In fiscal year 2019, Scripps Health provided $443 million in community benefit services.

Serving Our Community in Extraordinary Times

Extraordinary times call for extraordinary people. Scripps physicians, nurses and staff are on the front lines, tirelessly caring for our patients and community every day. That commitment and dedication is profoundly evident this year during the COVID-19 pandemic. Our heroic teams are caring for the sick so that others can stay safe at home and avoid spreading the virus. This is one example of the many ways Scripps is committed to serving the community. In our report, you’ll read about some of the people, additional programs and partnerships that make San Diego 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 2019, Scripps’ community benefit contributions totaled $442,735,122. This includes $404,234,464 in uncompensated care, $27,907,934 in professional education and health research, $568,399 in community building activities, $6,478,774 in community health services and $3,545,551 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.

Chris Van Gorder, FACHE
President and CEO
MISSION, VISION, AND VALUES

MISSION

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

We devote our resources to delivering quality, safe, cost-effective, socially responsible health care services. We advance clinical research, community health education, education of physicians and health care professionals and sponsor graduate medical education.

We collaborate with others to deliver the continuum of care that improves the health of our community.

VISION

Scripps Health will continue to be the leading health care delivery system in the greater San Diego community, as evidenced by the highest clinical quality, patient safety, and patient, physician and employee satisfaction. This will be achieved through unending focus on patient-centered and compassionate care, cost-effective operations, research, advanced technology and innovation.

VALUES

We provide the highest quality of service

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

We demonstrate complete respect for the rights of every individual

Scripps honors the dignity of all 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.
ABOUT SCRIPPS HEALTH

Founded in 1924 by philanthropist Ellen Browning Scripps, Scripps Health is a $3.3 billion not-for-profit integrated health system based in San Diego, California. Scripps treats more than 700,000 patients annually through the dedication of more than 3,000 affiliated physicians and more than 15,000 employees among its four acute-care hospital on five campuses, home health care services, and an ambulatory care network of physician offices and 30 outpatient centers and clinics (including 14 Scripps Health Express locations). Scripps also offers payer products and population health services through Scripps Accountable Care Organization, Scripps Health Plan and customized narrow network plans in collaboration with third-party payers.

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

SCRIPPS FACILITIES/DIVISIONS

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

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

Scripps is an integrated health care delivery system consisting of four acute-care hospitals on five campuses, 30 outpatient centers and clinics (including 14 Scripps Health Express locations), home health care, palliative care, clinical research, and ancillary services for the San Diego region and beyond. Scripps primary care lines include:

CARDIOVASCULAR CARE

- Scripps treated more than 210,000 heart patients in fiscal year 2019 – 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 has been ranked among the top heart programs in San Diego, and in the country, for 15 years, including the most recent 2019-2020 rankings.
- 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.
- Scripps Health hospital campuses – Scripps Mercy San Diego, Scripps Mercy Chula Vista, Scripps Memorial Hospital La Jolla, Scripps Memorial Hospital Encinitas and Scripps Green Hospital earned the 2019 Get With The Guidelines Stroke Gold Plus Quality Achievement Award. The award is part of the American Heart Association/American Stroke Association’s Get With The Guidelines stroke program.

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. 22 nationally by U.S. News & World Report in its annual 2019-20 “Best Hospitals” rankings.
**Scripps Whittier Diabetes Institute** is Southern California’s leading diabetes center of excellence, committed to providing the best evidence-based diabetes screening, education and patient care in San Diego, including outpatient education, inpatient glucose management, clinical research, professional education, and community-based programs.

**Cancer Care**

- In 2016, Scripps Health and MD Anderson Cancer Center announced a partnership agreement to create a comprehensive and clinically integrated cancer center in San Diego, to be known as Scripps MD Anderson Cancer Center.
- Scripps MD Anderson is part of MD Anderson Cancer Network, a global collaborative network of hospitals and health care systems dedicated to MD Anderson’s mission to eliminate cancer.
- MD Anderson has been named one of the nation’s top two hospitals for cancer care every year since the U.S. News & World Report’s "Best Hospitals" survey began in 1990. Scripps has been the leading hospital system in San Diego for nearly 95 years and cares for about a third of all cancer patients in the region.
- Scripps MD Anderson is committed to fighting cancer through a collaborative, team approach that puts the patient at the center of care. Oncology nurse navigators give personalized assistance to help guide patients through their treatment journey.
- In October 2018, Scripps officially launched its new integrated cancer program, Scripps MD Anderson Cancer Center. There are over 180 physicians in the program (medical oncologists, radiation oncologists, surgeons, pathologists, radiologists, pulmonologists, palliative care physicians and others).
- Since the Scripps MD Anderson program inception, hundreds of people facing a new cancer diagnosis have been treated by care teams where patients have been able to see a medical oncologist, radiation oncologist, and surgeon during the same visit and receive a coordinated treatment plan for best outcomes.
- In August 2019, Scripps broke ground on a state-of-the-art cancer center on the Scripps Mercy Hospital campus that will offer a range of cancer treatment and support services.
ORTHOPEDICS

• Nationally ranked for the seventh consecutive year, Scripps was ranked No. 1 in San Diego, and No. 11 nationally by U.S. News & World Report in its annual 2019-20 “Best Hospitals” rankings. Scripps hospitals are recognized for excellence in orthopedic surgery, joint replacement, sports medicine and treatment of complex conditions. Treatment options include the latest FDA approved technologies, devices and procedures at multiple locations throughout San Diego County.

• Scripps Health orthopedic 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.

NEUROSCIENCES

• Scripps has been recognized in Neurology & Neurosurgery by U.S. News & World Report in its annual 2019-20 “Best Hospitals” rankings. From stroke care, Alzheimer’s and Parkinson’s disease to traumatic brain injuries, Scripps’ neurological specialists use the most advanced technology and treatment methods.

• Scripps is San Diego’s leader in stroke prevention, life-saving stroke treatment and stroke rehabilitation. All five Scripps Health hospital campuses have earned the Stroke Gold Plus Quality Achievement Award by the American Heart Association/American Stroke Association for delivering high-quality, life-saving stroke care. The awards, which are part of the AHA/ASA’s Get With The Guidelines stroke program, recognize hospitals across the United States that consistently comply with patient management quality measures.

• The Joint Commission has certified all four Scripps hospital campuses with emergency rooms as Primary Stroke Centers.
The certification recognizes organizations that make exceptional efforts to foster better outcomes for stroke care. It signifies that our hospitals have all the critical elements in place to achieve long-term success in improving outcomes after stroke.

- Our physicians lead research activities designed to find better treatments for conditions like Parkinson’s, MS, and Alzheimer’s.

**WOMEN’S AND NEWBORN SERVICES**

- Scripps delivers almost 9,000 babies annually and provides care to thousands of women needing routine and advanced obstetrical care.
- Scripps offers a full spectrum of gynecology services throughout San Diego. The combined programs of Scripps Green Hospital and Scripps Memorial Hospital La Jolla – listed as “Scripps La Jolla Hospitals and Clinics”—were ranked No.1 in San Diego, and No. 22 nationally by U.S. News & World Report in its annual 2019–2020 “Best Hospitals” rankings.
- The women and newborn services care line creates a forum to foster development of an integrated women’s clinical care line operated at multiple Scripps Health sites bridging together the inpatient and ambulatory continuum of care. Scripps Health prioritizes system efforts related to OB, gynecology and NICU development.
- Scripps has a perinatology program, also known as Maternal Fetal Medicine Specialists offering comprehensive care for patients delivering at Scripps throughout their pregnancy episode.

**BEHAVIORAL HEALTH**

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

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

HOME HEALTH CARE

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

EMERGENCY AND TRAUMA MEDICINE

- Scripps operates four emergency departments and three urgent care centers and is home to two of the region’s five adult trauma centers: a Level I trauma center at Scripps Mercy Hospital, San Diego and Level II Trauma center at Scripps Memorial Hospital La Jolla.
  Scripps La Jolla opened an emergency department with three times more capacity to better serve the community. Scripps Encinitas and Scripps Mercy San Diego also opened new, larger Emergency Departments (EDs) within the past five years.
- All four Scripps emergency rooms are certified as Primary Stroke Centers by The Joint Commission and are certified by the American Heart Association as STEMI (ST) Elevation Myocardial Infarction (a severe heart attack caused by clotting of one or more arteries) receiving centers.
- Scripps Emergency Departments serve as major training sites for interns, residents, nurse practitioners, and physician assistants from multiple training programs around the region, including Naval Medical Center San Diego. These intensive, hands-on clinical rotations help train future providers not only for our local community but also for our troops overseas.
- Scripps EDs treats tens of thousands of disadvantaged and underserved patients each year, often for free or at steeply discounted rates through Medi-Cal and
similar programs. Scripps EDs are part of the safety net for patients who often have nowhere else to turn for timely primary care or specialty care that is not available in the local community clinics.

- Scripps doctors have led the way for emergency care in San Diego County by leading the annual county-wide Emergency Care Summit, creating safe prescribing guidelines for controlled substances, promoting guidelines for the use of CT scan in pediatric head injuries, creating a system to reduce ambulance bypass hours, and educating providers about the appropriate use of anti-psychotic medications for psychiatric emergencies.

GOVERNANCE

As a tax-exempt health care system, Scripps takes pride in its service to the community. The Scripps system is governed by a 14-member, volunteer Board of Trustees. This single point of authority for organizational policy ensures a unified approach to serving patients across the region.

ORGANIZATIONAL FOUNDATION

Scripps provides a comprehensive range of inpatient and ambulatory services through our system of hospitals and clinics. In addition, Scripps participates in dozens of partnerships with government and not-for-profit agencies across our region to improve our community’s health. And our partnerships don’t stop at our local borders. Our participation at the state, national and international levels includes work with government and private disaster preparedness and relief agencies, the State Commission on Emergency Medical Services, national health advocacy organization, as well as international partnerships for physician education and training, and direct patient care. In all that we do, we are committed to quality patient outcomes, service excellence, operating efficiency, caring for those who need us today and planning for those who may need us in the future.
Scripps Health
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*Denotes Ex Offico
Effective 01.14.20
Scripps

2020 Community Benefit Plan and Report
Our Promise to the Community

In fiscal year 2019, Scripps Health provided
$443 million
in community benefit services

Serving Our Community in Extraordinary Times

Extraordinary times call for extraordinary people. Scripps physicians, nurses and staff are on the front lines, tirelessly caring for our patients and community every day. That commitment and dedication is profoundly evident this year during the COVID-19 pandemic. Our heroic teams are caring for the sick so that others can stay safe at home and avoid spreading the virus. This is one example of the many ways Scripps is committed to serving the community. In our report, you’ll read about some of the people, additional programs and partnerships that make San Diego a healthier place.
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 2019, Scripps Health devoted almost $443 million to community benefit programs, including over $14 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.

Total Community Benefits in FY19: $442,735,122

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
<th>Percentage</th>
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<tr>
<td>Medicare Shortfalls</td>
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<td>Medi-Cal and other means tested government programs*</td>
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<td>Subsidized Health Services</td>
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<tr>
<td>Community Building Activities</td>
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</tr>
</tbody>
</table>

13.6% of our total operating expenses in 2019 were devoted to community benefit services at cost.

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

Financial Assistance

Scripps’ financial assistance policy reflects our commitment to help low income and uninsured patients with discounted hospital charges, charity care, and flexible billing and debt collection practices. These programs are consistent with state and federal legislation, and are available to everyone in need, regardless of their race, ethnicity, gender, religion or national origin.
On the Front Lines of COVID-19 Care
Scripps mobilizes to fight the pandemic

Across the Scripps Health system, our doctors, nurses, caregivers and support staff are rallying and working together — some on the front lines and some behind the scenes — united in caring for our community during the fast-moving and rapidly changing COVID-19 national health crisis.

As cases of the new coronavirus first appeared in the country, Scripps’ clinical and administrative leaders mobilized with both short- and long-term strategies to deal with the spread of COVID-19. In February 2020, Scripps began to build up our supplies and equipment, and implement protocols for delivering care to infected patients. In early March, Scripps prepared for a surge of COVID-19 patients by cancelling non-essential surgeries, activating a 24-hour corporate command center, and launching enhanced protective precautions for staff above and beyond Centers for Disease Control (CDC) guidelines. Also at that time, an important collaboration was launched among the hospitals and health systems across the region, to monitor cases, discuss clinical care, assess resources, equipment and supplies, and work together for our community.

And all of these efforts continue to this day. “It’s a slow-moving tsunami,” says Chris Van Gorder, Scripps president and CEO. “We are continually working with our physicians, staff and operating executives across our system, and with hospitals across our region, to be prepared for any surge of patients, trying to avoid many of the challenges communities in other parts of the nation have experienced.”

To support patients with symptoms, Scripps established the first COVID-19 nurse line in San Diego County. The dedicated help line is staffed to answer questions and screen concerned callers to reduce the influx of potential COVID-19 patients at Scripps locations. The first day phones were operational, the team fielded 2,000 calls. Callers identified as having significant symptoms are connected with health care providers via phone or video for further evaluation, and some are directed to outdoor testing cabanas.

Scripps has also set up triage/surge tents outside our hospital emergency departments and clinic urgent care centers for intake of patients with COVID-19 symptoms, providing a safe environment to provide the best possible care. Scripps also has several outdoor testing cabanas for patients to drive up and get tested from their cars, to minimize contact and exposure with others.

Testing for the presence of the COVID-19 virus is important in understanding and controlling the spread of the virus. Scripps was an early provider of COVID-19 testing in our region. A Scripps testing “turning point” was its launch of the fastest available molecular point-of-care test for detecting COVID-19 for patients and those admitted to all five Scripps hospitals.
“The ability to deliver test results in a very short period of time at our hospitals is central to our physicians’ ability to make faster and better decisions in the treatment of COVID-19,” says Ghazala Sharieff, MD, Scripps chief medical officer. “All our hospitals, physicians and staff work together to ensure each patient receives the best possible care. This is an incredible and impressive team effort.”

Scripps is joining the efforts along with other health systems and government agencies to expand COVID-19 testing as part of our ability to contain and significantly reduce COVID-19 in our region.

Support from the San Diego community in fighting COVID-19 has been seen everywhere, as individuals and businesses provide donations, from safety googles and equipment to food for front-line staff. An innovative partnership with local schools and the San Diego Central Library uses 3D printing technology to print and donate face shields and visors. Plus, monetary donations made to the Scripps COVID-19 Fund, including a $1 million challenge grant from The Conrad Prebys Foundation, are helping purchase PPE and supplies for the care of critically-ill patients, and help offset some of the financial challenges of fighting the COVID-19 pandemic.

This report was written and distributed during the early stages of the COVID-19 pandemic. COVID-19 will be a central part of health care delivery for months and beyond, until effective vaccine and treatment medications are available across our communities. Throughout this unprecedented time, Scripps is committed to provide exceptional health care to our region. It has never been a more important or challenging role.

Our heartfelt thanks go out to our physicians, nurses, clinical and non-clinical staff – 18,000 strong – who regardless of their role continue to serve on the front lines of this pandemic, dedicated to saving lives. And we thank and are deeply grateful to the San Diego community for supporting our health care mission. We are stronger together. Learn more at #ScrippsHealthStrong.
GME Physicians Care for Underserved Patients Near and Far

A key component of Scripps’ mission is to advance the education of physicians and health care professionals. Scripps has been training future physicians for more than 70 years—longer than any other institution in San Diego.

Scripps has a comprehensive range of graduate medical education programs at Scripps Green Hospital, Scripps Mercy Hospital, San Diego, and Scripps Mercy Hospital, Chula Vista. In fiscal year 2019, Scripps had a total of 143 residents and 43 fellows enrolled. 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.

The GME programs at Scripps Health provide much-needed care to underserved populations both locally and internationally.

The Family Practice Medicine Residency Program
The Family Practice Medicine Residency program at Scripps uses health care professionals, such as medical residents, dieticians, nurses and doctors, to enlighten high school students on health care careers and health related topics. Interactive sessions are presented on topics such as nursing, nutrition, stroke prevention, breast health, teen pregnancy, substance use, and mental health issues that impact them. Students receive health career tools/brochures that include information on education requirements, scholarships and ways to pay for college.

St. Leo’s Mission
Scripps residents and many attending physicians maintain an evening clinic at St. Leo’s Mission Community Clinic in North County. Two residents volunteer every Wednesday to provide medical care to uninsured patients with a variety of conditions, including diabetes, high blood pressure and high cholesterol. They also identify many acute conditions, including viral infections, skin infections, eye problems and musculoskeletal issues, and educate patients about their health. Patients may get flu vaccinations and some basic lab tests. If needed, St. Leo’s patients are referred to providers who offer care at a reduced cost. During FY19, St. Leo’s cared for approximately 800 of our county’s most vulnerable residents.

Migrant Shelter Clinic
In response to the urgent need for physician volunteers to help screen migrants seeking asylum in the US, multiple GME residents volunteered for a refugee health assessment program at a South Bay shelter. Scripps residents screened between 30 and 150 patients daily during approximately eight months.

Solomon Islands Medical Mission
Through International Medical Missions, senior Scripps internal medicine residents provide medical care and surgical screenings for underserved Solomon Island populations that have no access to basic medical care. In exchange our residents receive exceptional clinical education experience. The Loloma Foundation provides medical care to these islanders in association with Scripps Health.
Opioid Stewardship Program Offers Help and Hope for Addiction

According to the Centers for Disease Control, anyone who takes prescription opioids for pain management can become addicted. One in four people on long-term opioid therapy struggles with addiction. The Opioid Stewardship Program (OSP) at Scripps helps reduce opioid use, educates patients and providers about opioid risks, and promotes alternative ways to manage pain.

In addition to providing support with treating those already suffering from addiction and preventing new dependencies, clinicians learn effective opioid prescribing and multi-modal pain management techniques. Starting in 2018, the program established prescribing standards for opioids, resulting in a 25-percent reduction in the number of pills per prescription at Scripps hospitals and outpatient centers. Scripps also opened three year-round drug take-back kiosks at its on-site pharmacies.

Scripps has received more than $435,000 of state grants from the California Bridge Program and The Center at Sierra Health Foundation to remove barriers to identifying and treating patients with opioid use disorders and provide Medication-Assisted Treatment (MAT). Scripps actively promotes MAT access for patients in the form of buprenorphine.

In the first 10 months, Scripps identified more than 300 MAT-eligible patients and treated more than 160 patients. Out of the 160 patients treated, 210 accepted linkage to outpatient MAT services.

The California Bridge grant also enabled Scripps to hire substance use disorder counselors to facilitate treatment and entry into a community-based MAT program. Scripps collaborates with community resources, including Family Health Centers of San Diego to provide MAT, McAllister Institute for detox beds and the Betty Ford Center for outpatient care.

Making Strides Against Breast Cancer

Making Strides Against Breast Cancer walks unite communities across the nation in the fight against cancer. Funds raised help the American Cancer Society fund groundbreaking breast cancer research and provide patient services. Scripps MD Anderson Cancer Center participated as the Prevention Tent Sponsor at the Making Strides Walk in San Diego in October 2019.
Scripps Cares for Residents Displaced by Deadly Camp Fire

When the Camp Fire devastated the Northern California town of Paradise and surrounding areas in late 2018, the Scripps Medical Response Team (SMRT) immediately mobilized to help the thousands suddenly forced to evacuate.

Comprised of clinical staff and others from across the organization ready to mobilize when needed, SMRT is available to deploy when the State of California Emergency Medical System Authority activates the California Medical Assistance Team and requests medical assistance to respond to a crisis.

Scripps deployed three response teams to Chico; each team stayed for about a week, working around the clock to offer services and support. Nursing and logistics teams provided medical care to patients of all ages at area evacuation centers, as well as logistical and administrative support to help residents find temporary shelter.

“As we have done in the aftermath of many disasters — whether in California, elsewhere in the country or around the world — we made our Scripps Medical Response Team available to area hospitals and disaster relief authorities almost immediately,” wrote Scripps president and CEO Chris Van Gorder in a memo to employees. “We always want to help in disaster situations, but it’s always important for us to have a clear mission and for us to be part of a broader organized effort.”

Blood Drive Celebrates Heroes and Helps Save Lives

On Valentine’s Day 2019, Scripps joined News 8 Sports Director Kyle Kraska and the American Red Cross to sponsor the Celebration of Heroes Blood Drive. Scripps contributed financially and with staffing to the event, which brought in 178 attendees and 412 units of blood donations.

In 2015, Kraska suffered multiple gunshot wounds. Thanks to the expertise of San Diego Fire and Rescue and the trauma professionals at Scripps Memorial Hospital La Jolla, he survived. His injuries required multiple blood transfusions, so a blood drive was a way to say thanks and help save the lives of others.

Scripps emergency and trauma care team members donated blood and presented trauma prevention, helmet safety education and other safety programs to attendees. They also demonstrated how to use a tourniquet to “Stop the Bleed” and save a life via television and live social media.

Scripps sponsors employee blood drives year-round and encourages community donations.
Scripps Whittier Diabetes Institute Engages Community in Health Research

At the 11th Annual San Diego Festival for Science & Engineering at Petco Park in March 2019, team members from the new Scripps Hub Academic Research Core (SHARC) team partnered with Scripps Research Community Lab to share advances in diabetes research. The SHARC team is funded by a Clinical Translational Science Award grant to support research activities at Scripps Health locations.

Scripps Whittier Diabetes Institute was also invited to share science experiments and demos related to diabetes research and education. Numerous visitors expressed concern about their diabetes risk and were pleased to find information from Scripps about diabetes care, including diagnosis, treatment, self-management and education. The SHARC team hopes to continue to connect with the local community to teach attendees about the fun side of science and how research can help improve health.

Scripps Expands Access to Breastfeeding Education and Resources in Chula Vista

Through funding from a Centers for Disease Control Racial and Ethnic Approaches to Community Health (REACH) grant, awarded to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease, Scripps has expanded education, resources and support to breastfeeding mothers in the South Bay.

Women learn about the benefits of breastfeeding and receive support, if they face challenges. The objective is to reduce barriers that can make breastfeeding difficult. This includes providing information to workplaces in an effort to create a safe, nurturing environment for women returning to work.

Scripps continues to implement and support lactation work through a partnership with the County of San Diego Department of Health and Human Services and additional REACH funding. More partners have been added in southeast San Diego and more certified lactation educators are in training to expand the workforce with women who represent and reflect the diverse cultures and languages of this region.

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.
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Section 1

Fulfilling the Scripps Mission
FULFILLING THE SCRIPPS MISSION

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

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

The report details programs and services that provide community benefits above and beyond standard practices of care. Scripps divides community benefit services into three main categories; community health services, professional education and health research and uncompensated health care. Uncompensated care includes charity care, bad debt, Medi-Cal and Medicare shortfalls.

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

The report covers the period of October 1, 2018 through September 30, 2019 (Fiscal Year 2019). During this fiscal year, Scripps devoted $442,735,122 to community benefit programs and services in the three areas listed above (see figures 1:1 and 1:2). Our programs emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems. Due to rounding, numbers presented throughout this report may not add up precisely to the totals indicated and percentages may not precisely reflect figures for the same reason.

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

Definitions of terms used in this report can be found in Appendix A.
Community benefit is defined as programs or activities that provide treatment of promote health and healing in response to an identified community need. Community benefit programs must meet at least one of the following criteria:

- Respond to a public health need
- Responds to needs of special populations
- Involves education or research that improves overall community health
- Relieves or reduces the burden of government or other community efforts

**SCHEDULE H (FORM 990)**

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

Scripps has aligned the 2020 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 35 for a breakdown of the Scripps Schedule H Uncompensated Care Summary for FY19.)

---

¹ Congressional Research Services, Nov. 19, 2009. [www.crsdocuments.org](http://www.crsdocuments.org)
COMMUNITY BENEFIT SERVICES

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

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.
FIGURE 1:3
FY 2019
SCRIPPS SCHEDULE H COMMUNITY SERVICES BY CATEGORY, $148,183,396

COMMUNITY BENEFIT SERVICES
Community building activities, bad debt and Medicare shortfall do not count as a community benefit under the Schedule H 990, but are still reportable outside the community benefit table.
Section 2

Community Health Needs Assessment (CHNA)
COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

Scripps Health has a long history of responding to the health needs of the communities it serves, extending beyond traditional hospital care to address the health care needs of the region’s most vulnerable populations. Community Health Needs Assessment (CHNA) originated from California statewide legislation in the early 1990s. SB 697 took effect in 1995, which required private not-for-profit hospitals to submit detailed information to the 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 2019 Scripps Health Community Health Needs Assessment (CHNA) is designed to provide a deeper understanding of barriers to health improvement in San Diego County. The report will help us understand our community’s health needs and inform community benefit planning and the implementation strategy for Scripps Health. In addition, the assessment allows interested parties and members of the community a mechanism to access the full spectrum of information relative to the development of the Scripps Health 2019 Community Health Needs Assessment Report.

2020 Scripps Health Community Benefit Plan & 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 2019 Community Health Needs Assessment Report.

**CHNA EXECUTIVE SUMMARY**

This Executive Summary provides a high-level summary of the 2019 CHNA methodology and findings. The full CHNA report contains in-depth information and explanations of the data that participating hospitals and healthcare systems 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.

The 2019 Scripps Health Community Health Needs Assessment (CHNA) is designed to provide a deeper understanding of barriers to health improvement in San Diego County and build on the results of the 2016 CHNA. It includes three types of community engagement efforts: focus groups with residents, community-based organizations, service providers, and health care leaders; key informant interviews with health care experts; and an online survey for residents and stakeholders. In addition, the CHNA includes extensive quantitative analysis of national and state-wide data sets, San Diego County emergency department and inpatient hospital discharge data, county mortality and morbidity data, and data related to social determinants of health. These different approaches allowed the CHNA Committee to view community health needs from multiple perspectives.
Participating hospitals will use this information to inform and guide hospital programs and strategies. This report includes an analysis of health outcomes and associated social determinants of health which create health inequities—‘the unfair and avoidable differences in health status seen within and between countries’\(^2\) and communities with the understanding that the burden of illness, premature death, and disability disproportionately affects racial and minority population groups and other underserved populations\(^3\). 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.

**OVERVIEW AND BACKGROUND**

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

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


Population: Over three million people (3,283,665) live in the 4206.64 square mile area of San Diego County according to the U.S. Census Bureau ACS 2013 to 2017, 5-year estimates\textsuperscript{4}. The population density for this area, estimated at 781 persons per square mile, is greater than the national average population density of approximately 91 persons per square mile.

Age: The median age for San Diego County is 35.4 years. The distribution of the population by age shows that 22.2% of the population is under the age of 18, 64.9% is between the ages of 18 and 64, and 12.9% is 65 years old or greater (Figure 1).

\begin{table}[h]
\centering
\begin{tabular}{|l|c|}
\hline
Population & # \\
\hline
Total Population & 3,283,665 \\
Socioeconomic & \\
\hline
Living in Poverty (<100\% federal poverty level) & 13.3\% \\
Children in Poverty & 17.1\% \\
Unemployment & 3.2\% \\
Adults with No High School Diploma & 13.3\% \\
\hline
\end{tabular}
\end{table}

\begin{table}[h]
\centering
\begin{tabular}{|l|c|}
\hline
Race/Ethnicity & \% \\
\hline
Asian & 11.5\% \\
Black & 4.7\% \\
Hispanic/Latino & 33.4\% \\
Native American/Alaska Native & 0.4\% \\
Pacific Islander/Native Hawaiian & 0.4\% \\
Some Other Race & 0.2\% \\
Multiple Races & 3.3\% \\
White & 46.2\% \\
\hline
\end{tabular}
\end{table}


\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure1.png}
\caption{Percentage of San Diego Population by Age Group, 2013 - 2017}
\end{figure}


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

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

**Figure 2. San Diego County with Health and Human Services Agency Region**
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. Per calendar year 2017, OSHPD annual financial data there were 19 other hospital facilities serving the San Diego community.

Scripps Mercy Hospital (including San Diego and Chula Vista campuses) provides 65 percent of the charity care within the Scripps system. Scripps Mercy's service area has a more economically disadvantaged population compared to the county as a whole, with the lowest numbers of insured adults in the county and a much higher percentage of ethnic minorities, primarily Hispanic and Asian.

As a disproportionate-share hospital, Scripps Mercy San Diego and Chula Vista campuses play important health care service roles in the Central/Southern San Diego County service area (ranging from Interstate 8 to the United States-Mexico border). More than half of Scripps Mercy San Diego and Chula Vista patients are government insured Medicare and Medi-Cal.

Scripps hospitals housed 24.5%\(^5\) percent of the county's general acute-care licensed beds. Scripps provides significant and growing volumes of emergency, outpatient and primary care. In FY19, Scripps provided 2,724,998 outpatient visits. Nearly half (38.8%) of San Diego County's 60,325 (see Table 2 & 3) safety net discharges are from central and south suburban regions. Safety net discharges include county indigent programs, Medi-Cal and self-pay. Source: OSHPD 2017 CY Hospital Annual Selected File (Pivot Table).

---

\(^5\) Scripps has a total of 1,387 acute care licensed beds. San Diego has a total of 5,652 general acute care licensed beds. Percentage of Scripps beds is 1,387/5,652 = 24.5%.
### TABLE 2. SAN DIEGO COUNTY SAFETY NET DISCHARGES CY17: SAFETY NET DISCHARGES INCLUDE PAYER CATEGORIES: COUNTY INDIGENT PROGRAMS, MEDI-CAL AND SELF-PAY

<table>
<thead>
<tr>
<th>San Diego Reporting Area</th>
<th>Number of Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>12,199</td>
</tr>
<tr>
<td>East County</td>
<td>442</td>
</tr>
<tr>
<td>East Suburban</td>
<td>11,186</td>
</tr>
<tr>
<td>North City East</td>
<td>2,904</td>
</tr>
<tr>
<td>North City West</td>
<td>2,503</td>
</tr>
<tr>
<td>North County East</td>
<td>7,505</td>
</tr>
<tr>
<td>North County West</td>
<td>3,613</td>
</tr>
<tr>
<td>Outside San Diego</td>
<td>8,790</td>
</tr>
<tr>
<td>South Suburban</td>
<td>6,297</td>
</tr>
<tr>
<td>South Suburban East</td>
<td>3,038</td>
</tr>
<tr>
<td>South Suburban West</td>
<td>1,848</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60,325</strong></td>
</tr>
</tbody>
</table>

OSHPD 2017 CY Hospital Annual Selected File

### TABLE 3. SCRIPPS OSHPD SAFETY NET DISCHARGES CY17: SAFETY NET DISCHARGES INCLUDE PAYER CATEGORIES: COUNTY INDIGENT PROGRAMS, MEDI-CAL AND SELF-PAY

<table>
<thead>
<tr>
<th>San Diego Reporting Area</th>
<th>Number of Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>3,759</td>
</tr>
<tr>
<td>East County</td>
<td>16</td>
</tr>
<tr>
<td>East Suburban</td>
<td>804</td>
</tr>
<tr>
<td>North City East</td>
<td>393</td>
</tr>
<tr>
<td>North City West</td>
<td>602</td>
</tr>
<tr>
<td>North County East</td>
<td>406</td>
</tr>
<tr>
<td>North County West</td>
<td>1,040</td>
</tr>
<tr>
<td>Outside San Diego</td>
<td>2,274</td>
</tr>
<tr>
<td>South Suburban</td>
<td>1,770</td>
</tr>
<tr>
<td>South Suburban East</td>
<td>701</td>
</tr>
<tr>
<td>South Suburban West</td>
<td>606</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,371</strong></td>
</tr>
</tbody>
</table>

OSHPD 2017 CY Hospital Annual Selected File
### Table 4. Scripps Health Locations

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

*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 from which 70% of Scripps patients originate for discharge years 2013-2016 (Top 70% of inpatient discharges by zip code). Figure 3 is a map of Scripps Health and service areas.

### Table 5. Scripps Health Inpatient Discharges for Years 2013-2016 from Which the Top 70% of Scripps Patients Originate

<table>
<thead>
<tr>
<th>CITY</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Diego</td>
<td>37%</td>
<td>37%</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>Chula Vista</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Carlsbad</td>
<td>5%</td>
<td>6%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Oceanside</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Encinitas</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>National City</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>La Jolla</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>San Marcos</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Vista</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>El Cajon</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>70%</strong></td>
<td><strong>70%</strong></td>
<td><strong>70%</strong></td>
<td><strong>70%</strong></td>
</tr>
</tbody>
</table>
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 3 SCRIPPS HEALTH SERVICE AREA

Scripps Health Locations

A  Scripps Memorial Hospital Encinitas
B  Scripps Green Hospital
C  Scripps Memorial Hospital La Jolla and Prebys Cardiovascular Institute
D  Scripps Mercy Hospital, San Diego
E  Scripps Mercy Hospital, Chula Vista

Scripps Cardiovascular and Thoracic Surgery Group

Scripps Clinic
Scripps Clinic with Scripps HealthExpress

Scripps Coastal Medical Center
Scripps Coastal Medical Center with Scripps HealthExpress

Imaging Centers
Scripps MD Anderson Cancer Center
Scripps Whittier Diabetes Institute
Well Being Center
Breast Care Centers

Call 1-800-SCRIPPS (727-4777) or visit scripps.org for more information.
COMMUNITY PRIORITY PROCESS (CHNA METHODOLOGY)

For the 2019 CHNA quantitative analyses of publicly available data provided an overview of critical health issues across San Diego County, while qualitative analyses of feedback from the community provided an appreciation for the experiences and needs of San Diegans. The CHNA Committee reviewed these analyses and applied a predetermined set of criteria to them to prioritize the top health needs in San Diego County. This process is represented in Figure 4.

For a complete description of the HASD&IC 2019 process and findings, see full report available at https://www.hasdic.org/2019-chna.
FIGURE 4. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS MAP

2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP

Community Engagement Activities
- Identify and explore priority health needs, social determinants of health, barriers to care, community assets and resources

2016 CHNA FINDINGS
- Data Collection & Analysis: Identify and explore priority health needs, social determinants of health, community health statistics

Online Survey
- Community residents, community-based organizations, Federally Qualified Health Centers, hospitals and health systems, local government agencies, philanthropic organizations, and San Diego County Public Health Services

2019 CHNA PHASE 1 REPORT

Focus Groups
- Community residents, students, parents, patients, community advisory members, health experts, service providers, and front-line staff at social service agencies

Identification & Prioritization of Needs

Key Informant Interviews
- Community leaders and health experts representing Federally Qualified Health Centers, schools, and social service organizations

Hospital & Clinic Utilization
- ED discharges, hospitalizations, and community clinic visits

Morbidity & Mortality
- Disease prevalence and leading causes of death

Social Determinants of Health & Health Behaviors
- Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes

Demographics
- Sex, age and race/ethnicity

2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP

Public Health Department Input
- County of San Diego Public Health Department and Health and Human Services Agency
QUANTITATIVE

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

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

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

COMMUNITY ENGAGEMENT

Community engagement activities included focus groups, key informant interviews, and an online survey which targeted stakeholders from every region of San Diego County, all age groups, and numerous racial and ethnic groups. Collaboration with the County of San Diego Health & Human Services Agency, Public Health Services was vital to this process. A total of 579 individuals participated in the 2019 Community Health Needs Assessment: 138 community residents and 441 leaders and experts. Please see Figure 5 for details on the types of participants engaged.
FIGURE 5. 2019 CHNA COMMUNITY ENGAGEMENT PARTICIPANTS

Types of Organizations
- Affordable housing provider
- Community-based advocacy
- FQHCs
- Local government
- Local health department
- Resident advocacy
- Schools
- Social service providers
- Student organizations

Populations Served/Represented
- Individuals & families experiencing homelessness
- LGBTQ
- Military & veterans
- Native Americans
- Refugees & immigrants
- Rural health
- School aged children & youth
- Seniors
- Transitional age youth
- Uninsured & underserved

Roles of Participants
- Advocates
- Clinical staff
- Community residents
- Frontline staff
- Executives, directors, & administrators
- Health educators
- Law enforcement
- Patients
- Program managers & coordinators
- Promotores & social service navigators
- School teachers & counselors

12 Key Informant Interviews + 214 Focus Group Participants + 353 Survey Participants = 579 Community Participants
2019 CHNA Prioritization of the Top Health Needs

The CHNA Committee collectively reviewed the quantitative and qualitative data and findings. Several criteria were applied to the data to determine which health conditions were of the highest priority in San Diego County. These criteria included: the severity of the need, the magnitude/scale of the need; disparities or inequities and change over time. Those health conditions and social determinants of health (SDOH) that met the largest number of criteria were then selected as top priority community health needs.

