement Detail Tryout Medical Assessment	30	30	-	-
<b>Total FY16 Community Building Activities</b>	<b>6,001</b>	<b>9,393</b>	<b>-</b>	<b>\$1,491,418</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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.

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



# SECTION 5

## Professional Education and Health Research

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# PROFESSIONAL EDUCATION AND HEALTH RESEARCH

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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 2016 (October 2015 to September 2016), Scripps invested \$24,201,857<sup>1</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 fiscal year 2016 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 114).

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<sup>1</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 internship programs help promote health care careers to a new generation, shape the future workforce and develop future leaders in our community.

Interacting with health care professionals in the field expands education outside the classroom. Scripps employees play an important role as preceptors by investing their time to create a valuable experience for the community. In fiscal year 2016, Scripps hosted 2,406 interns within our system and provided 344,084 development hours spanning nursing and ancillary settings. Table 5:1 provides a breakdown of interns by Scripps Facility.

*Table 5:1 Scripps Health Internships for FY16*

Scripps Health Location	Nursing			Ancillary			Total		
	# of Students	Group Hours	Precept Hours	# of Students	Group Hours	Precept Hours	# of Students	Group Hours	Precept Hours
Scripps Medical Foundation (Clinic & SCMC)	83	0	3,767	203	0	32,686	286	0	36,453
Scripps Memorial Hospital Encinitas	59	1,040	3,514	130	5,238	20,176	189	6,278	23,690
Scripps Green Hospital	124	11,703	4,658	60	3,534	16,533	184	15,237	21,191
Scripps Home Health/Hospice	5	0	1,071	5	0	1,586	10	0	2,657
Scripps Memorial Hospital La Jolla	439	30,524	19,824	234	432	19,652	673	30,956	39,476
Scripps Mercy Hospital, Chula Vista	232	27,472	5,092	68	6,912	17,179	300	34,384	22,271
Scripps Mercy Hospital, San Diego	613	64,302	3,149	126	6,564	34,621	739	70,866	37,770
Scripps Health Administrative Services	3	0	600	22	0	2,255	25	0	2,855
<b>Total</b>	<b>1,558</b>	<b>135,041</b>	<b>41,675</b>	<b>848</b>	<b>22,680</b>	<b>144,688</b>	<b>2,406</b>	<b>157,721</b>	<b>186,363</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.

## Research Students

Scripps supports graduate research for masters and doctoral student at universities with affiliation agreements. Scripps Talent Development oversees the student placement process. Non-physician student who conduct research at Scripps represent a variety of health care disciplines, including public health, physical therapy, pharmacy and nursing.

In fiscal year 2016, 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 Fiscal Year 2016, 22 students participated in the program. During their five-week rotation, the students were exposed to different departments, exploring career options and learning valuable life lessons about health and healing.

### UC High School Collaboration

UC High School and Scripps partnered to provide a real-life context to the school's Health Care Essentials course. For fiscal year 2016, sixteen students were selected to rotate through five different Scripps locations, during the spring semester, to increase their awareness of health care careers. UC High students visited Scripps Clinic Torrey Pines, Carmel Valley, Rancho Bernardo, Mercy San Diego, Scripps Memorial Hospital La Jolla and Green Hospital. The students were able to view surgeries and shadowing healthcare professionals in the emergency department, ICU, pharmacy, urgent care, internal medicine, pediatrics, ambulatory services, rehab therapy, patient logistics, lab and trauma.

### Young Leader 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. Student's grades 9-12 participate in the program, which provides a forum for high school students to learn about the health care system and its career opportunities. This combined experience includes weekly meetings at local schools facilitated by teachers and advisors, as well as monthly meetings at Scripps Hospital Encinitas. The program mentors students on leadership and provides tools for daily challenges. Young Leaders in Health Care also includes a service project to meet high school requirements and make a positive impact on the community. The program closes the year with a presentation aligned with the yearly focus. More than 100 students, community members and health care specialists attended the Young Leader in Health Care final meeting, culminating with student presentations on types of cancer and treatments. Students that participate in the program are eligible to apply to the High School Explorer summer internship program.

## Scripps Health Graduate Medical Education

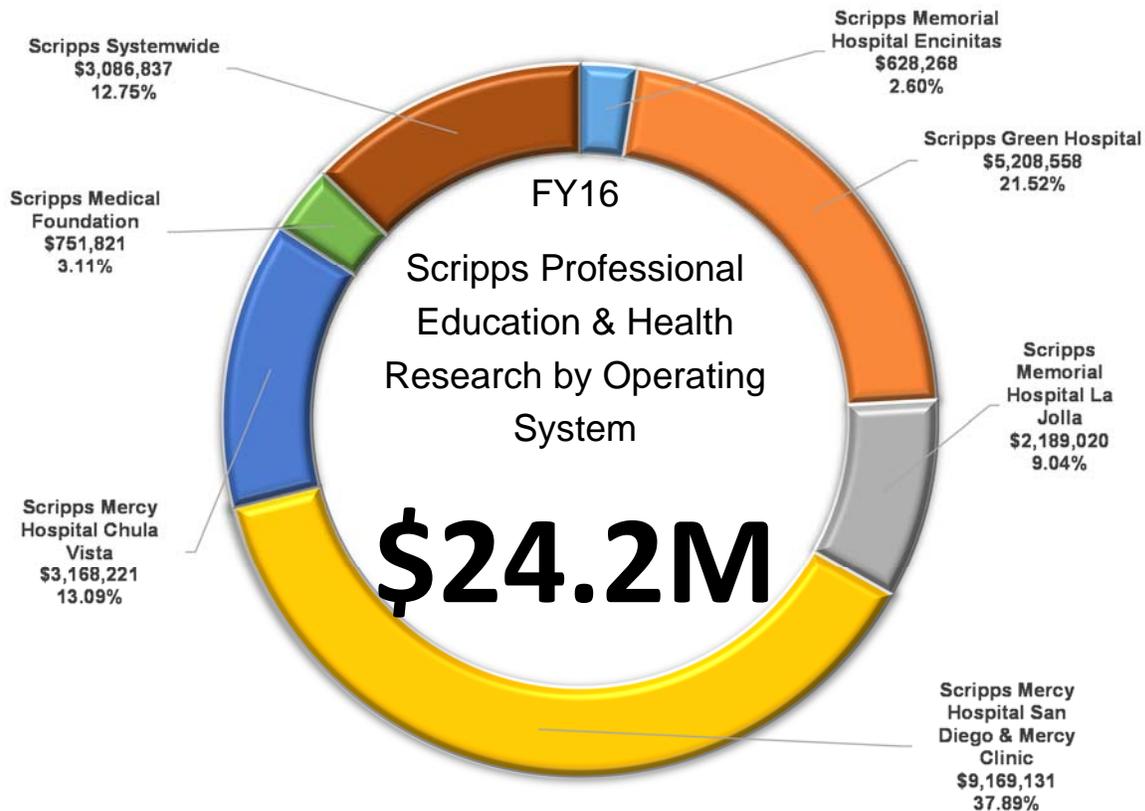
For more than 70 years physicians in Scripps graduate medical education programs have helped care for underserved populations throughout the region. Scripps has a comprehensive range of graduate medical education programs at Scripps Mercy Hospital, Scripps Family Practice Residency Program and Scripps Green Hospital. Scripps graduate medical education programs are well-recognized for excellence, provide a hands-on curriculum that focuses on patient –centered care and offer residencies in a variety of practices, including internal medicine, family medicine, podiatry, pharmacy and palliative care. Scripps has a pharmacy residency program which train residents with doctor of pharmacy degrees. In 2016, Scripps had a total of 140 residents and 36 fellow 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

In 2016 Scripps continued the Hospice and Palliative Medicine Fellowship Program. The UCSD/Scripps Hospice and Palliative Medicine Fellowship Program is a one-year program designed for physicians who wish to become sub-specialists and have a long-term career in hospice and palliative medicine. This is a unique partnership in which UCSD and Scripps Health share responsibility for the fellows, with trainees spending equal time in both institutions with all the benefits of both institutions. The program prepares trainees to work in a variety of roles, including leadership positions with the field. Graduates have successfully become hospice medical directors and palliative medicine consultants in outpatient and inpatient settings across the United States. The program is a continuation of the legacy of the San Diego Hospice and the Institute of Palliative Medicine fellowship program, in which both Scripps Mercy Hospital/Scripps Health and UCSD played integral roles to graduate more than 90 fellows. Fellows who complete the UCSD/Scripps Health program are well equipped to practice in diverse setting, including: Acute palliative care units, Inpatient consultation, Outpatient consultation, Patients' homes, and Long term care facilities. There are currently six fellows, with a goal to continue to grow the program in the near future to help meet the needs of patients locally and nationally.

## Figure 5:2

Scripps Professional Education and Health Research by Operating Unit,  
\$24,201,856



### Professional Education and Health Research

This table reflects clinical research, as well as professional education for non-Scripps employees, including graduate medical education, nursing resource development and other health care professional education. Research takes place primarily at Scripps Clinical Research Services, Scripps Whittier Diabetes Institute, Scripps Genomic Medicine and Scripps Translational Science Institute. Calculations are based on cost less “direct offsetting revenue”, which includes any revenue generated by the activity or program, such as payment or reimbursement for services provided to program patients. According to the 2015 Schedule H 990 IRS guidelines, “direct offsetting revenue” also includes restricted grants or contributions that organization uses to provide a community benefit.

## Scripps Professional Education & Health Research Community Benefit Services Summary List

### FY16 Scripps Professional Education

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Advanced Cardiac Life Support (ACLS) Classes	68	220	-	\$17,410
Basic Life Support for Healthcare Provider Classes	76	221	-	\$8,978
Fiji Alliance - School of Medicine Training	728	240	-	\$12,658
Health Professions Training	3,275	2,213	6,241	\$46,923
Introduction to Palliative Care	26	4	-	\$241
Maternal Child Health (MCH) Nursing Students	70	151	-	\$3,569
Navy Research Fellow Research Program - Program Administration & Research	4	110	-	\$7,926
Neonatal Resuscitation Program (NRP)	6	28	-	\$868
Nursing Student Education Rotation	-	103,225	-	\$7,658,674
Pediatric Advanced Life Support (PALS) Classes	19	75	-	\$4,792
Pharmacy Residency	-	20,062	-	\$1,157,724
Physical Therapist and Physical Therapy Assistant Student Program	72	320	-	\$19,288
Physical Therapist of California	30	-	-	\$0
San Diego Day of Trauma Conference	300	10	-	\$784
SDSU Graduate Student Internship	-	71	-	\$4,316

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
St. Leo's Mission Medical Clinic	307	-	-	-
St. Vincent de Paul Village Medical Clinic & Mid City Clinic	256	-	-	-
Student Preceptorship - SMH La Jolla Cardiac Treatment Center	144	336	-	\$20,252
Suicide Prevention Council - San Diego County	10	2	-	\$90
University City (UC) High School Exploration Program	16	284	-	\$16,847
Voice and Swallowing Student Lecture	201	11	-	\$771
Young Leaders in Healthcare	799	16	-	\$4,393
<b>FY16 Professional Education Totals</b>	<b>6,407</b>	<b>512,918</b>	<b>-</b>	<b>\$8,986,504</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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.

## FY16 Scripps Graduate Medical Education

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Scripps Family Medicine Residency Program	-	66,126	-	\$ 1,846,457
Scripps Green Hospital Department of Graduate Medical Education	-	158,396	-	\$ 4,394,430
Scripps Mercy Hospital Graduate Medical Education Program	-	160,799	-	\$ 5,635,911
<b>Total FY16 Graduate Medical Education</b>	<b>-</b>	<b>385,321</b>	<b>-</b>	<b>\$ 11,876,798</b>

## FY16 Scripps Health Research

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Clinical Research Services (CRS)	-	82,444	-	\$2,612,038
Research: AAST Vascular Trauma Registry - PROOVIT - IRB 12-6045	-	80	-	\$4,189
Research: Characterizing Mortality Following Severe Trauma Injury at San Francisco General Hospital - IRB 16-6752	-	26	-	\$1,344
Research: Clinical Relevance of the MRI in Cervical Spine Clearance. A Prospective Study. - IRB 13-6309	-	21	-	\$1,195
Research: Do Audit Filters Have Value in a Mature Trauma System - IRB 14-6519	-	319	-	\$18,445
Research: Epidemiology, Injury Control, Treatments, Outcomes, Value of Care and Performance Improvement. IRB 15-6721	-	292	-	\$15,567
Research: Frailty in Trauma Clinical Assessment Tool - IRB 15-6548	-	133	-	\$9,971

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Research: Geriatric Trauma Care & Outcomes Registry Study - IRB 15-6652	-	1,503	-	\$69,284
Research: Hereditary Thrombophilia in Trauma Patients with Venous Thromboembolism - IRB 14-6373	-	11	-	\$654
Research: Impact of Trauma Service Workload on Nurse Practitioner Time - IRB 14-6314	-	7	-	\$548
Research: Outcome and Trends in Traumatic Injury & Surgical Critical Care (OPSHPD) IRB 16-6744	-	95	-	\$7,444
Research: Outcomes of Patients with Isolated Traumatic Brain Injury Receiving Adrenergic Blockade with Cardiovascular Changes. - IRB 14-6470	-	67	-	\$4,557
Research: Professional Football & Related Trauma Admissions: A Case-Crossover Study. IRB 14-6483	-	3	-	\$235
Research: 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. - IRB 11-5786	-	1,509	-	\$71,487
Research: Survey of Vascular Capabilities IRB 14-6522	-	31	-	\$1,701
Research: The Burden of Mental Illness: Impact on a Level I Trauma Center - IRB 14-6326	-	12	-	\$940
Research: The Effect of Chronic Conditions of Clinical Outcomes Following Traumatic Injury - IRB 13-6300	-	1,729	-	\$133,295

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Research: The Impact of Trauma Service Management on Older Adult Hip Fracture Outcomes. - IRB 14-6426	-	8	-	\$558
Research: The Value of Ultrasound Imaging Surveillance for Venous Thromboembolic Disease in Trauma Patients - IRB 11-5782	-	251	-	\$19,668
Research: Impact of a More Conservative Approach to CT Scanning - IRB 11-5716	-	5	-	\$392
Research: The Path to the OR: The Need for CT Scan of the Torso in Trauma Patients Who Require Laparotomy for Blunt of Penetrating Trauma - IRB 13-6219	-	380	-	\$20,349
Research: Thoracic Endovascular Repair vs. Open Surgery - IRB 11-5736	-	355	-	\$18,632
Research: Trail of Effectiveness of Screening & Brief Intervention for Drug Users in the Trauma & Emergency Departments - IRB 10-5542	-	10	-	\$784
Research: Utility of Routine Neurosurgical Consultation in Patients with Low-Severity Blunt Traumatic Brain Injury - IRB 11-6597	-	300	-	\$17,442
Scripps Genomic Medicine & Translational Services	-	49,809	-	\$307,836
<b>Total FY16 Health Research</b>	<b>-</b>	<b>139,400</b>	<b>-</b>	<b>\$3,338,555</b>
<b>Total FY16 Health Research &amp; Professional Education</b>	<b>6,407.00</b>	<b>652,318</b>	<b>-</b>	<b>\$24,201,857</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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.



# SECTION 6

## Scripps Memorial Hospital

### La Jolla

**2017** Scripps Community Benefit Plan and Report

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# SCRIPPS MEMORIAL HOSPITAL LA JOLLA

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## About Scripps Memorial Hospital La Jolla

Located in North Central San Diego County, Scripps Memorial Hospital La Jolla provides health care services for 20.1 percent of the inpatient population living in the hospital's 50 percent service area. Today, the hospital; has 444 licensed beds and more than 2,594 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 20.6 percent of Medicare patients, 10.8 percent of Medi-Cal patients, 23.4 percent of commercially insured patients and 10.0 percent of patients with other payment sources, including self-pay and charity care.

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

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

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## SCRIPPS MEMORIAL HOSPITAL LA JOLLA 2017 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2017

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The Scripps La Jolla 2017 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health during fiscal year 2017 (October 2016 to September 2017).

