



2018 Community Benefit Report Our Promise to the Community

In fiscal year 2017, Scripps Health provided

\$398 million

in community benefit services



Serving Our Community

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

Letter from the CEO



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

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

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

Today, more than 15,000 employees, physicians and volunteers continue to build on our rich history and keep the spirit of community service alive. The pages that follow provide a comprehensive account of how we achieve that: our community benefit programs and services, and our plans for continued action in the future.

In fiscal year 2017, Scripps’ community benefit contributions totaled \$398,028,190. This includes \$361,114,035 in uncompensated care, \$29,408,514 in professional education and health research, \$904,745 in community building activities, \$2,852,330 in community health services and \$3,748,565 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 by becoming:

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

About Scripps

Founded in 1924 by philanthropist Ellen Browning Scripps, Scripps Health is a \$2.9 billion not-for-profit integrated health system based in San Diego, California. Scripps treats more than 700,000 patients annually through the dedication of 2,475 affiliated physicians and more than 15,000 employees among its five acute-care hospital campuses, home health care services, and an ambulatory care network of physician offices and 29 outpatient centers and clinic. Scripps also offers payer products and population health services through Scripps Accountable Care Organization, Scripps Health Plan and customized narrow network plans in collaboration with third-party payers

Today, the health system extends from Chula Vista to Oceanside and is dedicated to improving community health while advancing medicine. Recognized as a leader in disease and injury prevention, diagnosis and treatment, Scripps is also at the forefront of clinical research, and 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 five times as one of the nation's best health care systems by Truven Health Analytics division of IBM Watson Health. Its hospitals are consistently ranked by U.S. News & World Report among the nation's best and Scripps is regularly recognized by Fortune magazine, Working Mother magazine and AARP as one of the best places in the nation to work. More information can be found at www.scripps.org.

Scripps Facilities/Divisions	
Scripps Memorial Hospital Encinitas	Scripps Clinical Research Services
Scripps Green Hospital	Scripps Coastal Medical Center
Scripps Memorial Hospital La Jolla	Scripps Home Health Care
Scripps Clinic	Scripps Whittier Diabetes Institute
Scripps Mercy Hospital *San Diego & Chula Vista Campuses	

Service Offerings

Scripps is an integrated health care delivery system consisting of four acute-care hospitals on five campuses, 29 outpatient centers and clinics, home health care, hospice care, clinical research, and ancillary services for the San Diego region and beyond. Scripps primary care lines 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 for more than a decade (2006-2018).
- In March 2015, Scripps opened the \$456 million Prebys Cardiovascular Institute, which brought together expertise from across the system. The institute is the largest heart hospital on the West Coast with 167 inpatient beds and serves as the center of excellence for research and education.
- For more than 30 years, Kaiser Permanente has chosen Scripps Health to be its partner in cardiac care. Scripps is the exclusive provider of heart surgery to Kaiser Permanente members throughout the San Diego County.

Diabetes Care and Prevention

This year, the combined diabetes and endocrinology programs of Scripps Green Hospital and Scripps Memorial Hospital La Jolla – listed as “Scripps La Jolla Hospitals and Clinics” – were ranked No. 1 in San Diego, and No. 14 nationally by U.S. News & World Report in its annual 2017-18 “Best Hospitals” rankings.

Scripps Whittier Diabetes Institute is Southern California’s leading diabetes center of excellence, committed to providing the best evidence-based diabetes screening, education and patient care in San Diego. 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. Though the center has transitioned to other providers, Scripps is proud of having brought this technology to San Diego residents.
- 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 2018.

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 (2017-2018)
- 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 routine and advanced obstetrical care.
- Scripps offers a full spectrum of gynecology services throughout San Diego. The combined programs of Scripps Green Hospital and Scripps Memorial Hospital La Jolla – listed as “Scripps La Jolla Hospitals and Clinics” – were ranked No.1 in San Diego, and No.8 nationally by U.S. News & World Report in its annual 2017-2018 “Best Hospitals” rankings.
- The women and newborn services care line creates a forum to foster development of an integrated women's clinical care line operated at multiple Scripps Health sites bridging together the inpatient and ambulatory continuum of care. Scripps Health prioritizes system efforts related to OB, gynecology and NICU development.

Behavioral Health

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

Primary Care

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

Home Health Care

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

Emergency and Trauma Medicine

- Scripps operates four emergency departments and three urgent care centers, and is home to two of the region's five adult trauma centers. A Level I trauma center at Scripps Mercy Hospital, San Diego and Level II Trauma center at Scripps Memorial Hospital La Jolla.
- Scripps La Jolla opened a new emergency department with three times more capacity to better serve the community. Scripps Encinitas and Scripps Mercy San Diego also opened new, larger Emergency Departments (EDs) within the past five years.
- All four Scripps emergency rooms are 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 Emergency Departments serve as major training sites for interns, residents, nurse practitioners, and physician assistants from multiple training programs around the region, including Naval Medical Center San Diego. These intensive, hands-on clinical rotations help train future providers not only for our local community but also for our troops overseas.

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

Governance

As a tax-exempt health care system, Scripps takes pride in its service to the community. The Scripps system is governed by a 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



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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.

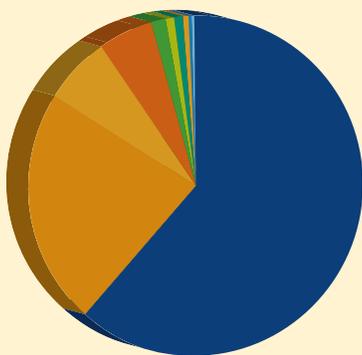
In fiscal year 2017, Scripps Health devoted more than \$398 million to community benefit programs, including over \$21 million in charitable care. We offer many free and low-cost services, including community clinics, support groups, screenings for key health indicators, youth programs, special education for pregnant women and patient advocacy services.

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

Scripps Facts

- 2,475 affiliate physicians and 15,000 employees treat and support more than 700,000 patients each year.
- Scripps cares for people throughout San Diego with four acute care hospitals on five campuses, 29 outpatient locations, a home health network, 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: \$2.920 billion
- Operating expenses: \$2.852 billion
- Total inpatient discharges: 68,309
- Total outpatient visits: 2,423,873
- Emergency visits: 209,400

Total Community Benefits in FY17: \$398,028,190



Medicare Shortfalls	\$249,473,234	61.8%	Health Research	\$3,120,129	0.8%
Medi-Cal Shortfalls*	\$85,310,255	22.5%	Community Health Improvement Services & Community Benefit Operations Contributions	\$2,364,211	0.6%
Professional Education	\$26,288,385	6.5%	Community Building Activities	\$904,745	0.2%
Charity Care	\$21,191,733	5.3%	Cash and In-Kind Contributions	\$488,119	0.1%
Bad Debt	\$5,138,813	1.3%			
Subsidized Health Service	\$3,748,566	0.9%			

Colors coordinate clockwise from Medicare shortfalls.

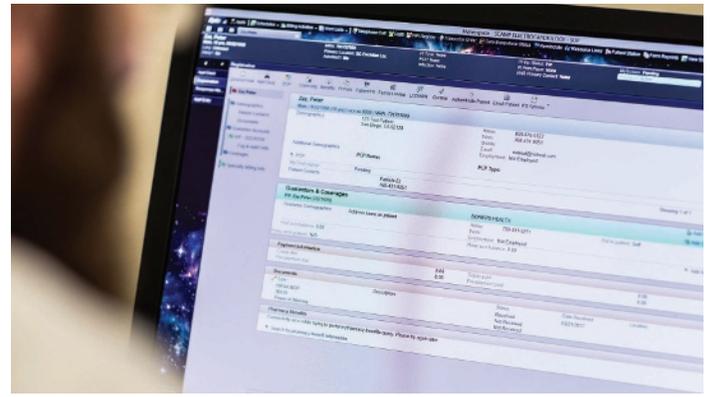
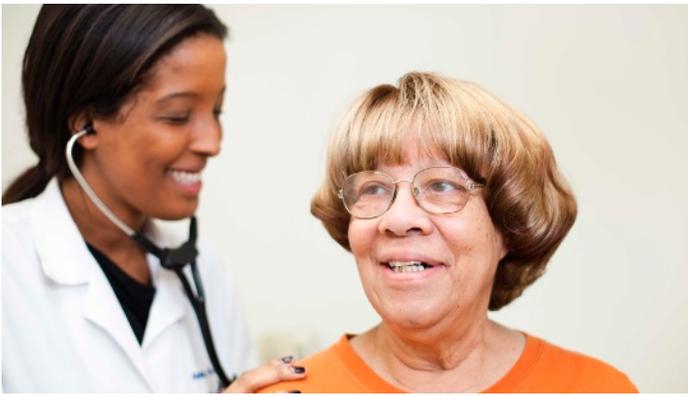
14% of our total operating expenses in 2017 were devoted to community benefit services at cost.

* 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 Cares for Underserved San Diegans

Founded in 1944 and integrated into Mercy Hospital in 1961, Mercy Clinic of Scripps Mercy Hospital, San Diego, cares for San Diego’s working and disabled poor. The primary care clinic has a full-time staff of nurses and other health care professionals who work closely with Scripps Mercy physicians.

In fiscal year 2017, the clinic provided 10,245 patient visits for primary and subspecialty care; specialty care is provided through Scripps Mercy Hospital, San Diego. The majority of our patients are low-income, medically underserved adults and seniors. Medi-Cal, Medicare and other insurance plans fund 90 percent of patient visits, and the remaining 10 percent pay what they can.

We work closely with hospital and emergency care case management to provide lifesaving outpatient follow-up for ill patients. For example, by providing ongoing primary care for an Ethiopian-American patient with parasite-induced liver failure, who had been repeatedly seen in the emergency department, we prevented further emergency department admissions.

Health Care Navigation Program: Helping the Community Navigate Care

As part of Scripps community benefit outreach, Scripps has been a longtime supporter of 2-1-1 San Diego, a free, 24-hour confidential health navigation program that helps the community find health care. Offering phone service and a searchable online database, 2-1-1 San Diego navigates clients through referrals, tracks their success, and provides vital data for proactive community planning.

Mercy Clinic Launches New EMR

On April 1, 2017, after a year of careful preparation and training for 100 physicians and 50 staff members, Mercy Clinic rolled out the new Epic electronic medical record (EMR) system. The new EMR greatly enhances communication between physicians and staff, as well as patients and their medical teams, and allows us to share patient information with other health care systems. It also supports quality improvement objectives, such as improving health maintenance, preventive medicine and quality of care, all of which are important for the community.

Mercy Clinic continues to provide excellent training for many residents and medical students, including our Scripps Mercy internal medicine, transitional year and podiatry residents, as well as students and residents from University of California, San Diego (UCSD), Family Health Centers and the Navy.

All 2-1-1 health navigators are trained to identify individuals in need by assessing factors including how well they manage their health conditions and medications, whether they have health insurance and how easy it is to access care.

During this grant period, 2-1-1 provided care coordination services to 724 clients.



Gloria Favela significantly improved her blood sugar control thanks to text message reminders sent through the Dulce Digital clinical study.

Diabetes Care and Prevention Programs

Scripps Whittier Diabetes Institute provides education and counseling to thousands of people each year to help them learn to manage their diabetes effectively. Group classes held in English and Spanish cover all aspects of diabetes care, including, diet, lifestyle, blood sugar monitoring, medications, coping skills, insulin management, technology and more. Individualized nutrition consultation and meal planning are also available. Scripps has been awarded preliminary recognition by the Centers for Disease Control as a National Diabetes Prevention Program provider, a national initiative developed to help prevent diabetes.

The Woltman Family Diabetes Care and Prevention Center in Chula Vista, serves one of San Diego's communities hit hardest by the diabetes epidemic, and offers a full range of wellness, prevention, diabetes education and nutrition services in English and Spanish. In 2017, with the generous support of philanthropist Richard Woltman, the center added critical classroom space to meet the high demand for services.



Text Messages Improve Diabetes Management

Scripps Whittier Diabetes Institute researchers found that low-income Hispanics with type 2 diabetes who received health-related text messages every day for six months saw improvements in their blood sugar levels that equaled those from some medications. The Dulce Digital clinical study texted patients several times a day to help them manage their diabetes, including reminders to check blood sugar levels or have a snack, tips to stay well, and positive feedback on their progress. The study was conducted in collaboration with Neighborhood Healthcare and UCSD.

After the trial ended, 96 percent of the participants said the text messages helped them manage their diabetes "a lot." Participant Gloria Favela, a mural artist, found the texts particularly helpful when she became focused on her work and forgot to check her blood sugar or eat.

"They were nice, gentle reminders," she said. "It really worked great for me."



Love Your Heart Blood Pressure Screening Event

On Tuesday, Feb. 14, 2017, Scripps joined the County of San Diego for its sixth annual Love Your Heart event and was one of more than 160 organizations that provided a total of 53,655 blood pressure screenings at 340 sites in the U.S. and Mexico.

New Behavioral Health Program Offers Mind/Body Support

Living with diabetes can be stressful. In response, Scripps Whittier Diabetes Institute integrated a critical component into our diabetes management programs: behavioral health. Our behavioral health integration program supports people with the psychological and emotional challenges of managing diabetes. Through individual visits and group sessions with psychologists who have diabetes expertise, people struggling with “diabetes distress” find support and appreciate being part of a group with others who share similar experiences. Program participants demonstrated a significantly greater improvement in their glucose management than a comparison group of nonparticipants.



Scripps Mercy Hospital, Chula Vista, Celebrates Cancer Survivors

The idea of celebrating is rarely associated with cancer. But in June, celebrate is exactly what cancer survivors and their health care providers at Scripps did. National Cancer Survivors Day events, held throughout San Diego County, provided inspirational stories and opportunities to connect with caregivers, loved ones and fellow survivors.

Scripps held celebrations at each of our five hospital campuses. At Scripps Mercy Hospital, Chula Vista, a record crowd of more than 100 participants attended the hospital’s bilingual event, which featured a mariachi band, tasty food and a bilingual blessing from Mercy Sister Susan De Guide.

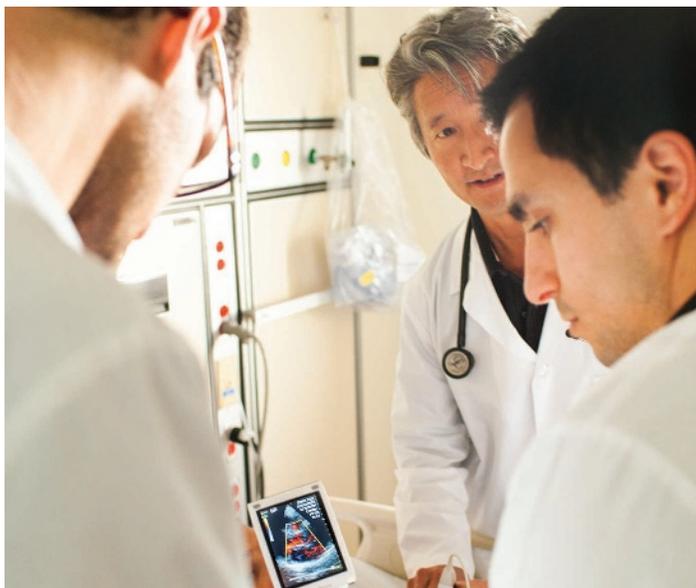


Fighting Food Insecurity through WIC

Access to food was a critical issue identified in the 2016 Scripps Health Community Needs Assessment. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a nutrition program that supports pregnant, postpartum and parenting women, infants, and children under 5 years of age with food vouchers for specific supplemental, nutritious foods during critical periods of physiological development.

WIC also provides nutrition education and counseling, breastfeeding promotion and support, and health care referrals. Scripps Mercy Hospital is one of five parent organizations that administers WIC services in San Diego County; the programs are located adjacent to health care facilities in National City, Chula Vista, Linda Vista and mid-city San Diego and serve approximately 6,500 people per month.

WIC is available to eligible recipients who meet the income guidelines set by the United States Department of Agriculture (USDA), including pregnant, breastfeeding and postpartum women, children under age 5, and their guardians or caregivers.



Trauma Outreach Promotes Community Safety and Injury Prevention

The trauma department at Scripps Memorial Hospital La Jolla has expanded during the last several years and places a special emphasis on community service and outreach. Under the direction of the trauma injury prevention community outreach coordinator, the trauma department partners with a range of organizations to provide injury prevention and safety education to the community. Outreach programs have covered prevention of elderly falls, concussion and sports injuries, distracted and impaired driving, spinal cord injuries, suicide and more.

In addition, the trauma department partners with Stop the Bleed, a worldwide campaign to inform community members and bystanders on how to save people's lives. Last year, 500 community members learned best practices to support this valiant effort.

The trauma department also participates in the annual Nurse Skills-A-Thon to certify new nurses, runs the annual Trauma Awareness Expo, and holds the Annual Trauma Reunion for former patients and their families to celebrate their recovery and share their stories.

Most recently, patients and families have benefited from Project Memory, a collaborative effort by the trauma and palliative care social workers. This legacy and memory-making project is offered to families to honor patients by providing a tangible gift of positive moments in distressing times. Gifts include memory stones, hand or fingerprints, decorative frames or pillowcases, and Heart Beat in a Bottle, which is a patient's last EKG (electrocardiogram reading) printed on a tiny strip of paper and placed into a tiny bottle.

GME: Training Tomorrow's Doctors through Graduate Medical Education

For nearly 70 years, physicians in Scripps graduate medical education (GME) programs have helped care for underserved populations as part of their training. Our comprehensive range of GME programs includes residencies in internal medicine, family medicine, podiatry, trauma, emergency and surgical critical care, as well as research programs.

Scripps Mercy Hospital, San Diego, has the longest existing medical education program in San Diego County. As a Level I trauma center, Scripps Mercy Hospital, San Diego, is required to provide trauma education to general surgery residents. The GME trauma program enrolls 70 to 80 residents annually; and three full-time general surgery residents also do research in the trauma research program. In addition, Scripps Mercy Hospital, San Diego, provides training for the United States Army's Interservice Physician Assistant Program, and is the preferred trauma center for education for surgery residents and emergency residents at Naval Medical Center San Diego.

"We really view that as an important mission," says Vishal Bansal, MD, medical director of the trauma program at Scripps Mercy Hospital, San Diego. "Not only are we taking care of injured patients in San Diego County, but we're also teaching Navy residents for when they deploy and treat soldiers and civilians all over the world."





Brainmasters Opens Communication Channels for Stroke and Brain Injury Survivors

After a brain injury, life can change in an instant. Activities once taken for granted, such as having a simple conversation or talking to a group, may suddenly feel awkward and challenging. In 2017, Scripps Memorial Hospital Encinitas launched a new program to address the communication challenges of stroke and brain injury survivors. Founded by Scripps volunteer Lanai Staley, a graduate of Scripps' brain injury day treatment program, Brainmasters is an improvisational speaking group for adults coping with acquired brain injury. This fun, supportive and interactive group helps brain injury patients improve communication skills, think more quickly on their feet, and build self-confidence in a friendly, encouraging environment.

Lanai designed Brainmasters as part of her outpatient follow-up with her speech therapist after suffering a brain injury. Though the group was originally a Toastmasters group, Lanai believed that a different model was needed. Every week, she leads group members through a series of improvisational games that are modified for people coping with a brain injury. The scenarios that Lanai facilitates are not reality-based; rather, they are silly and funny. Brainmasters is all in fun, so participants can't fail at it.

"Because I am brain-injured, I know that if it works for me it will likely work for them," she says. "Everyone is engaged the entire time and laughing. We are all in the same boat and here to support each other."

Brainmasters participants consistently report feeling more socially connected and more confident overall.

"Brainmasters has helped me become truly confident in who I am as an individual that has survived a stroke and traumatic brain injury (TBI). It has brought fun and joy to my life. It has helped my brain handle hard situations way better. It has helped me to think faster on my feet even with my deficits."

"In Brainmasters, we exercise our ability to process information on the spot. As a result of these interactive exercises, I see great improvement in my relationships with others. I blamed myself for all of my TBI symptoms for the last 40-plus years, because I didn't know there was such a thing. Through this group I am beginning to forgive myself for a lifetime of destroying my relationships."

"Lanai gives so much! Without Brainmasters, I begin retreating into a shell, the outer world is too hard, and I avoid everything and won't go out for days. Being engaged (in Brainmasters) makes it easy to say active."

Offered as a community benefit through the rehabilitation center at Scripps Memorial Hospital Encinitas, Brainmasters is free and open to the community.



Creating Influencers through the Enlisted Leadership Foundation

Enlisted Leadership Foundation is a San Diego-based non-profit group 501(c)3 dedicated to leadership development of Navy second class, first class and chief petty officers. Formed by a team of active duty and retired command/master chief petty officers, the organization develops current and future leaders through a philosophy of sharing and mentoring based on combined generations of growth and grooming.

Scripps Health funded scholarships for 60 U.S. Navy petty officer first class sailors to attend The Foundry, a leadership course designed by senior enlisted Navy leaders with more than 150 combined years of service. The Foundry provides a unique opportunity to receive

leadership training and insight from community leaders, as well as retired and active duty military leaders. The Navy first class petty officer is the most influential of all enlisted paygrades with a unique opportunity to lead and inspire.

Graduates of The Foundry continue with a renewed passion to influence others to achieve personal and professional success. Many of these highly impressive young men and women work in Navy medicine and are potential future Scripps employees.

Improving the Health of Our Community

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



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

2018 Community Benefit Plan and Report

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SECTION 1

Fulfilling the Scripps Mission

2018 Scripps Community Benefit Plan and Report

FULFILLING THE SCRIPPS MISSION

This report was developed in response to Senate Bill 697. Passed in 1994, the bill requires California's community, not-for-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:

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

The report covers the period of October 2016 through September 2017 (fiscal year 2017). During this fiscal year, Scripps devoted \$398,028,190 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)

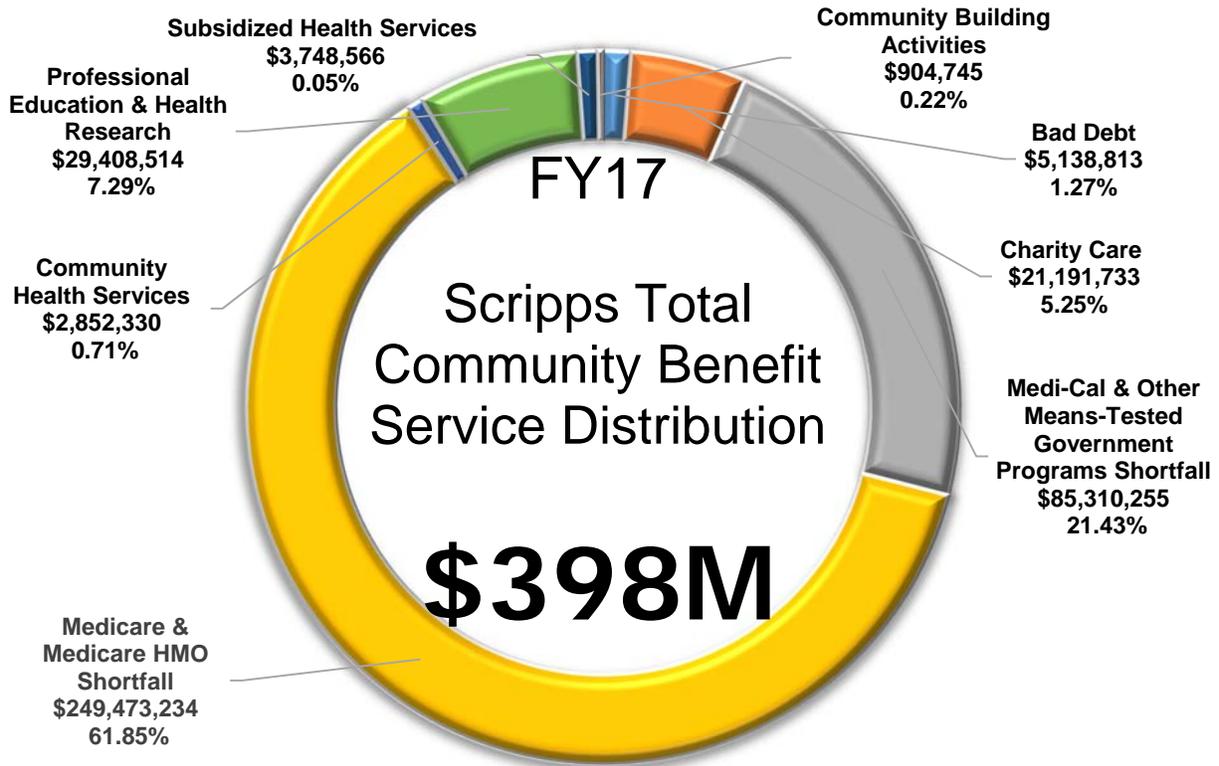
Hospitals with tax-exempt status are required to provide information specific to their organization on Schedule H, Form 990 (the annual information return filed by tax-exempt organizations.) The entire Schedule H was mandatory beginning with tax year 2009.¹

Scripps has aligned the 2018 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 38 for a breakdown of the Scripps System Uncompensated Care Summary for Fiscal Year 2017.)

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

Figure 1:1

Fiscal Year 2017 Scripps Total Community Benefit Services Distribution, \$398,028,190



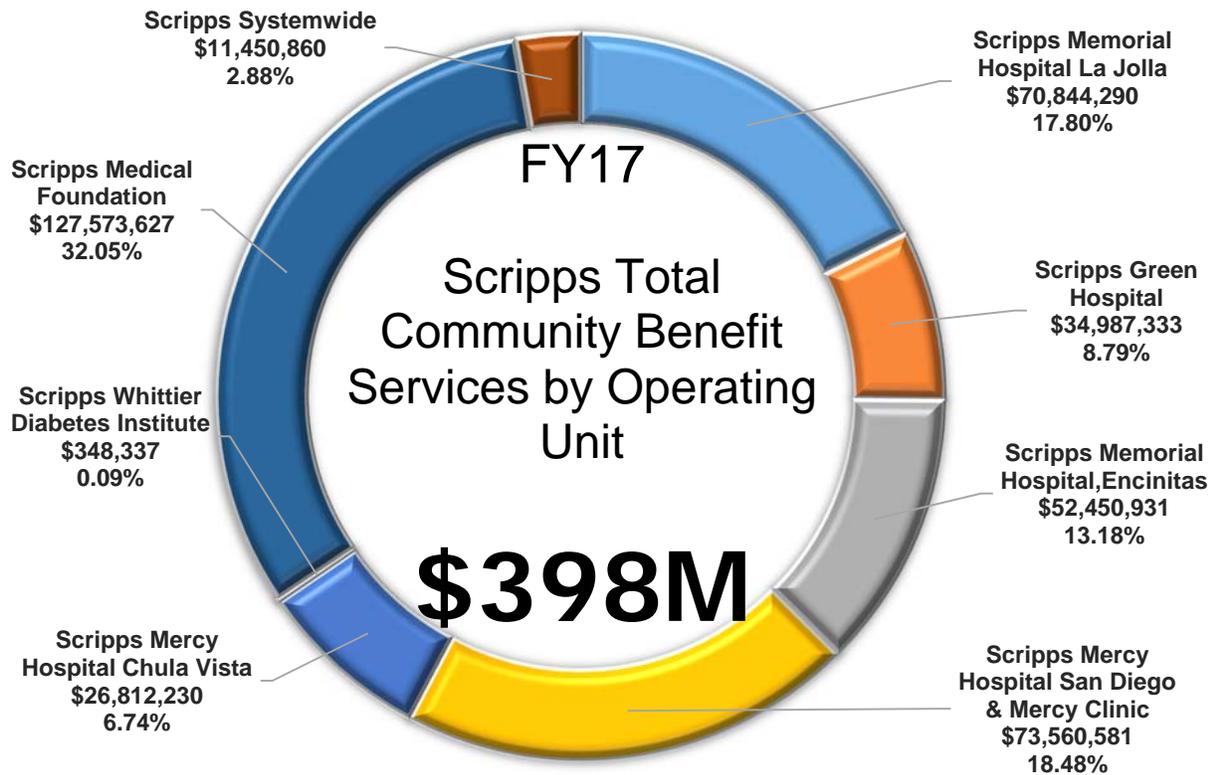
Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal Shortfall	Medicare & Medicare HMO Shortfall	Community Health Services	Prof Ed & Health Research	Subsidized Health Services	Community Bldg Activities	Total
Community Benefit Services Before Provider Fee	\$5,138,813	\$21,191,733	\$90,655,911	\$249,473,234	\$2,852,330	\$29,408,514	\$3,748,566	\$904,745	\$403,373,846
Provider Fee	-	-	(\$5,345,656)	-	-	-	-	-	(\$5,345,656)
Net-Community Benefit Services After Provider Fee	\$5,138,813	\$21,191,733	\$85,310,255	\$249,473,234	\$2,852,330	\$29,408,514	\$3,748,566	\$904,745	\$398,028,190

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 2017 Scripps Total Community Benefit Services by Operating Unit, \$398,028,190



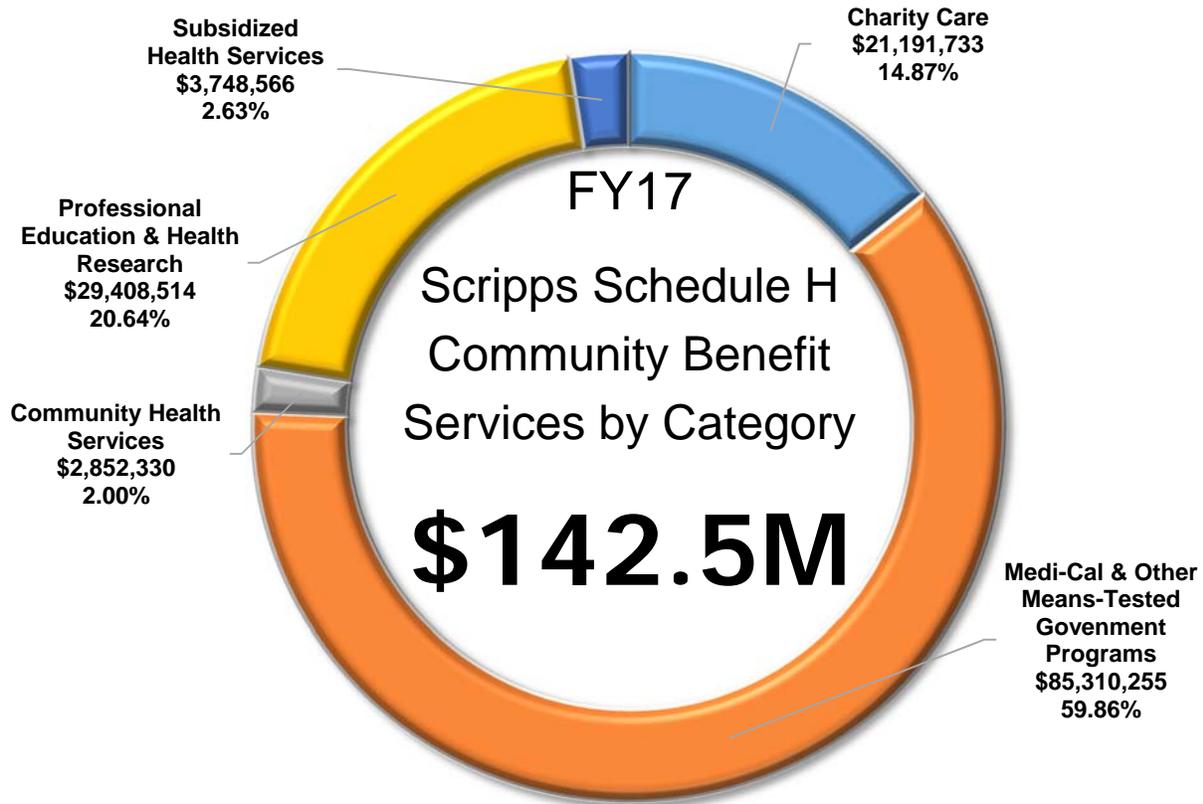
Provider Fee Impact	Scripps Memorial Hospital La Jolla	Scripps Green Hospital	Scripps Memorial Hospital Encinitas	Scripps Mercy Hospital San Diego & Mercy Clinic	Scripps Mercy Hospital Chula Vista	Scripps Whittier Diabetes Institute	Scripps Medical Foundation	Scripps Systemwide	Total
Community Benefit Services Before Provider Fee	\$70,844,290	\$30,672,765	\$49,627,725	\$81,924,479	\$30,931,762	\$348,337	\$127,573,627	\$11,450,860	\$403,373,845
Provider Fee	-	\$4,314,568	\$2,823,206	(\$8,363,898)	(\$4,119,532)	-	-	-	(\$5,345,656)
Net-Community Benefit Services After Provider Fee	\$70,844,290	\$34,987,333	\$52,450,931	\$73,560,581	\$26,812,230	\$348,337	\$127,573,627	\$11,450,860	\$398,028,189

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 2017 Scripps Schedule H Community Benefit Services by Category, \$142,511,398



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	\$21,191,733	\$90,655,911	\$2,852,330	\$29,408,514	\$3,748,566	\$147,857,054
Provider Fee	-	\$5,345,656	-	-	-	\$5,345,656
Net-Community Benefit Services After Provider Fee	\$21,191,733	\$85,310,255	\$2,852,330	\$29,408,514	\$3,748,566	\$142,511,398

Community Benefit Service (Schedule H)

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

SECTION 2

Community Health Needs Assessment (CHNA)

2018 Scripps Community Benefit Plan and Report

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

Scripps Health has a long history of responding to the health needs of the communities it serves, extending beyond traditional hospital care to address the health care needs of the region's most vulnerable populations. Community Health Needs Assessment (CHNA) originated from California state wide legislation in the early 1990s. SB 697 took effect in 1995, which required private not-for-profit hospitals to submit detailed information to the Office of Statewide health Planning and development (OSHPD) on their community benefit contributions. Annual hospital community benefit reports are summarized by OSHPD in a Report to the Legislature, which provides valuable information for government officials to assess the care and services provided to their constituents.