2019 Findings: Top 10 Community Health Needs

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

**Figure 6. 2019 Top 10 Community Health Needs**

Figure 6 above illustrates the interactive nature of SDOH and health conditions - each impacting the other. In addition, an underlying theme of stigma and the barriers it creates arose across community engagement. For instance, stigma impacts the way in which people access needed services that address SDOH (CalFresh, Medi-Cal, other economic support), which consequentially impacts their ability to maintain and manage health conditions. Stigma was also discussed in relation to specific health conditions,
including behavioral health, cancer, diabetes, obesity and others. Due to the complexity of this underlying theme, the CHNA Committee plans to explore and understand ways in which hospitals and health systems could better address stigma in patient care during Phase 2 of the CHNA process.

Access to health care. Overcoming barriers to health care, such as lack of health insurance and insurance issues, economic insecurity, transportation, the shortage of culturally competent care, fears about immigration status, and the shortage of health care providers emerged as a high priority community need. In addition, specific services were identified as challenging to obtain, including behavioral health care, dental care, primary care, and specialty care.

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

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

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

Chronic conditions. Three chronic conditions were identified as priorities: cardiovascular disease, diabetes, and obesity. Key factors that individuals struggle with to prevent chronic diseases include access to fresh, health foods and safe places to exercise and play. In addition, economic issues, transportation to medical care, fears about immigration status, and a lack of knowledge about chronic conditions were named as particular challenges related to the management of chronic conditions.
Community and social support. A high priority for the well-being of San Diego residents is ensuring that individuals have adequate resources and substantial support within their neighborhood. Valuable neighborhood resources include federally qualified health centers (FQHCs) and those that are culturally and linguistically competent. Without adequate support from others, community engagement and community spirit are affected.

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

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

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

Unintentional injury and violence. Exposure to violence and neighborhood safety were cited as priority health needs for San Diegans. Neighborhood safety was discussed as influencing residents’ ability to maintain good health, while exposure to violence was described as traumatic and impactful on mental health.
COMMUNITY RESOURCES

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

In addition to community input on health conditions and social determinants of health, a wealth of ideas emerged from community engagement participants about how hospitals and health systems could support, expand, or create additional resources and partner with organizations to better meet San Diego’s community health needs. See Figure 7 for the types of resources that were identified by community engagement participants.
FIGURE 7. RESOURCES & OPPORTUNITIES TO ADDRESS PRIORITY HEALTH NEEDS

RESOURCES & OPPORTUNITIES TO ADDRESS PRIORITY HEALTH NEEDS

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

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

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

STRATEGIES

1. Increase community knowledge with educational campaigns that promote available services within the community, clinics, and hospitals
2. Address potential barriers to care such as insurance, translation, navigation services, transportation, and potential impacts on immigration status
3. Improve patient experience through culturally competent health navigators and case managers, care coordination, and community clinical linkages including language services

RESOURCES

1. Urgent care services that include expanded hours, availability to all populations, and mental health and substance use services
2. Preventative care programs that offer services such as immunizations (including the flu vaccine), HIV testing, and exercise programs
3. Dental services for preventive care and to address oral health issues such as carries and gum disease
4. Onsite programs and mobile units that bring services to the community, including programs in senior housing complexes, school clinics, mobile screening, and mobile food distribution
5. Culturally competent programs for refugees, Native Americans, Latinos, Blacks, African Americans, LGBTQ individuals, non-citizens, and asylum seekers
6. Programs for the youth, especially community centers and programs for young men and for homeless youth
7. Homeless services and discharge support, including mobile showers, more shelters, and further options for post-acute recuperative care
8. Food insecurity navigation that includes reference guides for food system/service navigation of San Diego County, private, and non-profit organizations, and signage for healthy food options for CalFresh/Supplemental Nutrition Assistance Program (SNAP) users at stores and restaurants

SYSTEMIC CHANGE

1. Create universal and/or affordable health care
2. Increase minimum wage
3. Fund policies: Increase applications for federal funding and allow more time to prove a return on investment (ROI) for funding

COLLABORATION

1. Form partnerships with community residents by engaging residents in advocacy
2. Share and disseminate information and data back into the communities from where the data came from
3. Work with communities to adapt programs and interventions to the unique needs of minority groups (go beyond collective impact approach)
4. More collaboration between social workers, law enforcement, and attorneys
5. Warm hand-offs between agencies and organizations
CONCLUSIONS AND NEXT STEPS

The 2019 CHNA will be utilized by Scripps Health and participating hospitals and health systems to evaluate opportunities for next steps to address the top identified health and social needs in their respective patient communities.

In addition, the CHNA report will be made available to the broader community and is intended to be a useful resource to both residents and health care providers to further communitywide health access and health improvement efforts.

The CHNA Committee is in the process of planning Phase 2 of the 2019 CHNA, which will include gathering community feedback on the 2019 CHNA process and strengthening partnerships around the identified priority health needs and social determinants of health.

SCRIPPS HEALTH IMPLEMENTATION PLAN

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

Scripps Health 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 2019 Community Health Needs Assessment, during FY20–FY22 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 FY20–FY22 Implementation Plan Report is available online at Scripps.org.
Section 3

Uncompensated Care
UNCOMPENSATED HEALTH CARE

Scripps contributes significant resources to provide low and no-cost health care for our patients in need. During FY19, Scripps contributed $404,234,464 in uncompensated health care, including $14,767,038 in charity care, $377,559,072 in Medi-Cal and Medicare shortfall, and $11,908,354 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 65 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.

<table>
<thead>
<tr>
<th>SCRIPPS UNCOMPENSATED HEALTH CARE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad Debt</td>
<td>$11,908,354</td>
</tr>
<tr>
<td>Charity Care</td>
<td>$14,767,038</td>
</tr>
<tr>
<td>Medi-Cal &amp; Medicare Shortfall</td>
<td>$377,559,072</td>
</tr>
<tr>
<td><strong>Uncompensated Health Care Total</strong></td>
<td><strong>$404,234,464</strong></td>
</tr>
</tbody>
</table>
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.

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

- Close to 3.3 million residents
- Majority minority population
- Busiest land border crossing in the world – 1 of every 13 people who enter the US come through San Ysidro.
- 70 miles of coastline
- 16 naval and military installations
- 18 federally qualified recognized Indian reservations
- A total of 4,526 square miles, larger than Rhode Island and Delaware combined.
Population: Over three million people (3,337,685) live in the 4,526 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 San Diego County (SDC) grew by 281,480 persons, a change of 10.0%. This is similar to the percentage population change seen during the same time period in California (10.0%) and the United States (9.7%). A significant shift in total population over time impacts the demand for health care providers and the utilization of community resources.

Race/Ethnicity: In the U.S. Census Bureau American Community Survey 2009-2013, data for race and ethnicity are collected separately. Of those who identified as non-Hispanic (67.7%) in SDC, the majority identified their race as white (70.9%), followed by Asian (16.1%), black (7.1%), Multiple Races (4.5%), Native Hawaiian/Pacific Islander (0.6%), and American Indian/Alaskan Native (0.5%). Of those who identified as Hispanic or Latino (32.4%) in SDC, the majority also identified their race as white (72.4%), followed by other (19.9%), Multiple Races (5.1%), American Indian/Alaskan Native (1.1%), black (0.8%), Asian (0.6%), and Native Hawaiian/Pacific Islander (0.1%).

SAN DIEGO’S UNINSURED

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

In the past, gaps in the public insurance system and lack of access to affordable private coverage left millions without health insurance, and the number of uninsured Americans grew over time, particularly during economic downturns. By 2013, the year before the major coverage provisions of the Affordable Care Act (ACA) went into effect, more than 44 million nonelderly individuals lacked coverage.6

Under the Patient Protection and Affordable Care Act (ACA), millions of Californians have gained health coverage. These gains have come either through the expansion of

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6 Kaiser Family Foundation analysis of 2013 National Health Information.
Medicaid (called Medi-Cal in California) to low income adults earning up to 138% of the federal poverty guideline (FPG), or through Covered California, the state’s ACA health insurance marketplace, where people earning up to 400% FPG can purchase subsidized insurance coverage. The major coverage expansions of the ACA were implemented starting in 2014, and by 2016 the uninsured rate among nonelderly Californians had fallen from 15.5% to a historic low of 8.5%.7 (This percentage includes children).

**KEY FINDINGS**

Since 2010, generally all age groups experienced a decline in the percent uninsured for both the county and state. The 18–64-year age group experienced the greatest decline in number of people uninsured under the ACA.8

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

Uninsured Among Civilian Noninstitutionalized Population, Ages 18-64 Years, 2009-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>United States</th>
<th>California</th>
<th>San Diego County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>20.6%</td>
<td>24.4%</td>
<td>22.5%</td>
</tr>
<tr>
<td>2010</td>
<td>21.4%</td>
<td>25.4%</td>
<td>23.4%</td>
</tr>
<tr>
<td>2011</td>
<td>21.0%</td>
<td>25.0%</td>
<td>23.7%</td>
</tr>
<tr>
<td>2012</td>
<td>20.6%</td>
<td>24.8%</td>
<td>22.8%</td>
</tr>
<tr>
<td>2013</td>
<td>20.3%</td>
<td>24.0%</td>
<td>22.0%</td>
</tr>
<tr>
<td>2014</td>
<td>16.3%</td>
<td>17.3%</td>
<td>16.4%</td>
</tr>
<tr>
<td>2015</td>
<td>13.1%</td>
<td>12.1%</td>
<td>12.1%</td>
</tr>
<tr>
<td>2016</td>
<td>12.0%</td>
<td>10.3%</td>
<td>10.4%</td>
</tr>
<tr>
<td>2017</td>
<td>12.3%</td>
<td>10.1%</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

*2011 data show uninsured percentage for 18–64 year olds
Source: U.S. Census Bureau, 2009-2017 American Community Survey. Table 52011: 1-Year Estimates
Prepared by: County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, January 2019

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

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7 California Health Care Foundation, “ACA Reduces Racial/Ethnic Disparities in Health Coverage”. October 2018
FINANCIAL ASSISTANCE
ASSISTING LOW-INCOME, UNINSURED PATIENTS

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

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

Eligibility for financial assistance is based on family income and expenses. For low-income, uninsured patients who earn less than twice the federal poverty level (FPL), Scripps forgives the entire bill. For those patients who earn between two and four times the FPL, a portion of the bill is forgiven. Patients who qualify for financial assistance are not charged more than Scripps’ discounted financial assistance amount. For 2020, the Department of Health and Human Services defined a family of four at 200 percent federal poverty level as $52,400.
## ESTIMATED ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED BY SCRIPPS HEALTH IN FISCAL YEAR 2019

<table>
<thead>
<tr>
<th>Senate Bill 697 Category</th>
<th>Programs &amp; Services Included</th>
<th>Estimated FY19 Unreimbursed Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Care Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charity Care</td>
<td></td>
<td>$14,767,038</td>
</tr>
<tr>
<td>Medi-Cal &amp; Other Government Means Tested Programs (Shortfall) *</td>
<td></td>
<td>$95,484,099</td>
</tr>
<tr>
<td>Medicare &amp; Medicare HMO (Shortfall) **</td>
<td></td>
<td>$282,074,973</td>
</tr>
<tr>
<td>Bad Debt</td>
<td></td>
<td>$11,908,354</td>
</tr>
<tr>
<td><strong>Total Costs of Uncompensated Care</strong></td>
<td></td>
<td>$404,234,464</td>
</tr>
<tr>
<td><strong>Benefits for Vulnerable Population</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Definition:</strong> Any population that is exposed to medical or financial risk, by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Service Program, or county indigent programs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A – Community Health Improvement Services</td>
<td></td>
<td>$1,710,780</td>
</tr>
<tr>
<td>C – Subsidized Health Services</td>
<td></td>
<td>$3,545,552</td>
</tr>
<tr>
<td>E – Cash and In-Kind Contributions</td>
<td></td>
<td>$1,995,022</td>
</tr>
<tr>
<td><strong>Total Benefits for Vulnerable Populations</strong></td>
<td></td>
<td>$7,251,354</td>
</tr>
<tr>
<td><strong>Benefits for the Broader Community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Definition:</strong> Services that improve overall community health and can include in-kind donations and sponsorships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A – Community Health Improvement Services</td>
<td></td>
<td>$2,333,673</td>
</tr>
<tr>
<td>E – Cash and In-Kind Contributions</td>
<td></td>
<td>$175,890</td>
</tr>
<tr>
<td>F – Community Building Activities</td>
<td></td>
<td>$569,399</td>
</tr>
<tr>
<td>G – Community Benefit Operations</td>
<td></td>
<td>$262,408</td>
</tr>
<tr>
<td><strong>Total Benefits for Broader Community</strong></td>
<td></td>
<td>$3,341,370</td>
</tr>
<tr>
<td><strong>Professional Education &amp; Health Research</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B – Professional Education</td>
<td></td>
<td>$25,458,500</td>
</tr>
<tr>
<td>D – Health Research</td>
<td></td>
<td>$2,449,434</td>
</tr>
<tr>
<td><strong>Total Professional Education &amp; Research</strong></td>
<td></td>
<td>$27,907,934</td>
</tr>
<tr>
<td><strong>Total Community Benefit and Economic Value</strong></td>
<td></td>
<td>$442,735,122</td>
</tr>
</tbody>
</table>
Financial Support: Calculations for bad debt and charity care are estimated by extracting the gross write-offs of bad debt and charity care charges and applying the hospital ratio of costs to charges (RCC) to estimate the cost of care. Calculations for Medi-Cal & other means-tested government programs and Medicare shortfall are derived using the payer-based cost allocation method. Bad debt and Medicare shortfall do not count as community benefits under the Schedule H 990 but are still reportable outside the community benefit table.

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

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

Uncompensated health care includes the sum of expenses associated with charity care, Medi-Cal and other means-tested government programs, Medicare shortfalls and bad debt. A detailed account of Scripps Fiscal Year 2019 uncompensated care expenditures is contained in the following graphs.

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

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

---

10 Calculations for Medi-Cal and other means-tested government programs are derived using the payer-based cost allocation method. Calculations for charity care are estimated by extracting the gross write-offs of charity care charges and applying the hospital ration 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.
CHARITY CARE

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

11 Calculation for charity care are estimated by extracting the gross write-offs of charity care charges and applying the hospital ratio of cost of charges (RCC) to estimate the cost of providing charity care.
FIGURE 3:4

FY 2019

SCRIPPS MEDI-CAL & OTHER MEANS-TESTED GOVERNMENT PROGRAMS BY OPERATING UNIT, $95,484,099

<table>
<thead>
<tr>
<th>Community Benefits Services (Provider Fee Impact)</th>
<th>Scripps Memorial Hospital La Jolla</th>
<th>Scripps Green Hospital</th>
<th>Scripps Memorial Hospital Encinitas</th>
<th>Scripps Mercy Hospital</th>
<th>Scripps Whittier Diabetes Institute</th>
<th>Scripps Medical Foundation</th>
<th>Scripps Systemwide</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Provider Fee</td>
<td>$19,350,806</td>
<td>$1,048,567</td>
<td>$13,971,029</td>
<td>$75,547,858</td>
<td>-</td>
<td>$5,047,327</td>
<td>$255,041</td>
<td>$115,220,629</td>
</tr>
<tr>
<td>Provider Fee</td>
<td>$5,723,481</td>
<td>$640,760</td>
<td>$3,516,178</td>
<td>($29,616,950)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>($19,736,530)</td>
</tr>
<tr>
<td>Net After Provider Fee</td>
<td>$25,074,288</td>
<td>$1,689,328</td>
<td>$17,487,207</td>
<td>$45,930,908</td>
<td>-</td>
<td>$5,047,327</td>
<td>$255,041</td>
<td>$95,484,099</td>
</tr>
</tbody>
</table>

**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.
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.

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

13 Cost of bad debt is estimated by applying the hospital ratio of cost-to-charges (RCC) to the gross write-offs of bad debt to arrive at the estimated cost of providing care.
Section 4

Community Health Services
**COMMUNITY HEALTH SERVICES**

Community Health Services include prevention and wellness programs, screenings, health education, support groups and health fairs, supported by operational funds, grants, in-kind-donations and philanthropy. Through a prioritization process described in Section 2, Community Health Needs Assessment (CHNA), the following health conditions and social determinants of health (SDOH) were identified as the most critical health and social needs within San Diego County (listed below in alphabetical order):

1. Access to Health Care
2. Aging Concerns
3. Behavioral Health
4. Cancer
5. Chronic Conditions
6. Community and Social Support
7. Economic Security
8. Education
9. Homelessness and Housing Instability
10. Unintentional Injury and Violence

**FIGURE 1. 2019 CHNA TOP HEALTH NEEDS**

The figure above illustrates the interactive nature of the SDOH and health conditions — each impacting the other. In addition, an underlying theme of stigma and the barriers it creates arose across community engagement. For instance, stigma impacts the way in which people access needed services that address SDOH (CalFresh, Medi-Cal, other economic support), which consequentially impacts their ability to maintain and manage health conditions. Stigma was also discussed in relation to specific health conditions, including behavioral health, cancer, diabetes, obesity and others.
The programs included in this section raise public awareness and understanding of the community health needs documented in Scripps 2019 Community Needs Assessment Report (Refer to Section 2, Community Health Needs Assessment (CHNA)).

Included in this section are other health conditions and needs that Scripps addresses via community benefit programs and initiatives. Scripps defines Community Health services according to the Schedule H 990 IRS categories. The categories are broken down into five main areas: (see the Scripps Community Health Services Summary list for more details, page 120). These costs are included in the IRS Form 990 Schedule H Part I Lines 7 e, g and i.

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

During Fiscal Year 2019 (October 2018 to September 2019), Scripps invested $6,478,774 in community health services (does not include subsidized health). This figure reflects the costs associated with providing these programs, salaries, materials, and supplies minus revenue.

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

The rest of this chapter highlights Scripps activities, programs and services conducted by Scripps during FY19. Refer to Figure 4:1 for a graphic representation of the FY19 Scripps System Community Health Services program distribution.

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14 Demographic and community need information data presented throughout the body of this document are based upon the findings of the Hospital Association of San Diego and Imperial Counties 2016 Community Health Needs Assessment and the most recent San Diego County community health statistics (unless otherwise indicated). Retrieved from the World Wide Web http://www.hasdic.org/chna.htm
Cancer and diseases of the heart were the top two leading causes of death in San Diego County in 2016.\textsuperscript{15} See Table 1 for a summary of leading causes of death in San Diego County.

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

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

**ACCESS TO CARE**

Access to high quality, comprehensive care is vital for preserving good health, preventing and managing disease, decreasing disability, averting premature death, and achieving health equity for all. To access care, people need health insurance coverage and a consistent source of care that provides evidence-based, culturally competent preventive and emergency medical services in a timely manner. A lack of health insurance coverage represents a major barrier to health care services. In San Diego County, 12\% of people are uninsured. Certain groups, including those who identify as “Other,” Native American/Alaska Natives, Hispanics, Pacific Islanders, and Blacks, have higher rates of being uninsured than others.\textsuperscript{16}

\textsuperscript{15} County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, 2018.

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

<table>
<thead>
<tr>
<th>1. Types of care that are difficult to access</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Behavioral Health Care</td>
</tr>
<tr>
<td>• Dental Care</td>
</tr>
<tr>
<td>• Primary Care</td>
</tr>
<tr>
<td>• Specialty Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Barriers to accessing care &amp; associated SDOH</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Culturally competent care</td>
</tr>
<tr>
<td>• Economic security</td>
</tr>
<tr>
<td>• Fear related to immigration status</td>
</tr>
<tr>
<td>• Lack of health insurance &amp; insurance issues</td>
</tr>
<tr>
<td>• Shortage of health care providers</td>
</tr>
<tr>
<td>• Transportation</td>
</tr>
</tbody>
</table>

A lack of health insurance is a predictor of many health conditions, including more poor mental health days, more visits to the ED for heart attacks, a higher prevalence of asthma, and obesity, more low birth weight babies, and higher prevalence of smoking. Reduced access to basic health care services increases illness, injury and mortality and is a major burden on hospitals and health providers, who must provide uncompensated care for the uninsured. Access to health care emerged as a high priority health need in both the secondary data analyses and community engagement events in the 2019 Scripps Community Health Needs Assessment. Through the community engagement conducted we heard from the community that even when insurance is secured, lack of transportation (especially for seniors) and lack of culturally and linguistically competent care are main barriers. In an effort to provide for people in need, Scripps sponsored a number of programs and activities in FY19.

**Mercy Outreach Surgical Team Provides Life-Changing Care to Children in Mexico**

For three decades, the Mercy Outreach Surgical Team (M.O.S.T) has been crossing borders and changing lives. Working in Mexico, the Mercy Outreach Surgical Team provides reconstructive surgeries for children suffering from birth defects or accidents. In special circumstances, surgeries are also provided for adults. During FY19, the M.O.S.T team served in two outreach mission trips and the team volunteered over 2,800 hours to provide reconstructive surgeries for more than 200 people. The M.O.S.T program celebrated its 32nd anniversary this year.
• **OCTOBER 2018**
In October 2018, a team of 48 M.O.S.T. volunteers including three plastic surgeons, one urologist, and a general surgeon traveled over 1,500 miles from San Diego to Morelia, Mexico. The team helped 168 patients on this mission.

• **MAY 2019**
With so many patients in need, M.O.S.T. traveled to Hermosillo in the state of Sonora to offer eye surgeries in early May of 2019. During this 4-day mission trip, the team provided 105 eye surgeries and provided eyeglasses to 41 children.

**SCRIPPS RECUPERATIVE CARE PROGRAMS (RCU)**
The **Scripps/SD Rescue Mission Recuperative Care Unit (RCU)** Project provides a safe discharge for chronically homeless patients with ongoing medical needs. All patients are unfunded or underfunded. Most have substance abuse and/or mental health issues. Lack of funding, mental illness, as well as alcohol and/or substance abuse, makes post-acute placement of these homeless patients difficult. RN Case Management assists with appointments, medications, durable medical equipment (DME), and plans of care, while working closely with RCU staff. Oversight is provided by Scripps with physician backup to ensure completion of their medical recovery goals. Scripps pays the Rescue Mission a daily rate for housing and services provided to the patients.

The Rescue Mission provides a safe, secure environment, with 24-hour supervision, medication oversight, meals, clothing, and counseling, assistance with Medi-Cal, and disability applications, referrals to rehab and other programs, and help finding permanent or transitional housing using county resources. 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 needed services are provided by Scripps when funding is not available. Patients with psychiatric disorders are established with a psychiatrist in the community if they are willing. All patients are referred to a medical home in the community. The RCU located at the San Diego Rescue Mission closed its doors on January 14, 2019.

This year, 15 patients accounted for RCU admissions. As a group, the RCU patients had a cumulative 223 hospital days of stay, an average of 14 hospital days of stay, before going to RCU. The RCU has taken medically complex patients, including those with: IV antibiotics, wound vats, skin grafts, fractures, abscesses, osteomyelitis, amputation, paraplegia, dog bites, diabetic ketoacidosis (DKA), gastrointestinal (GI) bleeds, pancreatitis, end stage renal disease (ESRD) on dialysis, end stage liver...
disease, diabetes, traumatic brain injury or encephalopathy, ostomies, complex trauma, motor vehicle accident (MVA), pedestrian versus auto, pleural effusion, cerebrovascular accident (CVA), cancer (lymphoma, pancreatic cancer, brain mass), HIV/Aids, sepsis, respiratory failure, pneumonia, congestive heart failure (CHF). Patients were assault victims with gunshot and stab wounds, facial trauma, and surgical post op patients. Many are diabetic and have psychiatric conditions. Over 70% of this group were either positive for alcohol, drugs on drug screen or had a drug history addressed by the physician in the history and physical (H & P). More specifically, 43% of RCU clients had used heroin or meth. The following are outcome metrics tracked by Scripps for the SD Rescue Mission program.

- For year 2018-2019, total cost savings for Scripps was $703,385.
- Of RCU patients, 27% had standard Medi-Cal insurance, 26% Medi-Cal HPE (Health Presumptive Eligibility), 20% Medi-Cal HMO's (Molina Medi-Cal and Community Health Group. Further, 13% had out of state or out of county and 6% had Restricted Medi-Cal and 6% CMS.
- Approximately 38% were involved with RCU social worker to secure income from government programs, Social Security and California short term disability.
- 94% patients were connected to a primary care provider or had established care at one of the community clinics and 6% stayed less than 1 day and did not complete the primary care physician (PCP) appointment.
- This year, 80% did not return to the streets: 26% discharged to family or friend, 27% to a community program, 27% of the residents transitioned to a shelter, and many participants went to Single Room Occupancy (SRO), Independent Living Facility (ILF) or established residence which was 13%. Housing programs and resources continue as challenges for our community.

City of Refuge Partnership

After the closure of the San Diego Rescue Missions RCU in January 2019, Scripps facilitated an outreach partnership with the City of Refuge that began taking patients routinely in March of 2019. This year 20 patients so far have met the need for RCS admission. As a group, the RCS patients had a cumulative of 224 hospital days of stay, an average of 10 hospital days of stay, before going to RCS beginning March 2019 to date. The RCS has taken medically complex patients, including those with: IV antibiotics, wound vats, skin grafts, fractures, abscesses, osteomyelitis, amputation, paraplegia, dog bites, DKA, GI bleeds, pancreatitis, ESRD on dialysis, end stage liver disease, diabetes, mild encephalopathy, ostomies, MVA, pedestrian versus auto, pleural effusion, CVA, cancer (lymphoma, pancreatic cancer), HIV/Aids, sepsis,
respiratory failure, pneumonia, CHF. Patients were assault victims with gunshot and stab wounds, facial trauma, and surgical post op patients. Many are diabetic. Psych problems are common, occasionally the main problem for RCS clients. Over 70% this group were either positive for alcohol, drugs on drug screen or had a drug history addressed by the physician in the H & P. More specifically, 30% of RCS clients had used opiates, heroin or meth.

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

- For FY19, total cost savings for Scripps was $623,410.00 for March 2019-September 2019.
- Of RCS patients, 25% had standard Medi-Cal insurance, 25% HPE (Health Presumptive Eligibility) Medi-Cal, 40% Medi-Cal HMO's, such as Molina, Community Health Group Medi-Cal, Health Net Medi-Cal, and Alameda Medi-Cal. Of these managed plans, Molina Medi-Cal was the highest utilizer. Further, 10% had out of state or out of county Medicaid/Medi-Cal and there were no clients with Restricted Medi-Cal.
- Approximately 25% sought to secure income from government programs, Social Security and California short term disability: four total clients applied or received income benefits. Four have applied and received Medi-Cal HMO's while at the RCS.
- Seventy five percent of patients were connected to a primary care provider or had established care at one of the community clinics. Ten percent of the patients admitted to RCS were established with ongoing oncology care and treatment. Thirty five percent did not complete the PCP appointment and several patients were introduced to FHC mental health services.
- Following the stay at City of Refuge, 50% did not return to the streets; 5% went back to the hospital, (most returned to the RCS after a short stay); 15% to family or friend, 30% to a community program, 50% of the RCS participants discharged to the streets. Two continue their stay at the RCS and will go home to family with assistance to transport via Greyhound Bus. Housing programs and resources continue as challenges for our community.

**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 43 fellows. GME residents and many attending physicians maintain an evening clinic at St. Leo’s Mission Community Clinic in North County. Two residents volunteer
every Wednesday to provide medical care to uninsured patients with a variety of conditions, including diabetes, high blood pressure and high cholesterol. They also identify many acute conditions, including viral infections, skin infections, eye problems and musculoskeletal issues, and educate patients about their health. Patients may get flu vaccinations and some basic lab tests. If needed, St. Leo’s patients are referred to providers who provide care at a reduced cost. During FY19, St. Leo’s cared for approximately 800 of our county’s most vulnerable residents.

**Migrant Shelter Clinic**

In response to the urgent need for physician volunteers to help screen migrants seeking asylum in the US, multiple GME residents volunteered for a refugee health assessment program at a South Bay shelter. Medical interpreters on site helped residents communicate with migrants and facilitate the screenings. Scripps residents screened between 30 and 150 patients daily over approximately eight months.

**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. The 2019 mission brought our residents to the Solomon Islands in the South Pacific, where the ratio of doctors to population is 1:20,000. The Loloma Foundation provides medical care to these islanders in association with Scripps Health. Residents experienced the challenges of providing care in Third World conditions, without technology, and using only their excellent academic and practical training to diagnose and treat patients. Islanders with serious medical conditions are referred to the nearest hospital, which is several hours away by boat and car. Along with evaluating and treating up to 150 patients a day, residents provided training to medical professionals on the island.

**Scripps -Sponsored American Red Cross Blood Drives**

Scripps Health partnered with the American Red Cross in FY19 to host 15 blood drives; 478 Scripps employees donated blood throughout the year. Scripps Health collected 478 pints of blood (for every pint donated 3 lives are saved), which saved approximately 1,434 lives. Scripps promoted the blood drives through our system wide communication channels and our Wellness All Around You Campaign.
CELEBRATION OF HEROES BLOOD DRIVE

Scripps sponsored the Celebration of Heroes Blood Drive event with CBS 8 television stations Kyle Kraska, sportscaster and the American Red Cross. Kraska was the victim of multiple gunshot wounds on February 10, 2015, Kraska was transported to Scripps Memorial Hospital La Jolla Trauma department. Due to his injuries, Kraska was the recipient of multiple blood transfusions and with the quick response of San Diego Fire Rescue and care of the Scripps Trauma team they saved his life. Kraska chose Valentine’s Day 2019 to show his appreciation to all that had saved his life and to honor the community by hosting a blood drive to save the lives of others. The central engagement of the event was to sign up people on-line and for people to come to the event to donate blood. Scripps had staff at the event for outreach engagement, Stop the Bleed, and helmet safety education was presented to about 50–75 people. Scripps public relations provided support for multiple social media post, live television and radio interviews with Scripps employees who were able to demonstrate on TV, and live social media, how people in the community can use a tourniquet and “Stop the Bleed” and save a life. The event brought in 178 attendees and 412 units of blood were donated with on-line pledges and walk-ins.

SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND

In FY19, Scripps Health continued to deepen its commitment to philanthropy with its Community Benefit Fund. Over the course of the year, it awarded $221,000 in community grants to programs in San Diego (four grants ranging from $10,000 to $120,000). The funded projects address some of San Diego County’s high priority health needs, seeking to improve access to vital health care services for at risk populations, including the homeless, economically disadvantaged, mentally ill and others. Since the Community Benefit Fund began, Scripps has awarded $3.9 million. Programs funded during FY19 included:

CONSUMER CENTER FOR HEALTH EDUCATION AND ADVOCACY (CCHEA)

Funding provides low income, uninsured Mercy Clinic and behavioral health patients help obtaining health care benefits, SSI and related services, while reducing uncompensated care expenses at Mercy. The project provides advocacy services for time intensive government benefit cases. The Consumer Center stresses the importance of accessing community-based services for routine health care instead of using the ED’s and hospital departments. They also emphasize the importance of establishing medical homes.
CATHOLIC CHARITIES

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

2-1-1 HEALTH CARE NAVIGATION PROGRAM

Locally, 2-1-1 San Diego was launched in June 2005 as a multilingual and confidential service committed to providing 24/7 access. There was an overwhelming need for a dependable service to help people navigate today’s complex health care system. Scripps Health has been a longtime supporter of 2-1-1 San Diego’s Health Navigation Program which creates a record for every person who calls, in order to provide a service that navigates clients through different referrals and tracks their success toward achieving improved social determinants of health. All 2-1-1 staff are trained to identify individuals who need 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 specialist 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 versus going to an emergency room for an immediate medical need? Transportation: Does the client have the means to get to their doctor’s appointments?

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

**CANCER/ONCOLOGY**

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

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

- The HASD&IC 2019 CHNA continued to identify Cancer disease as one of the top priority health conditions among San Diego County hospitals.
- In 2016, cancer was the leading cause of death in San Diego County, responsible for 24.1 percent of all underlying causes of death.\(^{17}\)
- In 2016, there were 5,096 deaths due to cancer (all sites),\(^{18}\) and an age adjusted death rate of 146.6 deaths per 100,000 population.\(^{19}\)
- In 2016, 19.3 percent of all cancer deaths in San Diego County were due to lung cancer, 9.3 percent to colorectal cancer, 7.4 percent to female breast cancer, 7.2 percent to pancreatic cancer, 6.7 percent to prostate cancer, 5.7 percent to liver and female reproductive cancers, and 3.6 percent to Leukemia.
- According to the American Cancer Society (ACS) 2017 California Cancer Facts & Figures report, in 2014 there were 13,625 observed new cancer cases and 4,868 cancer deaths in San Diego County.
- According to the ACS Cancer Statistics Center, in 2018 there will be an estimated 29,360 new cases of breast cancer and 4,500 breast cancer deaths for females in California.
- In 2016, the age-adjusted mortality rate for breast cancer in San Diego County was 20.0 per 100,000 women. This falls slightly below the HP2020 target of 20.7 breast cancer deaths per 100,000 women.
- According to the 2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report, in SDC there were 46.1 late-stage cases of breast cancer per 100,000 women, exceeding the HP2020 target of 42.4 cases per 100,000 women. The report projects that SDC will meet the HP2020 target within five years.
- The 2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile also reported that, in 2013, breast cancer mortality rates in SDC were highest.

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\(^{18}\) The County of San Diego HHSA’s Community Health Statistics Unit Collects annual data on leading causes of death using methodology established by the National Center for Health Statistics (NCHS). Data is based on “underlying cause of death” information from all death certificates filed in SDC in 2016. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile". (Peña, M., County Hyattsville, Maryland: National Center for Health Statistics. 2018.)  
\(^{19}\) County of San Diego HHSA, Public Health Services, Community Epidemiology Branch.
among African American women, at 27.7 deaths per 100,000. This exceeded the mortality rate for Caucasian (23.9), Latina (17.3) and Asian/Pacific Islander (13.2).

- According to the ACS 2017 California Cancer Facts & Figures report, 72.4 percent of breast cancer cases among non-Hispanic white women in San Diego County were diagnosed at an early stage, compared to 69.3 percent of African American cases, 68.1 percent of Hispanic cases and 70.4 percent of Asian/Pacific Islander cases. Data suggests that early breast cancer detection resources are needed in minority communities.

- According to 2015-2016 CHIS data, 85.6 percent of women in San Diego County between the ages of 50 to 74 reported having a mammogram in the past two years. This exceeds the HP2020 target of 81.1 percent for breast cancer screenings. Approximately 2.9 percent of women in this age range in SDC reported that they had never had a mammogram.

- According to findings from the ACS 2018 Cancer Facts & Figures report, screening offers the ability for secondary prevention by detecting cancer early. For example, the 39 percent decrease in the female breast cancer death rate between 1989 and 2015 is attributed to improvements in early detection, namely screening and increased awareness. In addition, over the past three decades, five-year relative survival rates for all cancers combined increased by 20 percent among whites and 24 percent among blacks, reflecting earlier diagnosis for some cancers as well as improvements in treatment (ACS, 2018).

- Study findings from the 2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile indicate a critical need for culturally competent outreach, especially for Hispanic, Middle Eastern and African American women (Susan G. Komen, 2015).

- A recent study by the ACS found that 42 percent of newly diagnosed cancer cases in the U.S. are potentially avoidable. Many of the known causes of the cancer and other non-communicable diseases are attributable to behavioral factors including tobacco use and excess body weight due to poor dietary habits and lack of physical activity (ACS, 2018).

- The American Society of Clinical Oncology (ASCO) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. A patient navigator may assist with various tasks, including psychosocial support; assistance with treatment decisions; assistance with insurance issues; arrangement of transportation; coordination of additional services (i.e., fertility preservation); and tracking of
interventions and outcomes. The navigator works with the patient across the care continuum, ensuring coordination and efficiency of care, and removal of barriers to care (ASCO, 2016).

- According to the NIH, clinical trials, a part of clinical research, are at the heart of all medical advances. Clinical trials look at new ways to prevent, detect or treat disease by determining the safety and efficacy of a new test or treatment. Greater clinical trial enrollment benefits medical research and increases the health of future generations as well as improves disease outcomes, quality of life and health of trial participants.

