



2013 Community Benefit Plan and Report



Our Promise to the Community

Making a positive measurable difference in the health of individuals in the communities we serve — fulfilling the Scripps mission.



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 16,000 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 2012, Scripps’ community benefit contributions totaled \$302,843,744. This includes \$249,200,233 in uncompensated care, \$34,095,695 in professional education and health research, \$896,021 in community building activities, and \$18,651,796 in community health services.

In 2013, we will continue to experience many challenges imposed by the economy and health care reform, including changing care and payment models, and declining reimbursement. Scripps is ready to meet those challenges and will continue our legacy of making a vital and measurable difference in our community.

As a private, tax-exempt health care system, Scripps will continue to fulfill the mission adopted more than 85 years ago.

A handwritten signature in black ink, which appears to read "Chris Van Gorder". The signature is fluid and cursive, written in a professional style.

Chris Van Gorder, FACHE
President and CEO

Mission, Vision and Values

Our Mission

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

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

Our Values

We provide the highest quality of service.

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

We demonstrate complete respect for the rights of every individual.

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

We care for our patients every day in a responsible and efficient manner.

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

Our Vision

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

The provider of choice for patients.

The employer of choice for the community.

The practice environment of choice for physicians, nurses and all health care professionals.

About Scripps

Founded in 1924 by philanthropist Ellen Browning Scripps, Scripps Health is a \$2.6 billion nonprofit integrated health system based in San Diego, California. Scripps treats a half-million patients annually through the dedication of 2,633 affiliated physicians and 13,577 employees among its five acute-care hospital campuses, home health care services and an ambulatory care network of physician offices and 23 outpatient centers and clinics.

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

Scripps Facilities/Divisions

Scripps Green Hospital

Scripps Memorial Hospital Encinitas

Scripps Memorial Hospital La Jolla

Scripps Mercy Hospital

- San Diego Campus

- Chula Vista Campus

Scripps Clinic (11 locations)

Scripps Coastal Medical Center (12 locations)

Scripps Home Health Care

Scripps Whittier Diabetes Institute

Scripps Clinical Research Services

Governance

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

Organizational Foundation

Scripps provides a comprehensive range of inpatient and ambulatory services through our system of hospitals and clinics. In addition, Scripps participates in dozens of partnerships with government and not-for-profit agencies across our region to improve our community's health. And our partnerships don't stop at our local borders. Our participation at the state, national and international levels includes work with government and private disaster preparedness and relief agencies, the State Commission on Emergency Medical Services, national health advocacy organizations and even 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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2013 Community Benefit Our Promise to the Community

In fiscal year 2012, Scripps Health provided

\$303 million

in community benefit services



Making Our Community a Healthier Place

At Scripps, we strive to make San Diego a healthier place, with access to the highest-quality medical care, health education and prevention services.

Scripps is committed to investing in the community, offering medical care to those in need, reaching out at community events, and training the next generation of health care professionals. In this dynamic climate of health care reform and dwindling reimbursements, we remain dedicated to providing high-quality care for those who cannot afford it and improving the health and well-being of our community.

Investing in Our Community

Scripps touches countless lives in San Diego. We are proud of our multifaceted community efforts, which improve health and quality of life for people throughout the region. This report is merely a snapshot of the many ways we serve our community.

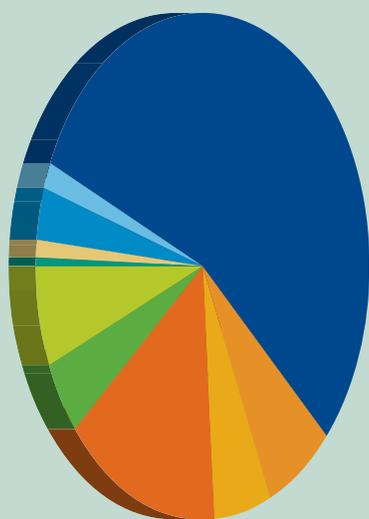
In fiscal year 2012, Scripps devoted nearly \$303 million to community benefit programs, including \$45.4 million in charitable care. We offer many free and low-cost services, including community clinics, free health fairs, youth programs and special care for veterans.

Scripps collaborates with other health systems, community groups, government agencies, businesses and grassroots organizations to prioritize our investments in the community. **For more information, visit *Charting the Course VI 2010: A San Diego County Health Needs Assessment* at sdchip.org.**

Scripps Facts

- Our 2,600 affiliated physicians and 13,500 employees treat more than a half-million patients each year.
- Five acute-care hospital campuses, 23 outpatient centers, a home health network and a mobile medical unit care for people throughout San Diego.
- Three highly respected graduate medical education programs and two pharmacy residency programs train the next generation of caregivers.
- Operating revenue: \$2.564 billion
- Operating expenses: \$2.331 billion
- Total inpatient discharges: 70,369
- Total outpatient visits: 2,154,115
- Emergency visits: 145,284

Total Community Benefits in FY12: \$302,843,744*



Medicare Shortfalls	\$166,422,095	55%	Community Building Activities	\$896,021	0.3%
Medi-Cal and other means tested government programs	\$20,203,120	6.7%	Cash and in-kind Contributions	\$2,886,985	1%
Bad Debt	\$17,123,120	5.6%	Subsidized Health Services	\$10,151,645	3.3%
Charity Care	\$45,451,898	15.0%	Community Health Improvement Services & Community Benefit Operations	\$5,613,165	1.8%
Health Research	\$14,150,049	4.7%			
Professional Education	\$19,945,646	6.6%			

Colors coordinate clockwise from medicare shortfalls.

13% of our total operating expenses in 2012 were devoted to community benefit services at cost.

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

Financial Assistance Policy: Scripps financial assistance policy reflects our commitment to assisting low income and uninsured patients with discounted hospital charges, charity care, and flexible billing and debt collection practices. These programs are consistent with California Hospital AB774 Fair Pricing Policy legislation and are available to everyone in need, regardless of their race, ethnicity, gender, religion or national origin.



Scripps graduate medical education programs train physicians, while caring for the underserved.

Training Tomorrow's Physicians

Scripps has been training physicians longer than any other institution in San Diego. For nearly 70 years, physicians in our graduate medical education programs have helped care for underserved populations throughout the region. Scripps offers internal medicine residency programs at Scripps Mercy Hospital, San Diego; Scripps Green Hospital; and a family medicine program at Scripps Mercy Hospital, Chula Vista.

As part of their training, residents at Scripps Green Hospital help staff St. Leo's Clinic in Solana Beach, providing high-quality care for north coastal San Diego County residents who have no insurance or are underinsured. Every Wednesday at 6:30 p.m., a resident and a faculty member volunteer to care for these financially disadvantaged patients, seeing between seven and 12 patients each evening.

The clinic provides routine care, including gynecologic care, and helps patients control chronic conditions,

such as diabetes and hypertension. Patients also receive care for infectious diseases, such as West Nile virus and tuberculosis. This care helps prevent acute crises that can lead to emergency room visits and inpatient stays.

In addition to caring for the underserved, residents acquire invaluable skills at St. Leo's. In an age of sophisticated technology, they must diagnose and treat patients in a very basic clinic setting. They must also learn to inspire their patients to take care of their own health.

"This is a phenomenally rewarding experience for our residents and staff," says Joel Diamant, MD, director of the Internal Residency Program at Scripps Green Hospital. "They find their ability to serve their community personally satisfying, truly educational and profoundly enriching."



Kids get hands-on opportunities at the Scripps booth.

Batter Up for Science

Scripps hit a home run at the San Diego Science Festival Expo. Held in March 2012 at Petco Park, the festival attracted more than 27,000 people of all ages. Scripps has been a big part of the festival since it began four years ago.

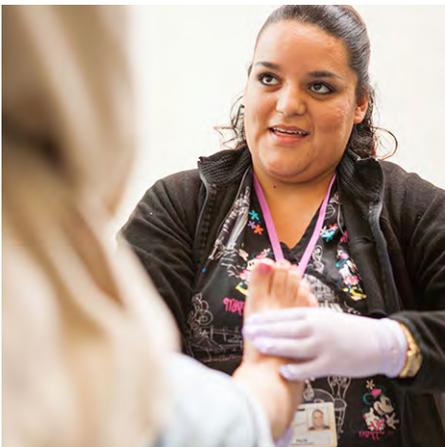
At the Scripps booth, future scientists and surgeons test drove the da Vinci surgical robot, gaining hands-on experience with innovative medical technology. In addition, Scripps staff performed more than 350 health screenings.

Playing Smart

The “Play Smart. Play Hard.” program at Scripps Memorial Hospital Encinitas educates parents, teachers, coaches and students about concussions in youth sports. Designed for high schools and athletic clubs, the free program offers comprehensive interactive presentations based on Centers for Disease Control guidelines.

As part of the program, Scripps provides a simple, 20-minute, computerized test (called ImpACT) that evaluates each participant’s attention, memory, reaction time, problem-solving skills and processing speed. The test creates a baseline evaluation for young athletes who have never had a head injury. If participants suffer a concussion, they can retake the test, and clinicians can compare the results.

Since Scripps started the program three years ago, our staff members have made 15 presentations and more than 200 young athletes have taken the ImpACT test. Of those, 19 suffered head injuries and benefited from retaking the test. Today, the baseline measurements are proving invaluable in guiding treatment.



Diabetes health fairs diagnose early problems and help prevent complications.

Committed to Controlling Diabetes

More than 250 people attended a free diabetes health fair at Scripps Mercy Hospital, Chula Vista. Participants with diabetes, and their families, could take advantage of free blood glucose and blood pressure screenings, foot and eye exams, and healthy eating advice.

Based on these evaluations, 69 participants were at risk for diabetes. This recurring event is part of continuing efforts by Scripps to improve community health and stop the diabetes epidemic.

Preparing for Natural Disasters

Scripps is a leader in disaster preparedness, planning for emergencies, including natural disasters and utility failures. Scripps works closely with federal, state and local governments, community leaders and public safety agencies to help care for disaster victims.

In California, we were the first hospital to support mobile field hospitals. In June 2012, Scripps Health President and CEO Chris Van Gorder led a 56-member team of Scripps clinicians and administrative staff to Sacramento for training. The Scripps California Medical Assistance Team participated in a full-scale earthquake simulation, during which members operated a 50-bed mobile field hospital and treated 80 patients. The team included five instructors, a 15-member hospital administrative support unit and a 30-member medical response team.

In emergencies, the State of California can deploy up to three, 200-bed mobile field hospitals within 72 hours. The hospitals are similar to permanent facilities, containing emergency departments, operating rooms, triage, trauma, intensive care, medical wards, supply, pharmacy, labs and radiology.

“I absolutely believe that, at some point, there will be a major disaster in California, and a hospital will need to be deployed,” says Chris Van Gorder. “Our trained personnel will be ready to go if that happens.”



The Scripps California Medical Assistance Team attends mobile field hospital training.

Guiding Veterans

Serving those who have served the U.S. is a priority for Scripps. Scripps Mercy Hospital, Chula Vista, partners with veterans to help South Bay health professionals care for returning veterans. Through the Veterans Mental Health Project, Scripps Mercy, Chula Vista, holds workshops on the challenges veterans face.

In 2012, veterans and Scripps providers held three trainings for 60 health professionals who interact with veterans and their families. Medical residents, educators, retired military, career counselors and government service professionals learned how to recognize combat-related stress and other issues veterans may face. Attendees also learned where to find local mental health resources to provide further assistance.

Promotoras Key to Diabetes Care

For more than 15 years, Scripps Whittier Diabetes Institute has sponsored Project Dulce to fight diabetes in San Diego. New research is showing that this big investment in community health is paying off.

Project Dulce combats diabetes by recruiting peer counselors from the Latino community, called promotoras, to work directly with patients. The program helps diabetes patients adjust their diets, exercise routines and other activities that may reverse diabetes.

Research published in 2012 in *Clinical Diabetes*, the journal of the American Diabetes Association, showed that the program significantly lowers patients' blood sugar, cholesterol and blood pressure.