### The Scripps 2017 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 2017 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 for those who are experiencing, or are at risk for lymphedema.
- Continuing to provide education and support for breast health by participating in community events and health fairs.
- Continuing to support the volunteer breast buddy support program, matching newly diagnosed breast cancer patients with breast cancers survivors trained to mentor.
- Supporting Young Women's Support Group bimonthly meetings for women under 40 in continuation of a Young Women's Survivor Coalition (YSC), San Diego Chapter. Funding assistance is given to YSC community education.

##### Scripps Cancer Care

- Continue to offer genetic counseling and cancer risk assessment for individuals at high risk for hereditary and familial cancer syndromes, including education and assessment of family history and genetic testing based on the evaluation.
- Provide education outreach to physicians on the genetic risks associated with breast, ovarian and hereditary cancers.

- Outpatient oncology social worker provides 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 Aloha Locks.
- In conjunction with rehabilitation services, continue to support education and exercise classes, focusing on healing and recover.
- In conjunction with Scripps Whittier Diabetes Institute, 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.
- Continue to foster academic affiliation and student support through preceptor experiences.
- Plan and develop community-based informational and celebratory events specific to patient populations and community needs.
- Provide community support and education through monthly lymphedema classes.

## General Health Education and Wellness Initiatives

- Continue to sponsor community based support groups for parenting, breastfeeding, cardiac, cancer, lymphedema, bariatrics, ovarian cancer, mental health, nutrition, chronic pain, grand parenting classes, stroke exercise, Parkinson's voice class, Parkinson's exercise class, pelvic floor wellness, fall prevention, home safety, medication management healing touch workshops and diabetes patients at Scripps Memorial Hospital La Jolla.
- Offer 30 to 40 educational programs on arthritis, senior health concerns, orthopedics, diabetes, osteoporosis, macular degeneration and other ophthalmological conditions, women's health issues, cancer, stroke, alternative

and complementary medicine, heart health, exercise, nutrition, migraines, Parkinson's weight loss, incontinence and bladder health, exercise and injury prevention, pain management, neurological disorders, stress reduction, depression, hearing, dermatological, food allergies, back pain, gynecological updates, sleep disorders, addiction, palliative care and urology disorders.

- Coordinate four blood drives at the Scripps La Jolla campus on behalf of the American Red Cross.
- Work with other nonprofit community organizations, such as American Heart Association and the March of Dimes to promote healthy behaviors.
- Work with the Lawrence Family Jewish Community Center to offer 12 health education seminars on a variety of health improvement topics focused on senior health issues.
- Work with the OASIS Senior Center to offer 12-18 health education seminars on a variety of health improvement topics on senior health.
- Support school and Scripps nursing in services and community-based medical outreach activities.
- Support nursing school programs by offering observations of maternal child health programs for student nurses.

## Heart Health and Cardiovascular Disease

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

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

## Maternal Child Health Education

- Continue to provide prenatal, postpartum and parenting education programs for low-income women throughout San Diego County.
- Offer 1,200 maternal child health classes throughout San Diego County to enhance parenting skills. Low-income women in the County of San Diego can attend classes at no charge or on a sliding fee schedule. Military discount is provided.
- Maintain the existing prenatal education services in the county, ensuring that programs demonstrate a satisfaction rating higher than 90 percent.
- Continue to offer six breastfeeding support groups throughout the county on a weekly basis (includes two with bilingual; services).
- Offer six maternal child health education classes in grand parenting today and in San Diego County.
- Offer quarterly dogs and babies safety education program for expectant parents.
- Offer pelvic floor and pregnant education program for expectant parents.
- Offer pelvic floor and postpartum education for expectant women and new mothers.
- Offer Parent Connection programs. This is a support network that benefits parents with newborns to school aged children. Educational classes offered include: baby sleep patterns, spirited child, positive discipline, potty training, turning the terrific twos, Healthy Chats for Girls, Redirecting Children's Behavior are a sample of programs offered.

## Substance Abuse Prevention and Treatment Programs

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

- Continue providing countywide lectures and respond to speaking request from the community.
- Promote awareness of alcoholism and chemical dependency and effective treatments.
- Maintain a speaker's bureau to accommodate requests for presentations on drug abuse and prevention from community organizations throughout San Diego County.
- Offer monthly intervention trainings for people suffering from addiction.

- Maintain and enhance web based self-assessment tools for drug addiction and a list of care resources.
- Increase chemical; dependency intervention and family systems education in the community and continue to speak to parents and school systems.
- 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.

## Unintentional Injury and Violence

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

## Professional Education and Health Research

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

## Uncompensated Care

Scripps La Jolla will continue to provide health care services for vulnerable patients who are unable to pay.

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

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## SCRIPPS MEMORIAL HOSPITAL LA JOLLA 2017 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2016

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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 2016. (October 2015 to September 2016).

### Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2016, 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 4,037 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$193,170.45.<sup>1</sup>

### Making a Financial Commitment

During fiscal year 2016, Scripps La Jolla devoted \$76,759,181 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.

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

During fiscal year 2016 Scripps Memorial Hospital La Jolla contributed \$77,050,287 in community benefits, including \$5,181,074 in charity care, \$16,672,439 in Medi-Cal, \$52,338,090 in Medicare shortfall, \$0 in bad debt, \$452,649 in community health services, \$0 in subsidized health services, \$2,189,020 in professional education and research and \$217,014 in community building activities.

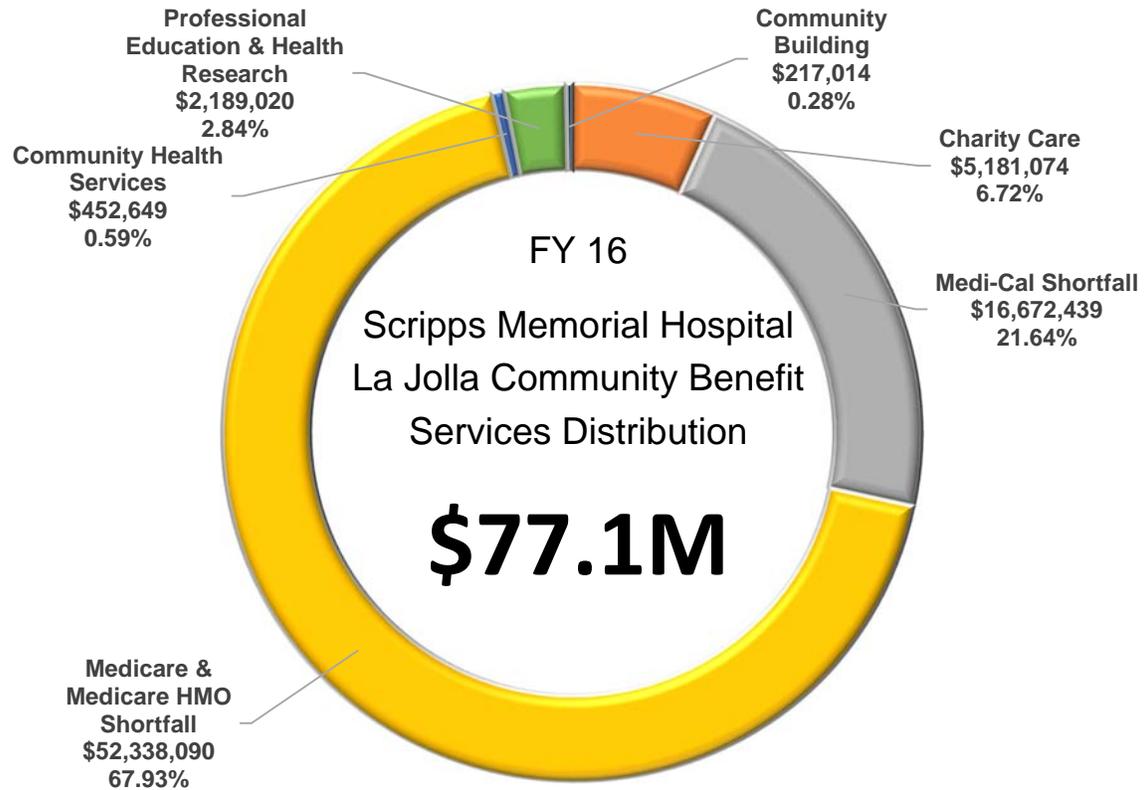
Refer to Figure 6:1 presented on the following page for a graphic representation of the fiscal year 2016 Scripps Memorial Hospital La Jolla Community Benefit Services distribution.

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

## Figure 6:1

### FY16 Scripps Memorial Hospital La Jolla Community Benefit Services Distribution, \$77,050,287 (before provider fee)



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	-	\$5,181,074	\$16,672,439	\$52,338,090	\$452,649	\$2,189,020	\$217,014	-	\$77,050,286
Provider Fee	-	-	-	-	-	-	-	-	-
Net-Community Benefit Services After Provider Fee	-	\$5,181,074	\$16,672,439	\$52,338,090	\$452,649	\$2,189,020	\$217,014	-	\$77,050,286

### Community Benefit Services

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

## Scripps La Jolla Fiscal Year 2016 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 2016 (October 2015 to September 2016) Scripps La Jolla invested \$452,649 in community health services. This figure reflects the costs associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Scripps La Jolla's fiscal year 2016 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 \$2,189,020<sup>2</sup> in professional training and research programs during fiscal year 2016 (October 2015 to September 2016). This section highlights some of Scripps La Jolla's professional education activities during fiscal year 2016.

Scripps La Jolla has a rotation site for nursing students in virtually all clinical areas of the hospital. Support training and clinical rotations were provided in radiation oncology, the cardiac treatment center, the intensive care unit, labor and delivery, Scripps Polster Breast care Center, the emergency department, operating room and other areas. Scripps La Jolla supported clinical instruction and practice affiliations for non-nursing students one day student observations, wound care lectures on the university's campus, and intensive care unit learning lab three times per year. In addition, Scripps La Jolla provided clinical and non-clinical experiences in rehab services, respiratory care,

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<sup>2</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.

radiology, cardiovascular lab, social services, food and nutrition services, executive health, maternal child health education, lactation services and cardiac treatment center.

### Pharmacy Residency Program

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

# Scripps Memorial Hospital La Jolla

## Community Benefit Services Summary List

### FY16 Scripps Memorial Hospital La Jolla

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Aloha Locks Cancer Wig Program	53	380	-	\$6,987
Bad Debt **	-	-	-	\$0
Beach Area Community Court Program	143	10	3	\$573
Blood Drives for the American Red Cross	17	-	-	\$0
Breastfeeding Support Group	2,672	2,004	-	\$5,490
Cancer Center - Heredity and Cancer Genetic Counseling	270	1,937	-	\$32,691
Cancer Center - Outpatient Social Worker & Liason Program	183	1,313	-	\$23,408
Cancer Center - Registered Nurse Navigation Program	122	875	-	\$14,772
Cancer Support Health Improvement Services	104	746	-	\$12,592
Cancer Survivors Day	52	16	-	\$4,873
Cardiac Treatment Center Group Exercise Programs	4,311	799	3,600	\$47,370
Charity Care	-	-	-	\$5,181,074
Community Health Education Program	4,607	2,866	113	\$148,684
Firehouse Ambassadors **	130	14	-	\$612
CTC - Student Preceptorship	144	336	-	\$20,252
Donated Space for Not-for-Profit Organizations	12,266	6	-	\$7,789

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

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Health Education & Support Groups	222	44	-	\$2,622
Health Professional's Education	385	342	-	\$18,368
In Lieu of Funds **	-	-	-	\$216,402
Jewish Family Services - Embrace A Family	202	130	-	\$5,681
Lebed Method - Focus on Healing Through Movement & Exercise	145	53	-	\$3,195
Medi-Cal Other Mean-Tested Government Programs (Shortfall)	-	-	-	\$16,672,439
Medicare & Medicare HMO (Shortfall) **	-	-	-	\$52,338,090
Nursing Student Education	70	151	-	\$3,569
Nursing Student Education Rotation	-	21,130	-	\$1,624,138
Parkinson's Rehabilitation Class & Stroke Exercise	415	169	2	\$7,463
Perinatal Education/Support	1,360	2,932	50	\$58,001
Pharmacy Residency	-	9,464	-	\$520,671
Physical Therapist and Physical Therapy Assistant Student Program	72	320	6	\$19,288
Scripps Memorial Hospital La Jolla Medical Library	-	1,047	-	\$48,300
Scripps Polster Breast Care Center - Support Group	91	41	-	\$2,541
Susan G. Komen - 3 Day Breast Cancer Walk	1,000	30	264	\$2,351
<b>Total FY16 Scripps Memorial La Jolla</b>	<b>29,036</b>	<b>47,153</b>	<b>4,037</b>	<b>\$77,050,287</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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.

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



# SECTION 7

## Scripps Memorial Hospital Encinitas

**2017** Scripps Community Benefit Plan and Report

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# SCRIPPS MEMORIAL HOSPITAL ENCINITAS

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## About Scripps Memorial Hospital Encinitas

Scripps Memorial Hospital Encinitas, located along the coast of San Diego's North County, has 193 licensed beds, 1,460 employees and provides health care services for 27.5 percent of the inpatient population living within the hospital's North County West service area. Scripps Encinitas provides a wide range of acute clinical care services including, but not limited to, 24-hour emergency services, intensive care, cancer/oncology, nuclear medicine, radiology, orthopedics, neurology, urology and acute care rehabilitations services. Within its service area, Scripps Encinitas cares for 32.0 percent of Medicare patients, 17.8 percent of Medi-Cal patients, 28.8 percent of commercially insured patients, and 17.5 percent of patients with other payment sources, including self-pay and charity care.

## Distinguishing Programs and Services

- 24 hour emergency services
- Neurological care services
- Primary stroke center designated by The Joint Commission
- STEMI-receiving center designation from the American Heart Association
- Spine and Joint replacement programs
- Palliative care program

## Leichtag Family Birth Pavilion

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

## Women's Imaging Services

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

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## SCRIPPS MEMORIAL HOSPITAL ENCINITAS 2017 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2017

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The Scripps Memorial Hospital 2017 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health during fiscal year 2017 (October 2016 to September 2017).

### The Scripps 2017 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 2017 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 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

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.

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## SCRIPPS MEMORIAL HOSPITAL ENCINITAS 2017 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2016

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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 2016. (October 2015 to September 2016).

### Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2016, Scripps Encinitas employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. In FY16, Encinitas had 638 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$30,528.<sup>1</sup>

### Making a Financial Commitment

During fiscal year 2016, Scripps Memorial Hospital Encinitas devoted \$53,544,216 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.

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

During fiscal year 2016 Scripps Encinitas contributed \$53,544,216 in community benefits, including \$2,786,959 in charity care, \$15,683,315 in Medi-Cal, \$34,359,805 in Medicare shortfall, \$0 in bad debt, \$15,658 in community health services, \$0 in subsidized health services, \$628,268 in professional education and health research and \$70,211 in community building activities.