Scripps Health currently cares for one-third of cancer patients in San Diego. Scripps has developed a series of prevention and wellness programs to educate people about the importance of early detection and treatment for some of the most common forms of cancer. At Scripps, cancer care is more than just medical treatment, and a wide array of resources are provided such as counseling, support groups, complementary therapies and educational workshops. Here are a few examples of Scripps cancer programs during FY19:

**SCRIPPS MD ANDERSON CANCER CENTER DIRECTORY OF COMMUNITY RESOURCES**
Scripps collaborates with the community and develops a cancer directory of a comprehensive list of resources available for cancer survivors, their families, and the community.

**SCRIPPS MD ANDERSON GREEN CANCER CENTER SUPPORT GROUPS**
Scripps Green Hospital support groups offer cancer patients the opportunity to express the emotions that come with a cancer diagnosis and help them cope more effectively with their treatment regimens by support groups that nurture their physical, emotional and spiritual well-being.

**SCRIPPS MD ANDERSON CANCER CENTER – REGISTERED NURSE NAVIGATOR PROGRAM**
Scripps provides a registered nurse, dedicated to assisting cancer patients and their families with navigating through the journey from diagnosis, treatment and survivorship from cancer. The focus is on education and outreach, as well as, support services in this population.
SCRIPPS MD ANDERSON CANCER CENTER – OUTPATIENT HEREDITY AND CANCER GENETIC COUNSELING PROGRAM
This program provides genetic testing and counseling to cancer patients, along with providing education to health professionals and caregivers.

SCRIPPS MD ANDERSON CANCER CENTER – OUTPATIENT SOCIAL WORKER & LIAISON PROGRAM
Scripps provides a Social Worker, dedicated to assisting cancer patients, along with providing education to health professionals and caregivers.

SCRIPPS MD ANDERSON CANCER CENTER HEAD AND NECK SUPPORT GROUP
Scripps provides support groups designed for individuals diagnosed with head and neck cancer. This group provides education and resources to help manage emotional and physical challenges normally encountered during and after cancer treatment.

SCRIPPS MD ANDERSON CANCER CENTER LYMPHEDEMA SUPPORT GROUP
Scripps provides education and support for those diagnosed with lymphedema and undergoing treatment for the disease.

SCRIPPS MD ANDERSON CANCER SURVIVORS DAY
Survivors Day is a time to recognize the nation’s 15.5 million cancer survivors, to focus attention on issues of survivorship, and to acknowledge medical professionals dedicated to cancer treatment, research and support services. National Cancer Survivors Day events are held in hundreds of communities nationwide throughout the month of June. Scripps holds a celebratory event at various Scripps hospitals each year to provide an opportunity for those that have battled cancer to come together and enjoy the company of friends, family and the camaraderie of fellow cancer survivors.

Cancer survivors and other guests share inspirational stories learn about advances in cancer treatment and research and enjoy the opportunity to connect with caregivers and fellow survivors. Each year the cancer survivor event helps celebrate life, inspire those recently diagnosed, offer support to family and loved ones and recognize all who provided support along the way. They also provide a forum for discussing the physical, financial and social issues that many cancer survivors face following completion of treatment.

SCRIPPS MD ANDERSON CANCER CENTER –GYNECOLOGICAL SUPPORT GROUP
Scripps Health provides meeting space for women facing gynecological cancers.
SAN DIEGO CITY FIREFIGHTERS, LIFEGUARDS AND POLICE OFFICERS SKIN CANCER SCREENINGS
A total of 112 Firefighters, Lifeguards and Police officers were screened for skin cancer.

LOCAL STATE BEACHES LIFEGUARD SKIN CANCER SCREENINGS
A total of 94 local state beaches lifeguards were screened for skin cancer.

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

HEALTHY WOMEN, HEALTHY LIFESTYLES: SCRIPPS MERCY BREAST HEALTH OUTREACH AND EDUCATION PROGRAM
A Promotora led health and wellness program that aims to improve the lives of women in San Diego’s South Bay with breast cancer education, prevention and treatment support. Promotoras teach breast health to women who have limited or no access to health care. Promotoras teach women in their native language with sensitivity to a woman’s ethnic and cultural norms. The program model includes a Promotora, Cancer Survivor and a Nurse Navigator. The Promotora has knowledge of breast cancer, offers education and emotional support. She also provides referrals in culturally appropriate and language sensitive way. A breast cancer survivor and volunteer strengthen 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 together, 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 150 women were referred to clinical breast health services in the community and to Scripps Mercy Hospital, Chula Vista radiology services. A total of 2,073 services were provided, including telephone reminders, outreach and education and case management/care coordination.

SCRIPPS MERCY HOSPITAL CHULA VISTA RADIOLOGY SERVICES
More than 500 services were provided services. Services included patients that need repeat exams and those due for routine screening mammogram, along with assisting patients to get health insurance approval, telephone reminders and education by phone about preventing breast cancer.
SCRPPIPS MERCY HOSPITAL CHULA VISTA RADIOLOGY, POSITIVE BREAST CANCER PATIENT SUPPORT

More than 300 services were provided for patients with a diagnosis of breast cancer. These included phone calls, home visits, and educational material packets, supplies (wigs, bras, prosthesis and medical record organizer binder), breast cancer support group and social/emotional support.

SCRPPIPS 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. On average 15 women participate as part of this group twice monthly. Group support including navigating the cancer system and educational presentations by local providers are offered.

SCRPPIPS POLSTER BREAST CARE CENTER (SPBCC)

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

AMERICAN CANCER SOCIETY (ACS) MAKING STRIDES AGAINST BREAST CANCER

Scripps Health participated and sponsored the Making Strides Against Breast Cancer walk in the amount of $10,000 to raise money for breast cancer research. The walk raises critical funds to save lives from breast cancer and ensure no one faces breast cancer alone. 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.
CARDIOVASCULAR DISEASE

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

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

RISK FACTORS FOR CARDIOVASCULAR DISEASE:

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

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

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

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

- The Scripps 2019 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as a priority health issue affecting members of the communities served by Scripps.
- According to data presented in the Scripps 2019 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. About half of all Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors (CDC, 2015).
- Heart disease is the leading cause of death for people of most racial/ethnic groups in the United States, including African Americans, Hispanics and Whites.
- In 2016, cerebrovascular diseases including stroke were the fourth leading cause of death for San Diego County overall.
• In 2016, there were 1,362 deaths due to stroke in San Diego County, a 17.2 percent increase from 2015. The age-adjusted death rate due to stroke was 38.3 per 100,000 population, which was higher than the HP2020 target of 34.8 deaths per 100,000.

• In 2016, there were 6,346 hospitalizations for stroke in San Diego County, with an age-adjusted rate of 183 per 100,000 population. The rate of hospitalization for stroke increased 2.8 percent from 2015 to 2016—the first increase since 2011, when San Diego County recorded a stroke rate of 218.4 per 100,000 population.

• In 2016, there were 2,371 stroke-related ED visits in San Diego County. The age-adjusted rate of ED visits was 68.9 per 100,000 population.

• According to 2016-2017 CHIS data, an estimated 23.9 percent of adults in San Diego County were obese, 9.7 percent smoked cigarettes and 62.0 percent did not regularly walk for transportation, fun, or exercise. In 2016, 16.3 percent of adults in SDC reported eating fast food four or more times in the past week.

• The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25 percent of people who recover from their first stroke will have another stroke within five years (NINDS, 2016).

• The CDC estimates that up to 80 percent of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors.

• According to the CDC, healthy lifestyle choices can help prevent stroke. Behaviors that can mitigate the risk of stroke include choosing a healthy diet full of fruits and vegetables, maintaining a healthy weight, engaging in at least 2.5 hours of moderate-intensity aerobic physical activity each week, refraining from or quitting smoking, and limiting alcohol intake (CDC, 2018).

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

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20 The County of San Diego HHSA’s Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics (NCHS). Data is based on “underlying cause of death” information from all death certificates filed in SDC in 2016. Causes are ranked according to the number of deaths assigned to all ranked causes, which are a subset of ICD-10’s “List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile.” (Peña, M., County of San Diego HHSA Public Health Services, Community Health Statistics Unit. 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol. 67 no. 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)
Along with the tremendous care Scripps provides within our hospitals and outpatient clinics, Scripps also supports our surrounding communities with resources, outreach programs and partnerships to ensure the heartbeat of our community continues.

During FY19, Scripps engaged in the following heart health, stroke, and cardiovascular disease prevention and treatment activities.

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

Scripps partners with the American Heart Association on its annual San Diego Heart and Stroke Walk to raise funds for research, professional and public education and advocacy. Heart disease and stroke are the number one and three causes of death in the nation. Heart disease claims more than 950,000 Americans each year. Scripps has proudly supported the AHA’s annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of cardiovascular diseases and stroke.

In September 2019, Scripps employees volunteered their time to coordinate walker participation and fundraising efforts. The San Diego Heart Walk raised more than $959,884. In FY19, more than 1,060 Scripps Heart Walk participants, (employees, families, and friends) and more than 114 teams representing entities across Scripps Health walked to help raise more than $102,600. To date, Scripps has raised more than $3 million through its San Diego Heart & Stroke Walk fundraising efforts.

**AMERICAN HEART ASSOCIATION – GO RED FOR WOMEN’S LUNCHEON**

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

**CPR CLASSES FOR PATIENTS AND FAMILIES OF THE CARDIAC TREATMENT CENTER**

CPR classes are offered four times a year to Cardiac Treatment Center patients and their families. The program improves community health by increasing knowledge of cardiopulmonary resuscitation practices.

**CARDIAC TREATMENT CENTER GROUP EXERCISE PROGRAMS**

Cardiac Treatment Center Group Exercise Programs are designed for cardiovascular health improvement. Classes include training in Balance, Hatha Yoga, Tai Chi, Fit Ball, Chair Yoga and Meditation, and Lebed Method of Exercise. The Cardiac Treatment Center also provides exercise programs that include nutritional education through the Pulmonary Class, Dietary One-On-One Counseling, and the Cardiac Life Project. The Better Breathers and Self-Defense Fitness classes provide additional education in cardiovascular health.
CARDIAC LIFE PROJECT
The Cardiac Treatment Center’s Life Project is a support group for people with heart disease and their family members. The goal is to provide education and resources on coping with heart disease in a friendly and supportive environment.

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

STROKE CARE PROGRAMS
On average, a stroke occurs every 40 seconds in the United States. More than 1,000 stroke deaths occurred in San Diego County in 2018, and about 15 people are hospitalized due to stroke every day. Scripps sponsors a wide variety of stroke related education and awareness programs. These include support groups and education for stroke and brain injury survivors and their loved one. Information and resources are provided, along with skills to help reinforce inner strengths and learn self-care strategies. Support groups offer the ability to develop encouraging peer relationships along with the goal of returning to and continuing a life of meaning and purpose.

STUDENT PRECEPTORSHIPS AT CARDIAC TREATMENT CENTER
Scripps provides preceptorships for student RNs, exercise physiologists and cardiac sonographers. The Scripps Cardiac Treatment Center nurses’ mentor the students through education and modeling. The students learn the roles and responsibilities required of the positions.

LEFT VENTRICULAR ASSIST DEVICE (LVAD) SUPPORT GROUP
Scripps offers a support group for patients with a Left Ventricular Assist Device. This group provides education and support to those patients and their caregivers/partners. Topics include safety and proper mechanics required for the device.

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

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

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

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

**EDUCATING WOMEN ABOUT HEART HEALTH**

Together with Women Heart National Hospital Alliance, Scripps Cardiovascular developed a women and heart disease education program. The efforts educate women on the importance of heart health, provide support groups and advocate for research funding and policies.

**SENIOR HEALTH CHATS**

A wide variety of senior chats are offered at local senior centers in South Bay to address education and prevention of heart disease. Some topics include heart health 101, stroke, and a variety of prevention education. A total of 10 presentations are given yearly to more than 264 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 Electrocardiogram (EKG). Unfortunately, heart screenings are not part of a regular, well-child exam or pre-participation sports physical. The first symptom of SCA could be death. San Diego alone loses three to five teens from SCA annually.

Scripps efforts began when a registered nurse at Scripps created the foundation after her 15-year-old son, Eric passed away from sudden cardiac arrest in 2009. Turning tragedy into an opportunity, the Paredes’ established the organization to prevent sudden cardiac arrest in school-age children and adolescents. As a sponsor for the Eric
Paredes Save A Life Foundation, Scripps has held more than 20,000 free cardiac screenings to local teens, including the homeless, uninsured and underinsured. In FY19, Scripps made an $8,500 contribution to help pay for screenings. In FY19, Scripps supported screening events at area high schools and screened 4,269 teens, identifying 46 with abnormalities and 20 who were at risk. The following are additional metrics tracked:

- Teens Uninured: 6%
- Teens Without a Pediatrician/Family Doc: 525
- Teens Who Use a Family Clinic: 714
- Average percent of Moderate to Extremely Low Household Income: 62%
- Ethnicity: 58% represent diverse ethnicities
- Parents unaware of SCA in youth: 55%
- Parents unaware of warning signs/risk factors: 68%
- Number of youths screened who participate in sports: 78%
- Scripps Volunteers: 100
- Scripps Volunteer Hours: 500

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

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

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

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

Heart disease is one of the most widespread and costly health problems facing our nation, even though it’s also one of the most preventable. Heart failure and stroke account for more than $500 billion in health care costs per year. Heart failure is a progressive disease, primarily caused by high blood pressure, high cholesterol/lipids and damage to the heart muscle from coronary artery disease.
Scripps Health offers a three-week educational based community intervention program to support improved quality of life for patients diagnosed with heart disease. Tobacco use, alcohol abuse, lack of physical activity, poor nutrition, stress and depression are some of the major contributing factors leading to heart disease, heart failure and readmission. Recent literature suggests that post discharge, social support and education are important to prevent readmission. Group sessions provide education and social support. Discharge planning that uses transitional coaches has been proven to reduce readmission rates. The overall goal of Your Life, Your Heart is to decrease the readmission rates for heart failure patients, which reduces medical costs for the patient and improves their quality of life.

A total of 125 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.

2019 BE THERE SAN DIEGO PREVENTING HEART ATTACKS AND STROKES SUMMIT

Be There San Diego is an unprecedented, nationally recognized collaboration and community-wide activation focused on preventing heart attacks and strokes in the San Diego region. Scripps sponsored the 2019 Summit as it is a unique opportunity to bring together physicians, community leaders, healthcare systems, and community partners to impact the region’s health by sharing best practices and discussing strategies for future progress.
DIABETES

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

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

- The Scripps 2019 CHNA continued to identify diabetes as a priority health issue affecting members of the communities served by Scripps.
- The Centers for Disease Control and Prevention (CDC) identify diabetes as the seventh leading cause of death in the U.S., as well as the leading cause of kidney failure, non-traumatic lower limb amputations and new cases of blindness among adults.
- The number of adults diagnosed with diabetes in the U.S. has more than tripled in the last 20 years (CDC, 2017).
- In 2016, there were 734 deaths due to diabetes in San Diego County overall, a 3.7 percent increase when compared to 2015 (708 deaths). The age-adjusted death rate due to diabetes was 20.7 per 100,000 population.
- In 2016, there were 4,132 hospitalizations due to diabetes in San Diego County. The age-adjusted rate of hospitalization was 120.9 per 100,000 population in 2016, which was slightly lower than the age-adjusted rate in 2015 (123.1 per 100,000 population).

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.

21 The County of San Diego HHSA’s Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics (NCHS). Data is based on “underlying cause of death” information from all death certificates filed in SDC in 2016. Causes are ranked according to the number of deaths assigned to all ranked causes, which are a subset of ICD-10’s “List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile.” (Peña, M., County of San Diego HHSA Public Health Services, Community Health Statistics Unit, 2016; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol. 67 no. 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)
In 2016, there were 5,168 diabetes-related ED discharges in SDC, an 8 percent increase from 2015 (4,783 ED discharges). The age-adjusted rate of diabetes related ED discharges were 151.9 per 100,000 population in 2016, which was higher than the age-adjusted rate in 2015 (143.5 per 100,000 population).

According to 2016–2017 CHIS data, 8.6 percent of adults living in San Diego County indicated that they had ever been diagnosed with diabetes, which was lower than the state of California (9.9 percent). Diabetes rates among seniors were particularly high, with 18.8 percent of San Diego County adults over 65 reporting that they had ever been diagnosed with diabetes.

According to 2016–2017 CHIS data, 12.3 percent of San Diego County residents had been told by their doctor that they have pre or borderline diabetes.

According to the CDC’s 2017 National Diabetes Statistics Report, 87.5 percent of adults diagnosed with diabetes were overweight or obese. To prevent or delay the onset of diabetes, the CDC recommends lifestyle changes such as losing weight, eating healthier, and getting regular physical activity. The CDC estimates that 30.3 million people in the U.S. have diabetes. Of those individuals, 1 in 4 is not aware they have the disease (CDC National Diabetes Statistics Report, 2017).

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

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

Type 2 diabetes, once known as adult onset or noninsulin dependent diabetes, is a chronic condition that affects the way your body metabolizes sugar (glucose), which is your body’s main source of fuel. With Type 2 diabetes, your body either resists the effects of insulin, a hormone that regulates the movement of sugar into your cells or 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 facts about Type 2 diabetes:

- 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

A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research found that 13 million adults in California (46 percent) are estimated to have prediabetes or undiagnosed diabetes, while another 2.5 million (9 percent) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016). The complications related to diabetes are serious and can be reduced with preventive practices. Diabetes is a serious community health problem, leading to school and work absenteeism, elevated hospitalization rates, frequent emergency room visits, permanent physical disabilities and sometimes death.
During Fiscal Year 2019, Scripps sponsored the following diabetes management programs and initiatives:

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

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

With the generous support of philanthropist Richard Woltman, the Center has added critical classroom space to meet the high demand for services. The Center offers a full range of wellness, prevention, diabetes education, and nutrition services and endocrinology specialty visits 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 24 years, providing diabetes care and self-management education. Nurse led teams strive for measurable improvements in their patients’ health, nurse educators lead multidisciplinary teams that provide clinical management; and peer educators from each cultural group, known as Promotoras, provide public and patient education for their communities. This innovative program combines state of the art clinical diabetes management with proven educational and behavioral interventions.

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

In FY19, Project Dulce provided 650 diabetes care, retinal screenings and education visits for low income and underserved individuals throughout San Diego and enrolled 3,075 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, particularly among underserved populations, and ongoing support is often needed to maintain DSME gains.

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

DIABETES PREVENTION

The UCLA Center for Health Policy and Research recently published data that revealed nearly half of California adults have prediabetes or diabetes. While the Scripps Whittier Diabetes Institute has been providing the best care for people with diabetes for decades, the Institute continued with the Scripps Diabetes Prevention Program (DPP), which is a yearlong intervention where people with prediabetes meet weekly for 16 weeks, then monthly thereafter. The DPP is an intensive lifestyle behavior change intervention program that has been proven to prevent diabetes in large-scale national studies. The primary objective is to lose 5 to 7% of body weight through healthy eating and physical activity. The Diabetes Prevention Program (DPP) has been thoroughly evaluated in NIH sponsored randomized controlled trials and has been found to decrease the number of new cases of diabetes among those with prediabetes by 58%. Among people over age 60, there was a 71% reduction in new cases. In FY19, 1,759 patients attended 31 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. In the US, nearly 11% of adults were living with diagnosed diabetes in 2017, which represented an annual economic burden of $327.2 billion, with an average annual cost of $13,240 per case. Hispanics face a higher risk of developing the disease—13.9 percent compared with 7.6 percent for non-Hispanic whites.

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

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

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

Healthy Living

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

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SCRIPPS WHITTIER DIABETES INSTITUTE PROFESSIONAL EDUCATION AND TRAINING

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

These individuals train practicing professionals to deliver the best possible care for their diabetes patients. Courses are tailored to the needs of allied health professionals seeking to understand new and complex clinical treatment options for Type 1, Type 2 and gestational diabetes. Professional education was provided for 249 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 FY19, 1,617 people were screened, and 6.4 percent had some degree of diabetes-related eye disease. This program referred 38 people who had advanced disease, 2.4 percent of all screened or nearly 36.9 percent of positives, to specialists for further care.
HEALTH RELATED BEHAVIORS

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

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

• The HASD&IC and Scripps 2019 CHNA identified ten top health and social needs in San Diego County. These ten social determinants are: access to care, community and social support, economic security, education, homelessness and housing instability, unintentional injury and violence, aging concerns, behavioral health, cancer and chronic conditions.

• Key informant interviews conducted as part of the HASD&IC 2019 CHNA suggested several health improvement strategies to address the health issues identified for San Diego County. These strategies include behavioral health prevention and stigma reduction; education on disease management and food insecurity; integrating physical and mental health care; better coordination of care; greater cultural competence and diversity; and engagement of patient navigators and case managers in the community.

• Fruit/Vegetable Consumption: According to data from California Health Interview Survey, 48.3% of children age 2 and older reported consuming less than five servings of fruits and vegetables a day compared to 47.7% in California, overall. Adults age 18 and over reported even less fruit and vegetable consumption. Approximately 70.5% of adults reported eating the recommended amount each day. Unhealthy eating habits are a significant contributing factor to future health issues including obesity and diabetes.

• Physical Inactivity: According to the CDC’s National Center for Chronic Disease Prevention and Health Promotion, 14.9% of adults age 20 and older self-reported that they perform no leisure time physical activity. Higher rates of limited leisure time activity were reported at the state and national level (16.6% and 22.6% respectively). For youth results of the FITNESSGRAM physical fitness test show
that 29.35% of children in grades 5, 7 and 9 ranked within the “High Risk” or “Needs Improvement” zones for aerobic capacity for the 2013–2014 year. The percentage of children that are not in the healthy fitness zone varies among ethnic groups with the lowest being non-Hispanic Asians at 20.6% and the highest being Hispanic or Latinos at 42.1%. Although this is smaller than the state average of 36.9%, it is still cause for concern and may lead to significant health issues, such as obesity, diabetes, and poor cardiovascular health.

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

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

- The HHSA’s Live Well San Diego (LWSD) 3–4–50 initiative identified three behaviors (poor diet, physical inactivity and tobacco use) that contribute to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths worldwide. In 2015, 54 percent of all deaths in SDC were attributed to 3–4–50 conditions.

- In 2016, 16.3 percent of adults ages 18 and older in SDC self-reported eating at fast-food restaurants four or more times each week (CHIS, 2016).

Understanding that personal behaviors play a significant role in an individual's overall health status, Scripps has developed a series of prevention and wellness programs that help people take charge of their own, and their families,' health. During Fiscal Year 2019, Scripps sponsored several health behavior modification efforts:

**COMMUNITY BASED HEALTH IMPROVEMENT ACTIVITIES**

Community members participated in a variety of classes, prevention lectures and support groups. Approximately 2,582 attended these programs held at the Chula Vista Well Being Center.
**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 January 2019, a total of 464 referrals have been received. Through support of the Center’s staff, programs and activities most of the patients have remained out of the hospital for more than 30 days.

**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**

Scripps education and support groups are provided to San Diego County residents for a wide variety of health concerns. Topics include, fall prevention, stroke awareness, bladder and pelvic floor wellness, postpartum issues, and gynecological cancer.

**PRESCRIPTION TAKE BACK DAY**

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

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

**Opioid Stewardship Program (OSP) and Bridge Program**

According to the CDC, anyone who takes prescription opioids can become addicted to them, and one in four on long-term opioid therapy struggles with addiction. In San Diego, the rate of discharge from emergency departments for chronic substance use increased by 559% from 2014 to 2016, and the rates of ED discharges for acute substance use rose as well. Heavy alcohol consumption is also a problem in San Diego, with nearly 20% of all adults ages 18 and older self-reporting excessive alcohol use.

The Opioid Stewardship Program (OSP) at Scripps is combatting this national epidemic by working with physicians to decrease the number of opioids prescribed to patients and educating patients on pain management. The program has established prescribing standards for opioids, resulting in a 25 percent reduction in the number of opioid pills per prescription at Scripps hospitals and outpatient centers in 2018. Scripps also has opened three drug take-back kiosks at its on-site pharmacies, offering patients year-round access to dispose of unused, unneeded or outdated medications.

**California Bridge Program**

Scripps received more than $435,000 of state grants at each Scripps Mercy campus from the California Bridge Program and the Center at Sierra Health Foundation to remove barriers to identifying and treating patients with opioid use disorder and provide Medication-Assisted Treatment (MAT). Scripps actively promotes MAT access for patients in the form of buprenorphine. The Bridge Program aims to help hospitals and health centers expand patient access to treatment for opioid use disorder, including on-the-spot medical treatment and coordinated outpatient care. As part of the grant, Scripps now has Bridge counselors at both Mercy campuses to help patients with opioid addiction. Bridge counselors are certified through the California Consortium of Addiction Programs and Professionals or the California Association for Drug/Alcohol Educators. They meet patients in the emergency department and other inpatient areas of both Scripps Mercy campuses to provide rapid evidence-based medication-assisted treatment. They also connect patients directly to continued treatment in the community.

In the first ten months, Scripps identified more than 300 MAT-eligible patients and treated more than 160 patients. Out of the 160 patients treated 210 accepted linkage to outpatient MAT services.
The California Bridge grant also enabled Scripps to hire Substance Use Disorder Nurses (SUDS) to facilitate treatment and entry into a community-based MAT program. Scripps deploys specialized nurses certified in addiction to see patients at their bedside and work closely with the patient’s entire health care team in facilitating a safe detox treatment while hospitalized. They identify patients who are at risk or are currently experiencing withdrawal from alcohol and other addictive substances. Substance Use Disorder Service (SUDS) nurses evaluate patients who meet certain criteria and work directly with the nurse and physician to ensure the patient is adequately medicated in order to control symptoms of withdrawal. SUDS nurses at Scripps function in a proactive and reactive role at all Scripps hospitals and collaborate with community resources, including Family Health Centers of San Diego to provide MAT, McAllister Institute for detox beds and the Betty Ford Center for outpatient care.

ENCINITAS STREET FAIR
Scripps participated in the Encinitas Street Fair and provided conversations and demonstrations on fall risks, Stop the Bleed, head injury, seat belt, child seat safety, and educated the community on the effects and impairment of alcohol and drugs through demonstrations/simulations.

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

In San Diego County, the population of older adults aged 55 and older was more than 820,000 in 2015. By 2030, that number is projected to be more than 1.1 million. In addition, the fastest growing age group is those over the age of 85.

Aging concerns are defined as those conditions that predominantly affect senior people who are 65 and older such as Alzheimer’s disease, Parkinson’s, dementia, falls and limited mobility. Per the 2019 CHNA, conditions that disproportionally affect older adults were identified as a high priority health need through both community engagement events and the secondary analyses. Community engagement participants most often described aging concerns in relation to the SDOH that affect seniors such as:

- Access to fresh food
- Economic insecurity (especially food insecurity and housing unaffordability)
- Social isolation and inadequate family support (lack of companionship, anxiety, depression, hopelessness. Inadequate family support or support at home to recover, maintain one’s health, or manage their medications including ordering refills, picking up prescriptions, and taking the right dose of medications at the right time, can be challenging for older adults who do not have adequate support).
- Transportation (lack of accessible or reliable transportation options to and from appointments, to go grocery shopping, or just socialize with others)

In addition, Alzheimer’s disease was the third leading cause of death and Parkinson’s disease was the 12th leading cause of death among San Diego County residents in 2016. 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. An estimated 84,405 adults age 55 and older are living with some form of dementia and this number is projected to increase to more than 115,000 by 2030. Alzheimer’s disease is the most expensive disease in the nation, with associated costs higher than those of both cancer and heart disease. Researchers
estimate that between informal caregiving, out-of-pocket costs, and Medicaid and Medicare expenditures, the lifetime cost for a person living with dementia is over $320,000.\textsuperscript{24}

In San Diego, thousands of residents 65+ years and older visit an emergency department (ED) for fall-related injuries. The following are the hospital discharge and death rates for falls, age 65+, 2016 (rates per 100,000 population).

- Death – 60
- ED Discharge – 4,695
- Inpatient Discharge – 1,859

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

- The 2019 HASD&IC and Scripps CHNA identified Aging Concern as one of the top health conditions among San Diego County hospitals.
- The 2019 HASD&IC and Scripps CHNA identified physical and non-physical barriers to care. Seniors accessing health care can be particularly difficult. When seniors can no longer drive, finding reliable, affordable transportation can be challenging. Seniors most often have limited income and area constantly shifting their financial priorities between paying for housing, food, or costs associated with seeking health care. High cost of medications, co-pays and deductibles were cited as creating financial barriers to accessing health care. Physical barriers to care, such as limited mobility, hearing or vision issues may also create challenges for seniors needing additional assistance. For those who do not speak English as a first language, language can also be a barrier to accessing care. After discharge from a hospital stay, seniors may have inadequate support at home to recover well and follow-up care is hard for seniors to locate and secure. These needs identified by the community overall spoke to the overwhelming need to increase awareness of community and social support programs and services for this particularly vulnerable group.
- In 2016, Alzheimer’s disease was the 6\textsuperscript{th} leading cause of death in the United States and 3\textsuperscript{rd} leading cause of death in San Diego County.
- In 2016, the top 10 leading causes of death among adults ages 65 and older in San Diego County were (in rank order): overall cancer, Alzheimer’s disease and other dementias (ADOD), coronary heart disease (CHD), stroke, chronic

obstructive pulmonary disease (COPD), chronic lower respiratory diseases, overall hypertensive diseases, diabetes, unintentional injuries, Parkinson’s disease and falls.

- In 2016, hospitalization rates among seniors were higher than the general population due to CHD, stroke, COPD, nonfatal unintentional injuries (including falls), overall cancer and arthritis.
- The top three causes of ED utilization among San Diego County residents ages 65 and older in 2016 were unintentional injuries, falls and arthritis/other rheumatic conditions.
- Seniors in San Diego County use the 911 system at higher rates than any other age group. The most common complaints include general medical, altered neurological state, respiratory distress, cardiac chest pain and trauma to the extremities (HHSA, 2015).
- According to the CDC, 2.8 million older adults, or more than one in four, are treated in the ED for falls every year. One in five falls causes a serious injury, such as broken bones or a head injury, and with each fall, the chance of falling again doubles. These injuries may result in serious mobility issues and difficulty with everyday tasks or living independently. The direct medical costs for fall injuries are estimated at $31 billion annually (CDC, 2018).
- In 2013, an estimated 62,000 San Diegans ages 55 and older were living with Alzheimer’s disease and other dementias (ADOD), which accounted for 8.3 percent of this age group. Assuming current trends continue, by 2030, nearly 94,000 residents 55 years and older will be living with ADOD, which is a 51 percent increase from 2013 (Alzheimer’s Disease and Other Dementias in San Diego County, HHSA, 2016).
- In 2016, an estimated 71.4 percent of San Diego County residents ages 65 and older reported that they were vaccinated for influenza in the past 12 months (CHIS, 2016). In 2016, 26 of the 46 recorded influenza deaths in San Diego County occurred among residents ages 65 and older. The age-adjusted rate of influenza death among this group was 6.0 per 100,000 (HHSA, 2016).
- Research shows that caregiving can have serious physical and mental health consequences. According to findings from the Stress in America survey described in a report titled “Valuing the Invaluable”, caregivers to older relatives report poorer health and higher stress levels than the general population. Fifty-five percent of surveyed caregivers reported feeling overwhelmed by the amount of care their family member needs (AARP Public Policy Institute, updated July 2015).
According to AARP, more than 40 million people in the U.S. act as unpaid caregivers to people ages 65 and older. More than 10 million of these caregivers are Millennials with separate full or part-time jobs, and one in three employed Millennial caregivers earns less than $30,000 per year (AARP, 2018).

According to a report from the National Alliance for Caregiving (NAC) and AARP titled Caregiving in the U.S. 2015, 60 percent of unpaid caregivers are female, and nearly 1 in 10 caregivers are ages 75 or older (AARP and NAC, 2015).

The UCLA Center for Health Policy Research conducted a study highlighting the plight of California’s “hidden poor,” finding 772,000 seniors who live in the gap between the FPL and the Elder Economic Security Standard. The highest proportion of seniors living in this gap includes renters, Latinos, women and grandparents raising grandchildren (Padilla-Frausto & Wallace, 2015).

During Fiscal Year 2019, Scripps engaged in the following programs and services to meet the needs of the aging population.

**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 2016 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.

**STANDING STRONG FOR FALL**

According to the Centers for Disease Control and Prevention (CDC), more than one third of adults 65 and older fall each year in the United States and 20 to 30% of people who fall suffer moderate to severe injuries. Scripps held a free interactive event on fall prevention. Participants learned about improving balance and flexibility and strength. It also included balance and fall risk screening assessment by Scripps physical therapy department occupational therapy specialist.

**SENIOR HEALTH AND WELLBEING PROGRAMS**

Each month a variety of senior programs are held in partnership with local senior centers, churches, and senior housing. The following programs are conducted as part of Scripps Mercy Hospital Chula Vista San Diego Border Area Health Education Center and Scripps Family Medicine Residency Program. These senior health chats are
designed to provide health education to the older adult community. Approximately 25 seniors attend these monthly throughout the year. These presentations include a variety of health and age-related topics that include nutrition, hearing loss, dementia, Alzheimer’s, pain management and maintaining a healthy lifestyle. These presentations are facilitated by various health care professions and residents. Topics are all chosen by the seniors themselves to meet their local needs. Also, the health chats provide an interchange between the community members and our medical residents and other health care professionals to foster healthy lifestyles and health prevention. The program is conducted in collaboration with Norman Park Center, Congregational Towers Senior Living and St. Charles Nutrition Center. Family Medicine Residents rotate through these programs to learn more about geriatric medicine, health and wellness and overall public health and community training. Over 264 seniors participated in these programs.

**PARKINSON’S LSVT (LEE SILVERMAN TRAINING) BIG EXERCISE:**
Scripps provides a maintenance class for those who have completed the LSVT BIG Exercise protocol. This class is taught by a physical therapist and is designed for Parkinson’s patients to improve strength and mobility for a healthier life.

**FALL PREVENTION AND HOME SAFETY WORKSHOPS**
Many older adults experience concerns about falling and restrict their activities. Scripps Social Workers and nurses lecture on ways to reduce fall risk, improve safety awareness and utilize available resources to promote independence and overall safety. Balance classes are designed to help building balance, posture and coordination through strengthening and balance exercises. This importance aspect to healthy living for seniors provides education on preventing falls through exercise and being proactive through safety measures in the home. Scripps Physical Therapy department and Physical Therapy school volunteers provide fall risk assessments. Seniors may attend from all over the San Diego county region.

**A MATTER OF BALANCE: MANAGING CONCERNS ABOUT FALLS**
Scripps educates older adults on preventing falls through exercise and being proactive through safety measures in the home. An 8-week program and lecture series provide practical strategies to manage falls, improve safety awareness and utilize available resources to promote independence and overall safety.
OBESITY, WEIGHT STATUS, NUTRITION, ACTIVITY & FITNESS

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

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

- The Scripps 2019 CHNA continued to identify obesity as a priority health issue affecting members of the communities served by Scripps.
- According to 2017 CHIS data, the self-reported obesity rate for adults ages 18 and older in San Diego County was 22.5 percent.
- According to a new report released in 2019 by the San Diego Childhood Obesity Initiative, 34%, or nearly 1 out of every 3 children in San Diego County’s schools were overweight or obese. These rates vary by grade, with 5th graders having the highest rates of overweight and obese children (36%) compared to 7th graders (34%) and 9th graders (33%). In examining trends across longer periods of time, overweight and obesity prevalence among children in San Diego County appears to be leveling off and even declining slightly. For example, a 2005 UCLA study estimated 36% of children in San Diego County were overweight or obese, with that number decreasing to 35% in 2010. Based on these data, childhood overweight and obesity prevalence in 2018 has decreased by two percentage points since 2005. This small decrease from 36% to 34%, however, would represent approximately 8,600 fewer students across public school districts who were overweight and obese in 2017–2018. More information can be found at, www.sdcoi.org.