According to Athena Philis-Tsimikas, MD, corporate vice president of Scripps Whittier Institute for Diabetes and lead author on the paper, the promotoras are the secret to the program's success. These specially trained health workers teach classes in Spanish to patients who have been diagnosed with type 2 diabetes, or are at risk of developing the disease. Dr. Tsimikas' paper synthesizes numerous papers that have examined Project Dulce's efforts over the last 15 years.

The study showed that patients who worked with a promotora were healthier than those who received traditional diabetes management. For example, Project Dulce participants averaged a 7.2 percent drop in total cholesterol compared with a 2.4 percent reduction for nonparticipants.

Most Scripps promotoras learned to control their own diabetes through the program, which was created in 1997 by Scripps, the County of San Diego, community health centers and researchers at San Diego State University.



Project Dulce provides clinically proven outreach that educates communities and saves lives.

As peers, promotoras relate to at-risk people in the Latino community, overcoming cultural barriers to help patients change their lifestyles.

"Getting buy-in from patients is about showing, rather than lecturing," says Alma Ayala, a promotora who started as a program client. "Promotoras exercise with our patients, and we check our own blood sugar levels."

Promotoras also can help combat deeply held traditions. For example, Latino cooks often use lard in their recipes. While it adds a distinctive flavor, lard is quite fattening. Promotoras can persuade their patients to choose healthier alternatives.

The program has been so successful that Scripps has trained other caregivers in Los Angeles, Tijuana, New Jersey and even India.

Mercy Clinic Cares for Low-Income, Underinsured Patients

Mercy Clinic fills a gap for low-income, underinsured patients. The clinic benefits the working and disabled poor who need chronic disease management and specialty medical care provided by experienced teaching physicians as part of the Scripps Mercy Internal Medicine Residency Program.

The Scripps financial assistance policy is consistent with the California Hospital AB 774 Fair Pricing Policy legislation. These practices reflect our commitment to assisting low income, underinsured 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 maintains, communicates and administers the financial assistance policy to benefit our patients. The policy ensures that emergency department and trauma center care is available to everyone, regardless of their ability to pay.

Scripps provides full financial assistance for low-income, underinsured and uninsured patients earning less than 200 percent of the federal poverty level guidelines. For those who qualify, between 201 to 400 percent of the federal poverty level, financial assistance is provided based on a discount schedule.



At Mercy Clinic, patients receive care regardless of their ability to pay.



The 2-1-1 program ensures that everyone can find the services they need.

Navigating San Diego's Health Care System

More than 20 percent of adult San Diegans struggle to get health care. Scripps partners with the City of San Diego and other government and community leaders on the 2-1-1 Healthcare Navigation Program, which is funded in part with community development block grants provided by the U.S. Department of Housing and Urban Development. The program provides information and referrals, connecting people to available health services. Healthcare Navigation provides need and eligibility assessments, assistance with medical appointments, and help completing Medi-Cal, Healthy Families and prescription assistance applications.

Inspiring Young People

As the Affordable Care Act increases the number of people who will soon have insurance, Scripps looks to the future to train the next generation of medical professionals who will care for the community.

Scripps Mercy Hospital, Chula Vista, reaches out to local students to promote health care careers. More than 2,000 people participate in these programs, offered through the Youth into Health Careers Program. More than 75 percent of these participants begin health care or social service careers.



Scripps programs show students the many rewards of a health care career.

From kindergarteners to teens, there is a program for everyone. An interactive puppet show teaches children about healthy lifestyles, while a five-week mentoring program provides high school students a real-world glimpse into hospital careers. Students are matched up with professionals based on their interests and career goals. They shadow their mentors twice a week and learn the path they need to take to achieve their goals.

Improving the Health of Our Community

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



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

2013 COMMUNITY BENEFIT REPORT

Table of Contents

Section 1	Fulfilling the Scripps Mission	1
Section 2	Assessing Community Needs	6
Section 3	Uncompensated Care	18
Section 4	Community Health Services	29
Section 5	Professional Education and Health Research.....	63
Section 6	Scripps Memorial Hospital La Jolla.....	71
Section 7	Scripps Memorial Hospital Encinitas	88
Section 8	Scripps Mercy Hospital.....	90
Section 9	Scripps Green Hospital.....	118
Section 10	Scripps Whittier Diabetes Institute.....	126
Section 11	Scripps Medical Foundation	133
Section 12	Scripps Systemwide Programs	139
Section 13	Appendices.....	156

Fulfilling the Scripps Mission

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

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

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

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

The report covers the period of October 2011 through September 2012 (fiscal year 2012). During this fiscal year, Scripps devoted \$302,843,744 to community benefit programs and services in the three areas listed above (see figures 1:1 and 1:2). Our programs emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

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

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

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

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

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

Schedule H (Form 990)

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

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

Scripps has aligned the 2013 Community Benefit Plan and Report to the new 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 22 for a breakdown of the Scripps System Uncompensated Care Summary for fiscal year 2012)

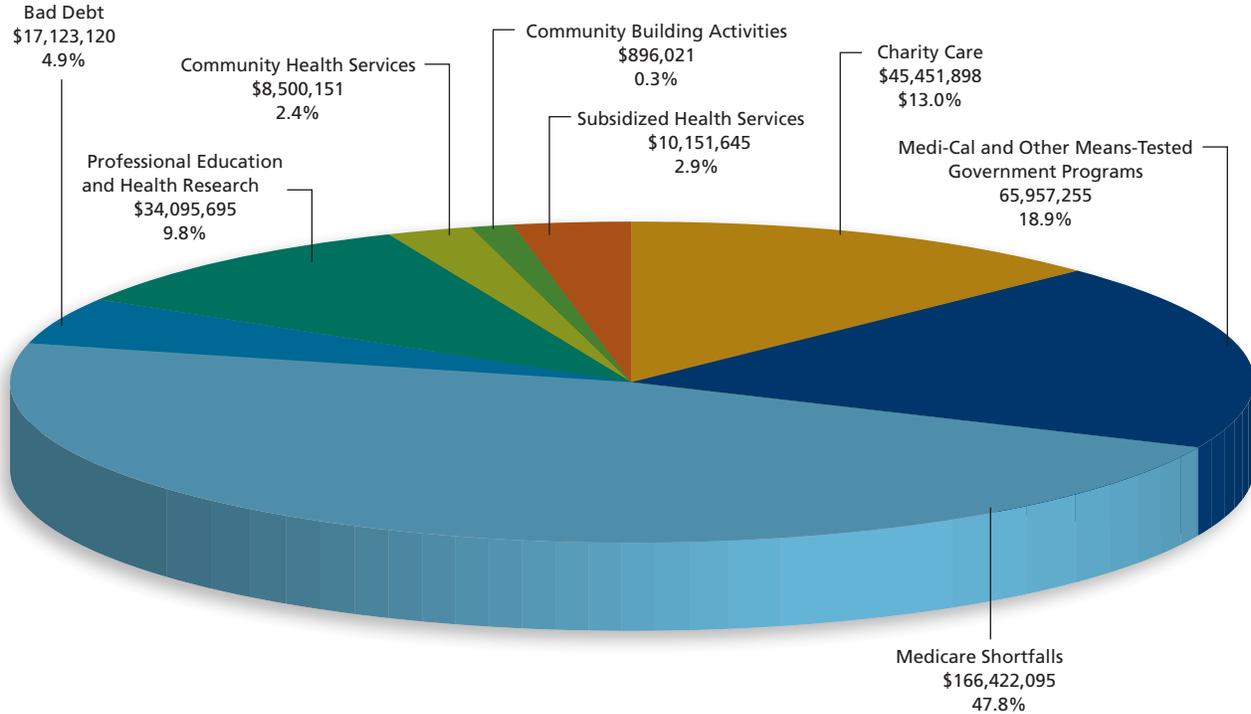
Hospital Provider Fee Program

In January 2010, the state of California enacted legislation that provided for supplemental Medi-Cal payments to certain hospitals funded by a "quality assurance fee" paid by participating hospitals and matching federal funds (the hospital provider fee program). For the fiscal year ending September 30, 2012, Scripps Health recognized net additional Medi-Cal income of \$43,233,000 related to the hospital provider fee program and reported as offsetting revenue from Medi-Cal. The supplemental revenue amounts recognized in net patient revenue during the fiscal year ending September 30, 2012 totalled \$128,929,000. Quality assurance fees assessed to and recorded by Scripps Health related to the hospital provider fee program during the fiscal year ending September 30, 2012 were recorded as provider tax fees and totalled \$83,175,000. During the fiscal year ending September 30, 2012, Scripps Health recorded charitable contributions of \$2,521,000 related to the hospital provider fee program to California Health Foundation and Trust (CHFT). These CHFT contributions were recorded as provider fees.

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

FIGURE 1:1

Fiscal Year 2012 Scripps Total Community Benefit Services Distribution, \$348,597,880 (before provider fee)



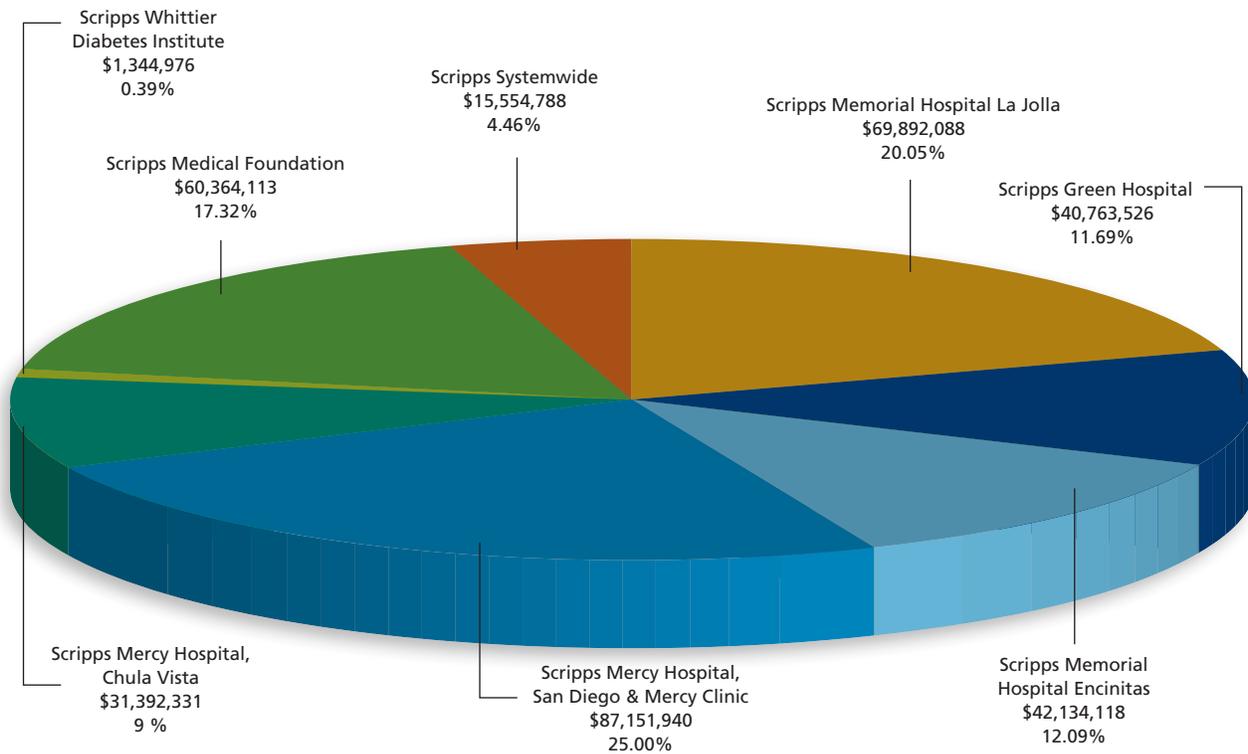
Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal & Other Means-Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	\$17,123,120	\$45,451,898	\$65,957,255	\$166,422,095	\$8,500,151	\$34,095,695	\$896,021	\$10,151,645	\$348,597,880
Provider Fee			(\$45,754,136)						(\$45,754,136)
Net Community Benefit Services After Provider Fee	\$17,123,120	\$45,451,898	\$20,203,119	\$166,422,095	\$8,500,151	\$34,095,695	\$896,021	\$10,151,645	\$302,843,744