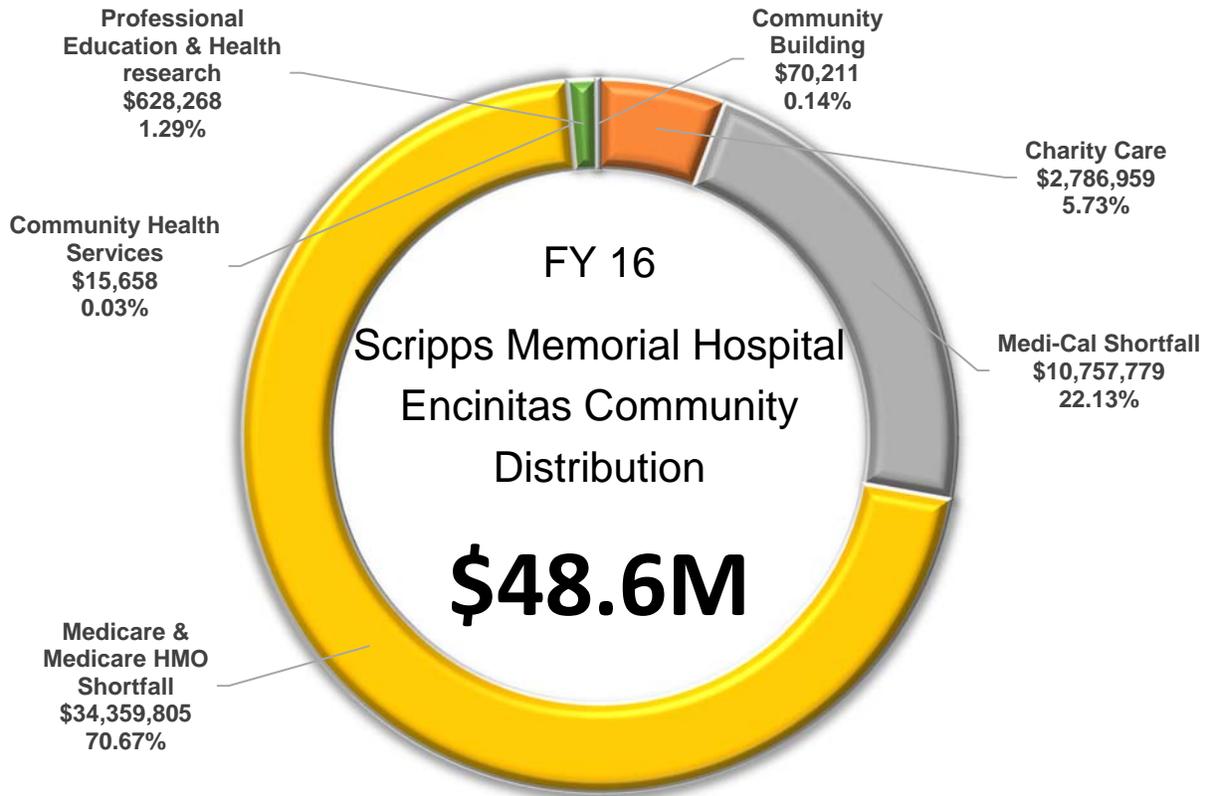
Refer to Figure 7:1 presented on the following page for a graphic representation of the fiscal year 2016 Scripps Memorial Hospital Encinitas Community Benefit Services distribution.

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

## Figure 7:1

### FY16 Scripps Memorial Hospital Encinitas Community Benefit Services Distribution, \$48,618,681 (before provider fee)



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	-	\$2,786,959	\$10,757,779	\$34,359,805	\$15,658	\$628,268	\$70,211	-	\$48,618,680
Provider Fee	-	-	\$4,925,535	-	-	-	-	-	\$4,925,535
Net-Community Benefit Services After Provider Fee	-	\$2,786,959	\$15,683,315	\$34,359,805	\$15,658	\$628,268	\$70,211	-	\$53,544,216

### Community Benefit Services

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

## Scripps Encinitas Fiscal Year 2016 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 2016 (October 2015 to September 2016) Scripps Encinitas invested \$15,658 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 Fiscal Year 2016 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 \$628,268<sup>2</sup> in professional training and health research programs

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<sup>2</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 2016 (October 2015 to September 2016). This section highlights some of Scripps Encinitas professional education activities during Fiscal Year 2016.

- 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

### FY 16 Scripps Memorial Hospital Encinitas

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Bad Debt**	-	-	-	-
Bereavement Support Group Encinitas	121	48	-	\$2,098
Blood Drive for the American Red Cross	284	-	-	-
Brainmasters - Stroke and Brain Injury Survivors Communication Skills Class	15	8	-	\$350
Breast Health Education	394	100	-	\$6,027
Cancer Survivor Day	97	-	-	\$1,590
Charity Care	-	-	-	\$2,786,959
Gentle Chair Yoga for Limited Mobility	33	26	-	\$1,136
Healing Arts for People with Neurological Challenges	90	56	-	\$2,360
In Lieu of Funds**	-	-	-	\$70,211
Medi-Cal Shortfall & Other Means-Tested Government Programs***	-	-	-	\$15,683,314
Medicare & Medicare HMO Shortfall**	-	-	-	\$34,359,805
Nursing Student Education Rotation	-	8,990	-	\$623,875
San Diego Brain Injury Foundation	167	-	-	-
Spinal Cord Injury - Support & Education Group	157	22	638	-
Stroke & Brain Injury - Support & Education Group	497	48	-	\$2,098
Young Leaders in Health Care	799	16	-	\$4,393
<b>Total FY16 Scripps Memorial Hospital Encinitas</b>	<b>2,654</b>	<b>9,314</b>	<b>638</b>	<b>\$53,544,216</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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.

\*\* Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule

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



# SECTION 8

## Scripps Mercy Hospital

**2017** Scripps Community Benefit Plan and Report

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# SCRIPPS MERCY HOSPITAL

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With 655 licensed beds and more than 3,535 employees, Scripps Mercy Hospital is San Diego's longest-established and only Catholic hospital. The two hospitals (San Diego Campus and Chula Vista Campus) share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). Scripps Mercy provides health care services for 26.7 percent of the inpatient population living within the hospital's central services area. Scripps Mercy is designated a disproportionate share hospital, providing care to a large number of patients who either lack health insurance or are covered through a government subsidy program. 30.8 percent are Medicare patients, 30.8 percent are Medi-Cal patients, 17.1 percent are commercially insured patients, and 15.1 percent have another payment source, including self-pay, CMS or charity care.

## San Diego Campus

Founded in 1890, Scripps Mercy has a long tradition of caring for the underserved. Located in Central San Diego County, Scripps Mercy Hospital, San Diego has 501 licensed beds and 2,488 employees. As a major teaching hospital, Scripps Mercy Hospital, San Diego, provides a primary site for the clinical education of more than 140 residents per year. Mercy provides a wide range of acute medical care services including, but not limited to, intensive care, cancer care, cardiac treatment, endoscopy, neurology, nuclear medicine, orthopedics, radiology, rehabilitation, respiratory care and urology services, plus a variety of support services for low-income patients. As one of six trauma centers and one of 19 emergency departments in San Diego County, Scripps Mercy Hospital, San Diego, makes up a critical part of the county's emergency service network.

## Chula Vista Campus

Located approximately four miles from the United States-Mexico border in South San Diego County, Scripps Mercy Hospital, Chula Vista has 183 licensed-care beds and more than 1,100 employees. It became a Scripps Mercy Hospital campus in October 2004 and, together with the Scripps Mercy facility in Hillcrest, is growing to care for San Diego's Metro and South Bay communities. Scripps Mercy Hospital, Chula Vista, provides a wide range of acute clinical care services including, but not limited to, obstetrics and gynecology, rehabilitation (physical, occupational and speech therapies), cancer care services, inpatient and outpatient radiology, neurology and a full range of surgical services (orthopedic, thoracic/vascular, urology and general surgery).

## Distinguished Programs – Scripps Mercy Hospital, San Diego

- Bariatric Surgery Program
- Behavioral Health Services
- Robotics Program
- Heart Care Center
- Community Benefit Programs
  - City Heights Wellness Center
  - WIC (Women, Infants and Children Program)
- Graduate Medical Education
- 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

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

## Subsidized Health Services

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

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

The total expense for subsidized health services for Scripps Mercy fiscal year 2016 was \$5,524,807. This includes Scripps inpatient and outpatient behavioral health services, Mercy Clinic and Scripps in-lieu of funds. Scripps offers both inpatient and outpatient adult behavioral health services at the Scripps Mercy Hospital, San Diego campus. The Scripps Mercy Behavioral Health Program also actively supports community programs to reduce the stigma of mental illness and help affected individuals live and work in the community.

## Behavioral Health Inpatient Programs

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

### 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 2016, the Scripps Mercy Behavioral Health Program experienced a \$2.9 million loss in operations.
- In 2016, 1.9 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.

## 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 fiscal year 2016 was \$165,422.
- Since its inception, 484 clients have been enrolled and 91 have been volunteer, 46 have been employed at Scripps Health. Currently, there are a total of 29 active candidates, 25 employees and four volunteers 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 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.

## In-Lieu of Funds

In-lieu of funds are used for unfunded or underfunded patients and their post-discharge needs. Funds are used for board and care, skilled nursing facilities, long-term acute care and home health. In addition, funds are used for medications, equipment and transportation services. The total subsidized expense for in-lieu of funds during fiscal year 2016 was \$694,193.

## Mercy Clinic of Scripps Mercy Hospital, San Diego

Founded in 1944 and adopted by the Sisters of Mercy in 1961, Mercy Clinic of Scripps Mercy Hospital is a primary care clinic that treats more than 1,000 patients each month. In fiscal year 2016, the clinic provided 10,351 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 fiscal year 2016 was \$2.4 million (excludes Medicare, Medi-Cal, bad debt and charity care).

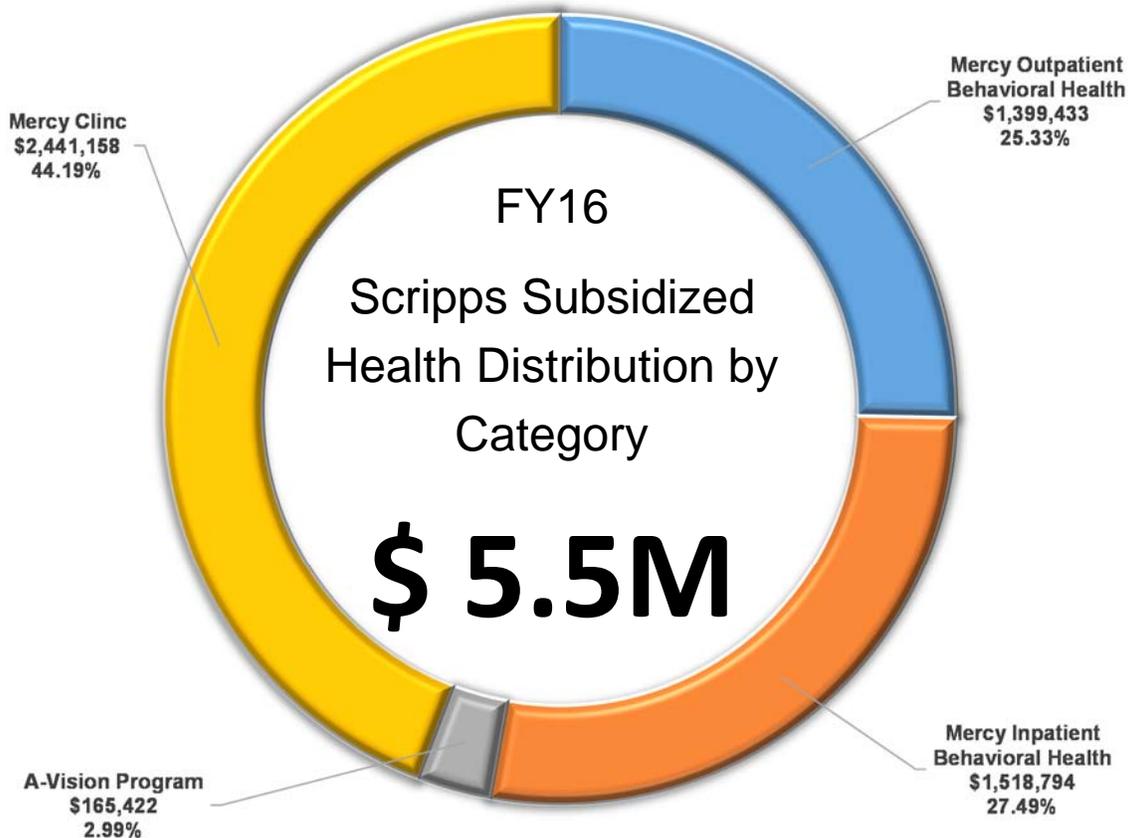
A full-time clinic staff of nurses and other personnel work hand-in-hand with physicians from Scripps Mercy Hospital. As an integral part of treating its patients, Mercy Clinic serves as a training ground for more than 100 residents each year from the Scripps Mercy Hospital Graduate Medical Education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

## Figure 8:1

FY16 Scripps Subsidized Health Services Distribution by Category, \$5, 524,807

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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 shortfall. This includes Scripps inpatient and outpatient behavioral health services, and Mercy Clinic.

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## SCRIPPS MERCY HOSPITAL, SAN DIEGO 2017 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2017

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The Scripps Mercy Hospital, San Diego, and Mercy Clinic 2017 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 2017 (October 2016 to September 2017).

### The Scripps 2017 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 2017 Objectives](#)

#### Community Health Services

##### Mercy Outreach Surgical Team (M.O.S.T)

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

##### 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 will bring 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 will continue 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), co-located in the Wellness Center, will continue to provide WIC services as one program within the City Heights Wellness Center.

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

WIC has its largest distribution location based at the City Heights Wellness Center. The Scripps Mercy WIC Program, a federally funded nutrition program targeting pregnant and parenting women and their children (ages 0 to 5), is one of five WIC Programs operating in San Diego County. WIC services provide nutrition education, counseling services and food vouchers for at least 7,200 low income women, infants and children monthly. Lactation education and support services are offered to improve breastfeeding among postpartum and parenting women.

### [Mercy Clinic](#)

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

### [Mental Health Issues](#)

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

### [A-Visions Vocational Training Program](#)

Behavioral Health Services at Scripps Mercy Hospital, in partnerships with the Mental Health of America San Diego Chapter established the A-Visions Vocational Training Program (social rehabilitation and prevocational services for people living with mental illness) to help decrease the stigma of mental illness. The program will continue to provide vocational training for people receiving mental health treatment, potentially leading to greater independence.

## Community Education and Health Fairs

Continue to educate the community on mental illness to reduce stigma and expand resources for the mentally ill. Provide at least three events per year.

## Injury Prevention Activities

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

## Professional Education and Health Research

Scripps Mercy Hospital, San Diego will continue to serve as a medical education training site for University of California, San Diego medical students and residents, and San Diego Naval Hospital clinicians.

- Provide comprehensive graduate medical education training for 36 internal medicine residents, 18 transitional year residents and three chief residents.
- Provide comprehensive graduate medical education training for nine podiatry residents.
- Provide a portion of graduate medical education training for up to six Palliative Care Fellows under a combined Scripps-UCSD Palliative Care Fellowship
- Provide a portion of undergraduate medical education training for approximately 75 third- and fourth-year medical students at the University of California, San Diego.
- Provide a comprehensive graduate medical education program in trauma and surgical critical care for 80 San Diego Naval Hospital surgery and emergency medicine physicians.
- Provide a comprehensive graduate medical education program in trauma and surgical critical care for 80 San Diego Naval Hospital surgery and emergency medicine physicians, 10 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 10 Navy physicians assistants-in-training.
- Provide a portion of graduate medical education for 18 Family Medicine Residents from Family Health Centers San Diego
- Provide a portion of graduate medical education for 6 third year Kaiser Emergency Medicine Residents.

## Uncompensated Health Care

Scripps Mercy Hospital, San Diego and Mercy Clinic will continue to provide health care for vulnerable patients who are unable to pay for services.

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

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## SCRIPPS MERCY HOSPITAL, SAN DIEGO 2017 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2016

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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 2016 (October 2015 to September 2016).

### Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2016, 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 16,102 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$770,480.70<sup>1</sup>.

### Making a Financial Commitment

During fiscal year 2016, Scripps Mercy Hospital, San Diego and Mercy Clinic devoted \$62,554,886 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

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

Scripps Mercy Hospital, San Diego and Mercy Clinic contributed \$62,554,886 to community benefits, including \$9,630,613 in charity care, \$11,908,163 in Medi-Cal shortfall (Scripps had to offset the provider fee income from Medi-Cal in fiscal year 2016), \$24,954,728 in Medicare shortfall, \$403,467 in bad debt, \$660,489 in community health services, \$9,169,131 in professional education and health research, \$5,524,807 in subsidized health services and \$303,488 in community building activities.