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

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

For children and adolescents (ages 2-19):
- BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex is considered overweight.
- BMI at or above the 95th percentile for children of the same age and sex is considered obese.
• In 2017, between 25 and 30 percent of adults in California self-reported being obese. Obesity levels decreased as education levels increased, indicating a need for health education as a tool for reducing obesity rates (CDC, 2017).
• Obesity has been linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015).
• According to data from the 2016 National Study of Children’s Health, nearly one-third of children in California are obese. California has one of the highest childhood obesity rates in Western states (The State of Obesity, 2018).
• According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and certain types of cancer. In 2016, 39.8 percent of Americans were obese (CDC, 2017).
• Obesity is largely categorized as a secondary diagnosis in hospital discharge data. When examining inpatient hospital discharge data with obesity as a secondary diagnosis, it was found that the most common primary diagnosis of those patients was nonspecific chest pain in ages 25–64, abnormal pain for those ages 15–24, and those over 65 years their primary diagnosis was osteoarthritis, septicemia followed by congestive heart failure.
• Research has shown that as weight increases to reach the levels of “overweight” and “obesity” the risks for the following conditions also increases:
  • Coronary heart disease
  • Type 2 diabetes
  • Cancers (endometrial, breast and colon)
  • Hypertension (high blood pressure)
  • Stroke
  • Liver and gallbladder disease
  • Sleep apnea and respiratory problems
  • Osteoarthritis

Obesity is addressed through general nutrition and exercise education and resources provided at Scripps as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. During FY19, Scripps engaged in the following obesity prevention and treatment activities:
SAN DIEGO CHILDHOOD OBESITY INITIATIVE

The San Diego County Childhood Obesity Initiative (COI) was established in 2006 and is a private public partnership with the mission of reducing and preventing childhood obesity through policy, systems, and environment change. 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).

A new State of Childhood Obesity Supplemental report released by the San Diego County Childhood Obesity Initiative released in 2019, www.sdcoi.org, finds that despite the potential improvements in San Diego County, disparities among children who are overweight or obese persist, particularly among diverse racial, ethnic, and economic groups. For example, in 2018, 43% of Hispanic students were overweight or obese. Compared to White students with an overweight and obesity prevalence of 24%, Hispanic students were nearly twice as likely to be overweight or obese. These findings are relevant as nearly half or 48% of all students tested in San Diego County identified as Hispanic or Latino, compared to 29% of students identifying as White for the 2017-2018 school year.3 Students who identified as American Indian or Alaskan Native, or Native Hawaiian or Pacific Islander, had overweight and obesity rates of 44% and 49%, respectively. For students identifying as Black or African American, the story was similar with 37% being overweight or obese. Only students identifying as Asian have rates lower than White children—22% compared to 24%.

During the 2017-2018 school year, more than half, or 53% of San Diego County students in both public and charter schools, were identified as socioeconomically disadvantaged. Socioeconomically disadvantaged is defined as students who are: migrants, in foster care or homeless at any time during the academic year, eligible or had direct certification for the Free or Reduced-Priced Meal (FRPM) program or are in a family where both parents did not receive a high school diploma. Among these students, 42% were overweight or obese. Compared to their non-economically disadvantaged peers, socioeconomically disadvantaged students were almost twice as likely to be overweight or obese (42% vs 24%). Overweight and obesity prevalence among these students has held steady at 42% since 2014; however, alarming disparities continue to grow across racial and ethnic groups. American Indian or Alaskan Native students, for example, had a 10% increase in overweight and obesity prevalence between 2014 and
2018, and Native Hawaiian or Pacific Islander students had an even greater increase—12%—during this time period.

**DIABETES PREVENTION PROGRAM (DPP)**

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

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

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

**HEALTHY LIVING PROGRAM**

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

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

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

PROMISE NEIGHBORHOOD INITIATIVE
Scripps also addresses childhood obesity at the high school level in San Diego’s South Bay communities through its partnership with the Promise Neighborhood initiative, which implements activities related to the national 5210 campaign. The message is to promote a healthy lifestyle (5 Servings of Fruits and Vegetables, 2 Hour Screen Time Limit, 1 Hour of Physical Activity and 0 Sugary Drinks) per day. This five-session series is designed to increase knowledge and behaviors regarding a healthy lifestyle. The series includes hands-on activities and demonstrations. Scripps partners with the Promise Neighborhood Initiative and Castle Park Elementary School to increase education and awareness about healthy lifestyles for students, their parents and school staff. Promise Neighborhood developed a Wellness Committee composed of the school principal, teachers, parents and Scripps staff aimed to implement activities that support 5-2-1-0.

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 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 (CHWC) collaborative partnership with Scripps Mercy Hospital and Rady Children’s Hospital as the lease holder of the Wellness Center starting September 1, 2016.

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

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

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

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

**COLLABORATIVE FOR HEALTHY WEIGHT**

Collaborate for Healthy Weight is a program of the Health Resources and Services Administration (HRSA) and the National Initiative for Children’s Healthcare Quality (NICHQ). The shared vision is to create partnerships between primary care, public health, and community organizations to discover sustainable ways to promote healthy weight and eliminate health disparities in communities across the United States. Collaborate for Healthy Weight meets monthly and all three sectors collaborate, using evidence-based approaches, to reverse the obesity epidemic and improve the health of our communities. This program will continue in 2019 and several manuscripts are under development.

**FOOD ADDICTS ANONYMOUS**

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

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

Scripps Health provides meeting space to Take Off Pounds Sensibly (TOPS). TOPS (Take Off Pounds Sensibly) is the short name for TOPS Club, Inc., the original non-profit, non-commercial network of weight-loss support groups and wellness education organization.
OVEREATERS ANONYMOUS – SPANISH
Scripps Health provides meeting space for Overeaters Anonymous. This is a support group that provides dietary education for individuals who desire to lose weight. The groups are held in Spanish.

GREATER LA JOLLA MEALS ON WHEELS
Greater La Jolla Meals on Wheels is a non-profit senior service organization. It provides nutritious meals to seniors, the homebound and the disabled residing in the communities of La Jolla and University City. Scripps La Jolla provides office space to the La Jolla chapter of Meals on Wheels. This allows Meals on Wheels to conduct business and interact with volunteers from a central, established location.

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

MATERNAL CHILD HEALTH & HIGH-RISK PREGNANCY
Mothers, infants and children 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, perinatal and other infant deaths. According to a New York Times article, “Huge Racial Disparities Found in Deaths Linked to Pregnancy, May 2019, African American, Native American and Alaska Native women are about three times more likely to die from causes related to pregnancy, compared to white women in the United States.

Maternal and infant health issues include:

- Alcohol, tobacco and illegal substances during pregnancy, which are major risk factors for low birth weight and other poor outcomes.
- Very low birth weight associated with preterm birth, spontaneous abortion, low pre-pregnancy weight and smoking.
- Infant death rates are highest among infants born to young teenagers and mothers 44 years and older.

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

**HIGH RISK PREGNANCY**

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

Risk factors:

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

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

- In 2016, there were 42,654 live births in San Diego County (SDC) overall. The 2016 fetal mortality rate was 3.2 infant deaths per 1,000 live births in the north inland region, 3.4 in the north coastal region, 3.7 in the east region and SDC overall, 3.8 in the central region, 3.9 in the north central region, and 4.3 in the south region.

- In 2016, 159 infants died before their first birthday in SDC. Infant mortality was higher among male infants (93 deaths) than female infants (66 deaths). African American/black infants had the highest mortality rate (10.7 infant deaths per 1,000 live births) when compared to infants of all other races and ethnicities. Hispanic infants had the second highest mortality rate of 4.5 deaths per 1,000 live births. In addition, there were 3,628 preterm births (less than 37 weeks gestation) in SDC during 2016. Compared to all other races and ethnicities, Hispanic mothers had the highest total number of births (16,978), 8.2 percent of

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25 County of San Diego, Health and Human Services Agency (HHSA), Public Health Services, Maternal, Child, and Family Health.

26 Fetal mortality refers to the number of fetuses at least 20 complete weeks of gestation per 1,000 live births and fetal deaths. Reporting of fetal deaths is known to be complete.
which were preterm. Despite having fewer total births than Hispanic mothers (1,781), 11.6 percent of births by African American/black mothers were preterm. Similarly, although women ages 25 to 39 had the highest total number of births compared to other age groups, mothers age 40 and above were more likely to give birth preterm compared to younger age groups (45.8 percent preterm births among mothers age 40 and above compared to 15.4 percent preterm births among mothers ages 25 to 39)27.

- In 2016, all SDC regions met the HP2020 national targets for prenatal care, preterm births, low birth weight (LBW) infants, very low birth weight (VLBW) infants and infant mortality28. See Table 2 for a summary of maternal and infant health indicators in San Diego County in 2016 and Table 3 for a summary of maternal and infant health indicators by region.

**TABLE 2. MATERNAL AND INFANT HEALTH INDICATORS IN SAN DIEGO COUNTY, 2016**

<table>
<thead>
<tr>
<th>Maternal and Infant Health Indicator</th>
<th>Rate</th>
<th>HP2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Prenatal Care29</td>
<td>84.2%</td>
<td>77.9%</td>
</tr>
<tr>
<td>Preterm Births30</td>
<td>8.5%</td>
<td>9.4%</td>
</tr>
<tr>
<td>VLBW Infants31</td>
<td>1.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>LBW Infants32</td>
<td>6.7%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Infant Mortality33</td>
<td>3.7%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

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

27 County of San Diego, Health and Human Services Agency (HHSA), Public Health Services, Maternal, Child, and Family Health.

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

29 Early prenatal care is defined as care beginning during the first trimester of pregnancy. This does not account for frequency of care.

30 Preterm birth refers to births prior to 37 completed weeks of gestation.

31 Very low birth weight refers to birth weight less than 1,500 grams (approximately 3 pounds, 5 ounces).

32 Low birth weight refers to birth weight less than 2,500 grams (approximately 5 pounds, 8 ounces).

33 Infant mortality refers to the number of deaths of infants under one year of age per 1,000 live births.
TABLE 3. MATERNAL AND INFANT HEALTH INDICATORS BY REGION IN SAN DIEGO COUNTY, 2016

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

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

Scripps Health continued to enhance prenatal education for low income women in San Diego County in Fiscal Year 2019. The following are some examples:

COMMUNITY BENEFIT SERVICES

- Offered more than 1,200 maternal child health classes throughout San Diego County to enhance parenting skills. Low income women in San Diego who were eligible attended classes at no charge or on a sliding fee schedule.
- Maintained existing prenatal education services in all regions of the county, ensuring that programs continued to demonstrate a satisfaction rating above 90 percent.
- Provided and supported weekly breastfeeding support groups at six locations throughout San Diego County, including three with bilingual services.
- Offered maternal child health classes throughout the community, such as Getting Ready for the Baby and Grand Parenting Today.
- Offered the Dogs and Babies programs quarterly, with more than 40 attendees.
- Offered classes in pelvic floor and postpartum changes for new mothers throughout the community.

FIRST 5 PARENTING EDUCATION

Parenting classes are offered at Scripps Mercy Hospital Chula Vista Well-Being Center for parents with infants, toddlers and preschoolers. A wide variety of topics are covered including issues related to health, learning/development, family/safety, advocacy as well as parenting tips. Developmental assessments are conducted by Rady Children’s Hospital. More than 400 services were received for first time mothers including: home visits, referrals received, data entry, follow up phone calls, parenting classes and other...
support services. A total of 240 unduplicated parents participated in parenting education workshop series and 150 sessions were provided.

**MATERNAL CHILD HEALTH NURSING STUDENTS**

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

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

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

In City Heights clients are 91 percent Hispanic and include pregnant and postpartum women (24%), infants (20%) and children (56%). In FY19, the program provided nutrition services, counseling and food vouchers for 67,625 women and children in South and Central San Diego.

The Scripps Mercy WIC program plays a key role in maternity care by reaching low income women to promote prenatal care, good nutrition and breastfeeding during pregnancy and offer lactation support (one on one and group), as well as breast pumps, pads, and other supplies during the postpartum period.

**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.

Women who gave birth reported an enhanced prenatal experience, gained less weight throughout their pregnancy and showed improved healthcare knowledge. Services include home visits, referrals, data entry, follow up phone calls, and other support services. Home visiting is offered together with Family Medicine Residency and parenting education.

**MIRACLE BABIES**

Scripps Health partnered with Miracles Babies on their 5k Walk/run on May 5, 2019. The mission is to unite families with their sick newborns through financial assistance and supportive services to reduce pregnancy complications through prevention, education and research. Scripps provided information on breastfeeding and a diaper changing station for parents to use.

**UNINTENTIONAL INJURY AND VIOLENCE**

Per the Healthy People 2020, “unintentional injuries and violence-related injuries can be caused by a number of events, such as motor vehicle crashes and physical assault can occur virtually anywhere.” Unintentional injury and violence were identified as a priority health need in the community engagement process of the 2019 CHNA. Exposure to violence and neighborhood safety were cited as priority health needs for San Diegans. Neighborhood safety was discussed as influencing residents’ ability to maintain good health, while exposure to violence was described as traumatic and impactful on mental health.

In 2016, accidents (unintentional injuries) were the fifth leading cause of death for San Diego County overall. The deaths associated with unintentional injuries are significant; yet represent only a small part of a much larger public health problem. Hospitalization data is a better measure of the injury problem than the death data alone. Unintentional injuries, motor vehicle accidents, falls, pedestrian related, firearms, fire/burns, drowning, explosion, poisoning (including drugs and alcohol, gas, cleaners and caustic substances) choking/suffocation, cut/pierce, exposure to electric current/radiation/fire/smoke, natural disasters and injuries at work, are one of the
leading causes of death for San Diego County residents of all ages, regardless of
gender, race or region.

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

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

Drugs, alcohol, vehicles, falls, guns and suicide continue to be leading causes of deaths
investigated by the San Diego County Medical Examiner’s Office. Under law, the
County Medical Examiner’s Office investigates all “unnatural” deaths, such as
suspected homicides, suicides, accidents, and natural deaths that are sudden and
unexpected.

According to a 2018 annual report, suicides increased from 458 in 2017 to 465,
continuing a trend that has seen suicide numbers increase 13% over the past 10 years,
taking population growth into account. Homicides decreased from 106 to 104. And
accidental deaths, which include fatalities from drugs, alcohol, falls, traffic, drowning,
choking, asphyxiation and other causes, increased from 1,522 in 2017 to 1,583. Some
of the 2018 Annual Report’s findings included:

- The three leading causes of accidental and sudden, unexpected deaths —
  accounting for 88% of all accidental deaths—were drugs, falls, and being killed in
  or by vehicles.
- 577 deaths were caused by overdoses: from illegal drugs, from misused or
  illegally obtained prescription drugs, and alcohol. Of those, fentanyl deaths
  continued to rise, from 33 in 2016, to 84 in 2017 and 92 in 2018. Methamphetamine deaths also increased by 21% in 2018.
- 488 people were killed by falls, mainly in the home, but also at jobs, outdoors in
  rural and urban areas, from bridges, mountains and beach cliffs.
- 316 people (24) more than 2017 were killed by being hit by vehicles, or in vehicle
  accidents. That included 107 pedestrians, an increase of six over 2017, which
  was already the highest number of pedestrian deaths in San Diego County in 24
  years.
- Motorcycle wrecks killed 48 people, a 51% decrease.
• Accidental drownings in bathtubs and spas increased significantly, from eight to 18 in bathtubs and from three to 10 in spas.
• Firearms killed 235 people: 61 in homicides and 174 in suicides.
• Men made up 68% of all the deaths the Medical Examiner’s office fully investigated: 2,196 men to 1,034 women.
• The HASD&IC 2019 CHNA continued to identify unintentional injury and violence as one of the top priority health conditions among San Diego County hospitals.
• In 2016, there were 1,071 deaths due to unintentional injury in San Diego County. The County’s age-adjusted death rate due to unintentional injury was 31.1 deaths per 100,000 population. In 2016, unintentional injury accounted for 5.1 percent of total deaths in San Diego County.
• In 2016, there were 20,247 hospitalizations related to unintentional injury in San Diego County. The age-adjusted rate of hospitalizations due to unintentional injury was 589.4 per 100,000 population.
• In 2016, there were 169,017 ED discharges related to unintentional injury in SDC. The age-adjusted rate of discharges due to unintentional injury was 5,160.3 per 100,000 population.
• CDPH injury data reports that in 2016, unintentional injuries caused over 13,000 deaths, 200,000 non-fatal hospitalizations, and 2.3 million non-fatal ED visits (CDPH, Safe and Active Communities Branch, 2016).
• In 2016, unintentional injury was the third leading cause of death across all age groups in the U.S., accounting for over 160,000 deaths. Unintentional injury was the leading cause of death in the U.S. for people ages 1 to 44, and the seventh leading cause of death for those over age 65 (CDC, 2018).
• According to data from NCHS, in 2016, over 130,000 deaths in the U.S. were attributed to three causes: poisoning (26 percent), motor vehicle traffic accidents (16.9 percent), and falls (16.5 percent).
• Unintentional injuries are the leading cause of death among children in the U.S., while nonfatal unintentional injuries can result in children having long-term disabilities (LWSD Report Card on Children, Families, and Community, 2017).

34 The County of San Diego HHSA’s Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics (NCHS). Data is based on “underlying cause of death” information from all death certificates filed in SDC in 2016. Causes are ranked according to the number of deaths assigned to all ranked causes, which are a subset of ICD-10’s “List of 113 Selected Causes of Death and Enterocolitis due to Clostridium difficile.” (Peña, M., County of San Diego HHSA Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol. 67 no. 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)
• Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord injuries. The physical, emotional, psychological and learning problems that affect injured children, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation. Educational programs from the ThinkFirst National Injury Prevention Foundation increase knowledge and awareness of the causes and risk factors of brain and SCI, injury prevention measures, and the use of safety habits at an early age, www.thinkfirst.org/kids.

• San Diego County has made strides to decrease deaths from unintentional injuries as well as non-fatal unintentional injury rates, though non-fatal unintentional injury rates continue to exceed state and federal rates. SDC has focused injury prevention efforts on the most vulnerable populations, including children of all ages (especially older children), Native American and rural children. Successful interventions include safety campaigns, educational strategies and changes in parenting practices (LWSD Report Card on Children, Families, and Community, 2017).

• According to HP2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking; physical environment both at home and in the community; access to health services and systems for injury-related care; and social environment, including individual social experiences (e.g., social norms, education and victimization history), social relationships (e.g., parental monitoring and supervision of youth, peer group associations and family interactions), community environment (e.g., cohesion in schools, neighborhoods and communities) and societal factors (e.g., cultural beliefs, attitudes, incentives and disincentives, laws and regulations).
Scripps Health continued to address unintentional injury and violence in FY19. The following are some examples:

**CAR SEAT PROGRAM**

Scripps Memorial Hospital La Jolla Emergency Department provides car seats to patients who have been in an automobile accident and their child's car seat has been rendered unsafe to use. The service provides the ease of mind for the patient in their ability to transport their child home safely.

**SAN DIEGO BRAIN INJURY FOUNDATION**

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

**BRAINMASTERS**

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

**EVERY 15 MINUTES**

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

**BEACH AREA COMMUNITY COURT PROGRAM**

The program is an educational program for first time offenders for quality of life crimes. This is a collaboration with the San Diego Police Department, Parks and Recreation, District Attorney’s Office and Discover Pacific Beach. Education is provided to the participants regarding these quality of life crimes and their effects on the community, the effects of smoking and alcohol consumption and the rules and regulations for the beach community.
SAN DIEGO COUNTY LIFEGUARD EDUCATION CONFERENCE
In FY19, the Scripps Memorial Hospital La Jolla Trauma department at Scripps La Jolla hosted the second San Diego County Lifeguard Education Conference. More than 157 lifeguards representing all 11 San Diego County lifeguard agencies attended the event. Information was shared on several topics critical for lifeguards, including downing resuscitation, snorkeler drowning and shallow water blackout, human factors in lifeguarding: reducing distractions and improving surveillance, marine mammal update: sharks and sting rays and skin cancer prevention. The trauma department plans to continue this partnership with the county lifeguards to provide education and help them further identify opportunities for community outreach and injury prevention.

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

SAVING LIVES THROUGH STOP THE BLEED CAMPAIGN
Whether from a bullet wound or other traumatic injury, severe blood loss can kill in just five minutes. However, one-fifth of trauma deaths, the leading cause of death for Americans under age 46, could be prevented by staunching the bleeding. Scripps doctors are getting behind the national Stop the Bleed campaign. Supported by the American College of Surgeons, the Department of Homeland Security and numerous police departments, it aims to teach bystanders how to properly place pressure on a wound or apply a tourniquet in an emergency. Scripps providers participate in this program by teaching nonmedical audiences to control life-threatening bleeding until professional medical help arrives. The 90-minute course includes a presentation and practice on applying direct pressure, wound packing and using a tourniquet.

TRAUMA AWARENESS CONFERENCE
Scripps participates with local agencies giving attendees the opportunity to learn more about Trauma Services. Education was provided on injury prevention and the latest trauma research. Participants had the opportunity to meet San Diego’s first responders, explore equipment, and learn about careers from San Diego Fire, SAWT, SDPD Canine
unit, Cal Fire, ambulance, and rescue helicopters. Interactive booths educated families on important issues like the dangers of distracted/impaired driving, drowning prevention, fall prevention, and helmet safety.

**DISASTER PREPAREDNESS EXPO**

Scripps Mercy hospital held a disaster preparedness expo on March 23, 2019. The event included a sidewalk CPR, Stop the Bleed which include learning basic techniques of bleeding control, learning the signs and symptoms of stroke and meeting the members of the trauma team at Scripps Mercy hospital.

**CRIME STOPPERS**

San Diego County Crime Stoppers is a citizen-run, charitable organization that partners with the community, the media and law enforcement agencies to solve crime. Over the past 35 years, Crime Stoppers has helped local law enforcement solve more than 6,100 crimes including 146 homicides. Crime Stoppers exists through the support of responsible companies and community members who envision a safe San Diego. Funds received from memberships and events go directly into our felony reward fund and Students Speaking Out programs. Scripps was a sponsor of the *Enough is Enough* fundraising luncheon held on April 23, 2019.

**CHULA VISTA POLICE FOUNDATION – EVENING WITH HEROES’**

Scripps Health sponsored the Chula Vista Police Foundation Evening with Heroes’ event. The Chula Vista Police Foundation is a 501(c)(3) organization whose mission is to support a variety of programs which include community relations events, technology initiatives and those which support advancing state-of-the-art safety equipment to further the public safety goals of the Chula Vista Police Department. The Chula Vista Police Foundation was established in 2003 and has raised $1.6 million dollars over the last 15 years, which was used to directly support line-level officers and the police service needs to residents and businesses of Chula Vista.

**SAN DIEGO POLICE FOUNDATION**

Scripps Health sponsored the *True-Blue* Luncheon which raised over $150,000 to support those who protect and serve. The San Diego Police Foundation raises much-needed funds for the San Diego Police Department. The foundation fundraises for equipment, training and outreach programs for the police department in order to fight crime.
645 SQUAD CLUB – LAW ENFORCEMENT MEMORIAL FOUNDATION

Scripps Health sponsored the San Diego County Law Enforcement Memorial Foundation. The San Diego County Law Enforcement Memorial Foundation honors those law enforcement members who have given the ultimate sacrifice to ensure public safety.
BEHAVIORAL HEALTH

Behavioral health encompasses many different areas including mental health and substance abuse. Because of the broadness of this health issue, it is often difficult to capture the need for behavioral health services with a single measure. 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". 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.

An analysis of mortality data in San Diego County found that in 2016, intentional self-harm (suicide) was the ninth leading cause of death. In 2016, the age-adjusted suicide rate in San Diego was 11.9 per 100,000. Rates were highest among whites (18.7), followed by blacks (11.5), Asian Pacific Islanders (8.2) and Hispanics (5.3). While the rate of suicide decreased slightly (1.3%) from 2014–2016, the rates of suicide for people who identify as Asian/Pacific Islander, black, and “other,” increased in those same years by 13.3%, 47.2%, and 93.0% respectively.\(^{35}\)

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

- The Scripps 2019 CHNA continued to identify behavioral health as a priority health issue affecting members of the communities served by Scripps.
- The HASD&IC 2019 CHNA identified behavioral health a top priority health issue both in the secondary data analyses and in the community engagement events.
- HASD&IC 2019 CHNA conducted a community engagement analysis and across all types of community engagement—focus groups, key informant interviews, and the online survey. Behavioral health issues were identified as both prevalent and debilitating in the community. In the online survey, behavioral health was ranked

as the health condition having the greatest impact on the health and well-being of San Diego County residents and as the second most impactful condition when health conditions and social determinants of health were combined (only access to care ranked higher). In addition, 63% of survey respondents indicated that they believe behavioral health is worsening in San Diego County. Respondents were also asked to rank specific behavioral health conditions having the greatest impact in San Diego. The top seven conditions identified were as follows:

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

- The community engagement events conducted in the 2019 CHNA, identified that while San Diego has innovative programs to address mental health, residents face challenges in accessing timely, consistent mental health care. Care was described as especially difficult to obtain when the mental health issue was not considered an emergency.

- Mental health issues affect nearly 1 in 5 people, and when left untreated, are a leading cause of disability, are associated with chronic disease, and may lead to premature mortality. In San Diego County, 12.4 people per every 100,000 die from suicide annually, and approximately 10% of all adults seriously consider committing suicide. While the rate of suicide decreased slightly (1.3%) from 2014–2016, the rates of suicide for people who identify as Asian/Pacific Islander, black, and “other,” increased in those same years (13.3%, 47.2%, 93.0%). In addition, more people are being discharged emergency departments for anxiety than in the past, rates increased by 4.3% between 2014–2016, while rates of inpatient discharges for anxiety decreased by 7.9% during the same time period. People who identify as “other race” and Black/African American had the highest rates of ED and hospital discharge for anxiety.\(^{36}\)

- An analysis of 2016 mortality data for San Diego County revealed Alzheimer’s disease and suicide as the third and ninth leading causes of death for San Diego County, respectively.


SpeedTrack©
• Rates of discharge from emergency departments due to anxiety increased by 4.3% between 2014–2016, while rates of inpatient discharges for anxiety decreased by 7.9% during the same time period. People who identify as “other race” and Black/African American had the highest rates of ED and inpatient discharge for anxiety.\textsuperscript{37}

• ED discharges for mood disorders also increased (5.9%) from 2014–2016, while inpatient discharges for mood disorders decreased by 2.9%. Discharge rates for mood disorders were higher for people who identify their race as Black/African American than for any other race.\textsuperscript{38}

• According to 2017 data from the Office of Statewide Health Planning and Development (OSHPD), anxiety disorders were the top primary diagnosis for behavioral health-related ED discharges among those ages five to 44 and ages 65 and older. For those ages 45 to 64, the top ED discharge for behavioral health was alcohol-related disorders, followed by anxiety and mood disorders.

• According to 2017 CHIS data, 11.8 percent of adults in SDC have ever seriously thought about committing suicide, a 40.5 percent increase since 2013 (8.4 percent).

• In 2016, there were 1,080 hospitalizations due to overdose/poisoning in SDC. The age-adjusted rate of hospitalizations due to overdose/poisoning was 31.2 per 100,000 population.

• In 2016, the age-adjusted rate of overdose/poisoning-related ED discharges in SDC was 162.3 per 100,000 population. Age-adjusted rates for overdose/poisoning-related ED discharges were higher among males, blacks and individuals ages 15 to 24 years in comparison among groups.

• While ED discharges for acute substance use rose by 51.0% from 2014–2016, inpatient discharges dropped by 18.5%. The highest discharge rates of both types were among Black/African Americans. Steep increases in both types of discharge occurred for chronic substance use; ED discharge rates increased by 559.3%, and inpatient discharge rates increased by 195.1%. ED discharge rates were highest among whites (36.7, per 100,000), while inpatient discharges were

highest among those who identify as "other" race. Across age groups, rates of ED discharge for chronic substance abuse increased the most for those over 65 years by 714%. In addition, nearly 20% of adults ages 18 and older self-report excessive alcohol use.\textsuperscript{39}

Heavy alcohol consumption is also a problem in San Diego County. Nearly 20% of adults ages 18 and older self-report excessive alcohol use. Participants in the community engagement process discussed the link between mental health and substance misuse, arguing that the failure to provide preventive and acute mental health services often leads to self-medicating with drugs and alcohol. They also an insufficient supply of substance use disorder outpatient and inpatient drug treatment programs as a critical need in San Diego County.

ED discharges for opioid misuse increased by 267.2% from 2014–2016, while inpatient discharges increased by 239.3%. The steepest increases in both discharge rates were among people 65+, who experienced a 1,734.4% increase in ED discharges and an 863.1% increase in hospital discharges.\textsuperscript{40}

11.8% of adults in San Diego seriously considered committing suicide in 2017.\textsuperscript{41} In 2016, the age-adjusted suicide rate in San Diego was 11.9 per 100,000. Rates were highest among whites (18.7), followed by Blacks (11.5), Asian Pacific Islanders (8.2) and Hispanics (5.3). While the rate of suicide decreased slightly (1.3%) from 2014–2016, the rates of suicide for people who identify as Asian/Pacific Islander, black, and “other,” increased in those same years by 13.3%, 47.2%, and 93.0% respectively.

Suicide and Suicide Attempts

Suicide is a major complication of depression and a leading cause of non-natural death for all ages in San Diego County, second only to motor vehicle accidents. According to a San Diego County Suicide Prevention Council’s 2019 report the number and rate of people who died by suicide in San Diego County rose slightly. There were 465 deaths by suicide in 2018, up from 458 reported in 2017. The annual report provides a comprehensive look at suicide in the region and brings together data from multiple sources for the years 2014 through 2017.

\textsuperscript{39} California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2014-2016. SpeedTrack©
\textsuperscript{40} California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2014-2016. SpeedTrack©
\textsuperscript{41} California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2014-2016. SpeedTrack©
Among the report’s findings:

- Total number of suicides: 465 compared to 458 in 2017.
- Suicide rate (per 100,000 population): 13.9 compared to 13.8 in 2017.
- Emergency department discharges due to self-inflicted injury: Down slightly to 3,091 in 2017 (most recent year available) compared to 3,098 in 2016.
- The percentage of suicide crisis calls, as opposed to calls about other mental health issues, to the County’s Access and Crisis Line saw a sharp 52 percent increase to 47.6 percent of calls compared to 31.4 percent in 2017.
- Firearms have been the primary means used in suicide deaths in San Diego County and have been increasing over the last three years. Firearms account for 37 percent of the deaths by suicide, followed by hanging and suffocation at 33 percent.

In 2010, the County of San Diego Health and Human Services Agency (HHSA) launched a suicide prevention planning process, which was formed by the National Strategy for Suicide Prevention and the California Strategic Plan on Suicide Prevention. Scripps is a member of the Community Health Improvement Partners (CHIP), which collaborates with the county on this initiative. For more information on the status of suicide and suicide prevention in San Diego County: 2019 Report Card. [http://www.sdchip.org/wp-content/uploads/2019/09/2018-San-Diego-County-Suicide.pdf](http://www.sdchip.org/wp-content/uploads/2019/09/2018-San-Diego-County-Suicide.pdf).

The Report Card brings together the most recent data available from multiple sources (for the years 2014 through 2018) to present a profile of suicides for all ages in San Diego County. Information from the County Medical Examiner, the Access & Crisis Line, hospital emergency departments, student self-reports, suicide prevention awareness campaigns and suicide prevention training programs are presented to provide a more complete understanding of the status of suicide and efforts to prevent them in San Diego County.
### Table 4. Suicide and Suicide Prevention in San Diego County: 2019 Report Card

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Suicide Deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Number</td>
<td>441</td>
<td>420</td>
<td>427</td>
<td>431</td>
<td>458</td>
<td>465</td>
</tr>
<tr>
<td>b. Rate per 100,000 people</td>
<td>14.0</td>
<td>13.2</td>
<td>13.2</td>
<td>13.1</td>
<td>13.8</td>
<td>13.9</td>
</tr>
<tr>
<td>*Emergency Department (ED) Discharges: Self-Inflicted Injury/Poisoning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Number</td>
<td>2,870</td>
<td>3,263</td>
<td>3,248</td>
<td>3,098</td>
<td>3,091</td>
<td>N/A</td>
</tr>
<tr>
<td>b. Rate per 100,000 people</td>
<td>91.1</td>
<td>102.2</td>
<td>99.5</td>
<td>94.2</td>
<td>-</td>
<td>N/A</td>
</tr>
<tr>
<td>Crisis Calls: Access and Crisis Line</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of ALL Calls that are Crisis Calls</td>
<td>19.7</td>
<td>22.4</td>
<td>25.8</td>
<td>25.7</td>
<td>31.4</td>
<td>47.6</td>
</tr>
</tbody>
</table>

*Source: San Diego County Prevention Council, Annual Report to the Community, 2019*

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

**Behavioral Health Inpatient Programs**

Individuals suffering from acute psychiatric disorders are sometimes unable to live independently or may even pose a danger to themselves or others. In such cases, hospitalization may be the most appropriate alternative. The Behavioral Health Inpatient Program at Scripps Mercy Hospital helps patients and their loved 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 FY19, the Scripps Mercy Behavioral Health Program experienced a $4.1 million loss in total operations, however 3.4 million of this is captured in Medi-Cal/CMS and Charity Care.
- In FY19, 1.8 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 (FHCSD) to create a more robust behavioral health care system for Medi-Cal patients that receive care at Scripps Mercy Hospital. The goal is to strengthen the continuum of
integrated primary and mental health services for patients discharged from various hospital settings (medical and behavioral health inpatient and emergency care) through a variety of timely patient engagement strategies including the expansion of community-based behavioral health services adjacent to the hospital. The goal is to involve patients in appropriate outpatient care before their behavioral health issues become acute, preventing returns to the Emergency Department.

MENTAL HEALTH OUTREACH SERVICES, A-VISIONS VOCATIONAL TRAINING PROGRAM

Behavioral Health Services at Scripps Mercy Hospital, in partnership with the San Diego chapter of Mental Health of America established the A-Visons 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, 611 inquiries have come in, 165 of these resulted in qualified candidates with 100 volunteers and 54 employees thus far. Currently, there are a total of 23 active candidates: 22 employees and one volunteer who participate in this supportive employment program. The average length of employment for the 54 employees is 5.6 years, with a range of 2 months to 14.7 years. The current paid employees have been employed between 1.9 years to 12.6 years, with the average length of employment being 7 years. A-Visions participants have been employed on a casual/per diem basis by Scripps Environmental Services, Food Services and clerical support for Health and Information Services, Emergency Services, Nursing Research, Human Resources, Access, Behavioral Health, Credentialing, Labor and Delivery, Laboratory, Medical Staffing, Performance Improvement, Spiritual Care and Palliative Care Services. Paid A-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 FY19, Scripps Behavioral Health Services improved awareness of mental health issues by providing information and supportive services for more than 900 people at community events.
COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) AND THE SUICIDE PREVENTION COUNCIL

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

The core strategies of the Suicide Prevention Council are:

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

PSYCHIATRIC LIAISON TEAM (PLT)

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

MI PUENTE: “MY BRIDGE” TO BETTER CARDIOMETABOLIC HEALTH AND WELL BEING

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

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

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

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

**Behavioral Health Integration Program (BHIP) in Diabetes**

Many people find that the day-to-day tasks associated with having diabetes testing one’s blood sugar, planning meals, getting enough physical activity and remembering to take medications can be stressful. A common condition known as “diabetes distress” can be the result of feeling like it’s all too much. Scripps Diabetes Care and Prevention has a Diabetes Behavioral Specialist on staff to help people manage their diabetes without being overwhelmed or unduly distressed. The Behavioral Health Integration Program (BHIP) in Diabetes is an integrated, interdisciplinary approach to managing the emotional and behavioral needs that often leads to burnout of individuals with Type 1 and Type 2 diabetes. The collocation of medical and behavioral health services in the same facility allow for a 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.

**PATIENT COMMUNITY SERVICES**

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

**ALCOHOLIC ANONYMOUS**

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

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

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

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

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

**SURVIVORS OF SUICIDE LOSS – SAN DIEGO CHAPTER**

Scripps Health provides meeting space for members of the Survivors of Suicide Loss – San Diego Chapter. The organization reaches out to and supports people who have lost a loved one to suicide. The goal is to give survivors a place where they can be comfortable expressing themselves, a place to find support, comfort, resources and hope in a judgment-free environment.
TRANSITIONS OF CARE INITIATIVE (ToC)
Family Health Center of San Diego (FHCSD) received funding from Blue Shield Promise to hire two social work staff positions that are embedded into operations at Scripps Mercy Hospital for the goal of connecting patients to FHCSD for needed services. The ToC initiative is designed to help patients at all levels of care within the hospital, with especially those with mental health and drug and alcohol problems to connect with appropriate FHCSD resources. The goal is to connect patients with an array of outpatient health and social service resources to prevent readmissions.