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

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

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

Scripps strives to improve community health through collaboration. Working with other health systems, community groups, government agencies, businesses and grassroots

movements, Scripps is better able to build upon existing assets to achieve broad community health goals. The complete report is available online at [Scripps Health 2016 Community Health Needs Assessment Report](#).

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 countries² and communities-with the understanding that the burden of illness, premature death, and disability disproportionately affects racial and minority population groups and other underserved populations³. 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.

² World Health Organization. Social determinants of health. http://www.who.int/social_determinants/sdh_definition/en/. Accessed March 2016

³ 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

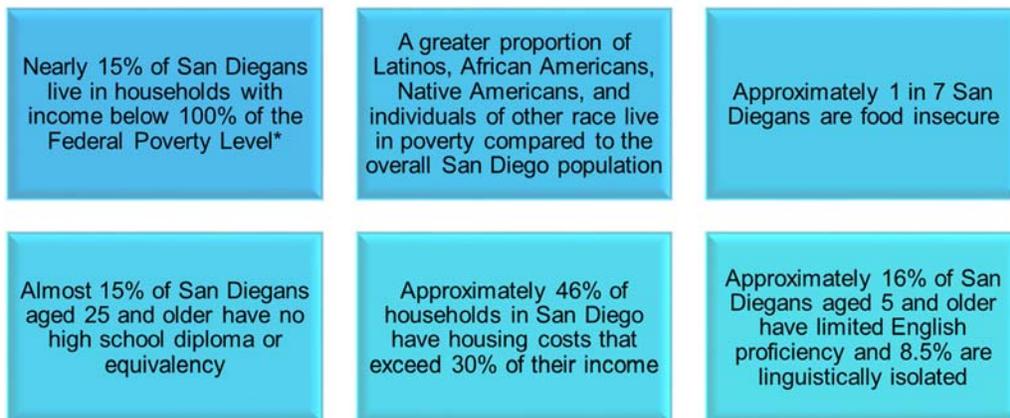
Overview and Background

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 analyze, 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 (HHS) organized their service areas into six geographic regions. Central, East, North Central, North Coastal, North Inland and South. When possible, data is presented at a regional level to provide more detailed understanding of the population. The geographical regions are represented below in Figure 2:2.

Figure 2:2. San Diego County with Health and Human Services Agency Region



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



Scripps Health Community Served

Hospitals and health care systems define the community served as those individuals residing within its service area. A hospital or health care system service area includes all residents in a defined geographic area surrounding the hospital. Scripps serves the entire San Diego county region with services concentrated in North Coastal, North Central, Central and Southern region of San Diego. Community outreach efforts are focused in those areas with proximity to a Scripps facility. Scripps hosts, sponsors and participates in many community-building events throughout the year.

Table 2:1. Scripps Health Hospital Locations

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

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

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

Table 2:2. Scripps Health Inpatient Discharges for Years 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%
Grand Total	70%	70%	70%

Community Served

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

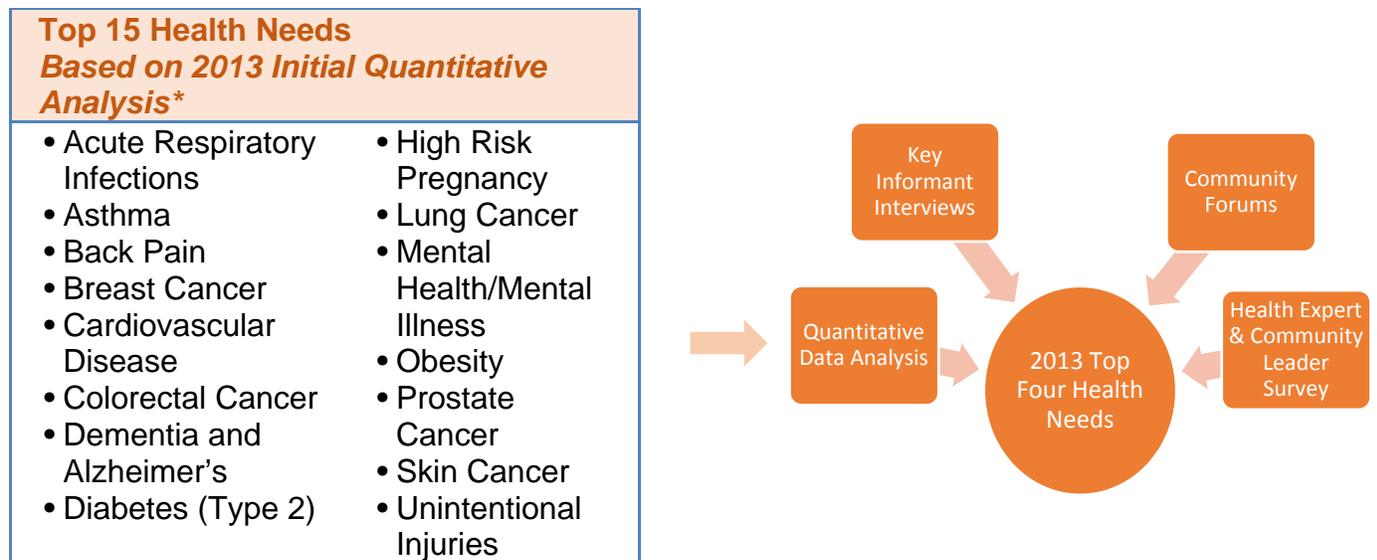
Figure 2:3 Scripps Health Service Area



Community Priority Process (CHNA Methodology)

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

Figure 2:4 HASD&IC 2013 CHNA Methodology



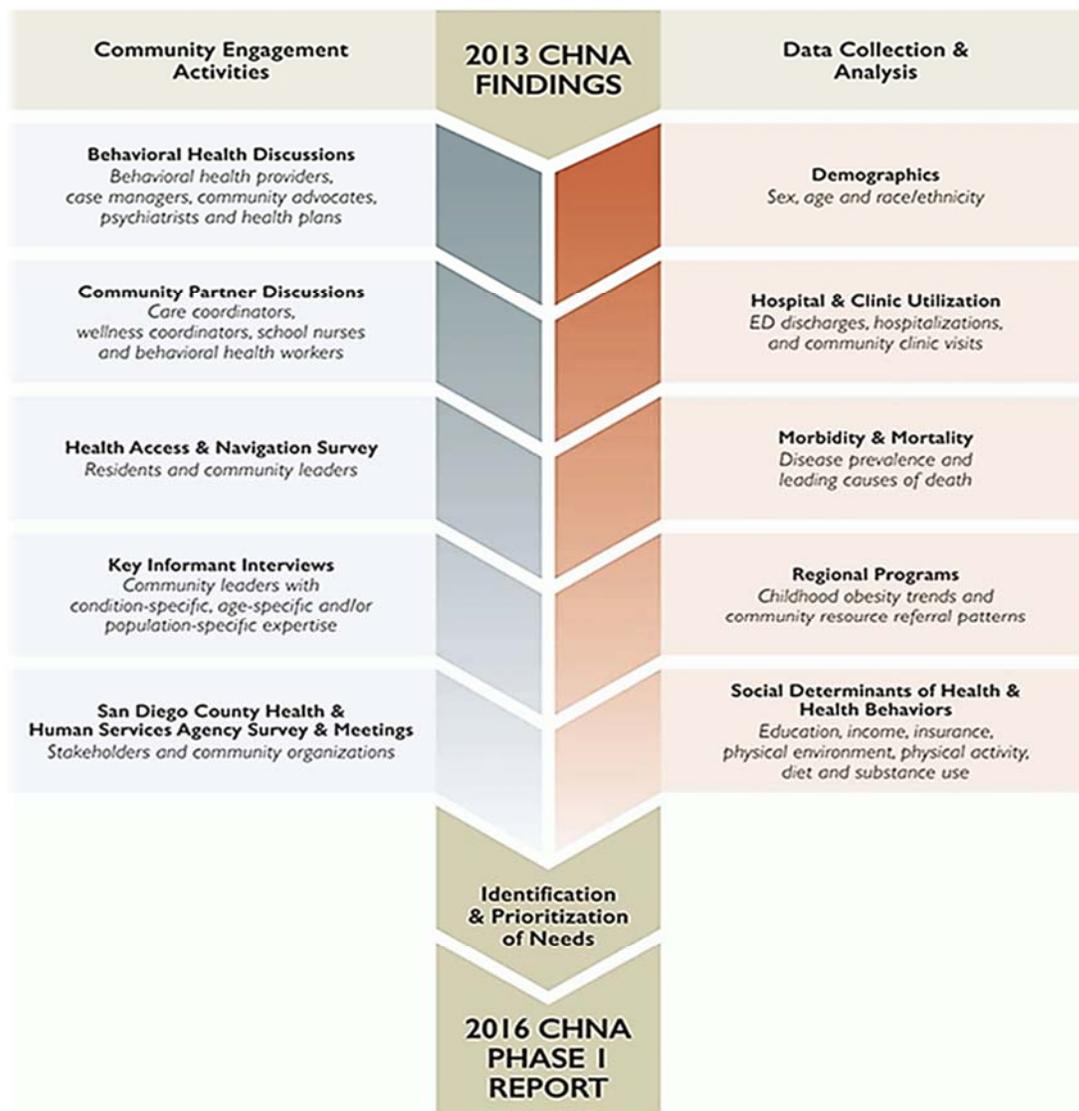
*For a complete description of the HASD&IC 2013 process and findings, see full report available at <http://www.hasdic.org/chna.htm>

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

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

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

Figure 2:5. 2016 CHNA Process Map



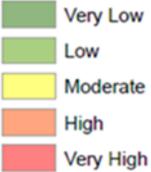
The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs identified in the 2013 CHNA. Quantitative data for both the HASD&IC 2016 CHNA and SMH 2016 CHNA included 2013 OSHPD demographic data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

Table 2:3. Variables Analyzed in the HASD&IC and SMH 2016 CHNAs

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

Identify Vulnerable Communities

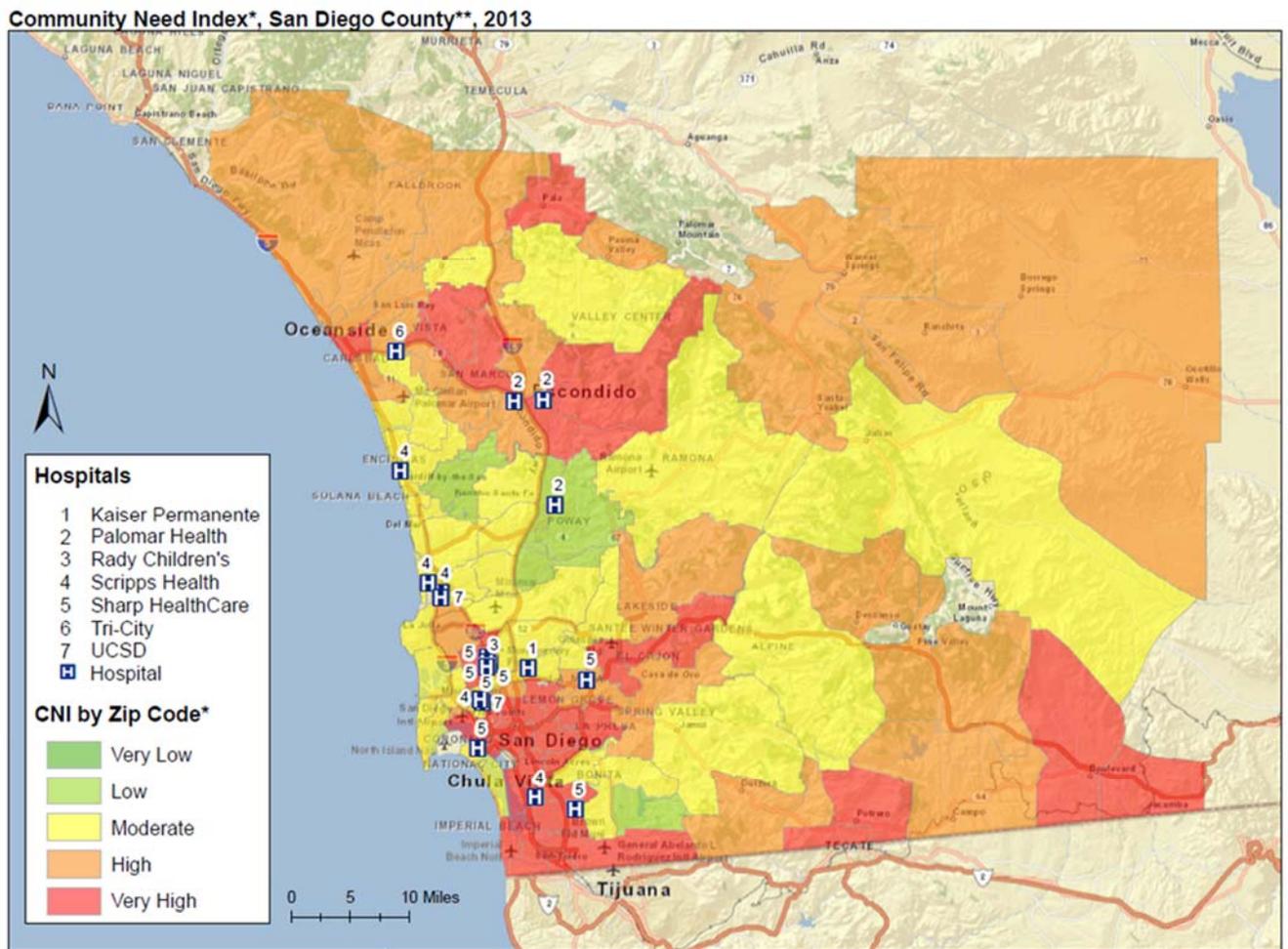
Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, the IPH used the Dignity Health/Truven Health Community Need Index (CNI) to identify communities within San Diego County with the highest level of health disparities and needs. The CNI score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

The five barriers used to determine CNI scores are:	CNI Color Scale
<ul style="list-style-type: none"> • Income barrier • Culture barrier • Educational barrier • Insurance barrier • Housing barrier 	 <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 HHSA 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.

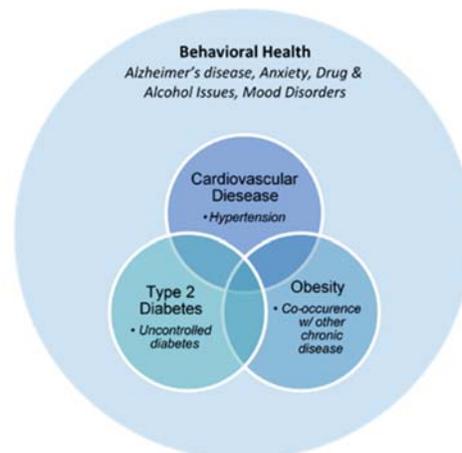
Findings and Prioritized Health Conditions

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

Figure 2:8 HASD&IC 2016 CHNA Top Health Needs



Social Determinants of Health

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

Figure 2:9. Social Determinants of Health, HASD&IC 2016 CHNA

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

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
---------------------	-----------------------------------	-------------------------------------	-----------------------------------

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
---	--	---	--	--

2016 CHNA Follow up Survey, Phase 2

The CHNA Committee completed Phase 2 of the 2016 CHNA, which included gathering community feedback on the 2016 CHNA process and strengthening partnerships around the identified health needs and social determinants. A survey was conducted in the Fall of 2016 as a follow-up to the Collaborative 2016 Community Health Needs Assessment (CHNA) process that was completed in May of 2016. The purpose was to gather feedback on the identified top four health needs and the top 10 social determinants of health that were identified in the 2016 CHNA. In addition, organizations were asked about their screening methods for behavioral health issues and methods for identifying social determinants of health.

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

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

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.

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

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

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

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

Table 2:4 What social determinants of health does your organization screen for? (n =99)	%
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%

Table 2:5 How does your organization identify and/or document patients' social determinants of health? (n=94)	%
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%
Total	100%

Collaborative 2016 CHNA Follow-Up Survey Results – What Has Changed? – Summer 2017

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

Feedback was collected in several key areas, including:

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

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

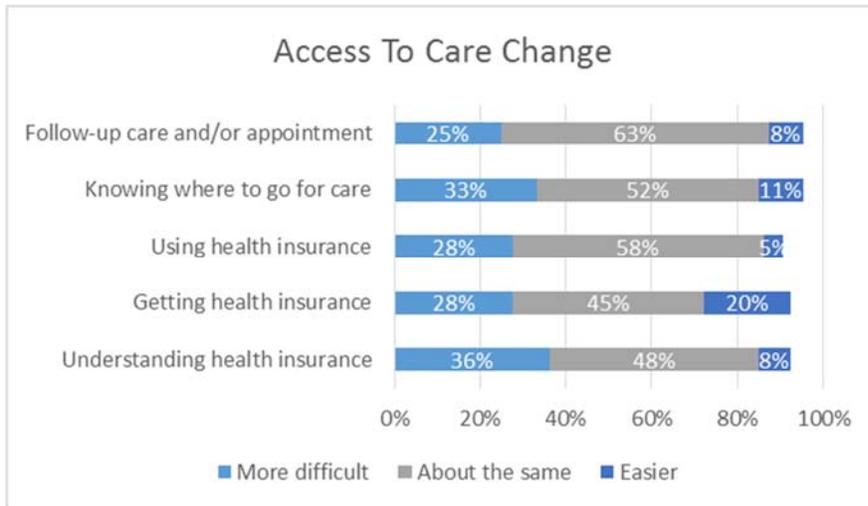
Question 1. In the past 12 months, how has access to care changed for your patients, clients or community? (n=66)

In the fall of 2015, as part of the 2016 Community Health Needs Assessment (CHNA) process, a Health Access and Navigation Survey⁴ was distributed to identify specific barriers residents faced when trying to access healthcare services. The top 5 identified barriers were:

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

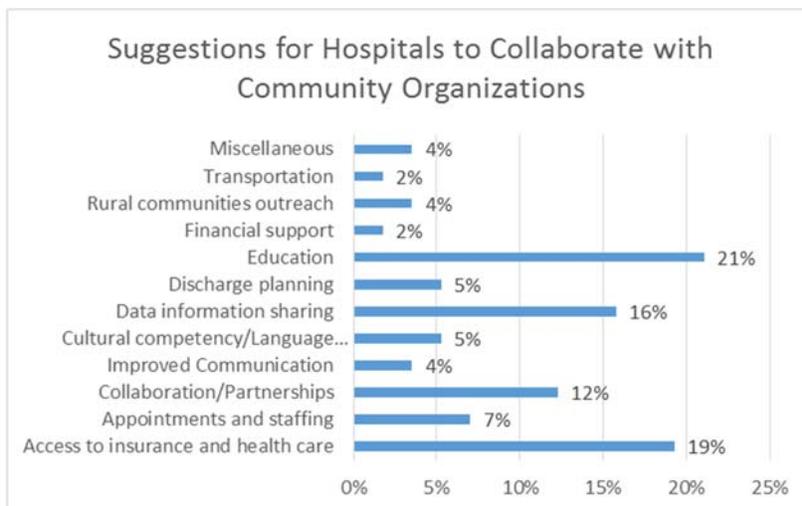
⁴ Navigation Survey, Roadmap – *Where Do You Get Stuck?* Was created in collaboration with the Community Health Improvement Partners & the Resident Leadership Academy Council.

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



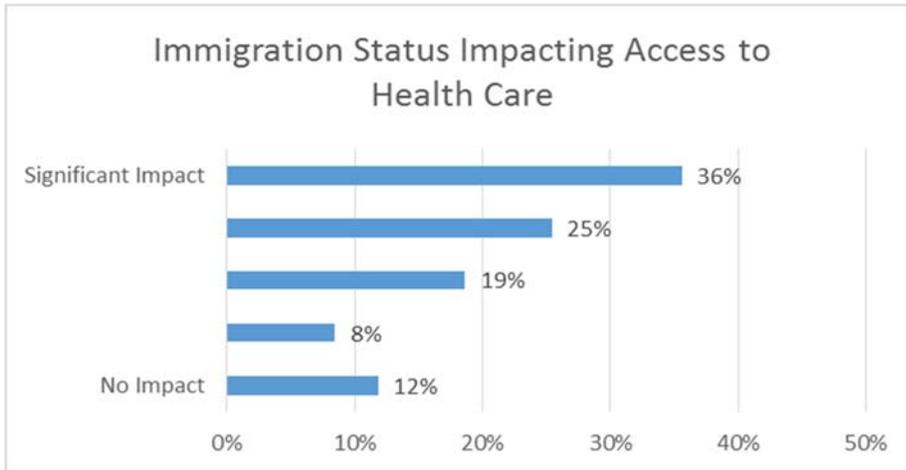
Question 2. Given the barriers identified to accessing care, what is one way hospitals could work more effectively with community organizations to ensure that patients are treated in the most appropriate setting? (n=57)

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

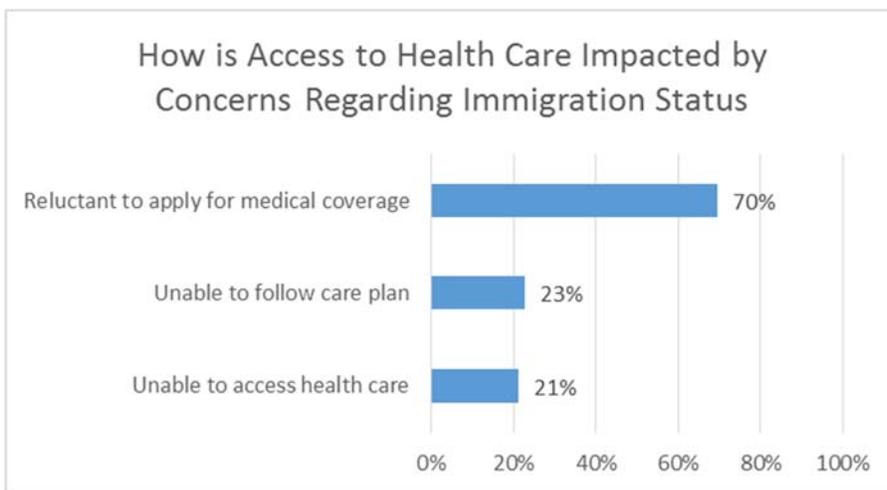


Question 3. How are your patients'/clients' concerns about their immigration status impacting their access to needed health care? (n=59)

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



Question 4. If your patients'/clients' access to needed health care is being impacted by their concerns regarding immigration status, please let us know how. (Check all that apply) (n=66)



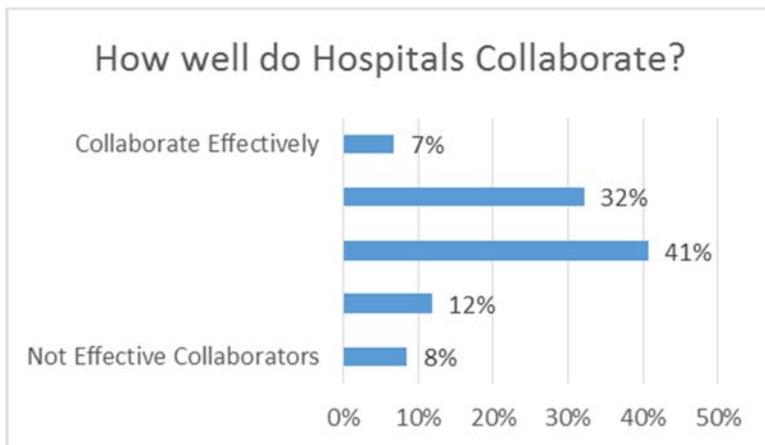
Question 5. Given federal policies and budget cuts that are under consideration, what is the greatest challenge you foresee in our community's ability to address social determinants of health? (n=54)

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

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

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

Question 6. How well do hospitals in San Diego County collaborate with your organization in meeting community needs? (n=59)



Next Steps

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

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

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

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

Scripps Health Implementation Plan

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

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

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

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



SECTION 3

Uncompensated Health Care

2018 Scripps Community Benefit Plan and Report

UNCOMPENSATED HEALTH CARE

Scripps contributes significant resources to provide low and no-cost health care for our patients in need. During fiscal year 2017, Scripps contributed \$361,114,035 in uncompensated health care, including \$21,191,733 in charity care, \$334,783,489 in Medi-Cal and Medicare shortfall, and \$5,138,813 in bad debt.

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

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%).

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).

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.

Socioeconomic Factors

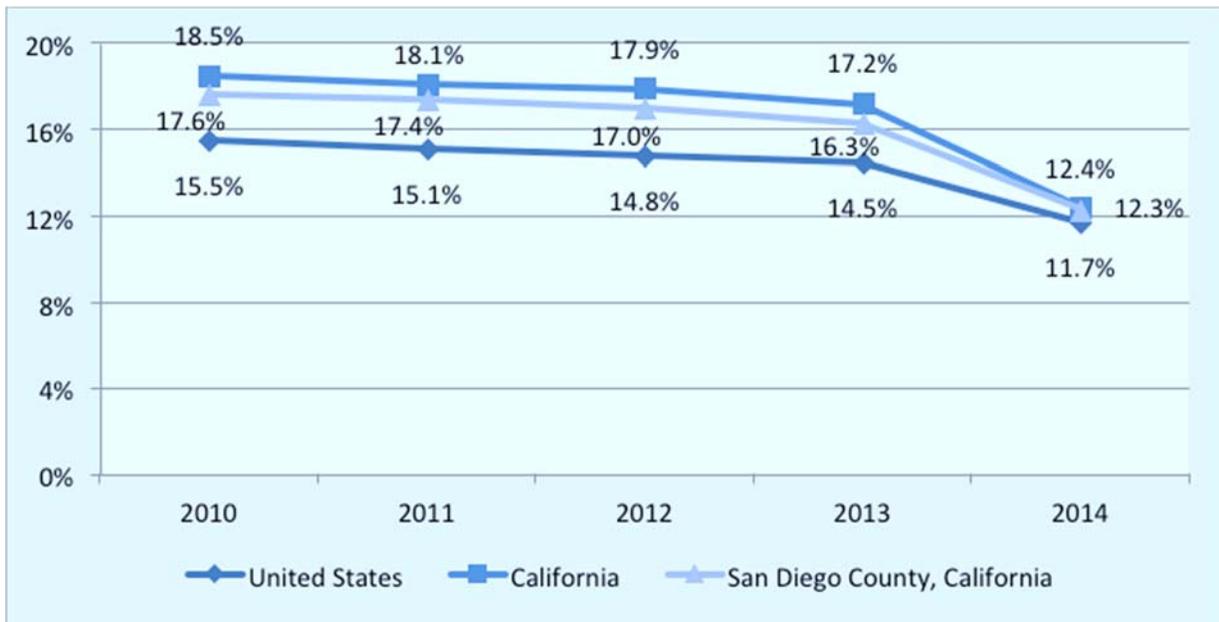
There are three indicators determined to be the most powerful predictors of population health: poverty rate, percent of population uninsured, and educational attainment. Low-income, uninsured, and undereducated individuals have been found to be most at risk for poor health status. Five-year estimates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

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 29 '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

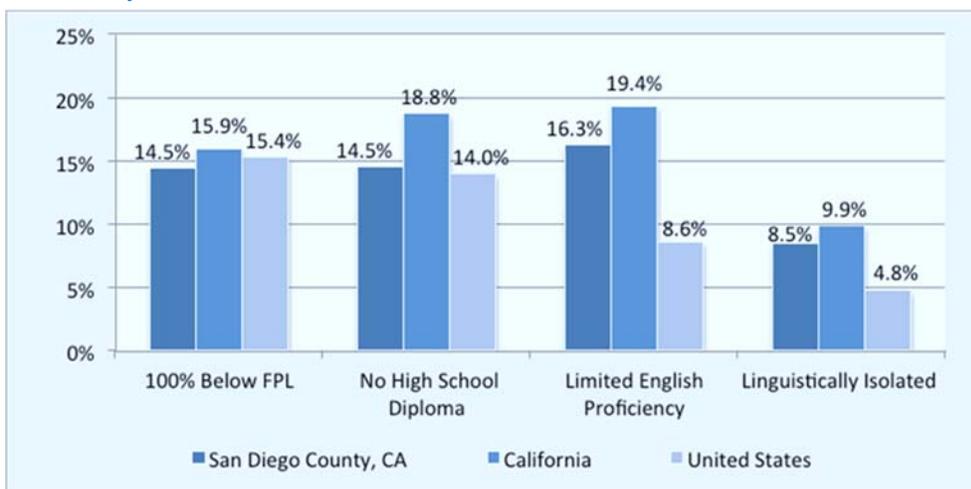
Along with income, education, and insurance status, culture/language and employment status also have profound implications for population health:

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 2018, the Department of Health and Human Services defined a family of four at 200 percent federal poverty level as \$50,200.