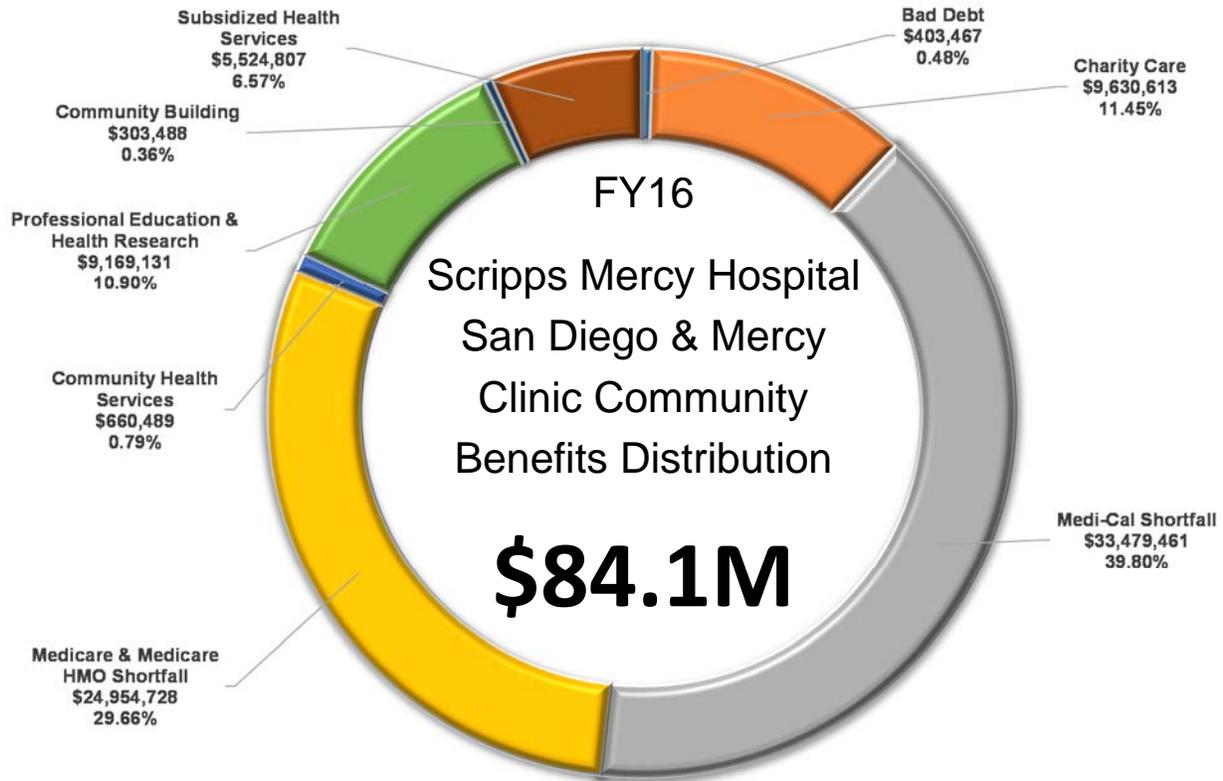
Refer to Figure 8:2, presented on the following page, for a graphic representation of the fiscal year 2016 Scripps Mercy Hospital, San Diego and Mercy Clinic Community Benefit Services distribution.

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

## Figure 8:2

FY16 Scripps Mercy Hospital, San Diego and Mercy Clinic  
Community Benefit Services Distribution, \$84,126,184 (before  
provider fee)



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	\$403,467	\$9,630,613	\$33,479,461	\$24,954,728	\$660,489	\$9,169,131	\$303,488	\$5,524,807	\$84,126,184
Provider Fee	-	-	(\$21,571,298)	-	-	-	-	-	(\$21,571,298)
Net-Community Benefit Services After Provider Fee	\$403,467	\$9,630,613	\$11,908,163	\$24,954,728	\$660,489	\$9,169,131	\$303,488	\$5,524,807	\$62,554,886

### Community Benefit Services:

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

## Scripps Mercy Hospital, San Diego & Mercy Clinic Fiscal Year 2016

### 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 2016 (October 2015 to September 2014), Scripps Mercy Hospital and Mercy Clinic invested \$660,489 in community health services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Scripps Mercy Hospital's and Mercy Clinic's fiscal year 2016 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 \$9,169,131<sup>2</sup> in professional training programs and health research during fiscal year 2016 (October 2015 to September 2016). This section highlights these activities.

### Graduate Medical Education (GME) Program

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

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<sup>2</sup> Reflects clinical research as well as professional education for non-Scripps employees, including graduate medical education, nursing resource development and other health care professional education. Calculations based on total program expenses.

Founded in 1949, Scripps Mercy Hospital, San Diego and Mercy Clinic's Graduate Medical Education program has served as training ground for more than 1,000 physicians, many of whom have assumed leadership positions in the community. There are currently 36 internal medicine residents and four chief residents enrolled in the program, as well as 24 transitional year residents, 24 family medicine residents and nine podiatry residents at both the San Diego and Chula Vista sites.

In 2006, the Internal Medicine Program at Scripps Mercy Hospital became one of 17 programs nationwide to be invited to participate in a multiyear educational innovation project, linking measurable improvements in resident education to measurable improvements in patient care.

The educational innovation project program continues to produce high quality research resulting in peer-reviewed publications in the areas of Cardiovascular Limited Ultrasound Examination; Teaching Cost-effective Medicine to Residents; Employing ACGME Milestones to evaluate Resident readiness for indirect supervision in the ambulatory environment; and Team training to enhance family communication in the Intensive Care Unit, among many other projects.

In 2008, Scripps Mercy Hospital became the sponsor for the Accreditation Council on Graduate Medical Education-Accredited Palliative Care Fellowship provided by San Diego Hospice and the Institute for Palliative Care. The program provides a palliative care service for inpatients and outpatients at Scripps Mercy Hospital. In 2015, the sponsorship of the program transitioned to UCSD.

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: NMCSD 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 2016 cost of operating the Scripps Mercy Hospital, San Diego Graduate Medical Education program and other professional education programs totaled \$14,805,042.<sup>3</sup>

### Other Professional Education Training Programs

In fiscal year 2016, Scripps Mercy Hospital, San Diego and Mercy Clinic served as a training site for San Diego Naval Hospital, Family Health Centers of San Diego and UCSD clinicians by:

- Providing rotations in the internal medicine inpatient service for UCSD internal medicine and psychiatry residents and medical students, as well as to Mercy Clinic for psychiatry residents and medical students.
- Providing a comprehensive graduate medical education program in trauma and surgical critical care for 79 San Diego Naval Hospital surgery and emergency medicine physicians, 7 Naval Hospital Bremerton Family Practice residents, 10 Kaiser Emergency medicine residents, and 3 Rady Children's Hospital Fellows.
- Providing a comprehensive trauma research fellowship for 3 San Diego Naval Hospital surgery residents.
- Providing 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 12 physicians assistants-in-training, including students and fellows.

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<sup>3</sup> GME calculation based on total program expense plus overhead.

## Pharmacy Residency Program

The largest private teaching hospital in San Diego, Scripps Mercy Hospital offers four 12-month postgraduate year one (PGY-1) pharmacy resident positions and two graduate year two (PGY-2) specialty residency positions. One in Critical Care and one in Psychiatry starting July 15, 2017. Accredited since 2002 by the American Society of Health-System Pharmacists (ASHP), the postgraduate program is designed to develop skilled clinicians that can deliver pharmaceutical care in a variety of health care settings.

The pharmacy practice residency program at Scripps Mercy Hospital focuses on pharmacotherapy, project management skills and teaching in a decentralized pharmacy setting. The pharmacy department is open 24/7 and includes a central pharmacy along with 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.

# Scripps Mercy Hospital & Mercy Clinic

## Community Benefit Services Summary List

### FY 16 Scripps Mercy Hospital & Mercy Clinic

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
American Cancer Society	60	8	2	\$467
Bad Debt**	-	-	-	\$403,467
Blood Drive - American Red Cross	109	-	-	-
Cancer Support	23	20	-	\$1,160
Cancer Survivor Day	20	25	-	\$1,205
Central Region Public Health Nurses	198	96	-	\$4,581
Charity Care	-	-	-	\$9,630,613
City Heights Wellness Center - Community Health Advocacy Project**	311	368	-	\$4,024
City Heights Wellness Center - Community Health Education	3,450	1,465	-	\$69,918
City Heights Wellness Center - Community Support**	1,347	654	-	\$31,165
Community Health Improvement Partners - Suicide Prevention Council	-	120	-	\$9,403
Community Heights Wellness Center - Community Health Support	956	464	-	\$22,118
Consumer Center for Health Education & Advocacy	-	-	-	\$120,000
Donated Space For Not for Profit Organization	740	164	-	\$7,908

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

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

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Health Profession's Training	2,337	-	-	-
In Lieu of Funds**	-	-	-	\$210,418
Latinos y Latinas en Accion**	810	393	-	\$18,741
Medi-Cal and Other Means-Tested Government Programs Shortfall***	-	-	-	\$11,908,163
Medicare and Medicare HMO Shortfall**	-	-	-	\$24,954,728
Mercy Outreach Surgical Team (MOST)	863	1,447	16,088	\$23,527
Navy Research Fellow Research Program - Program Administration & Research	4	-	-	\$7,926
Nutrition Education Class	175	-	-	-
Nursing Student Education Rotation	-	32,591	-	\$2,464,461
Save a Life San Diego Community Walk	-	-	-	\$500
Senior Nutrition Education Classes	208	101	-	\$4,812
SDSU Graduate Student Internship	-	71	-	\$4,316
Pharmacy Residency	-	10,598	-	\$637,053
Research: AAST Vascular Trauma Registry - PROOVIT - IRB 12-6045	-	80	-	\$4,189
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/ service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal</p>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Research: Characterizing Mortality Following Severe Trauma Injury at San Francisco General Hospital - IRB 16-6752	-	26	-	\$1,344
Research: Clinical Relevance of the MRI in Cervical Spine Clearance. A Prospective Study. - IRB 13-6309	-	21	-	\$1,195
Research: Do Audit Filters Have Value in a Mature Trauma System - IRB 14-6519	-	319	-	\$18,445
Research: Epidemiology, Injury Control, Treatments, Outcomes, Value of Care and Performance Improvement. IRB 15-6721	-	292	-	\$15,567
Research: Frailty in Trauma Clinical Assessment Tool - IRB 15-6548	-	133	-	\$9,971
Research: Geriatric Trauma Care & Outcomes Registry Study - IRB 15-6652	-	1,503	-	\$69,284
Research: Hereditary Thrombophilia in Trauma Patients with Venous Thromboembolism - IRB 14-6373	-	11	-	\$654
Research: Impact of Trauma Service Workload on Nurse Practitioner Time - IRB 14-6314	-	7	-	\$548
Research: Outcome and Trends in Traumatic Injury & Surgical Critical Care (OPSHPD) IRB 16-6744	-	95	-	\$7,444
Research: Professional Football & Related Trauma Admissions: A Case-Crossover Study. IRB 14-6483	-	3	-	\$235

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

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

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Research: 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. - IRB 11-5786	-	1,509	-	\$71,487
Research: The Burden of Mental Illness: Impact on a Level I Trauma Center - IRB 14-6326	-	12	-	\$940
Research: The Effect of Chronic Conditions of Clinical Outcomes Following Traumatic Injury - IRB 13-6300	-	1,729	-	\$133,295
Research: The Impact of Trauma Service Management on Older Adult Hip Fracture Outcomes. - IRB 14-6426	-	8	-	\$558
Research: The Value of Ultrasound Imaging Surveillance for Venous Thromboembolic Disease in Trauma Patients - IRB 11-5782	-	251	-	\$19,668
Research: Impact of a More Conservative Approach to CT Scanning - IRB 11-5716	-	5	-	\$392
Research: The Path to the OR: The Need for CT Scan of the Torso in Trauma Patients Who Require Laparotomy for Blunt or Penetrating Trauma - IRB 13-6219	-	380	-	\$20,349
Research: Thoracic Endovascular Repair vs. Open Surgery - IRB 11-5736	-	355	-	\$18,632
Research: Trial of Effectiveness of Screening & Brief Intervention for Drug Users in the Trauma & Emergency Departments - IRB 10-5542	-	10	-	\$784
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal</p>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Research: Utility of Routine Neurosurgical Consultation in Patients with Low-Severity Blunt Traumatic Brain Injury - IRB 11-6597	-	300	-	\$17,442
Scripps Health System Community Benefit Planning and Outreach	-	-	-	\$102,814
Scripps Mercy - Leadership Retreat Volunteer Service Day	-	324	-	\$27,099
Scripps Mercy Hospital Medical Library	-	2,513	-	\$190,595
Scripps Mercy Hospital's Graduate Medical Education Program	-	160,799	-	\$5,635,911
Scripps Mercy Supplemental Nutrition Program (WIC)	80,919	36,626	-	\$103,551
Subsidized Health Services	-	-	-	\$5,524,807
Trauma Coalition Building **	360	111	-	\$8,698
Trauma Community Health Improvement Services	2,978	29	12	\$2,037
Youth Health Education Program	10	-	-	\$20
<b>Total FY16 Scripps Mercy Hospital San Diego &amp; Mercy Clinic</b>	<b>92,530</b>	<b>256,036</b>	<b>14</b>	<b>\$62,554,886</b>
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal</p>				

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## SCRIPPS MERCY HOSPITAL, CHULA VISTA 2017 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2017

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The Scripps Mercy Hospital, Chula Vista 2017 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 2017 (October 2016 to September 2017).

### The Scripps 2017 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 2017 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 12,500 participants. Total funding of one million dollars was received from federal and local foundation sources were received this year for Scripps Mercy Hospital Chula Vista Community Benefits and the Family Medicine Residency Program.

In addition, decreasing readmissions is an important goal of the Center. Services are offered directly to patients and their family post discharge to decrease the risks of readmission and to increase patient continuity. Support services are referral based and provide assistance with the following: housing/homelessness senior issues, chronic disease issues, drug/alcohol and mental health, cancer and more. This service is currently only available at the Chula Vista campus; seven hundred and 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. A total of 2,500 participants will take advantage of these programs.

### Heart Health Management Class

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

### Youth Activities

The goal is to implement a wide variety of School-to-Health Career activities including: Camp Scripps which introduces young students to health careers; this three-week camp educates them on the duties performed by professionals in various medical fields. Camp activities include a tour of the hospital, hands on activities involving health care and speakers on health-related issues. Other activities include Health Professionals in the classroom presentations, Health Professions Overview 101/hospital tour and puppet show. All of these activities are designed to pique the interest of students to pursue a career in healthcare. A total of 3,500 youth will participate in these programs.

### Senior Health and Well-Being Programs

The goal is to increase health care, information and preventative services for seniors/older adults in the South Bay. Each month a variety of senior programs will be held at local senior centers, churches and senior housing. Some of these activities include: senior health chats, men's group, flu events, health fairs and a widow support group. More than 200 seniors will participate in these programs.

### Maternal and Child Health Programs

The goal is to improve the health of pregnant women, mothers and their babies in San Diego County. The program aims to enhance the capacity of the local maternal and child health service systems to improve birth outcomes. Home visiting will be offered together with Family Medicine residency and parenting education.

## First Five and Promise Neighborhoods Home Visits

A total of 35 home visits will be provided and 300 services will be given to first time and at risk mothers including: home visits, referrals, data entry, follow-up phone calls, and other support services.

## First Five Parenting Classes

A total of 231 unduplicated parents will participate in parenting classes; 213 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 600 women will be referred to clinical breast health services in the community and Scripps Mercy Hospital, Chula Vista radiology services. A total of 2,000 services will be provided, including telephone reminders, outreach and education, case management and a variety of presentations.

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

More than 50 services will be provided including encouragement for patients to repeat exam, assist patients to get health insurance approval to repeat exam, and education by phone about preventing breast cancer.

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

More than 850 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 improves health care access, education, job training and placement for youth and adults in southern San Diego County. A primary focus is implementing School to Health career activities, including mentoring, camps,

job shadowing, health education classes, health chats, support groups, health fairs and others.

## Health Professions Overview 101

Students from local schools tour the hospital and spend time in clinical departments to learn about a variety of health care professions. Students interact with the staff and ask questions. The tours are two hours and maximum of 12 students per tour.