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

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

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

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

**BETTY FORD CENTER**

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

**FAMILY HEALTH CENTERS OF SAN DIEGO**

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

**OPIOID STEWARDSHIP PROGRAM (OSP)**

The Opioid Stewardship Program has spearheaded multiple projects at Scripps to
educate patients and providers about the risks of opioids and the benefits of alternative
multi-modal pain management options to reduce opioid use. The program has
established prescribing standards for opioids, resulting in a 25 percent reduction in the
number of opioid pills per prescription at Scripps hospitals and outpatient centers in
2019. Scripps also has opened three drug take-back kiosks at its on-site pharmacies,
offering patients year-round access to dispose of unused, unneeded or outdated
medications.
SOCIAL DETERMINANTS OF HEALTH

Per Section 2, Community Health Needs Assessment (CHNA), in addition to the health needs that were identified in the CHNA, social determinants of health (SDOH) were also identified in all the community engagement activities. Approximately 80 percent of modifiable risks for diseases are attributable to non-medical (upstream) determinants of health, such as health behaviors, socioeconomic status, and environmental conditions. To prevent chronic conditions and promote health, greater emphasis should be placed on population health, which has been defined to focus on outcomes as well as on the broader factors that influence health at a population level, including medical care systems, the social environment, and the physical environment.42

The CHNA identified economic security as a priority SDOH need in the secondary data analyses and in the community engagement process. Economic security refers to the ability to meet essential financial needs sustainably, including those for food, shelter, clothing, hygiene, health care, and education.43 Economic insecurity is associated with:44

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

Economic insecurity may also lead to food insecurity, which is linked to:45

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

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43 What is economic security? The International Committee of the Red Cross. 18 June 2015.
44 Kaiser Permanente of Southern California Community Health Department, Secondary Data Analysis. Data Source 2018.
Economic security is also linked to wages.

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

FOOD INSECURITY

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

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

In San Diego County:

- 14% of people experience food insecurity, 1 in 7 people
- 22% of children are in food insecure households, more than 1 in 5 children
- 9% of seniors experience food insecurity, 1 in 11 seniors.

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

- Food insecure adults with diabetes have higher average blood sugars.
- Food insecure adults are more likely to be obese.
- Food insecurity is significantly more prevalent in adults with mood disorders.
- Food insecurity is associated with increased risk of suicidal thoughts and substance use in adolescents.
- Food insecure seniors have a significantly higher likelihood of heart disease, depression and limited activities of daily living.
- Food insecure adults delay buying food in order to purchase medications.
CALFRESH PROGRAM
The CalFresh Program, federally known as the Supplemental Nutrition Assistance Program (SNAP), issues monthly electronic benefits that can be used to buy food at participating markets and stores. In San Diego County, an estimated additional 185,000 people are “food secure” but rely on CalFresh and/or WIC to supplement their food budget. This represents 96,000 adults and 89,000 children who are at risk of food insecurity should they lose CalFresh or WIC benefits. The total population in San Diego County that is either food insecure or food secure with CalFresh or WIC assistance is 671,000 or 1 in 5 people.

Federal Reduced-Price Meals program (FRPM)
According to a new report released in 2019 by the San Diego County Childhood Obesity Initiative, www.sdcoi.org, the effect of poverty and food insecurity on students’ overweight and obesity rates can perhaps most profoundly be observed when looking at districts with high concentrations of students enrolled in the Federal Reduced-Price Meals program (FRPM). All students can participate in school nutrition programs; however, students with family incomes under 130% of the Federal Poverty Level are eligible for free meals, and those with incomes between 130% and 185% of the poverty level are eligible for low-cost (or “reduced price”) meals. Students enrolled in this program not only come from lower income households but are also likely to be food insecure. Fifty percent, or half of all students in San Diego County are enrolled in the Federal Reduced-Price Meals Program. Source: California Department of Education. 2018–2019 Student Poverty FRPM Data.

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

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

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

Scripps Health began screening for CalFresh in June 2017 through the support of the Public Resource Specialist (PRS) team. The PRS are experienced staff with strong knowledge of the county programs. They screen all uninsured patients who have received services at any of the five Scripps hospital facilities. The in-house application process can take up to 45 minutes as they are screening for multiple programs concurrently. Once an application has been completed, the PRS staff submits it to the county via the Hospital Outstation Point of Entry (HOPE) program. Once submitted, a county HOPE worker is assigned and the PRS team tracks the application, advocating for the patients throughout the process that can take up to 45 days to receive an eligibility response. In some instances, having to go through the appeal process that may add an additional 30 days. In doing so, the PRS team helps patient’s maneuver a complex application process that otherwise may deter them from seeking much needed acute and preventative care. The team has been successful in having the important conversation about food insecurity with 46% of the patients they have screened in this past fiscal year. Refer to Table 5 for a breakdown of Scripps Cal Fresh Screenings.

**TABLE 5. SCRIPPS CAL FRESH SCREENINGS. FISCAL YEAR 2019**

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>232</td>
<td>7%</td>
</tr>
<tr>
<td>Approved</td>
<td>68</td>
<td>2%</td>
</tr>
<tr>
<td>Declined</td>
<td>1,968</td>
<td>58%</td>
</tr>
<tr>
<td>Denied</td>
<td>23</td>
<td>7%</td>
</tr>
<tr>
<td>Not Eligible</td>
<td>813</td>
<td>23%</td>
</tr>
<tr>
<td>Referred/ No County Response</td>
<td>284</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Total Screenings</strong></td>
<td>3,408</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** PRS screening triggered by income below 200% of FPL – Based on conversation with patient, PRS determines appropriate assistance and disposes using status’s below

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>Current recipient of CalFresh</td>
</tr>
<tr>
<td>Approved</td>
<td>Confirmed by County of Patient</td>
</tr>
<tr>
<td>Declined</td>
<td>Declined assistance/No application submitted</td>
</tr>
<tr>
<td>Denied</td>
<td>Confirmed by County or Patient</td>
</tr>
<tr>
<td>Not Eligible</td>
<td>Not eligible (Not a CA resident, does not have satisfactory immigration</td>
</tr>
<tr>
<td></td>
<td>status, felon etc.)</td>
</tr>
<tr>
<td>Referred</td>
<td>Application submitted to County and/or pending outcome (external or HOPE)</td>
</tr>
<tr>
<td>Pending</td>
<td>PRS assigned to be screened (No application has been initiated)</td>
</tr>
</tbody>
</table>
THE CITY HEIGHTS WELLNESS CENTER (CHWC)

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

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

SCRIPPS MERCY WIC PROGRAM

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

FOOD FINDERS – RESCUING FOOD, REDUCING HUNGER

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

Scripps Center for Integrative Medicine and Bastyr University’s Master of Science in Nutrition for Wellness Program collaborate on offering free classes that teach individuals how to make vegetarian and vegan meals that are delicious and easy to prepare. Participants learn how to cook healthy meals and are educated on why ingredients are chosen and the health benefits. These cooking classes focus on disease prevention, reducing obesity and improving chronic health issues.

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 FY19, Scripps employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs. With close to 9,801 hours, the estimated dollar value of this volunteer labor is $496,563.74*, which is not included in the Scripps FY19 community benefit programs and services totals.

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

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

These services include prevention and wellness programs, screenings, health education, support groups, health fairs and other programs supported by operational funds, grants and in-kind donations. Calculations are based on cost less “direct offsetting revenue”, which includes any revenue generated by the activity or program, such as payment or reimbursement for services provided to program patients. According to the Schedule H 990 IRS guidelines, “direct offsetting revenue” also includes restricted grants or contributions that the organization uses to provide a community benefit.
<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Cancer Society - Look Good Feel Better Class</td>
<td>4</td>
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<td>American Heart Association Heart Walk - Event</td>
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<td>1,740</td>
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<td>Balance: Fall Proof - Fall Prevention Class</td>
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<tr>
<td>Bereavement Support Group</td>
<td>94</td>
<td>14</td>
<td>24</td>
<td>$705</td>
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<tr>
<td>Better Breathers Support Group</td>
<td>147</td>
<td>22</td>
<td>0</td>
<td>$1,254</td>
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<tr>
<td>Blood Drive - American Red Cross</td>
<td>478</td>
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<td>$0</td>
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<tr>
<td>Brainmasters - Stroke &amp; Brain Injury Survivors Communication Skill</td>
<td>108</td>
<td>6</td>
<td>9</td>
<td>$272</td>
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<td>Breast Cancer Education &amp; Support Group</td>
<td>66</td>
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<td>Breast Health Clinical Services</td>
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<td>Breastfeeding Support Group - at various locations</td>
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<td>Cardiac Dietary Counseling - Community Education Program</td>
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<td>CFLI - Adult, Infant and Child CPR for Family and Friends - SD</td>
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<td>Cooking for Health - Recipes for Healthy Living</td>
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<td>Eric Paredes Save a Life Foundation - Screenings</td>
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<td>Every 15 Minutes Program</td>
<td>1,600</td>
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<td>$1,757</td>
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</table>

*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.
<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiji Solomon Islands Medical Mission</td>
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<td>552</td>
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<tr>
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<tr>
<td>First Five Parenting Education</td>
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<td>876</td>
<td>0</td>
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<td>Fitball: Core Conditioning Class - Adult/Senior Fitness Class</td>
<td>550</td>
<td>94</td>
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<td>1,577</td>
<td>2,050</td>
<td>126</td>
<td>$119,924</td>
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<td>Grandparenting Today - Child Safety and Prevention Class</td>
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<td>30</td>
<td>0</td>
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<td>$100,877</td>
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<td>Healing Arts Class for People with Neurological Challenges</td>
<td>270</td>
<td>66</td>
<td>0</td>
<td>$3,570</td>
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<tr>
<td>Healing Touch Educational Programs - SMH La Jolla</td>
<td>50</td>
<td>65</td>
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<td>In Lieu of Funds</td>
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<td>Lebed Method - Focus on Healing Through Movement and Exercise</td>
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<td>Meditation Class - Wellness Program</td>
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<td>Mental Health Awareness Month</td>
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<td>Mercy Outreach Surgical Team (MOST)</td>
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<td>Miracle Babies 5K Walk/Run</td>
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<td>National Alliance of Mental Illness (NAMI) - Walk</td>
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<td>Organ Transplant Caregiver Support</td>
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<td>Organ Transplant Support Groups</td>
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<td>Parkinson's Boot Camp 101 - SMH La Jolla</td>
<td>490</td>
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<tr>
<td>Parkinson's LSVT (Lee Silverman Training) Big Exercise - SMH LJ</td>
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<td>22</td>
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<td>$1,351</td>
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<tr>
<td>Parkinson's Maintenance Class for Voice</td>
<td>101</td>
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<td>$1,290</td>
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<tr>
<td>Postpartum and Pelvic Floor Changes</td>
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<td>Prescription Drug Take Back Day</td>
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<td>40</td>
<td>0</td>
<td>$2,620</td>
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<tr>
<td>Promise Neighborhood (Reducing Childhood Obesity in South Bay)</td>
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<td>763</td>
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<td>$22,989</td>
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<tr>
<td>Pulmonary Cardiac Class</td>
<td>493</td>
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<td>Residency Led Health and Well Being Programs</td>
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<td>Residency Led Youth Programs</td>
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<td>San Diego County Methamphetamine Strike Force (MSF)</td>
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<tr>
<td>San Diego County Policy Panel on Youth Access to Alcohol</td>
<td>0</td>
<td>40</td>
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<td>$3,158</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Program</th>
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<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Diego Food Bank</td>
<td>1,333</td>
<td>0</td>
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<td>$0</td>
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<tr>
<td>San Diego Regional Task Force on the Homeless</td>
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<td>59</td>
<td>0</td>
<td>$4,658</td>
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<tr>
<td>San Ysidro Health Center Committee</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>$947</td>
</tr>
<tr>
<td>Scripps Aphasia Communication Group</td>
<td>93</td>
<td>21</td>
<td>0</td>
<td>$1,290</td>
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<tr>
<td>Scripps Cal Fresh Screening Program</td>
<td>1,384</td>
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<td>$0</td>
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<tr>
<td>Scripps Cancer Survivors Day - Event</td>
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<tr>
<td>Scripps Disaster Preparedness Expo</td>
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<tr>
<td>Scripps Drug &amp; Alcohol Resource Nurse</td>
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<tr>
<td>Scripps Green Hospital Medical Library</td>
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<tr>
<td>Scripps Health System Community Benefit Planning and Outreach</td>
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<td>Scripps MD Ander Cancer Ctr - Outpatient Social Worker and Liaison</td>
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<td>Scripps Mercy &amp; Family Health Centers Behavioral Health Partnership</td>
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<td>Scripps Mercy Hospital Medical Library</td>
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<td>Scripps Mercy Supplemental Nutrition Program for WIC</td>
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<td>Senior Health Chats</td>
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<td>Skin Cancer Screenings - Local State Beaches Lifeguards</td>
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<td>Skin Cancer Screenings-San Diego Firefighters, Lifeguards &amp; Police</td>
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<td>South County Action Network (SoCAN) Meeting</td>
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<td>Stroke-Parkinson's Exercise Group</td>
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<tr>
<td>Su Vida, Su Corazon. Your Life, Your Heart</td>
<td>125</td>
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<td>Susan G. Komen Race for the Cure - Event</td>
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<td>Sweetwater Union High School Dist. Pre-Participation Sports Screen</td>
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<td>$0</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
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<tbody>
<tr>
<td>Trauma Education Programs</td>
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<td>Whittier - MAC Program</td>
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<td>Whittier - Mi Puente Program</td>
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<td>WomenHeart - Support Groups</td>
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<td>Young Women's Breast Cancer Support Group - SMH La Jolla</td>
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<td>FY19 Community Health Improvement &amp; Community Benefit Operations Total</td>
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<td>81,862</td>
<td>2,198</td>
<td>$4,306,861</td>
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</tbody>
</table>

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**SUBSIDIZED HEALTH SERVICES**

<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scripps Mercy Behavioral Health A-Visions Service Program</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$116,881</td>
</tr>
<tr>
<td>Scripps Mercy Clinic</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$2,729,810</td>
</tr>
<tr>
<td>Scripps Mercy Inpatient Behavioral Health</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$698,861</td>
</tr>
<tr>
<td>FY19 Scripps Subsidized Health Services Total</td>
<td></td>
<td></td>
<td></td>
<td>$3,545,551</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-1-1 San Diego - Community Benefit Fund</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$12,000</td>
</tr>
<tr>
<td>2-1-1 San Diego Annual Event</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$5,000</td>
</tr>
<tr>
<td>645 Squad Club - Law Enforcement Memorial Foundation Fundraiser</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$1,000</td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>2,316</td>
<td>0</td>
<td>0</td>
<td>$3,432</td>
</tr>
<tr>
<td>American Cancer Society-Making Strides Against Breast Cancer-Sponsorship</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$10,000</td>
</tr>
<tr>
<td>American Heart Association - Go Red for Women Luncheon Sponsorship</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$5,000</td>
</tr>
<tr>
<td>American Heart Association Heart Walk - In-Kind Donation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$12,527</td>
</tr>
<tr>
<td>American Heart Association Heart Walk - Sponsorship</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$10,000</td>
</tr>
<tr>
<td>Association of Clinical Research Professionals</td>
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<td>0</td>
<td>0</td>
<td>$318</td>
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<tr>
<td>Car Seat Program</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>$316</td>
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<tr>
<td>Catholic Charities - Community Benefit Fund</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$70,000</td>
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<tr>
<td>Catholic Charities - Thanksgiving Food Donations</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$0</td>
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<tr>
<td>Celebration of Heroes Blood Drive - Sponsorship</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$12,500</td>
</tr>
<tr>
<td>Chelsea's Light Foundation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$1,000</td>
</tr>
<tr>
<td>California Health Foundation &amp; Trust Fee</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$1,120,000</td>
</tr>
<tr>
<td>Consumer Center for Health Education and Advocacy (CCHEA)</td>
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<td>0</td>
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<td>Eric Paredes Save a Life Foundation - Grant</td>
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<tr>
<td>Family Health Center of San Diego (FHCSD) - In-Kind-Donation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$4,950</td>
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<tr>
<td>Family Health Centers of San Diego</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Family Health Centers of San Diego (FHCSD) - GRANT</td>
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<td>0</td>
<td>0</td>
<td>$300,000</td>
</tr>
<tr>
<td>Food Addicts Anonymous</td>
<td>624</td>
<td>0</td>
<td>0</td>
<td>$249</td>
</tr>
<tr>
<td>Food Finders and Interfaith Community Services</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$4,074</td>
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<tr>
<td>Food Handlers Training Course</td>
<td>171</td>
<td>0</td>
<td>0</td>
<td>$853</td>
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<tr>
<td>GME Outpatient Suite Renovations - Hillcrest Family Health Center</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>GRASP - Grief Recovery After a Substance Passing - SMH La Jolla</td>
<td>77</td>
<td>640</td>
<td>0</td>
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<tr>
<td>Greater La Jolla Meals on Wheels</td>
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<td>0</td>
<td>$832</td>
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<tr>
<td>Interfaith Community Services - Water Supply Donation</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Joe Niekro Foundation</td>
<td>240</td>
<td>0</td>
<td>0</td>
<td>$477</td>
</tr>
</tbody>
</table>

* "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.
<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Maestra Community Health Center Casino Night</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$1,500</td>
</tr>
<tr>
<td>Mental Health Association Recognition Dinner - Sponsor</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$1,507</td>
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<tr>
<td>National Alliance of Mental Illness (NAMI) Siblings Support</td>
<td>117</td>
<td>972</td>
<td>0</td>
<td>$53,968</td>
</tr>
<tr>
<td>Overeaters Anonymous - Spanish</td>
<td>390</td>
<td>0</td>
<td>0</td>
<td>$1,440</td>
</tr>
<tr>
<td>San Diego Brain Injury Foundation</td>
<td>35</td>
<td>4</td>
<td>0</td>
<td>$181</td>
</tr>
<tr>
<td>San Diego County Crime Stoppers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$1,000</td>
</tr>
<tr>
<td>San Diego Echo Society</td>
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<td>0</td>
<td>0</td>
<td>$2,365</td>
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<tr>
<td>San Diego Psych Society Dinner</td>
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<td>0</td>
<td>0</td>
<td>$1,500</td>
</tr>
<tr>
<td>Scripps MD Anderson Cancer Ctr - Aloha Locks Cancer Wig Program</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>$458</td>
</tr>
<tr>
<td>Scripps Mercy SD Internal Medicine Outpatient Teaching Clinic</td>
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<td>0</td>
<td>0</td>
<td>$309,000</td>
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<tr>
<td>Spondylitis Association</td>
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<td>0</td>
<td>0</td>
<td>$278</td>
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<tr>
<td>Survivors of Suicide Loss - San Diego Chapter</td>
<td>330</td>
<td>2</td>
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<td>$202</td>
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<tr>
<td>Survivors of Suicide Loss - Save A Life Community Walk</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>$987</td>
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<tr>
<td>Take Off Pounds Sensibly (TOPS) Meeting</td>
<td>545</td>
<td>0</td>
<td>0</td>
<td>$1,315</td>
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<tr>
<td>The City Heights Wellness Center Partnership - La Maestra</td>
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<td>0</td>
<td>$40,030</td>
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<tr>
<td>Toys for Tots</td>
<td>300</td>
<td>3</td>
<td>0</td>
<td>$136</td>
</tr>
<tr>
<td><strong>FY19 Cash &amp; In-Kind Donations Total</strong></td>
<td><strong>10,650</strong></td>
<td><strong>1,626</strong></td>
<td><strong>0</strong></td>
<td><strong>$2,171,913</strong></td>
</tr>
</tbody>
</table>

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## COMMUNITY BUILDING ACTIVITIES

<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chula Vista Police Foundation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$2,500</td>
</tr>
<tr>
<td>Disaster Preparedness - Community Outreach and Education</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>$272</td>
</tr>
<tr>
<td>Enlisted Leadership Foundation - The Foundry</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$30,000</td>
</tr>
<tr>
<td>Executive Leadership - Community Building</td>
<td>0</td>
<td>320</td>
<td>0</td>
<td>$25,265</td>
</tr>
<tr>
<td>Health Care Public and Government Advocacy</td>
<td>0</td>
<td>50</td>
<td>0</td>
<td>$3,948</td>
</tr>
<tr>
<td>Healthy Development Services Provider Meeting</td>
<td>300</td>
<td>674</td>
<td>0</td>
<td>$20,284</td>
</tr>
<tr>
<td>Hospital Preparedness Program Development Committee</td>
<td>0</td>
<td>50</td>
<td>0</td>
<td>$3,070</td>
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<tr>
<td>Parent Education, Support and Empowerment (PESE) Work Group Meet</td>
<td>80</td>
<td>180</td>
<td>0</td>
<td>$5,409</td>
</tr>
<tr>
<td>San Diego County Healthcare Disaster Council</td>
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<td>20</td>
<td>0</td>
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</tr>
<tr>
<td>San Diego County Operational Area Full Scale Exercise</td>
<td>150</td>
<td>0</td>
<td>0</td>
<td>$0</td>
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<tr>
<td>San Diego Organization of Healthcare Leaders (SOHL)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$2,000</td>
</tr>
<tr>
<td>San Diego Police Foundation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$2,500</td>
</tr>
<tr>
<td>Scripps High School Exploration Program</td>
<td>25</td>
<td>2,875</td>
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<td>Scripps Medical Response Team (SMRT)</td>
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<td>SD Sherriff’s Search &amp; Rescue Academy - Emergency Response Module</td>
<td>20</td>
<td>4</td>
<td>42</td>
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</tr>
<tr>
<td>University City (UC) High School Exploration Program</td>
<td>16</td>
<td>808</td>
<td>0</td>
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<tr>
<td>Young Leaders in Healthcare Program</td>
<td>562</td>
<td>80</td>
<td>0</td>
<td>$3,149</td>
</tr>
<tr>
<td>Youth Educational Programs</td>
<td>1,501</td>
<td>3,370</td>
<td>0</td>
<td>$101,489</td>
</tr>
<tr>
<td><strong>FY 19 Community Building Activities Total</strong></td>
<td><strong>3,204</strong></td>
<td><strong>9,694</strong></td>
<td><strong>42</strong></td>
<td><strong>$568,399</strong></td>
</tr>
</tbody>
</table>

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** 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.
Section 5
Professional Education and Health Research
PROFESSIONAL EDUCATION & HEALTH RESEARCH

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

Each year, Scripps allocates resources to advance health care services through clinical research, medical education and health professional education. During Fiscal Year 2019 (October 2018 to September 2019), Scripps invested $27,907,934\(^{46}\) 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 FY19 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 135).

\(^{46}\) 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**

**STUDENT EXPERIENCES WITHIN SCRIPPS**

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

Interacting with health care professionals in the field expands education outside the classroom. Scripps employees play an important role as preceptors by investing their time to create a valuable experience for the community. In FY19, Scripps hosted 1,758 students within our system and provided 266,020 development hours spanning nursing and allied health settings. Table 1 provides a breakdown of students by Scripps location.

**TABLE 1. SCRIPPS HEALTH STUDENT PLACEMENTS FOR FY19**

<table>
<thead>
<tr>
<th>Scripps Health Location</th>
<th>NURSING</th>
<th></th>
<th></th>
<th>ANCILLARY</th>
<th></th>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of</td>
<td>Group</td>
<td>Precepted</td>
<td># of</td>
<td>Group</td>
<td>Precepted</td>
<td># of</td>
</tr>
<tr>
<td></td>
<td>Students</td>
<td>Hours</td>
<td>Hours</td>
<td>Students</td>
<td>Hours</td>
<td>Hours</td>
<td>Students</td>
</tr>
<tr>
<td>Scripps Medical Foundation (Clinic &amp; SCMC)</td>
<td>16</td>
<td>0</td>
<td>1703</td>
<td>178</td>
<td>0</td>
<td>38355</td>
<td>194</td>
</tr>
<tr>
<td>Scripps Memorial Hospital Encinitas</td>
<td>264</td>
<td>14865.5</td>
<td>8430</td>
<td>44</td>
<td>864</td>
<td>17942</td>
<td>308</td>
</tr>
<tr>
<td>Scripps Green Hospital</td>
<td>53</td>
<td>3396</td>
<td>3030</td>
<td>44</td>
<td>0</td>
<td>12577</td>
<td>97</td>
</tr>
<tr>
<td>Scripps Memorial Hospital La Jolla</td>
<td>335</td>
<td>15606</td>
<td>19431</td>
<td>75</td>
<td>864</td>
<td>21008</td>
<td>410</td>
</tr>
<tr>
<td>Scripps Mercy Hospital, Chula Vista</td>
<td>146</td>
<td>16542</td>
<td>3509</td>
<td>34</td>
<td>3024</td>
<td>9360</td>
<td>180</td>
</tr>
<tr>
<td>Scripps Mercy Hospital, San Diego</td>
<td>427</td>
<td>37889</td>
<td>3017</td>
<td>126</td>
<td>7784</td>
<td>24388</td>
<td>553</td>
</tr>
<tr>
<td>Scripps Home Health/Hospice</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Scripps Health Administrative Services</td>
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<td>0</td>
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<td>15</td>
<td>0</td>
<td>2355</td>
<td>15</td>
</tr>
<tr>
<td>Scripps Integrative Medicine</td>
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<td>0</td>
<td>1</td>
<td>0</td>
<td>80</td>
<td>1</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>1,241</strong></td>
<td><strong>88,299</strong></td>
<td><strong>39,120</strong></td>
<td><strong>517</strong></td>
<td><strong>12,536</strong></td>
<td><strong>126,065</strong></td>
<td><strong>1,758</strong></td>
</tr>
</tbody>
</table>
COLLEGE AND UNIVERSITY AFFILIATIONS

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

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

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

RESEARCH STUDENTS

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

In FY19, 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 several 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 FY19, 25 students participated in the program. During their five-week rotation, the students visited Scripps Mercy Chula Vista, Scripps Mercy San Diego, Scripps Memorial Hospital La Jolla, Encinitas and Green Hospital. The students were able to view surgeries and shadowing healthcare professionals in the emergency department, ICU, pharmacy, urgent care, internal medicine, pharmacy, definitive observation unit, ambulatory services, rehab therapy, patient logistics, lab and trauma.

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 FY19, 16 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 were exposed to different departments, exploring career options and learning valuable life lesson about health and healing.

YOUNG LEADERS IN HEALTH CARE

An outreach program at Scripps Hospital Encinitas, Young Leaders in Health Care targets local high schools’ students interested in exploring health care careers. Students in grades 9–12 participate in the program, which provides a forum for high school students to learn about the health care system and its career opportunities.

The mission of the Young Leaders in Health Care is:

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

This combined experience includes weekly meetings at local schools facilitated by teachers and advisors, as well as monthly meetings at Scripps Hospital Encinitas. The program mentors’ students on leadership and provides tools for daily challenges. Each year the students work toward a final presentation based on their community service projects related to health care and wellness. The 2019 class touched a variety of topics from mental illness to the opioid crisis. More than 100 students, community members and health care specialists attended the Young Leader in Health Care final meeting, culminating with student presentations on types of cancer and treatments. Students that participate in the program are eligible to apply to the High School Explorer summer internship program.

This year’s 2019 YLHC Service Project Presentation Awards were given to:

• 1st place: Mission Vista High School for their presentation on Eating Disorders
• 1st place: Francis Parker High School for their presentation on Hollywood and Mental Illness
• 2nd place: Canyon Crest Academy for their presentation on Leukemia

**YOUTH EDUCATIONAL PROGRAM ACTIVITIES**

Scripps is also dedicated to promoting health care as a rewarding career to potential future caregivers throughout our community. Through several internships and other educational programs, Scripps collaborates with high schools to offer students opportunities to explore a role in health care and gain firsthand experience working with Scripps health care professionals. Our nurses and other clinical and non-clinical employees play important roles in these educational experiences, as the students are interacting with them daily through the programs.

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 2,281 youth participated in these programs.
CAMP SCRIPPS
Designed to introduce youth to health careers, this program is a three-week camp experience to educate youth participants on the duties performed by health care professionals in various medical fields. Participants receive opportunities for interactions with the health professionals. Camp activities include tours of hospital departments, hands-on activities with health care professionals and presentations on specific health careers and/or health-related issues. Examples of activities include visits to the laboratory, radiology, nursing units and the Cath Lab. Family Medicine residents provide a variety of presentations and interaction activities for the youth. Some of these include “Doc 101” or visits to specific hospital departments.

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

HEALTH PROFESSIONALS IN THE CLASSROOM
Health care professionals, such as medical residents, dieticians, nurses and doctors, enlighten students on health care careers and health related topics. These are interactive sessions on Nursing, Health and Nutrition, Stroke Prevention, Breast Health, Teen Pregnancy, Substance use, STDs, Health Professions and Mental Health Issues that impact them. Students receive health career tools/brochures that include information on education requirements, scholarships and ways to pay for college.

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

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

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. During the 2018–2019 fiscal year the program continued 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.

SCRIPPS WHITTIER DIABETES INSTITUTE AND SCRIPPS HUB ACADEMIC RESEARCH CORE (SHARC)

The Scripps Hub Academic Research Core (SHARC) team is a partnership between the Scripps Research Translational Institute and Scripps Health (housed in the Scripps Whittier Diabetes Institute). The Scripps Hub is one of 60 sites around the country that are supported by the NIH’s Clinical and Translational Science Award (CTSA), with a focus on improving the process of translating research from bench-side to practice. Within this hub, the SHARC team aims to support translational research at Scripps Health and the Scripps Research Translational Institute in the following ways:

- Research navigation – Provide assistance through the grant process (from pre- to post-award) and with research implementation, especially for junior or new investigators.
- Statistical support – Provide statistical support for designing the study, from sample size and power calculations through data analysis and presentation.
- Community engagement – Encourage bidirectional communication between communities and researchers to foster participation in research, sharing and discussion of research questions and findings, and improve community health.

SCRIPPS HEALTH GRADUATE MEDICAL EDUCATION

A key component of Scripps’ Mission is to advance the education of physicians and health care professionals and sponsor graduate medical education. By investing in these areas, we help secure quality care for our community. Scripps has been training future physicians longer than any other institution in San Diego. For more than 70 years physicians in Scripps graduate medical education programs have helped care for
underserved populations throughout the region. Scripps has a comprehensive range of graduate medical education programs at Scripps Green Hospital, Scripps Mercy Hospital, and Scripps Mercy Hospital Chula Vista. Scripps graduate medical education programs are well-known for excellence, provide a hands-on curriculum that focuses on patient-centered care and offer residencies in a variety of practices, including internal medicine, family medicine, podiatry, pharmacy and palliative care.

In FY19, Scripps had a total of 143 residents and 43 fellows enrolled throughout the Scripps health system. More details on these programs are included in section eight and nine of the community benefit report. In addition, Scripps has a pharmacy residency program which train residents with Doctor of Pharmacy degrees.

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

The UCSD/Scripps Health Hospice and Palliative Medicine Fellowship Program is a one-year program designed for physicians who wish to become sub-specialists and have a long-term career in hospice and palliative medicine. This is a unique partnership in which UCSD and Scripps Health share responsibility for the fellows, with trainees spending equal time in both institutions with all the benefits of both institutions. The fellowship prepares trainees to work in a variety of roles, including leadership positions in the field. Graduates have successfully become hospice medical directors and palliative medicine consultants in outpatient and inpatient settings across the United States. Fellows who complete the UCSD/Scripps Health program are well equipped to practice in diverse settings, including acute palliative care units, inpatient consultation, outpatient consultation, patients’ homes, and long-term care facilities.
Figure 5:1

FY 2019

SCRIPPS PROFESSIONAL EDUCATION & HEALTH RESEARCH
BY OPERATING UNIT, $27,907,934

PROFESSIONAL EDUCATION AND HEALTH RESEARCH

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

<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
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<td>CFLI - Advanced Cardiac Life Support (ACLS) Renewal Course</td>
<td>17</td>
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<td>Physical Therapist and Physical Therapy Assistant Student Program</td>
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<td>San Diego Day of Trauma Conference</td>
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<td>San Diego Nursing Service/Education Consortium</td>
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<td>Saving Lives through Stop the Bleed Campaign &amp; Program</td>
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<td>Student Preceptorships at Cardiac Treatment Center</td>
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* "Financial Support" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer hours. In some instances, an entire community benefit program cost center has been divided between several initiatives.
# SCRIPPS GRADUATE MEDICAL EDUCATION

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<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
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<td>Scripps Family Medicine Residency Program</td>
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* "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.

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# SCRIPPS HEALTH RESEARCH

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<tr>
<th>Program</th>
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<td>IRB 11-5716 Impact of a More Conservative Approach to CT Scanning</td>
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<td>IRB 11-5782 The Value of Ultrasound Imaging Surveillance for Venous Thromboembolic Disease in Trauma Patients</td>
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<td>IRB 12-6045 AAST Vascular Trauma Registry - PROOVIT</td>
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<td>IRB 13-6300 The Effects of Chronic Conditions on Clinical Outcomes Following Traumatic Injury</td>
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<td>IRB 14-6426 The Impact of Trauma Service Management on Older Adult Hip Fracture Outcomes</td>
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<td>IRB 15-6721 Epidemiology, Injury Control, Treatments, Outcomes, Value of Care and Performance Improvement</td>
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<td>IRB 18-7165 Current Diagnosis &amp; Management of Pancreatic Injuries- Western Trauma Association Multicenter Trial</td>
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<td>IRB 18-7188 Blunt Blow &amp; Mesenteric Injury</td>
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<td>Program</td>
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<td>Volunteer Hours</td>
<td>Financial Support*</td>
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<td>IRB 19-7412 Surgical Device Reporting and the FDS: MAUDE vs ASR</td>
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<td>IRB 7249 Penetrating Thoracic Trauma Management</td>
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* “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.

| FY 19 Scripps Professional Education, Graduate Medical Education & Health Research Total                                                                                                      | 3,109          | 657,713     | 9,171           | **$27,907,934**   |
Section 6

Scripps Memorial Hospital
La Jolla
SCRIPPS MEMORIAL HOSPITAL LA JOLLA

ABOUT SCRIPPS MEMORIAL HOSPITAL LA JOLLA

Located in North Central San Diego County, Scripps Memorial Hospital La Jolla provides health care services for 17.1 percent of the inpatient population living in the hospital’s 50 percent service area. Today, the hospital has 432 licensed beds and more than 2,817 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 Memorial Hospital 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 percent of Medicare patients, 6.5 percent of Medi-Cal patients, 20.3 percent of commercially insured patients and 13.5 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, and Scripps Polster Breast Care Center.

DISTINGUISHING PROGRAMS AND SERVICES

• Prebys Cardiovascular Institute
• Emergency Department
• Gamma Knife Center of San Diego
• Neonatal intensive Care Nursery (operated by Rady Children’s Hospital)
• Scripps Polster Breast Care Center
• Scripps Center for Women’s Health

• Scripps Mericos Eye Institute
• Scripps MD Anderson Cancer Center (programs/services referenced in Section 12)
• Trauma Center
• Primary Stroke Center designated by The Joint Commission
The Scripps La Jolla 2020 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital’s objectives and strategies to support community health during Fiscal Year 2020 (October 2019 to September 2020).

THE SCRIPPS 2020 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 2020 COMMUNITY BENEFIT OBJECTIVES

COMMUNITY HEALTH SERVICES

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

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

GENERAL HEALTH EDUCATION AND WELLNESS INITIATIVES

- Continue to sponsor community based support groups for breastfeeding, cardiac, cancer, lymphedema, gynecological, aphasia, grand parenting classes, Parkinson’s voice class, Parkinson’s exercise class, pelvic floor wellness, fall prevention, home safety, healing touch workshops and diabetes at Scripps Memorial Hospital La Jolla and community sites.
- Coordinate four blood drives at the Scripps La Jolla campus on behalf of the American Red Cross.
- Work with other nonprofit community organizations, such as American Heart Association and Rady’s Children’s Hospital to promote healthy behaviors.
• Support Scripps nursing in services and community-based medical outreach activities and physical therapy internships.
• Support nursing school programs by offering observations of maternal child health programs for student nurses.

HEART HEALTH AND CARDIOVASCULAR DISEASE
Enhance cardiac health education and prevention efforts in North Central San Diego County by:

• Offer education targeting women to increase public awareness about the advances in women’s health care.
• Offer cardiac education programs for the community, focusing on current heart treatment options.
• Offer a continuous twelve week pulmonary education program.
• Provide monthly programs for heart patients, including lectures on various topics and to provide a supportive atmosphere for participants to work on stress management techniques dealing with chronic illness through The Cardiac Treatment Center Life Project.
• Offer programs complementary to living with chronic illness, including heart and lung disease that will promote well-being.