FY17 Scripps System Uncompensated Health Care Summary

Title	Financial Support*
Bad Debt	\$5,138,813
Charity Care	\$21,191,733
Medi-Cal & Other Means - Tested Programs (Shortfall)**	\$85,310,255
Medicare and Medicare HMO (Shortfall) ***	\$249,473,234
SCRIPPS TOTAL FY17 UNCOMPENSATED CARE	\$361,114,035
SCRIPPS SCHEDULE H FY17 UNCOMPENSATED CARE (Excludes Bad Debt and Medicare Shortfalls)	\$106,501,988

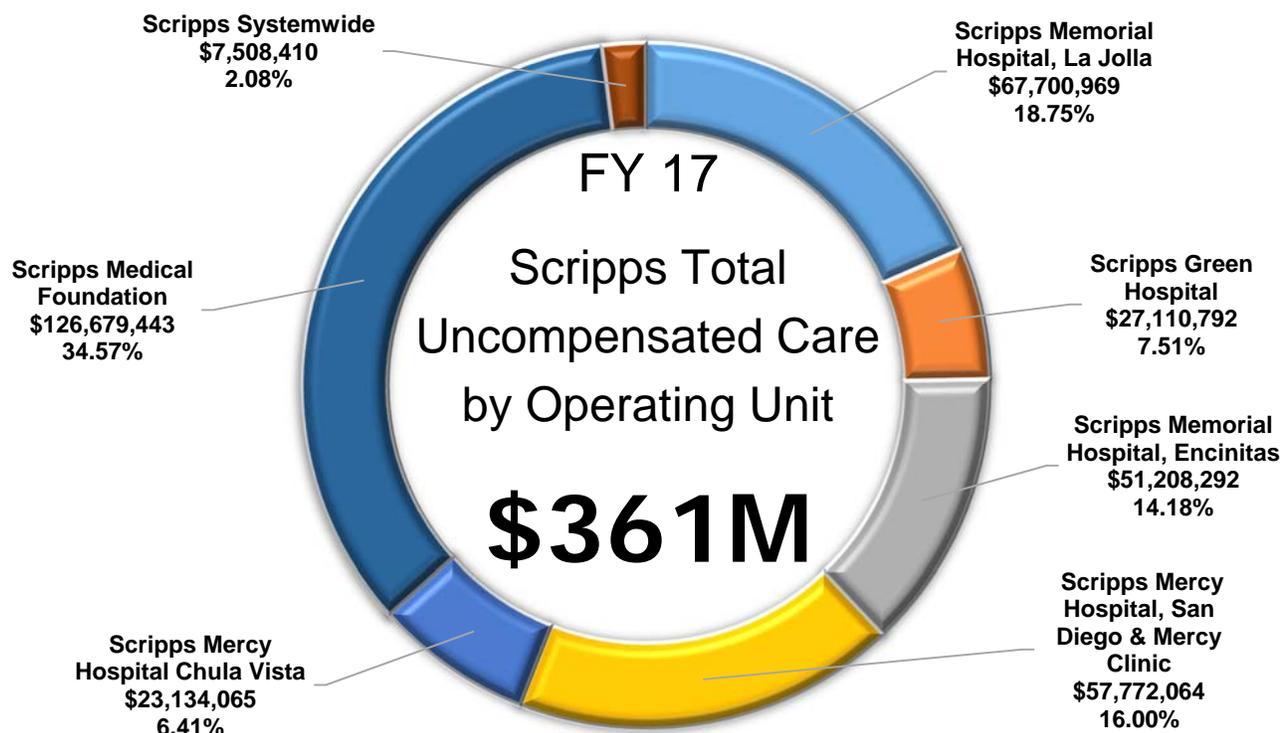
* Financial Support is: Calculations for bad debt and charity care are estimated by extracting the gross write-offs of bad debt and charity care charges and applying the hospital ratio of costs to charges (RCC) to estimate the cost of care. Calculations for Medi-Cal & other means-tested government programs 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.

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

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

Figure 3:1

FY17 Scripps Total Uncompensated Care by Operating Unit,
\$361,114,035⁵



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	\$67,700,969	\$22,796,224	\$48,385,086	\$66,135,962	\$27,253,597	-	\$126,679,443	\$7,508,410	\$366,459,691
Provider Fee	-	\$4,314,568	\$2,823,206	(\$8,363,898)	(\$4,119,532)	-	-	-	-\$5,345,656
Net-Community Benefit Services After Provider Fee	\$67,700,969	\$27,110,792	\$51,208,292	\$57,772,064	\$23,134,065	-	\$126,679,443	\$7,508,410	\$361,114,035

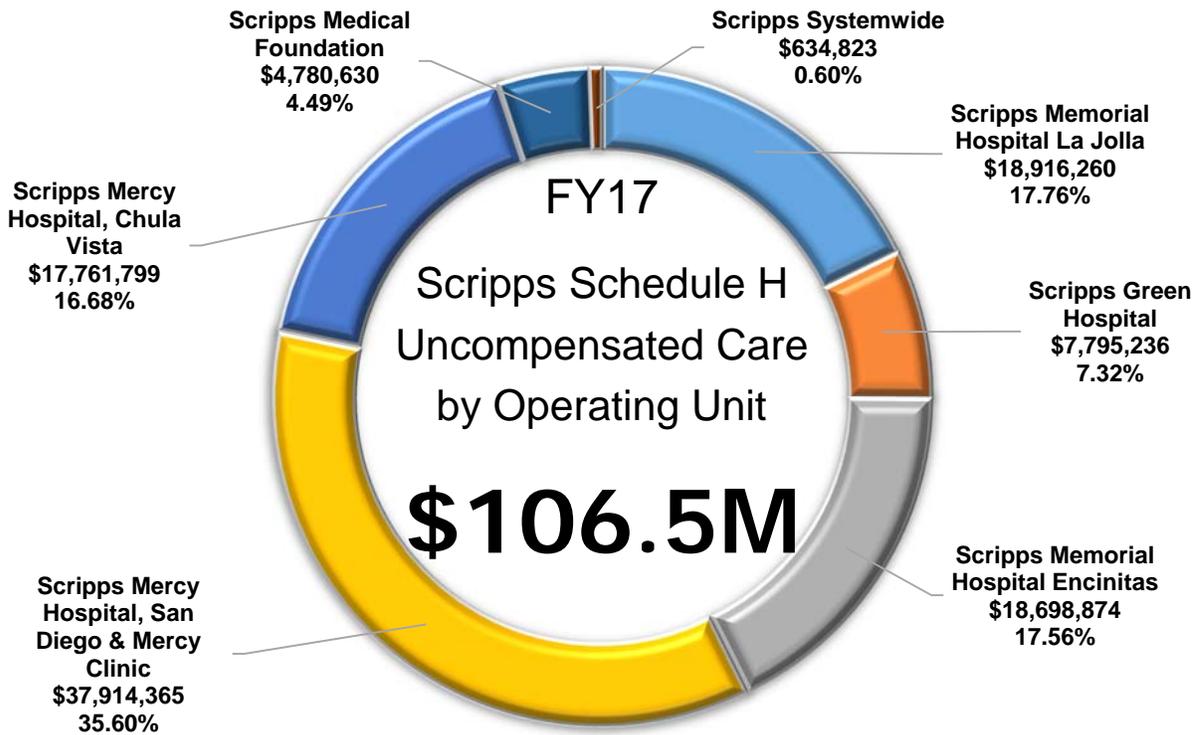
Uncompensated Health Care

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 2017 uncompensated care expenditures are contained in the following graphs.

⁵ 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

FY17 Scripps Schedule H Uncompensated Care by Operating Unit,
\$106,501,987⁶



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	\$18,916,260	\$3,480,668	\$15,875,669	\$46,278,263	\$21,881,331	-	\$4,780,630	\$634,823	\$111,847,644
Provider Fee	-	\$4,314,568	\$2,823,206	(\$8,363,898)	(\$4,119,532)	-	-	-	-\$5,345,656
Net-Community Benefit Services After Provider Fee	\$18,916,260	\$7,795,236	\$18,698,874	\$37,914,365	\$17,761,799	-	\$4,780,630	\$634,823	\$106,501,987

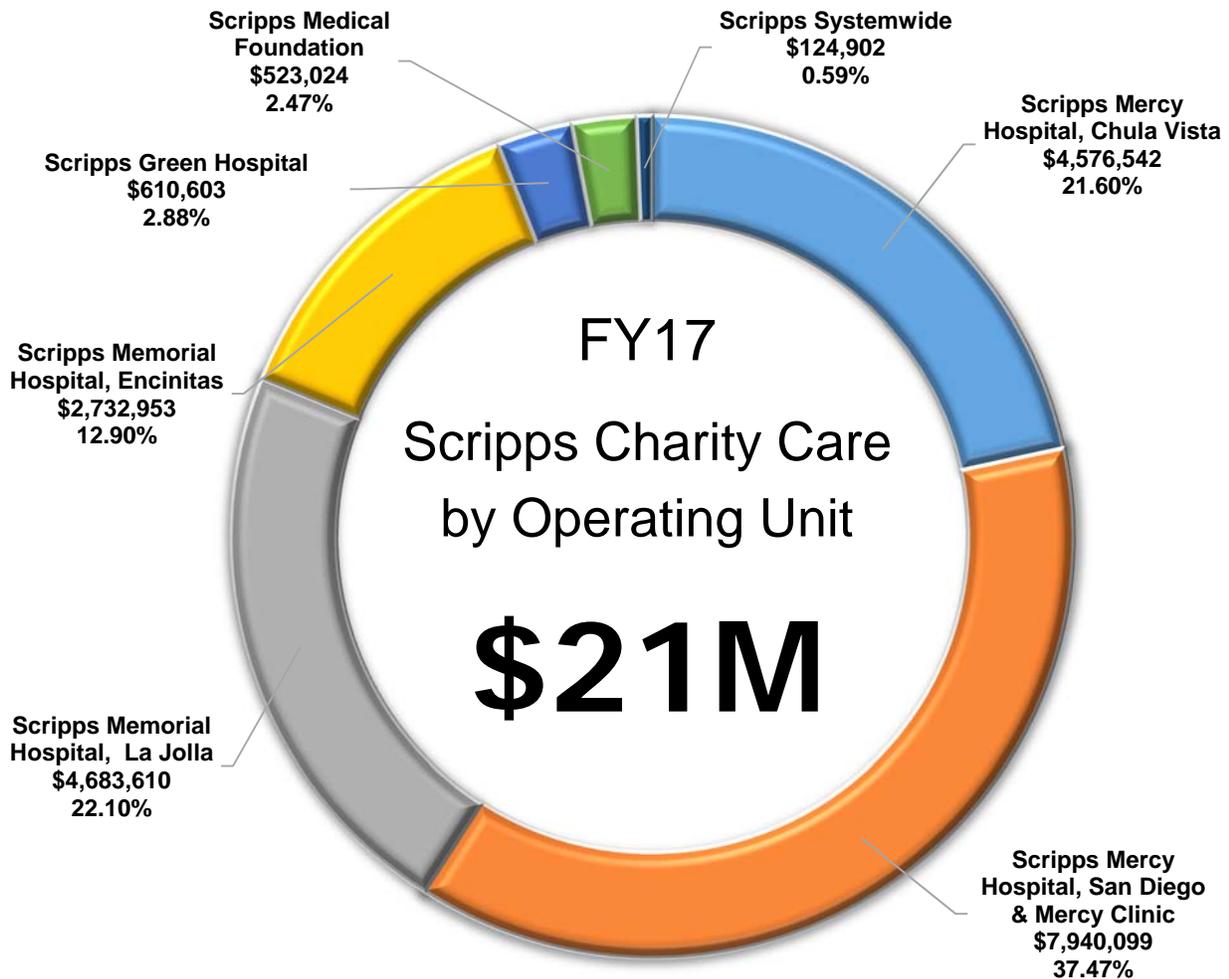
Uncompensated Health Care

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.

⁶ Calculations for Medi-Cal and other means-tested government programs are derived using the payor-based cost allocation method. Calculations for charity care are estimated by extracting the gross write-offs of charity care charges and applying the hospital ratio of cost to charges (RCC) to estimate the cost of care. Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.

Figure 3:3

FY17 Scripps Charity Care by Operating Unit, \$21,191,733⁷



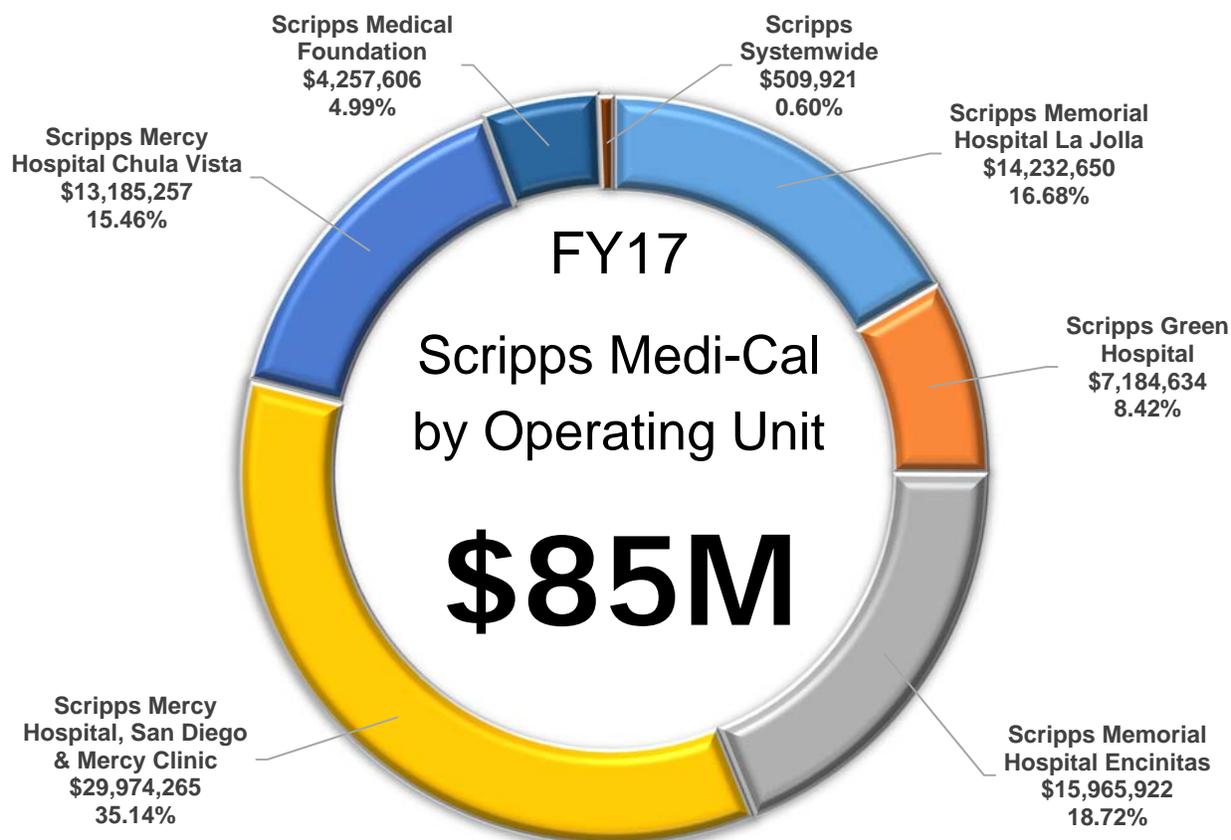
Charity Care

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

⁷ Calculations for charity care are estimated by extracting the gross write-offs of charity care charges and applying the hospital ratio of cost to charges (RCC) to estimate the cost of providing charity care.

Figure 3:4

FY17 Scripps Medi-Cal by Operating Unit, \$85,310,255



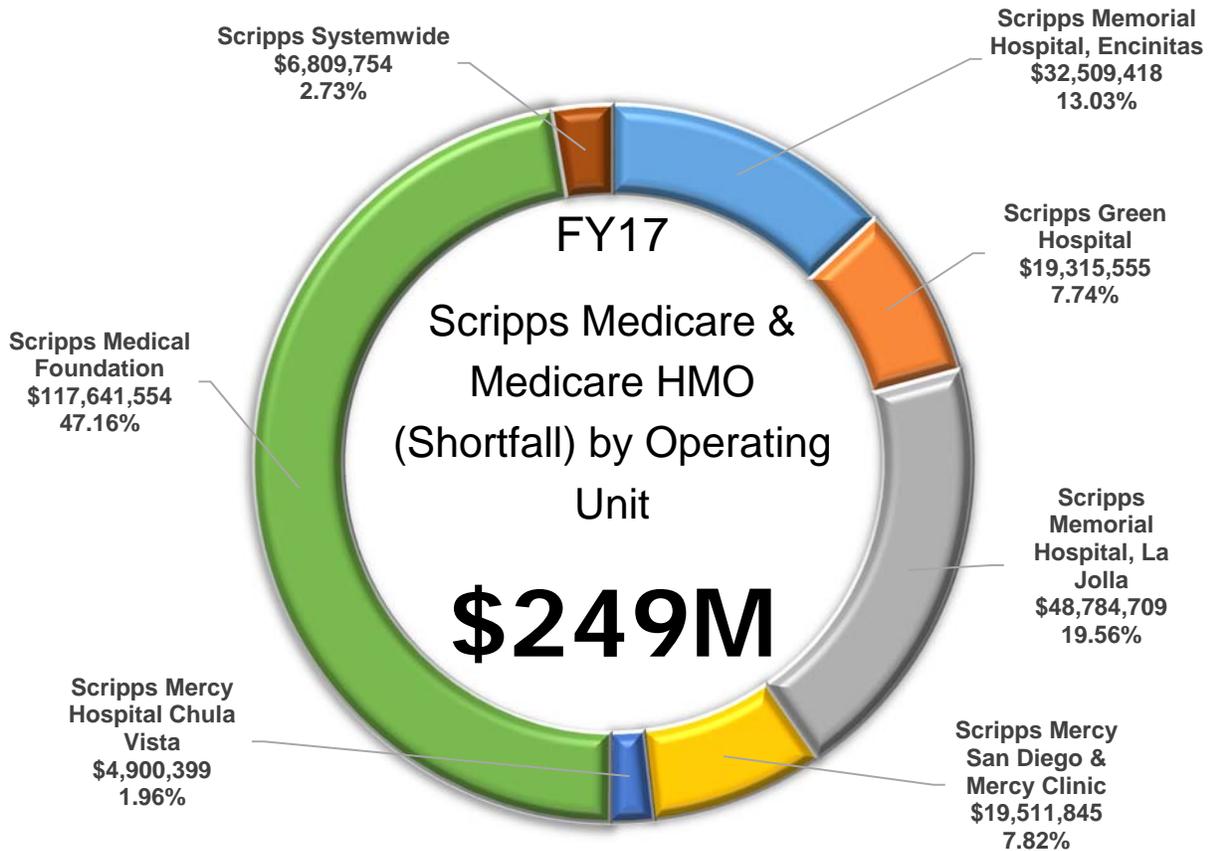
Provider Fee Impact	Scripps Memorial Hospital La Jolla	Scripps Green Hospital	Scripps Memorial Hospital Encinitas	Scripps Mercy Hospital, San Diego & Mercy Clinic	Scripps Mercy Hospital Chula Vista	Scripps Whittier Diabetes Institute	Scripps Medical Foundation	Scripps Systemwide	Total
Community Benefit Services Before Provider Fee	\$14,232,650	\$2,870,066	\$13,142,716	\$38,338,163	\$17,304,789	-	\$4,257,606	\$509,921	\$90,655,911
Provider Fee	-	\$4,314,568	\$2,823,206	(\$8,363,898)	(\$4,119,532)	-	-	-	(\$5,345,656)
Net-Community Benefit Services After Provider Fee	\$14,232,650	\$7,184,634	\$15,965,922	\$29,974,265	\$13,185,257	-	\$4,257,606	\$509,921	\$85,310,255

Medi-Cal (Shortfall)

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

Figure 3:5

FY17 Scripps Medicare and Medicare HMO (Shortfall) by Operating Unit, \$249,473,234⁸



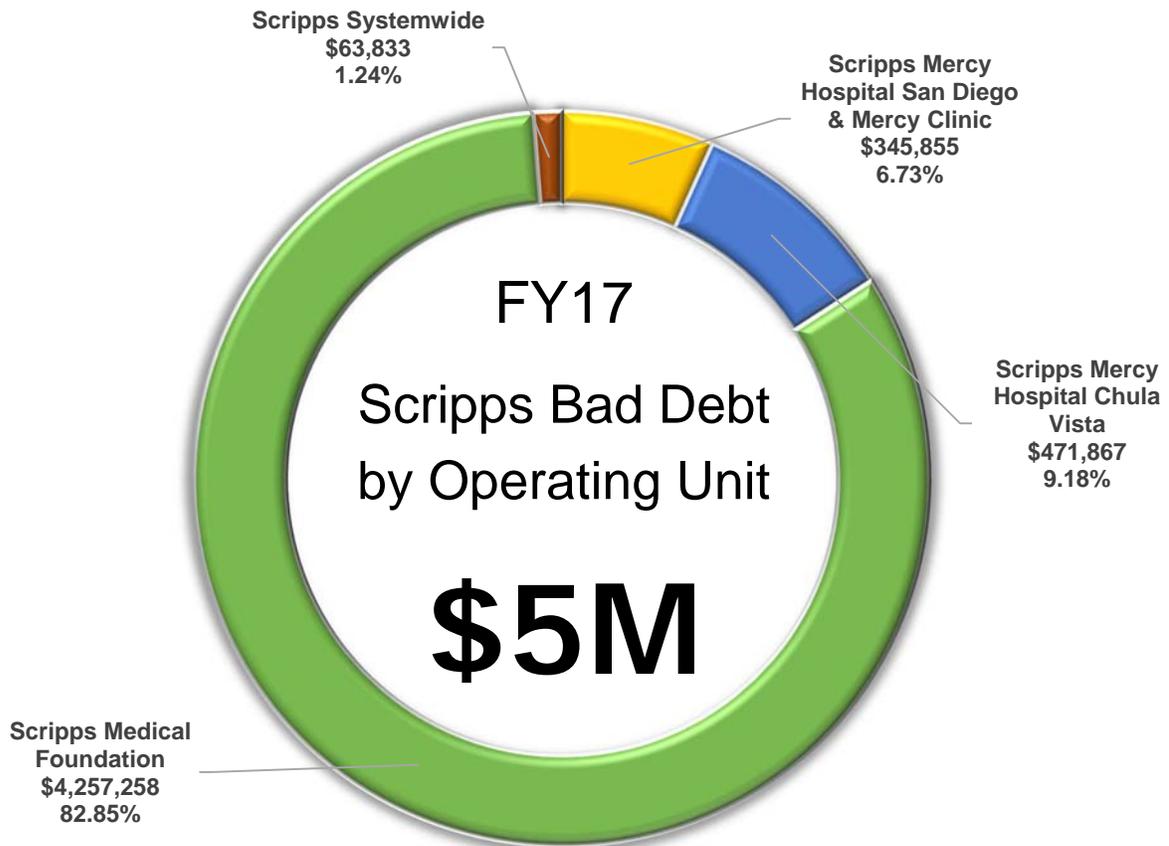
Medicare and Medicare HMO (Shortfall)

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. Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.

⁸ Calculations for Medicare are derived using the payor-based cost allocation methodology. In Schedule H, the Medicare cost report is used.

Figure 3:6

FY17 Scripps Bad Debt by Operating Unit, \$5,138,813⁹



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.

⁹ 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

2018 Scripps Community Benefit Plan and Report

COMMUNITY HEALTH SERVICES

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

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

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

The programs included in this section raise public awareness and understanding of the community health needs documented in Scripps 2016 Community Needs Assessment Report (Refer to Section 2, Community Health Needs Assessment (CHNA)¹⁰

Included in this section are other health conditions and needs that Scripps addresses via community benefit programs and initiatives. Scripps defines Community Health services according to the Schedule H 990 IRS categories. Then are broken down into five main areas: (see the Scripps Community Health Services Summary list for more details, page 99). 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 2017 (October 2016 to September 2017), Scripps invested \$2,852,330 in community health services (does not include subsidized health). This figure reflects the costs associated with providing these programs, salaries, materials, and supplies minus revenue.

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

Here are a few highlights of activities conducted by Scripps during fiscal year 2017. Refer to Figure 4:1 for a graphic representation of the FY17 Scripps system Community Health Services program distribution.

¹⁰ 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>

Access to Care

Two primary barriers to obtaining health care, on both the local and national level, are lack of health insurance and access to specialty and primary care providers. Reduced access to basic health care services increases illness, injury and mortality and is a major burden on hospitals and health providers, who must provide uncompensated care for the uninsured. More people without insurance translates into higher use of emergency departments, which by law must provide stabilizing care to all patients, regardless of their ability to pay.

In an effort to provide for people in need, Scripps sponsored a number of programs in fiscal year 2017.

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 2017, the M.O.S.T team served in two outreach mission trips. The M.O.S.T team volunteered 5,436 hours to provide reconstructive surgeries for more than 700 people served. The M.O.S.T program celebrated its 30th anniversary this year.

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.

The Rescue Mission provides a safe, secure environment with 24 hour supervision, medication oversight, meals, clothing, and counseling assistance with county medical services, Medi-Cal and disability applications, plus help find permanent or transitional housing. Patient transportation needs are coordinated and provided by both the Rescue Mission and Scripps. To maintain the patient's medical stability, medications, DME and other services are provided by Scripps until insurance funding has been established. Patients with psychiatric disorder are connected with a psychiatrist in the community and all patients are connected with a medical home in the community.

In 2017, 67 patients accounted for 72 RCU admissions. As a group, the RCU patients has a cumulative 1,469 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. Leo's Clinic

The Graduate Medical Education (GME) program at Scripps Green Hospital and Scripps Clinic focuses on physician training and clinical research, with 45+ residents and 38 fellows. Weekly community clinics were held at the St. Leo's clinic. Staffed by Scripps Green Hospital and Scripps Clinic internal medicine residents, these clinics cared for approximately 800 of our county's most vulnerable residents during fiscal year 2017.

Fiji Solomon Islands Medical Mission

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

Scripps Health Community Benefit (CB) Fund

In fiscal year 2017, 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 (four grants ranging from \$10,000 to \$120,000). The funded projects address some of San Diego County's high priority health needs, seeking to improve access to vital health care services for at risk populations, including the homeless, economically disadvantaged, mentally ill and others. Since the Community Benefit Fund began, Scripps has awarded \$3.5 million. Programs funded during fiscal year 2017 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 upon discharge from Scripps Mercy Hospital, San Diego and Chula Vista. Case management and shelter are provided for homeless patients discharged from Scripps Mercy Hospital. While these patients no longer require hospital care, they do need a short term recuperative environment. Patients who demonstrate a willingness to change receive one week in a hotel, along with food and bus fare to pursue a case plan. The focus of the case management is to stabilize the client by helping them connect to more permanent sources of income, housing and other self-reliance measures. The partnership seeks to reduce emergency room recidivism in this population and improve their quality of life.

2-1-1 Health Care Navigation Program

Locally, 2-1-1 San Diego was launched in June 2005 as a multilingual and confidential service committed to providing 24/7 access. There was an overwhelming need for a dependable service to help people navigate today's complex health care system. Scripps Health has been a longtime supporter of 2-1-1 San Diego's Health Navigation Program which creates a record for every person who calls, in order to provide a service that navigates clients through different referrals and tracks their success toward achieving improved social determinants of health. All 2-1-1 staff are trained to identify individuals who are in need of care coordination services, particularly individuals who are having difficulties managing their chronic health conditions. Health Navigators are trained to determine client risk using the Risk Rating Scale (RRS). The RRS determines a client's status ranging from "In Crisis" to "Thriving" using social determinants of health such as Housing, Nutrition, Primary Care and Health Management.

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

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

During this grant period 2-1-1 provided care coordination services to 724 clients. 2-1-1 Health Navigators provided individualized needs assessments, case planning, information, education and referrals and provided ongoing client contact and progress checks via phone over a period of time relevant to the client's needs to check on and document client progress.

Cancer/Oncology

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

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.¹¹

¹¹ County of San Diego HHSA, Public Health Services, Community Epidemiology Branch

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 San Diego County.

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.

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 time 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.

Below are a few examples of Scripps cancer programs during fiscal year 2017.

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.

Firefighters, Lifeguards and Police Officers Skin Cancer Screenings

A total of 249 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 500 women are referred to clinical breast health services at community and Scripps Mercy Hospital, Chula Vista radiology services. More than 2400 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 100 women were provided services. Services - provided, include 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 875 services were provided including phone calls, home visits, mailed educational materials and supplies (wigs, bras, prosthesis and medical record organizer binder). A resource package with educational materials on nutrition, treatment options, commonly asked questions and local resources were also provided.

Scripps Mercy Hospital, Chula Vista Breast Cancer Support Group

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

Scripps Polster Breast Care Center (SPBCC)

Scripps Polster Breast Care Center (SPBCC) sponsors the Young Women's Support Group which provide a venue for women under the age of 40 to come together, discuss issues relating to diagnoses and receive support. The groups are offered to women in the San Diego community. Topics related to breast health are also offered to the community.

American Cancer Society (ACS) Making Strides Against Breast Cancer

Scripps Health 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.

Pancreatic Cancer Action Network - Purple Stride San Diego

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

Leukemia & Lymphoma Society - Light the Night Walk

Scripps participated and sponsored the Light the Night Walk. A fundraising campaign benefiting the Leukemia & Lymphoma Society (LLS) and their funding of research to find blood cancer cures.

American Lung Association - Lung Force Walk

Scripps participated and sponsored the Lung Force Walk. The walk is led by the American Lung Association to raise awareness and funds to fight against lung cancer and for lung health.

Colon Cancer Alliance - Undy Run/Walk

Scripps participated in the Undy Run/Walk to raise awareness for colon cancer. The Colon Cancer Alliance's mission is to knock colon cancer out of the top three cancer killers. They are doing this by championing prevention, funding cutting-edge research and providing the highest quality patient support services.

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% of adults aged 18 and over had ever been told by a doctor or other health professional that they had heart disease.
- In 2012, 24% 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 2017, Scripps engaged in the following heart health, cardiovascular disease prevention and treatment activities.

American Heart Association – Heart Walk

Scripps provided funding for the 2017 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. Scripps employees volunteered their time to coordinate walker participation and fundraising efforts. The San Diego Heart Walk raised more than \$1.1 million. In 2017, more than 1,016 Scripps Heart Walk participants, (employees, families, and friends) walked to help raise more than \$60,000.

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.

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. Weekly Pulmonary Education class, One-on-One Dietary Counseling program and Better Breathers classes are also offered.

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 education. A total of six presentations are given yearly to more than 100 individuals.

The Eric Paredes Save A Life Foundation

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

could be death. San Diego alone loses three to five teens from SCA annually. 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 2017, Scripps made a \$15,000 donation to help pay for screenings. In 2017, Scripps supported screening events at area high schools and screened 3,533 teens, identifying 62 with abnormalities and 18 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 three week educational based community intervention program to support improved quality of life for patients diagnosed with heart disease. Tobacco use, alcohol abuse, lack of physical activity, poor nutrition, stress and depression are some of the major contributing factors leading to heart disease, heart failure and readmission. Recent literature suggests that post discharge, social support and education are important to prevent readmission. Group sessions provide education and social support. Discharge planning that uses transitional coaches has been proven to reduce readmission rates. The overall goal of Your Life, Your Heart is to decrease the

readmission rates for heart failure patients, which reduces medical costs for the patient and improves their quality of life.

A total of 66 community members have participated in this educational series for those affected by hypertension, angina, cardiac heart failure or any other heart health concerns. Topics covered include the risk of heart disease, signs of heart attack, diabetes, cholesterol, physical activity, healthy eating and much more. Health assessments are reviewed including waist circumference, weight, height, BMI and blood pressure. Overall, participants have made a positive impact from the course.

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 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 7th leading cause of death in the United States and California.
- More than 1 out of 3 adults have prediabetes and 15 to 30% of those with prediabetes will develop Type 2 diabetes within 5 years.
- Nine out of 10 people with prediabetes don't know they have it.

Some risk factors for developing diabetes include:

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

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.

An estimated 30.3 million people of all ages – or 9.4% of the U.S. population had diabetes in 2015. More than 7 million Americans are unaware that they have diabetes. The complications related to diabetes are serious and can be reduced with preventive practices. Diabetes is a serious community health problem, leading to school and work absenteeism, elevated hospitalization rates, frequent emergency room visits, permanent physical disabilities and sometimes death.

During fiscal year 2017, Scripps sponsored the following diabetes management initiatives:

Woltman Family Diabetes Care and Prevention Center in Chula Vista

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

With the generous support of philanthropist Richard Woltman, the Center added critical classroom space in 2017 to meet the high demand for services. The center offers a full range of wellness, prevention, diabetes education and nutrition services in English and Spanish.

Project Dulce

Project Dulce is a comprehensive, culturally sensitive diabetes management program for underserved and uninsured people in San Diego County. The program is team based and incorporates the chronic care model.

Project Dulce has been active in communities across San Diego for the past 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 2017, Project Dulce provided 7,504 diabetes care, retinal screenings and education visits for low income and underserved individuals throughout San Diego and enrolled 1,039 new Project Dulce patients.

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

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

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

Diabetes Prevention

The UCLA Center for Health Policy and Research recently published data that revealed nearly half of California adults have prediabetes or diabetes. While the Scripps Whittier Diabetes Institute has been providing the best care for people with diabetes for decades, the Institute continued with the Scripps Diabetes Prevention Program (DPP), which is a yearlong intervention where people with prediabetes meet weekly for 16

weeks, then monthly thereafter. The DPP is an intensive lifestyle intervention program that has been proven to prevent diabetes in large-scale national studies. The primary objective is to lose 5 to 7% of body weight through healthy eating and physical activity. The Diabetes Prevention Program (DPP) has been thoroughly evaluated in NIH sponsored randomized controlled trials, and has been found to decrease the number of new cases of diabetes among those with prediabetes by 58%. Among people over age 60, there was a 71% reduction in new cases. In 2017, 441 patients attended 80 Scripps DPP orientation sessions. Much of the effort is focused in the South Bay for the Latino population, which is at higher risk of getting diabetes than their white counterparts.