Community Benefit Services

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

FIGURE 1:2

Fiscal Year 2012 Scripps Total Community Benefit Services by Operating Unit, \$348,597,880 (before provider fee)



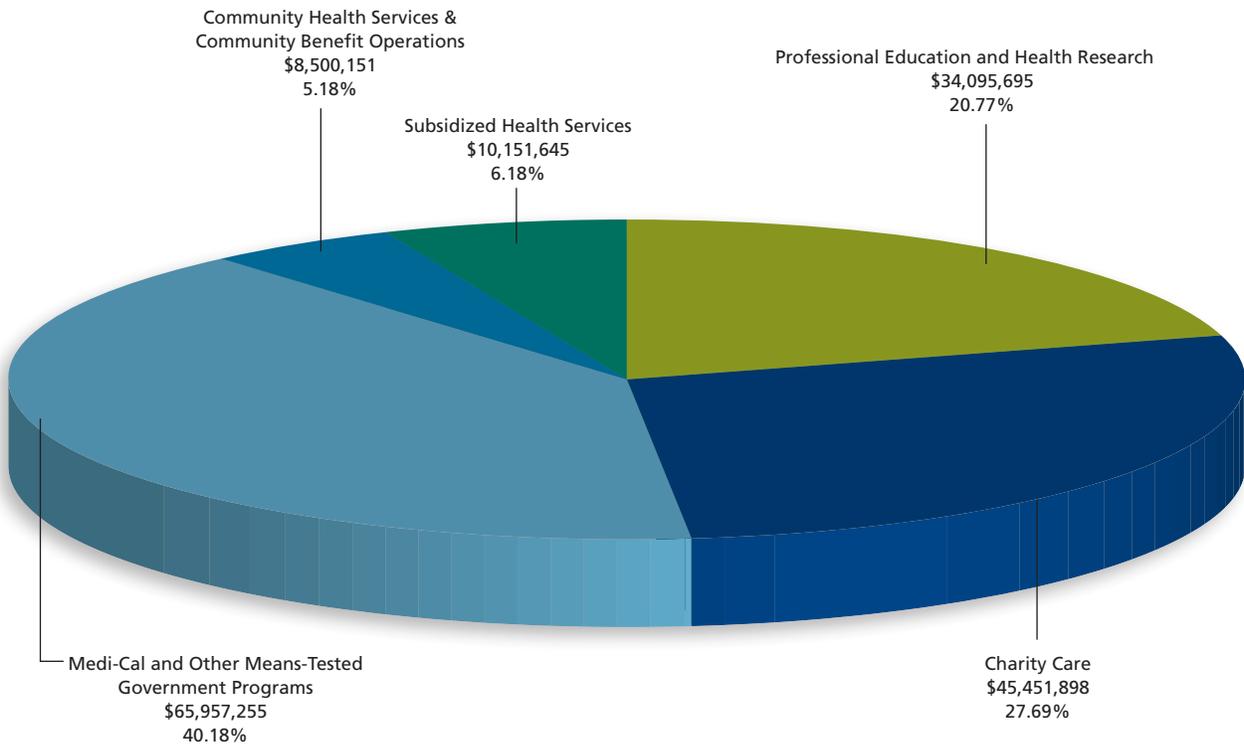
Provider Fee Impact	La Jolla	Green	Encinitas	Mercy San Diego	Mercy Chula Vista	Whittier	SMF	System-Wide	Total
Community Benefit Services Before Provider Fee	\$69,892,088	\$40,763,526	\$42,134,118	\$87,151,940	\$31,392,331	\$1,344,976	\$60,364,113	\$15,554,788	\$348,597,880
Provider Fee	\$6,678,882	\$5,945,201	\$3,765,088	(\$41,648,885)	(\$20,494,422)				(\$45,754,136)
Net Community Benefit Services After Provider Fee	\$76,570,970	\$46,708,727	\$45,899,206	\$45,503,055	\$10,897,908	\$1,344,976	\$60,364,113	\$15,554,788	\$302,843,744

Community Benefit Services

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

FIGURE 1:3

Fiscal Year 2012 Scripps Schedule H Community Benefit Services by Category, \$164,156,644 (before provider fee)



Provider Fee Impact	Charity Care	Medi-Cal & Other Means-Tested	Community Health Svcs	Prof Ed and Health Research	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	\$45,451,898	\$65,957,255	\$8,500,151	\$34,095,695	\$10,151,645	\$164,156,644
Provider Fee		(\$45,754,136)				(\$45,754,136)
Net Community Benefit Services After Provider Fee	\$45,451,898	\$20,203,120	\$8,500,151	\$34,095,695	\$10,151,645	\$118,402,509

Community Benefit Services (Schedule H)

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

Assessing Community Needs

California Senate Bill 697 requires the updating of a community health needs assessment at least every three years. Identifying San Diego County's health priorities is a complex process outlined in the following pages.

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

The report is the sixth edition of the triennial needs assessment. The project was initially undertaken by the Hospital Council of San Diego and Imperial Counties in 1995 to assist private, not-for-profit hospitals to comply with state community benefit legislation Senate Bill 697 (SB697), which required them to conduct a periodic assessment of the health needs of those living in their service area in order to better respond to the community's health needs.

The group that formed to meet the needs assessment requirement was initially known as the San Diego County SB697 Coalition and was composed of representatives from more than 25 health care-related organizations. The goal of the coalition was to collaborate and produce one needs assessment in order to maximize resources and develop a more comprehensive report for the County of San Diego. During the five subsequent needs assessments, the coalition, renamed Community Health Improvement Partners (CHIP) shortly after the completion of the first assessment, formalized its role to provide oversight and direction to the periodic needs assessment process.

Community Health Improvement Partners

Scripps is an official partner and an active participant in Community Health Improvement Partners (CHIP). Through CHIP, more than 25 community health-related organizations come together to jointly address the county's health needs. Scripps works with CHIP and other health care systems and partners to develop a comprehensive county health needs assessment that is updated every three years and includes county, state and national health statistic comparisons. The collaborative assessment process is one of the most respected in California.

Charting the Course VI: Health Needs Assessment for San Diego County

Charting the Course VI is intended to help fulfill legislative requirements of SB 697 and to provide a resource for individuals, agencies and institutions to identify community health needs and concerns. Readers are encouraged to explore Charting the Course VI to learn more about the critical health issues impacting San Diego County residents. This document presents a wealth of information relating the health issues to race/ethnicity, gender, age category and geographic region. The report also monitors changes and trends in health status among San Diego County residents. This information provides the basis upon which community health programs and interventions can be targeted, developed and evaluated, with the ultimate goal of improving the health of the community and its members. To gain a full understanding of Scripps' health assessment and analysis of community need in San Diego, we recommend reviewing the CHIP 2010 Charting the Course VI, A San Diego County Health Needs Assessment at <http://www.SDCHIP.org>.

2013 Community Health Needs Assessment

In addition to the existing statewide legislation, the Internal Revenue Service (IRS) recently released new requirements for tax-exempt hospitals under the Patient Protection and Affordable Care act of 2010. The new Internal Revenue Code (IRC) Section 501 (r) requires that certain tax-exempt facilities conduct a needs assessment in the community and adopt an implementation strategy for each state-licensed hospital facility it operates to meet community needs identified. The 2013 needs assessment will be coordinated by the Hospital Association of San Diego and Imperial Counties (HASD&IC). HASD&IC is a nonprofit organization providing leadership, representation and advocacy on behalf of more than 35 hospitals and integrated health systems in the two-county region. Scripps Health and other member hospitals will collaborate together and develop a Community Health Needs Assessment (CHNA). HASD&IC will provide project administration and facilitation of the CHNA process through the CHNA Advisory Workgroup (Workgroup). The Workgroup will oversee activities and outcomes related to the CHNA and will be instrumental in providing leadership and guidance throughout the process.

As a result of the CHNA process, health indicators will be identified and prioritized through a three-tiered process involving both quantitative and qualitative data analysis. A contractor will first analyze data from multiple sources and identify broad health indicators for initial review. Next, working with the CHNA Advisory Workgroup, focus areas will be prioritized for analysis and correlation with health disparities data. Finally, focused indicators will be considered by health experts and local leaders for feedback regarding alignment and relevance with the health needs of the community. The 2013 community needs assessment will be completed in Spring 2013, and the Scripps implementation strategies to meet the identified needs will be completed in the Fall of 2013.

Priority Setting Process for 2010

One of the major features of each needs assessment is the review of health issues felt to be impacting the San Diego region. These health issues are examined from a local (San Diego County), state and national perspective. The starting point for this process was a review of the 38 Healthy People 2020 focus areas. Because of the large number and the diversity of health issues, the needs assessment committee selected 17 of these health issues for additional study and possible inclusion in this year's needs assessment. These issues were selected based on an extensive review of the issues and a ranking of their perceived importance by the needs assessment committee. The goal of the priority-setting process for Charting the Course VI was to provide an organized, objective method of reviewing and prioritizing the health issues facing San Diego County. These issues were divided into three categories:

- Overarching Issues (Four Issues) — considered overarching because they potentially impact all of the other issues in this report. These included:
 - Access to health services.
 - Health communications and health information technology.
 - Public health infrastructure.
 - Social determinants of health.
- Health-Related Behaviors (Six Issues) — behaviors that are important components in long-term health, such as:
 - Immunization.
 - Smoking cessation.
 - Increasing physical activity.
 - Achieving a healthy weight status.
 - Oral health.
 - Violence and injury prevention.
- Health Outcomes (Seven Issues) — looks at the change in the health status of the population and various demographic groups over time related to:
 - Cancer.
 - Diabetes.
 - Heart disease and stroke.
 - Infectious diseases.
 - Maternal, infant and child health.
 - Mental health.
 - Respiratory diseases.

To help narrow the number of health issues, 379 community leaders from throughout San Diego County were invited to prioritize each issue based on the following four criteria:

1. What is the size of the health issue in San Diego County?
2. What is the seriousness of the health issue in San Diego County?
3. What community resources are currently available to address the health issue?
4. How much data or information do we have to evaluate the health issue's outcomes?

Participants in this priority-setting process were asked to review the information for each health issue covered in a briefing document, provide their ratings from their perspectives and weigh each issue using the information provided along with their knowledge of the health issue.¹ Overall, 72 community leaders participated in the priority-setting process.

Based on input from this priority-setting process, the needs assessment committee selected five health issues for the focus of Charting the Course IV.

- Access to health services.
- Social determinants of health.
- Weight status and physical activity.
- Injury and violence.
- Mental health.