MATERNAL CHILD HEALTH EDUCATION
• Continue to provide prenatal, postpartum and parenting education programs for low-income women throughout San Diego County.
• Offer 1,200 maternal child health classes throughout San Diego County to enhance parenting skills. Low-income women in the County of San Diego can attend classes at no charge or on a sliding fee schedule. Military discount is provided.
• Maintain the existing prenatal education services in the county, ensuring that programs demonstrate a satisfaction rating higher than 90 percent.
• Continue to offer six breastfeeding support groups throughout the county on a weekly basis (includes two with bilingual services).
• Offer six maternal child health education classes for grand parenting in San Diego County.
• Offer quarterly dogs and babies safety education program for expectant parents and families.
• Offer pelvic floor postpartum education for new mothers.
UNINTENTIONAL INJURY AND VIOLENCE

- Provide at least two safety education programs for older adults through Trauma Services focusing on balance improvement and fall prevention.
- Provide at least two educational programs emphasizing controlling bleeding. This is a national campaign to cultivate grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives.
- Provide at least four Beach Area Community Educational classes. This collaboration with the SDPD, Parks and Recreation; District Attorney's Office and Discover Pacific Beach is an educational program for first time offenders for quality of life crimes. Education is provided to the participants regarding these quality of life crimes and their effects on the community; the effects of smoking and alcohol consumption and the rules and regulations for the beach community. Sponsored by SMH La Jolla, Trauma department.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH

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

UNCOMPENSATED CARE

During fiscal year 2020, Scripps La Jolla will continue to provide health care services for vulnerable patients who are unable to pay.

- Maintain, communicate and effectively administer the Scripps' financial assistance policy in a manner that meets patients' needs.
- Assure that care is available through the emergency department and trauma center, regardless of a person’s ability to pay.
- Provide Maternal Child Health programs for expectant families at a reduced rate via a sliding fee or no charge if enrolled in Medi-Cal.
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 2019 (October 2018 to September 2019).

**Fostering Volunteerism**

In addition to the financial community benefit contributions made during FY19, 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 252 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is $12,767.48

**Making a Financial Commitment**

During FY19, Scripps La Jolla devoted $86,792,767 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps Memorial Hospital La Jolla emphasize community-based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

### Community Benefit Services Highlights

<table>
<thead>
<tr>
<th>Fostering Volunteerism</th>
<th>Labor^47</th>
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<tbody>
<tr>
<td>Volunteer Hours</td>
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<table>
<thead>
<tr>
<th>Community Benefit Financial Commitment</th>
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<tr>
<td>$86,792,767</td>
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<table>
<thead>
<tr>
<th>Community Benefit Services</th>
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<tr>
<td>Charity Care</td>
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<tr>
<td>Community Building Activities</td>
</tr>
<tr>
<td>Community Health Services</td>
</tr>
<tr>
<td>Medi-Cal &amp; Other Means Tested Shortfall</td>
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<td>Medicare &amp; Medicare HMO Shortfall</td>
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<tr>
<td>Professional Education &amp; Research</td>
</tr>
</tbody>
</table>

Refer to Figure 6:1 presented on the following page for a graphic representation of fiscal year 2019

---

^47 Calculations based upon an average hourly wage for the Scripps Health system plus benefits.
COMMUNITY BENEFIT SERVICES:

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.
**Scripps La Jolla Community Health Services, Fiscal Year 2019**

**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 2019 (October 2018 to September 2019) Scripps Memorial Hospital La Jolla invested $658,656 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 Memorial Hospital La Jolla FY19 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 Memorial Hospital 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 $2,292,206 in professional training and research programs during Fiscal Year 2019 (October 2018 to September 2019). This section highlights some of Scripps Memorial Hospital La Jolla professional education activities.

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

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46 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.
services, respiratory care, radiology, cardiovascular lab, social services, food and nutrition services, executive health, maternal child health education, lactation services and cardiac treatment center.

PHARMACY RESIDENCY PROGRAM

Scripps Memorial Hospital La Jolla offers four 12-month ASHP accredited postgraduate year one (PGY-1) pharmacy residency positions. The residency program focuses on pharmacotherapy, teaching, and research in a decentralized clinically pharmacy practice setting. Both core and elective experiences are offered in a variety of clinical specialties and services. The pharmacy department is open 24/7 and includes a central pharmacy, two OR satellite pharmacies and numerous decentralized clinical service areas. Our clinical pharmacists provide a broad range of clinical services, carry out pharmacist driven medication protocols, and practice under prescriptive authority granted by Pharmacy and Therapeutics Committee. Scripps Memorial Hospital La Jolla is affiliated with multiple schools of pharmacy and annually trains 20–25 PharmD candidates. Graduates of this program are prepared to practice in tertiary academic or community hospital settings and adjunct faculty positions, as well as pursue further training such as postgraduate year two (PGY-2) residency or fellowship.
<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance: Fall Proof - Fall Prevention Class</td>
<td>1,559</td>
<td>82</td>
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<tr>
<td>Beach Area Community Court Program</td>
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<td>18</td>
<td>2</td>
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<tr>
<td>Better Breathers Support Group</td>
<td>147</td>
<td>22</td>
<td>0</td>
<td>$1,254</td>
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<tr>
<td>Blood Drive - American Red Cross</td>
<td>89</td>
<td>0</td>
<td>0</td>
<td>$0</td>
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<tr>
<td>Breastfeeding Support Group</td>
<td>2,462</td>
<td>0</td>
<td>0</td>
<td>$1,500</td>
</tr>
<tr>
<td>Car Seat Program</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>$316</td>
</tr>
<tr>
<td>Cardiac Dietary Counseling - Community Education Program</td>
<td>526</td>
<td>174</td>
<td>0</td>
<td>$10,151</td>
</tr>
<tr>
<td>Cardiac Tai Chi - Fitness Program</td>
<td>413</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Cardiac Treatment Center Group Exercise Programs</td>
<td>1,702</td>
<td>316</td>
<td>0</td>
<td>$25,515</td>
</tr>
<tr>
<td>Cardiac Treatment Center Life Project</td>
<td>311</td>
<td>54</td>
<td>1</td>
<td>$3,141</td>
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<tr>
<td>Charity Care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$2,376,336</td>
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<tr>
<td>Community Health Education Lecture Series</td>
<td>317</td>
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<td>42</td>
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<tr>
<td>CPR Classes for Patients and Families of the Cardiac Treatment Center</td>
<td>6</td>
<td>2</td>
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<td>$123</td>
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<tr>
<td>Dogs and Babies - Child Safety and Prevention Education Program</td>
<td>51</td>
<td>427</td>
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<td>Fitball: Core Conditioning Class - Adult/Senior Fitness Class</td>
<td>550</td>
<td>94</td>
<td>0</td>
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<tr>
<td>Getting Ready for Baby - Child Safety and Prevention Class</td>
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<td>2,050</td>
<td>126</td>
<td>$119,924</td>
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<td>Grandparenting Today - Child Safety and Prevention Class</td>
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<td>30</td>
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<tr>
<td>GRASP - Grief Recovery After a Substance Passing</td>
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<td>640</td>
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<td>Greater La Jolla Meals on Wheels</td>
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<tr>
<td>Gynecological Cancer Support Group</td>
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<td>1,741</td>
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<tr>
<td>Healing Touch Educational Programs</td>
<td>50</td>
<td>65</td>
<td>0</td>
<td>$3,792</td>
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<tr>
<td>In Lieu of Funds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$130,793</td>
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<td>Lebed Method - Focus on Healing Through Movement and Exercise</td>
<td>180</td>
<td>41</td>
<td>0</td>
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<td>Maternal Child Health (MCH) Nursing Students</td>
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<tr>
<td>Medi-Cal &amp; Other Means-Tested Government Programs (Shortfall)***</td>
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<tr>
<td>Medicare and Medicare HMO (Shortfall) **</td>
<td>0</td>
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<td>Meditation Class - Wellness Program</td>
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<tr>
<td>Mental Health Awareness Month</td>
<td>35</td>
<td>5</td>
<td>0</td>
<td>$270</td>
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<td>National Alliance of Mental Illness (NAMI) Siblings Support</td>
<td>117</td>
<td>972</td>
<td>0</td>
<td>$53,968</td>
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</tbody>
</table>

*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.
<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
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<tbody>
<tr>
<td>Nursing Student Rotation Education</td>
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<td>Parkinson's Boot Camp 101</td>
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<tr>
<td>Parkinson's LSVT (Lee Silverman Training) Big Exercise</td>
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<td>Parkinson's Maintenance Class for Voice</td>
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<td>0</td>
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<tr>
<td>Pharmacy Residency</td>
<td>0</td>
<td>12,800</td>
<td>0</td>
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<td>Physical Therapist and Physical Therapy Assistant Student Program</td>
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<td>$5,114</td>
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<tr>
<td>Postpartum and Pelvic Floor Changes</td>
<td>28</td>
<td>36</td>
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<tr>
<td>Pulmonary Cardiac Class</td>
<td>493</td>
<td>94</td>
<td>0</td>
<td>$5,590</td>
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<td>San Diego Food Bank</td>
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<td>$0</td>
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<tr>
<td>Scripps Aphasia Communication Group</td>
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<td>0</td>
<td>$1,290</td>
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<tr>
<td>Scripps Cancer Survivors Day - Event</td>
<td>241</td>
<td>76</td>
<td>4</td>
<td>$23,482</td>
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<tr>
<td>Scripps Disaster Preparedness Expo</td>
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<td>36</td>
<td>0</td>
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<tr>
<td>Scripps Memorial Hospital La Jolla Medical Library</td>
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<td>726</td>
<td>0</td>
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<tr>
<td>Sibling Preparation Class - Child Safety and Prevention Class</td>
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<td>0</td>
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<td>Stroke Care Programs</td>
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<td>$771</td>
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<td>Student Preceptorships at the Cardiac Treatment Center</td>
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<td>Trauma Education Programs</td>
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<td>Ventricular Assist Device (LVAD) Support Group</td>
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<tr>
<td>WomenHeart - Support Groups</td>
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<td>0</td>
<td>$180</td>
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<tr>
<td>Young Women's Breast Cancer Support Group</td>
<td>62</td>
<td>21</td>
<td>0</td>
<td>$1,290</td>
</tr>
<tr>
<td><strong>FY 19 Scripps Memorial Hospital La Jolla Total</strong></td>
<td>23,710</td>
<td>41,084</td>
<td>252</td>
<td>$86,792,767</td>
</tr>
</tbody>
</table>

* 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.

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*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.
Section 7

Scripps Memorial Hospital
Encinitas
Located along the coast of San Diego’s North County, Scripps Memorial Hospital Encinitas provides health care services of the inpatient population living in the hospital’s 27.3 percent service area within the hospital’s North County West service area. Today the hospital has 193 licensed beds and more than 1,696 employees.

Scripps Encinitas provides a wide range of acute clinical care services including, but not limited to, 24-hour emergency services, intensive care, cancer/oncology, nuclear medicine, radiology, orthopedics, neurology, urology and acute care rehabilitations services. Within its service area, Scripps Encinitas cares for 33.7 percent of Medicare patients, 19.2 percent of Medi-Cal patients, 32.3 percent of commercially insured patients, and 27.3 percent of patients with other payment sources, including self-pay and charity care.

**DISTINGUISHING PROGRAMS AND SERVICES**

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

**LEICHTAG FAMILY BIRTH PAVILION**

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

**WOMEN’S IMAGING SERVICES**

- Digital mammography
- Bone density test (Densitometry or DEXA Scan)
- Ultrasound
- Magnetic Resonance Imaging (MRI)
- Breast Specific Gamma Imaging (BSGI)
The Scripps Memorial Hospital 2020 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital’s objectives and strategies to support community health during Fiscal Year 2020 (October 2019 to September 2020).

THE SCRIPPS 2020 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 2020 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 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. The program mentors’ students on leadership and provides tools for daily challenges. Each year the students work toward a final presentation based on their community service projects related to health care and wellness.
PROFESSIONAL EDUCATION AND HEALTH RESEARCH

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

UNCOMPENSATED HEALTH CARE

During fiscal year 2020, 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.
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 2019 (October 2018 to September 2019).

**Fostering Volunteerism**

In addition to the financial community benefit contributions made during FY19, Scripps Memorial Hospital Encinitas employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs. With close to 33 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is $1,671.93.

**Making a Financial Commitment**

During FY19, Scripps Memorial Hospital Encinitas devoted **$51,326,053** to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

### Community Benefit Services Highlights

<table>
<thead>
<tr>
<th>Fostering Volunteerism</th>
<th>Volunteer Hours</th>
<th>Labor&lt;sup&gt;49&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33</td>
<td>$1,671.93</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Benefit Financial Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$51,326,053</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Benefit Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care</td>
</tr>
<tr>
<td><strong>$1,030,210</strong></td>
</tr>
<tr>
<td>Community Building Activities</td>
</tr>
<tr>
<td><strong>$3,149</strong></td>
</tr>
<tr>
<td>Community Health Services</td>
</tr>
<tr>
<td><strong>$174,355</strong></td>
</tr>
<tr>
<td>Medi-Cal &amp; Other Means Tested Shortfall</td>
</tr>
<tr>
<td><strong>$17,487,207</strong></td>
</tr>
<tr>
<td>Medicare &amp; Medicare HMO Shortfall</td>
</tr>
<tr>
<td><strong>$30,616,273</strong></td>
</tr>
<tr>
<td>Professional Education &amp; Research</td>
</tr>
<tr>
<td><strong>$1,005,366</strong></td>
</tr>
</tbody>
</table>

Refer to Figure 7:1 presented on the following page for a graphic representation of fiscal year 2019.

<sup>49</sup> Calculations based upon an average hourly wage for the Scripps Health system plus benefits.
FIGURE 7:1  
FY 2019  
SCRIPPS MEMORIAL HOSPITAL ENCINITAS COMMUNITY BENEFIT SERVICES DISTRIBUTION, $51,326,053

<table>
<thead>
<tr>
<th>Community Benefits Services (Provider Fee Impact)</th>
<th>Bad Debt</th>
<th>Charity Care</th>
<th>Medi-Cal (Shortfall)</th>
<th>Medicare &amp; Medicare HMO (Shortfall)</th>
<th>Community Health Services</th>
<th>Prof Ed &amp; Health Research</th>
<th>Subsidized Health Services</th>
<th>Community Building Activities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Provider Fee</td>
<td>$1,009,524</td>
<td>$1,030,210</td>
<td>$13,971,029</td>
<td>$30,616,273</td>
<td>$174,355</td>
<td>$1,005,336</td>
<td>-</td>
<td>$3,149</td>
<td>$47,809,874</td>
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<tr>
<td>Provider Fee</td>
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<td>-</td>
<td>$3,516,178</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$3,516,178</td>
</tr>
<tr>
<td>Net After Provider Fee</td>
<td>$1,009,524</td>
<td>$1,030,210</td>
<td>$17,487,207</td>
<td>$30,616,273</td>
<td>$174,355</td>
<td>$1,005,336</td>
<td>-</td>
<td>$3,149</td>
<td>$51,326,053</td>
</tr>
</tbody>
</table>

COMMUNITY BENEFIT SERVICES:

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.
SCRIPPS ENCINITAS COMMUNITY HEALTH SERVICES, FISCAL YEAR 2019

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 2019 (October 2018 to September 2019) Scripps Memorial Hospital Encinitas invested $174,355 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 Memorial Hospital Encinitas FY19 community health services achievements.

- The stroke and brain injury support and education group are 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 $1,005,336\(^{50}\) in professional training and health research programs.

\(^{50}\) Reflects clinical research as well a professional education for non-Scripps employees, nursing resource development and other health care professional education. Calculations based on total program expenses.
during Fiscal Year 2019 (October 2018 to September 2019). This section highlights some of Scripps Memorial Hospital Encinitas professional education activities.

- 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

<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
</thead>
<tbody>
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<td>Bad Debt**</td>
<td>0</td>
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<td>0</td>
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<td>14</td>
<td>24</td>
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<td>Blood Drive - American Red Cross</td>
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<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Brainmasters - Stroke &amp; Brain Injury Survivors Communication Skill</td>
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<td>Breast Cancer Education &amp; Support Group</td>
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<td>Charity Care</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Healing Arts Class for People with Neurological Challenges</td>
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<td>Interfaith Community Services - Water Supply Donation</td>
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* *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
Located in the central service area and near the United States Mexico border Scripps Mercy Hospital provides health care services for 24.4 percent of the inpatient population living within the hospital’s service areas. Today, the hospital has 655 licensed beds and more than 4,072 employees. Scripps Mercy Hospital is San Diego's longest established and only Catholic hospital. The two hospital campuses (San Diego Campus and Chula Vista Campus) share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD).

Scripps Mercy is designated as a disproportionate share hospital, providing care to a large number of patients who either lack health insurance or are covered through a government subsidy program. Within the Scripps Mercy service area, Scripps Mercy cares for 27.8 percent of Medicare patients, 25.4 percent of Medi-Cal patients, 18.9 percent of commercially insured patients, and 16.4 percent of patients have another payment source, including self-pay, CMS or charity care.

**San Diego Campus**

Founded in 1890, Scripps Mercy Hospital 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 2,920 employees. As a major teaching hospital, Scripps Mercy Hospital, San Diego, provides a primary site for the clinical education of more than 140 residents per year. Scripps Mercy provides a wide range of acute medical care services including, but not limited to, intensive care, cancer care, cardiac treatment, endoscopy, neurology, nuclear medicine, orthopedics, radiology, rehabilitation, respiratory care and urology services, plus a variety of support services for low-income patients. As one of six trauma centers and one of 19 emergency departments in San Diego County, Scripps Mercy Hospital, San Diego, makes up a critical part of the county’s emergency service network.

**Chula Vista Campus**

Located approximately four miles from the United States-Mexico border in South San Diego County, Scripps Mercy Hospital, Chula Vista has 173 licensed-care beds and more than 1,152 employees. It became a Scripps Mercy Hospital campus in October 2004 and together with the Scripps
Mercy facility in Hillcrest, is growing to care for San Diego’s Metro and South Bay communities.

Scripps Mercy Hospital, Chula Vista, provides a wide range of acute clinical care services including, but not limited to, obstetrics and gynecology, rehabilitation (physical, occupational and speech therapies), cancer care services, inpatient and outpatient radiology, neurology and a full range of surgical services (orthopedic, thoracic/vascular, urology and general surgery).

**DISTINGUISHED PROGRAMS – SCRIPPS MERCY HOSPITAL, SAN DIEGO CAMPUS**

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

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

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

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

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

The total expense for subsidized health services for Scripps Mercy Fiscal Year 2019 was $3,545,551. This includes Scripps inpatient behavioral health and Mercy Clinic. Scripps offers inpatient adult behavioral health services at the Scripps Mercy Hospital, San Diego campus. The Scripps Mercy Behavioral Health Program also actively supports community programs to reduce the stigma of mental illness and help affected individuals live and work in the community.

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

Scripps Mercy Hospital San Diego and Chula Vista participate in the 340B Drug Pricing Program administered by the Health Resources and Services Administration. Designated as a disproportionate share hospital (DSH), Scripps Mercy is eligible to purchase outpatient drugs at a reduced price, allowing it to stretch scarce federal resources as far as possible, reaching more eligible patients, and providing more comprehensive services. Scripps uses the 340B savings to keep our costs down so we can keep our doors open. Scripps Mercy provides care to many patients who either lack health insurance or are covered through a government subsidy program. One-way Scripps Mercy can provide care to some of our most needy patients is through in-lieu of funds. In-lieu of funds are used for unfunded or underfunded patients and their post-discharge needs. Funds are used for board and care, skilled nursing facilities, long-term acute care and home health. In addition, funds are also used for medications, equipment and transportation services. The total subsidized expense for in-lieu of funds for Mercy Hospital San Diego and Chula Vista during FY19 was $438,622.
Scripps Resident Clinic at Family Health Centers in Hillcrest

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. 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 FY19 was $2.7 million (excludes Medicare, Medi-Cal, bad debt and charity care).

In January 2019, the Scripps Mercy Hospital moved its ambulatory teaching clinics from the Mercy Clinic to the new Scripps Resident Clinic to the Hillcrest Family Health Center. This move expands the existing affiliation between Scripps Mercy Hospital and Family Health Centers of San Diego (FHCSD) to include the GME outpatient clinical rotation for Internal Medicine.

The GME affiliation with FHCSD is a significant opportunity for our patients to have access to much more comprehensive interdisciplinary care with multiple additional modalities available, including Behavioral Health, Dental, Social Work and Care Coordination, to name a few. It is also an opportunity for our Residents to learn more about functioning in an interdisciplinary setting and collaborating with other healthcare providers.

The affiliation with FHCSD will improve the patient’s transition of care from the Hospital’s inpatient setting to outpatient / follow-up care with the support of FHCSD Care Coordination processes.

Once the new, comprehensive cancer center is built on the Mercy Hospital Campus, there will be expand learning opportunities for our Residents, and future careers in Hematology/Oncology.

The agreement to co-locate the GME program with Family Health Centers of San Diego (FHCSD) is an expansion of an ongoing, successful relationship with this federal qualified Health Center. Scripps and FHCSD already work together in several areas that benefit the medically underserved, including a pediatric residency training program, a collaborative prenatal care and delivery program, a coordinated behavioral health program, and emergency room referrals for patients without medical homes. This program has given its patients access to increased services, including case management, onsite psychiatric services, dental care, onsite phlebotomy, adjacent
HIV/AIDS/Hepatitis C treatment, physical therapy, acupuncture, sports medicine and other services. From a GME perspective, this is an opportunity for our residents to practice within a broader interdisciplinary setting and regularly collaborate with other community health care providers. Mercy Clinic’s mission of providing quality health care to the community’s underserved will continue.

**Note:** Mercy Clinic expenses are included within Scripps Mercy Hospital financials for FY19. In 2019, the Scripps Mercy Graduate Medical Education (GME) program moved its outpatient primary care and specialty clinics from Mercy Clinic to a new location with Family Health Centers of San Diego in Hillcrest.
BEHAVIORAL HEALTH INPATIENT PROGRAMS

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

Challenges

- Like many behavioral health programs across the country, funding is difficult, as payment rates have not kept pace with the cost to provide care.
- In FY 2019, the Scripps Mercy Behavioral Health Program experienced a $4.1 million loss in total operations however $3.4 million of this is captured in Medi-Cal/CMS and charity care.
- In FY 2019, 1.8 percent of patients in the inpatient unit were uninsured.

BEHAVIORAL HEALTH COLLABORATION

Scripps will be partnering with Acadia-Healthcare Company, Inc. to develop a new inpatient behavioral health facility in Chula Vista. The facility will provide treatment for three times as many patients as existing behavioral health unit at Scripps Mercy San Diego. Acadia provides behavioral health services through a network of 586 health care facilities with approximately 18,000 beds in 40 states, the United Kingdom and Puerto Rico. This new center which is planned to open in 2023 will serve as a regional resource to meet the needs of patients across San Diego County and will be operated through a joint venture between Scripps and Acadia. Scripps continues to offer behavioral health support at all hospital emergency departments and urgent care centers on an ongoing basis.

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.
**FIGURE 8:1**

**FY 2019**

**SCRIPPS SUBSIDIZED HEALTH DISTRIBUTION BY CATEGORY $3,545,552**

**SUBSIDIZED HEALTH SERVICES**

Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effect of charity care, bad debt, and Medi-Cal shortfalls. This includes Scripps inpatient behavioral health services, and Mercy Clinic.
The Scripps Mercy Hospital, San Diego, and Mercy Clinic 2020 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 2020 (October 2019 to September 2020).

THE SCRIPPS 2020 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 2020 Objectives

COMMUNITY HEALTH SERVICES

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

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

LA MAESTRA FAMILY CLINIC, INC.

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

Since its inception in 2002, the City Heights Wellness Center has been a dynamic, community-based program developed by Scripps Mercy Hospital and Rady Children’s Hospital, working with residents to improve their lifestyle behaviors and self-sufficiency skills. Multiple not-for-profit and governmental organizations, philanthropic foundations and grassroots groups have joined the effort conducting health promotion and educational activities for community residents. A unique aspect of the City Heights Wellness Center is the Teaching Kitchen that is known throughout the community as a place where residents and providers come together to cook, discover and communicate in a safe and trusted environment.
La Maestra Family Clinic continues to bring new perspectives to the partnership as a community health center and primary care provider serving the culturally diverse populations within the City Heights community. La Maestra is committed to maintaining the collaborative nature of the partnership and will continue to work with current CHWC agencies as well as look for opportunities to expand health promotion services.

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

Scripps Mercy will continue to offer WIC services through its largest distribution location based at the City Heights Wellness Center. The Scripps Mercy WIC Program, a federally funded nutrition program targeting pregnant and parenting women and their children (ages 0 to 5), is one of five WIC programs operating in San Diego County. WIC services provide nutrition education, counseling services and food vouchers for nearly 6,500 low income women, infants and children monthly. In FY19, the WIC program served 67,625 clients. Lactation education and support services are offered to improve breastfeeding among postpartum and parenting women. The Scripps Mercy Supplemental Nutrition Program for Women, Infants and Children (WIC) has distribution sites within City Heights at the Wellness Center as well as Linda Vista Health Center and other storefront facilities in Central and South San Diego County.

**Mental Health Issues**

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

**A-Visions Vocational Training Program**

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

**Community Education and Health Fairs**

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

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

PROFESSIONAL EDUCATION AND HEALTH RESEARCH

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

- Provide comprehensive graduate medical education training for 36 internal medicine residents, 18 transitional year residents and three chief residents.
- Provide comprehensive graduate medical education training for nine podiatry residents.
- Provide a portion of graduate medical education training for up to eight Palliative Care Fellows under a combined Scripps-UCSD Palliative Care Fellowship.
- Provide a portion of undergraduate medical education training for approximately 75 third and fourth-year medical students at the University of California, San Diego.
- Provide a comprehensive graduate medical education program in trauma and surgical critical care for 75 San Diego Naval Hospital surgery and emergency medicine physicians, 12 Kaiser Emergency medicine residents, and 2 Rady Children’s Hospital Fellows.
- Provide a year-long trauma research fellowship for 3 San Diego Naval Hospital surgery residents.
- 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 1 UCSD Master of Advanced Studies in Clinical Research students.
- Provide a portion of graduate medical education for 18 Family Medicine Residents from Family Health Centers San Diego
- Provide a portion of graduate medical education for 6 third-year Kaiser Emergency Medicine Residents.
UNCOMPENSATED HEALTH CARE

During fiscal year 2020, Scripps Mercy Hospital, San Diego will continue to provide health care for vulnerable patients who are unable to pay for services.

- Maintain, communicate and effectively administer the Scripps financial assistance policy in a manner that meets patient’s needs.
- Assure that care is available through the emergency department and trauma center, regardless of a person’s ability to pay.
SCRIPPS MERCY HOSPITAL 2020 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2019

The Scripps Mercy Hospital Community Benefit Report is an account of the hospital’s dedication and commitment to improving the health of the community, detailing the programs that have provided benefit over and above standard health care practices in fiscal year 2019 (October 2018 to September 2019).

FOSTERING VOLUNTEERISM

In addition to the financial community benefit contributions made during FY19, 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 8,415 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is $426,342.61.

MAKING A FINANCIAL COMMITMENT

During FY19, Scripps Mercy Hospital (San Diego Campus, Chula Vista Campus and Mercy Clinic) devoted $101,311,466\(^5\) 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.

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<th>FOSTERING VOLUNTEERISM</th>
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<td>Refer to Figure 8:2 presented on the following page for a graphic representation of fiscal year 2019.</td>
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\(^{51}\) Calculations based upon an average hourly wage for the Scripps Health system plus benefits.

\(^{52}\) This number includes Scripps Mercy Hospital (San Diego Campus, Chula Vista Campus and Mercy Clinic)
## COMMUNITY BENEFIT SERVICES

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

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53 Includes San Diego and Chula Vista campus
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 2019 (October 2018 to September 2019), Scripps Mercy Hospital (San Diego Campus and Chula Vista Campus) invested $3,369,009 in community health services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue.

The section below highlights some of Scripps Mercy Hospital San Diego and Mercy Clinic FY19 community health achievements.

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 FY19 was $147,296,150. Since its inception, 611 inquiries have come in, 165 of these resulted in qualified candidates with 100 volunteers and 54 employees thus far. Currently, there are a total of 23 active candidates: 22 employees and one volunteer who participate in this supportive employment program. The average length of employment for the 54 employees is 5.6 years, with a range of 2 months to 14.7 years. The current paid employees have been employed between 1.9 years to 12.6 years, with the average length of employment being 7 years.

Behavioral Health Services at Scripps Mercy Hospital, in partnership with the San Diego chapter of Mental Health of America established the A-Visons 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.
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.

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

According to the CDC, anyone who takes prescription opioids can become addicted to them, and one in four on long-term opioid therapy struggles with addiction. In San Diego, the rate of discharge from emergency departments for chronic substance use increased by 559% from 2014 to 2016, and the rates of ED discharges for acute substance use rose as well. Heavy alcohol consumption is also a problem in San Diego, with nearly 20% of all adults ages 18 and older self-reporting excessive alcohol use.

The Opioid Stewardship Program (OSP) at Scripps is combatting this national epidemic by working with physicians to decrease the number of opioids prescribed to patients and educating patients on pain management. The program has established prescribing standards for opioids, resulting in a 25 percent reduction in the number of opioid pills per prescription at Scripps hospitals and outpatient centers in 2018. Scripps also has opened three drug take-back kiosks at its on-site pharmacies, offering patients year-round access to dispose of unused, unneeded or outdated medications.

The Opioid Stewardship Program (OSP) at each Scripps Mercy campus received grants from two different state organizations—the California Bridge Program and the Medication Assisted Treatment Access Points Project.

**California Bridge Program**

Scripps received more than $435,000 of state grants from the California Bridge Program and the Center at Sierra Health Foundation to remove barriers to identifying and treating patients with opioid use disorder and provide Medication-Assisted Treatment (MAT). Scripps actively promotes MAT access for patients in the form of buprenorphine. The Bridge Program aims to help hospitals and health centers expand patient access to treatment for opioid use disorder, including on-the-spot medical treatment and coordinated outpatient care. As part of the grant, Scripps now has Bridge counselors at both Mercy campuses to help patients with opioid addiction. Bridge counselors are
certified through the California Consortium of Addiction Programs and Professionals or the California Association for Drug/Alcohol Educators. They meet patients in the emergency department and other inpatient areas of both Scripps Mercy campuses to provide rapid evidence-based medication-assisted treatment. They also connect patients directly to continued treatment in the community.

In the first ten months, Scripps identified more than 300 MAT-eligible patients and treated more than 160 patients. Out of the 160 patients treated 210 accepted linkage to outpatient MAT services.

The California Bridge grant also enabled Scripps to hire Substance Use Disorder Nursed (SUDS) to facilitate treatment and entry into a community-based MAT program. Scripps deploys specialized nurses certified in addiction to see patients at their bedside and work closely with the patient’s entire health care team in facilitating a safe detox treatment while hospitalized. They identify patients who are at risk or are currently experiencing withdrawal from alcohol and other addictive substances. Substance Use Disorder Service (SUDS) nurses evaluate patients who meet certain criteria and work directly with the nurse and physician to ensure the patient is adequately medicated in order to control symptoms of withdrawal. SUDS nurses at Scripps function in a proactive and reactive role at all Scripps hospitals and collaborate with community resources, including Family Health Centers of San Diego to provide MAT, McAllister Institute for detox beds and the Betty Ford Center for outpatient care.

**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 Campus, Chula Vista Campus 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 (San Diego Campus, Chula Vista Campus and Mercy Clinic) invested $11,473,196\(^\text{54}\) in professional training programs and health research during Fiscal Year 2019 (October 2018 to September 2019).

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

**GRADUATE MEDICAL EDUCATION (GME) PROGRAM**

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

Founded in 1949, Scripps Mercy Hospital, San Diego and 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 38 internal medicine residents and three chief residents enrolled in the program, as well as 18 transitional year residents, 42 family medicine residents and 9 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.

\(^{54}\) 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.
In 2014, Scripps Mercy Hospital began a partnership with Family Health Centers of San Diego to provide inpatient and subspecialty teaching to 18 family medicine residents who were part of the new Teaching Health Centers Residency programs.

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

In January, 2019, Scripps Mercy Hospital moved its ambulatory teaching clinics from the Mercy Clinic to the new Scripps Resident Clinic at Family Health Centers, Hillcrest, extending further its partnership with Family Health Centers. This program has given its patients access to increased services, including case management, onsite psychiatric services, dental care, onsite phlebotomy, adjacent HIV/AIDS/Hepatitis C treatment, physical therapy, acupuncture, sports medicine and other services.

Since 1986, Scripps Mercy Hospital Trauma Services has provided graduate medical education in trauma and critical care for the Naval Medical Center (NMCSD) 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.
OTHER PROFESSIONAL EDUCATION TRAINING PROGRAMS

In Fiscal Year 2019, Scripps Mercy Hospital 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 77 San Diego Naval Hospital surgery and emergency medicine physicians, 13 Kaiser Emergency medicine residents, and 2 Rady Children’s Hospital Fellows.
- Providing a comprehensive trauma research fellowship for 2 San Diego Naval Hospital surgery residents.
- Providing a comprehensive training program in trauma and critical care for 24 physicians assistants-in-training, including students and fellows.

PHARMACY RESIDENCY PROGRAM

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

The pharmacy practice residency program at Scripps Mercy Hospital focuses on pharmacotherapy, project management skills and teaching in a decentralized pharmacy setting. The pharmacy department is open 24/7 and includes a central pharmacy along with eleven inpatient clinical pharmacist practice settings. Our clinical pharmacists provide a broad range of clinical services, carry out pharmacist driven medication protocols, practice under prescriptive authority granted by Pharmacy and Therapeutics.
Committee, and teach pharmacy students, medical and pharmacy residents. Scripps Mercy is affiliated with six pharmacy schools and annually trains 20 to 30 Pharm D candidates and 55 medical interns and residents. Each year the residents present 4 to 7 national and international presentations as part of their residency program.
The Scripps Mercy Hospital, Chula Vista 2020 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 2020 (October 2019 to September 2020).

THE SCRIPPS 2020 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 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 will participate in classes, prevention lectures and support groups held at the Center. Total programs and services combined will reach over 10,000 participants.

In addition, decreasing readmissions and supporting quality of life post discharge services are offered directly to patients and their family post discharge to decrease the risks of readmission and to increase patient continuity. Support services are referral based and provide assistance with the following: housing/homelessness senior issues, chronic disease issues, drug/alcohol and mental health, cancer and more. This service is currently at Chula Vista and San Diego campuses. More than 1,500 people will participate in these programs.

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. More than 75 people will participate annually.

**YOUTH ACTIVITIES**

The goal is to implement a wide variety of school-to-health career activities including: Camp Scripps which introduces young students to health careers; this three-week camp educates them on the duties performed by professionals in various medical fields. Camp activities include a tour of the hospital, hands on activities involving health care and speakers on health-related issues. Other activities include health professionals in the classroom presentations, health professions overview 101/interactive hospital tour, mentoring program, health professionals in the classroom presentations, 5210 wellness message series and surgery viewings. All these activities are designed to pique the interest of students to pursue a career in healthcare. A total of 2,281 students will participate in these programs.

**SENIOR HEALTH AND WELL-BEING PROGRAMS**

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

**MATERNAL AND CHILD HEALTH PROGRAMS**

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

**BREASTFEEDING EDUCATION AND RESOURCES IN CHULA VISTA**

Through funding from a Centers for Disease Control Racial and Ethnic Approaches to Community Health (REACH) grant, awarded to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease, Scripps Mercy Hospital, Chula Vista, has expanded education, resources and support to breastfeeding mothers.
In recent years, community programs and initiatives include:

- Provided UCSD online certified lactation educator (CLE) training to more than 35 professionals, including physicians, nurses and medical assistants who provide lactation support in five San Ysidro Health Clinics in Chula Vista, San Ysidro and Southeast San Diego.
- Improved lactation accommodation policies for community clinic staff to encourage them to continue breastfeeding.
- Assessed and expanded access to lactation rooms in five community clinics to support staff, medical residents and patients who need a private place to pump.
- Implemented a hospital grade breast pump loan program for women who needed pumps urgently.
- Established lactation consultant clinic appointments for close follow up when women needed extra support.
- Provided referrals to the Chula Vista Well Being Center lactation support group.