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

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

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

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

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

Healthy Living

In 2015, Scripps began Healthy Living classes which are open to anyone interested in learning about the benefits of good nutrition, physical activity, and avoiding tobacco. These behaviors can help to prevent the four chronic diseases (lung disease, cancer, type 2 diabetes and, cardiovascular disease) that contribute to 50 percent of all the deaths in the US. The three-class series is held at locations throughout the community. Two hundred and eight 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, dietitians, 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 528 people on insulin management, incretin therapy, and diabetes diet and diabetes basics. Participants came from local health institutions and throughout the United States to learn from the Whittier Institute's most experienced diabetes experts. Over the last fiscal year, the Whittier Institute's professional education department provided four CME programs for physicians, nurses, pharmacists, dietitians, midlevel providers and social workers and made numerous academic and research presentations at professional association meetings.

Retinal Screening Program

It is estimated that every 24 hours, 55 people will lose their vision as a result of diabetic-related eye disease (diabetic retinopathy) – even though 95 percent of diabetic blindness could be prevented with early diagnosis and treatment. For more than a decade, Scripps has been screening people in underserved communities for diabetic retinopathy using a mobile camera. Our free or low-cost eye exams diagnose individuals at high risk for retinal damage and help patients get treatment and referrals

to specialists. In 2016, 622 people were screened, and 30 percent had some degree of diabetes-related eye disease. This program referred 89 people who had advanced disease, 14 percent of all screened or nearly 50 percent of positives, to specialists for further care.

Health Related Behaviors

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

The risk factors for many chronic diseases are well known. In particular, an unhealthy diet, physical inactivity and substance abuse have need 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 in grades 5,7 and 9 ranked within the "High Risk" or "Needs Improvement" zones for aerobic capacity for the 2013–2014 year. The percentage of children that are not in the healthy fitness zone varies among ethnic groups with the lowest being non-Hispanic Asians at 20.6% and the highest being Hispanic or Latinos at 42.1%. Although this is smaller than the state average of 36.9%, it is still cause for concern and may lead to significant health issues, such as obesity, diabetes, and poor cardiovascular health.

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

Tobacco Usage: The BRFSS 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 2017, 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 2,400 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 3,060 youth participated in these programs.

Senior Programs

Each month a variety of senior programs are held in partnership with local senior centers, churches, and senior housing. Some of these activities include: senior health chats and widow support group. Over 100 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, 912 referrals have been received.

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

Scripps is a partner with CHIP and collaboratively works on a resident leadership model that has empowered 700+ citizens across the County (and beyond) to affect change in a wide range of community health areas such as public safety, access to healthy foods, and increased opportunities for physical activity.

Health Education and Support Groups

Education and support groups are provided to San Diego County residents for a wide variety of health concerns. Topics include, macular degeneration, fall prevention, stroke awareness, menopause, sleep disorders, foot health, bladder and pelvic floor wellness, mental illness, postpartum issues, gynecological cancer, and multiple sclerosis

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 6th leading cause of death in the United States and 3rd 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 Other 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 2017, 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 2017, Scripps engaged in the following obesity prevention and treatment activities:

Community Health Improvement Project (CHIP) and Childhood Obesity Initiative

The San Diego County Childhood Obesity Initiative (The Initiative) is a private public partnership with the mission of reducing and preventing childhood obesity through policy, systems, and environment change. The Initiative is facilitated by Community Health Improvement Partners (CHIP). Core funding for The Initiative is provided by the County of San Diego, First 5 Commission of San Diego County, The California Endowment, and Kaiser-Permanente. Scripps is a strong partner with CHIP and the outcomes of The Initiative have shown an overall reduction in childhood overweight and obesity, from 36% in 2005 to 34% in 2015 (many areas have seen increases).

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

Diabetes Prevention Program (DPP)

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

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

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

Healthy Living Program

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

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

Participants learn how to make healthy food choices using low costs options, make physical activity part of their daily life and learn how to stay motivated and maintain healthy habits. Scripps implements a series of three free sessions that encourage participants to identify and adopt practical ways to improve their health habits. Sessions are offered throughout San Diego County in English and Spanish, with special emphasis on the Latino and underserved communities. Sessions include health 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 5210 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 5-2-1-0: **5** fruits or more a day, **2** hours or less of screen time, **1** hour of physical activity and **0** sugary juices.

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

Since 2013, more than 400 children and 200 parents have participated in wellness activities on campus. As a result of activities, lesson plans and advocacy for healthy living, the amount of physical activity and consumption of fruits and vegetables by children, parents and staff has increased. Student responses via a 5210 post health assessment survey showed that there was an 80% improvement rate for knowledge after participating in the 5210 sessions. And a 38% improvement rate for behavior after participating in the 5210 sessions.

City Heights Wellness Center

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

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

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

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

The Scripps Mercy Supplemental Nutrition Program for Women, Infants and Children (WIC), collocated in the Wellness Center, 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 members. Several manuscripts are under development.

Maternal Child Health & High Risk Pregnancy

Mothers, infants and children makeup a large segment of the U.S. population and their well-being is a health predictor for the next generation. There is tremendous focus on maternal illness and death, and infant health and survival, including infant mortality rates, access to 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
Prenatal	83.2%	91.0%	92.6%	85.7%	81.1%	84.7%
Preterm	6.9%	8.1%	8.8%	8.5%	8.8%	8.1%
VLBW	1.08%	0.9%	1.3%	1.1%	1.3%	0.8%
LBW Infants	5.6%	6.4%	7.1%	6.8%	6.8%	5.8%
Infant Mortality	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 2017. The following are some examples:

Community Benefit Services

- Offered more than 1,200 maternal child health classes throughout San Diego County to enhance parenting skills. Low income women in San Diego who were eligible attended classes at no charge or on a sliding fee schedule.
- Maintained existing prenatal education services in all regions of the county, ensuring that programs continued to demonstrate a satisfaction rating above 87 percent.
- Provided and supported weekly breastfeeding support groups at six 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, Grand Parenting Today, Parent Connection programs and Redirecting Children’s Behavior.
- Offered the Dogs and Babies programs quarterly, with more than 40 attendees.
- Offered a prenatal yoga program for expectant women in San Diego County.

- Offered classes in pelvic floor and postpartum changes for new mothers throughout the community.

First 5 and Promise Neighborhood

More than 400 services were received for first time mothers including: home visits, referrals received, data entry, follow up phone calls, parenting classes and other support services. A total of 231 parents participated in parenting classes, 185 sessions provided.

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

The Special Supplement Nutrition Program for Women, Infants and Children (WIC) was established as a permanent program in 1974 to safeguard the health of low-income women, infants and children up to age 5 who are at nutritional risk. Scripps Mercy Hospital is one of five regional organizations that administer the state funded WIC program. The program serves six locations conveniently situated near community clinics and/or hospitals in the central San Diego area. WIC targets low income pregnant and postpartum women, infants and children (ages 0 to 5 years). Scripps Mercy WIC serves approximately 6,500 women and children annually, 44 percent in the City Heights community.

In City Heights clients are 91 percent Hispanic and include pregnant and postpartum women (24%), infants (20%) and children (56%). In fiscal year 2017, the program provided nutrition services, counseling and food vouchers for 76,707 women and children in south and central San Diego. The Scripps Mercy WIC program plays a key role in maternity care by reaching low income women to promote prenatal care, good nutrition and breastfeeding during pregnancy and offer lactation support (one on one and group), as well as supplies, pumps and breast pads, during the postpartum period.

Centering Pregnancy, Scripps Family Medicine Residency

Raising healthy families and caring for the next generation of San Diegans before they're born help create a healthier community for years to come. The Scripps Family Medicine Program at Scripps Mercy Hospital Chula Vista, is providing access, education and clinical services to nearly 200 pregnant women in south San Diego County. The goal of the program, "Improving Perinatal Care for Underserved Latina Women - Healthy Women, Healthy Babies", is to provide access to perinatal care for underserved Latina women in order to improve birth outcomes. The program applies the

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

Unintentional Injury and Violence

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

The deaths associated with unintentional injuries are significant, yet represent only a small part of a much larger public health problem. Hospitalization data is a better measure of the injury problem than the death data alone. Unintentional injuries, motor vehicle accidents, falls, pedestrian related, firearms, fire/burns, drowning, explosion, poisoning (including drugs and alcohol, gas, cleaners and caustic substances) choking/suffocation, cut/pierce, exposure to electric current/radiation/fire/smoke, natural disasters and injuries at work, are one of the leading causes of death for 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 2017. 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.

Brainmasters

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

Every 15 Minutes

Alcohol can be attributed to more than 100,000 deaths in the U.S. annually, including 41% of all traffic fatalities. The Every 15 Minutes program is a two-day immersion experience for teens on the realistic consequences of drinking and driving, which involves the schools, law enforcement, courts, emergency service providers, and the mortuary. The “injured” students are taken to Scripps Mercy Trauma Center. This program is sponsored jointly by local high schools, county police and sheriff’s departments, ambulance services, and emergency departments.

Beach Area Community Court Program

The program is an educational program for first time offenders for quality of life crimes. This is a collaboration with the San Diego Police Department, Parks and Recreation, District Attorney’s Office and Discover Pacific Beach. Education is provided to the participants regarding these quality of life crimes and their effects on the community, the effects of smoking and alcohol consumption and the rules and regulations for the beach community.

San Diego Human Trafficking Task Force and Project Life

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

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 a 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 and 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 2017, the Scripps Mercy Behavioral Health Program experienced a \$1.9 million loss in operations.
- In 2017, 2.3 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, 530 clients have been enrolled and 93 have been Scripps volunteers and 50 have been employed at Scripps Health. Currently, there are a total of 25 active candidates, 23 employees and two volunteers participating in this supportive employment program. A-Visions participants have been employed on a casual/per diem basis by Scripps Environmental Services, Food Services and clerical support for Health and Information Services, Emergency Services, Nursing Research, Human Resources, Access, Behavioral Health, Credentialing, Labor and Delivery, Laboratory, Medical Staffing, Performance Improvement, Spiritual Care and Palliative Care Services. Paid A-Visions candidates typically limit their work to eight hours per week, which allows them to maintain eligibility for the disability benefits, medications and ongoing behavioral healthcare that supports their work.

Increasing Awareness of Mental Health Issues

In fiscal year 2017, 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.

Mental Health Awareness Month

The month of May is Mental Health Awareness Month. Scripps Hospitals provided in their lobbies, a mental health professional who shared brochures, community resources related to mental illness, treatment options and answered questions from the public and patients visiting the Scripps facility.

Community Health Improvement Partners (CHIP) and Suicide Prevention Council

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

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

Psychiatric Liaison Team (PLT)

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

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 of patients in need of detox residential placement at the VOA facility in National City.

Mi Puente: “My Bridge” to Better Cardiometabolic Health and Well Being

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

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

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

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

Behavioral Health Integration Program (BHIP) in Diabetes

Many people find that the day-to-day tasks associated with having diabetes testing one’s blood sugar, planning meals, getting enough physical activity and remembering to take medications can be stressful. A common condition known as “diabetes distress” can be the result of feeling like it’s all too much. Scripps Diabetes Care and Prevention has a Diabetes Behavioral Specialist on staff to help people manage their diabetes without being overwhelmed or unduly distressed. The Behavioral Health Integration Program (BHIP) in Diabetes is an integrated, interdisciplinary approach to managing the emotional and behavioral needs 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.

Survivors of Suicide Loss

Scripps Mercy Hospital San Diego 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.

Widowed Support Group

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

Patient Community Services

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

Social Determinants of Health

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

Approximately 80 percent of modifiable risks for diseases are attributable to nonmedical (upstream) determinants of health, such as health behaviors, socioeconomic status, and environmental conditions. To prevent chronic conditions and promote health, greater emphasis should be placed on population health, which has been defined to focus on outcomes as well as on the broader factors that influence health at a population level, including medical care systems, the social environment, and the physical environment¹².

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:

¹² UCLA Center for Health Policy Research. "Emerging Models of Diabetes and Hypertension Prevention in Los Angeles", Ying_Ying Meng, Susan H. Babey, Natalie Bradford and Tony Kuo. November 2017.

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.¹³ 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.

¹³ *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.*

Scripps Mercy WIC Program

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

Fostering Volunteerism

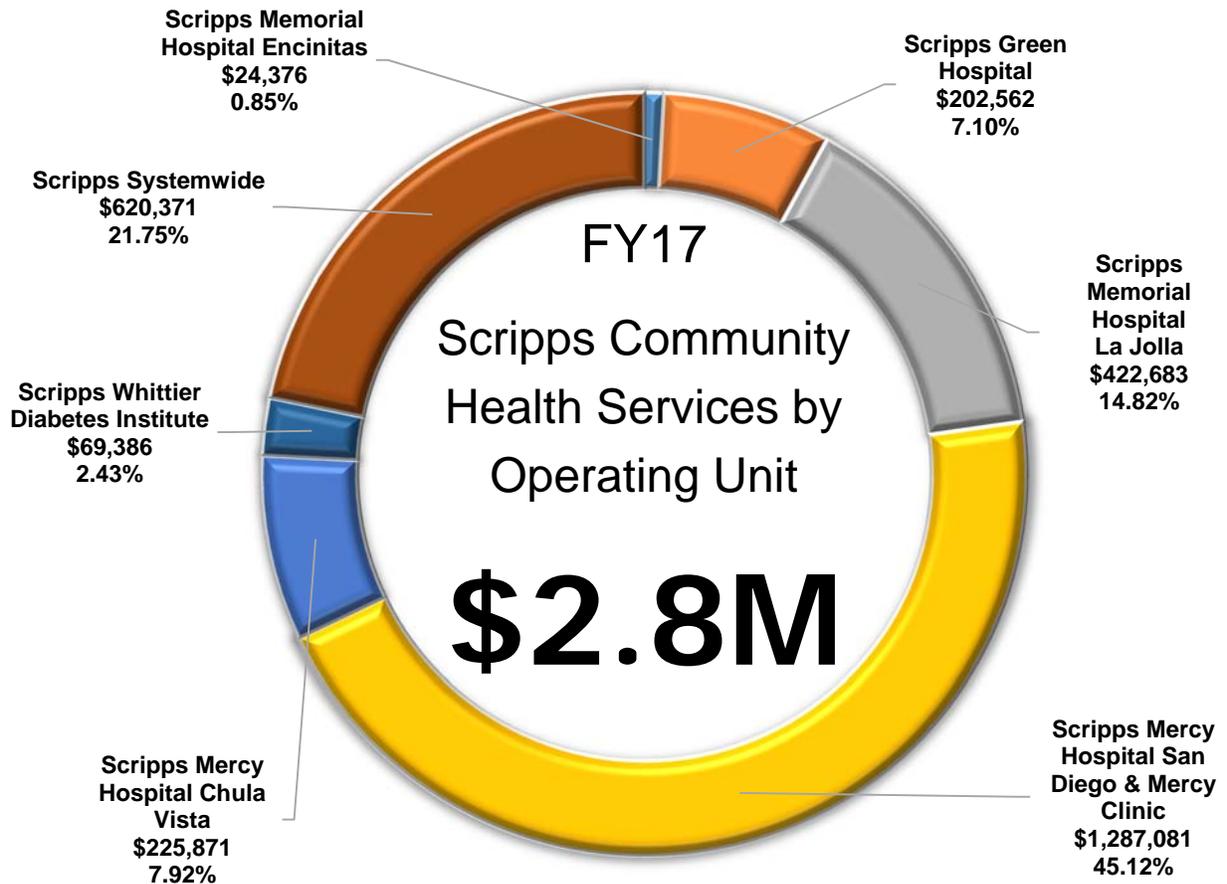
Scripps believes that health improvement begins when people take an active role in making a positive impact on their community. For this reason, Scripps supports volunteer programs for Scripps employees and affiliated physicians who want to make an even larger impact on their community. Scripps matches 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 2017, Scripps employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs. With close to 9,597 hours, the estimated dollar value of this volunteer labor is \$462,095.55*, which is not included in the Scripps fiscal year 2017 community benefit programs and services totals.

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

Figure 4:1

FY17 Scripps Community Health Services by Operating Unit, \$2,852,330
(does not include subsidized care)

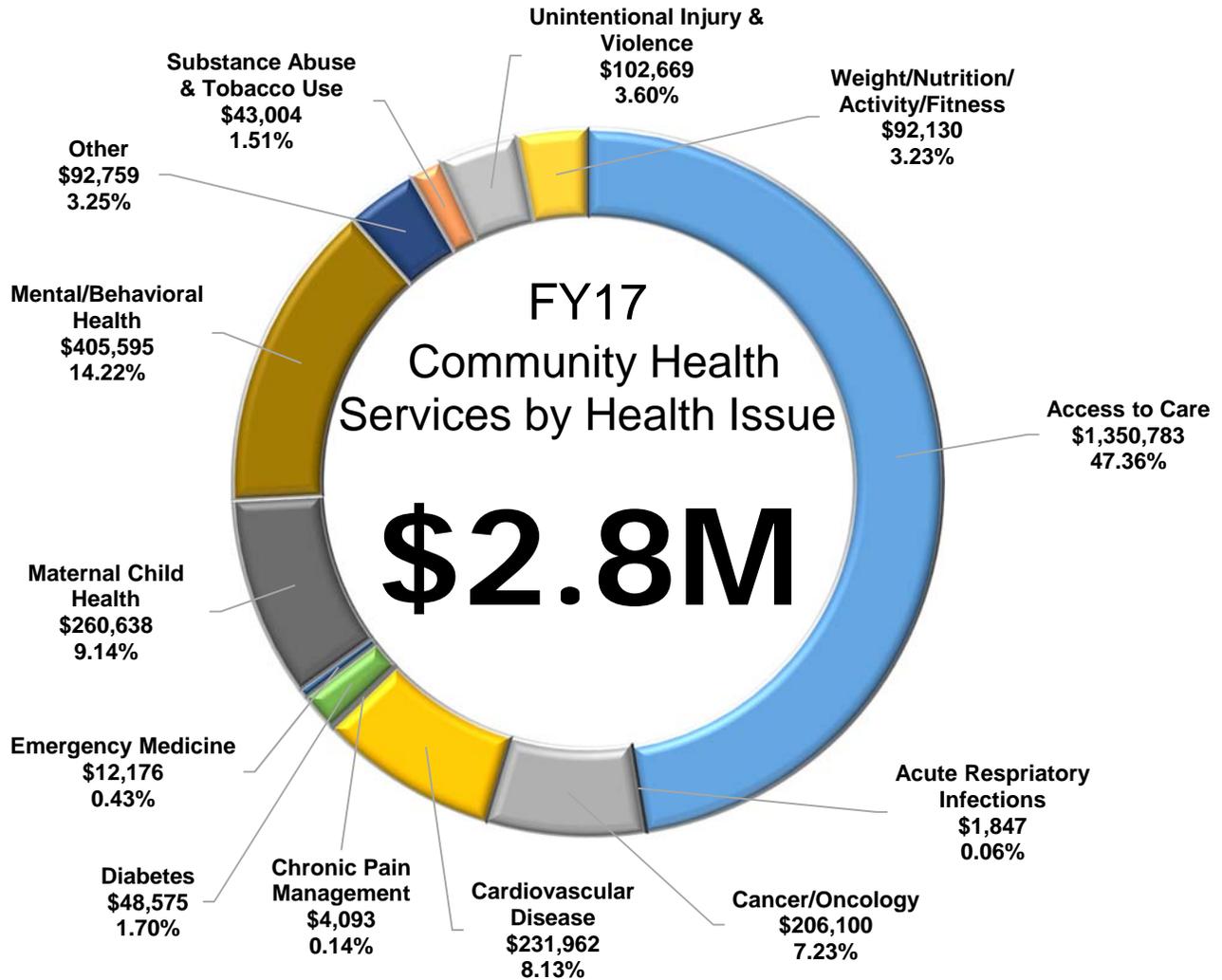


Community Health Services

These services include prevention and wellness programs, screenings, health education, support groups, health fairs and other programs supported by operational funds, grants and in-kind donations. Calculations are based on cost less “direct offsetting revenue”, which includes any revenue generated by the activity or program, such as payment or reimbursement for services provided to program patients. According to the current Schedule H 990 IRS guidelines, “direct offsetting revenue” also includes restricted grants or contributions that the organization uses to provide a community benefit. These costs are included in the IRS Form 990 Schedule H Part I Lines 7 e, f, and i.

Figure 4:2

FY17 Scripps Community Health Services by Health Issue, \$2,852,330



Community Health Services

These services include prevention and wellness programs, screenings, health education, support groups, health fairs and other programs supported by operational funds, grants and in-kind donations. Calculations are based on cost less “direct offsetting revenue”, which includes any revenue generated by the activity or program, such as payment or reimbursement for services provided to program patients. According to the current Schedule H 990 IRS guidelines, “direct offsetting revenue” also includes restricted grants or contributions that the organization uses to provide a community benefit. These costs are included in the IRS Form 990 Schedule H Part I Lines 7 e, f, and i.

Scripps Community Health Services Community Benefit Services Summary List

FY17 Scripps Community Health Improvement Services & Community Benefit Operation

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
AARP Driver Safety Program	36	4		318
Adult Substance Abuse Intervention	60	-	-	\$13,458
Adult, Infant and Child CPR for Family and Friends - SD	143	165	-	\$5,823
Alcoholics Anonymous (AA)	630	-	-	\$0
American Cancer Society - Look Good Feel Better Class	21	9	2	\$824
American Heart Association - Go Red for Women Luncheon Sponsorship	-	-	-	\$10,000
American Heart Association Heart Walk - Event	1,018	1,632	-	\$109,687
Annual Coronado Fire & Police Dept Open House	250	18	-	\$1,122
Annual Imperial Beach Fire Department Open House	100	18	-	\$1,122
Balance: Fall Proof - Fall Prevention Class	821	46	-	\$2,832
Beach Area Community Court Program	55	3	-	\$185
Bereavement Support Group	92	44	-	\$1,916
Better Breathers - Cardiac Treatment Center at Scripps Memorial Hospital La Jolla	148	36	-	\$1,847
Bike to Work Day - First Aid Support Station	237	-	19	\$0
Blood Drive for the American Red Cross	459	-	-	\$159
Brainmasters - Stroke & Brain Injury Survivors Communication Skill	170	92	-	\$4,144
Breast Cancer Education & Support Group	316	105	-	\$6,464
Breast Health Clinical Referral Services	488	-	-	\$0
Breast Health Outreach & Education	2,473	202	-	\$9,694
Breastfeeding Support Group	4,199	-	-	\$1,050

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Cancer - Colon Cancer Alliance - Undy Run/Walk - Event	15	-	-	\$0
Cancer - Leukemia & Lymphoma Society - Light the Night - Event	15	-	-	\$40
Cancer - Lung Force - American Lung Association - Event	25	-	-	\$0
Cancer - Purple Stride San Diego - Event	18	-	-	\$42
Cancer Center - Nutrition Referral Program	1	18	-	\$360
Cancer Center - Outpatient Social Worker and Liaison Program	65	1,198	-	\$23,413
Cancer Center - Registered Nurse Navigator Program	135	2,489	-	\$48,627
Cardiac Dietary Counseling - Community Education Program	261	88	-	\$5,417
Cardiac Power Yoga - Wellness Program	392	75	-	\$4,717
Cardiac Tai Chi - Wellness Program	366	-	-	\$4,500
Castle Park Elementary Wellness Committee Meeting	96	180	-	\$3,681
Centering Pregnancy, Healthy Moms, Healthy Babies	400	-	-	\$0
CHIP - Community Health Improvement Partners - Suicide Prevent Council	-	82	-	\$6,456
Chronic Pain Management Seminar	6	-	2	\$0
Chula Vista Community Collaborative	120	225	-	\$4,601
Community Bereavement Group Support	930	159	-	\$8,594
Community Health Education Lecture Series	1,194	4	63	\$1,386
CPR Classes for Patients and Families of the Cardiac Treatment Center	15	6	-	\$369
CTC (Cardiac Treatment Center) Life Project	251	30	-	\$1,477
Dogs and Babies - Child Safety and Prevention Class	26	48	-	\$170
Emergency Care Management Summit - Community Education Program	82	3	-	\$185
Eric Paredes Save a Life Foundation - Screenings	3,533	180	148	\$13,556
Every 15 Minutes Program	2,206	43	-	\$3,242
Fall Prevention and Home Safety	870	2,563	-	\$96,173
* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
First Five Home Visits	402	754	-	\$15,414
First Five Parenting Education	465	872	-	\$17,829
Fitball: Body Core Conditioning - Adult/Senior Exercise Class	637	80	-	\$4,925
Getting Ready For Baby - Child Safety and Prevention Class	1,365	2,529	76	\$35,836
Grand parenting Today - Child Safety and Prevention Class	107	198	-	\$3,663
Gynecological Cancer Support Group	252	53	-	\$4,508
Head and Neck Cancer Support Group	23	12	-	\$617
Healing Arts Class for People with Neurological Challenges	84	90	-	\$2,703
Healthy Development Services Provider Meeting	300	563	-	\$11,503
Lebed Method - Focus on Healing Through Movement and Exercise	108	46	-	\$2,832
Left Ventricular Assist Device (LVAD) Support Group	357	42	-	\$2,309
Love Your Heart - Blood Pressure Screening Event	176	34	-	\$1,838
Lymphedema Education	81	239	4	\$8,954
Macular Degeneration: Are Your Eyes at Risk?	52	-	2	\$102
Meditation Classes - Wellness Program	412	95	-	\$5,848
Mental Health Association of San Diego - Meeting of the Minds	-	8	8	\$710
Mental Health Association Recognition Dinner - Event	4	-	21	\$0
Mental Health Awareness Month	331	26	-	\$1,396
Mercy Outreach Surgical Team (MOST)	715	1,598	1,924	\$29,138
Mira Mesa Step Study - Substance Abuse Support Group	87	-	-	\$0
Multiple Sclerosis Seminar	53	4	-	\$425
National Alliance of Mental Illness (NAMI) - Walk	116	9	-	\$700
Organ Transplant Caregiver Support	260	-	-	\$0
Organ Transplant Support Groups	80	-	-	\$0

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Parent Connection Classes	71			\$0
Parent Education, Support and Empowerment (PESE) Work Group Meet	80	150	-	\$3,067
Parkinson's Exercise Program	5	3	-	\$185
Parkinson's Boot Camp 101 - SMH La Jolla	80	1	5	\$62
Parkinson's LSVT (Lee Silverman Training) Big Exercise - SMH LJ	173	22	-	\$1,417
Parkinson's Maintenance Class for Voice	33	19	-	\$955
Postpartum and Pelvic Floor Changes	44	82	-	\$1,506
Prescription Drug Take Back Day	254	-	-	\$0
Promise Neighborhood (Reducing Childhood Obesity in South Bay)	788	1,478	25	\$30,214
Psychiatric Emergency Response Teams (PERT)	185	13	-	\$748
Psychiatric Liaison Team (PLT)	1,890	84	-	\$300,749
Pulmonary Cardiac Class	524	75	-	\$7,917
Residency Led Health and Well Being Programs	445	-	18	\$0
Residency Led Youth Programs	824	-	34	\$0
Restorative Yoga - For Seniors	774	131	-	\$8,064
San Diego County Methamphetamine Strike Force (MSF)	-	27	-	\$2,079
San Diego County Policy Panel on Youth Access to Alcohol	-	47	-	\$3,671
San Diego County Prescription Drug Abuse Task Force	-	10	-	\$727
San Diego Psychiatric Society Dinner	-	-	-	\$1,000
Scripps Cancer Survivors Day - Event	481	33	25	\$15,837
Scripps Drug & Alcohol Resource Nurse	110	5	-	\$17,504
Scripps Green Hospital Medical Library	-	-	-	\$183,321
Scripps Health System Community Benefit Planning and Outreach	-	5,057		\$446,485
Scripps Memorial Hospital La Jolla Medical Library	-	1,043	-	\$53,964
Scripps Mercy Hospital Chula Vista - Healthy Weight Collaborative	120	225	-	\$4,601

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Scripps Mercy Behavioral Health – A-Visions Service Program	41	406		\$18,518
Scripps Mercy & Family Health Centers Behavioral Health Partnership	72	62	-	\$15,458
Scripps Mercy Hospital Medical Library	-	2,367	-	\$192,570
Scripps Mercy San Diego Cancer Support Group	17	32	4	\$2,810
Scripps Mercy Supplemental Nutrition Program for WIC	70,460	31,778	-	\$165,688
Scripps Recuperative Care Program (RCU)	178	2,663	-	\$109,488
Scripps Women's Heart Health Expo	183	52	20	\$21,990
Senior Health Chats	13	24	3	\$498
Senior Men's Health Lectures	4	8	-	\$153
Sibling Preparation - Child Safety and Prevention Class	77	143	-	\$2,156
Skin Cancer Screenings-San Diego Firefighters, Lifeguards & Police	229	240	120	\$13,513
South County Action Network (SoCAN) Meeting	300	563	-	\$11,503
Spinal Cord Injury Support and Education Group	178	28	-	\$1,261
Stroke and Brain Injury Support and Education Group	37	-	-	\$14,597
Stroke and Brain Injury Support and Education Group	320	42	-	\$1,892
Stroke Awareness - Community Health Education Lecture	76	-	-	\$434
Stroke Risk Factor Program	118	-	-	\$0
Stroke-Parkinson's Exercise Group	128	60	-	\$3,693
Su Vida, Su Corazon. Your Life, Your Heart	191	-	-	\$0
Susan G. Komen 3 Day Breast Cancer Walk - First Aid Support Station	1,500	15	-	\$1,194
Susan G. Komen Race for the Cure - Event	30	-	-	\$0
Sweetwater Union High School Dist. Pre-Participation Sports Screen	814	120	-	\$6,486
Trauma Awareness - Community Health Prevention and Education	6,655	172	-	\$11,622
When Words Heal - Writing Workshop	12	-	-	\$0
Whittier – (BHIP)-Behavioral Health Intervention Program in Diabetes	153	160	-	\$757
* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Whittier - Diabetes Education Outreach Events	507	531	-	\$3,623
Whittier - Diabetes Prevention Program	2,279	2,386	-	\$18,045
Whittier - Healthy Living Classes	208	-	-	\$950
Whittier - MAC Program	482	505	-	\$2,384
Whittier - Mi Puente Program	214	224	-	\$1,058
Whittier - Project Dulce Care Management	6,962	7,289	-	\$39,730
Whittier - Scripps Diabetes Retinal Screening Program	574	601	-	\$2,839
WomenHeart - Support Groups	89	25	-	\$1,293
Yoga for Cancer Recovery	132	48	-	\$3,774
Young Leaders in Healthcare	665	14	-	\$5,478
Young Women's Breast Cancer Group	209	40	2	\$3,178
Youth Educational Programs	1,372	2,574	-	\$52,606
Total FY17 Community Health Improvement Services & Community Benefit Operation	131,342	78,221	2,525	\$2,364,211
* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				

FY17 Subsidized Health Services

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Mercy Clinic, Scripps Mercy Hospital	-	-	-	\$1,582,340
Mercy Inpatient Behavioral Health	-	-	-	\$1,987,768
Scripps Mercy Behavioral Health - A-Visions Service Program	-	-	-	\$178,457
Total FY17 Scripps Subsidized Health Services	-	-	-	\$3,748,565
* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				

FY17 Cash and In-Kind Donations

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
2-1-1 San Diego - Community Benefit Fund	-	-	-	\$12,000
2-1-1 San Diego Annual Event	-	-	-	\$5,000
Alcoholics Anonymous	4,584	-	-	\$5,565
Aloha Locks Cancer Wig Program	4	74	-	\$1,952
Alzheimer's Association San Diego Program Support - Sponsorship	-	-	-	\$25,000
American Cancer Society-Making Strides Against Breast Cancer-Sponsorship	-	-	-	\$15,000
American Chemical Society	100	-	-	\$0
American Heart Association Heart Walk - In-Kind Donation	-	-	-	\$9,981
American Heart Association Heart Walk - Sponsorship	-	-	-	\$10,000
Association of Clinical Research Professionals	84	-	-	\$1,341
California Health Foundation & Trust (CHFT)	-	-	-	\$90,000
California State University San Marcos - Report to the Community	-	-	-	\$1,750
Cancer - American Lung Association - Lung Force Walk - Donation	-	-	-	\$5,000
Cancer - Beat Nb Cancer Foundation	-	-	-	\$300
Cancer - Lung Force - American Lung Association - Gala	-	-	-	\$5,000
Cancer- Leukemia & Lymphoma Society - Light the Night Walk - Sponsorship	-	-	-	\$5,000
Catholic Charities - Community Benefit Fund	-	-	-	\$70,000
Co-Dependents Anonymous (CoDA) Step Study Class	87	-	-	\$0
Consumer Center for Health Education and Advocacy (CCHEA)	-	-	-	\$120,000
Eric Paredes Save a Life Foundation - Grant	-	-	-	\$15,000
Father Joe's Villages - Car Donation	-	-	-	\$6,525
* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
San Diego Nikkei Network	100	-	-	\$131
San Diego Restless Leg Syndrome (RLS) Support Group	50	-	-	\$131
Save a Life San Diego Community Walk	-	-	-	\$500
Spondylitis Association	231	-	-	\$278
Survivors of Suicide Loss - San Diego Chapter	330	2	-	\$599
Susan G. Komen Race for the Cure - Sponsorship	-	-	-	\$5,000
Take Off Pounds Sensibly (TOPS) Meeting	762	-	-	\$1,020
The City Heights Wellness Center Partnership - La Maestra	-	-	-	\$20,453
Travis Mills Foundation	-	-	-	\$250
Widowed Support Group	85	-	-	\$665
Total FY17 Cash & In-Kind Donations	16,413	527	-	\$488,119

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

FY17 Community Building Activities

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Disaster Preparedness - Community Outreach and Education	130	-	16	\$833
Enlisted Leadership Foundation - The Foundry	-	-	-	\$20,000
Executive Leadership - Community Building	-	120	-	\$38,196
Health Care Public Policy and Government Advocacy	-	2,030	-	\$240,315
Hospital Preparedness Program Development Committee	-	60	-	\$3,693
In Lieu of Funds				\$512,187
North San Diego Business Chamber - Honoring Our Region's Heroes	-	-	-	\$5,000
North San Diego Business Chamber Health Committee Meeting	1	15	-	\$1,194
San Diego County Healthcare Disaster Council	-	312	-	\$17,332
San Diego Health Connect - Referrals Work Group	-	22	-	\$1,751
San Diego Regional Task Force on the Homeless	-	48	-	\$3,820
San Diego Seafood Saturday's	220	28	-	\$1,311
Scripps Mercy - Leadership Retreat Volunteer Service Day	350	288	-	\$58,081
SD Sherriff's Search & Rescue Academy - Emergency Response Module	20	-	45	\$1,034
Total FY17 Community Building Activities	721	2,923	61	\$904,745
* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				



SECTION 5

Professional Education and Health Research

2018 Scripps Community Benefit Plan and Report

PROFESSIONAL EDUCATION AND HEALTH RESEARCH

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

Each year, Scripps allocates resources to advance health care services through clinical research, medical education and health professional education. During Fiscal Year 2017 (October 2016 to September 2017), Scripps invested \$29,408,514¹⁴ 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 2017 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 115).