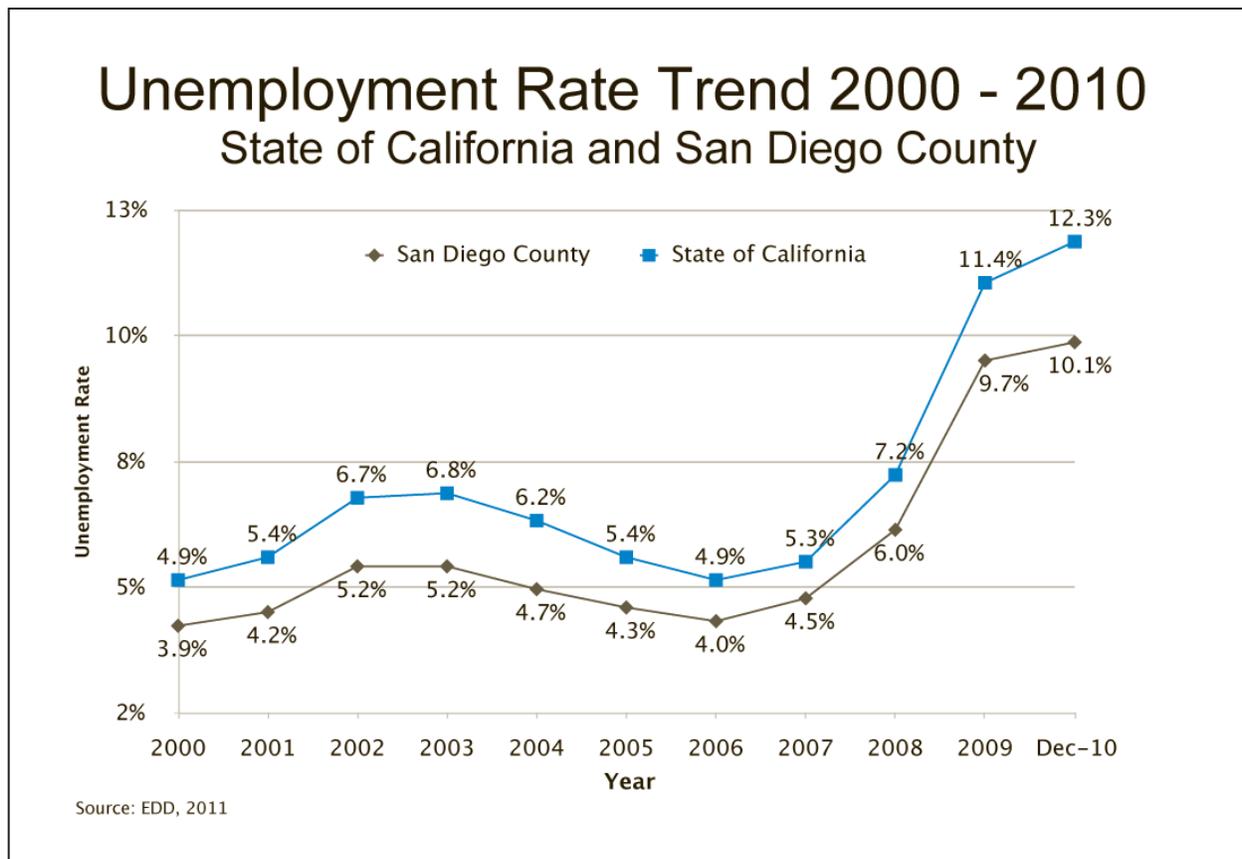
Charting the Course IV contains an in-depth review of these five health issues above, along with the priority-setting process used to select these issues and the background information related to 17 additional issues reviewed as part of the priority-setting process. In addition, information is presented related to the community forums held in each of the six regions of San Diego County to gain insights into the health issues of weight status, mental health, and injury and violence, and to begin the process of identifying some of the root causes related to these issues.

¹ Demographic and community need information data presented throughout the body of this document are based upon the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics (unless otherwise indicated). Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

Access to Health Services

The current economic downturn in the U.S. is believed to be changing patterns of health care utilization resulting in, among other things, people putting off needed health care and skipping dental care due largely to unemployment and lack of insurance coverage.

- Cities most impacted by high unemployment in San Diego County include National City (19.7 percent), Imperial Beach (16.5 percent), Fallbrook (13.2 percent), Lemon Grove (13 percent) and Vista (11.6 percent).
- Currently, an estimated 23 percent of San Diego residents under age 64 are uninsured.
- Community clinics in San Diego County are experiencing a rise in primary care clinic utilization rates and hospital emergency departments have experienced a sharp rise in Medi-Cal utilization.
- Latinos and the unemployed are most likely to be without health insurance.



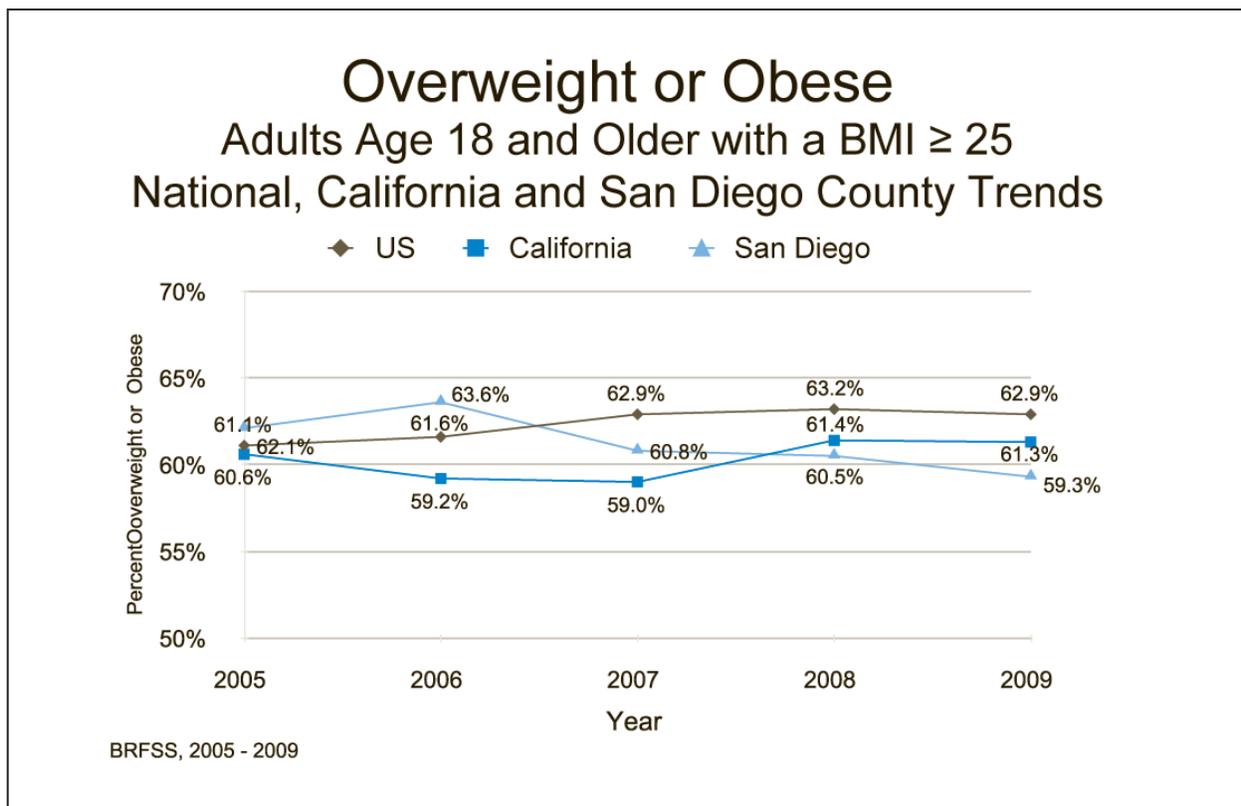
Social Determinants of Health

Social determinants of health, including education, economic status, living conditions and cultural elements, are factors that threaten health, promote health and protect health.

Weight Status, Nutrition and Physical Activity

The long-term health consequences of being overweight or obese are significant.

- During 2009, the prevalence of adults in San Diego County with an unhealthy weight status, either overweight or obese, was nearly 60 percent.
- Adults most likely to be obese include African-Americans and Latinos.
- Among children living in San Diego County, the prevalence of those overweight or obese was nearly 28 percent during 2007, the most recent period during which data is available.
- Children most likely to be overweight or obese include African-Americans and Latinos.

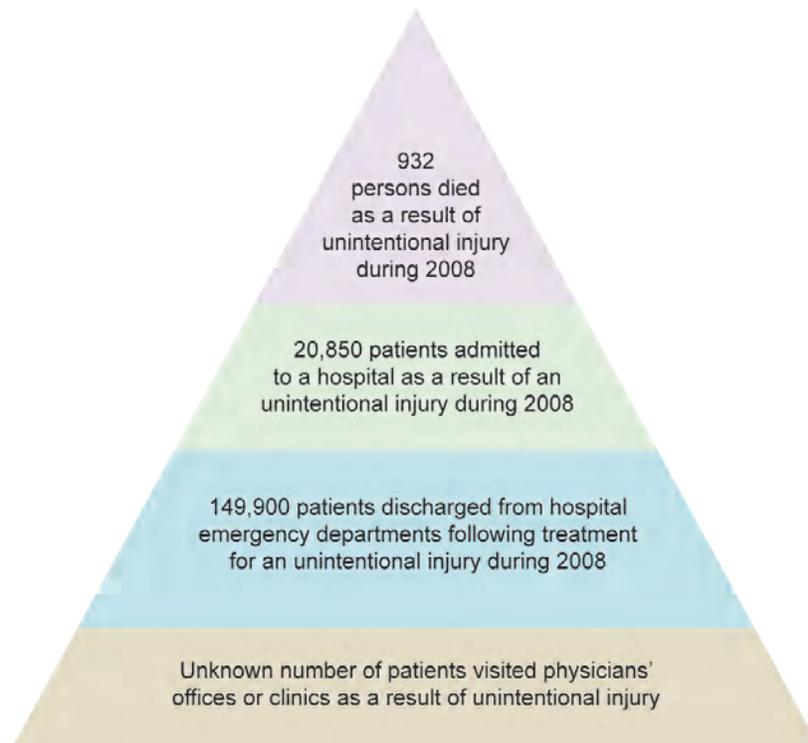


Injury and Violence

Prevention of unintentional injury and death offers a tremendous opportunity to impact the health of San Diego County residents.

- During 2008, there were 932 deaths and 20,850 hospitalizations resulting from unintentional injury and 149,900 hospital emergency department discharges following treatment for unintentional injuries. Moreover, the number of physician office and clinic visits related to unintentional injury, while unknown, is likely much higher than the number of emergency department visits.
- Unintentional injuries are one of the leading causes of death for San Diego County residents in all age categories regardless of gender, race or region.
- Between 2000 and 2008, the rate of death related to unintentional injury increased by nearly 10 percent.
- Those most impacted by death as a result of unintentional injury are males, persons age 85 or over, American Indians and persons living in the East region.

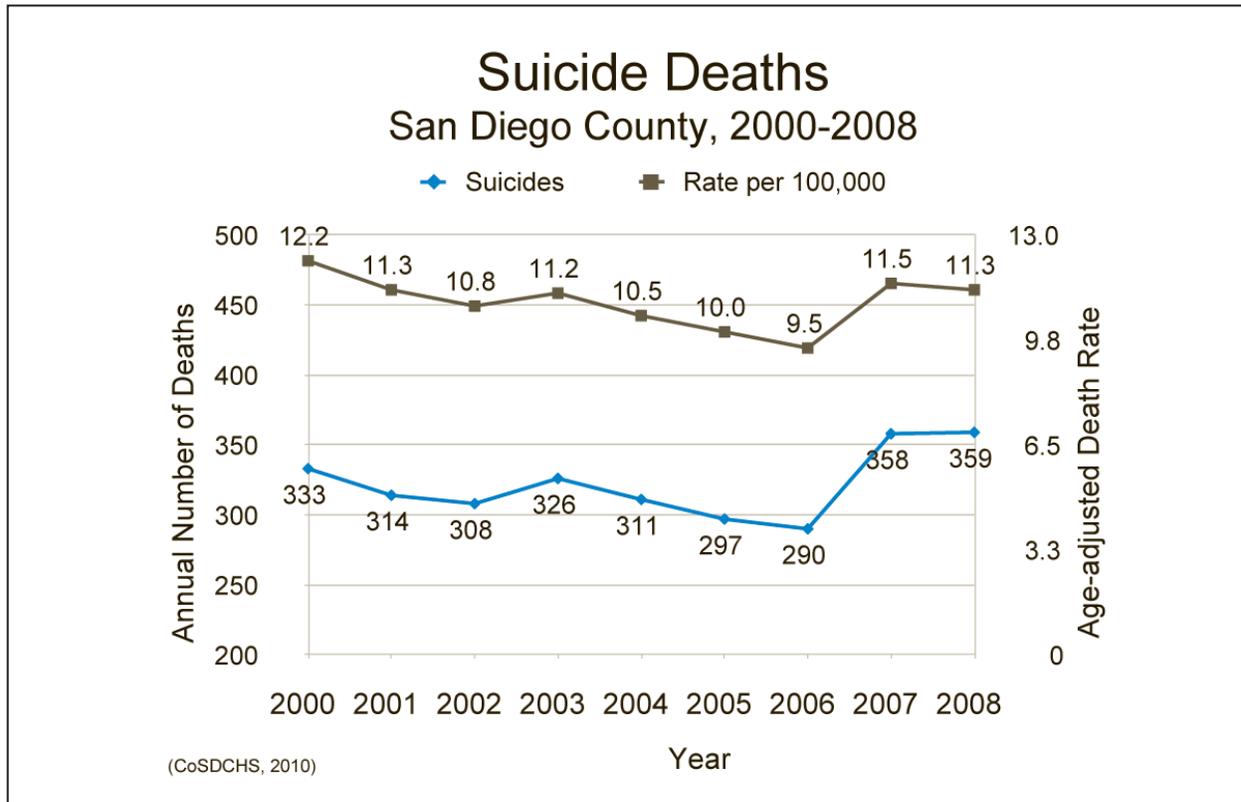
Unintentional Injury Pyramid 2008 San Diego County



Mental Health

Serious mental illness is a leading cause of disability in the U.S.