## Health Professionals in the Classroom

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

## Health Professions Education, Resident and Student Training

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

- Expand community medicine opportunities for family practice residents to provide services and reach at least 300 individuals.
- Continue to work closely with Scripps Family Practice Residency Program to place medical students in community health activities.
- A total of 600 individuals will participate in Health Career Talks, Veterans Mental Health Training, community activities, internship programs, residency rotations and Balint support groups.
- Two articles will be published in peer-reviewed journals.
- Coordinate community experience for visiting/rotating doctors from the PACCT (Pediatricians and Community Collaborating Together) Program. Provide community experience for 10 Pediatric Residents.

## Advisory Board Participation and Coalition Building Meetings

More than 700 individuals will participate in local advisory and coalition meetings.

## The Chula Vista Community Collaborative

The Chula Vista Community Collaborative (CVCC) meets monthly and draws together the local community to develop strategies to protect resident health and safety, develop

economic resources, promote local leadership, enhance the environment and contribute to the celebration of and respect for cultural diversity. The CVCC has more than 150 member organizations and 624 members. The CVCC is an umbrella for a variety of programs and committees, including the Family Resource Center, and acts as a platform to launch new initiatives to improve quality of life.

### Collaborate for Healthy Weight

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

### South County Action Network (SoCan)

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

## Uncompensated Health Care

Located near the United States Mexico border, Scripps Mercy Hospital, Chula Vista plays a pivotal role in the health care delivery network for the underserved in San Diego County. During fiscal year 2016, Scripps Mercy Hospital, Chula Vista will continue to provide health care services for vulnerable patients who are unable to pay for services.

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

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## SCRIPPS MERCY HOSPITAL, CHULA VISTA 2017 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2016

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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 2016 (October 2015 to September 2016).

### Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2016, 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 6,244 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$298,775.40<sup>4</sup>.

### Making a Financial Commitment

During fiscal year 2016, Scripps Mercy Hospital, Chula Vista devoted \$21,698,847 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

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

During fiscal year 2016, Scripps Mercy Hospital, Chula Vista contributed \$21,407,741 to community benefits, including, \$3,925,847 in charity care, \$4,638,160 in Medi-Cal shortfall (Scripps had to offset the provider fee income from Medi-Cal in fiscal year 2016), \$8,761,956 in Medicare shortfall, \$548,334 in bad debt, \$120,236 in community health services, \$0 in subsidized health services \$3,168,221 in professional education and health research and \$244,987 in community building activities.

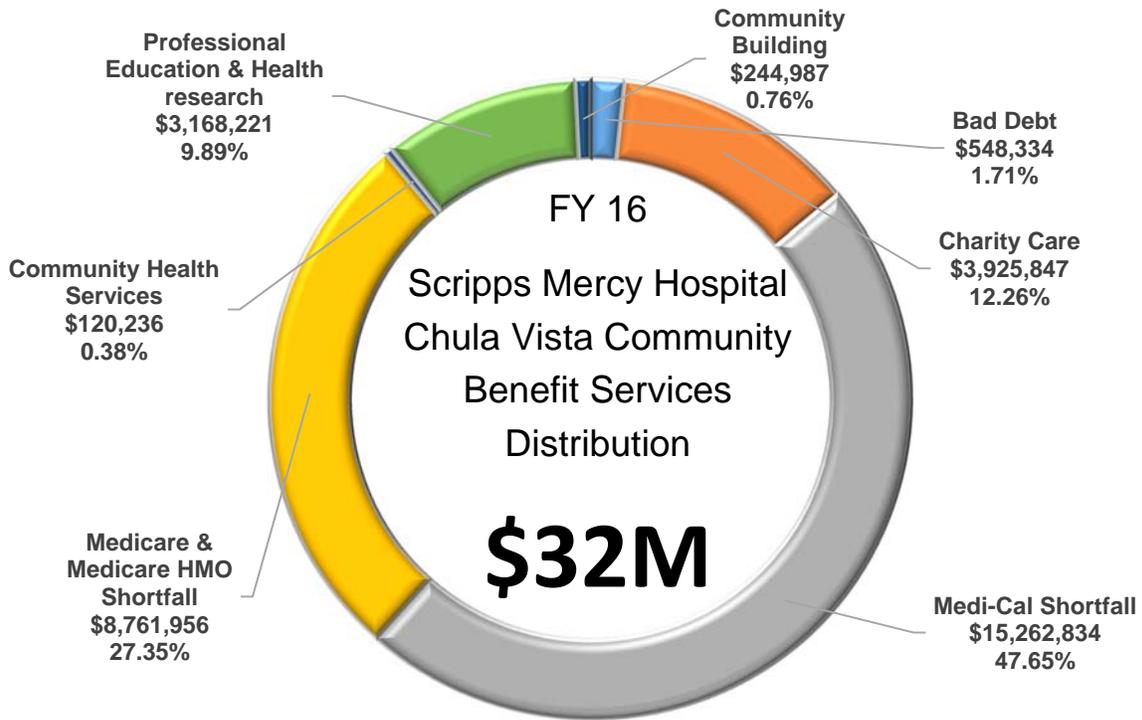
Refer to Figure 8:3 presented on the following page for a graphical representation of the FY16 Scripps Mercy Hospital, Chula Vista Community Benefit Services distribution.

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

## Figure 8:3

### FY16 Scripps Mercy Hospital, Chula Vista Community Benefit Services Distribution, \$32,032,414 (before provider fee)



Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal Shortfall	Medicare & Medicare HMO Shortfall	Community Health Svcs	Prof Ed & Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	\$548,334	\$3,925,847	\$15,262,834	\$8,761,956	\$120,236	\$3,168,221	\$244,987	-	\$32,032,415
Provider Fee	-	-	(\$10,624,674)	-	-	-	-	-	(\$10,624,674)
Net-Community Benefit Services After Provider Fee	\$548,334	\$3,925,847	\$4,638,160	\$8,761,956	\$120,236	\$3,168,221	\$244,987	-	\$21,407,741

#### Community Benefit Services:

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

## Scripps Mercy Hospital, Chula Vista's Fiscal Year 2016 Community Health Services

### Community Health Services Highlights

Community health activities include prevention and wellness programs, such as screenings, health education, support groups and health fairs, which are supported by operational funds, grants, in-kind donations and philanthropy. These programs are designed to raise public awareness, understanding of and access to identified community health needs (refer to Section 2 Community Health Needs Assessment).

During fiscal year 2016 (October 2015 to September 2016), Scripps Mercy Hospital, Chula Vista invested \$120,236 in community health services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Scripps Mercy Hospital, Chula Vista's fiscal year 2016 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 \$3,168,221<sup>5</sup> in professional training programs during fiscal year 2016 (October 2015 to September 2016). This section highlights some of Scripps Mercy Hospital, Chula Vista's professional education and health research activities in fiscal year 2016.

### Scripps Family Medicine Residency Program (2015–2016)

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>5</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 100 residents have graduated since the program's inception in 1999.

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

Community-based activities include childhood obesity prevention, home-based falls assessment in the elderly, maternal and child health outcomes studies and required Community Medicine Oriented Primary Care (CMOPC) Projects for residents. In response to local Healthy Border objectives, SFMRP has a curriculum to improve cultural and linguistic competence among residents. This longitudinal program incorporates teaching medical Spanish, cultural issues and health disparities in a clinically relevant context. SFMRP also runs three school-based clinics at Hoover, Southwest and Palomar High Schools that address the health needs of vulnerable adolescents. More than 1,400 youth have been provided clinical services in these clinics. Training in adolescent medicine also includes sports medicine physicals, 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 2,400 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 2016, there were more than 13,000 clinical visits at this location and an additional 2,300 clinical visits at the other community clinics including Operation Samahan, Imperial Beach and SYHC's Maternal and Child Health Center. Patient demographics reflect the San Diego Border region; 79 percent of patients are Latino, 86 percent live at or below 200 percent of the Federal Poverty Level, and 27 percent are uninsured and are offered a sliding fee program.

SFMRP has recruited and matched a diverse group of residents. More than 68 percent of residents and graduates are members of underrepresented minority groups reflecting the cultural and ethnic mix of the region. More than 75 percent of graduates have stayed in San Diego County. More than 70 percent are specifically serving low-income populations by practicing in a community health center or National Health Service Corp (NHSC) site. All of those working in the community provide primary care and offer a medical home for patients who might otherwise receive no care or seek care through hospital emergency departments.

The fiscal year 2016 cost of operating the Scripps Mercy Hospital, Chula Vista Graduate Medical Education program and other professional education programs totaled \$5,014,678.<sup>6</sup>

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<sup>6</sup> GME calculations based on total program expenses plus overhead.

# Scripps Mercy Hospital Chula Vista Community Benefit Services Summary List

## FY16 Scripps Mercy Hospital Chula Vista

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Bad Debt **	-	-	-	\$548,334
Cancer Survivor Day	73	-	-	-
Charity Care	-	-	-	\$3,925,847
Donated Room Space for Not-for-Profit Organizations	1,729	-	-	\$2,183
Heart Health Management Class	34	-	-	\$2,783
Heart Health Management Class - Spanish	99	-	-	\$8,103
In Lieu of Funds **	-	-	-	\$194,162
Joint Replacement Class	6	8	-	\$482
Medi-Cal and Other Means-Tested Government Programs (Shortfall) ***	-	-	-	\$4,638,160
Medicare & Medicare HMO (Shortfall) **	-	-	-	\$8,761,956
Nursing Student Rotation Education	-	16,997	-	\$1,274,842
Scripps Mercy Health Professional Training	938	2,213	6,241	\$46,923
Scripps Family Medicine Residency Program	-	66,126	-	\$1,846,457
Scripps Mercy Hospital Chula Vista - Community Building **	1,016	2,398	-	\$50,824

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

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

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Scripps Mercy Hospital Chula Vista Maternal & Child Health Programs - Community Based Clinical Services, Breast Health	776	-	-	-
Scripps Mercy Hospital Chula Vista Maternal & Child Health Programs - Community Health Education, Breast Health	4,046	38	-	\$3,086
Scripps Mercy Hospital Chula Vista Maternal & Child Health Programs - Health Care Support Services	1,612	2,859	-	\$60,629
Scripps Mercy Hospital Chula Vista Senior Programs	153	360	3	\$7,653
Scripps Mercy Hospital Chula Vista Youth Programs	3,726	1,378	-	\$29,214
Stroke & Brain Injury Support - Education Group	103	12	-	\$6,102
<b>Total FY16 Scripps Mercy Hospital Chula Vista</b>	<b>14,311</b>	<b>92,389</b>	<b>6,244</b>	<b>\$21,407,741</b>
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program /service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				



# SECTION 9

## Scripps Green Hospital

**2017** Scripps Community Benefit Plan and Report

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# SCRIPPS GREEN HOSPITAL

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## About Scripps Green Hospital

Located on Torrey Pines Mesa in La Jolla, Scripps Green Hospital has 173 licensed beds, more than 1,250 employees and cares for 6.7 percent of the inpatient population living in the hospital's service area. Within the service area, Scripps Green cares for 10.4 percent of Medicare patients, 0.2 percent of Medi-Cal patients, 6.2 percent of commercially insured patients, and 1.5 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

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## SCRIPPS GREEN HOSPITAL 2017 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2017

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The Scripps Green Hospital 2017 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 2017 (October 2016 to September 2017).

### The Scripps 2017 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 Fiscal Year 2017 Community Benefit Objectives

#### Community Health Services

- Continue to partner with St Vincent de Paul Village Medical Center. Staffed by internal medicine residents and attending staff. This clinic offers medical care to approximately 300 of the county's most vulnerable residents each year. (Sponsored by Scripps Green Hospital, Department of Graduate Medical Education).
- 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. (Sponsored by Scripps green Hospital, Department of Graduate Medical Education).
- Continue to conduct blood drives on behalf of the American Red Cross.
- Continue to provide physical, emotional and spiritual support for cancer patients during their treatment.
- Continue the Expressive Writing workshop series, which is open to all Scripps patients and the community. This is a free, activity-based support group, which helps cancer patients find artistic outlets for their emotions, as well as providing clinical benefits.
- Continue to offer free risk assessment consultations and education for women who are at high risk for the BRCA gene mutation.

- Provide support services and community resources for 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

- Fiji Alliance (School of Medicine Training) – Scripps Green and Scripps Clinic physicians will provide specialty medicine training and supervision to undergraduate and post graduate students attending the Fiji School of Medicine.
- Maintain and improve the graduate medical education program at Scripps Green And the Clinic. With 40 residents and 36 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

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.

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## SCRIPPS GREEN HOSPITAL 2017 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2016

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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 2016. (October 2015 to September 2016).

### Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2016, 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 FY16, Scripps Green had 445 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$21,293.<sup>1</sup>

### Making a Financial Commitment

During fiscal year 2016, Scripps Green Hospital devoted \$33,026,630 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.

### Scripps Green Hospital Community Benefit Services Highlights (After Hospital Provider Fee)

During fiscal year 2016 Scripps Green Hospital contributed \$33,026,630 in community benefits, including \$891,070 in charity care, \$8,993,061 in Medi-Cal, \$17,732,680 in Medicare shortfall, \$0 in bad debt, \$198,262 in community health services, \$0 in subsidized health services, \$5,208,558 in professional education and health research and \$3,000 in community building activities.

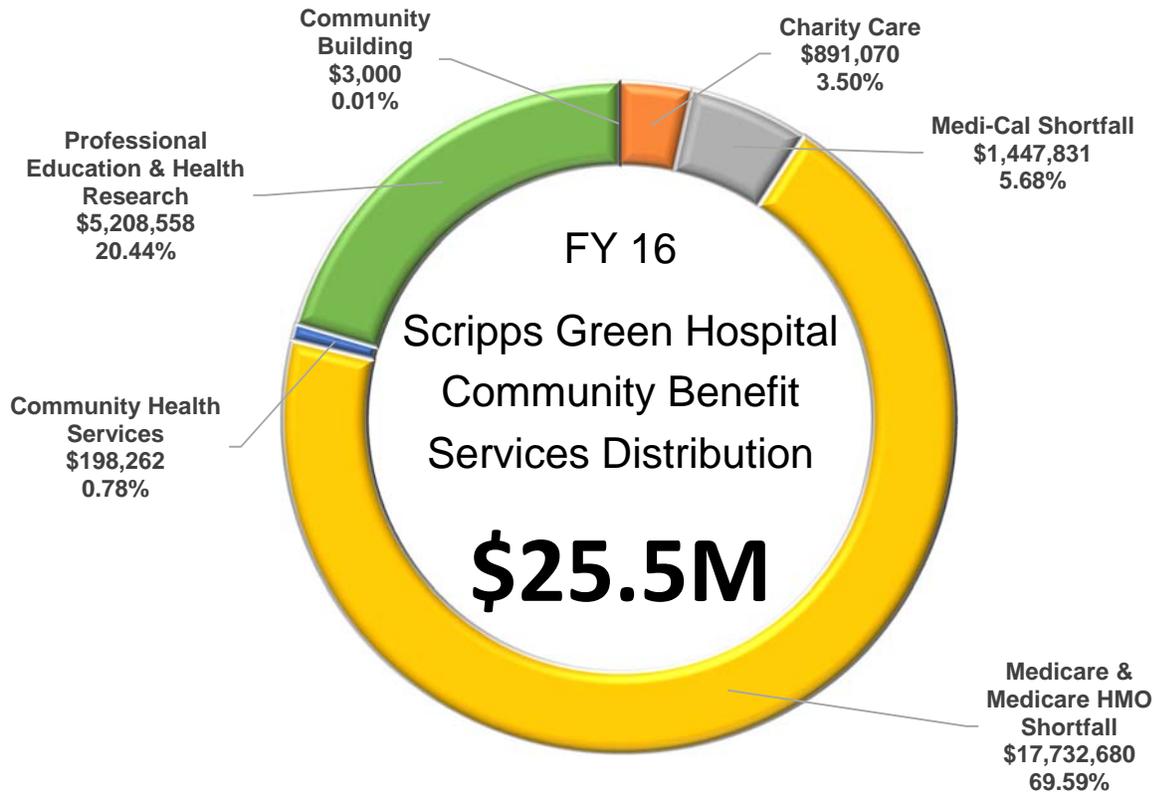
Refer to Figure 9:1 presented on the following page for a graphic representation of the fiscal year 2016 Scripps Green Hospital Community Benefit Services distribution.