¹⁴ 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 2017, Scripps hosted 2,401 interns within our system and provided 358,693 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 FY17

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)	59	0	4,813	227	0	37,622	286	0	42,435
Scripps Memorial Hospital Encinitas	234	15,582	6,350	59	2,448	25,153	293	18,030	31,503
Scripps Green Hospital	87	6,384	4,571	58	972	20,644	145	7,356	25,215
Scripps Home Health/Hospice	3	0	963	16	0	4,255	19	0	5,218
Scripps Memorial Hospital La Jolla	421	27,488	20,643	217	2,556	24,358	638	30,044	45,001
Scripps Mercy Hospital, Chula Vista	203	23,448	4,903	50	1,728	16,108	253	25,176	21,011
Scripps Mercy Hospital, San Diego	624	63,840	3,849	134	6,404	32,441	758	70,244	36,290
Scripps Integrative Medicine	1	0	60	5	0	430	6	0	490
Scripps Health Administrative Services	1	0	200	2	0	480	3	0	680
Total	1,633	136,742	46,352	768	14,108	161,491	2,401	150,850	207,843

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's placement process. Non-physician students who conduct research at Scripps represent a variety of health care disciplines, including public health, physical therapy, pharmacy and nursing.

In fiscal year 2017, 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 2017, 25 students participated in the program. During their five-week rotation, the students were exposed to different departments, exploring career options and learning valuable life lessons about health and healing.

University City High School Collaboration

UC High School and Scripps partnered to provide a real-life context to the school's Health Care Essentials course. For fiscal year 2017, 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

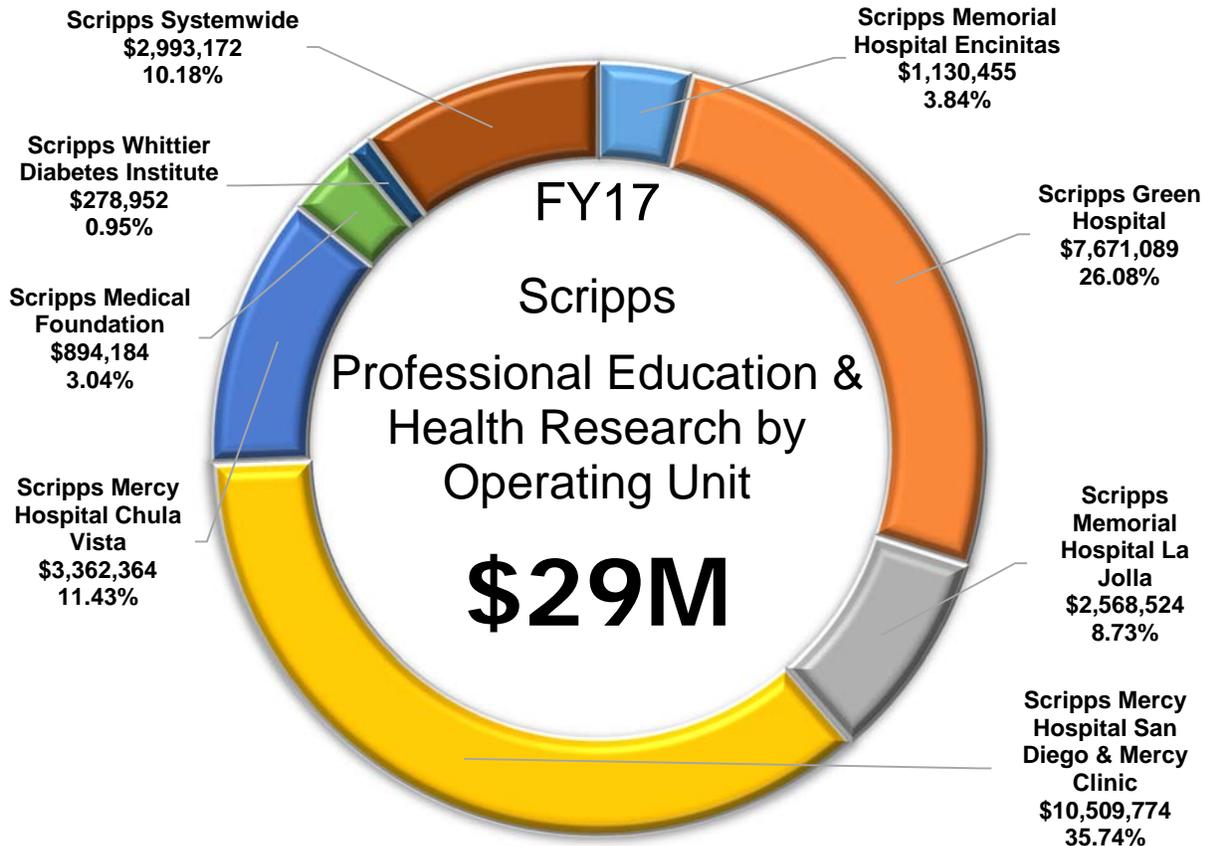
For more than 70 years physicians in Scripps graduate medical education programs have helped care for underserved populations throughout the region. Scripps has a comprehensive range of graduate medical education programs at Scripps Mercy Hospital, Scripps Family Practice Residency Program and Scripps Green Hospital. Scripps graduate medical education programs are well-known for excellence, provide a hands-on curriculum that focuses on patient-centered care and offer residencies in a variety of practices, including internal medicine, family medicine, podiatry, pharmacy and palliative care. Scripps has a pharmacy residency program which train residents with doctor of pharmacy degrees. In 2017, Scripps had a total of 146 residents and 37 fellows enrolled throughout the Scripps health system. More details on these programs are included in the community benefit report.

UCSD/Scripps Health Hospice and Palliative Medicine Fellowship Program

The UCSD/Scripps Health Hospice and Palliative Medicine Fellowship Program is a one-year program designed for physicians who wish to become sub-specialists and have a long-term career in hospice and palliative medicine. In 2017, the hospice program transitioned to The Elizabeth Hospice and it became the hospice rotation site for the fellowship. This is a unique partnership in which UCSD and Scripps Health share responsibility for the fellows, with trainees spending equal time in both institutions with all the benefits of both institutions. The program prepares trainees to work in a variety of roles, including leadership positions in the field. Graduates have successfully become hospice medical directors and palliative medicine consultants in outpatient and inpatient settings across the United States. Fellows who complete the UCSD/Scripps Health program are well equipped to practice in diverse settings, including: acute palliative care units, inpatient consultation, outpatient consultation, patients' homes, and long-term care facilities.

Figure 5:1

FY17 Scripps Professional Education and Health Research by
Operating Unit, \$29,408,514



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 current Schedule H 990 IRS guidelines, “direct offsetting revenue” also includes restricted grants or contributions that organization uses to provide a community benefit. These costs are included in the IRS Form 990 Schedule H Part I Lines 7 e, f, h and i.

Scripps Professional Education & Health Research Community Benefit Services Summary List

FY17 Scripps Professional Education & Health Research

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Advanced Cardiac Life Support (ACLS) Renewal Course	19	94	-	\$5,045
Basic Life Support for Healthcare Provider Class	49	174		\$7,508
Bleeding Control Class	63	45	-	\$3,221
Cancer Center - Oncology Nursing Education Program	36	664	-	\$12,967
College Student Mentorship Program	1	103	-	\$8,196
Fiji Solomon Islands Medical Mission	280	-	506	\$0
Health Professions Training	3,055	1,326	6,327	\$27,108
Maternal Child Health (MCH) Nursing Students	29	54	-	\$993
Navy Research Fellow Research Program - Program Admin & Research	3	175	-	\$10,990
Neonatal Resuscitation Program (NRP)	9	26	-	\$628
Nursing Student Education Rotation		107,461		\$8,304,844
Pediatric Advance Life Support (PALS) Course	2	26		\$1,111
Pharmacy Residency		24,315		\$1,548,277
Physical Therapist and Physical Therapy Assistant Student Program	124	88	-	\$5,417
San Diego Day of Trauma Conference	-	32	-	\$2,477
San Diego Nursing Service/Education Consortium	-	-	-	\$2,000
Scripps High School Exploration Program	25	3,920	-	\$369,394
SDSU Graduate Student Internship	1	109	-	\$8,017
St. Leo's Mission Medical Clinic	304	-	180	\$0
Student Preceptorship - SMH La Jolla Cardiac Treatment Center	124	486	-	\$29,917
* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
UCSD Graduate Student Internship	1	44	-	\$2,845
University City (UC) High School Exploration Program	16	808	-	\$51,096
Total FY17 Professional Education	4,141	139,950	-	\$10,402,050

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

FY17 Scripps Graduate Medical Education

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Scripps Family Medicine Residency Program	-	67,855	-	\$2,239,175
Scripps Green Hospital Department of Graduate Medical Education Program	-	167,624	-	\$6,946,169
Scripps Mercy Hospital Graduate Medical Education Program	-	163,621	-	\$6,700,990
Total FY17 Scripps Graduate Medical Education	-	399,100	-	\$15,886,334

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

FY17 Scripps Health Research

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Basic Research	-	-	-	\$3,103
Clinical Research Services		93,376		\$1,927,095
IRB 10-5542 Trial of Effectiveness of Screening & Brief Intervention For Drug Users in the Trauma & Emergency Dept	-	8	-	\$637
IRB 11-5716 Impact of a More Conservative Approach to CT Scanning in the Trauma Patient	-	8	-	\$637
IRB 11-5736 Thoracic Endovascular Repair vs. Open Surgery blunt aortic injury	-	202	-	\$9,789
IRB 11-5782 The Value of Ultrasound Imaging Surveillance for Venous Thromboembolic Disease in Trauma Patients	-	300	-	\$22,491
IRB 11-5786 Proposal to Initiate & Maintain a Multicenter Registry for the Purpose of Determining the Comparative Effectiveness of Risk Assessment, Prophylaxis, Surveillance, & Treatment of Venous Thromboembolism in Trauma Patients	-	590	-	\$26,920
IRB 12-6045 AAST Vascular Trauma Registry: PROspective Observational Vascular Injury Trial (PROOVIT)	-	65	-	\$3,515
IRB 13-6219 Path to the Operating Room (OR): The Need for CT Scan of the Torso in Trauma Patients Who Require Laparotomy for Blunt or Penetrating Trauma	-	48	-	\$2,438
IRB 13-6300 The Effects of Chronic Conditions on Clinical Outcomes Following Traumatic Injury	-	415	-	\$31,469
IRB 13-6309 Clinical Relevance of the MRI in Cervical Spine Clearance: A Prospective Study	-	28	-	\$1,537
IRB 14-6326 The Burden of Mental Illness: Impact on a Level 1 Trauma Center	-	8	-	\$637
IRB 14-6373 Hereditary Thrombophilia in Trauma Patients w/ Venous Thromboembolism	-	180	-	\$9,489
IRB 14-6426 The Impact of Trauma Service Management on Older Adult Hip Fractures Outcomes	-	6	-	\$477
IRB 14-6483 Professional Football & Related Trauma	-	6	-	\$477
IRB 14-6519 Do Audit Filters Have Value in a Mature Trauma System?	-	13	-	\$862
* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
IRB 15-6597 Utility of Routine Neurosurgical Consultation in Patients with Low-Severity Blunt Traumatic Brain Injury	-	28	-	\$1,537
IRB 15-6652 Geriatric Trauma Care & Outcomes Registry Study	-	1,220	-	\$58,059
IRB 15-6721 Epidemiology, Injury Control, Treatments, Outcomes, Value of Care, and Performance Improvement (Universal IRB)	-	2,518	-	\$157,949
IRB 16-6744 Outcomes & Trends in Traumatic Injury & Surgical Critical Care (OSHDP)	-	808	-	\$63,329
IRB 16-6752 Characterizing Mortality Following Severe Trauma Injury at San Francisco General	-	300	-	\$14,203
IRB 17-6993 Symptomatic Blunt Cerebrovascular Injuries	-	101	-	\$5,240
Scripps Genomic Medicine and Translational Services	-	-	-	\$684,892
SWDI Federal Grants	-	7,709	-	\$93,346
Total FY17 Health Research	-	107,936	-	\$3,120,129
Total FY17 Health Research, Graduate Medical Education & Professional Education	4,141	539,050	7,013	\$29,408,513
* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				



SECTION 6

Scripps Memorial Hospital

La Jolla

2018 Scripps Community Benefit Plan and Report

SCRIPPS MEMORIAL HOSPITAL LA JOLLA

About Scripps Memorial Hospital La Jolla

Located in North Central San Diego County, Scripps Memorial Hospital La Jolla provides health care services for 17.9 percent of the inpatient population living in the hospital's 50 percent service area. Today, the hospital has 432 licensed beds and more than 2,725 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 18.4 percent of Medicare patients, 8.2 percent of Medi-Cal patients, 21.8 percent of commercially insured patients and 9.5 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

SCRIPPS MEMORIAL HOSPITAL LA JOLLA 2018 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2018

The Scripps La Jolla 2018 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health during fiscal year 2018 (October 2017 to September 2018).

The Scripps 2018 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 2018 Community Benefit Objectives

Community Health Services

Cancer Outreach, Education and Support

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

- Continuing to provide education and support services in collaboration with Rehabilitation for those who are experiencing, or are at risk for lymphedema.
- Continuing to provide education and support for breast health by participating in community events and health fairs.
- Continue to provide education and support for breast health by supporting Young Women's 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.

- Continue to offer outpatient oncology social workers which provide psychological support services and community resources for individuals diagnosed with cancer, their family members, caregivers and health care workers in conjunction with other health care providers. Outpatient social worker provides counselling services and resource information to address emotional and social distress, including needs and risk assessments, transportation resources, financial and assistance programs and benefits, housing issues, and the challenges before, during, and after diagnosis and treatment.
- Continue to provide wig, head wrap and appearance programs with support from Aloha Locks.
- In conjunction with rehabilitation services and cardiac treatment center continue to support education and exercise classes, focusing on healing and recover.
- In conjunction with Scripps Whittier Diabetes Institute, 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 the monthly lymphedema and gynecological support groups.

General Health Education and Wellness Initiatives

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

and bladder health, exercise and injury prevention, back pain, gynecological and urology disorders.

- Coordinate four blood drives at the Scripps La Jolla campus on behalf of the American Red Cross.
- Work with other nonprofit community organizations, such as American Heart Association and 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 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 on various topics and to provide a supportive atmosphere for participants to work on stress management techniques dealing with chronic illness through The Cardiac Treatment Center Life Project.
- Working with young women's groups (sororities, civic clubs and volunteer organizations) to provide heart health information, screenings, etc.
- Sponsoring the Annual California Society for Cardiac Rehabilitation Conference.

Maternal Child Health Education

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

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 externship 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.

SCRIPPS MEMORIAL HOSPITAL LA JOLLA 2018 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2017

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 2017 (October 2016 to September 2017).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2017, 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 191 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$9,196.65.¹⁵

Making a Financial Commitment

During fiscal year 2017, Scripps La Jolla devoted \$70,844,290 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps La Jolla emphasize community based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

Scripps Memorial Hospital La Jolla Community Benefit Services Highlights

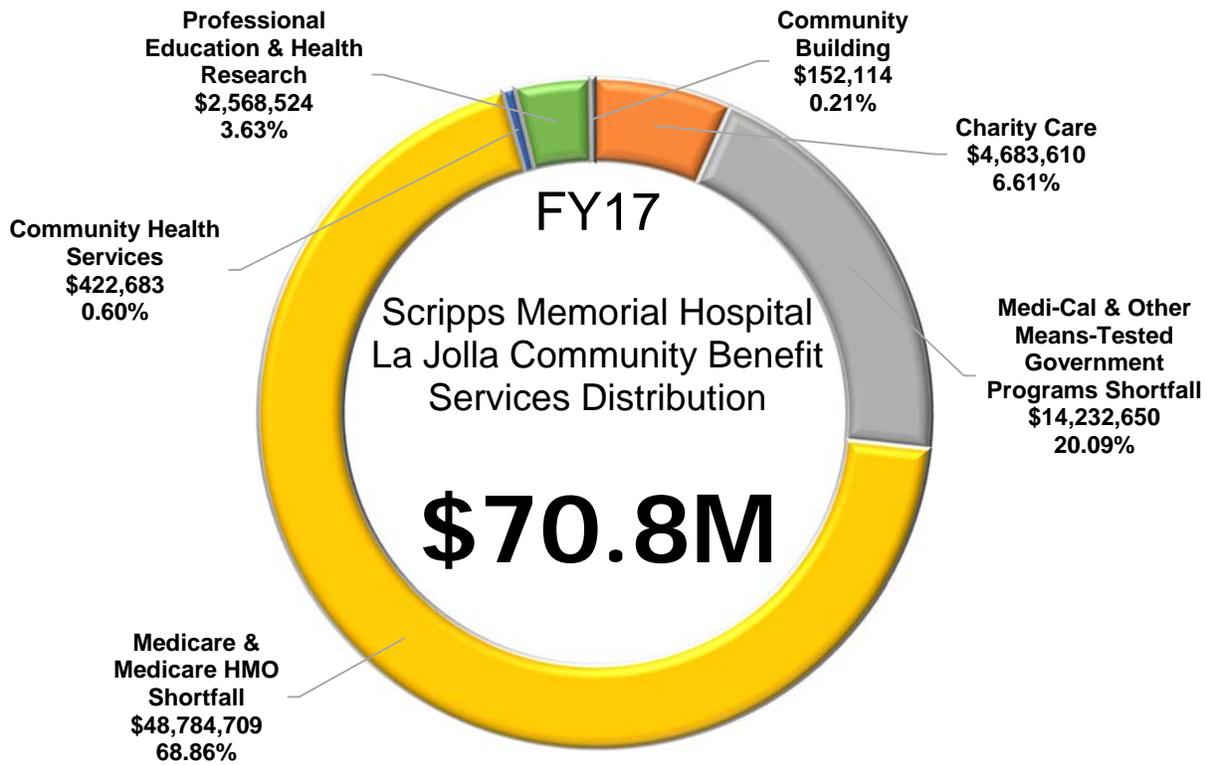
During fiscal year 2017 Scripps Memorial Hospital La Jolla contributed \$70,844,290 in community benefits, including \$4,683,610 in charity care, \$14,232,650 in Medi-Cal, \$48,784,709 in Medicare shortfall, \$422,683 in community health services, \$0 in subsidized health services, \$2,568,524 in professional education and research and \$152,114 in community building activities.

Refer to Figure 6:1 presented on the following page for a graphic representation of the fiscal year 2017 Scripps Memorial Hospital La Jolla Community Benefit Services distribution.

¹⁵ Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

Figure 6:1

FY17 Scripps Memorial Hospital La Jolla Community Benefit Services Distribution, \$70,844,290



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	-	\$4,683,610	\$14,232,650	\$48,784,709	\$422,683	\$2,568,524	\$152,114	-	\$70,844,290
Provider Fee	-	-	-	-	-	-	-	-	-
Net-Community Benefit Services After Provider Fee	-	\$4,683,610	\$14,232,650	\$48,784,709	\$422,683	\$2,568,524	\$152,114	-	\$70,844,290

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.

Scripps La Jolla Fiscal Year 2017 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 2017 (October 2016 to September 2017) Scripps La Jolla invested \$422,683 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 2017 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 \$2,568,524¹⁶ in professional training and research programs during fiscal year 2017 (October 2016 to September 2017). This section highlights some of Scripps La Jolla's professional education activities during fiscal year 2017.

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. In addition, Scripps La Jolla provided clinical and non-clinical experiences in rehab services, respiratory care, radiology, cardiovascular lab, social services, food and nutrition services, executive health, maternal child health education, lactation services and cardiac treatment center.

¹⁶ Reflects clinical research as well a professional education for non-Scripps employees, nursing resource development and other health care professional education. Calculations based on total program expenses.

Pharmacy Residency Program

Scripps Memorial Hospital La Jolla offers 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. Residents may complete elective experiences at Scripps Green Hospital, Scripps Clinic working with the Advance Practice Pharmacists. The pharmacy department is open 24/7 and includes a central pharmacy, two OR satellite pharmacies along with decentralized pharmacist clinical services in a variety of practice settings. Scripps Memorial Hospital is affiliated with multiple schools of pharmacy and annually trains 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

FY17 Scripps Memorial Hospital La Jolla

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Adult Substance Abuse Intervention	60	-	-	\$13,458
Alcoholics Anonymous (AA)	630	-	-	-
Aloha Locks Cancer Wig Program	4	74	-	\$1,952
Bad Debt **	-	-	-	-
Balance: Fall Proof - Fall Prevention Class	821	46	-	\$2,832
Beach Area Community Court Program	55	3	-	\$185
Better Breathers - Cardiac Treatment Center at SMH La Jolla	148	36	-	\$1,847
Bike to Work Day - First Aid Support Station	237	-	19	-
Blood Drive - American Red Cross	19	-	-	-
Breastfeeding Support Group	4,199	-	-	\$1,050
Cancer Center - Nutrition Referral Program	1	18	-	\$360
Cancer Center - Oncology Nursing Education Program	36	664	-	\$12,967
Cancer Center - Outpatient Social Worker and Liaison Program	65	1,198	-	\$23,413
Cancer Center - Registered Nurse Navigator Program	135	2,489	-	\$48,627
Cardiac Dietary Counseling - Community Education Program	261	88	-	\$5,417
Cardiac Power Yoga - Wellness Program	392	75	-	\$4,717
Cardiac Tai Chi - Wellness Program	366	-	-	\$4,500
Charity Care	-	-	-	\$4,683,610
Chronic Pain Management Seminar	6	-	2	-
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Co-Dependents Anonymous (CoDA) Step Study Class	87	-	-	-
Community Health Education Lecture Series	1,194	4	63	\$1,386
CPR Classes for Patients and Families of the Cardiac Treatment Center	15	6	-	\$369
CTC (Cardiac Treatment Center) Life Project	251	30	-	\$1,477
Dogs and Babies - Child Safety and Prevention Class	26	48	-	\$170
Emergency Care Management Summit - Community Education Program	82	3	-	\$185
Fall Prevention and Home Safety	870	2,563	-	\$96,173
Fitball: Body Core Conditioning - Adult/Senior Exercise Class	637	80	-	\$4,925
Getting Ready For Baby - Child Safety and Prevention Class	1,365	2,529	76	\$35,836
Grand parenting Today - Child Safety and Prevention Class	107	198	-	\$3,663
GRASP - Grief Recovery After a Substance Passing	101	297	-	\$11,165
Greater La Jolla Meals on Wheels	4,699	-	-	\$1,040
Gynecological Cancer Support Group	252	53	-	\$4,508
Head and Neck Cancer Support Group	23	12	-	\$617
In Lieu of Funds **	-	-	-	\$152,114
Jewish Family Services - Embrace a Family	2,390	140	-	\$6,306
Lebed Method - Focus on Healing Through Movement and Exercise	108	46	-	\$2,832
Left Ventricular Assist Device (LVAD) Support Group	357	42	-	\$2,309
Loving Support - Substance Abuse Support Group	216	-	-	-
Lymphedema Education	81	239	4	\$8,954
Macular Degeneration: Are Your Eyes at Risk?	52	-	2	\$102
Maternal Child Health (MCH) Nursing Students	29	54	-	\$993
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Medi-Cal & Other Means-Tested Government Programs ***	-	-	-	\$14,232,650
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$48,784,709
Meditation Classes - Wellness Program	412	95	-	\$5,848
Mental Health Awareness Month	17	4	-	\$189
Mira Mesa Step Study - Substance Abuse Support Group	87	-	-	-
Monday Night Discussion Group - Cocaine Anonymous	64	-	-	-
Multiple Sclerosis Seminar	53	4	-	\$425
National Alliance of Mental Illness (NAMI) Siblings Support	78	-	-	\$323
Nursing Student Education Rotation	-	22,514	-	\$1,791,901
Parkinson's Exercise Program	5	3	-	\$185
Parkinson's Boot Camp 101 – Scripps Memorial Hospital La Jolla	80	1	5	\$62
Parkinson's LSVT (Lee Silverman Training) Big Exercise – Scripps Memorial Hospital La Jolla	173	22	-	\$1,417
Parkinson's Maintenance Class for Voice	33	19	-	\$955
Pharmacy Residency	-	11,014	-	\$727,329
Physical Therapist and Physical Therapy Assistant Student Program	124	88	-	\$5,417
Postpartum and Pelvic Floor Changes	44	82	-	\$1,506
Pulmonary Cardiac Class	524	75	-	\$7,917
Restorative Yoga - For Seniors	774	131	-	\$8,064
Scripps Cancer Survivors Day - Event	85	18	-	\$5,816
Scripps Memorial Hospital La Jolla Medical Library	-	1,043	-	\$53,964
Scripps Women's Heart Health Expo	183	52	20	\$21,990
Sibling Preparation - Child Safety and Prevention Class	77	143	-	\$2,156
Stroke Awareness - Community Health Education Lecture	71	-	-	\$434
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Student Preceptorship - SMH La Jolla Cardiac Treatment Center	124	486	-	\$29,917
Susan G. Komen 3 Day Breast Cancer Walk - First Aid Support Station	1,500	15	-	\$1,194
Trauma Awareness - Community Health Prevention and Education	6,655	172	-	\$11,622
WomenHeart - Support Groups	89	25	-	\$1,293
Yoga for Cancer Recovery	132	48	-	\$3,774
Young Women's Breast Cancer Group	209	40	2	\$3,178
Total FY17 Scripps Memorial Hospital La Jolla	31,970	47,129	191	\$70,844,290
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				



SECTION 7

Scripps Memorial Hospital Encinitas

2018 Scripps Community Benefit Plan and Report

SCRIPPS MEMORIAL HOSPITAL ENCINITAS

About Scripps Memorial Hospital Encinitas

Scripps Memorial Hospital Encinitas, located along the coast of San Diego's North County, has 193 licensed beds, 1,647 employees and provides health care services for 29.0 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 33.8 percent of Medicare patients, 18.2 percent of Medi-Cal patients, 29.6 percent of commercially insured patients, and 23.1 percent of patients with other payment sources, including self-pay and charity care.

Distinguishing Programs and Services

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

Leichtag Family Birth Pavilion

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

Women's Imaging Services

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

SCRIPPS MEMORIAL HOSPITAL ENCINITAS 2018 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2018

The Scripps Memorial Hospital 2018 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health during fiscal year 2018 (October 2017 to September 2018).

The Scripps 2018 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 2018 Community Benefit Objectives

Community Health Services

- Continue to coordinate quarterly blood drives on behalf of American Red Cross at the Encinitas hospital campus.
- Continue to offer bereavement support group, which is facilitated by a licensed professional, which meets twice a month and is free and open to the community.
- Continue to offer breast cancer support group, which is facilitated by a licensed professional, meets twice a month and is free and open to the community.
- Continue to offer stroke and brain and injury support group, which is facilitated by a licensed professional, meets twice a month and is free and open to the community.
- Continue to support the Young Leaders in Health Care program, which involves local area high school students such as (San Dieguito Academy, La Costa Canyon, High Tech High San Marcos, Carlsbad High School, Torrey Pines, Canyon Crest Academy, Vista High and Pacific Ridge). The program gathers monthly from October through May at the hospital to discuss the health care system, explore career opportunities, meet medical professionals and develop service projects to implement in their school communities.

Professional Education and Health Research

- Support California State San Marcos and Palomar College nursing school program by providing a supportive educational environment for their clinical nursing rotations.
- Provide clinical education experiences for health students studying physical, occupational and speech therapy.
- Continue to host students from the Exploratory Work Experience Education program.

Uncompensated Health Care

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

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

SCRIPPS MEMORIAL HOSPITAL ENCINITAS 2018 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2017

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 2017 (October 2016 to September 2017).

Making a Financial Commitment

During fiscal year 2017, Scripps Memorial Hospital Encinitas devoted \$52,450,931 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.