In the hospital setting:

- Expanded Scripps Mercy Chula Vista’s lactation specialist staff from one to six; lactation consultants are now available seven days a week from 7 a.m. to 11 p.m. to help women breastfeed successfully after delivery.
- Implemented Baby Friendly policies, such as “skin-to-skin” time during the first hour immediately after birth (the Golden Hour) to encourage babies to latch and bond with their mothers.
- Initiated a weekly breastfeeding support group at Scripps Mercy Chula Vista.
- Provided trainings for family medicine residents to increase knowledge of breastfeeding benefits and develop skills to assist patients who have breastfeeding challenges.

Scripps continues to implement and support lactation work through a partnership with the County of San Diego Department of Health and Human Services and additional REACH funding. More partners have been added in Southeast San Diego and more certified lactation educators are in training to expand the workforce with women who represent and reflect the diverse cultures and languages of this region.

**FIRST FIVE PARENTING CLASSES**

A total of 250 unduplicated parents will participate in parenting classes; 150 sessions will be provided.
BREAST HEALTH SERVICES
The goal is to increase education, outreach and access to early detection and screenings for breast health services. A total of 150 women will be referred to clinical breast health services in the community and Scripps Mercy Hospital, Chula Vista radiology services. A total of 1,500 services will be provided, including telephone reminders, outreach and education and case management/care coordination.

SCRIPPS MERCY HOSPITAL CHULA VISTA RADIOLOGY SERVICES
More than 500 women will receive services including encouragement for patients to repeat exam, assist patients to get health insurance approval to repeat exam, and education by phone about preventing breast cancer.

SCRIPPS MERCY HOSPITAL CHULA VISTA RADIOLOGY POSITIVE BREAST CANCER PATIENT SUPPORT
More than 300 services will be provided. These include phone calls, home visits, and educational material packets, supplies (wigs, bras prosthesis, medical record organizer binder, breast cancer support group and social/emotional support.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH
HEALTH CAREERS PROMOTION AND CONTINUING EDUCATION, SAN DIEGO BORDER AREA HEALTH EDUCATION CENTER (SAN DIEGO BORDER AHEC)
The primary mission of the San Diego Border AHEC program is to build and support a diverse, culturally competent primary health care workforce in San Diego’s medically underserved communities. The program will continue in 2019–2020 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 2020, students from local schools will continue to tour the hospital and spend time in clinical departments to learn about a variety of health care professions. Students interact with the staff and ask questions. The tours are two hours and maximum of 12 students per tour.
HEALTH PROFESSIONALS IN THE CLASSROOM

Health care professionals, such as medical residents, dieticians, nurses and doctors, enlighten students on health care careers and health related topics.

These are interactive sessions on nursing, health, and nutrition including the 5210 wellness series, stroke prevention, breast health, teen pregnancy, substance use, STD’s, mental health issues that impact youth and health professions 101. In 2020, students will continue to participate in the program and receive health career tools/brochures that include information on education requirements, scholarships and means 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 700 individuals will participate in health career talks, health training, community activities, internship programs, residency and community-based rotations and Balint support groups.
- Two articles will be published in peer-reviewed journals.
- Coordinate community experience for visiting/rotating doctors from the PACCT (Pediatricians and Community Collaborating Together) Program as well as visiting and rotating residents and medical students from other programs. Provide community experience for 12 residents and medical students.

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.
SOUTH COUNTY ACTION NETWORK (SoCAN)
This program will continue in 2020. This Action Network consists of individuals and service providers working together to advocate and improve services for older adults and adults with disabilities in the south county region.

UNCOMPENSATED HEALTH CARE
During fiscal year 2020, Scripps Mercy Hospital, Chula Vista will continue to provide health care for vulnerable patients who are unable to pay for services.

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

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

This section highlights some of Scripps Mercy Hospital Chula Vista Fiscal Year 2019 community health services achievements.

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 9,000 participants. Total funding of over one million dollars was received from federal and local foundation sources were received this year for Scripps Mercy Hospital Chula Vista Community Benefits and the Family Medicine Residency Program.

In addition, decreasing readmissions is an important goal of the Center. Services are offered directly to patients and their family post discharge to decrease the risks of readmission and to increase patient continuity. Support services are referral based and provide assistance with the following: housing/homelessness senior issues, chronic disease issues, drug/alcohol and mental health, cancer, coordination of follow up services and more. This service is available at the Chula Vista and San Diego campuses. Since January 2019, a total of 464 referrals have been received and most of the patients have remained out of the hospital for more than 30 days and are being supported through the Center’s staff, programs and activities.

PROFESSIONAL EDUCATION AND HEALTH RESEARCH HIGHLIGHTS

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers, or to offer continuing education to existing health care professionals, the quality of health care would be greatly diminished.
Each year, Scripps Mercy Hospital, Chula Vista allocates resources to advance health care services through professional health education programs. This section highlights some of Scripps Mercy Hospital, Chula Vista professional education and health research activities in fiscal year 2019.

**SCRIPPS FAMILY MEDICINE RESIDENCY PROGRAM (2018–2019)**

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

Most inpatient training takes place at Scripps Mercy Hospital Chula Vista, and the institutional base for the San Diego Border AHEC. SFMRP collaborates with the Community Benefits Department at Scripps Mercy Hospital Chula Vista and the San Diego Border AHEC to support a diverse, culturally sensitive primary health care workforce in San Diego’s medically underserved communities. Currently, there are eight residents per class with a full complement of 24. A total of 116 residents have graduated since the program’s inception in 1999.

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

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 Benefits and Family Medicine Residency Programs have delivered extensive value with superior outcomes. Community services combined reached 43,872 residency clinic visits. There were more than 30,472 clinical visits provided by Scripps Family Medicine Residency.

Community-based activities include childhood obesity prevention, home-based falls assessment in the elderly, maternal and child health outcomes studies and required
Community Medicine Oriented Primary Care (CMOPC) Projects for residents. In response to local Healthy Border objectives, SFMRP has a curriculum to improve cultural and linguistic competence among residents. This longitudinal program incorporates teaching medical Spanish, cultural issues and health disparities in a clinically relevant context. SFMRP also runs three school-based clinics at Hoover, Southwest and Palomar High Schools that address the health needs of vulnerable adolescents. More than 2,525 youth have been provided clinical services in these clinics. Training in adolescent medicine also includes sports medicine physicals, football game medical coverage and post-game injury clinics.

Residents are also mentors for the School to Health Career Mentoring Program which is designed to help local high school students set a course for a successful career in health care. Students meet with the residents each week and shadow them during rounds and throughout the experience. The Residents provide interactive classroom presentations on a variety of public health concerns, medically focused topics as well as hands-on clinical skills workshops mentoring at the local high schools to more than 2,000 students.

In addition, SFMRP has developed an area of concentration for adolescent studies and two residents have started this program. The Future Faces of Family Medicine mentoring curriculum has expanded to include a public health curriculum.

Chula Vista Medical Plaza, a satellite clinic of SYHC, is the family medical center for the SFMRP. In fiscal year 2019, there were more than 13,000 clinical visits at this location and an additional 3,100 clinical visits at the other community clinics including Operation Samahan, Imperial Beach and SYHC’s Maternal and Child Health Center. Patient demographics reflect the San Diego Border region; 79 percent of patients are Latino, 86 percent live at or below 200 percent of the Federal Poverty Level, and 27 percent are uninsured and are offered a sliding fee program.

SFMRP has recruited and matched a diverse group of residents. More than 60 percent of residents and graduates are members of underrepresented minority groups reflecting the cultural and ethnic mix of the region. More than 65 percent of graduates have stayed in San Diego County. More than 65 percent are specifically serving low-income populations by practicing in a community health center or National Health Service Corp (NHSC) site. All of those working in the community provide primary care and offer a medical home for patients who might otherwise receive no care or seek care through hospital emergency departments.
<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
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*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.
<table>
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<td>Scripps Drug &amp; Alcohol Resource Nurse</td>
<td>68</td>
<td>0</td>
<td>0</td>
<td>$0</td>
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<tr>
<td>Scripps Mercy &amp; Family Health Centers Behavioral Health Partnership</td>
<td>0</td>
<td>88</td>
<td>0</td>
<td>$6,299</td>
</tr>
</tbody>
</table>

* "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.
<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scripps Mercy Behavioral Health - A-Visions Service Program</td>
<td>0</td>
<td>474</td>
<td>0</td>
<td>$138,733</td>
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<td>Scripps Mercy Hospital Medical Library</td>
<td>0</td>
<td>2,558</td>
<td>0</td>
<td>$212,844</td>
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<tr>
<td>Scripps Mercy Hospital's GME Program</td>
<td>0</td>
<td>166,974</td>
<td>0</td>
<td>$4,674,926</td>
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<td>Scripps Mercy SD Internal Medicine Outpatient Teaching Clinic</td>
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<td>0</td>
<td>0</td>
<td>$309,000</td>
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<td>Scripps Mercy Supplemental Nutrition Program for WIC</td>
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<td>32,904</td>
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<td>Scripps Mercy Trauma Research Symposium</td>
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<td>0</td>
<td>$0</td>
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<tr>
<td>Scripps Recuperative Care Program (RCS)</td>
<td>35</td>
<td>453</td>
<td>0</td>
<td>$106,288</td>
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<tr>
<td>Stroke Program</td>
<td>54</td>
<td>8</td>
<td>0</td>
<td>$491</td>
</tr>
<tr>
<td>Survivors of Suicide Loss - San Diego Chapter</td>
<td>330</td>
<td>2</td>
<td>0</td>
<td>$202</td>
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<tr>
<td>Survivors of Suicide Loss - Save A Life Community Walk</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>$987</td>
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<tr>
<td>The City Heights Wellness Center Partnership - La Maestra</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>$40,030</td>
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<tr>
<td>UCSD Graduate Student Internship</td>
<td>3</td>
<td>236</td>
<td>0</td>
<td>$18,095</td>
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<td><strong>FY 19 Scripps Mercy San Diego Campus Total</strong></td>
<td>72,512</td>
<td>250,938</td>
<td>845</td>
<td>$14,319,606</td>
</tr>
</tbody>
</table>

* "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.

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*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.
## SCRIPPS MERCY HOSPITAL CHULA VISTA CAMPUS
### COMMUNITY BENEFIT SERVICES SUMMARY LIST

<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Health Clinical Services</td>
<td>113</td>
<td>0</td>
<td>0</td>
<td>$0</td>
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<tr>
<td>Centering Pregnancy, Healthy Moms, Healthy Babies</td>
<td>400</td>
<td>0</td>
<td>0</td>
<td>$0</td>
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<tr>
<td>California Health Foundation Trust Fee</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$369,600</td>
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<tr>
<td>Chula Vista Community Collaborative</td>
<td>120</td>
<td>269</td>
<td>0</td>
<td>$8,114</td>
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<tr>
<td>Nursing Student Education Rotation</td>
<td>0</td>
<td>9,731</td>
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<tr>
<td>First Five Home Visits</td>
<td>58</td>
<td>130</td>
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<td>$3,922</td>
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<tr>
<td>First Five Parenting Education</td>
<td>390</td>
<td>876</td>
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<td>$26,370</td>
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<tr>
<td>Food Handlers Training Course</td>
<td>171</td>
<td>0</td>
<td>0</td>
<td>$853</td>
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<tr>
<td>Health Professions Training</td>
<td>800</td>
<td>1,796</td>
<td>9,171</td>
<td>$54,091</td>
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<td>Healthy Development Services Provider Meeting**</td>
<td>300</td>
<td>674</td>
<td>0</td>
<td>$20,284</td>
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<tr>
<td>In Lieu of Funds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$80,539</td>
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<tr>
<td>Mental Health Awareness Month</td>
<td>49</td>
<td>5</td>
<td>0</td>
<td>$270</td>
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<td>Overeaters Anonymous - Spanish</td>
<td>390</td>
<td>0</td>
<td>0</td>
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<td>Parent Education, Support and Empowerment (PESE) Work Group Meet**</td>
<td>80</td>
<td>180</td>
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<tr>
<td>Promise Neighborhood (Reducing Childhood Obesity in South Bay)</td>
<td>340</td>
<td>763</td>
<td>0</td>
<td>$22,989</td>
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<tr>
<td>Residency Led Health and Well Being Programs</td>
<td>343</td>
<td>0</td>
<td>0</td>
<td>$0</td>
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<tr>
<td>Residency Led Youth Programs</td>
<td>633</td>
<td>0</td>
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<td>$0</td>
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<tr>
<td>Scripps Cancer Survivors Day - Event</td>
<td>83</td>
<td>0</td>
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<td>$0</td>
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<tr>
<td>Scripps Family Medicine Residency Program</td>
<td>0</td>
<td>69,299</td>
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<td>Senior Health Chats</td>
<td>264</td>
<td>593</td>
<td>9</td>
<td>$17,850</td>
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<td>South County Action Network (SoCAN) Meeting</td>
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<td>674</td>
<td>0</td>
<td>$20,284</td>
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<tr>
<td>Stroke and Brain Injury Support and Education Group</td>
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<td>6</td>
<td>0</td>
<td>$36,119</td>
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<tr>
<td>Stroke-Parkinson's Exercise Group</td>
<td>68</td>
<td>18</td>
<td>0</td>
<td>$4,053</td>
</tr>
<tr>
<td>Su Vida, Su Corazon. Your Life, Your Heart</td>
<td>125</td>
<td>0</td>
<td>0</td>
<td>$0</td>
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<tr>
<td>Sweetwater Union High School District Pre-Participation Sports Screenings</td>
<td>219</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Take Off Pounds Sensibly (TOPS) Meeting</td>
<td>545</td>
<td>0</td>
<td>0</td>
<td>$1,315</td>
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<tr>
<td>Youth Educational Programs**</td>
<td>1,501</td>
<td>3,370</td>
<td>0</td>
<td>$101,489</td>
</tr>
</tbody>
</table>

**FY 19 Scripps Mercy Hospital Chula Vista Campus Total** | 7,393 | 88,383 | 9,180 | $4,195,333

* "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.
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*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.
## SCRIPPS MERCY HOSPITAL UNCOMPENSATED CARE
### (SAN DIEGO & CHULA VISTA COMBINED)

<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad Debt**</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$2,395,459</td>
</tr>
<tr>
<td>Charity Care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$9,666,932</td>
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<tr>
<td>Medicare and Medicare HMO**</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$24,803,230</td>
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<tr>
<td>Medi-Cal and other means tested programs***</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$45,930,908</td>
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<tr>
<td>FY 19 Total Scripps Mercy Hospital Uncompensated Care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$82,796,528</td>
</tr>
<tr>
<td>FY19 Total Scripps Mercy Community Benefits</td>
<td>79,905</td>
<td>339,321</td>
<td>10,025</td>
<td>$101,311,466</td>
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</tbody>
</table>

* "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.

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Section 9

Scripps Green Hospital
Located on Torrey Pines Mesa in La Jolla, Scripps Green Hospital has 173 licensed beds, more than 1,180 employees and cares for 5.7 percent of the inpatient population living in the hospital’s service area. Within the service area, Scripps Green cares for 5.4 percent of Medicare patients, 0.1 percent of Medi-Cal patients, 8.4 percent of commercially insured patients, and 4.7 percent of patients with other payment sources including self-pay and charity care.

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

Distinguished Programs and Services

- Bone Marrow Transplant Program
- Heart, Lung and Vascular Center
- Ida M. and Cecil H. Green Cancer Center
- Organ Transplantation, Caregiver Support Group, Living Donor and Liver Disease Center
- Scripps Radiation Therapy Center
- Big Horn Dermatology and Mohs Surgery Center
- Scripps Shiley Center for Integrative Medicine
- Donald P. and Darlene V. Shiley Musculoskeletal Center
- Emily Fenton Hunte Breast Care Center
- Primary Stroke Center designated by The Joint Commission
SCRIPPS GREEN HOSPITAL 2020 COMMUNITY BENEFIT PLAN, FISCAL YEAR 2020

The Scripps Green Hospital 2020 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 2020 (October 2019 to September 2020).

THE SCRIPPS GREEN HOSPITAL 2020 COMMUNITY BENEFIT GOAL

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

SCRIPPS GREEN HOSPITAL FISCAL YEAR 2020 COMMUNITY BENEFIT OBJECTIVES

COMMUNITY HEALTH SERVICES

- Continue to partner with St. Leo’s Mission Community Clinic. Staffed by internal medicine residents and Scripps Clinic staff physicians. This clinic serves lower income and indigent people in North County San Diego. The clinic is operated one evening and Saturday morning each week, typically treating up to 25 patients at each session.
- Continue to conduct blood drives on behalf of the American Red Cross.
- Continue to provide physical, emotional and spiritual support for cancer patients during their treatment.
- Continue to offer free risk assessment consultations and education for women who are at high risk for the BRCA gene mutation.
- Continue to support services and community resources for healthcare workers, families, caregivers and cancer patients.
- Continue to psychosocial services and guidance on transportation, housing, homecare, finical 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 45+ residents and 43 fellows, the Scripps Clinic and Scripps Green Hospital Department of Graduate Medical Education serves more than 5,000 San Diegans each year, both inpatient and outpatient. All residents demonstrate a strong commitment to community service by maintaining weekly clinics at St. Leo’s Mission Community Clinic.

**UNCOMPENSATED HEALTH CARE**

During fiscal year 2020, 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.
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 2019 (October 2018 to September 2019).

**Fostering Volunteerism**

In addition to the financial community benefit contributions made during FY19, 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 FY19, Scripps Green had 846 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is $42,862.25.

**Making a Financial Commitment**

During FY19, Scripps Green Hospital devoted $18,217,867 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps Green Hospital emphasize community-based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

### Community Benefit Services Highlights

<table>
<thead>
<tr>
<th>Fostering Volunteerism</th>
<th>Labor&lt;sup&gt;55&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Hours</td>
<td>846</td>
</tr>
<tr>
<td></td>
<td>$42,862.25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Benefit Financial Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$18,217,867</strong></td>
</tr>
</tbody>
</table>

### Community Benefit Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care</td>
<td>$399,157</td>
</tr>
<tr>
<td>Community Health Services</td>
<td>$279,982</td>
</tr>
<tr>
<td>Medi-Cal &amp; Other Means Tested Shortfall</td>
<td>$1,689,328</td>
</tr>
<tr>
<td>Medicare &amp; Medicare HMO Shortfall</td>
<td>$5,452,209</td>
</tr>
<tr>
<td>Professional Education &amp; Research</td>
<td>$10,173,426</td>
</tr>
</tbody>
</table>

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

Refer to Figure 9:1 presented on the following page for a graphic representation of fiscal year 2019.
COMMUNITY BENEFIT SERVICES:
Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.
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 2019 (October 2018 to September 2019) Scripps Green Hospital invested $279,982 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 FY19 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 $10,173,426 in professional training and health research programs during FY19 (October 2018 to September 2019). This section highlights some of Scripps Green Hospital professional education activities.

56 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 45 residents and 43 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 in North County. With a commitment to community health, these health care providers are working to improve the overall health of San Diegans. Two residents volunteer every Wednesday to provide medical care to uninsured patients with a variety of conditions, including diabetes, high blood pressure and high cholesterol. They also identify many acute conditions, including viral infections, skin infections, eye problems and musculoskeletal issues, and educate patients about their health. Patients may get flu vaccinations and some basic lab tests. If needed, St. Leo’s patients are referred to providers who provide care at a reduced cost. During FY19, St. Leo’s cared for approximately 800 of our county’s most vulnerable residents.

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.

International Medical Missions provide medical care, supplies and surgical screenings for underserved populations that have no access to basic medical care. They also provide exceptional clinical education experience to our senior internal medicine residents.

The 2019 mission brought our residents to the Solomon Islands in the South Pacific, where the ratio of doctors to population is 1:20,000. The Loloma Foundation provides medical care to these islanders in association with Scripps Health. Residents experienced the challenges of providing care in Third World conditions, without technology, and using only their excellent academic and practical training to diagnose and treat patients. Islanders with serious medical conditions are referred to the nearest hospital, which is several hours away by boat and car. Along with evaluating and treating up to 150 patients a day, residents provided training to medical professionals on the island.
<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholics Anonymous</td>
<td>2,316</td>
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<td>0</td>
<td>$3,432</td>
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<tr>
<td>Association of Clinical Research Professionals</td>
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<td>$318</td>
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<tr>
<td>Bad Debt**</td>
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<td>0</td>
<td>0</td>
<td>$223,766</td>
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<tr>
<td>Blood Drive - American Red Cross</td>
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<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Charity Care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$399,157</td>
</tr>
<tr>
<td>Fiji Solomon Islands Medical Mission</td>
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<td>0</td>
<td>$0</td>
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<tr>
<td>Food Addicts Anonymous</td>
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<td>0</td>
<td>$249</td>
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<td>Heredity and Cancer Genetic Counseling Program</td>
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<td>1,206</td>
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<td>$65,241</td>
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<td>In Lieu of Funds</td>
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<td>0</td>
<td>$7,364</td>
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<td>Joe Niekro Foundation</td>
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<td>0</td>
<td>$477</td>
</tr>
<tr>
<td>Medi-Cal and Other Means-Tested Government Programs (Shortfall)***</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$1,689,328</td>
</tr>
<tr>
<td>Medicare and Medicare HMO (Shortfall)**</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$5,452,209</td>
</tr>
<tr>
<td>Mental Health Awareness Month</td>
<td>28</td>
<td>5</td>
<td>0</td>
<td>$270</td>
</tr>
<tr>
<td>Nursing Student Education Rotation</td>
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<td>5,701</td>
<td>0</td>
<td>$432,543</td>
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<td>Organ Transplant Caregiver Support</td>
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<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Organ Transplant Support Groups</td>
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<td>San Diego Echo Society</td>
<td>420</td>
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<td>0</td>
<td>$2,365</td>
</tr>
<tr>
<td>Scripps Green Hospital Department of GME</td>
<td>0</td>
<td>187,366</td>
<td>0</td>
<td>$9,740,883</td>
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<tr>
<td>Scripps Green Hospital Medical Library</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$199,987</td>
</tr>
<tr>
<td>Spondylitis Association</td>
<td>275</td>
<td>0</td>
<td>0</td>
<td>$278</td>
</tr>
<tr>
<td>St. Leo's Mission Medical Clinic</td>
<td>301</td>
<td>0</td>
<td>294</td>
<td>$0</td>
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<tr>
<td><strong>FY 19 Scripps Green Hospital Total</strong></td>
<td>6,465</td>
<td>194,278</td>
<td>846</td>
<td>$18,217,867</td>
</tr>
</tbody>
</table>

* "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.

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*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.
Section 10

Scripps Whittier Diabetes Institute
SCRIPPS WHITTIER DIABETES INSTITUTE

ABOUT SCRIPPS WHITTIER DIABETES INSTITUTE

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

Founded in 1982 Scripps Whittier stands alone as the region’s leading comprehensive diabetes organization. The mandate at Scripps Whittier has always been to achieve excellence in diabetes care, research and education. The Institute accomplishes its mission by being a resource and partner with Scripps Health and collaborating with other institutions, their researchers and physician’s, including the University of California San Diego, San Diego State University, Scripps Research Translational Institute, Community Housing Works, Chula Vista Elementary School District, and San Diego Community Clinics.

SCRIPPS WHITTIER DIABETES INSTITUTE DISTINGUISHING PROGRAMS

- Recognized as a comprehensive international center of excellence in diabetes care and prevention, professional education, community benefit programs, and clinical, health services, and behavioral research.
- Operates diabetes self-management education programs accredited by the American Diabetes Association. Nurses and dieticians certified in diabetes education, along with community-based diabetes health educators, provide thousands of people with diabetes and nutrition education and support each year.
- Provides education and care management to women with gestational diabetes and is recognized as a Sweet Success provider by the State of California.
- Credited with the first successful replication of insulin producing human islet cells outside the human body. Dr. Alberto Hayek’s achievement is a milestone on the pathway to a cure.
- Internationally recognized as one of the most effective approaches to diabetes management in low-income and diverse populations, Project Dulce has provided diabetes care and self-management education at community health centers, and other community-based locations or over 20 years. Nurse-led-teams focus on achieving measurable improvements in the health of their patients, while peer
educators help patients overcome cultural, economic or behavioral barriers to successfully managing their disease. Program results have been published in medical literature and have been recognized as innovative solutions to the diabetes epidemic. Project Dulce has expanded its reach throughout California, Baja California, and nationally through its training and replication programs.

- Provides retinal screenings for low-income people in order to detect vascular eye problems to prevent serious complications and blindness.
- Conducts community-based research programs, building on a long history of partnerships with San Diego County Health and Human Services Agency, federally qualified health centers and community clinics, Scripps Research Translational Institute (SRTI) and San Diego State University, to prevent and treat diabetes in San Diego’s multi-ethnic communities.
- Serves as the community engagement arm for the Clinical Translational Science Award (CTSA) funded by the National Institute of Health. In collaboration with the Scripps Research Translational Institute, the scientific and community worlds are merged to develop community driven research agendas in diabetes, wireless medicine and genomics.
- Established the Scripps San Diego Diabetes Genebank, a biobank aimed to analyze the genetic predisposition of developing Type 2 diabetes and associated metabolic abnormalities in a Mexican American cohort. There have been tremendous advances in genomics medicine with minimal focus on minority groups, such as Latinos, who develop Type 2 diabetes at much higher rates than other groups.
- With a commitment to growth and innovation, Scripps Whittier is building on Project Dulce’s proven success, Project Dulce 2.0 reached 125 participants to test the effectiveness of using health technology via text messages tailored to support patients with managing Type 2 diabetes with prompts ranging from healthy eating habits, physical activity reminders and behavior change management.
- Scripps Whittier is operating three NIH community-based research trials focused on closing the health disparities gap. One program trains medical assistants to provide health coaching in a primary care setting. The second, Mi Puente/The Bridge, uses a nurse/volunteer team to help patients with behavioral health and chronic disease get the services they need after hospital discharge to prevent readmissions and improve health and quality of life. The third builds on Project Dulce’s successful texting program, Dulce-Digital, by testing the effectiveness of real time digital feedback to people with diabetes.
- Train health professionals locally and across the nation to provide the highest quality and most up-to-date diabetes care. Courses are designed for health care providers seeking to understand the new and complex clinical treatment options for Type 1, Type 2 gestational diabetes and prevention. Scripps Whittier’s professional education program is led by a team of experts that include endocrinologists, nurses, dieticians, psychologists and community health workers.

- Lead the diabetes care line at Scripps and deploys diabetes educators and advance practice nurses in Scripps inpatient and ambulatory environments to support quality diabetes care and patient education.
Scripps Whittier Diabetes Institute 2020 Community Benefit Plan, Fiscal Year 2020

Scripps Whittier Diabetes Institute 2020 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 2020 (October 2019 to September 2020).

The Scripps 2020 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 2020 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 Costal 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 FY20, Project Dulce will:

- Continue to provide diabetes self-management education in community clinics and free diabetes education and support groups throughout San Diego County.
- Collaborate and train ethnic specific organizations to provide health education and resources in their communities.
- Continue to train community health workers and health providers in underserved communities in California to implement the Project Dulce model in their communities.
• Collaborate with Scripps Mercy Hospital San Diego to reach patients with diabetes who need a medical home, reducing preventable hospital readmissions.

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

COMMUNITY EDUCATION
• Participate in community health fairs and screenings in fiscal year 2020 to expand public awareness about diabetes risk factors, prevention, and health maintenance for those with diabetes.
• Community events are planned in collaboration with the American Diabetes Association, Dia de La Mujer (Day of the Woman), Take Control of Your Diabetes (TCOYD) conference and Scripps Wellness Day.

DIABETES PREVENTION
• Scripps Whittier will provide the evidence-based Diabetes Prevention Program, a year-long intensive lifestyle intervention demonstrated program to reduce the incidence of diabetes among those at risk (with prediabetes), and with a focus on the highest risk population’s 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 2020 COMMUNITY BENEFIT REPORT, FISCAL YEAR 2019

The Scripps Whittier Diabetes Institute 2020 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 2019 (October 2018 to September 2019).

MAKING A FINANCIAL COMMITMENT

During FY19, Scripps Whittier Diabetes Institute devoted $200,555 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps Whittier emphasize community based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

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

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

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

More than 1 out of 3 adults have prediabetes and 15–30% of those with prediabetes will develop Type 2 diabetes within 5 years. This is especially true in the South Bay
communities in San Diego. Specifically, the city of Chula Vista is home to 26,000 Latinos with diagnosed diabetes and thousands more who are undiagnosed, have prediabetes and are at high risk of developing diabetes.

**PROJECT DULCE MODEL, 23 YEARS OF EXPERIENCE**

The key elements of Project Dulce are multidisciplinary clinical teams and peer educators (Promotores) who work together to improve health and empower patients. This model has improved clinical outcomes for glucose, blood pressure and LDL-C. It has improved behavior outcomes and patient satisfaction and lowered costs to the health system through fewer ER visits and hospitalizations. Over 35,000 individuals have been treated in San Diego alone.\(^{57}\)

COMMUNITY BENEFIT SERVICES

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.
<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
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<td><strong>$948,146</strong></td>
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</table>

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Section 11
Scripps Medical Foundation
SCRIPPS MEDICAL FOUNDATION

ABOUT SCRIPPS MEDICAL FOUNDATION

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

SCRIPPS CLINIC

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

SCRIPPS COASTAL MEDICAL CENTER

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

Scripps Coastal Medical Center offers comprehensive care at locations throughout San Diego County, from South Bay to North County. Focusing on preventive medicine, Scripps Coastal Center provides the full spectrum of health care — from annual physicals, wellness check-ups and routine lab visits to chronic care management and same-day care for illnesses and injuries.
SCRIpps CARDIOVASCULAR AND THORACIC SURGERY GROUP

The cardiovascular and thoracic surgeons from Scripps Memorial Hospital La Jolla, Scripps Clinic and Scripps Mercy Hospital joined 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.
The Scripps Medical Foundation 2020 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 2020 (October 2019 to September 2020).

**THE SCRIPPS 2020 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 2020 COMMUNITY BENEFIT OBJECTIVES**

**COMMUNITY HEALTH SERVICES**

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

**UNCOMPENSATED HEALTH CARE**

During fiscal year 2020, 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.
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 2019 (October 2018 to September 2019).

**MAKING A FINANCIAL COMMITMENT**
During FY19, Scripps Medical Foundation devoted $179,490,597 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasizes community-based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

<table>
<thead>
<tr>
<th>Community Benefit Services Highlights</th>
</tr>
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<tbody>
<tr>
<td>Community Benefit Financial Commitment</td>
</tr>
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</tbody>
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<table>
<thead>
<tr>
<th>Community Benefit Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care</td>
</tr>
<tr>
<td>Medi-Cal &amp; Other Mean Tested Shortfall</td>
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<tr>
<td>Medicare Shortfall &amp; Medicare HMO</td>
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<tr>
<td>Professional Education &amp; Research</td>
</tr>
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Refer to Figure 11:1 presented on the following page for a graphic representation of fiscal year 2019.
Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.
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 INTEGRATIVE MEDICINE COOKING FOR HEALTH - RECIPES FOR HEALTHY LIVING

Scripps Integrative Medicine offers a free monthly cooking class which teaches participants how to cook healthy meals, understand why ingredients are chosen and the health benefits of the micronutrients in the recipes. The cooking class focuses on disease prevention, reducing obesity and improving chronic health issues.
## SCRIPPS MEDICAL FOUNDATION
### COMMUNITY BENEFIT SERVICES SUMMARY LIST

<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
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<td>Charity Care</td>
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<td>Cooking for Health - Recipes for Healthy Living</td>
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<td>Medi-Cal and Other Means-Tested Government Programs (Shortfall)*****</td>
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<td>0</td>
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<td>Medicare and Medicare HMO (Shortfall)**</td>
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<td><strong>FY 19 Scripps Medical Foundation Total</strong></td>
<td>160 12,041</td>
<td>0</td>
<td></td>
<td><strong>$179,490,597</strong></td>
</tr>
</tbody>
</table>

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Section 12

Scripps System wide Programs
SCREIPS SYSTEM WIDE PROGRAMS

ABOUT SCREIPS SYSTEM WIDE PROGRAMS

Scripps supports several programs that meet the health care needs of patients and community members throughout San Diego County. These include programs operated by Scripps Home Health Services, Scripps MD Anderson Cancer Center, the Scripps Clinical Research Center and Scripps System Community Benefit Services.

SCREIPS HOME HEALTH SERVICES

Scripps Home Health Care Services provides a range of health care services in people’s homes. Scripps Home Health has a 35-year service history in the San Diego community. During Fiscal Year 2019, 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 6,500 patients throughout San Diego County. More than 140 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. To help meet anticipated need, Scripps will partner with Cornerstone Healthcare, Inc. in December 2019 on a new home health company. Cornerstone includes more than 60 affiliated home health and hospice agencies, and the collaboration with them will help Scripps address the challenges of home health with an experienced partner. This new venture will be known as Seaport Scripps Home Health.

SCREIPS MD ANDERSON CANCER CENTER

In 2016, Scripps Health and The University of Texas MD Anderson Cancer Center announced a partnership agreement to create a comprehensive and clinically integrated cancer center in San Diego, to be known as Scripps MD Anderson Cancer Center. This new center will combine Scripps’ leading knowledge with MD Anderson’s world-renowned expertise, best practices and guidelines to serve patients in San Diego and Southern California. Scripps MD Anderson is committed to fighting cancer through a collaborative, team approach that puts the patient at the center of care. Scripps and MD Anderson are both nationally recognized leaders in cancer therapy and are combining their strength to bring some of the most advanced cancer care available to San Diego. Scripps MD Anderson physicians and staff work collaboratively toward cancer prevention, early detection, coordinated treatment and community support services, and is actively involved in leading-edge clinical, translational and basic research. Additional
resources include specialized breast care centers, infusion clinics, nurse navigators, rehabilitation services, support groups and Scripps Center for Integrative Medicine.

**Scripps MD Anderson Cancer Center Support Group Programs**

Through generous community support Scripps Cancer Center is able to provide a wide range of support services and patient assistance programs. Throughout the system, oncology social workers or cancer nurse navigators provide counseling services and guidance regarding transportation, housing, homecare, financial, benefits, emotional concerns and other issues. Free professionally facilitated support groups and educational workshops sponsored by the cancer center meet regularly at various locations to help patients and loved ones find support, guidance and encouragement.

**Scripps MD Anderson Cancer Registry**

Since 1975, the Scripps Cancer Registry has been collecting cancer data on Scripps patients for research, epidemiological studies, education and patient treatment. Analysis of this data gives Scripps physicians the ability to measure the quality and effectiveness of the care cancer patients receive within the Scripps system. Data also aids in determining which Cancer Center programs should be developed or further expanded.

**Scripps Clinical Research Services (CRS)**

Research and clinical discovery have been part of Scripps Health’s mission since its founding in 1924. In partnership with the Scripps Clinical Medical Group (SCMG) via the Research Innovation Committee (RIC), Clinical Research Services consolidates and expands access to clinical research trials for SCMG physicians and patients across the Scripps system.

The mission of the RIC is to provide comprehensive oversight, allocation of resources for research. CRS is a unit established to provide expert support for SCMG physicians, so that they may provide patients with access to new and emerging treatment opportunities when appropriate. In addition, there are several specialties with nationally accredited continuing and graduate medical education programs supported through the RIC and CRS.

In 2018, the Research Innovation Committee was created to support clinical research throughout the SCMG practices and locations. Currently there are more than 25+ Scripps Clinic medical specialties under one operations team. As a result, we are able accelerate the access to new technologies for patients by consolidating the various components of clinical investigation into a seamless, streamlined regulatory, operational, and administrative process. Scripps continues building in its strong
foundation for clinical and translational research through small pilot studies to large multicenter trials placed at various locations across the system, engaging both inpatient and outpatient settings. As ambulatory-based research increases across the system, RIC, SCMG and CRS, supports more than 92 principal investigators and about 450 active clinical research protocols crossing interdisciplinary disease categories.