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

## Figure 9:1

### FY16 Scripps Green Hospital Community Benefit Services Distribution, \$25,481,400 (before provider fee)



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	-	\$891,070	\$1,447,831	\$17,732,680	\$198,262	\$5,208,558	\$3,000	-	\$25,481,401
Provider Fee	-	-	\$7,545,230	-	-	-	-	-	\$7,545,230
Net-Community Benefit Services After Provider Fee	-	\$891,070	\$8,993,061	\$17,732,680	\$198,262	\$5,208,558	\$3,000	-	\$33,026,631

### Community Benefit Services

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

## Scripps Green Fiscal Year 2016 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 2016 (October 2015 to September 2016) Scripps Green Hospital invested \$198,262 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 fiscal year 2016 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 Memorial Hospital Encinitas invested \$5,208,558<sup>2</sup> in professional training and health research programs during fiscal year 2016 (October 2015 to September 2016). This section highlights some of Scripps Green Hospital's professional education activities during fiscal year 2016.

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<sup>2</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 40 residents and 36 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 the St. Vincent de Paul Village Medical Clinic and St Leo's Mission Community Clinic. With a commitment to community health, these health care providers are working to improve the overall health of San Diegans.

## Fiji/Scripps Alliance (School of Medicine Training)

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

# Scripps Green Hospital

## Community Benefit Services Summary List

### FY16 Scripps Green Hospital

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Bad Debt **	-	-	-	-
Blood Drive - American Red Cross	21	-	-	-
Scripps Cancer Survivors Day - Event	200	11	20	\$6,839
Charity Care	-	-	-	\$891,070
Donated Space for Not Profit Organization	6,471	-	-	\$3,816
Fiji Alliance - School of Medicine Training	728	240	-	\$12,658
In Lieu of Funds **	-	-	-	\$3,000
Medi-Cal & Other Means-Tested Government Programs (Shortfall) ***	-	-	-	\$8,993,061
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$17,732,680
Nursing Student Education Rotation	-	10,928	-	\$801,470
Organ Transplant Support Groups	1,080	-	-	\$444
Scripps Green Hospital Department of GME	-	158,396	-	\$4,394,430
Scripps Green Hospital Medical Library	-	-	-	\$185,283
St. Leo's Mission Medical Clinic	307	-	-	-
St. Vincent de Paul Village Medical Clinic & Mid City Clinic	256	-	-	-
Parkinson's Boot Camp	90	1	-	\$30
When Words Heal - Writing Workshop	12	-	-	\$1,850
<b>Total FY16 Scripps Green Hospital</b>	<b>9,165</b>	<b>169,576</b>	<b>20</b>	<b>\$33,026,631</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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.

\*\* Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H

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



# SECTION 10

## Scripps Whittier Diabetes Institute

**2017** Scripps Community Benefit Plan and Report

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# SCRIPPS WHITTIER DIABETES INSTITUTE

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## 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, and San Diego Community Clinics.

## Scripps Whittier Diabetes Institute Distinguishing Programs

- Recognized as a comprehensive international center of excellence in diabetes
- Care and prevention, professional education and research,
- Operates diabetes self-management education programs accredited by the American Diabetes Association. Nurses and dieticians certified in diabetes education provide thousands of people with up to date and individualized diabetes training and education 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. Led by five principal investigators, the Whittier-UCSD Stem Cell Islet Research Laboratory has engaged in several projects aimed at understanding pancreatic development for translational approaches to cell based diabetes therapies. These scientists are significant contributors to the collaborative worldwide efforts to restore and/or maintain normal beta cell mass.

- Internationally recognized as one of the most effective approaches to diabetes in low-income and diverse populations, Project Dulce has provided diabetes care and self-management education at community health centers, free clinics, community centers, churches, senior housing facilities and other locations for over 18 years. Nurse-led teams focus on achieving measurable improvements in the health of their patients, while peer educators help patients overcome cultural, economic or behavioral barriers to successfully managing their disease. Program results have been published in medical literature and have been recognized as innovative solutions to the diabetes epidemic.
- Provides retinal screenings for low-income people in Project Dulce, in order to detect vascular eye problems to prevent serious complications and blindness.
- Conducts community based research programs, building on a long/history of partnerships with San Diego County Health and Human Services Agency, federally qualified health centers and community clinics, Scripps Translational Science Institute (STSI) and San Diego State University, to prevent and treat diabetes in San Diego's multiethnic communities.
- Serves as the community engagement arm for the Clinical Translational Science Award (CTSA) funded by the National 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 and Latinos, who develop Type 2 diabetes at much higher rates than other groups.
- With a commitment to growth and innovation, Scripps Whittier and building on Project Dulce's proven success, Project Dulce 2.0 reached 125 participants to test the effectiveness of using health technology via text messages tailored to support patients with managing Type 2 diabetes with prompts ranging from healthy eating habits, physical activity reminders and behavior change management.
- Scripps Whittier was recently funded three NIH community based research trials aiming to close the health disparities gap. One program is focused on training clinical teams to work in collaboration to optimize diabetes care and outcomes by training Medical assistants to provide health coaching in a primary care setting.

The second is Mi Puente, an interdisciplinary program that applies a sustainable nurse plus volunteer team approach to reduce hospitalizations and improve functioning and quality of life in Hispanics. 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 provides systemwide training and technical assistance to improve the quality of diabetes care throughout Scripps inpatient and ambulatory facilities.

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## SCRIPPS WHITTIER DIABETES INSTITUTE 2017 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2017

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Scripps Whittier Diabetes Institute 2017 Community Benefit Plan provides a description of the overall Scripps community benefit goal Scripps Whittier Diabetes Institute's objectives and strategies to support community health during Fiscal Year 2017 (October 2016 to September 2017).

### The Scripps 2017 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 2017 Objectives](#)

#### Scripps Whittier Diabetes Program

Scripps Whittier describes self-management 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 FY17, 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

- Continue to identify and develop partnerships with community health providers, researchers and community stakeholders to promote bi-directional dialogues that foster equitable research agendas, discovery, application and dissemination of science that improves health and reduces disparities.

## Community Education

- Scripps Whittier will continue participating in community health fairs and screenings in fiscal year 17 to expand public awareness about diabetes prevention risk factors and the basic standard of care.
- Community events are planned in collaboration with the American Diabetes Association, the Juvenile Diabetes Research Foundation, Dia de La Mujer, Binational Health Week, Take Control of Your Diabetes (TCOYD) conference and Scripps Wellness Day.

## 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 high risk members of the community, 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.

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## SCRIPPS WHITTIER DIABETES INSTITUTE 2017 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2016

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The Scripps Whittier Diabetes Institute 2017 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 2016. (October 2015 to September 2016).

### Making a Financial Commitment

During fiscal year 2016, Scripps Whittier Diabetes Institute devoted \$123,259 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.

Over the past eleven years; the diabetes epidemic has permeated every facet of our community. The percentage of individuals entering hospitals with diabetes is rising, the number of children developing diabetes is growing, and larger number of people are experiencing complications from diabetes, such as renal failure and heart disease, at an earlier age. Developing unique innovative clinical programs and community-based research is urgently needed to combat this epidemic. The diabetes and obesity epidemic have a disproportionate impact on low-income ethnic groups, yet there is little research demonstrating clinically and cost-effective care and treatment models for these highest risk populations. Diabetes leads to school and work absenteeism, elevated hospitalization rates, frequent emergency room visits, permanent physical disabilities and sometimes death.

There are 29 million people with diabetes in the United States and 382 million worldwide, and rates are highest in diverse racial and ethnic communities and low-income populations. 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.

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 15-30% 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 pre-diabetes and at high risk of developing 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 2012 'Diabetes mellitus' was the seventh leading cause of death. The percentage of adults aged 20 and older who have been diagnosed with diabetes was 7.2 in 2012 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. In San Diego, approximately 1.5% of discharges in the black patient population were attributable to diabetes compared to 9.7% of discharges among whites.

### Project Dulce Model 18 Years of Experience

The key element for the Project Dulce are Multidisciplinary Team Approach (Nurse – led), Peer Education (Promotoras) and Empowered Patients. This model has improved clinical outcomes for glucose, blood pressure and LDL-C. It has improved behavior outcomes and patient satisfaction. Lowered costs to the health system through fewer ER visits and hospitalizations. Over 25,000 individuals have been treated.<sup>1</sup>

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<sup>1</sup> *Phillis-Tsimikas A, et al. Community Created Programs: Clinical Diabetes, Fall 2012; 30;4; 156-163. Phillis-Tsimikas A. et al. Diabetes Care 2004;27: 110-115*

## Figure 10:1

FY16 Scripps Whittier Diabetes Institute Community Benefit Services Distribution, \$123,259

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### Community Benefit Services

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

# Scripps Whittier Diabetes Institute

## Community Benefit Services Summary List

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### FY16 Scripps Whittier Diabetes Institute

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Diabetes Education Outreach Events	1,315	1,428	-	\$15,057
Diabetes Prevention Program	63	68	-	\$696
Dulce Mothers	58	63	-	\$1,041
Healthy Living Classes	641	3,112	-	\$4,360
Project Dulce Diabetes Clinical Services	6,577	7,141	-	\$72,638
Project Dulce Diabetes Education	2,186	2,374	-	\$29,468
<b>Total FY16 Scripps Whittier Diabetes</b>	<b>10,840</b>	<b>14,186</b>	<b>-</b>	<b>\$123,259</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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.



# SECTION 11

## Scripps Medical Foundation

**2017** Scripps Community Benefit Plan and Report

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# SCRIPPS MEDICAL FOUNDATION

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## About Scripps Medical Foundation

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

## Scripps Clinic

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

## Scripps Coastal Medical Center

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

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

## Scripps Cardiovascular and Thoracic Surgery Group

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

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## SCRIPPS MEDICAL FOUNDATION 2017 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2017

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The Scripps Medical Foundation 2017 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 2017. (October 2016 to September 2017)

### The Scripps 2017 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 2017 Community Benefit Objectives](#)

#### Community Health Services

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

#### Uncompensated Health Care

Scripps Medical Foundation will continue to provide health care services for vulnerable patients who are unable to pay for services.

- Maintain, communicate and effectively administer Scripps' financial assistance policy in a manner that meets patients' needs.

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## SCRIPPS MEDICAL FOUNDATION 2017 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2016

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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 2016. (October 2015 to September 2016).

### Making a Financial Commitment

During fiscal year 2016, Scripps Medical Foundation devoted \$112,280,117 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.

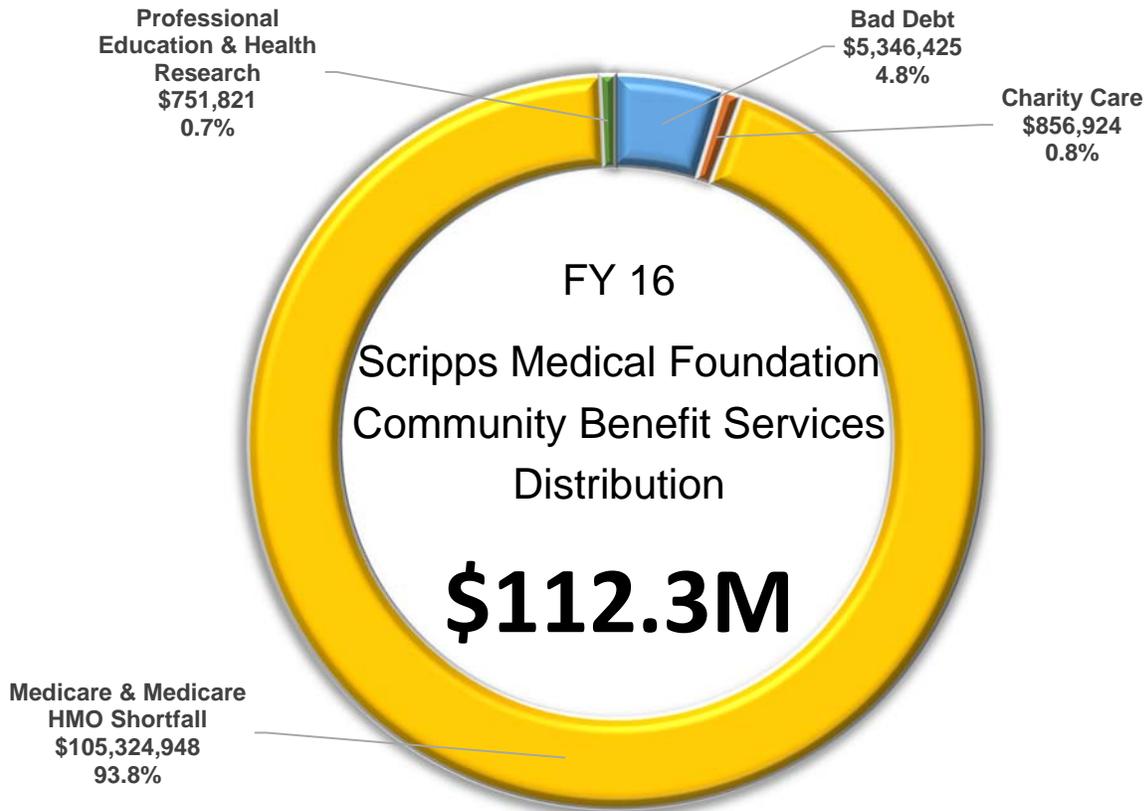
### Scripps Medical Foundation Community Benefit Services Highlights

During fiscal year 2016, Scripps Medical Foundation contributed \$112,280,117 to community benefits, including \$856,924 in charity care, \$105,324,948 in Medicare shortfall, \$5,346,425 in bad debt and, \$751,821 in professional education and health research.

Refer to Figure 11:1 presented on the following page for a graphical representation of the FY16 Scripps Medical Foundation Community Benefit Services distribution.

Figure 11:1

FY16 Scripps Medical Foundation Community Benefit Services,  
\$112,280,118



### Community Benefit Services

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

## Scripps Medical Foundation Fiscal Year 2016 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

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### FY16 Scripps Medical Foundation

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Bad Debt **	-	-	-	\$5,346,425
Charity Care	-	-	-	\$856,924
Nursing Student Rotation Education	-	10,936	-	\$751,821
Medicare & Medicare HMO (Shortfall) **	-	-	-	\$105,324,948
<b>Total FY16 Scripps Medical Foundation</b>	-	<b>10,936</b>	-	<b>\$112,280,118</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 labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.

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



# SECTION 12

## Scripps Systemwide Programs

**2017** Scripps Community Benefit Plan and Report

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# SCRIPPS SYSTEMWIDE PROGRAMS

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## About Scripps Systemwide Programs

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

## Scripps Home Health Services

Scripps Home Health Care Services provides a range of health care services in people's homes. Scripps Home Health has a 28-year service history in the San Diego community. During fiscal year 2016, 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 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 365 days per year. Home Health includes cardiovascular care, wound management, diabetic care, physical therapy, occupational therapy, speech therapy, dietary services and medical social services.

## Scripps Hospice

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

## Scripps Mobile Medical Unit

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

## Scripps Cancer Care

Founded in 1999, Scripps Cancer Care (SCC) ensures the coordinated delivery of oncology services throughout the Scripps system. Scripps is a nationally recognized leader in cancer therapy, providing treatments at its five hospital campuses, radiation therapy centers and various Scripps Clinic locations. Scripps cancer physicians and staff work collaboratively toward cancer prevention, early detection, coordinated treatment and community support services. Scripps Cancer Care is actively involved in leading-edge clinical, translational and basic research. It is accredited as an integrated network program by the American College of Surgeons' Commission on Cancer, a distinction that demonstrates consistency in providing the highest quality of patient care. Scripps offers advanced treatment technologies at its various radiation therapy facilities, as well as the Scripps Proton Therapy Center, the San Diego Gamma Knife Center, and through its minimally invasive surgical program and CyberKnife stereotactic radiosurgery. Additional resources include specialized breast care centers, infusion clinics, nurse navigators, rehabilitation services, support groups and Scripps Center for Integrative Medicine. In August, Scripps announced a partnership with MD Anderson Cancer Center to create a comprehensive and clinically integrated cancer care program in San Diego. Work to establish the Scripps MD Anderson Cancer Care Center is now under way, and the program will be developed during the coming months. The partnership will create a comprehensive and clinically integrated cancer care program. Scripps will combine its cancer expertise with leading knowledge, best practices and guidelines from MD Anderson to serve patients throughout Southern California, covering eight counties from Santa Barbara to the U.S.-Mexican border.