- The estimated prevalence of serious mental illness in San Diego County is 5 percent of the population, impacting more than 141,400 persons.
- During 2008, suicide, one of the major complications of depression, was the eighth leading cause of death in San Diego County.



Community Input

Community forums were held in each of the six regions of San Diego County. The six forums were attended by more than 200 community stakeholders representing a wide variety of programs, agencies and organizations.

The following table highlights some of the root causes identified by community stakeholders related to each health issue.

Summary of Identified Root Causes by Health Issue

Weight Status, Nutrition and Physical Activity	Injury And Violence	Mental Health
<ul style="list-style-type: none"> • Limited access to affordable, fresh, healthful foods. • Limited access to safe affordable space for physical activity. • Societal norms do not support physical activity. • Fast foods are easily accessible, less expensive and marketed heavily. • Society’s encouragement of sedentary activities. • Fear of crime and safety issues related to being physically active in neighborhoods and parks. • Language barriers. 	<ul style="list-style-type: none"> • Limited access, knowledge and awareness of prevention. • Gang activity. • Easy access and use of illicit drugs and alcohol. • Unsafe home environments. • High-risk activities among youth. • Language and cultural issues related to laws and trust in governmental programs. • Military culture conflicts with civilian code of conduct. • Cultural bias against services to seniors and Latinos. • Cultural norms do not support reporting problems. • Distrust of neighbors, community leaders and fear of retaliation. • Low literacy levels. 	<ul style="list-style-type: none"> • Stigma associated with mental illness. • Cultural beliefs related to mental illness. • Provider systems intimidate consumers. • Socioeconomic, cultural and language barriers to care. • Limited number of culturally competent psychiatrists and nurses. • Primary care physicians unwilling to accept referrals or do screening, assessment and brief interventions. • Limited knowledge on how to navigate the mental health treatment system.

Community Priority Scoring Process Results

By Scoring Criteria and Overall Ranking

Rank	Size	Seriousness	Community Resources	Evaluation / Outcomes	Overall Ranking
Overarching Health Issues					
1	Health Access	Health Access	Health Access	Health Info Tech	Health Access
2	Social Determinants				
3	Public Health Infrastructure	Public Health Infrastructure	Health Info Tech	Health Access	Public Health Infrastructure
4	Health Info Tech	Health Info Tech	Public Health Infrastructure	Public Health Infrastructure	Health Info Tech
Health - Related Behaviors					
1	Weight Status	Weight Status	Oral Health	Weight Status	Weight Status
2	Physical Activity	Substance Abuse	Weight Status	Injury & Violence	Physical Activity
3	Oral Health	Physical Activity	Injury & Violence	Physical Activity	Substance Abuse
4	Substance Abuse	Injury & Violence	Physical Activity	Oral Health	Injury & Violence
5	Immunization	Oral Health	Substance Abuse	Substance Abuse	Oral Health
6	Injury & Violence	Immunization	Immunization	Immunization	Immunization
Health Outcomes					
1	Diabetes	Cancer	Mental Health	Mental Health	Diabetes
2	Heart Disease/ Stroke	Heart Disease/ Stroke	Diabetes	Diabetes*	Heart Disease/ Stroke
3	Mental Health	Diabetes	Heart Disease/ Stroke	Respiratory Disease*	Mental Health
4	Cancer	Mental Health	Cancer	Family Planning*	Cancer
5	Respiratory Disease	Respiratory Disease	Infectious Disease	Cancer*	Family Planning
6	Infectious Disease*	Infectious Disease	Respiratory Disease	Infectious Disease	Infectious Disease
7	Family Planning*	Family Planning	Family Planning	Heart Disease/ Stroke	Respiratory Disease

* Items within a particular category denote similar scores or ties in scores. No statistical analysis was applied to this tool; it was designed as a rating tool to assist in the decision making process.

FIGURE 2:1

Leading Causes of Death Among San Diego County Residents

Leading Causes of Death Among San Diego County Residents by HHS Regions, 2008²

COUNTY-WIDE RANK IN 2008*	CAU.S.E OF DEATH**	REGION†											
		N. Coastal		N. Central		Central		South		East		N. Inland	
		number of deaths	%										
1	Diseases of heart	853	27.0	853	24.6	626	23.5	630	24.5	924	25.0	831	22.7
2	Malignant neoplasms (all cancers)	764	24.2	889	25.6	614	23.1	661	25.7	847	23.0	915	25.0
3	Alzheimer's disease	191	6.0	214	6.2	87	3.3	105	4.1	255	6.9	287	7.8
4	Cerebrovascular diseases	213	6.7	186	5.4	147	5.5	148	5.7	205	5.6	211	5.8
5	Chronic lower respiratory diseases	174	5.5	169	4.9	127	4.8	120	4.7	237	6.4	214	5.8
6	Accidents (unintentional injuries)	136	4.3	147	4.2	144	5.4	111	4.3	186	5.0	169	4.6
7	Diabetes mellitus	76	2.4	80	2.3	107	4.0	104	4.0	108	2.9	95	2.6
8	Intentional self-harm (suicide)	70	2.2	71	2.0	55	2.1	41	1.6	66	1.8	49	1.3
9	Influenza and pneumonia	56	1.8	63	1.8	64	2.4	46	1.8	48	1.3	58	1.6
10	Chronic liver disease and cirrhosis	41	1.3	54	1.6	62	2.3	56	2.2	69	1.9	47	1.3
11	Essential (primary) hypertension and hypertensive renal disease	50	1.6	52	1.5	31	1.2	26	1.0	57	1.5	58	1.6
12	Parkinson's disease	41	1.3	48	1.4	27	1.0	16	.6	35	.9	52	1.4
13	Nephritis, nephrotic syndrome and nephrosis	21	.7	23	.7	31	1.2	33	1.3	39	1.1	31	.8
14	Neoplasms – in situ, benign, or unk behavior	24	.8	28	.8	12	.5	17	.7	17	.5	27	.7
15	Viral hepatitis	10	.3	9	.3	26	1.0	31	1.2	21	.6	23	.6
	All Other Causes	443	14.0	586	16.9	500	18.8	429	16.7	575	15.6	594	16.2
	TOTAL DEATHS:	3,163	100	3,472	100	2,660	100	2,574	100	3,689	100	3,661	100

* Rank is based on total number of deaths in each of the National Center for Health Statistics (NCHS) "rankable" categories. The top 15 leading causes of death presented here are based on the county-wide rank among San Diego residents in 2008.

** Cause of death is based on the underlying cause of death reported on death certificates as classified by ICD-10 codes.

† HHS Regions were created by grouping contiguous zip codes.

Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Death Statistical Master Files; SANDAG January 1 population estimates (Original Estimates 2009_Revised 2001-2008)

2 Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

Uncompensated Health Care

Scripps contributes significant resources to provide low and no-cost health care for our patients in need. During fiscal year 2012, Scripps contributed \$249,200,233 in uncompensated health care, including \$45,451,898 in charity care, \$186,625,215 in Medi-Cal and other means-tested government programs and Medicare shortfall, and \$17,123,120 in bad debt.

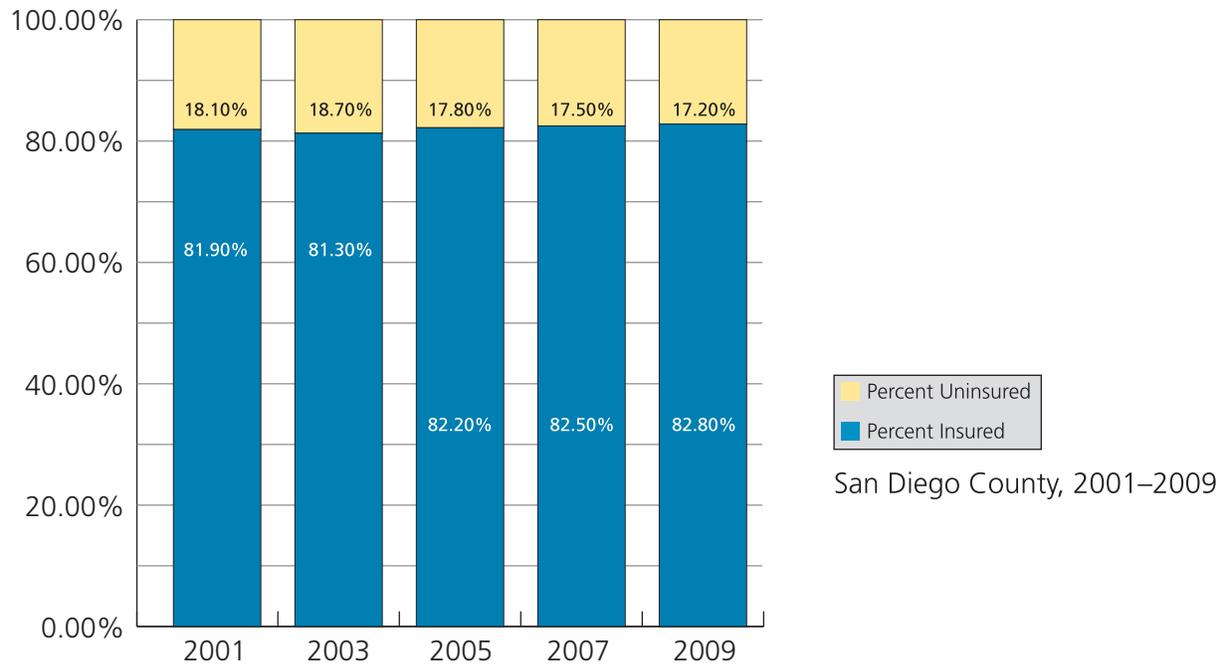
Scripps provides hospital services for one-quarter of the county's uninsured patients. Scripps Mercy Hospital, San Diego and Scripps Mercy Hospital, Chula Vista provide 66 percent of Scripps' charity care (refer to figure 3:4).

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

While public subsidies (e.g., County Medical Services) help finance services for San Diego County's uninsured populations, these subsidies do not cover the full cost of care. Combined with Medi-Cal and Medicare funding shortfalls, Scripps and other local hospitals absorb the cost of caring for uninsured patients in their operating budgets. This places a significant financial burden on hospitals and physicians.

San Diego experienced a brief increase in the percentage of insured residents from 2003 to 2009 (see to figure 3:1). At that time, 17.2 percent of the adult (19 to 64), non-military population in San Diego County lacked health insurance coverage.

Figure 3:1
Percent of Non-Military Adults (age 19 to 64)
with health insurance Coverage
San Diego County, 2001-2009¹



The California Health care Foundation (CHCF) estimates that, in 2011, California had the largest number of people under age 65 without health insurance (7.1 million) of any state. The percentage of uninsured Californians has risen steadily over the past two decades, and the state now has the seventh highest percentage of uninsured residents in the United States.²

1 California Health Interview Survey. "Source: 2009 California Health Interview Survey," www.chis.ucla.edu

2 California Health care Foundation, California Health care Almanac, December 2012

State Uninsured Comparison

Three-Year Average, 2009 to 2011^{*}

	TOTAL POPULATION	UNINSURED RESIDENTS	
	In Millions	In Millions	Share of Total
United States	\$265.7	\$48.5	18.2%
HIGHEST PROPORTION STATES			
Texas	\$22.5	\$6.1	27.0%
Florida	\$15.3	\$3.8	24.8%
Nevada	\$2.3	\$0.6	24.3%
New Mexico	\$1.7	\$0.4	23.9%
Georgia	\$8.7	\$1.9	21.8%
South Carolina	\$3.9	\$0.9	21.8%
California	\$32.9	\$7.1	21.6%

*All numbers reflect people under age 65.