**SCIPPIS CLINICAL RESEARCH TRIALS**

- Arthritis
- Cancer
- MD Anderson Partner Trials
- Cardiology
- Cardiac Stem Cell
- Chronic Lung Disease
- Cosmetic Procedures
- Dermatology
- Diabetes
- Eye Infections
- Eye-Macular Degeneration
- Eye-Cataracts
- Genomic Directed
- Growth Hormone Deficiency
- Hepatitis C
- High Cholesterol
- Integrative Medicine
- Joint Replacement (hip, shoulder, knee, cartilage stem cell)
- Liver Disease
- Migraine Headaches
- Neuro Imaging
- Nephrology
- Obesity/Weight Loss
- Organ Transplant
- Osteoporosis
- Orthopedics
- Stroke
- Sleep

**SCIPPIS WHITTIER DIABETES INSTITUTE AND SCIPPIS RESEARCH TRANSLATIONAL INSTITUTE (SRTI) PARTNERSHIP**

The Scripps Research Translational Institute (SRTI) partners with Scripps Health to combine strong patient care and clinical research capabilities with the exceptional biomedical science expertise of Scripps Research to leverage the power of genomic medicine and digital medicine technologies, for the advancement of individualized medicine. SRTI is dedicated to accelerating the “translation” of basic laboratory discoveries into clinical trials and ultimately approved treatments. Under the direction of Scripps Research, SRTI is supported in part by the National Institutes of Health Clinical and Translational Science Award (CTSA). A five-year, $20 million grant to support translational clinical research, infrastructure and training first awarded in 2008 was renewed in 2013 and renewed again in 2018 for its third five-year NIH grant through 2023 for $31.5 million.

The Community Engagement Program for this award is led by Scripps Whittier Diabetes Institute which has provided the San Diego community with the most advanced diabetes
care, education, research and support for more than 30 years at Scripps Health. In the last 2 years with grant support, the community engagement core has evolved and grown into the Scripps Hub Academic Research Core (SHARC), to broaden its research support beyond diabetes and cardiometabolic disease to include nearly all disease states (e.g. cancer, orthopedics, transplant, allergy/immunology, dermatology and many more) across the Scripps health system. The team now includes a research navigator, biostatistician, and community engagement program manager that provide consultations and guidance in expanding the research platform within Scripps and the San Diego community. The SHARC team enhances the involvement of community and clinicians in all areas of translational and transformational research. Scripps supports community-engaged research that aim to bring researchers and community partners together to share their knowledge, skills and resources with a common goal of improving community health. Over the last two decades, health research and practice has increasingly employed community-engaged research methods, defined as “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interests, or similar situations to address issues affecting the well-being of those people.”

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

**Scripps Community Benefit Services**

Scripps System wide Community Benefit Services provides oversight, support, guidance and coordination of Scripps community health and outreach programs, helping
ensure that they are in accordance with the Scripps mission, values and strategic objectives. This program also supports the Strategic Planning Committee, a committee of the Scripps Board of Trustees, in assessing and planning to meet community need. Additionally, this program is responsible for developing the triennial health needs assessment and, through the Community Benefit Fund, supports community programs that address San Diego County’s high-priority health needs.
The Scripps System wide 2020 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the system wide objectives and strategies to support community health improvement during Fiscal Year 2020 (October 2019 to September 2020).

THE SCRIPPS 2020 COMMUNITY BENEFIT GOAL
Make a measurable impact on the health status of the community through improved access to care, health improvement programs and professional education and research.

Scripps System wide Program Fiscal Year 2020 Community Benefit Objectives

COMMUNITY HEALTH SERVICES

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

SCRIPPS MD ANDERSON CANCER CARE
The following are the 2020 objectives for Scripps MD Anderson Cancer Care

- Continue to offer genetic counseling and cancer risk assessment for individuals at high risk for hereditary and familial cancer syndromes, including education and assessment of family history and genetic testing based on the evaluation.
- Continue to 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.
- In conjunction with rehabilitation services and cardiac treatment center continue to support education and exercise classes, focusing on healing and recovery.
• In conjunction with Scripps Whittier Diabetes Institute and Integrative Medicine, continue to support education and nutritional counseling for cancer treatment and recovery.
• Continue to work with the community to develop patient cancer navigator role. Patient navigator provides clinical education and distributes resource information to both patients and their families.
• Continue to foster relationships and participate with professional organizations and community outreach organizations at both the local and national level.
• Continue to plan and develop community-based informational and celebratory events specific to patient populations and community needs.
• Continue to provide community support and education through monthly lymphedema, head and neck cancer support and gynecological support groups.

SCHOOL PARTNERSHIPS
• Continue to align Scripps Talent Development Services programs with the organization's workforce development strategy.
• Partner with identified high schools in San Diego County to offer internships in support of student success in future healthcare occupations.
• Host an annual school and service partnership breakfast to discuss community workforce and education needs.
• Strategically build academic partnerships by working with the Consortium to include local schools with programs that support Scripps talent pipeline.
• Continue to expand visibility of our academic partners by providing opportunities to meet with employee’s onsite during our annual College Fairs.
• Continue to oversee new requests for affiliation agreements with a focus on establishing agreements that support Scripps talent pipeline. These are reviewed by the education committee.
**DISASTER PREPAREDNESS: COMMUNITY OUTREACH AND EDUCATION**

Scripps Health’s goal is to enhance our organizations emergency preparedness program in order to benefit the community. We aim to establish activities to maximize our overall medical surge capacity and help to enhance the community’s emergency preparedness and response. Having the ability to provide emergency services to those injured in a local disaster while continuing to care for hospitalized patients, is a critical community need. Scripps, together with other first responder agencies (public and private), will engage in a variety of training, outreach and planning initiatives during Fiscal Year 2020, including:

- Full participation in the San Diego County Medical and Health Full Scale Exercise
- Full participation in the Statewide Medical & Health Full Scale Exercise
- Full participation in the San Diego County Healthcare Coalition Surge Test
- Continued active participation with San Diego County in planning and preparing for emergencies with the San Diego County Healthcare Disaster Coalition. The intent of this group is to increase the preparedness, responsive capabilities and surge capacities of hospitals and other healthcare facilities.
- Continued active participation with the San Diego County Coalition Advisory Committee

**AMERICAN HEART ASSOCIATION – HEART WALK**

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

**SUBSTANCE USE PREVENTION AND TREATMENT PROGRAMS**

Continue to provide substance use prevention and treatment programs. Increase the ability to provide treatment to those who are unfunded or underfunded. Through a contract with the McCallister Institute, Scripps will provide safe detox up to five patients per week. In collaboration with Scripps Drug and Alcohol Resource Nurses to help maintain them into community-based programs.
PROFESSIONAL EDUCATION AND HEALTH RESEARCH

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

- In alignment with predicative analytics for Scripps hiring and staffing needs, continue to provide Specialty Training Programs in ICU, MCH, OR, ED and SPD.
- Continue to provide Scripps Health New Grad RN Residency Programs. Explore expansion of this program to the clinic setting.
- Explore expanding Young Leaders in Healthcare to employee dependents and school partnerships. There are currently 15 partnership high schools.

UNCOMPENSATED HEALTH CARE

During fiscal year 2020, Scripps Home Health Care will continue to provide health care services for vulnerable patients who are unable to pay for services.

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

**2020 Community Benefit Report, Fiscal Year 2019**

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 2019 (October 2018 to September 2019).

**Fostering Volunteerism**

In addition to the financial community benefit contributions made during FY19, Scripps system wide employees donated a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. With 255 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is $12,919.47.

**Making a Financial Commitment**

During FY19, **$4,648,226** was devoted by Scripps System wide programs to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greater risk for health problems.

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<table>
<thead>
<tr>
<th>Community Benefit Services Highlights</th>
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<tr>
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<table>
<thead>
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<th>Community Benefit Financial Commitment</th>
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<tr>
<td><strong>$4,648,226</strong></td>
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<table>
<thead>
<tr>
<th>Community Benefit Services</th>
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</thead>
<tbody>
<tr>
<td>Bad Debt</td>
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<tr>
<td>Charity Care</td>
</tr>
<tr>
<td>Community Building Activities</td>
</tr>
<tr>
<td>Community Health Services</td>
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<tr>
<td>Medi-Cal &amp; Other Mean Tested Shortfall</td>
</tr>
<tr>
<td>Medicare &amp; Medicare HMO Shortfall</td>
</tr>
<tr>
<td>Professional Education &amp; Research</td>
</tr>
</tbody>
</table>

Refer to Figure 12:1 presented on the following page for a graphic representation of fiscal year 2019.

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

Community benefit services include those programs offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps divides community benefit services into three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, and Medi-Cal and Medicare shortfalls.
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 2019 (October 2018 to September 2019) $1,796,217 was invested by Scripps System wide programs in community-based health improvement activities. This figure reflects the costs associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Scripps system wide FY19 community health services achievements.

**SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND**

In FY19, Scripps Health continued to deepen its commitment to philanthropy with the Community Benefit Fund. Over the course of the year, it awarded $220,500 in community grants to programs throughout San Diego. Scripps awarded four grants ranging from $10,000 to $120,000 each. The projects that received funding address some of San Diego’s County’s high-priority health needs. The goal is to improve access to vital health care services for a variety of at-risk populations, including the homeless, economically disadvantaged, mentally ill and others. Since the Community Benefit Fund began, Scripps has awarded $3.9 million dollars. Programs funded during Fiscal Year 2019 include:

**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 evaluate on the following to determine whether a client has decreased in vulnerability for health management:

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

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

**CATHOLIC CHARITIES**

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

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

Funding provides low-income, uninsured 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.

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**CANCER/Oncology**

In 2016 cancer was the leading cause of death in San Diego County, responsible for 24.1 percent of deaths. There were 5,096 deaths due to cancer (all sites) and an age-adjusted death rate of 146.6 deaths per 100,000 population.\(^{59}\)

In response to this serious health concern, Scripps has developed a series of prevention and wellness programs to educate people on the importance of early detection and treatment for some of the most common forms of cancer. During Fiscal Year 2018, Scripps engaged in the following cancer programs and activities.

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

Scripps Health participates in this fundraising event to raise money for breast cancer research.

**SCRIPPS 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.

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\(^{59}\) County of San Diego HHSA, Public Health Services, Community Epidemiology Branch
CARDIOVASCULAR DISEASE

‘Diseases of the heart’ were the second leading cause of death in San Diego County in 2016. In addition, ‘Cerebrovascular Diseases’ were the fourth leading cause of death and ‘Essential (primary) hypertension and hypertensive’ was the tenth. Heart disease claims more than 950,000 American’s lives every year. Stroke is a leading cause of serious, long-term disability.

During FY19, Scripps engaged in the following heart health and cardio-vascular disease prevention and treatment activities.

AMERICAN HEART ASSOCIATION WALK

Scripps partners with the American Heart Association on its annual Heart Walk to raise funds for research, professional and public education and advocacy. Heart disease and stroke are the number one and three causes of death in the nation. Heart disease claims more than 950,000 Americans each year. Scripps has proudly supported the AHA’s annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of cardiovascular diseases and stroke.

In September 2019, Scripps employees volunteered their time to coordinate walker participation and fundraising efforts. The San Diego Heart Walk raised $959,884. In FY19, more than 1,060 Scripps Heart Walk participants, (employees, families, and friends) and more than 114 teams representing entities across walked to help raise more than $102,627. To date, Scripps has raised more than $3 million through its San Diego Heart & Stroke Walk fundraising efforts.

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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. Our employees’ connection to our Mission is apparent every day—including during times of crisis. Following the terrorist attacks of September 11, 2001, Scripps developed a system wide disaster preparedness program. As part of this effort, Scripps created the volunteer Scripps Medical Response Team (SMRT).

SCRIPPS MEDICAL RESPONSE TEAM (SMRT)

Scripps maintains active readiness for the Scripps Medical Response Team (SMRT). The SMRT is available to deploy when the State of California Emergency Medical System Authority activates the California Medical Assistance Team, and requests team augmentation to respond to an active event like a wildfire or earthquake where medical assistance is needed in the affected area(s).

SMRT includes clinical staff and others from across the organization ready to mobilize during times of crisis to provide care where it’s needed. Currently, the team has 76 active members, plus hundreds of other employees who have joined a reserve list to volunteer their services. The team has responded to numerous local, national and international emergencies. This genuine response in times of need sends a powerful message about the organization’s dedication to be helping our community and beyond. The following is an example of SMRT in action:

CAMP FIRE DEVASTATION

When the Camp Fire devastated Northern California, Scripps stood ready to help. In support of Camp Fire evacuees, collaborating with the California Medical Assistance Team and Emergency Medical Services Authority, Scripps deployed three response teams to Chico, California, each for approximately a week. The nursing and logistics teams provided medical care at area evacuation centers, as well as logistical and administrative support. When the Camp Fire destroyed Paradise, California and surrounding areas, more than 20,000 residents were directly impacted—many losing their homes and possessions.

In August 2019, Scripps received HealthTrust’s most esteemed honor, the Member Recognition Award, which acknowledges excellence in supporting providers, patients and communities. Scripps was honored in the category of Social Stewardship for deploying volunteer medical response teams and providing non-clinical support to
thousands of residents displaced by the Camp Fire in Paradise, California. Among more than 1,500 hospitals and health systems, Scripps was one of only five to receive the Member Recognition Award this year.

**SAN DIEGO COUNTY NATIONAL COMMUNITY SUPPORT AND OUTREACH EDUCATION**

Scripps Health maximizes awareness and encourages participation in disaster preparedness activities to affect change at the community level. Scripps participated in San Diego County and State of California advisory groups to plan, implement and evaluate key disaster preparedness response plans and exercises. Scripps is an advisor to San Diego County for federal and state grant development and planning.

Scripps Health participated in San Diego County Healthcare Disaster Coalition and State of California advisory groups to plan, implement and evaluate key disaster preparedness response plans and exercises. Scripps Health is also an active member in the National Hospital Incident Command (HICS) Advisory Committee, and currently working on the review/revision of HICS.

In FY19, Scripps participated in the following:

**SAN DIEGO COUNTY MEDICAL & HEALTH FULL SCALE EXERCISE**

- On May 7, 2019 Scripps Health participated in the San Diego Operational Area Full Scale Exercise. The exercise included the activation of Scripps Health’s Incident Command Centers, Emergency Medical Services, Public Health Preparedness & Response, SD County Department Operations and Medical Operations Centers, medical facilities, local government jurisdictions, and health and medical community partners.

**SAN DIEGO COUNTY COALITION SURGE TEST NO NOTICE EXERCISE**

- June 21, 2019 Scripps Health participated in the no notice evacuation scenario exercise. The Coalition Surge Test used an evacuation scenario to help health care coalitions assess how well their members can work together to respond to a sudden health care crisis. It was designed to test a coalition’s functional surge capacity and to identify gaps in surge planning. Scripps Mercy Hospital San Diego was the chosen hospital to evacuate and the other four hospitals prepared to receive evacuated patients.

**CALIFORNIA STATEWIDE MEDICAL & HEALTH FULL SCALE EXERCISE (SWMHE)**

- November 15, 2018 Statewide Medical & Health Full Scale Exercise. The 2018 SWMHE program was a progressive exercise program comprised of a series of
training exercises tied to a set of common program priorities. The scenario was an Influenza Pandemic.

SAN DIEGO COUNTY PRESCRIPTION TAKE BACK DAY

Prescription drug abuse is currently being reported by law enforcement agencies across the country as their greatest threat. In addition, unsafe disposal of prescription medications is costly to the environment. The "Safe Prescription Drug Drop-Off" pilot program is available to the community. Residents can drop off unused or expired prescriptions—no questions asked. Police officers check the boxes daily, collect the contents and prepare for disposal that is eco-friendly and in accordance with Federal and State laws.

This program not only helps to protect the environment, it can also deter the usage of prescription drugs by unintended parties—including young people facing peer pressure and new ways to "get high." The San Diego Police Department constantly strives to be proactive in enhancing public safety and saving lives.

Scripps has become the first health care provider in the region to offer-year-round access to safe, free disposal of unused and outdated prescription medications. Three drug take-back kiosks were opened adjacent to on-site ambulatory pharmacies at Scripps Mercy San Diego, Scripps Green and Scripps Encinitas. These drug take-back kiosks are part of the Scripps Opioid stewardship Program, which aims to reduce the use of opioids and to help prevent patients from becoming dependent on these useful but potent pain reducing medications.

Scripps Health participated in this initiative on October 27, 2018 and May 19, 2019 with four hospital/clinic sites participating.

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<th>Scripps Prescription Take Back Day Totals</th>
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<td>Scripps Coastal Medical Center</td>
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<tr>
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<tr>
<td>Scripps Rancho Bernardo Clinic</td>
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<tr>
<td>Scripps Encinitas Hospital</td>
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<tr>
<td><strong>Totals</strong></td>
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PROFESSIONAL EDUCATION AND HEALTH RESEARCH HIGHLIGHTS

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

Each year, resources are allocated by Scripps System wide programs and services to advance health care services through professional health education programs and research. To enhance service delivery and treatment practices for San Diego County; $1,364,189\(^{61}\) was invested by Scripps System wide programs and services in professional training and health research programs during Fiscal Year 2019 (October 2018 to September 2019). This section highlights some of Scripps System wide professional education and research activities.

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 FY19, Scripps Health partnered with HASPI to provide continuing education internships for their students. The program offered five-week internships, in which 25 students rotated through clinical and non-clinical departments to learn about health care. In addition, Young Leaders in Healthcare participants were eligible for the five-week summer program.

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\(^{61}\) 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.
<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
<th>Volunteer Hours</th>
<th>Financial Support*</th>
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* "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.
<table>
<thead>
<tr>
<th>Program</th>
<th>Persons Served</th>
<th>Staff Hours</th>
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<td>0</td>
<td>$255,041</td>
</tr>
<tr>
<td>Medicare and Medicare HMO (Shortfall)**</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Miracle Babies 5K Walk/Run</td>
<td>116</td>
<td>0</td>
<td>0</td>
<td>$0</td>
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<tr>
<td>Neonatal Resuscitation Program (NRP)</td>
<td>13</td>
<td>45</td>
<td>0</td>
<td>$1,624</td>
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<tr>
<td>Nursing Student Education Rotation</td>
<td>0</td>
<td>707</td>
<td>0</td>
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<td>Prescription Drug Take Back Day</td>
<td>0</td>
<td>40</td>
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<td>San Diego County Crime Stoppers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$1,000</td>
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<tr>
<td>San Diego County Healthcare Disaster Council**</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>$1,228</td>
</tr>
<tr>
<td>San Diego County Operational Area Full Scale Exercise**</td>
<td>150</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>San Diego County Nursing Service/Education Consortium</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$2,000</td>
</tr>
<tr>
<td>San Diego Organization of Healthcare Leaders (SOHL)**</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$2,000</td>
</tr>
<tr>
<td>San Diego Police Foundation**</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>San Ysidro Health Center Committee</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>$947</td>
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<tr>
<td>Scripps Cal Fresh Screening Program</td>
<td>1,384</td>
<td>0</td>
<td>0</td>
<td>$0</td>
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<tr>
<td>Scripps Health System Community Benefit Planning and Outreach</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$262,408</td>
</tr>
<tr>
<td>Scripps High School Exploration Program**</td>
<td>25</td>
<td>2,875</td>
<td>0</td>
<td>$188,220</td>
</tr>
<tr>
<td>Scripps MD Anderson Cancer Center - Outpatient Social Worker and Liaison</td>
<td>1,138</td>
<td>6,125</td>
<td>0</td>
<td>$343,411</td>
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<tr>
<td>Scripps MD Anderson Cancer Center Head and Neck Support Group</td>
<td>97</td>
<td>23</td>
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<tr>
<td>Scripps MD Anderson Cancer Center Lymphedema Education</td>
<td>52</td>
<td>30</td>
<td>0</td>
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<tr>
<td>Scripps MD Anderson Cancer Center - Aloha Locks Cancer Wig Program</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>$458</td>
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<tr>
<td>Scripps MD Anderson Cancer Center - Registered Nurse Navigator</td>
<td>1,746</td>
<td>14,198</td>
<td>0</td>
<td>$871,868</td>
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<tr>
<td>Scripps Medical Response Team (SMRT)**</td>
<td>550</td>
<td>1,258</td>
<td>0</td>
<td>$101,488</td>
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<tr>
<td>SD Sherriff's Search &amp; Rescue Academy - Emergency Response Module**</td>
<td>20</td>
<td>4</td>
<td>42</td>
<td>$2,095</td>
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<tr>
<td>Skin Cancer Screenings - Local State Beaches Lifeguards</td>
<td>94</td>
<td>56</td>
<td>0</td>
<td>$5,702</td>
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<tr>
<td>Skin Cancer Screenings-San Diego Firefighters, Lifeguards &amp; Police</td>
<td>112</td>
<td>104</td>
<td>64</td>
<td>$5,266</td>
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<tr>
<td>Stroke Program</td>
<td>280</td>
<td>47</td>
<td>0</td>
<td>$3,088</td>
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<tr>
<td>Susan G. Komen Race for the Cure - Event</td>
<td>27</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Toys for Tots</td>
<td>300</td>
<td>3</td>
<td>0</td>
<td>$136</td>
</tr>
<tr>
<td>University City (UC) High School Exploration Program**</td>
<td>16</td>
<td>808</td>
<td>0</td>
<td>$50,939</td>
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<tr>
<td>** FY 19 Scripps System Wide Total **</td>
<td>10,732</td>
<td>108,543</td>
<td>255</td>
<td>$4,648,226</td>
</tr>
</tbody>
</table>

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

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

*** Hospital provider fee was reported as offsetting revenue from Medi-Cal.
Section 13

Appendices
APPENDIX A

DEFINITION OF TERMS

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

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

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

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

Community Building Activities – can include, but are not limited to, the following:

a. Physical improvements and housing, which can include the provision or rehabilitation of housing for vulnerable populations.

b. Economic development, which can include assisting small business development in neighborhoods with vulnerable populations and creating new employment opportunities in areas with high rates of joblessness.

c. Community support, which can include child care and mentoring programs for vulnerable populations or neighborhoods, neighborhood support groups, violence prevention programs, and disaster readiness and public health emergency activities.

d. Environmental improvements, which can include activities to address environmental hazards that affect community health, such as alleviation of water
or air pollution, safe removal or treatment of garbage or other waste products,
and other activities to protect the community from environmental hazards.

e. Leadership development and training for community members, which can include
training in conflict resolution; civic, cultural, or language skills; and medical
interpreter skills for community residents.

f. Coalition building which can include participation in community coalitions and
other collaborative efforts with the community to address health and safety
issues.

g. Community health improvement advocacy, which can include efforts to support
policies and programs to safeguard or improve public health, access to health
care services, housing, the environment, and transportation.

h. Workforce development, which can include recruitment of physicians and other
health professionals to medical shortage areas or other areas designated as
underserved, and collaboration with educational institutions to train and recruit
health professionals needed in the community.

i. Other community building activities that protect or improve the community’s
health or safety that are not described in the categories listed in lines a. through
h. above.

Community Health Improvement Services – activities or programs, subsidized by
the hospital, carried out or supported for the express purpose of improving community
health.

Community Health Needs Assessment Report (CHNA) – A community health
needs assessment (CHNA) is a systematic process involving the community to identify
and analyze community health needs. The process provides a way for health care
organizations to prioritize health needs, and to plan and act upon unmet community
health needs. The assessment is 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.”
Scripps continues to contribute resources to provide low and no-cost health care services to populations in need. During fiscal year 2019, Scripps contributed $404,234,464 to uncompensated health care, $14,767,038 in charity care, $377,559,072 in Medi-Cal and Medicare shortfall, and $11,908,354 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 Medi-Cal, Medi-Cal HMO. 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 Change Health Care HPM system. The following costs are excluded: Charity adjustments at cost for Medi-Cal patients, community health services, professional education and research, and expenses excluded in the Medicare cost report. These costs are included in the IRS Form 990 schedule H Part I Line 7b. In the State of California the Medicaid program is called Medi-Cal.

Medicare and Medicare HMO Hospitals — Shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare and Medicare Senior primary insurance carriers. Operating margin is defined as net revenue
less all variable, fixed, and overhead costs. Profitability is estimated as follows: net revenue is equivalent to payments plus an estimation of the capitation account balance for all open accounts, plus other revenue. Cost is derived using the relative value allocation methodology per the Change Health Care HPM cost accounting system. These costs are included in the IRS Form 990 Schedule H Part III Section B.

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

**Shortfall Methodology Clinics** — Shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare and Medicare Senior primary insurance carriers. Operating margin is defined as net revenue less all variable, fixed, and overhead costs. Profitability is estimated as follows: net revenue is equivalent to payments plus an estimation of the capitation account balance for all open accounts, plus other revenue including. Cost is derived using the relative value allocation methodology per the Change Health Care HPM cost accounting system. These costs are included in the IRS Form 990 Schedule H Part III Section B.

**Hospital Provider Fee Program**

The State of California enacted legislation for a hospital fee program to fund certain Medi-Cal coverage expansions. The program charges hospitals a quality assurance fee that is used to obtain federal matching funds for Medi-Cal with the proceeds redistributed as supplemental payments to California hospitals that treat Medi-Cal patients. The provider fee program that had activity in 2018 and 2019 was the 30-month provider fee program covering the period from January 1, 2017, through June 30, 2019. Historically, the Organization’s policy was to record revenue and expense upon approval of the program. During 2018, the organization determined that, for all provider fee programs through June 30, 2019, the supplemental payments met all criteria related to revenue recognition and the quality assistance fees are both probable and estimable. Accordingly, all related supplemental payments have been recognized as revenue and related quality assurance fees have been recognized as expense as of September 30, 2019 and 2018. Federal and state payments received from these programs are included as provider fee revenue in total patient service revenue, and fees or payable to the state and California Heath Foundation and Trust (CHFT) are included in provider fee expense.
in operating expenses. The provider fee programs beginning July 1, 2019, has not yet been approved by CMS, and therefore, no amounts have been recognized for the program during the three months ended September 30, 2019.

Provider fee program revenue recorded for the years ended September 30 is summarized below (in thousands):

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
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</thead>
<tbody>
<tr>
<td>Provider fee revenue</td>
<td>$ 93,107</td>
<td>$ 241,538</td>
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<tr>
<td>Provider fee expense</td>
<td>(72,250)</td>
<td>(183,990)</td>
</tr>
<tr>
<td>CHFT fee</td>
<td>(1,120)</td>
<td>(2,295)</td>
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<tr>
<td>Net operating income from provider fee</td>
<td>$ 19,737</td>
<td>$ 55,253</td>
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</table>
APPENDIX D
SAN DIEGO COUNTY HHSA GEOGRAPHIC SERVICES REGIONS

Source: County of San Diego: https://www.sandiegocounty.gov/content/dam/sdc/live_well_san_diego/indicators/Map_and_Regional_Data.pdf

<table>
<thead>
<tr>
<th>Central</th>
<th>North Coastal</th>
<th>East</th>
<th>North Inland</th>
<th>North Central</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central San Diego</td>
<td>Carlsbad</td>
<td>Alpine</td>
<td>Borrego Springs</td>
<td>Coastal</td>
<td>Chula Vista</td>
</tr>
<tr>
<td>Mid-City</td>
<td>Del Mar</td>
<td>El Cajon</td>
<td>Escondido</td>
<td>Elliott</td>
<td>Coronado</td>
</tr>
<tr>
<td>Southeast San Diego</td>
<td>Oceanside</td>
<td>Harbison Crest</td>
<td>Fallbrook</td>
<td>Kearny Mesa</td>
<td>National City</td>
</tr>
<tr>
<td></td>
<td>Pendleton</td>
<td>Jamul</td>
<td>North San Diego</td>
<td>Mira Mesa</td>
<td>South Bay</td>
</tr>
<tr>
<td></td>
<td>San Dieguito</td>
<td>La Mesa</td>
<td>Palomar/Julian</td>
<td>Miramar</td>
<td>Sweetwater</td>
</tr>
<tr>
<td></td>
<td>Vista</td>
<td>Laguna/Pine Valley</td>
<td>Pauma</td>
<td>Peninsula</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lakeside</td>
<td>Poway</td>
<td>University</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lemon Grove</td>
<td>Ramona</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mountain Empire</td>
<td>San Marcos</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Santee</td>
<td>Valley Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spring Valley</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

REGULATORY REQUIREMENTS

SB 697 and Scripps History with Past Assessments

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

Federal Requirements

In 2010, Congress added several new requirements for hospital organizations to maintain federal income tax exempt status under Section 501 (r) of the Internal Revenue Code (the “Code”) as part of the Affordable Care Act. One of the requirements set forth in Section 501 (r) of the Code is for each hospital organization to conduct a Community Health Needs Assessment (CHNA) at least once every three tax years. The requirement to conduct a CHNA applies to Scripps Health, which is a health system that operates four hospital facilities. In addition, Scripps Health must adopt a triennial Implementation Plan which is a separate written document to address certain community health needs identified in the CHNA. Additional information on the ACA requirements for nonprofit hospitals can be found at www.irs.gov, 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 join 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 2019. Community organizations are listed alphabetically.

2-1-1 San Diego
Aging & Independence Services - Fall Prevention Task Force
Alcoholic Anonymous
Alliant International University San Diego
Alzheimer's San Diego
American Cancer Society
American College of Healthcare Executives (ACHE)
American College of Surgeons
American Diabetes Association
American Heart Association
American Lung Association
American Red Cross of San Diego
American Society of Echocardiography
Association of Clinical Research Professionals
BAME Community Development Corporation
Be There San Diego
Beach Area Community Court Program
Bethel University/Bethel Seminary San Diego
Bonita Library
Braille Institute of America
Brandman University
Brightwood (Kaplan) College, Vista Campus
Brookdale Senior Apartments
California Association of Hospital & Health Systems
California College San Diego
California Department of Public Health
California Emergency Medical Services Authority - CAL MAT
California Hospital Association
California Southern University
California State University San Marcos (CSUSM)
Canyon Crest Academy
Canyon Villas
Carlsbad High School
Casa Familiar San Ysidro
Castle Park Elementary School
Castle Park High School
Castle Park Middle School
Catholic Charities, Diocese of San Diego
Catholic Charities, Rachel's Women's Center (Homeless Clothing)
Central Region HHS Public Health
Chelsea’s Light Foundation
Chicano Federation San Diego County
Children's Care Connection (C3)
Community Health Improvement Program (CHIP) Childhood Obesity Initiative
Community Health Improvement Program (CHIP) Resident Leadership Academy
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 Information Exchange (CIE)
Community Health Improvement Partners (CHIP)
Community Health Improvement Partners (CHIP) Behavioral Health Work Team
Community Housing Works Inc.
Consumer Center for Health Education & Advocacy (CCHEA)
Coronado Fire Department
County of San Diego Emergency Medical Services
Diabetes Prevention Program (DPP)
Eastlake High School
EMSTA College
Enlisted Leadership Foundation - The Foundry
Episcopal Community Services
Eric Paredes Save a Life Foundation
Every 15 Minutes Organization
FACT San Diego
Family Health Centers - Federally Qualified Health Center
Feeding America
Fiji Alliance School of Medicine
First Five San Diego
Food Addicts Anonymous
Food Finders
Francis Parker School
Full Spectrum Nutrition Services (Food Safety Management Certification)
Golden Age Apartments
Goodwill Industries of San Diego County
Grand Canyon University
Granger Junior High School
GRASP - Grief Recovery After Substance Passing
Greater La Jolla Meals on Wheels
Grossmont College
Grossmont Health Occupations Center
Grossmont-Cuyamaca College District Auxiliary
HASD&IC Community Health Needs Assessment Advisory Group
Health and Human Services County of San Diego
Health and Science Pipeline Initiative
Health Resources and Services Administration - HRSA
Health Science Middle - High School Inc.
Health Services Advisory Group (HSAG)
High Tech High
High Tech San Marcos
Hoover High School
Hospital Association of San Diego & Imperial Counties (HASD&IC)
Imperial Beach Fire Department
Interfaith Community Services
Jackie Robinson Family YMCA
Jewish Family Services
Joe Niekro Foundation
Juvenile Diabetes Research Foundation
Kaiser Permanente
La Costa Canyon High School
La Maestra Family Clinic, Inc.
Lawrence Jewish Community Center (JCC)
Legal Aid Society of San Diego - LEAD
Leukemia & Lymphoma Society
Live Well San Diego
Mana De San Diego
Mar Vista High School
March of Dimes
Mental Health Association of San Diego County
McCalister Institute
Mira Costa College District of San Diego County
Miramar Fire Department
Mission Hills High School
Mission Vista High School
National Alliance on Mental Illness (NAMI)
National Institute of Health (NIH)
National University
Naval Medical Center San Diego (NMCSD)
Navy Medicine & Training Command (NMETC)
Neighborhood Healthcare - Federally Qualified Health Center
Nine Girls Ask (for Cure for Ovarian Cancer)
Norman Park Senior Center
North County Lifeline Inc.
Ocean View Hills Middle School
Oceanside High School
Olive Green Apartments
Operation Samahan Health Clinic
Orchard Senior Living
Overeaters Anonymous - Spanish
Pacific Ridge High School
Palomar College Community College District
Palomar High School
Pancreatic Cancer Action Network
Para las Familia's
Pima Medical Institute - Chula Vista & San Marcos
Point Loma Nazarene University (PLNU)
Psychiatric Emergency Response Team (PERT) San Diego
Rady Children's Hospital San Diego
Rancho Bernardo High School
Redwood Villa Seniors Apartments
Regional Task Force on the Homeless- Continuum of Care Housing Collaborative
San Diego Academy
San Diego Association of Governments (SANDAG)
San Diego Blood Bank
San Diego Border Area Health Center (AHEC)
San Diego City College
San Diego Community College District
San Diego County Alcohol Policy Panel
San Diego County Health and Human Services Agency
San Diego County Medical Society
San Diego County Office of Education
San Diego County Prescription Drug Abuse Task Force
San Diego County Sheriff's Department
San Diego County Sheriff's Foundation
San Diego County Stroke Consortium
San Diego County Suicide Prevention Council (Facilitated by CHIP)
San Diego County Taxpayers Association
San Diego Covered California Collaborative
San Diego Echo Society
San Diego Health Connect - Referrals Work Group
San Diego Healthy Weight Collaborative
San Diego High School
San Diego Human Trafficking Task Force
San Diego Hunger Coalition
San Diego LGBT Community Center
San Diego Mesa College
San Diego Methamphetamine Strike Force
San Diego Miramar College
San Diego Nursing & Allied Health Service - Education Consortium
San Diego 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 (SDSU) (Academic Partner)
San Diego Unified School District
San Diego Workforce Partnership
San Dieguito Union High School District
San Ysidro Health Center - Federally Qualified Health Center
San Ysidro Health Center (SYHC)
San Ysidro High School
San Ysidro Middle School
San Ysidro School District
SanDi-Can
Santa Fe Christian Schools
South Bay Community Services
South Bay Women's Recovery Center
South Bay YMCA
South County Action Network (SoCAN)
South County Career Center
South County Economic Development Council
South County Regional Task Force on the Homeless
Southwest Senior High School
Southwest Sports Wellness Foundation
Southwestern Community College District
Spondylitis Association of America
St. Charles Nutrition Center
St. Leo's Clinic
Survivors of Suicide Loss
Susan G. Komen San Diego
Sweetwater High School
Sweetwater Union High School District
TELACU Housing
Temple Heights Elementary
The Downtown San Diego Partnership
The Grauer School
The Jacobs & Cushman San Diego Food Bank
The Patrician Senior Apartments
The San Diego Brain Injury Foundation
The San Diego Foundation
TOPS Club, Inc.
Torrey Pines High School
Trinity Manor
U.S. Border Patrol, San Diego Sector, Paramedic Unit
U.S. Customs & Border Protection, Office of Field Operations
U.S. Drug Enforcement Agency (DEA)
University of California San Diego (UCSD) Extension Healthcare
University of California San Diego (UCSD) School of Medicine
University of California San Diego (UCSD)
University of California San Diego (UCSD) Health System
University of California San Diego (UCSD) (Academic Partner)
University of California, San Diego, Skaggs School of Pharmacy & Pharmaceutical Sciences
University City High School
University of San Diego (USD)
University of Southern California (USC)
Villa Serena
Vista Adult School
Vista Chamber of Commerce
Vista High School
Vista La Rosa
Vista Unified School District
Viva Life Health Hub
Western Governors University
Westminster Manor
Westview High School
Women, Infant and Children Program (WIC)
WomenHeart Center
Yellow Ribbon Suicide Prevention Program - San Diego Chapter
Young Leaders in Healthcare
For more information about the programs and services offered by Scripps Health, visit *Scripps.org/CommunityBenefit* or contact the office of community benefit services at **858-678-7095**.