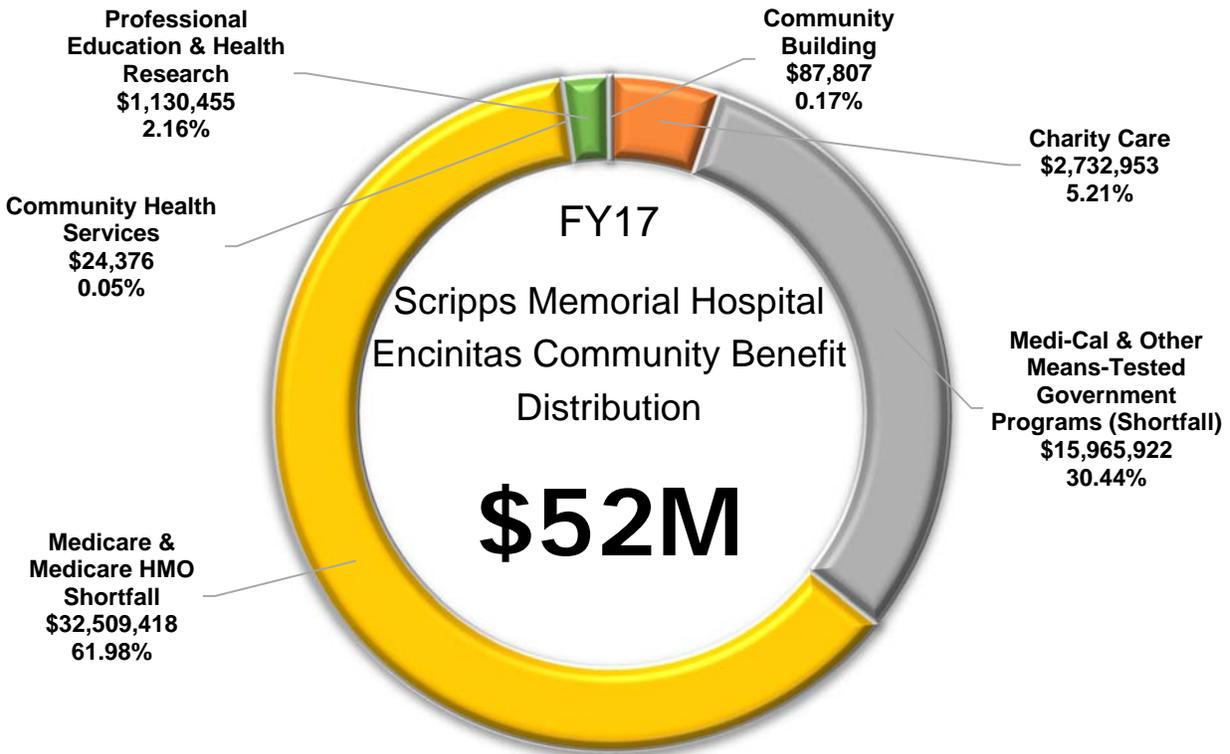
Scripps Memorial Hospital Encinitas Community Benefit Services Highlights

During fiscal year 2017 Scripps Encinitas contributed \$52,450,931 in community benefits, including \$2,732,953 in charity care, \$15,965,922 in Medi-Cal, \$32,509,418 in Medicare shortfall, \$24,376 in community health services, \$1,130,455 in professional education and health research and \$87,807 in community building activities.

Refer to Figure 7:1 presented on the following page for a graphic representation of the fiscal year 2017 Scripps Memorial Hospital Encinitas Community Benefit Services distribution.

Figure 7:1

FY17 Scripps Memorial Hospital Encinitas Community Benefit Services Distribution, \$52,450,931



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	-	\$2,732,953	\$13,142,716	\$32,509,418	\$24,376	\$1,130,455	\$87,807	-	\$49,627,725
Provider Fee	-	-	\$2,823,206	-	-	-	-	-	\$2,823,206
Net-Community Benefit Services After Provider Fee	-	\$2,732,953	\$15,965,922	\$32,509,418	\$24,376	\$1,130,455	\$87,807	-	\$52,450,931

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.

Scripps Encinitas Fiscal Year 2017 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 2017 (October 2016 to September 2017) Scripps Encinitas invested \$24,376 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 2017 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 \$1,130,455 in professional training and health research programs during fiscal year 2017 (October 2016 to September 2017). This section highlights some of Scripps Encinitas professional education activities during Fiscal Year 2017.

- 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

FY17 Scripps Mercy Hospital Encinitas

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Bad Debt **	-	-	-	-
Bereavement Support Group	92	44	-	\$1,916
Blood Drive - American Red Cross	258	-	-	\$0
Brainmasters - Stroke & Brain Injury Survivors Communication Skill	170	92	-	\$4,144
Breast Cancer Education & Support Group	316	105	-	\$6,464
Charity Care	-	-	-	\$2,732,953
Healing Arts Class for People with Neurological Challenges	84	90	-	\$2,703
In Lieu of Funds **	-	-	-	\$87,807
Medi-Cal & Other Means-Tested Government Programs ***	-	-	-	\$15,965,922
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$32,509,418
Mental Health Awareness Month	21	4	-	\$189
Nursing Student Education Rotation	-	14,860	-	\$1,130,455
San Diego Brain Injury Foundation	33	-	-	\$105
Scripps Cancer Survivors Day - Event	90	5	-	\$225
Spinal Cord Injury Support and Education Group	178	28	-	\$1,261
Stroke and Brain Injury Support and Education Group	320	42	-	\$1,892
Young Leaders in Healthcare	665	14	-	\$5,478
Total FY17 Scripps Memorial Hospital Encinitas	2,227	15,284	-	\$52,450,931

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

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

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



SECTION 8

Scripps Mercy Hospital

2018 Scripps Community Benefit Plan and Report

SCRIPPS MERCY HOSPITAL

With 655 licensed beds and more than 3,692 employees, Scripps Mercy Hospital is San Diego's longest-established and only Catholic hospital. The two hospital campuses (San Diego Campus and Chula Vista Campus) share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). Scripps Mercy provides health care services for 26.1 percent of the inpatient population living within the hospital's central services area. Scripps Mercy is designated as a disproportionate share hospital, providing care to a large number of patients who either lack health insurance or are covered through a government subsidy program. Within the Scripps Mercy service area, Scripps Mercy cares for 30.8 percent of Medicare patients, 28.6 percent of Medi-Cal patients, 17.1 percent of commercially insured patients, and 15.8 percent of patients have another payment source, including self-pay, CMS or charity care.

San Diego Campus

Founded in 1890, Scripps Mercy has a long tradition of caring for the underserved. Located in Central San Diego County, Scripps Mercy Hospital, San Diego has 482 licensed beds and 2,625 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 173 licensed-care beds and more than 1,067 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 2017 was \$3,748,566. This includes Scripps inpatient, Mercy Clinic and Scripps in-lieu of funds. Scripps offers inpatient adult behavioral health services at the Scripps Mercy Hospital, San Diego campus. The Scripps Mercy Behavioral Health Program also actively supports community programs to reduce the stigma of mental illness and help affected individuals live and work in the community.

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 2017, the Scripps Mercy Behavioral Health Program experienced a \$1.6 million loss in operations.
- In 2017, 2.3 percent of patients in the inpatient unit were uninsured.

Behavioral Health Outpatient Services

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

Scripps Behavioral Health A-Visions Vocational Training Program

- The innovative A-Visions Vocational Training Program at the San Diego campus helps prepare mental health patients for volunteer and employment opportunities by exposing them to a variety of work activities and training. The total expense for the A-Visions program for fiscal year 2017 was \$196,975.
- Since its inception, 530 clients have enrolled and 93 have been volunteers, 50 have been employed at Scripps Health. Currently, there are a total of 25 active candidates, 23 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, Access, Behavioral Health, Credentialing, Labor and Delivery, Laboratory, Medical Staffing, Performance Improvement, Spiritual Care and Palliative Care Services. Paid A-Visions candidates typically limit their work to eight hours per week, which allows them to maintain eligibility for their disability benefits, medications and ongoing behavioral healthcare that supports their work.

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 2017 was \$512,186.

Mercy Clinic of Scripps Mercy Hospital, San Diego

Founded in 1944 and integrated into Mercy Hospital in 1961, Mercy Clinic of Scripps Mercy Hospital is a primary care clinic that treats more than 1,000 patients each month. In fiscal year 2017, the clinic provided 10,245 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

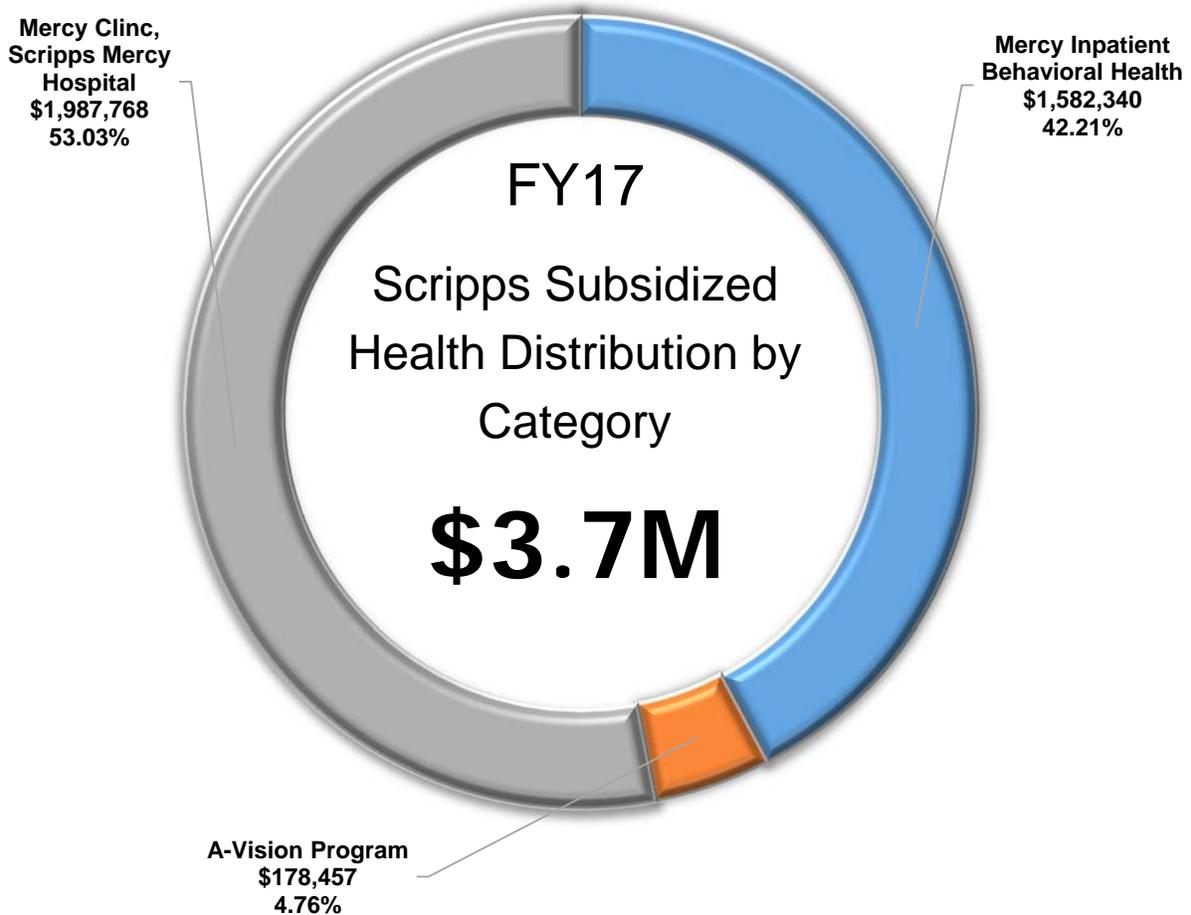
Mercy Clinic for fiscal year 2017 was \$1.9 million (excludes Medicare, Medi-Cal, bad debt and charity care).

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

FY17 Scripps Subsidized Health Services Distribution by Category, \$3,748,566



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 behavioral health services and Mercy Clinic.

SCRIPPS MERCY HOSPITAL, SAN DIEGO 2018 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2018

The Scripps Mercy Hospital, San Diego, and Mercy Clinic 2018 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 2018 (October 2017 to September 2018).

The Scripps 2018 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 2018 Objectives

Community Health Services

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

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

La Maestra Family Clinic, Inc.

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

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

La Maestra Family Clinic 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.

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

WIC has its largest distribution location based at the City Heights Wellness Center. The Scripps Mercy WIC Program, a federally funded nutrition program targeting pregnant and parenting women and their children (ages 0 to 5), is one of five WIC Programs operating in San Diego County. WIC services provide nutrition education, counseling services and food vouchers for nearly 6,500 low income women, infants and children monthly. Lactation education and support services are offered to improve breastfeeding among postpartum and parenting women. The Scripps Mercy Supplemental Nutrition Program for Women, Infants and Children (WIC), co-located in the Wellness Center, will continue to provide WIC services as one program within the City Heights Wellness Center.

Mercy Clinic

Mercy Clinic will continue to 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

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

A-Visions Vocational Training Program

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

Community Education and Health Fairs

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

Injury Prevention Activities

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

Professional Education and Health Research

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

- Provide comprehensive graduate medical education training for 36 internal medicine residents, 18 transitional year residents and three chief residents.
- Provide comprehensive graduate medical education training for nine podiatry residents.
- Provide a portion of graduate medical education training for up to 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 75 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 3 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 20 Navy physicians assistants-in-training.
- Provide a clinical research practicum in trauma and surgical critical care for two UCSD Masters of Advanced Studies in Clinical Research students.

- Provide a portion of graduate medical education for 18 Family Medicine Residents from Family Health Centers San Diego
- Provide a portion of graduate medical education for 6 third-year Kaiser Emergency Medicine Residents.

Uncompensated Health Care

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

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

SCRIPPS MERCY HOSPITAL, SAN DIEGO 2018 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2017

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 2017 (October 2016 to September 2017).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2017, Scripps Mercy Hospital employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. With close to 1,959 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$94,325.85¹⁷.

Making a Financial Commitment

During fiscal year 2017, Scripps Mercy Hospital, San Diego and Mercy Clinic devoted \$73,560,581 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

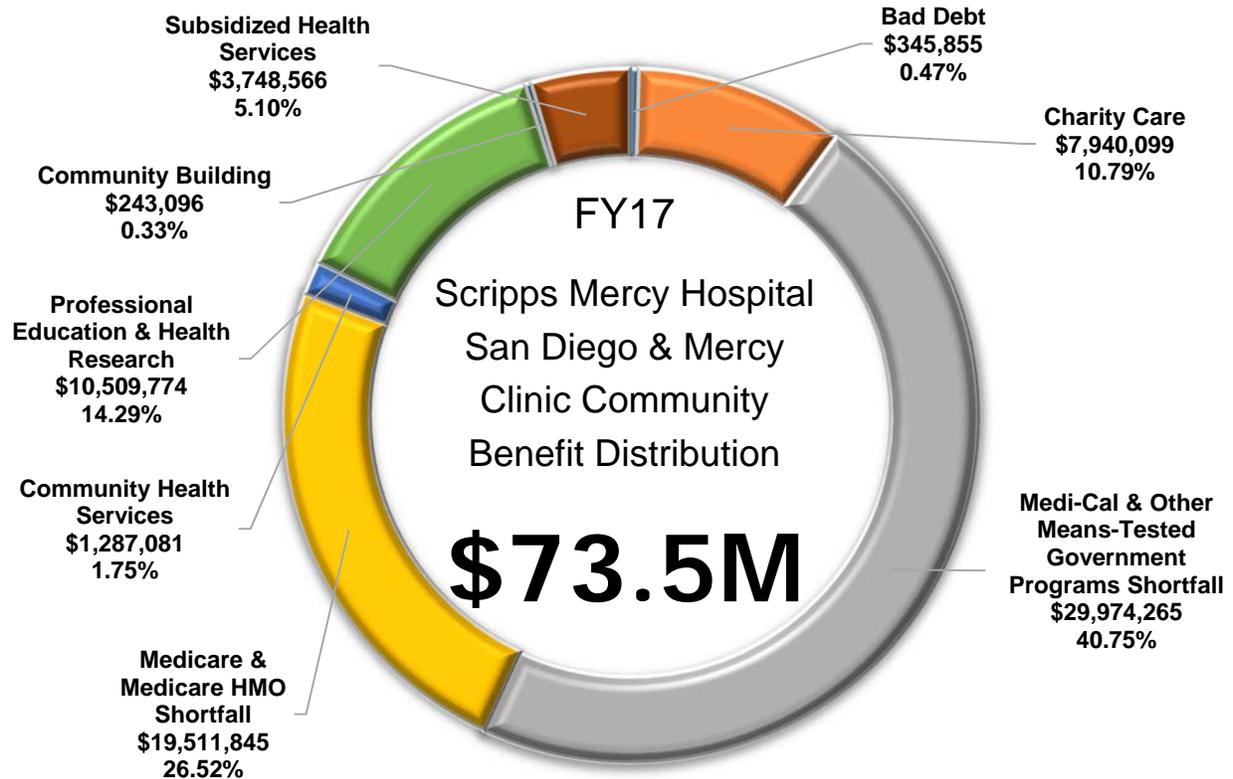
Scripps Mercy Hospital, San Diego and Mercy Clinic contributed \$73,560,581 to community benefits, including \$7,940,099 in charity care, \$29,974,265 in Medi-Cal shortfall, \$19,511,845 in Medicare shortfall, \$345,855 in bad debt, \$1,287,081 in community health services, \$10,509,774 in professional education and health research, \$3,748,566 in subsidized health services and \$243,096 in community building activities.

Refer to Figure 8:2, presented on the following page, for a graphic representation of the fiscal year 2017 Scripps Mercy Hospital, San Diego and Mercy Clinic Community Benefit Services distribution.

¹⁷ Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

Figure 8:2

FY17 Scripps Mercy Hospital, San Diego and Mercy Clinic Community Benefit Services Distribution, \$73,560,581



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	\$345,855	\$7,940,099	\$38,338,163	\$19,511,845	\$1,287,081	\$10,509,774	\$243,096	\$3,748,566	\$81,924,479
Provider Fee	-	-	(\$8,363,898)	-	-	-	-	-	(\$8,363,898)
Net-Community Benefit Services After Provider Fee	\$345,855	\$7,940,099	\$29,974,265	\$19,511,845	\$1,287,081	\$10,509,774	\$243,096	\$3,748,566	\$73,560,581

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.

Scripps Mercy Hospital, San Diego & Mercy Clinic Fiscal Year 2017

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 2017 (October 2016 to September 2017), Scripps Mercy Hospital and Mercy Clinic invested \$1,287,081 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 2017 community health achievements.

Professional Education and Health Research Highlights

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

Each year, Scripps Mercy Hospital, San Diego and Mercy Clinic allocate resources to advance health care services through clinical research and medical education. To enhance service delivery and treatment practices for San Diego County, Scripps Mercy Hospital and Mercy Clinic invested \$10,509,774¹⁸ in professional training programs and health research during fiscal year 2017 (October 2016 to September 2017). 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.

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

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

The educational innovation project program continues to produce high quality research resulting in peer-reviewed publications in the areas of cardiovascular limited ultrasound examination; teaching cost-effective medicine to residents; employing ACGME milestones to evaluate resident readiness for indirect supervision in the ambulatory environment; and team training to enhance family communication in the intensive care unit, among many other projects.

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

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

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

Since 1986, Scripps Mercy Hospital Trauma Services has provided graduate medical education in trauma and critical care for the Naval Medical Center (NMCS) General Surgery Residency Program. In 1999, the Accreditation Council for Graduate Medical Education Residency Review Committee for Surgery officially integrated Scripps Mercy

with the NMCSD 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 2017 cost of operating the Scripps Mercy Hospital, San Diego Graduate Medical Education program and other professional education programs totaled \$10,509,774.¹⁹

Other Professional Education Training Programs

In fiscal year 2017, Scripps Mercy Hospital, San Diego and Mercy Clinic served as a training site for San Diego Naval Hospital, Family Health Centers of San Diego and UCSD clinicians by:

- Providing rotations in the internal medicine inpatient service for UCSD psychiatry residents and medical students, as well as to Mercy Clinic for psychiatry residents and medical students.
- Providing a comprehensive graduate medical education program in trauma and surgical critical care for 78 San Diego Naval Hospital surgery and emergency medicine physicians (including four Chief Residents) one medical critical care fellow 13 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.

¹⁹ GME calculation based on total program expense plus overhead.

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

Pharmacy Residency Program

The largest private teaching hospital in San Diego, Scripps Mercy Hospital offers four 12-month postgraduate year one (PGY-1) pharmacy residency positions and two graduate year two (PGY-2) specialty residency positions. One in critical care and one in psychiatry starting July 15, 2017. 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

FY17 Scripps Mercy Hospital & Mercy Clinic

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
AARP Driver Safety Program - Full Day	18	2	-	\$159
AARP Driver Safety Program - Half Day Class	18	2	-	\$159
American Cancer Society - Look Good Feel Better Class	21	9	2	\$824
Annual Coronado Fire & Police Dept Open House	250	18	-	\$1,122
Annual Imperial Beach Fire Department Open House	100	18	-	\$1,122
Bad Debt **	-	-	-	\$345,855
Bleeding Control Class	63	45	-	\$3,221
Blood Drive - American Red Cross	101	-	-	-
Catholic Charities - Community Benefit Fund	-	-	-	\$30,000
Charity Care			-	\$7,940,099
California Health Foundation & Trust (CHFT)	-	-	-	\$60,300
CHIP - Community Health Improvement Partners - Suicide Prevent Council	-	82	-	\$6,456
College Student Mentorship Program	1	103	-	\$8,196
Consumer Center for Health Education and Advocacy (CCHEA)	-	-	-	\$120,000
Every 15 Minutes Program	2,206	43	-	\$3,242
Health Professions Training	2,348	-	-	-
In Lieu of Funds **	-	-	-	\$237,526
IRB 10-5542 Trial of Effectiveness of Screening & Brief Intervention For Drug Users in the Trauma & Emergency Dept	-	8	-	\$637

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

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

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

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
IRB 11-5716 Impact of a More Conservative Approach to CT Scanning in the Trauma Patient	-	8	-	\$637
IRB 11-5736 Thoracic Endovascular Repair vs. Open Surgery blunt aortic injury	-	202	-	\$9,789
IRB 11-5782 The Value of Ultrasound Imaging Surveillance for Venous Thromboembolic Disease in Trauma Patients	-	300	-	\$22,491
IRB 11-5786 Proposal to Initiate & Maintain a Multicenter Registry for the Purpose of Determining the Comparative Effectiveness of Risk Assessment, Prophylaxis, Surveillance, & Treatment of Venous Thromboembolism in Trauma Patients	-	590	-	\$26,920
IRB 12-6045 AAST Vascular Trauma Registry: PROspective Observational Vascular Injury Trial (PROOVIT)	-	65	-	\$3,515
IRB 13-6219 Path to the Operating Room (OR): The Need for CT Scan of the Torso in Trauma Patients Who Require Laparotomy for Blunt or Penetrating Trauma	-	48	-	\$2,438
IRB 13-6300 The Effects of Chronic Conditions on Clinical Outcomes Following Traumatic Injury	-	415	-	\$31,469
IRB 13-6309 Clinical Relevance of the MRI in Cervical Spine Clearance: A Prospective Study	-	28	-	\$1,537
IRB 14-6326 The Burden of Mental Illness: Impact on a Level 1 Trauma Center	-	8	-	\$637
IRB 14-6373 Hereditary Thrombophilia in Trauma Patients w/ Venous Thromboembolism	-	180	-	\$9,489
IRB 14-6426 The Impact of Trauma Service Management on Older Adult Hip Fractures Outcomes	-	6	-	\$477
IRB 14-6483 Professional Football & Related Trauma	-	6	-	\$477
IRB 14-6519 Do Audit Filters Have Value in a Mature Trauma System?	-	13	-	\$862
IRB 15-6597 Utility of Routine Neurosurgical Consultation in Patients with Low-Severity Blunt Traumatic Brain Injury	-	28	-	\$1,537
IRB 15-6652 Geriatric Trauma Care & Outcomes Registry Study	-	1,220	-	\$58,059
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
IRB 15-6721 Epidemiology, Injury Control, Treatments, Outcomes, Value of Care, and Performance Improvement (Universal IRB)	-	2,518	-	\$157,949
IRB 16-6744 Outcomes & Trends in Traumatic Injury & Surgical Critical Care (OSHDP)	-	808	-	\$63,329
IRB 16-6752 Characterizing Mortality Following Severe Trauma Injury at San Francisco General	-	300	-	\$14,203
IRB 17-6993 Symptomatic Blunt Cerebrovascular Injuries	-	101	-	\$5,240
La Maestra City Heights Health Center	-	-	-	\$1,000
Medi-Cal & Other Means-Tested Government Programs ***	-	-	-	\$29,974,265
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$19,511,845
Mental Health America of San Diego - Healthy Minds Luncheon	3	14	-	\$1,944
Mental Health Association of San Diego - Meeting of the Minds	-	8	8	\$710
Mental Health Association Recognition Dinner	-	-	-	\$1,490
Mental Health Association Recognition Dinner - Event	4	-	21	-
Mental Health Awareness Month	264	14	-	\$640
Mercy Clinic	-	-	-	\$1,582,340
Mercy Inpatient Behavioral Health	-	-	-	\$1,987,768
Mercy Outreach Surgical Team (MOST)	715	1,598	1,924	\$29,138
National Alliance of Mental Illness (NAMI) - Walk	116	9	-	\$700
Navy Research Fellow Research Program - Program Admin & Research	3	175	-	\$10,990
Nursing Student Education Rotation	-	31,960	-	\$2,540,395
Pharmacy Residency	-	13,301	-	\$820,948
Psychiatric Emergency Response Teams (PERT)	185	13	-	\$748
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Psychiatric Liaison Team (PLT)	1,890	84	-	\$300,749
San Diego County Methamphetamine Strike Force (MSF)	-	27	-	\$2,079
San Diego County Policy Panel on Youth Access to Alcohol	-	47	-	\$3,671
San Diego County Prescription Drug Abuse Task Force	-	10	-	\$727
San Diego Day of Trauma Conference	-	32	-	\$2,477
San Diego Health Connect - Referrals Work Group	-	22	-	\$1,751
San Diego Psychiatric Society Dinner	-	-	-	\$1,000
San Diego Regional Task Force on the Homeless	-	48	-	\$3,820
Save a Life San Diego Community Walk	-	-	-	\$500
Scripps Drug & Alcohol Resource Nurse	110	5	-	\$17,504
Scripps Health System Community Benefit Planning and Outreach	-	1,912	-	\$175,513
Scripps Mercy & Family Health Centers Behavioral Health Partnership	72	62	-	\$15,458
Scripps Mercy Behavioral Health - A-Visions Service Program	41	406	-	\$196,975
Scripps Mercy Hospital Medical Library	-	2,367	-	\$192,570
Scripps Mercy Hospital's GME Program	-	163,621	-	\$6,700,990
Scripps Mercy San Diego Cancer Support Group	17	32	4	\$2,810
Scripps Mercy Supplemental Nutrition Program for WIC	70,460	31,778	-	\$165,688
Scripps Recuperative Care Program (RCU)	178	2,663	-	\$109,488
SDSU Graduate Student Internship	1	109	-	\$8,017
Stroke Risk Factor Program	118	-	-	-
Survivors of Suicide Loss - San Diego Chapter	330	2	-	\$599
The City Heights Wellness Center Partnership - La Maestra	-	-	-	\$20,453
UCSD Graduate Student Internship	1	44	-	\$2,845
Total FY17 Mercy Hospital & Mercy Clinic	79,634	257,537	1,959	\$73,560,581
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

SCRIPPS MERCY HOSPITAL, CHULA VISTA 2017 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2018

The Scripps Mercy Hospital, Chula Vista 2018 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health improvement during Fiscal Year 2018 (October 2017 to September 2018).

The Scripps 2018 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 2018 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; nine hundred and twelve referrals have been received and most of the patients have remained out of the hospital for more than 30 days and are being supported through the Center's staff, programs and activities.

Community-Based Health Improvement Activities

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

Heart Health Management Class

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

Youth Activities

The goal is to implement a wide variety of School-to-Health Career activities including: Camp Scripps which introduces young students to health careers; this three-week camp educates them on the duties performed by professionals in various medical fields. Camp activities include a tour of the hospital, hands on activities involving health care and speakers on health-related issues. Other activities include Health Professionals in the classroom presentations, Health Professions Overview 101/hospital tour, and Mentoring Program and surgery viewings. All of these activities are designed to pique the interest of students to pursue a career in healthcare. A total of 2,000 students will participate in these programs.

Senior Health and Well-Being Programs

The goal is to increase health care, information and preventative services for seniors/older adults in 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, health fair 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. Services include home visits, referrals, data entry, follow-up phone calls, and other support services. Home visiting will be offered together with Family Medicine residency and parenting education.

First Five Parenting Classes

A total of 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 400 women will be referred to clinical breast health services in the community and Scripps Mercy Hospital, Chula Vista radiology services. A total of 2,400 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 100 women will receive services including encouragement for patients to repeat exam, assist patients to get health insurance approval to repeat exam, and education by phone about preventing breast cancer.

Scripps Mercy Hospital Chula Vista Radiology Positive Breast Cancer Patient Support

More than 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 will continue in 2018-2019 to improve health care access, education, job training and placement for youth and adults in southern San Diego County. A primary focus is implementing School to Health career activities, including mentoring, camps, job shadowing, health education classes, health chats, support groups, health fairs and others.

Health Professions Overview 101

In 2018, students from local schools will continue to tour the hospital and spend time in clinical departments to learn about a variety of health care professions. Students interact with the staff and ask questions. The tours are two hours and maximum of 12 students per tour.

Health Professionals in the Classroom

Health care professionals, such as medical residents, 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. In 2018, students will continue to participate in the program and receive health career tools/brochures that include information on education requirements, scholarships and way to pay for college.

Health Professions Education, Resident and Student Training

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

- Expand community medicine opportunities for family practice residents to provide services and reach at least 300 individuals.
- Continue to work closely with Scripps Family Practice Residency Program to place medical students in community health activities.
- A total of 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. This program will continue in 2018 and several manuscripts are under development.

South County Action Network (SoCan)

This program will continue in 2018. 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 2017, Scripps Mercy Hospital, Chula Vista will continue to provide health care services for vulnerable patients who are unable to pay for services.

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

SCRIPPS MERCY HOSPITAL, CHULA VISTA 2018 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2017

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 2017 (October 2016 to September 2017).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2017, 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 6,407 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$308,497.05²⁰.

Making a Financial Commitment

During fiscal year 2017, Scripps Mercy Hospital, Chula Vista devoted \$26,812,230 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

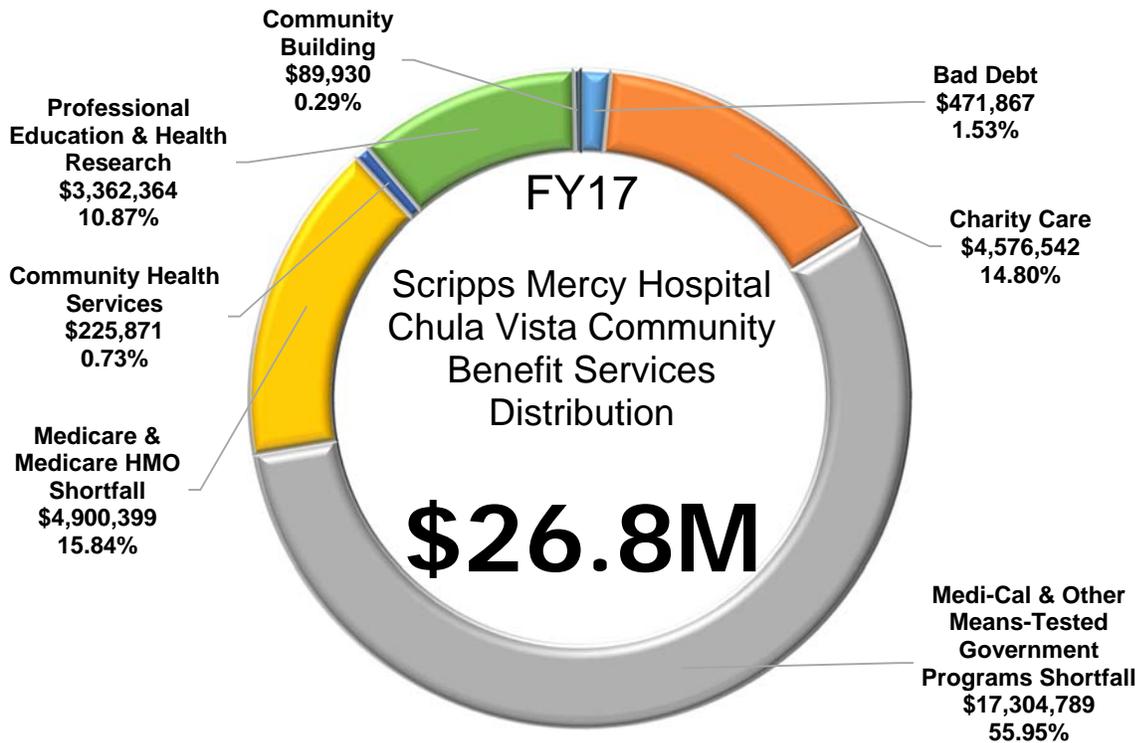
During fiscal year 2016, Scripps Mercy Hospital, Chula Vista contributed \$26,812,230 to community benefits, including, \$4,576,542 in charity care, \$13,185,257 in Medi-Cal shortfall, \$4,900,399 in Medicare shortfall, \$471,867 in bad debt, \$225,871 in community health services, \$3,362,364 in professional education and health research and \$89,930 in community building activities.