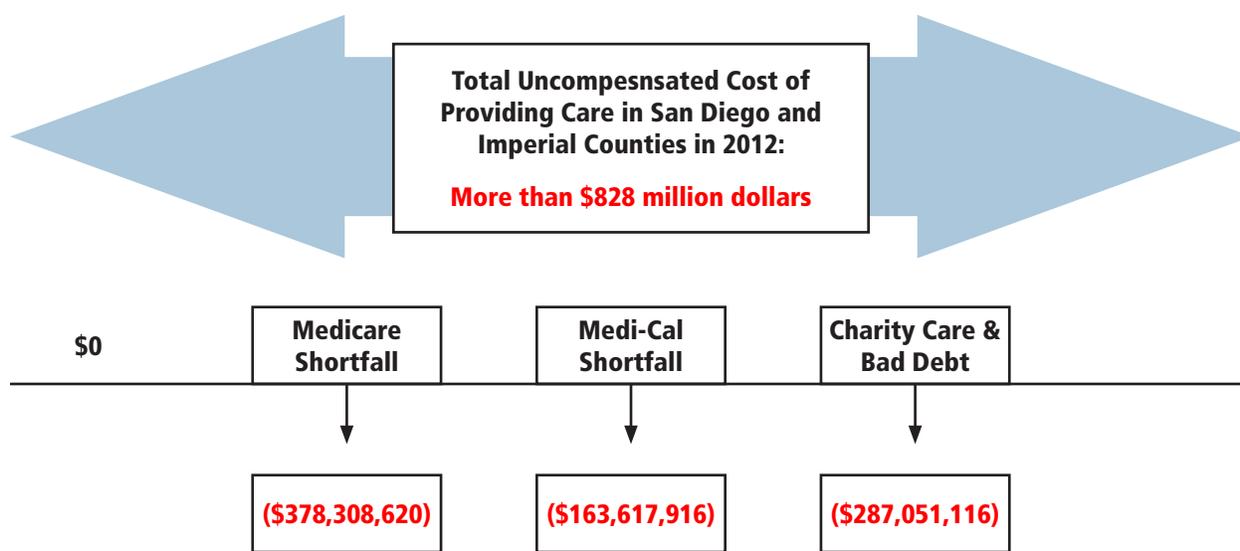
The percentage of Californians with employer-based coverage continued to fall, dropping from 65 percent in 1987 to 52 percent in 2011. While public insurance has partially filled this gap, almost 22 percent of Californians remain uninsured. This statistic should change dramatically in the coming years as the Patient Protection and Affordable Care Act is implemented.

During the same period, the percentage of state residents covered by Medi-Cal increased from 13.3 percent in 2000 to 19.8 percent in 2011. Income was also a factor, with 35.5 percent of state residents with annual incomes under \$25,000 lacking insurance. Californians with annual family incomes below \$25,000 are most likely to be uninsured. The likelihood of being uninsured is greater in California than the United States as a whole for all income levels. The rates of uninsured residents in the state could decline as more adults without insurance find coverage through the state's Bridge to Reform program. Since the start of 2011, a dozen counties have launched low-income health plans to cover uninsured adults who don't qualify for Medi-Cal, providing coverage for more than 200,000 residents.³

³ California Health care Foundation, California Health care Almanac, December 2012

Medicare and Medicaid Payments are Vital to Preserve Access to Care

California hospitals continue to face challenges due to payment shortfalls; key workforce shortages; unfunded state mandates; an increasing regulatory burden; and the continued escalation of technology costs, including health information technology. With Medicare and Medicaid payments not fully covering the costs of care, hospitals are concerned about the sustainability of services required by an aging American public that is experiencing a higher rate of chronic disease. Increasing demands for services are also expected, as more individuals obtain health insurance and seek access to care due to health care reform.⁴



Source: OSHPD Annual Financing Data, 2010 calendar year.

Financial Assistance

Assisting Low-Income, Uninsured Patients

The Scripps financial assistance policy is consistent with AB774 California Hospital Fair Pricing Policy legislation. 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 provides full financial assistance for low-income and uninsured patients earning less than 200 percent of the federal poverty level guidelines. For individuals who qualify, between 201-400 percent of the poverty level, financial assistance is based on a discount schedule. For 2012, the Department of Health and Human Services defined a family of four's 200 percent federal poverty level as \$46,100.

⁴ San Diego & Imperial Counties Hospitals, Caring for Patients and Communities, Economic Profile, August 2012

**FY12 Scripps System Uncompensated Health Care Summary
(After Provider Fee)**

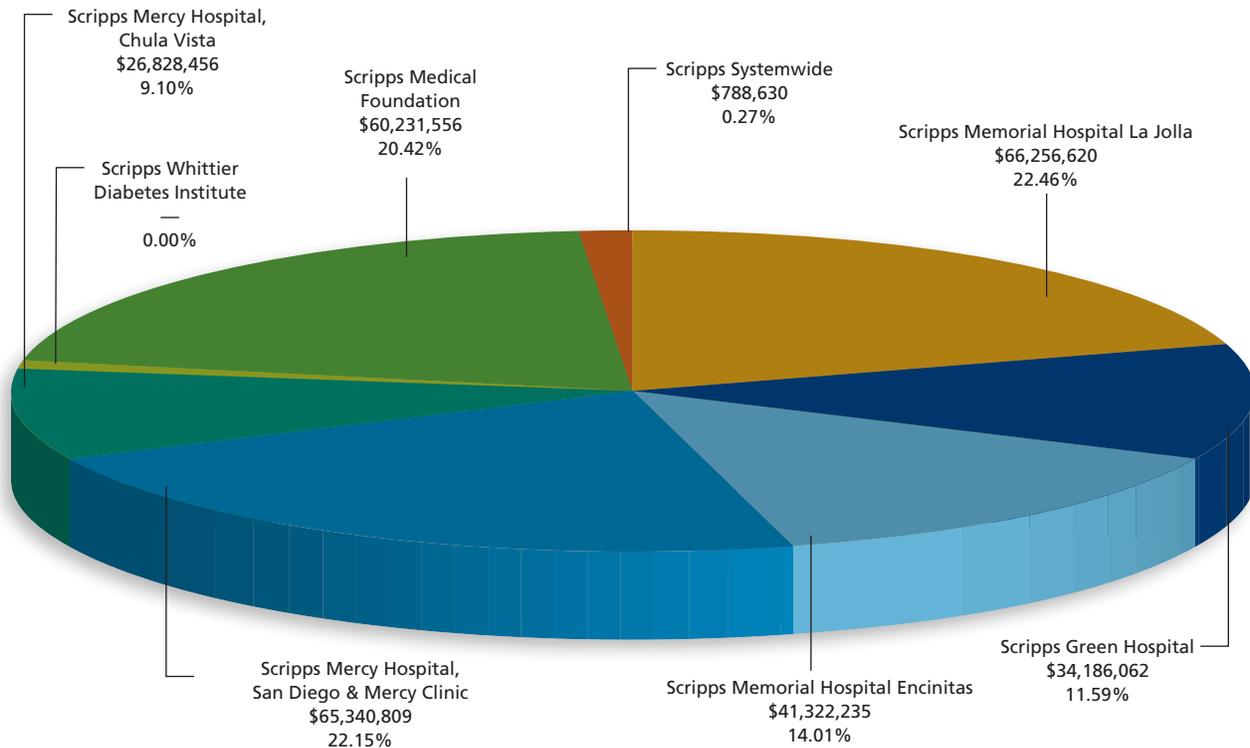
Title	Financial Support*
Bad Debt	\$17,123,120
Charity Care	\$45,451,898
Medi-Cal (Shortfall)**	(\$8,914,753)
Medicare and Medicare HMO (Shortfall)	\$166,422,095
Other Means-Tested Government Programs (Shortfall)	\$29,117,873
SCRIPPS TOTAL FY12 UNCOMPENSATED CARE	\$249,200,233
SCRIPPS SCHEDULE H FY12 UNCOMPENSATED CARE (Excludes Bad Debt and Medicare Shortfalls)	\$65,655,018

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

**2012 Hospital Hospital Provider Fee Program: In January 2010, the state of California enacted legislation that provided for supplemental Medi-Cal payments to certain hospitals funded by a "quality assurance fee" paid by participating hospitals and matching federal funds ("the hospital provider fee program"). For the fiscal year ending September 30, 2012, Scripps Health recognized net additional Medi-Cal income of \$43,233,000 related to the hospital provider fee program and reported as offsetting revenue from Medi-Cal. The supplemental revenue amounts recognized in net patient revenue during the fiscal year ending September 30, 2012 totalled \$128,929,000. Quality assurance fees assessed to and recorded by Scripps Health related to the hospital provider fee program during the fiscal year ending September 30, 2012 were recorded as provider tax fees and totalled \$83,175,000. During the fiscal year ending September 30, 2012, Scripps Health recorded charitable contributions of \$2,521,000 related to the hospital provider fee program to California Health foundation and Trust (CHFT). These CHFT contributions were recorded as provider fees.

FIGURE 3:2

FY12 Scripps Total Uncompensated Care by Operating Unit, \$294,954,368⁵ (before provider fee)



Provider Fee Impact	La Jolla	Green	Encinitas	Mercy San Diego	Mercy Chula Vista	Whittier	SMF	System-Wide	Total
Community Benefit Services Before Provider Fee	\$66,256,620	\$34,186,062	\$41,322,235	\$65,340,809	\$26,828,456	—	\$60,231,556	\$788,630	\$294,954,368
Provider Fee	\$6,678,882	\$5,945,201	\$3,765,088	(\$41,648,885)	(\$20,494,422)	—	—	—	(\$45,754,136)
Net Community Benefit Services After Provider Fee	\$72,935,502	\$40,131,263	\$45,087,324	\$23,691,924	\$6,334,034	—	\$60,231,556	\$788,630	\$249,200,233

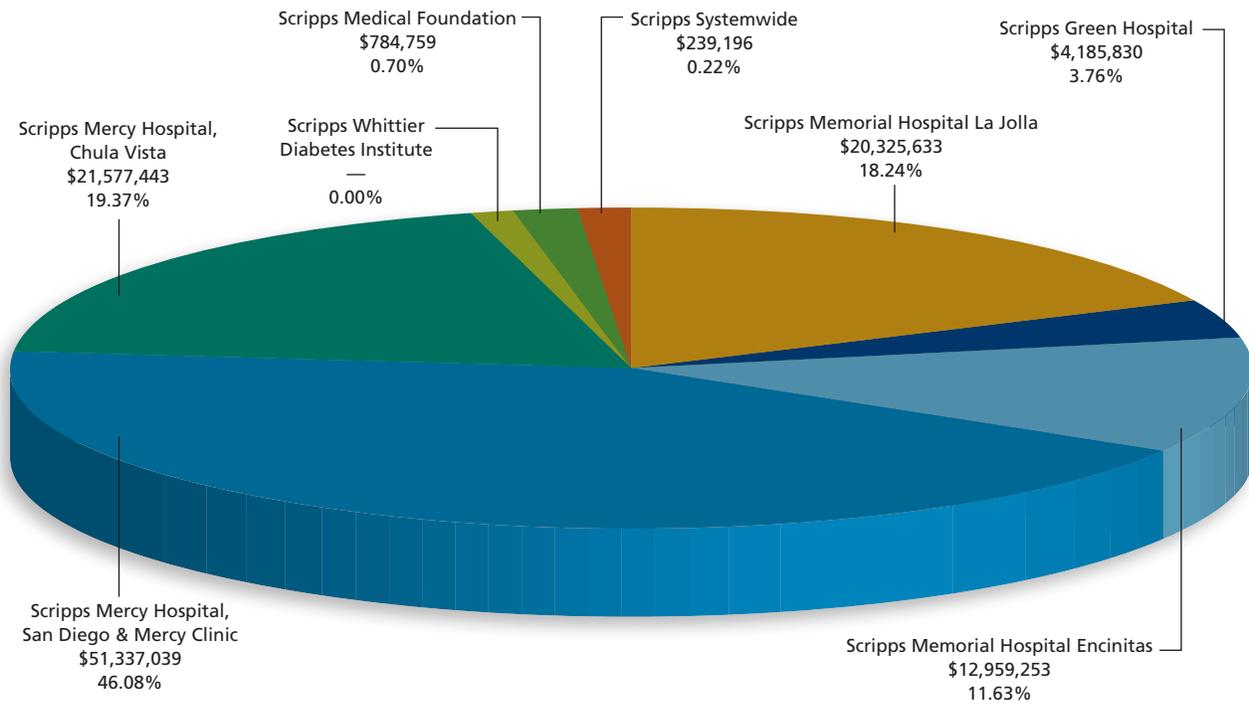
Uncompensated Health Care

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 2012 uncompensated care expenditures are contained in the following graphs.