## Scripps Cancer Center Support Group Programs

Through generous community support Scripps Cancer Center is able to provide a wide range of support services and patient assistance programs. 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. A popular 109-session expressive writing workshops is offered several times a year. Education lymphedema class is offered once a month to patients anticipating surgery.

## Cancer Registry

Since 1975, the Scripps Cancer Registry has been collecting cancer data on Scripps patients for research, epidemiological studies, education and patient treatment. Analysis of this data gives Scripps physicians the ability to measure the quality and effectiveness of the care cancer patients receive within the Scripps system. Data also aids in determining which Cancer Center programs should be developed or further expanded. To date there are more than 132,000 cases in the Scripps Cancer Registry. Cancer registrants annually conduct follow-up on more than 23,000 cancer survivors.

## Scripps Proton Therapy Center

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

## Scripps Clinical Research Center (SCRC)

Research and clinical discovery has been part of Scripps Health's mission since its founding in 1924. Scripps Clinical Research Center consolidates and expands access to clinical research 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, the Scripps Clinical Research Center was created to support clinical research throughout the Scripps system. The center supports more than 25 medical specialties under one administration team. As a result, it accelerates the 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 trails 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
- Chronic Lung Disease
- Cosmetic Procedures
- Dermatology
- Epilepsy
- Eye Infections
- Eye-Macular Degeneration
- Eye-Cataracts
- Genomic Directed
- Growth Hormone Deficiency
- Hepatitis C
- High Cholesterol
- Joint Replacement
- Liver Disease
- Migraine Headaches
- Neuro Imaging
- Obesity/Weight Loss
- Organ Transplant
- Osteoporosis
- Orthopedics
- Parkinson's Disease
- Stroke

## Scripps Genomic Medicine and Scripps Translational Science Institute (STSI)

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

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

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

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

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

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

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

The STSI Community Engagement Program (STSI-CEP) is led by the nationally recognized Scripps Whittier Diabetes Institute, which has provided the San Diego community with the most advanced diabetes care, education, and support for more than 30 years. In addition to leading its own Cen R projects in diabetes and cardio metabolic disease, the STSI-CEP aims to enhance the involvement of community in other areas of research. Scripps supports Community Engagement Research (CEnR) that aims to bring researchers and community partners together to share their knowledge, skills and resources with a common goal of improving community health. Over the last two decades, health research and practice 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 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.

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## SCRIPPS SYSTEMWIDE PROGRAMS AND SERVICES 2017 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2017

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The Scripps Systemwide 2017 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the systemwide objectives and strategies to support community health improvement during fiscal year 2017 (October 2016 to September 2017).

### The Scripps 2017 Community Benefit Goal

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

### [Scripps Systemwide Program Fiscal Year 2017 Community Benefit Objectives](#)

## Community Health Services

### Community Benefit Funds

Provide a minimum of \$100,000 in grant funding to support community programs that address San Diego County's high priority health needs.

### Mobile Medical Unit

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

### School Partnerships

- Partner with high schools throughout San Diego County to offer job shadowing, mentoring, a speakers bureau, internships, volunteer opportunities, health facility tours, strategies for student success in health occupations, student portfolio reviews and/or senior exhibitions.
- Continue to move forward with the University of Phoenix Cohort Learning Solution proposal. In a UOP cohort, students will receive curriculum that is tailored to 15-25 Scripps employees simultaneously attending a Healthcare Administration BSN or MSN program. Scripps students who participate in a cohort degree program will receive a 10% tuition reduction.

- Establish new academic partnerships with Grand Canyon University and California Southern University for a 10% tuition discount on all programs which will provide current employees, as well as their spouses and children, a special group rate equivalent to a tuition reduction of 10% for all courses, degrees and certificate programs, except for the Bachelor of Science in Nursing (BSN), while being offered at the introductory rate of \$150 per credit.
- Host an annual dean and faculty lunch in the spring to discuss community workforce and education needs.
- Partner with StraighterLine to help staff complete their general education courses online to accelerate their degree completion.
- Continue to build workforce awareness of academic and career related resumes available through the Scripps Talent Development Services.
- Continue to build academic partnerships by working with Consortium to include more local schools.
- Formalize the Scripps Internship Program by developing a proactive model of identifying needs across the system and attracting and onboarding candidates.
- Continue to oversee new requests for affiliation agreements as the agreements continue to come in. These are reviewed by the education committee.
- Continue to streamline Student Placement process and update website content & forms.
- Update Consortium redesign – Student and Faculty pages, instructions, documents, and modules are in the process of being updated with improvements. All updates will be reflected within the new “home” within the consortium that will house the Scripps pages.

## Disaster Preparedness: Community Outreach and Education

Having the ability to provide emergency services to those injured in a local disaster while continuing to care for hospitalized patients, is a critical community need. Scripps, together with other first-responder agencies (public and private), will engage in a variety of training, outreach and planning initiatives during Fiscal Year 2017, including:

- Participate in San Diego County and State of California advisory groups to plan, implement and evaluate key disaster preparedness response and recovery plans.
- Collaborate with the State of California Emergency Medical Services Authority on state projects and state/federal grants supporting disaster preparedness and business continuity planning.

- Collaborate with Emergency Medical Services, County of San Diego to provide disaster preparedness training curriculum to San Diego Health Care partners.
- Collaborate with community partners to monitor and analyze business continuity within the health care community, identifying potential disruption impact.
- Participate in a Community Partner Disaster Planning conference.
- Provide one 16-hour decontamination response team training for health care partners and a specialized decontamination training for security staff.
- Participate in community education as an organizational leader in disaster preparedness and planning.
- Ready to deploy the Scripps Medical Response Teams and Scripps Hospital Administrative Support teams to any domestic or international disaster.(Initiative led by the disaster preparedness program under the direction of the Scripps President/CEO).
- Sustain the MOU with International Medical Corp a Non-Governmental Agency, to deploy as a medical response team for international disaster relief aid as well as the USAID medical response team for the Trauma Surgical Deployment Unit.
- Maintain a Medical Response Team in readiness state with the ability to respond within 24 hours.

### 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.

## Professional Education and Health Research

- Scripps High School Exploration Program and 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.
- Expand the Scripps internship program to include clinical and non-clinical placements. Continue to provide Specialty Training Programs, ICU, MCH, Peri-op, ED and SPD. Continue to expand local college-based internship programs to include MBA System Engineering, IT, Research, and allied Services.
- Expand physician shadowing opportunities through the community awareness and process standardization systemwide.
- Continue to provide Scripps Health New Grad Residency RN.
- Expand Young Leaders in Healthcare to employee dependents and school partnerships.
- Finalize and sign agreement with California State University San Marcos (CSUSM). This initiative will allow nurses from Scripps Health to enroll in CSUSM online RN to BSN degree program at a preferred affiliate tuition rate.

## Uncompensated Health Care

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

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## SCRIPPS SYSTEMWIDE PROGRAMS AND SERVICES 2017 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2016

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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 2016. (October 2015 to September 2016).

### Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2016, Scripps systemwide employees donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. With 437 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$20,910.45.<sup>1</sup>

### Making a Financial Commitment

During fiscal year 2016, \$8,995,176 was devoted by Scripps systemwide 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.

### Scripps Systemwide Community Benefit Services Highlights (After Hospital Provider Fee)

During fiscal year 2016, Scripps systemwide contributed \$8,995,176 to community benefits, including \$552,454 in charity care, \$2,967,485 in Medicare shortfall, \$36,512 in bad debt and, \$3,086,837 in professional education and health research and \$652,718 in community building activities.

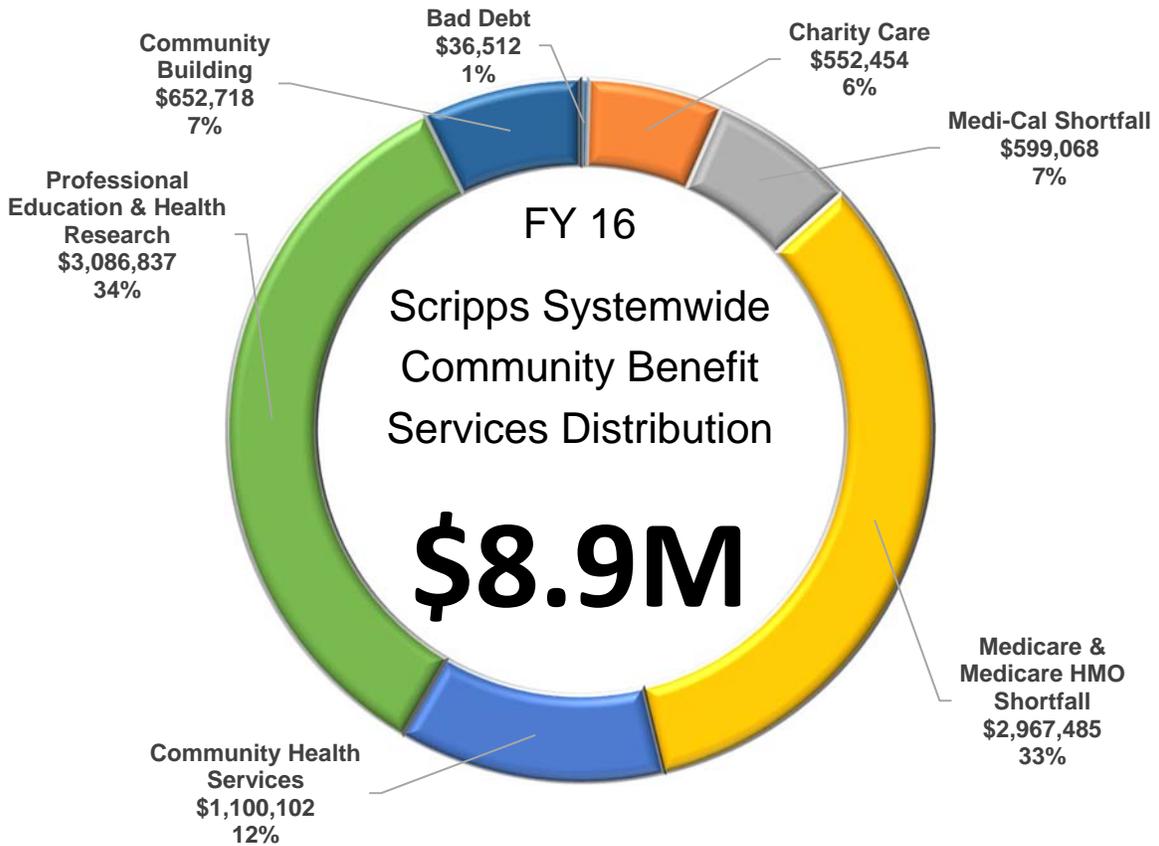
Refer to Figure 12:1 presented on the following page for a graphical representation of the FY16 Scripps Systemwide Community Benefit Services distribution.

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

# Figure 12:1

## FY16 Scripps Systemwide Community Benefit Services Distribution, \$8,995,176



### Community Benefit Services

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

## Scripps Systemwide, Fiscal Year 2016 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 2016 (October 2015 to September 2016) \$1,100,102 was invested by Scripps systemwide 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 systemwide Fiscal Year 2016 community health services achievements.

### Scripps Health Community Benefit (CB) Fund

In Fiscal Year 2016, Scripps Health continued to deepen its commitment to philanthropy with the Community Benefit Fund. Over the course of the year, it awarded \$212,000 in community grants to programs throughout San Diego. Scripps awarded four grants ranging from \$10,000 to \$120,000 each. The projects that received funding address some of San Diego'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 \$3.3 million dollars. Programs funded during fiscal year 2016 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 access 24/7. 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, so as to provide a service that navigates clients through different referrals and tracks their success toward achieving improved social determinants of health. Between July 1, 2015 and June 30, 2016, the percentage of clients with health insurance was 82%, a 3% increase from the previous year. As more people begin to have health insurance, 2-1-1 expects that client

needs will also begin to shift from seeking to obtain coverage to learning how to use their coverage. Many of the Health Navigation Program's clients are already seeking the latter. This past year, Navigator's provided a deeper level of care coordination, preventative support, and advocacy to about 1,000 clients. Compared to clients who received basic information and referral services, clients who received the deeper level of support reported a higher rate of confidence in managing their health needs (49% confidence among I&R clients, compared to 65% confidence among care coordination clients).

### [American Heart Association](#)

Funding awarded for the 2016 Heart Walk sponsorship. Heart disease and stroke are the No. 1 and No. 3 causes of death in the nation. Heart disease claims more than 950,000 American lives each year. Scripps partners with the American Heart association on their annual Heart Walk, to raise funds for research, professional and public education, and advocacy.

### [Catholic Charities](#)

Funding was awarded to provide short-term emergency shelter for medically fragile, homeless patients being discharged from Scripps Mercy Hospital, San Diego, and to expand the program to Scripps Mercy Hospital, Chula Vista. Case management and shelter are provided for previously homeless patients discharged from Scripps Mercy Hospital who no longer require hospital care but still need a short-term, supportive environment. Patients demonstrating a readiness for change are assisted with one week in a hotel along with food and bus fare to pursue case plan. The focus of the case management is to stabilize the client by helping them connect to one 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 \(CCHCA\)](#)

Funding provides low-income, uninsured Mercy Clinic and behavioral health patients who need assistance obtaining health care benefits, SSI and related services, while simultaneously reducing uncompensated care expenses for Mercy. This project provides advocacy services for time-intensive government benefit cases.

## Cancer/Oncology

In 2013 cancer was the leading cause of death in San Diego County, responsible for 24.4 percent of deaths. There were 5,030 deaths due to cancer (all sites) and an age-adjusted death rate of 155.6 deaths per 100,000 population.<sup>2</sup>

In response to this serious health concern, Scripps has developed a series of prevention and wellness program to educate people on the importance of early detection and treatment for some of the most common forms of cancer. During Fiscal Year 2016, 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.

### Susan G. Komen Race for the Cure

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

### Nine Girls Ask (For a Cure for Ovarian Cancer)

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

### Purple Stride (Pancreatic Cancer)

Scripps Health participated in Purple Stride walk. The Pancreatic Cancer Action Network is a nationwide network of people dedicated to working together to advance research, support patients and create hope for those affected by pancreatic cancer.

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<sup>2</sup> County of San Diego HHSA, Public Health Services, Community Epidemiology Branch

## Cardiovascular Disease

'Diseases of the heart' were the second leading cause of death in San Diego County in 2012. In addition, 'Cerebrovascular Diseases' were the fifth leading cause of death and 'Essential (primary) hypertension and hypertensive' was the tenth. Heart disease claims more than 950,000 American's<sup>3</sup> lives every year. Stroke is a leading cause of serious, long-term disability.

During fiscal year 2016, Scripps engaged in the following heart health and cardiovascular disease prevention and treatment activities.

### American Heart Association Walk

Scripps allocated \$10,000 in operational funds and over \$30,000 in in kind donations to support the American Heart Association's efforts to fight heart disease and stroke. In addition, Scripps employees volunteered their time to coordinate walker participation and fundraising efforts. The San Diego Heart Walk raised more than \$1.6 million. In 2016, more than 2,300 Scripps Heart Walk participants – employees, families and friends – walked to help raise more than \$110,000. Additionally, Scripps reached out to the community at the event and provided health education materials and giveaways.