Refer to Figure 8:3 presented on the following page for a graphical representation of the FY17 Scripps Mercy Hospital, Chula Vista Community Benefit Services distribution.

²⁰ Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

Figure 8:3

FY17 Scripps Mercy Hospital, Chula Vista Community Benefit Services Distribution, \$26,812,230



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	\$471,867	\$4,576,542	\$17,304,789	\$4,900,399	\$225,871	\$3,362,364	\$89,930	-	\$30,931,762
Provider Fee	-	-	(\$4,119,532)	-	-	-	-	-	(\$4,119,532)
Net-Community Benefit Services After Provider Fee	\$471,867	\$4,576,542	\$13,185,257	\$4,900,399	\$225,871	\$3,362,364	\$89,930	-	\$26,812,230

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.

Scripps Mercy Hospital, Chula Vista's Fiscal Year 2017 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 2017 (October 2016 to September 2017), Scripps Mercy Hospital, Chula Vista invested \$225,871 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 2017 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 \$3,362,364²¹ in professional training programs during fiscal year 2017 (October 2016 to September 2017). This section highlights some of Scripps Mercy Hospital, Chula Vista's professional education and health research activities in fiscal year 2017.

Scripps Family Medicine Residency Program (2016 - 2017)

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

²¹ 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 108 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 1,500 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 2,440 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 2017, there were more than 14,000 clinical visits at this location and an additional 2,000 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 2017 cost of operating the Scripps Mercy Hospital, Chula Vista Graduate Medical Education program and other professional education programs totaled \$3,362,364.²²

²² GME calculations based on total program expenses plus overhead.

Scripps Memorial Hospital Chula Vista Community Benefit Services Summary List

FY17 Scripps Mercy Hospital Chula Vista

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Bad Debt **	-	-	-	\$471,867
Breast Health Clinical Referral Services	488	-	-	-
Breast Health Outreach & Education	2,473	202	-	\$9,694
Castle Park Elementary Wellness Committee Meeting	96	180	-	\$3,681
Centering Pregnancy, Healthy Moms, Healthy Babies	400	-	-	-
Charity Care	-	-	-	\$4,576,542
California Health Foundation & Trust (CHFT)	-	-	-	\$29,700
Chula Vista Community Collaborative	120	225	-	\$4,601
First Five Home Visits	402	754	-	\$15,414
First Five Parenting Education	465	872	-	\$17,829
Food Handlers Training Course	288	-	-	\$601
Health Professions Training	707	1,326	6,327	\$27,108
Healthy Development Services Provider Meeting	300	563	-	\$11,503
In Lieu of Funds **	-	-	-	\$31,850
Medi-Cal & Other Means-Tested Government Programs ***	-	-	-	\$13,185,257
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$4,900,399
Mental Health Awareness Month	12	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 hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Nursing Student Education Rotation	-	13,856	-	\$1,096,081
Overeaters Anonymous - Spanish	669	-	-	\$585
Parent Education, Support and Empowerment (PESE) Work Group Meet	80	150	-	\$3,067
Promise Neighborhood (Reducing Childhood Obesity in South Bay)	788	1,478	25	\$30,214
Residency Led Health and Well Being Programs	445	-	18	-
Residency Led Youth Programs	824	-	34	-
Scripps Cancer Survivors Day - Event	106	-	-	\$2,969
Scripps Family Medicine Residency Program	-	67,855	-	\$2,239,175
Scripps Mercy - Leadership Retreat Volunteer Service Day	350	288	-	\$58,081
Scripps Mercy Hospital Chula Vista - Healthy Weight Collaborative	120	225	-	\$4,601
Senior Health Chats	13	24	3	\$498
Senior Men's Health Lectures	4	8	-	\$153
South County Action Network (SoCAN) Meeting	300	563	-	\$11,503
Stroke and Brain Injury Support and Education Group	37	-	-	\$14,597
Stroke-Parkinson's Exercise Group	128	60	-	\$3,693
Su Vida, Su Corazon. Your Life, Your Heart	191	-	-	-
Sweetwater Union High School Dist. Pre-Participation Sports Screen	814	120	-	\$6,486
Take Off Pounds Sensibly (TOPS) Meeting	762	-	-	\$1,020
Widowed Support Group	85	-	-	\$665
Youth Educational Programs	1,372	2,574	-	\$52,606
Total FY17 Scripps Mercy Hospital Chula Vista	12,839	91,328	6,407	\$26,812,230
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				



SECTION 9

Scripps Green Hospital

2018 Scripps Community Benefit Plan and Report

SCRIPPS GREEN HOSPITAL

About Scripps Green Hospital

Located on Torrey Pines Mesa in La Jolla, Scripps Green Hospital has 173 licensed beds, more than 1,268 employees and cares for 6.0 percent of the inpatient population living in the hospital's service area. Within the service area, Scripps Green cares for 9.4 percent of Medicare patients, 0.2 percent of Medi-Cal patients, 5.9 percent of commercially insured patients, and 1.2 percent of patients with other payment sources including self-pay and charity care.

Scripps Green Hospital offers a wide range of clinical and surgical services, including intensive care, cancer/oncology, cardiothoracic and orthopedic surgeries. Specialty services include interventional; cardiology, orthopedics, blood and bone marrow transplantation, solid organ transplantation and clinical research. Additionally, Scripps Center for Integrative Medicine was established in 1999. Scripps Green is a teaching facility, offering graduate medical education.

Distinguished Programs and Services

- Bone Marrow Transplant Program
- Heart, Lung and Vascular Center
- Ida M. and Cecil H. Green Cancer Center
- Organ Transplantation, Caregiver Support Group, Living Donor and Liver Disease Center
- Scripps Radiation Therapy Center
- Big Horn Dermatology and Mohs Surgery Center
- Scripps Shiley Center for Integrative Medicine
- Donald P. and Darlene V. Shiley Musculoskeletal Center
- Emily Fenton Hunte Breast Care Center

SCRIPPS GREEN HOSPITAL 2018 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2018

The Scripps Green Hospital 2018 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 2018 (October 2017 to September 2018).

The Scripps 2018 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 2018 Community Benefit Objectives

Community Health Services

- Continue to partner with St. Leo's Mission Community Clinic. Staffed by internal medicine residents and Scripps Clinic staff physicians. This clinic serves lower income and indigent people in North County San Diego. The clinic is operated one evening and Saturday morning each week, typically treating up to 25 patients at each session.
- Continue to conduct blood drives on behalf of the American Red Cross.
- Continue to provide physical, emotional and spiritual support for cancer patients during their treatment.
- Continue 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

Maintain and improve the graduate medical education program at Scripps Green Hospital and Scripps Clinic. With 40+ residents and 37 fellows, the Scripps Clinic and Scripps Green Hospital Department of Graduate Medical Education serves more than 5,000 San Diegans each year, both inpatient and outpatient. All residents demonstrate a strong commitment to community service by maintaining weekly clinics at St. Leo's Mission Community Clinic.

Uncompensated Health Care

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

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

SCRIPPS GREEN HOSPITAL 2018 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2017

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 2017. (October 2016 to September 2017).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2017, 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 FY17, Scripps Green had 711 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$34,234.65.²³

Making a Financial Commitment

During fiscal year 2017, Scripps Green Hospital devoted \$34,987,333 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

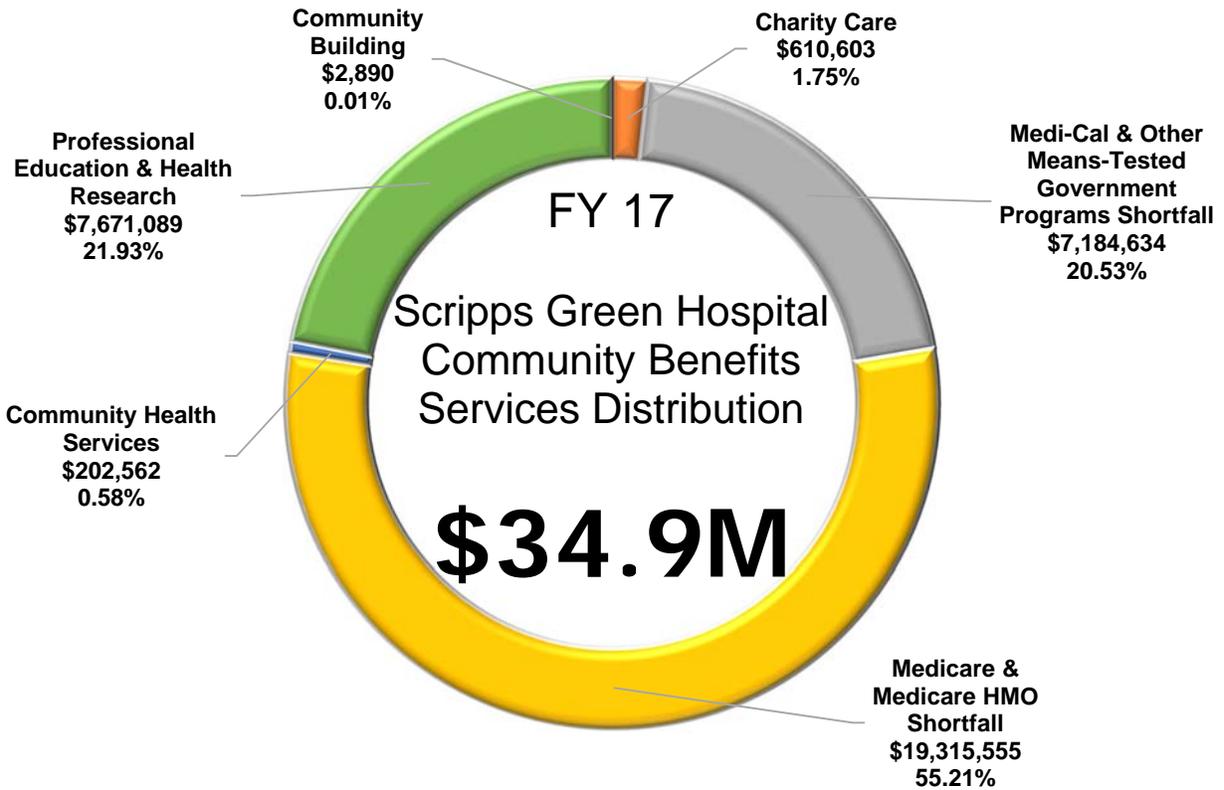
During fiscal year 2017 Scripps Green Hospital contributed \$34,987,333 in community benefits, including \$610,603 in charity care, \$7,184,634 in Medi-Cal, \$19,315,555 in Medicare shortfall, \$202,562 in community health services, \$7,671,089 in professional education and health research and \$2,890 in community building activities.

Refer to Figure 9:1 presented on the following page for a graphic representation of the fiscal year 2017 Scripps Green Hospital Community Benefit Services distribution.

²³ Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

Figure 9:1

FY17 Scripps Green Hospital Community Benefit Services Distribution, \$34,987,333



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	-	\$610,603	\$2,870,066	\$19,315,555	\$202,562	\$7,671,089	\$2,890	-	\$30,672,765
Provider Fee	-	-	\$4,314,568	-	-	-	-	-	\$4,314,568
Net-Community Benefit Services After Provider Fee	-	\$610,603	\$7,184,634	\$19,315,555	\$202,562	\$7,671,089	\$2,890	-	\$34,987,333

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.

Scripps Green Fiscal Year 2017 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 2017 (October 2016 to September 2017) Scripps Green Hospital invested \$202,562 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 2017 community health services achievements.

Professional Education and Health Research Highlights

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

Each year, Scripps Green Hospital allocates resources to advance health care services through professional education programs. To enhance service delivery and treatment practices for San Diego County; Scripps Green Hospital invested \$7,671,089²⁴ in professional training and health research programs during fiscal year 2017 (October 2016 to September 2017). This section highlights some of Scripps Green Hospital's professional education activities during fiscal year 2017.

²⁴ 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 37 fellows, the Scripps Clinic/Scripps Green Hospital Department of Graduate Medical Education serves about five thousand San Diegans each year. All residents and many attending physicians in the program demonstrate a strong commitment to community service by maintaining an evening clinic at St Leo's Mission Community Clinic. With a commitment to community health, these health care providers are working to improve the overall health of San Diegans.

Fiji Solomon Islands Medical Mission

In conjunction with other regional foundations the residents and faculty of the Scripps Clinic and Scripps Green Hospital; Internal Medicine Program provided humanitarian medical services to the impoverished and isolated populations of the Solomon Islands.

Scripps Green Hospital Community Benefit Services Summary List

FY17 Scripps Green Hospital

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Alcoholics Anonymous	4,584	-	-	\$5,565
American Chemical Society	100	-	-	-
Association of Clinical Research Professionals	84	-	-	\$1,341
Bad Debt **	-	-	-	-
Blood Drive - American Red Cross	16	-	-	\$159
Charity Care	-	-	-	\$610,603
Fiji Solomon Islands Medical Mission	280	-	506	-
Food Addicts Anonymous	795	-	-	\$990
In Lieu of Funds **	-	-	-	\$2,890
Joe Niekro Foundation	240	-	-	\$477
Medi-Cal & Other Means-Tested Government Programs***	-	-	-	\$7,184,634
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$19,315,555
Mental Health Awareness Month	17	4	-	\$189
Nursing Student Education Rotation	-	9,771	-	\$724,920
Organ Transplant Caregiver Support	260	-	-	-
Organ Transplant Support Groups	80	-	-	-
San Diego Echo Society	420	-	-	\$3,153
San Diego Nikkei Network	100	-	-	\$131
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
San Diego Restless Leg Syndrome (RLS) Support Group	50	-	-	\$131
Scripps Cancer Survivors Day - Event	200	10	25	\$6,827
Scripps Green Hospital Department of GME	-	167,624	-	\$6,946,169
Scripps Green Hospital Medical Library	-	-	-	\$183,321
Spondylitis Association	231	-	-	\$278
St. Leo's Mission Medical Clinic	304	-	180	-
When Words Heal - Writing Workshop	12	-	-	-
Total FY17 Scripps Green Hospital	7,773	177,409	711	\$34,987,333
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

SECTION 10

Scripps Whittier Diabetes Institute

2018 Scripps Community Benefit Plan and Report

SCRIPPS WHITTIER DIABETES INSTITUTE

About Scripps Whittier Diabetes Institute

Scripps Whittier Diabetes Institute is caring for and educating people with diabetes through diabetes management and support programs. The mission is to improve quality of life for people with diabetes through innovative education programs, clinical care, research and collaborations that pursue prevention and a cure. The Institute manages the Scripps Diabetes Clinical Care Line and provides diabetes care and education in the hospitals, ambulatory care clinics, and in the community.

Founded in 1982 Scripps Whittier stands alone as the region's leading comprehensive diabetes organization. The mandate at Scripps Whittier has always been to achieve excellence in diabetes care, research and education. The Institute accomplishes its mission by being a resource and partner with Scripps Health and collaborating with other institutions, their researchers and physician's, including the University of California San Diego, San Diego State University, Scripps Translational Science Institute, 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 as Latinos, who develop Type 2 diabetes at much higher rates than other groups.
- With a commitment to growth and innovation, Scripps Whittier is building on Project Dulce's proven success, Project Dulce 2.0 reached 125 participants to test the effectiveness of using health technology via text messages tailored to support patients with managing Type 2 diabetes with prompts ranging from healthy eating habits, physical activity reminders and behavior change management.
- Scripps Whittier was recently funded 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, dieticians, psychologists and community health workers.
- Leads the diabetes care line at Scripps and provides systemwide training and technical assistance to improve the quality of diabetes care throughout Scripps inpatient and ambulatory facilities.

SCRIPPS WHITTIER DIABETES INSTITUTE 2018 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2018

Scripps Whittier Diabetes Institute 2018 Community Benefit Plan provides a description of the overall Scripps community benefit goal of Scripps Whittier Diabetes Institute's objectives and strategies to support community health during Fiscal Year 2018 (October 2017 to September 2018).

The Scripps 2018 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 2018 Objectives

Scripps Whittier Diabetes Program

Scripps Whittier diabetes self-management training and education program has integrated the diabetes education services of two large primary and multi-specialty groups; Scripps Clinic and Scripps Coastal Medical Group. This consolidation has expanded individual and group education and diabetes support through enhanced efficiencies.

Gestational Diabetes Management and Education Program

Scripps Whittier Diabetes Program will continue to collaborate with Scripps Clinic OB GYNs and endocrinologists to provide comprehensive care and education to women with gestational diabetes.

Project Dulce

Scripps Whittier will continue to offer a comprehensive, culturally sensitive diabetes self-management program for underserved and uninsured populations.

During FY18, 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 2018 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, Dia de La Mujer, 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.

SCRIPPS WHITTIER DIABETES INSTITUTE 2018 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2017

The Scripps Whittier Diabetes Institute 2018 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 2017 (October 2016 to September 2017).

Making a Financial Commitment

During fiscal year 2017, Scripps Whittier Diabetes Institute devoted \$348,337 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 thirteen 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.

An estimated 30.3 million people of all ages or 9.4% of the U.S. population had diabetes in 2015. 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 7th 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 09.7% of discharges among whites.

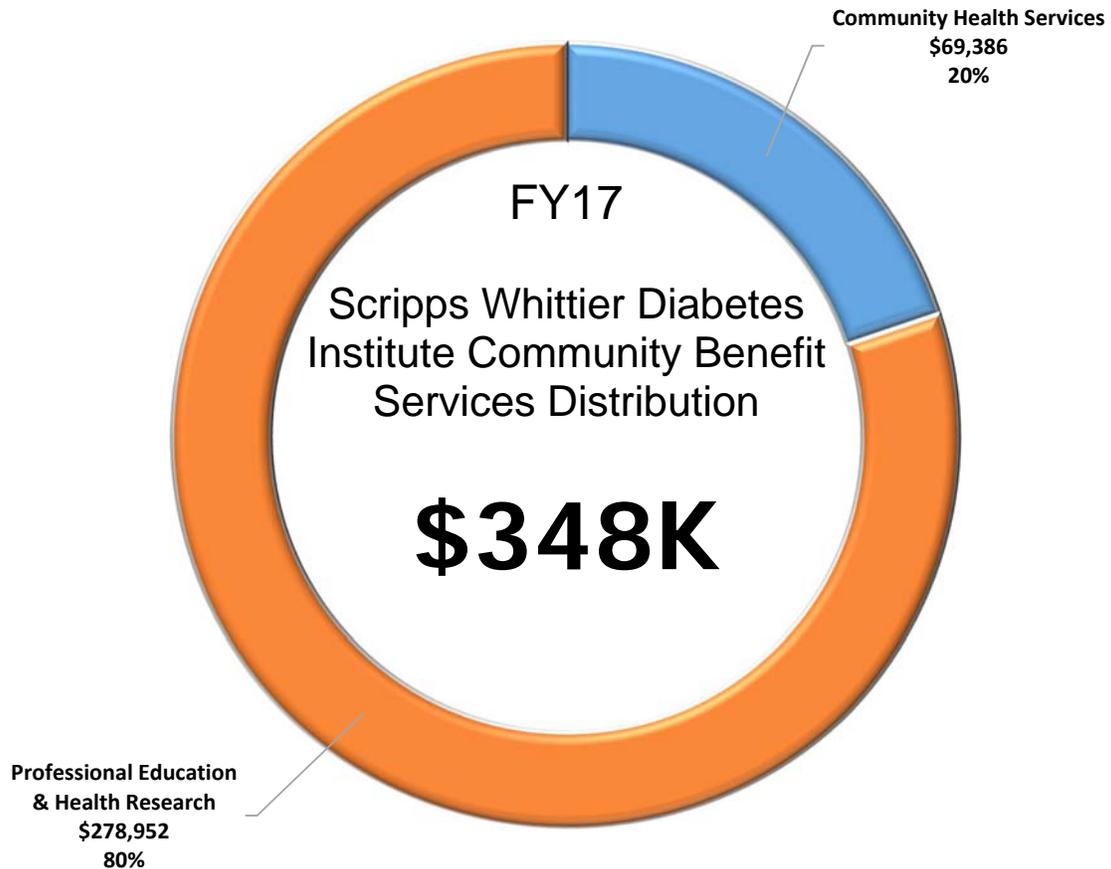
Project Dulce Model 19 Years of Experience

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.²⁵

²⁵ *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

FY17 Scripps Whittier Diabetes Institute Community Benefit Services Distribution, \$348,337



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.

Scripps Whittier Diabetes Institute Community Benefit Services Summary List

FY17 Scripps Whittier Diabetes Institute

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Basic Research	-	-	-	\$3,103
Clinical Research Services	-	9,560	-	\$182,503
SWDI Federal Grants	-	7,709	-	\$93,346
Whittier – (BHIP)-Behavioral Health Intervention Program in Diabetes	153	160	-	\$757
Whittier - Diabetes Education Outreach Events	507	531	-	\$3,623
Whittier - Diabetes Prevention Program	2,279	2,386	-	\$18,045
Whittier - Healthy Living Classes	208	-	-	\$950
Whittier - MAC Program	482	505	-	\$2,384
Whittier - Mi Puente Program	214	224	-	\$1,058
Whittier - Project Dulce Care Management	6,962	7,289	-	\$39,730
Whittier - Scripps Diabetes Retinal Screening Program	574	601	-	\$2,839
Total FY17 Scripps Whittier Diabetes Institute	11,379	28,965	-	\$348,337

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



SECTION 11

Scripps Medical Foundation

2018 Scripps Community Benefit Plan and Report

SCRIPPS MEDICAL FOUNDATION

About Scripps Medical Foundation

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

Scripps Clinic

Founded in 1924, Scripps Clinic is a multispecialty outpatient facility caring for patients at multiple locations throughout San Diego County, including Del Mar, Encinitas, Rancho Bernardo, San Diego, Rancho San Diego, Santee and La Jolla. Scripps Clinic and its physicians are world renowned for research-driven care and medical specialty expertise. Scripps Clinic contracts with the Scripps Clinic Medical Group, Inc., which has 545 board certified physicians in more than 50 fields of medicine and surgery. Scripps Clinic's main facility is located on Torrey Pines Mesa, adjacent to Scripps Green Hospital. Scripps Clinic offers the following services. Brain and Stroke Research and Treatment Center, Musculoskeletal Center, Scripps Center for Integrative Medicine, Scripps Clinic Center for Weight Management and Bariatric services. In January 2017, Scripps Health launched the Scripps Women's Heart Center, offering expert cardiology care for women by women. The center, is led by four female cardiologists, located at the John R. Anderson V Medical Pavilion outpatient clinic on the Scripps Memorial Hospital La Jolla campus.

Scripps Coastal Medical Center

Scripps Coastal Medical Center 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. Since then, this primary care outpatient group has continued to grow through the acquisition of new medical practices in the areas of both family medicine and women's services. With more than 110 practitioners, more than 450 employees, and 11 clinic locations spanning the

entire county of San Diego, Scripps Coastal Medical Center supports long-term growth strategies for Scripps in the area of primary care.

Scripps Cardiovascular and Thoracic Surgery Group

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

SCRIPPS MEDICAL FOUNDATION 2018 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2018

The Scripps Medical Foundation 2018 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 2018 (October 2017 to September 2018)

The Scripps 2018 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 2018 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.

SCRIPPS MEDICAL FOUNDATION 2018 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2017

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 2017 (October 2016 to September 2017).

Making a Financial Commitment

During fiscal year 2017, Scripps Medical Foundation devoted \$127,573,627 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.

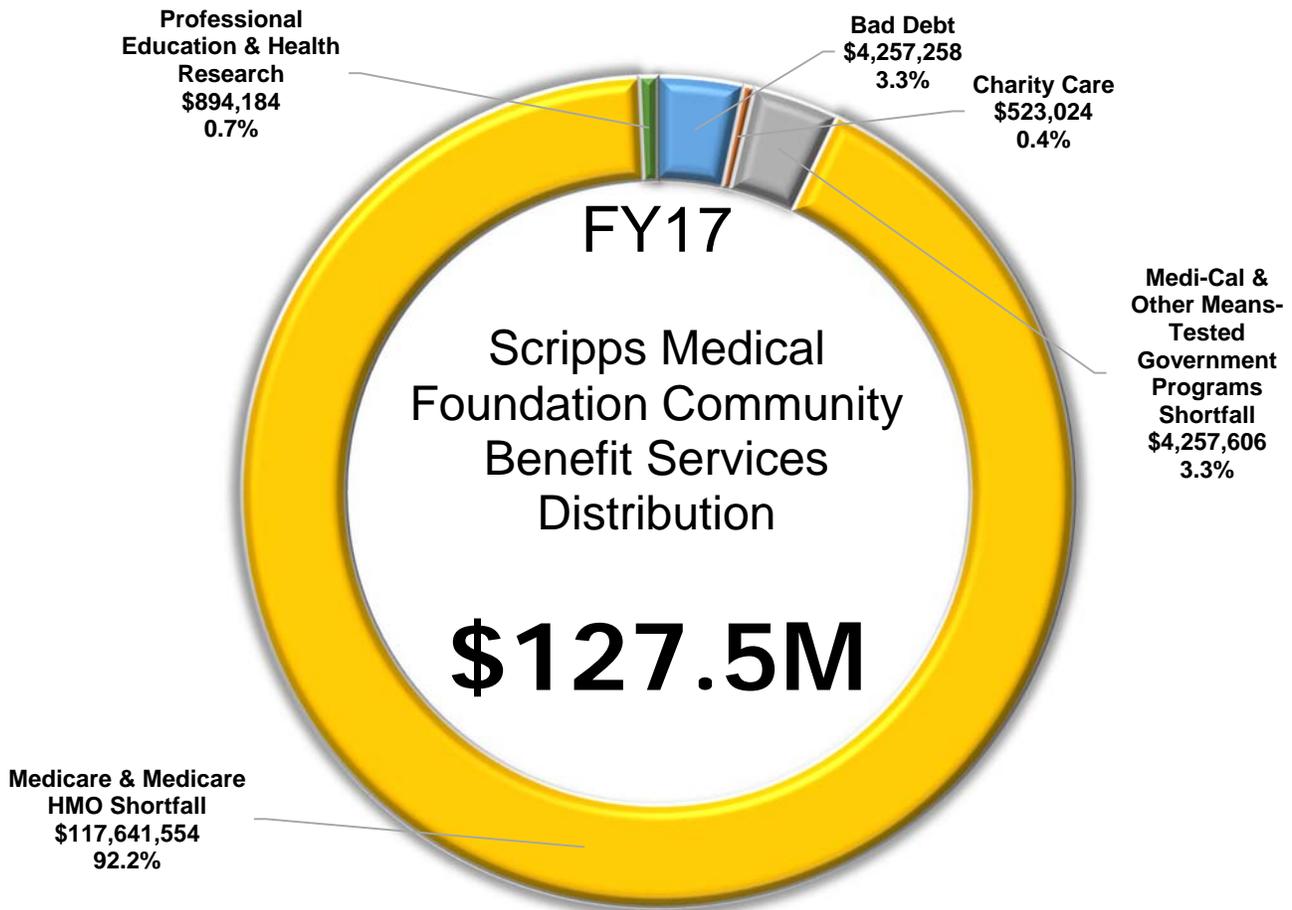
Scripps Medical Foundation Community Benefit Services Highlights

During fiscal year 2017, Scripps Medical Foundation contributed \$127,573,627 to community benefits, including \$523,024 in charity care, \$117,641,554 in Medicare shortfall, \$4,257,258 in bad debt and, \$894,184 in professional education and health research.

Refer to Figure 11:1 presented on the following page for a graphical representation of the FY17 Scripps Medical Foundation Community Benefit Services distribution.

Figure 11:1

FY17 Scripps Medical Foundation Community Benefit Services,
\$127,573,627



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.

Scripps Medical Foundation Fiscal Year 2017 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

FY17 Scripps Medical Foundation

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Bad Debt **	-	-	-	\$4,257,258
Charity Care	-	-	-	\$523,024
Medicare and Medicare HMO (Shortfall) **	-	-	-	\$117,641,554
Nursing Student Education Rotation	-	12,731	-	\$894,184
Medi-Cal & Other Means Tested Government Program ***	-	-	-	\$4,257,606
Total FY17 Scripps Medical Foundation	-	12,731	-	\$127,573,627
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				



SECTION 12

Scripps Systemwide Programs

2018 Scripps Community Benefit Plan and Report

SCRIPPS SYSTEMWIDE PROGRAMS

About Scripps Systemwide Programs

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

Scripps Home Health Services

Scripps Home Health Care Services provides a range of health care services in people's homes. Scripps Home Health has a 29-year service history in the San Diego community. During fiscal year 2017, the multidisciplinary team of caregivers provided professional home care services, as well as education on disease prevention and management, medications, diet and exercise, to approximately 5,000 patients throughout San Diego County. More than 190 nurses, therapists and support staff work closely with patients' physicians and family to offer a variety of services, including nursing care, physical, occupational and speech therapy 365 days per year. Home Health includes cardiovascular care, wound management, diabetic care, physical therapy, occupational therapy, speech therapy, dietary services and medical social services.

Scripps 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

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. Scripps offers advanced treatment technologies at its various radiation therapy facilities, as well as 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 2016, 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 138,000 cases in the Scripps Cancer Registry.

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. Scripps management and care delivery role in the Proton Therapy Center ended in December, 2017.

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
- Proton Therapy
- 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
- Sleep

Scripps Whittier Diabetes Institute and Scripps Translational Science Institute (STSI)

The Scripps Translational Science Institute (STSI) combines Scripps Health's strong patient care and clinical research capabilities with the exceptional biomedical science expertise of The Scripps Research Institute (TSRI) to leverage the power of genomic medicine and digital medicine technologies, for the advancement of individualized medicine. STSI is dedicated to accelerating the "translation" of basic laboratory discoveries into clinical trials and, ultimately approved treatments. Under the direction of TSRI, STSI is supported in part by the National Institutes of Health Clinical and Translational Science Award (CTSA). A five-year, \$20 million grant to support translational clinical research, infrastructure and training was awarded in 2008 and in 2013 was renewed for \$33 million for the next five years.

The STSI Community Engagement Program (STSI-CEP) is led by the Scripps Whittier Diabetes Institute, which has provided the San Diego community with the most advanced diabetes care, education, and support for more than 30 years. In addition to leading its own CEnR projects in diabetes and cardio metabolic disease, Scripps Whittier Diabetes Institute aims to enhance the involvement of community in other areas of research through the STSI-CEP. 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.

SCRIPPS SYSTEMWIDE PROGRAMS AND SERVICES 2018 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2018

The Scripps Systemwide 2018 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 2018 (October 2017 to September 2018).

The Scripps 2018 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 2018 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

- Continue to align Scripps Talent Development Services and programs with the organization's workforce development strategy.
- Partner with identified high schools in San Diego County to offer internships in support of student success in future healthcare occupations.
- Host an annual dean and faculty breakfast 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 academic partnerships by working with the Consortium to include more local schools.

- Continue to expand visibility of our academic partners by providing opportunities to meet with employee's onsite and to provide informational webinars.
- Continue to oversee new requests for affiliation agreements as the agreements continue to come in. These are reviewed by the education committee.
- Streamline the operations and efficiencies of the Student Placement process through a Value by Design RIE resulting in anticipated improvements in service, administration and placements.
- Update Consortium redesign – Student and Faculty pages, instructions, documents, and modules are in the process of being updated with improvements. Work with community schools and hospitals to fully implement Complio for tracking of student placement requirements.

Disaster Preparedness: Community Outreach and Education

Scripps Health's goal, to benefit the community, is to enhance our organizations emergency preparedness posture within the community. We aim to establish activities to maximize our overall medical surge capacity and help to enhance the community's emergency preparedness and response. Having the ability to provide emergency services to those injured in a local disaster while continuing to care for hospitalized patients, is a critical community need. Scripps, together with other first responder agencies (public and private), will engage in a variety of training, outreach and planning initiatives during Fiscal Year 2018, including:

- Full participation in 2018 San Diego County Operational Area Full Scale Exercise
- Full participation in November 16, 2017 Statewide Medical & Health Full Scale Exercise
- Continued active participation with San Diego County in planning and preparing for emergencies with the San Diego County Healthcare Disaster Coalition.
- Continued active participation with San Diego County in the Hospital Preparedness Program's (HPP). The group's intent is to increase the preparedness, response capabilities and surge capacities of hospitals and other healthcare facilities.
- Assist San Diego County be providing Hepatitis A vaccinations at sanctioned Single Resident Occupancies (SRO)
- Assist DEA with all Drug Take Back event requests.
- First Receiver Operations, PPE & Decontamination for Health Care training and full-scale drill for community partners.