⁵ Calculations for Medi-Cal and other means-tested government programs and Medicare shortfalls are derived using the payor-based cost allocation method. Calculations for bad debt and charity care are estimated by extracting the gross write-offs of bad debt and charity care charges and applying the hospital ratio of cost to charges (RCC) to estimate net cost of care.

FIGURE 3:3

FY12 Scripps Schedule H Uncompensated Care by Operating Unit, \$111,409,154⁶ (before provider fee)



Provider Fee Impact	La Jolla	Green	Encinitas	Mercy San Diego	Mercy Chula Vista	Whittier	SMF	System-Wide	Total
Community Benefit Services Before Provider Fee	\$20,325,633	\$4,185,830	\$12,959,253	\$51,337,039	\$21,577,443	—	\$784,759	\$239,196	\$111,409,154
Provider Fee	\$6,678,882	\$5,945,201	\$3,765,088	(\$41,648,885)	(\$20,494,422)				(\$45,754,136)
Net Community Benefit Services After Provider Fee	\$27,004,516	\$10,131,031	\$16,724,342	\$9,688,154	\$1,083,020	—	\$784,759	\$239,196	\$65,655,018

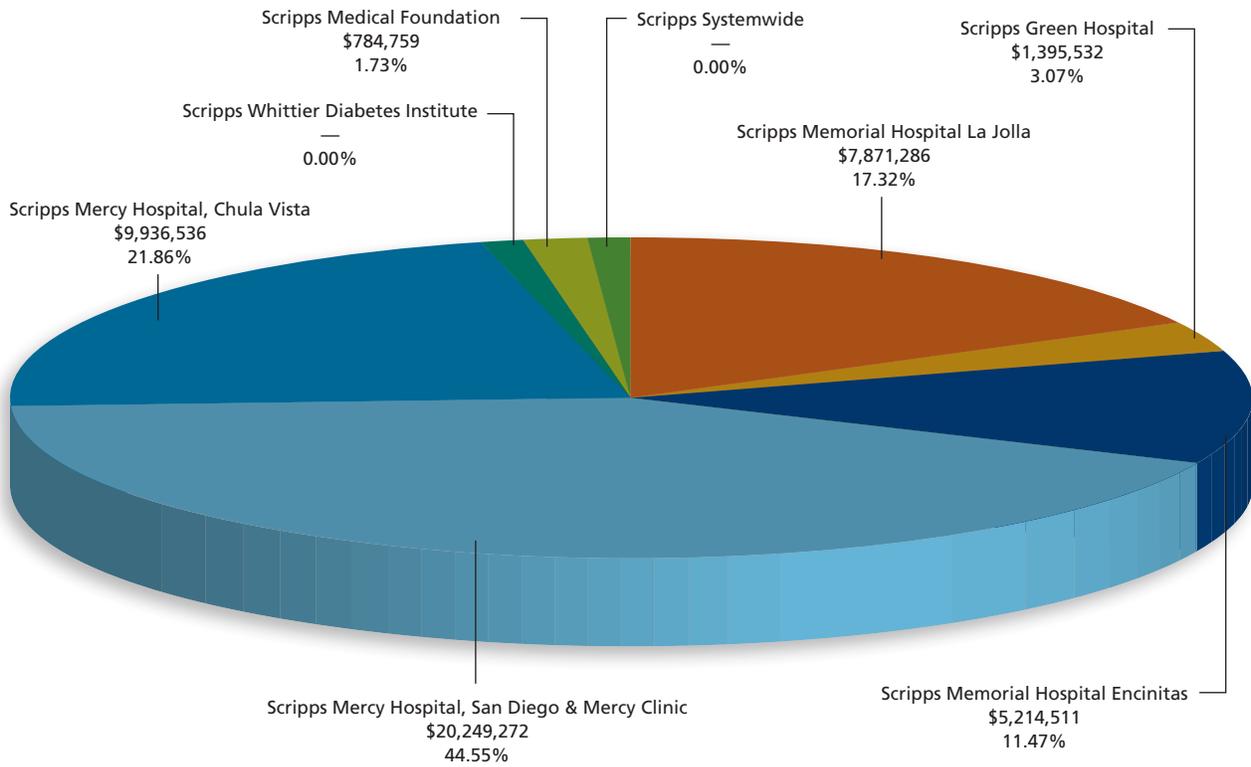
Uncompensated Health Care (Schedule H)

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

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

FIGURE 3:4

FY12 Scripps Charity Care by Operating Unit, \$45,451,898⁷



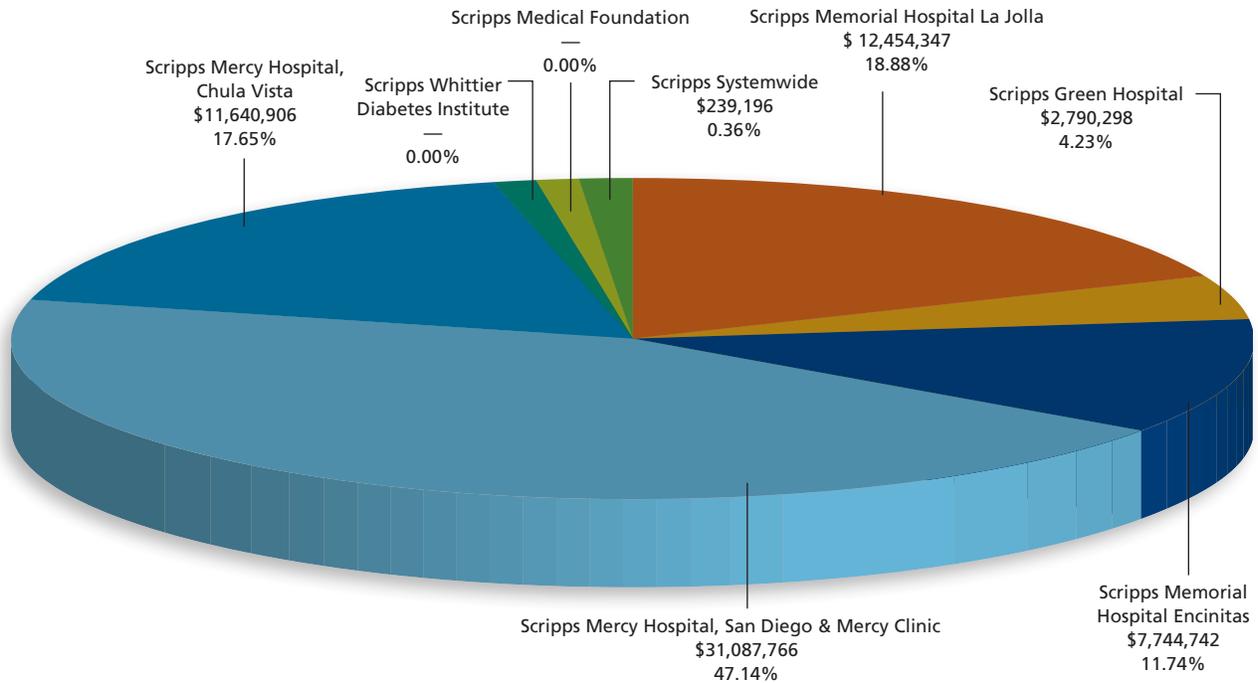
Charity Care

Part of Scripps’ legacy is its commitment to providing services for vulnerable populations. Scripps provides charity care for patients with little or no resources at all its hospitals.

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

FIGURE 3:5

FY12 Scripps Medi-Cal and Other Means-Tested Programs by Operating Unit, \$65,957,255⁸ (before provider fee)



Provider Fee Impact	La Jolla	Green	Encinitas	Mercy San Diego	Mercy Chula Vista	Whittier	SMF	System-Wide	Total
Community Benefit Services Before Provider Fee	\$12,454,347	\$2,790,298	\$7,744,742	\$31,087,766	\$11,640,906	—	—	\$239,196	\$65,957,255
Provider Fee	\$6,678,882	\$5,945,201	\$3,765,088	(\$41,648,885)	(\$20,494,422)	—	—	—	(\$45,754,136)
Net Community Benefit Services After Provider Fee	\$19,133,229	\$8,735,499	\$11,509,830	(\$10,561,119)	(\$8,853,516)	—	—	\$239,196	\$20,203,120

Medi-Cal and Other Means-Tested Programs (Shortfall)

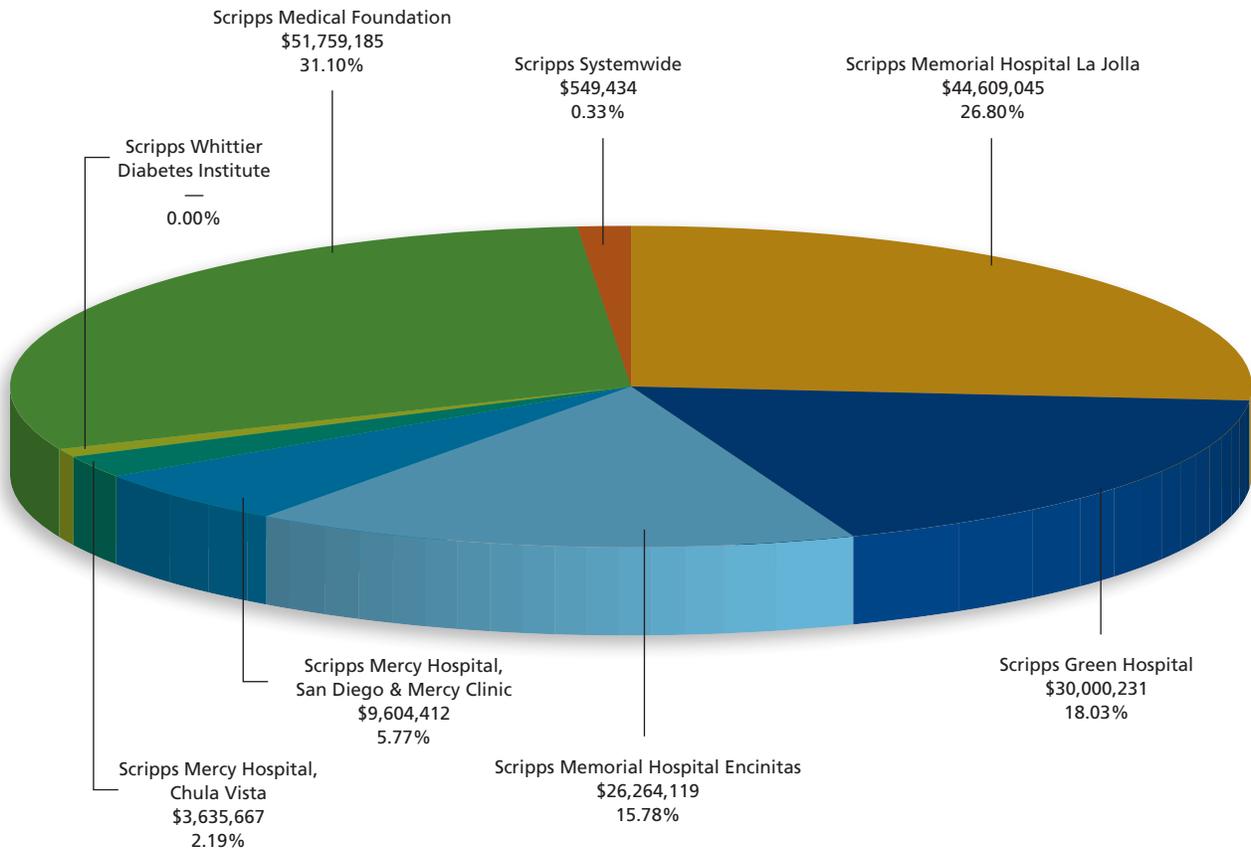
In addition to providing charity care services, Scripps accepts patients for whom it is reimbursed under various county, state and federal indigent care programs (CMS, Medi-Cal and Medi-Cal HMO) at amounts that, in some cases, do not cover the full cost of care.