### Disaster Preparedness: Community Outreach and Education

Having the ability to provide emergency services for those injured in a local disaster, while continuing to care for hospitalized patients, is a critical community need. Scripps participated in San Diego County and State of California advisory groups to plan, implement and evaluate key disaster preparedness response plans and exercises. Scripps is an advisor to San Diego County for federal and state grant development and planning.

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

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

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<sup>3</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>.*

State of California if there was an Alternate Care Site deployment if there was USAID Trauma Surgical Deployment Unit deployed. Scripps teams are also ready for deployment if the International Medical Corps requests assistances.

## San Diego County and National Community Support and Outreach Education

The goal is to participate in community education locally and nationally as an organizational leader in disaster preparedness and planning. In Fiscal Year, 2016 Scripps participated in the San Diego Business Consortium and let multiple lectures to government and community audiences.

- San Diego County Statewide Medical and Health Exercise – November 2015, Point of Distribution for Anthrax Medications.
- San Diego County Prescription Take Back Day, April 30, 2016 with four hospital/clinic sites participating.
- San Diego County Operational Area Medical and Health Exercise, May 2-4, 2016, Alternate Care Site Operations.

Scripps Prescription Take Back Day Totals	Boxes	Pounds
Scripps Coastal Medical Center	7	126.4
Scripps Green Hospital	12	190.4
Scripps Rancho Bernardo Clinic	27	430.0
Scripps Encinitas Hospital	18	279.8
Totals	64	1026.6

## SWAT Team Regimen

The San Diego Sheriff department asked Scripps to review their SWAT team tryout regimen and advice on how to prevent heat illness. Information and recommendations was given on hydration and diet as well as monitoring heart rate. Fluid intake during the tryout itself. Scripps will continue to assist with a medical screening pre-tryout questionnaire, information on hypothermia for their actual SWAT team academy training as well as suggestions for heat index based restricted activity.

## 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 systemwide programs and services to advance health care services through professional health education programs and research. To enhance service delivery and treatment practices for San Diego County; \$3,086,837<sup>4</sup> was invested by Scripps systemwide programs and services in professional training and health research programs during Fiscal Year 2016 (October 2015 to September 2016). This section highlights some of Scripps systemwide professional education and research activities during Fiscal Year 2016.

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

Launched by Scripps Health, the program reaches out to young people to pique their interest on health care occupations in dire need of recruits. From the emergency room to surgery, the students rotate through numerous departments, exploring career options and learning life lessons about health and healing along the way. During Fiscal Year 2016, Scripps Health partnered with HASPI to provide continuing education internships for their students.

The program offered five week internships, in which 22 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>4</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 Systemwide

## Community Benefit Services Summary List

### FY16 Scripps Systemwide

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
2-1-1 San Diego - Annual Event	-	-	-	\$5,000
Advanced Cardiac Life Support Classes ACLS Heartline After Online Skills	27	55	-	\$5,273
Advanced Cardiac Life Support Classes ACLS Provider	8	48	-	\$3,021
Advanced Cardiac Life Support Classes ACLS Renewal Course	33	117	-	\$9,116
Alzheimer's Association San Diego - Sponsorship	-	-	-	\$25,000
American Cancer Society	10	65	-	\$22,909
American Heart Association - In Kind Donation	-	-	-	\$43,225
American Heart Association - Heartwalk Event **	2,500	1,800	-	\$114,039
American Heart Association - Sponsorship	-	-	-	\$10,000
Bad Debt **	-	-	-	\$36,512
Basic Life Support Classes - Provider	23	98	-	\$3,252
Basic Life Support Classes - Online Skills Check	39	77	-	\$3,591
Basic Life Support Classes - Renewal Course	9	46	-	\$2,136
Blood Drive for the American Red Cross	121	-	-	-
Beyond Blood Thinners, New Treatment for A-Fib	164	2	-	\$105
Charity Care	-	-	-	\$552,454
Clinical Research Services	-	82,444	-	\$2,612,038

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

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Community Benefit Fund - 2-1-1 San Diego	-	-	-	\$12,000
Community Benefit Fund - Catholic Charities	-	-	-	\$70,000
Community Breavement Support Group	1,163	172	382	\$8,913
CPR / First Aid Training	302	283	-	\$7,880
Disaster Preparedness - Community Outreach & Education **	-	220	-	\$12,296
Economic Development - Community Outreach & Education **	-	320	-	\$103,672
Encinitas Embracing Retirement -Community Outreach & Education **	2	10	-	\$655
Eric Paredes Save A Life Foundation Adult Cardiac Risk Assessments	85	-	-	\$384
Eric Paredes Save A Life Foundation - Grant	-	-	-	\$15,000
Eric Paredes Save A Life Foundation - Screenings	3,869	237	47	\$13,108
Health Care Public & Government Advocacy **	-	2,125	-	\$365,225
Healthy Hearts at Every Age	40	5	-	\$235
Heartsaver CPR, AED & Basic First Aid - American Heart Association	9	16	-	\$1,059
Hospital Administrative Support Unit & Scripps Medical Response Team (SMRT) **	-	538	-	\$34,429
Leadership North County - Community Outreach & Education **	3	20	-	\$1,567
Mama's Kitchen - 25th Anniversary	-	-	-	\$10,000
Medi-Cal & Other Means-Tested Government Programs (Shortfall)	-	-	-	\$599,068

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

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Medicare & Medicare HMO (Shortfall) **	-	-	-	\$2,967,485
National Depression Screening Day	72	-	-	-
Neonatal Resuscitation Program (NRP)	6	28	-	\$868
North San Diego Business Chamber Health Committee Meeting **	-	4	-	\$314
Nursing Student Education Rotation	-	1,654	-	\$118,068
Nutrition in Healthcare Leadership Team **	-	21	-	\$1,645
Parent Connection	78,351	5	-	-\$2,220
Pediatric Advanced Life Support (PALS)	19	75	-	\$4,792
Prescription Drug Take Back Day	347	-	-	
Promises 2 Kids	-	-	-	\$300
San Diego County & National Community Support & Outreach Education	404	2,212	-	\$110,768
San Diego Nursing Service/Education Consortium **	-	-	-	\$2,000
San Diego Seafood Saturdays	-	18	-	\$949
San Diego Police Foundation - Gold Shield Gala **	-	-	-	\$2,500
SCAD Research Inc.	-	-	-	\$250
Scripps Genomic Medicine & Translational Services	-	49,809	-	\$307,836
Scripps Health System Community Benefit Planning & Outreach	-	-	-	\$258,383
Scripps Medical Foundation - Hepatitis C Support Group	300	40	-	\$2,411

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

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Scripps Recuperative Care Program (RCU)	68	1,282	-	\$356,797
SD Sherriff's Search & Rescue Academy - Emergency Response Module **	20	45	-	\$14,375
Skin Cancer Screenings - SD Firefighters, Lifeguards & Police	346	240	-	\$14,396
Special Enforcement Detail Tryout Medical Assessment **	30	30	-	-
Strike Out Stroke	1,000	-	-	-
Susan G. Komen Race for the Cure - Event	5	-	-	-
Union Tribune San Diego Successful Aging Expo: Stroke Booth	12,000	-	-	-
University City (UC) High School Exploration Program	16	284	-	\$16,847
Vista Community Clinic Annual Gala	-	6	-	\$470
Volunteers of America	132	132	-	\$109,200
Your Heart, Your Health	18	2	-	\$78
<b>Total FY16 Scripps Systemwide</b>	<b>101,523</b>	<b>144,583</b>	<b>429</b>	<b>\$8,995,176</b>
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				



# SECTION 13

## Appendices

**2017** Scripps Community Benefit Plan and Report

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# APPENDICES

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## Appendix A: Definition of Terms

**Bad Debt** — Unpaid costs for care that is provided to persons who do not meet the criteria for charity care, are not covered by a third-party payer or have a co-payment obligation that is not met.

**Cash and in-kind contributions** — contributions made by the organization to health care organizations and other community groups for one or more of the community benefit activities.

**Charity care** — free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are unable to pay for all or a portion of the services. Charity care shall be recorded at cost. Charity care does not include: bad debt or uncollectible charges that the organization recorded as revenue but wrote off due to a patient's failure to pay.

**Community benefit operations** — activities associated with conducting community health needs assessments, community benefit program administration, and the organization's activities associated with fundraising or grant-writing for community benefit programs. Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community.

**Community building activities** can include, but are not limited to, the following:

- a. Physical improvements and housing, which can include the provision or rehabilitation of housing for vulnerable populations.
- b. Economic development, which can include assisting small business development in neighborhoods with vulnerable populations and creating new employment opportunities in areas with high rates of joblessness.
- c. Community support, which can include child care and mentoring programs for vulnerable populations or neighborhoods, neighborhood support groups, violence prevention programs, and disaster readiness and public health emergency activities.
- d. Environmental improvements, which can include activities to address environmental hazards that affect community health, such as alleviation of water

- or air pollution, safe removal or treatment of garbage or other waste products, and other activities to protect the community from environmental hazards.
- e. Leadership development and training for community members, which can include training in conflict resolution; civic, cultural, or language skills; and medical interpreter skills for community residents.
  - f. Coalition building which can include participation in community coalitions and other collaborative efforts with the community to address health and safety issues.
  - g. Community health improvement advocacy, which can include efforts to support policies and programs to safeguard or improve public health, access to health care services, housing, the environment, and transportation.
  - h. Workforce development, which can include recruitment of physicians and other health professionals to medical shortage areas or other areas designated as underserved, and collaboration with educational institutions to train and recruit health professionals needed in the community.
  - i. Other community building activities that protect or improve the community's health or safety that are not described in the categories listed in lines a. through h. above.

**Community health improvement services** — activities or programs, subsidized by the hospital, carried out or supported for the express purpose of improving community health.

**Community health needs assessment report** — the written report adopted for the hospital facility by an authorized body of the hospital facility.

**Community health needs** — those requisites for improvement or maintenance of health status in the community.

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

**Implementation Strategy** — the written document that describes the hospital facility's strategy to meet the community health needs identified through the hospital facility's Community Health Needs Assessment.

**In-Lieu of Funds** — Funds used for unfunded or under-funded patients and their post-discharge needs. Funds are used for board and care, skilled nursing facilities, long-term acute care, and home health. In addition funds are also used for medications, equipment, and transportation services.

**Other means-tested government programs** — government-sponsored health programs where eligibility for benefits or coverage is determined by income or assets. Examples include: the State Children's Health Insurance Program (SCHIP), or the California Children's Services (CCS) Program.

**Payer** — Insurance companies, health care service plans, Medicare, Medi-Cal and other private or public entities that pay hospitals for health care provided to their sponsored patients.

**Professional Education and Health Research** — Includes clinical research as well as professional education on non-Scripps employees including graduate medical education (GME), nursing resource development, and other health care professional training. Costs for medical residents and interns may be included as health professions educations costs. Calculations based on total program expense.

**Subsidized Health Services** — Patient care services the organization provides despite a financial loss, (even) after removing the effects of charity care and Medi-Cal shortfalls (and bad debt). Clinical programs provided at a loss because they are needed by the community. The service meets an identified community need if it is reasonable to conclude that if the organization no longer offered the service, the service would be unavailable in the community, the community's capacity to provide the service would be below the community's need, or the service would become the responsibility of government or another tax-exempt organization. Example of such services are: inpatient psychiatric units, satellite clinics serving low-income communities and burn units.

**Uncompensated Health Care** — Includes charity, under-reimbursed care and bad debt. Shortfalls are derived using the payer based cost allocation methodology. Bad debt and charity care are estimated by extracting the gross write offs of bad debt and charity care charges and applying the hospital RCC to estimate net uncompensated cost.

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

**Volunteer Hours** — includes the labor hours contributed by Scripps employees and affiliated physicians in support of Scripps-sponsored activities for which no compensation is received. The dollar value is not included in Scripps' "community benefit contribution."

## [Appendix B: Scripps Uncompensated Care Fiscal Year 2016 Methodology](#)

Scripps continues to contribute resources to provide low and no-cost health care services to populations in need. During fiscal year 2016, Scripps contributed \$335,093,576 to uncompensated health care, \$23,824,941 in charity care, \$304,933,898 in Medi-Cal and Medicare shortfall, and \$6,334,737 in bad debt.

**Schedule H Methodology** — Schedule H requires the uncompensated care to be divided into four categories: Charity care, under-reimbursed Medi-Cal and Other Means Tested Government Programs, Bad Debt, and under-reimbursed Medicare. Bad debt and Medicare shortfalls are reportable under the Schedule H guidelines but do not count towards the community benefit totals. Thus, the categories are reported in a specific order/hierarchy. Charity Care and under-reimbursed Medi-Cal and Other Means Tested Government Programs are counted first.

**Charity Care Methodology** — The uncompensated cost is estimated by applying ratio- cost-to-charge (RCC) percentages for the hospital to the gross charity adjustments. The following costs are excluded: Community health services, professional education and research, and expenses excluded in the Medicare cost report. Traditional Charity Care is included in the Internal Revenue Service (IRS) Form 990 Schedule H Part I Line 7a.

**Medi-Cal Shortfall** — The shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare, Medicare PPO, Medicare HMO, Medicare Capitated program at the hospitals, Medi-Cal, Medi-Cal HMO, and CMS primary insurance carriers. Operating margin is defined as net revenue less all variable, fixed, and overhead costs. Profitability is estimated as follows: Net revenue is equivalent to payments plus an estimation of the account balance for all open accounts, plus revenue from uncompensated care pools including Medi-Cal DSH. Cost is derived using the relative value allocation methodology per the McKesson HPM system. The following costs are excluded: Charity adjustments at cost for Medi-Cal patients, community health services, professional education and research, and expenses excluded in the Medicare cost report. These costs are included in the IRS Form 990 schedule H Part I Line 7b. In the State of California the Medicaid program is called Medi-Cal.

**Medicare and Medicare HMO–Hospitals** — The shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare and Medicare Senior primary insurance carriers. Operating margin is defined as net revenue

less all variable, fixed, and overhead costs. Profitability is estimated as follows: net revenue is equivalent to payments plus an estimation of the account balance for all open accounts, plus other revenue including IME and DSH. Cost is derived using the relative value allocation methodology per the McKesson HPM cost accounting system. The following costs are excluded: Charity and bad debt adjustments at cost for Medicare and Medicare Senior patients, community health services, professional education and research, subsidized health services provided to Medicare patients, and expenses excluded in the Medicare cost report. These costs are included in the IRS Form 990 Schedule H Part III Section B.

**Bad Debt Methodology** — The uncompensated cost is estimated by applying ratio-cost-to-charge (RCC) percentages for the hospital to the gross bad debt adjustments less recoveries. The following costs are excluded: Bad debt adjustments at cost for Medi-Cal and CMS patients, community health services, professional education and research, and expenses excluded in the Medicare cost report. These costs are included in the IRS Form 990 Schedule H Part III Section A.

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

## Hospital Provider Fee Program

### Thirty-Month Hospital Fee Program

In September 2011, the state of California enacted legislation that continues the Hospital Fee Program covering the period from July 1, 2011 through December 31, 2013. For the entire thirty month period, the Organization paid quality assurance fees of \$171,953,000 and received Medi-Cal fee-for-service payments of \$191,474,000 and managed care payments of \$27,404,000. Net of expected contributions to California Health Foundation & Trust (CHFT) of \$2,735,000, the expected net benefit to the Organization is \$44,190,000. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-Kind Contributions.

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

In September 2013, SB 239 was approved and created a three-year hospital fee program effective January 1, 2014 through December 31, 2016. On December 10, 2014, California Hospital Association (CHA) announced that CMS approved the fee-for-service payments for the period January 1, 2014 to December 31, 2016. On June 30, 2015, CMS approved the non-expansion managed care rates for the first six months of the thirty-six month hospital fee program. On March 29, 2016, CMS issued the approval letters for the 2014-16 hospital fee program expansion population managed care rates for January 1, 2014 to June 30, 2014.

## Appendix C



## Appendix D: San Diego County HSA Geographic Services Regions<sup>1</sup>



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 (HHS A) 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 nonprofit 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 nonprofit 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 separate written document to address certain community health needs identified in the CHNA by September 30, 2016. 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.



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