American Heart Association – Heart Walk

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

Substance Abuse Prevention and Treatment Programs

Continue to provide substance abuse prevention and treatment programs. Increase the ability to provide treatment to those who are unfunded or underfunded. Through a contract with the Volunteers of America Scripps will provide safe detox up to five patients per week. In collaboration with Scripps Drug and Alcohol Resource Nurses to help maintain them into community based programs.

Professional Education and Health Research

Scripps High School Exploration Program and the Health and Science Pipeline Initiative (HASP) will continue to provide education internships for students offering five week-long paid internships, in which students rotate through clinical departments to learn about health care.

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

Continue to provide Scripps Health New Grad RN Residency Programs. Explore expansion of this program to the clinic setting.

Explore expanding Young Leaders in Healthcare to employee dependents and school partnerships. There are currently 15 partnership high schools.

Uncompensated Health Care

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.

SCRIPPS SYSTEMWIDE PROGRAMS AND SERVICES 2018 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2017

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 2017 (October 2016 to September 2017).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2017, Scripps systemwide employees donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. With 329 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$15,841.35.²⁶

Making a Financial Commitment

During fiscal year 2017, \$11,450,860 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

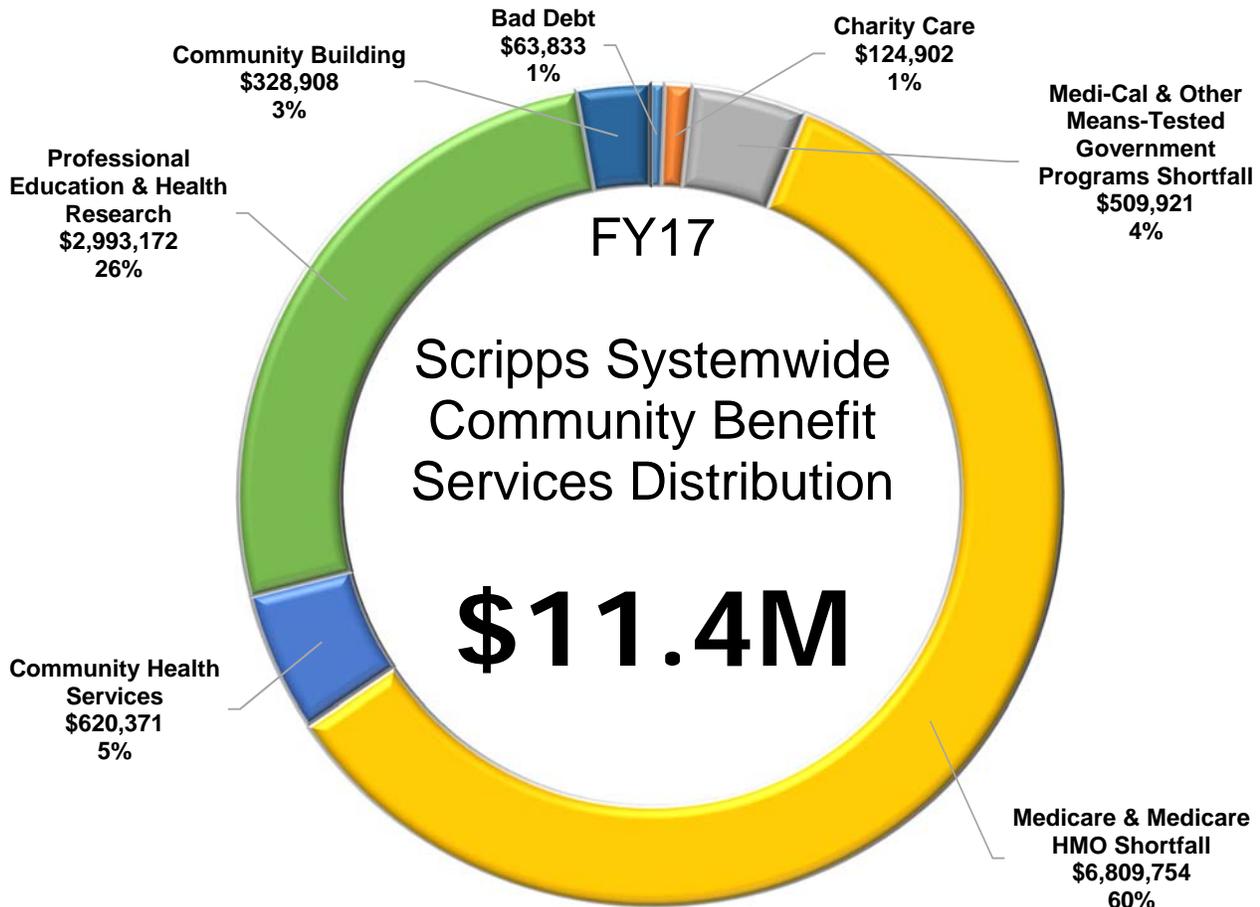
During fiscal year 2017, Scripps systemwide contributed \$11,450,860 to community benefits, including \$124,902 in charity care, \$6,809,754 in Medicare shortfall, \$63,833 in bad debt and, \$2,993,172 in professional education and health research and \$328,908 in community building activities.

Refer to Figure 12:1 presented on the following page for a graphical representation of the FY17 Scripps Systemwide Community Benefit Services distribution.

²⁶ Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

Figure 12:1

FY17 Scripps Systemwide Community Benefit Services
Distribution, \$11,450,860



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.

Scripps Systemwide, Fiscal Year 2017 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 2017 (October 2016 to September 2017) \$620,371 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 2017 community health services achievements.

Scripps Health Community Benefit (CB) Fund

In Fiscal Year 2017, 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 \$3.5 million dollars. Programs funded during fiscal year 2017 include:

211 Health Care Navigation Program

Locally, 2-1-1 San Diego was launched in June 2005 as a multilingual and confidential service committed to providing 24/7 access. There was an overwhelming need for a dependable service to help people navigate today's complex health care system. Scripps Health has been a longtime supporter of 2-1-1 San Diego's Health Navigation Program which creates a record for every person who calls, in order to provide a service that navigates clients through different referrals and tracks their success toward achieving improved social determinants of health. All 2-1-1 staff are trained to identify individuals who are in need of care coordination services, particularly individuals who are having difficulties managing their chronic health conditions. Health Navigators are

trained to determine client risk using the Risk Rating Scale (RRS). The RRS determines a client's status ranging from "In Crisis" to "Thriving" using social determinants of health such as housing, nutrition, primary care and health management.

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

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

During this grant period 2-1-1 provided care coordination services to 724 clients. 2-1-1 Health Navigators provided individualized needs assessments, case planning, information, education and referrals and provided ongoing client contact and progress checks via phone over a period of time relevant to the client's needs to check on and document client progress.

American Heart Association

Funding awarded for the 2017 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 Chula Vista. Case management and shelter are provided for previously homeless patients discharged from Scripps Mercy Hospital who no longer require hospital care but still need a short-term, supportive environment. Patients demonstrating a readiness for change are assisted with one week in a hotel along with food and bus fare to pursue case plan. The focus of the case management is to stabilize the client by helping them connect to more permanent income sources, housing and ongoing support for self-reliance. The goal of this partnership is to reduce the incidence of ER recidivism and improve quality of life for the patients.

Consumer Center for Health Education and Advocacy (CCHEA)

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. 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.²⁷

In response to this serious health concern, Scripps has developed a series of prevention and wellness programs to educate people on the importance of early detection and treatment for some of the most common forms of cancer. During Fiscal Year 2017, 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.

Pancreatic Cancer Action Network - Purple Stride San Diego

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.

²⁷ County of San Diego HHSA, Public Health Services, Community Epidemiology Branch

Leukemia & Lymphoma Society - Light the Night Walk

Scripps participated and sponsored the Light the Night Walk. A fundraising campaign benefiting the Leukemia & Lymphoma Society (LLS) and their funding of research to find blood cancer cures.

American Lung Association - Lung Force Walk

Scripps participated and sponsored the Lung Force Walk. The walk is led by the American Lung Association to raise awareness and funds to fight against lung cancer and for lung health.

Colon Cancer Alliance - Undy Run/Walk

Scripps participated in the Undy Run/Walk to raise awareness for Colon Cancer. The Colon Cancer Alliance's mission is to knock colon cancer out of the top three cancer killers. They are doing this by championing prevention, funding cutting-edge research and providing the highest quality patient support services.

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's²⁸ lives every year. Stroke is a leading cause of serious, long-term disability.

During fiscal year 2017, 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 \$9,000 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 \$1.1 million. In 2017, more than 1,016 Scripps Heart Walk employees, families and friends walked to

²⁸ 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>.

help raise more than \$60,000. 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 a State of California disaster while continuing to care for hospitalized patients is a critical community need. Scripps maintains active readiness for the Scripps Hospital Administrative Unit and the Scripps Medical Response Team. Both are lead teams for the State of California Mobile Field Hospital deployment and the USAID Trauma Surgical Deployment Unit. Scripps teams are also ready for deployment if the International Medical Corps requests assistances.

San Diego County and National Community Support and Outreach Education

Scripps Health maximizes awareness and encourages participation in disaster preparedness activities to affect change at the community level. In Fiscal Year 2017, Scripps participated in the following:

- Scripps Health participated in San Diego County Healthcare Disaster Coalition and state of State of California advisory groups to plan, implement and evaluate key disaster preparedness response plans and exercises. Scripps Health was a key contributor to the Evacuation Sub Committee in defining processes for hospital evacuations, and Scripps and is an advisor to San Diego County for federal and state grant development and planning.

- First Receiver Operations, PPE & Decontamination for Health Care.**
 Scripps Health offered training to the community in First Receiver Operations, PPE & Decontamination for Health Care. This was an eight hour course on managing hazardous material emergencies (Chemical, Biological, Radiological, Nuclear, and Explosives) and a decontamination response in the healthcare setting. The course included a full functional exercise and training that incorporated the skills of team communication, collaborations, and continuation of care
- San Diego County Operational Area Coastal Warrior Full Scale Exercise**
 On June 8, 2017 Scripps Health participated in the Coastal Warrior Full Scale Exercise. The exercise looked to validate the response to a multi-assault terrorist attack.
- 2016 Statewide Medical & Health Full Scale Exercise**
 A full scale exercise sponsored by the California Department of Public Health and Emergency Service Authority in collaboration with response partners representing local health departments, public safety and healthcare facilities across California. The scenario was a train derailment resulting in a mass casualty incident.
- San Diego County Prescription Take Back Day**
 October 22, 2016 and April 29, 2017 with four hospital/clinic sites participating.

Scripps Prescription Take Back Day Totals	Boxes	Pounds
Scripps Coastal Medical Center	17	221
Scripps Green Hospital	13	181
Scripps Rancho Bernardo Clinic	147	744
Scripps Encinitas Hospital	31	367
Totals	208	1,513

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; \$2,993,172²⁹ was invested by Scripps systemwide programs and services in professional training and health research programs during Fiscal Year 2017 (October 2016 to September 2017). This section highlights some of Scripps systemwide professional education and research activities during Fiscal Year 2017.

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 2017, Scripps Health partnered with HASPI to provide continuing education internships for their students.

The program offered five week internships, in which 25 students rotated through clinical and non-clinical departments to learn about health care. In addition, Young Leaders in Healthcare participants were eligible for the five week summer program.

²⁹ 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

FY17 Scripps Systemwide

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
2-1-1 San Diego - Community Benefit Fund	-	-	-	\$12,000
2-1-1 San Diego Annual Event	-	-	-	\$5,000
Adult, Infant and Child CPR for Family and Friends - SD	143	165	-	\$5,823
Advanced Cardiac Life Support (ACLS) Renewal Course	19	94	-	\$5,045
Alzheimer's Association San Diego Program Support - Sponsorship	-	-	-	\$25,000
American Cancer Society-Making Strides Against Breast Cancer-Sponsorship	-	-	-	\$15,000
American Heart Association - Go Red for Women Luncheon Sponsorship	-	-	-	\$10,000
American Heart Association Heart Walk - Event	1,018	1,632	-	\$109,687
American Heart Association Heart Walk - In-Kind Donation	-	-	-	\$9,981
American Heart Association Heart Walk - Sponsorship	-	-	-	\$10,000
Bad Debt **	-	-	-	\$63,833
Basic Life Support for Healthcare Provider Class	49	174	-	\$7,508
Blood Drive for the American Red Cross	65	-	-	-
California State University San Marcos - Report to the Community	-	-	-	\$1,750
Cancer - American Lung Association - Lung Force Walk - Donation	-	-	-	\$5,000
Cancer - Beat Nb Cancer Foundation	-	-	-	\$300
Cancer - Colon Cancer Alliance - Undy Run/Walk - Event	15	-	-	-
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Cancer - Leukemia & Lymphoma Society - Light the Night - Event	15	-	-	\$40
Cancer - Lung Force - American Lung Association - Gala	-	-	-	\$5,000
Cancer - Lung Force - American Lung Association - Event	25	-	-	-
Cancer - Purple Stride San Diego - Event	18	-	-	\$42
Cancer- Leukemia & Lymphoma Society - Light the Night Walk - Sponsorship	-	-	-	\$5,000
Charity Care	-	-	-	\$124,902
Catholic Charities - Community Benefit Fund	-	-	-	\$40,000
Clinical Research Services	-	8,3816	-	\$1,744,592
Community Bereavement Group Support	930	159	-	\$8,594
Disaster Preparedness - Community Outreach and Education **	130	-	16	\$833
Enlisted Leadership Foundation - The Foundry **	-	-	-	\$20,000
Eric Paredes Save a Life Foundation - Grant	-	-	-	\$15,000
Eric Paredes Save a Life Foundation - Screenings	3,533	180	148	\$13,556
Executive Leadership - Community Building **	-	120	-	\$38,196
Father Joe's Villages - Car Donation	-	-	-	\$6,525
Health Care Public Policy and Government Advocacy **	-	2,030	-	\$240,315
Hospital Preparedness Program Development Committee **	-	60	-	\$3,693
Medi-Cal & Other Means Tested Government Program (Shortfall ***)	-	-	-	\$509,921
Medicare & Medicare HMO (Shortfall) **	-	-	-	\$6,809,754
Love Your Heart - Blood Pressure Screening Event	176	34	-	\$1,838
MD Anderson Cancer Center 75th Anniversary Gala	-	-	-	\$25,000
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				

Program Name	People Served	Staff Hours	Volunteer Hours	Financial Support*
Neonatal Resuscitation Program (NRP)	9	26	-	\$628
North San Diego Business Chamber - Honoring Our Region's Heroes **	-	-	-	\$5,000
North San Diego Business Chamber Health Committee Meeting **	1	15	-	\$1,194
Nursing Student Education Rotation	-	204	-	\$126,908
Parent Connection Classes	71	-	-	-
Pediatric Advance Life Support (PALS) Course	2	26	-	\$1,111
Prescription Drug Take Back Day	254	-	-	-
San Diego County Healthcare Disaster Council **	-	312	-	\$17,332
San Diego Hunger Coalition - Sponsorship	-	-	-	\$500
San Diego Nursing Service/Education Consortium **	-	-	-	\$2,000
San Diego Seafood Saturday's **	220	28	-	\$1,311
Scripps Genomic Medicine & Translational Services	-	-	-	\$684,892
Scripps Health System Community Benefit Planning and Outreach	-	3,145	-	\$270,972
Scripps High School Exploration Program	25	3,920	-	\$369,394
SD Sherriff's Search & Rescue Academy - Emergency Response Module **	20	-	45	\$1,034
Skin Cancer Screenings-San Diego Firefighters, Lifeguards & Police	229	240	120	\$13,513
Stroke Awareness - Community Health Education Lecture	5	-	-	-
Susan G. Komen Race for the Cure - Event	30	-	-	-
Susan G. Komen Race for the Cure - Sponsorship	-	-	-	\$5,000
Travis Mills Foundation	-	-	-	\$250
University City (UC) High School Exploration Program	16	808	-	\$51,096
Total FY17 Scripps Systemwide	7,018	8479	329	\$11,450,860
<p>* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community building activities, bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.</p> <p>*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.</p>				



SECTION 13

Appendices

2018 Scripps Community Benefit Plan and Report

APPENDICES

Appendix A: Definition of Terms

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

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

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

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

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

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

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

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

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

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

Cost accounting — Cost accounting systems generally provide the most accurate portrayal of the true cost of community benefit activities. Measurement of the costs associated with specific activities and programs to provide information meaningful to management. For example, cost accounting is used to determine the amount of an organization's total expense that reasonably can be attributed to community benefit, to assign indirect (overhead) expense to the direct cost of a program, and to estimate the cost associated with serving a subset of patients, such as Medicaid recipients.

Direct costs — "Direct costs" means salaries and benefits, supplies, and other expenses directly related to the actual conduct of each activity or program.

Direct offsetting revenue — Revenue from the activity during the year that offsets the total community benefit expense of that activity. Includes any revenue generated by the activity or program, such as reimbursement for services provided to program patients. Direct offsetting revenue also includes restricted grants or contributions that the organization uses to provide a community benefit, such as a restricted grant to provide financial assistance or fund research. Direct offsetting revenue does not include unrestricted grants or contributions that the organization uses to provide a community need.

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

Hospital provider fees — States have some form of Medicaid provider tax (or fees and assessments) in place. Through these arrangements, providers pay funds to states that then are appropriated to Medicaid agencies and serve as a source of matching funds that yields federal Medicaid revenue. These fees are included in community benefit accounting as Medicaid cost, and any revenues they yield also included in Medicaid “direct offsetting revenue”.

Implementation strategy — the written document that describes the hospital facility’s strategy to meet the community health needs identified through the hospital facility’s Community Health Needs Assessment (CHNA).

In-Kind contributions — Donations made (or received) using resources that are not legal tender (e.g., cash, checks, credit cards). Donations of supplies (e.g., pharmaceuticals), equipment, or staff time that benefits another organization are examples of in-kind contributions. In community benefit accounting, in-kind contributions are valued fairly. For example, the hospital donates a two-year old computer to a community clinic. The community benefit expense would be \$1,000 if the computer was purchased for \$3,000 and after two years of use it has depreciated to a value on the books of the hospital of \$1,000.

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

Net community benefit expense — Total community benefit expense minus direct offsetting revenue.

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

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

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

Restricted contributions (Grants) — Donations, gifts, bequests and other transfers of money or property made by a donor or grantor that has stipulated a temporary or permanent use for the resources provided. Donors or grantors provide restricted contributions with the intent of supporting a particular activity or program. Restrictions generally are stated in writing by the donor or grantor when they make a gift or grant.

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

Total community benefit expense — Total gross expense of the activity incurred during the year.

Uncompensated health care — Includes charity, under-reimbursed care and bad debt. Shortfalls are derived using the payer based cost allocation methodology. Bad

debt and charity care are estimated by extracting the gross write offs of bad debt and charity care charges and applying the hospital RCC to estimate net uncompensated cost.

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

Unrestricted contributions (Grants) — Donations, gifts, bequests and other transfers of money or property that are free from any external restrictions and are available for general use.

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

Appendix B: Scripps Uncompensated Care Fiscal Year 2017 Methodology

Scripps continues to contribute resources to provide low and no-cost health care services to populations in need. During fiscal year 2017, Scripps contributed \$361,114,035 to uncompensated health care, \$21,191,733 in charity care, \$334,783,489 in Medi-Cal and Medicare shortfall, and \$5,138,813 in bad debt.

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

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

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

Medicare and Medicare HMO–Hospitals — Shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare and Medicare Senior primary insurance carriers. Operating margin is defined as net revenue less all variable, fixed, and overhead costs. Profitability is estimated as follows: net

revenue is equivalent to payments plus an estimation of the 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, 340B, 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 — 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, Medi-Cal 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 Centers for Medicare & Medicaid Services (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. On December 30, 2016, CMS issued the approval letters for the 2014-16 hospital fee program managed care non-expansion rates for July 1, 2014 to June 30, 2015, and the managed care expansion rates for July 1, 2014 to December 31, 2014.

Appendix C



Appendix D: San Diego County HSA Geographic Services Regions³⁰



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

³⁰These regions have been designated by the County of San Diego Health and Human Services Agency (HHS) for the purpose of service delivery. The regions include different sub-regional area (SRA) groupings that the regions designated by the San Diego Association of Governments (SANDAG)

Appendix E: Regulatory Requirements

SB 697 and Scripps History with Past Assessments

Scripps Health has a long history of responding to the health needs of the communities it serves, extending beyond traditional hospital care to address the health care needs of the region's most vulnerable populations. In 1994, California legislators passed Senate Bill 697 (SB 697), which requires all private not-for-profit hospitals in the state to conduct a CHNA every three years. Since 1994, these programs have been created based on an assessment of needs identified through hospital data, community input, and major trends. Previous collaborations among not-for-profit hospitals, healthcare systems, and other community partners have resulted in numerous well regarded Community Health Needs Assessments (CHNA) reports. Information is gathered through the CHNA for the purposes of reporting community benefit, developing strategic plans, creating annual reports, providing input on legislative decisions, and informing the general community of health issues and trends.

Federal Requirements

In 2010, Congress added several new requirements for hospital organizations to maintain federal income tax exempt status under Section 501 (r) of the Internal Revenue Code (the "Code") as part of the Affordable Care Act. One of the requirements set forth in Section 501 (r) of the Code is for each hospital organization to conduct a Community Health Needs Assessment (CHNA) at least once every three tax years. The requirement to conduct a CHNA applies to Scripps Health, which is a health system that operates four hospital facilities. In addition, Scripps Health must adopt a triennial Implementation Plan which is a separate written document to address certain community health needs identified in the CHNA by September 30, 2016. Additional information on the ACA requirements for nonprofit hospitals can be found at www.irs.gov, keyword: "Charitable Organizations".

Required Components of the Community Health Needs Assessment

Per IRS requirements, (Treas. Reg. § 1.501 (r)-3(b) (6) (i)) the following are components the CHNA must include:

- A description of the community served by the health system and how it was determined
- A description of the processes and methods used to conduct the assessment

- A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility
- Prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.
- A description of the existing health care facilities and other resources with the community available to meet the community health needs identified in the CHNA.
- An evaluation of the impact of any actions that were taken since the hospital finished conducting its immediately preceding CHNA to address the significant health needs identified in the prior CHNA.
- Make the CHNA widely available to the public via the hospital's website.

Required Components of the Implementation Strategy

Provisions in the Affordable Care Act permit a hospital facility that adopts a joint CHNA report to also adopt a joint implementation strategy which, with respect to each significant health need identified through the joint CHNA, either describes how one or more collaborating facilities plan to address the health need or identifies the health need as one collaborating facilities do not intend to address. The joint implementation strategy adopted for the hospital facility must: (Treas. Reg. § 1.501 (r)-3(c) (4).

- Meet community health needs identified in the CHNA. Describe any needs identified in the CHNA that are not being addressed and the reasons for not addressing them
- Be clearly identified as applying to the hospital facility
- Clearly identify the hospital facility's particular roles and responsibilities in taking the actions described in the implementation strategy, and the programs and resources the hospital facility plans to commit to such actions
- Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relates to the hospital facility.

Appendix F – Scripps Healthcare Participation in Community Organizations

The list below highlights Scripps community partners and coalitions in Fiscal Year 2017. Community organizations are listed alphabetically.

- 2-1-1 San Diego
- AARP Driver Safety Program
- Aging & Independence Services - Fall Prevention Task Force
- Alcoholic Anonymous
- Alliant International University San Diego
- Aloha Locks
- Alzheimer's San Diego
- American Cancer Society
- American College of Healthcare Executives (ACHE)
- American College of Surgeons
- American Diabetes Association
- American Heart Association
- American Lung Association
- American Red Cross of San Diego
- American Society of Echocardiography
- Association of Clinical Research Professionals
- BAME Community Development Corporation
- Be There San Diego
- Beach Area Community Court Program
- Bethel University/Bethel Seminary San Diego
- Bonita Library
- Braille Institute of America
- Brandman University
- Brightwood (Kaplan) College, Vista Campus
- Brookdale Senior Apartments
- California Association of Hospital & Health Systems
- California College San Diego
- California Department of Public Health
- California Emergency Medical Services Authority - CAL MAT
- California Health Care Foundation
- California Hospital Association
- California Southern University
- California State University San Marcos (CSUSM)
- Canyon Crest Academy
- Canyon Villas
- Carlsbad High School

- Casa Familiar San Ysidro
- Castle Park Elementary School
- Castle Park High School
- Castle Park Middle School
- Catholic Charities, Diocese of San Diego
- Central Region HHS Public Health
- Chelsea's Light Foundation
- Chicano Federation San Diego County
- Children's Care Connection (C3)
- Chula Vista Community Collaborative (CVCC)
- Chula Vista Library
- Chula Vista Medical Plaza
- Chula Vista Middle School
- Chula Vista Promise Neighborhood
- Chula Vista Rotary Club
- City of Chula Vista
- City of Coronado Fire Department
- City of San Diego Fire-Rescue
- Claremont Library
- Community Health Improvement Exchange (CIE)
- Community Health Improvement Partners (CHIP) - Behavioral Health Work Team
- Community Health Improvement Partners (CHIP) - Childhood Obesity Initiative
- Community Health Improvement Partners (CHIP) - Resident Leadership Academy
- Community Health Improvement Partners (CHIP) - Suicide Prevention Work Team
- Community Housing Works, Inc.
- Consortium for Nursing Excellence, San Diego
- Consumer Center for Health Education & Advocacy (CCHEA)
- Coronado Fire Department
- Coronado Seniors
- County of San Diego Emergency Medical Services
- Diabetes Prevention Program (DPP)
- e3Civic High School
- East County Career Center
- Eastlake High School
- EMSTA College
- Episcopal Community Services
- Eric Paredes Save a Life Foundation
- Every 15 Minutes Organization
- Expressive Arts Institute
- Family Health Center of San Diego
- Family Health Services Training Center

- Father Joe's Village
- Feeding America
- Fiji Alliance School of Medicine
- First Five San Diego
- Food Addicts Anonymous
- Garden Villas Senior Living
- Golden Age Apartments
- Grand Canyon University
- Granger Junior High School
- GRASP - Grief Recovery After Substance Passing
- Greater La Jolla Meals on Wheels
- Grossmont College
- Grossmont Health Occupations Center
- Grossmont-Cuyamaca College District Auxiliary
- Hospital Association of San Diego & Imperial Counties (HASD&IC)
- Hospital Association of San Diego & Imperial Counties (HASD&IC) - Community Health Needs Assessment Advisory Group
- Health and Human Services County of San Diego
- Health and Science Pipeline Initiative
- Health Resources and Services Administration - HRSA
- Health Science Middle - High School, Inc.
- Health Services Advisory Group (HSAG)
- High Tech High
- High Tech San Marcos
- Hoover High School
- Imperial Beach Fire Department
- Iowa Street Senior Housing
- Jackie Robinson Family YMCA
- Jewish Family Services
- Joe Niekro Foundation
- Juvenile Diabetes Research Foundation
- Kaiser Permanente
- La Costa Canyon High School
- La Maestra Family Clinic, Inc.
- Lawrence Jewish Community Center (JCC)
- Legal Aid Society of San Diego (LEAD)
- Leukemia & Lymphoma Society
- Live Well San Diego
- Mama's Kitchen
- Mana De San Diego
- Mar Vista High School

- March of Dimes
- Mental Health Association of San Diego County
- Mira Costa College District of San Diego County
- Miramar Fire Department
- National Alliance on Mental Illness (NAMI)
- National Institute for Children’s Healthcare Quality (NICHQ)
- National Institute of Health (NIH)
- National Medical Education & Training Center, Inc.
- National University
- Naval Medical Center San Diego (NMCSO)
- Navy Medicine & Training Command (NMETC)
- Neighborhood Healthcare - Federally Qualified Health Center
- Nine Girls Ask (for Cure for Ovarian Cancer)
- Norman Park Senior Center
- North County Lifeline, Inc.
- Ocean View Hills Middle School
- Olive Green Apartments
- Olivewood Gardens & Learning Center
- Operation Samahan Health Clinic
- Orchard Senior Living
- Overeaters Anonymous - Spanish
- Pacific Ridge High School
- Palomar College Community College District
- Palomar College Nursing School
- Palomar High School
- Pancreatic Cancer Action Network
- Para las Familias
- Pima Medical Institute - Chula Vista & San Marcos
- Point Loma Nazarene University (PLNU)
- Psychiatric Emergency Response Team (PERT) San Diego
- Rady Children's Hospital San Diego
- Redwood Villa Senior Apartments
- Regional Task Force on the Homeless- Continuum of Care Housing Collaborative
- Renaissance at North Park Senior Apartments
- San Diego Academy
- San Diego Association of Governments (SANDAG)
- San Diego Blood Bank
- San Diego Border Area Health Center (AHEC)
- San Diego City College
- San Diego Community College District
- San Diego County Alcohol Policy Panel

- San Diego County Health and Human Services Agency
- San Diego County Medical Society
- San Diego County Office of Education
- San Diego County Prescription Drug Abuse Task Force
- San Diego County Sheriff's Department
- San Diego County Sheriff's Foundation
- San Diego County Stroke Consortium
- San Diego County Suicide Prevention Council (Facilitated by CHIP)
- San Diego County Taxpayers Association
- San Diego Covered California Collaborative
- San Diego Health Connect - Referrals Work Group
- San Diego Healthy Weight Collaborative
- San Diego High School
- San Diego Human Trafficking Task Force
- San Diego Hunger Coalition
- San Diego Interfaith Housing
- San Diego LGBT Community Center
- San Diego Mesa College
- San Diego Methamphetamine Strike Force
- San Diego Miramar College
- San Diego Nursing & Allied Health Service - Education Consortium
- San Diego OASIS
- San Diego Police Foundation
- San Diego Psychiatric Society
- San Diego Regional Chamber of Commerce
- San Diego Regional Continuum of Care Collaborative Governance
- San Diego Regional Economic Development Corporation
- San Diego Rescue Mission (SDRM)
- San Diego State University (academic partner)
- San Diego Unified School District
- San Diego Workforce Partnership
- San Dieguito Union High School District
- San Ysidro Health Center (SYHC)
- San Ysidro High School
- San Ysidro Middle School
- San Ysidro School District
- SanDi-Can
- South Bay Community Services
- South Bay Women's Recovery Center
- South County Action Network (SoCAN)
- South County Career Center

- South County Economic Development Council
- South County Regional Task Force on the Homeless
- Southbay YMCA
- Southwest Senior High School
- Southwest Sports Wellness Foundation
- Southwestern Community College District
- Spinal Cord Injury Foundation
- Spondylitis Association of America
- St. Charles Nutrition Center
- St. Leo's Clinic
- SuperFood Drive
- Survivors of Suicide Loss
- Susan G. Komen San Diego
- Sweetwater Union High School
- Sweetwater Union High School District
- The East LA Community Union - TELACU Housing
- Temple Heights Elementary
- The Alzheimer's Project - SD Unites for a Cure & Care
- The California Endowment
- The Downtown San Diego Partnership
- The Honorary Deputy Sheriff's Association
- The Jacobs & Cushman San Diego Food Bank
- The Parent Connection
- The Patrician Senior Apartments
- The San Diego Brain Injury Foundation
- The San Diego Foundation
- Torrey Pines High School
- Trinity Manor
- U.S. Border Patrol, San Diego Sector, Paramedic Unit
- U.S. Customs & Border Protection, Office of Field Operations
- U.S. Drug Enforcement Agency (DEA)
- UCSD Extension Healthcare
- UCSD School of Medicine
- University City High School
- University of California San Diego (UCSD)
- University of California San Diego Health System
- University of California, San Diego, Skaggs School of Pharmacy & Pharmaceutical Sciences
- University of San Diego (USD)
- University of Southern California
- Villa Serena
- Vista Adult School

- Vista Chamber of Commerce
- Vista High School
- Vista La Rosa
- Vista Unified School District
- Viva Life Health Hub
- Volunteers of America
- Western Governor's University
- Westminster Manor
- Women, Infant and Children Program (WIC)
- WomenHeart Center
- YMCA
- Young Leaders in Healthcare



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