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

In January 2010, the State of California enacted legislation that provided for supplemental Medi-Cal payments to certain hospitals funded by a "quality assurance fee" paid by participating hospitals and matching federal funds ("the hospital provider fee program"). For the fiscal year ending September 30, 2012, Scripps Health recognized net additional Medi-Cal income of \$43,233,000 related to the hospital provider fee program and reported as offsetting revenue from Medi-Cal. The supplemental revenue amounts recognized in net patient revenue during the fiscal year ending September 30, 2012 totalled \$128,929,000. Quality assurance fees assessed to and recorded by Scripps Health related to the hospital provider fee program during the fiscal year ending September 30, 2012 were recorded as provider tax fees and totalled \$83,175,000. During the fiscal year ending September 30, 2012, Scripps Health recorded charitable contributions of \$2,521,000 related to the hospital provider fee program to California Health foundation and Trust (CHFT). These CHFT contributions were recorded as provider fees.

FIGURE 3:6

FY12 Scripps Medicare and Medicare HMO (Shortfall) by Operating Unit, \$166,422,095⁹



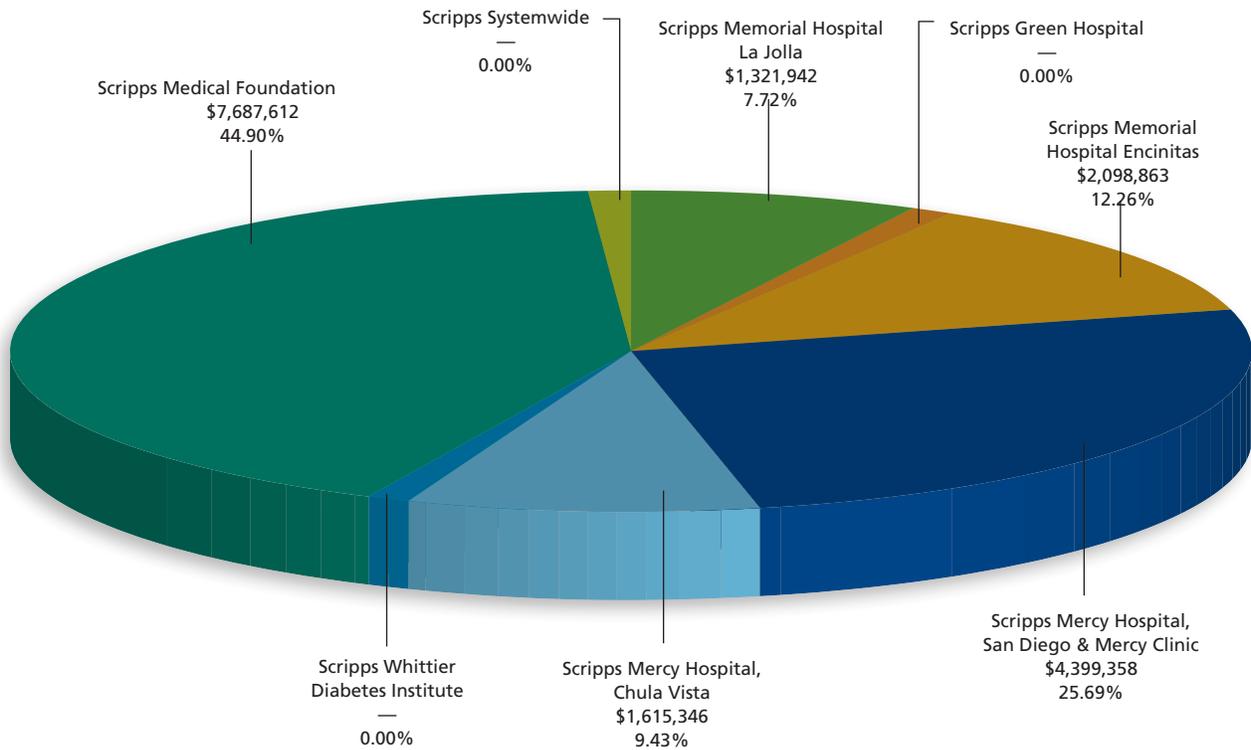
Medicare and Medicare HMO (Shortfall)

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.

⁹ Calculations for Medicare are derived using the payor-based cost allocation methodology.

FIGURE 3:7

FY12 Scripps Bad Debt by Operating Unit, \$17,123,120¹⁰



Bad Debt

Scripps also provides benefits to the broader community, including services for individuals who do not qualify for charity care, but need special services and support. Each year, Scripps provides care for which no compensation is received to people who do not meet the criteria for charity care, are not covered by a third-party payer or have a co-payment obligation that is not met.

¹⁰ Cost of bad debt is estimated by applying the hospital ratio of cost-to-charges (RCC) to the gross write-offs of bad debt to arrive at the estimated cost of providing care.

Community Health Services

Community Health Services include prevention and wellness programs — screenings, health education, support groups and health fairs — supported by operational funds, grants, in-kind donations and philanthropy. These programs raise public awareness and understanding of the community health needs documented in the Charting the Course VI, CHIP 2010 Health Needs Assessment (Refer to Section 2 — Assessing Community Need). In addition, they increase access to services that address those needs.

Scripps defines Community Health Services according to the Schedule H 990 categories mandated by the IRS. They are broken down into five main areas: (See the Scripps Community Health Services Summary List for more details, page 59).

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

During fiscal year 2012 (October 2011 to September 2012), Scripps invested \$18,651,796 in community health services. This figure reflects the costs associated with providing these programs — salaries, materials and supplies, minus revenue.

Here are a few highlights of activities conducted by Scripps during fiscal year 2012. Refer to figure 4:1 for a graphic representation of the FY12 Scripps System Community Health Services program distribution.

Access to Care

Two primary barriers to obtaining health care, on both the local and national level, are lack of health insurance and access to specialty and primary care providers.

Reduced access to basic health care services increases illness, injury and mortality and is a major burden on hospitals and health providers, who must provide uncompensated care for the uninsured. More people without insurance translates into higher use of emergency departments, which by law must provide stabilizing care to all patients, regardless of their ability to pay. Review of the San Diego County Emergency Department (ED) discharges by source of payment, between 2006 and 2008, found the demand on ED services increased by 11.9 percent, to 582,129 and 651,595 respectively. In addition, shifts in payor sources were noted, including a decline in private HMO and worker compensation ED discharges and increases in both self-pay and Medi-Cal ED discharges. The decline in private HMP coverage was offset by a slight increase in other private insurance. The increase in self-pay and Medi-Cal discharges suggests more patients are relying on ED care due to lack of insurance coverage.¹

1 Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

In an effort to provide for people in need, Scripps sponsored a number of programs in fiscal year 2012.

Mercy Outreach Surgical Team

Working in Mexico, the Mercy Outreach Surgical Team (MOST) provides reconstructive surgeries for children at no cost. MOST volunteers performed reconstructive surgeries on children suffering from birth defects or accidents. In special circumstances, surgeries are also provided for adults. During fiscal year 2012, the MOST team provided reconstructive surgeries for more than 486 children. (Sponsored by Scripps Mercy Hospital, San Diego and affiliated physicians)

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

Weekly community clinics were held at the St. Vincent de Paul and St. Leo's clinics. Staffed by Scripps Green Hospital and Scripps Clinic Internal Medicine Residents, these clinics cared for approximately 800 of our county's most vulnerable residents during fiscal year 2012. (Sponsored by Scripps Clinic/Green Hospital)

Fiji Alliance Project

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

Scripps Health Community Benefit (CB) Fund

In 2012, Scripps awarded \$215,000 in community grants to programs in San Diego (six 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 \$2.4 million. Programs funded during fiscal year 2012 include:

Consumer Center for Health Education and Advocacy (CCHEA)

Funding provides low-income, uninsured Mercy Clinic and Behavioral Health patients help obtaining health care benefits, SSI and related services, while reducing uncompensated care expenses at Mercy. The project provides advocacy services for time-intensive government benefit cases. (Sponsored by Scripps Mercy Hospital Administration)

Catholic Charities

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

2-1-1 Health care Navigation Program

There is an overwhelming need for a dependable service to help people navigate today's complex health care system. Since the inception of the health care navigation program, 2-1-1 has responded to more than 6,000 calls from clients seeking health-related resources. In addition, 5,726 self-selected "health" as their need. 2-1-1 San Diego is the dialing code for information about community, health and disaster services. It connects people with resources over the phone, online and in print. Locally, 2-1-1 San Diego was launched in June 2005 as a multilingual and confidential service committed to providing access 24/7.

American Heart Association

Scripps provided funding for the 2012 Heart Walk Corporate Sponsorship. Heart disease and stroke are the number one and three causes of death in the nation. Heart disease claims more than 950,000 Americans each year. Scripps partners with the American Heart Association on its annual Heart Walk to raise funds for research, professional and public education and advocacy.

Cancer/Oncology

Cancer is the second leading cause of death in the U.S., exceeded only by heart disease, and accounts for almost one-quarter of all deaths in San Diego County. According to National Cancer Institute (NCI) estimates, in 2009 there were 1,479,350 new cancer cases and an estimated 562,540 cancer deaths. Currently, lung, breast, colorectal and prostate cancers account for 53 percent of all new cancer cases and 50 percent of all cancer deaths.

Prevalence/incidence and mortality

Type of Cancer	2009 U.S. Estimated New Cases	2009 U.S. Estimated Deaths	2007 San Diego Deaths	2007 San Diego Rate per 100,000
Cancer – All cases	1,479,350	562,540	4,812	162.6
Lung and bronchus	219,440	159,390	1,146	39.6
Breast	194,280	40,610	332	20.2
Prostate	192,280	27,360	273	21.8
Colon	106,100	49,920	442	14.8

In San Diego County during 2007, persons age 55 and over accounted for almost 88 percent of cancer deaths with mortality rates per 100,000 population ranging from 267.7 among those in the 55-64 age category to 1,533.5 among those age 85 and over.

Trends

Between 2000 and 2007, San Diego County's age-adjusted mortality rate for cancer has declined from 189.1 to 162.6 per 100,000 population.² In response to this serious health concern, 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. Here are a few examples of Scripps cancer programs during fiscal year 2012.

Scripps Green Hospital Cancer Support Groups

Scripps Green 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 the support groups nurture their physical, emotional and spiritual well-being. Classes at Scripps Green Hospital, such as the free cancer writing workshop, When Words Heal, use expressive writing to help patients navigate their journey with cancer. In 2012, 30 cancer patients attended a support group at Scripps Green. These free services cost \$2,475. (Sponsored by Scripps Green Hospital)

Scripps Mercy Hospital, Chula Vista: Community Benefit Services, Breast Health Clinical Services

A total of 5,148 women were referred to clinical breast health services at community and Scripps Mercy Hospital, Chula Vista radiology services. A total of 3,722 services was provided, including telephone reminders, outreach and education, case management, and a variety of presentations. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits)

² Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

Patient Continuity of Care with Scripps Mercy Hospital, Chula Vista Radiology

A total of 10 services was provided, including encouragement for patients to repeat exams, assistance to get patients health insurance approval to repeat exams, social/emotional support and education about preventing breast cancer. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits)

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

A total of 31 services was provided, including phone calls, social/emotional support and home visits, as well as resource packages with educational materials on nutrition, treatment options, commonly asked questions and local resources. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits)

Scripps Polster Breast Care Center, Music as Medicine Program

Patients and their supporters participate in the Music as Medicine therapy class. The music therapist asks questions and tailors the therapy to the participants' emotional and physical needs. Sessions involve listening to music, writing songs, discussing what lyrics mean to the participants, use of singing bowls, vocalization and drumming. Research has shown that music can boost immune function, block incoming pain stimuli, lower blood pressure and influence emotional well-being. (Sponsored by Scripps Polster Breast Care Center)

Scripps Polster Breast Care Center, Support Groups

Scripps Polster Breast Care Center support groups provide a venue for women to come together, discuss issues relating to diagnoses and receive support. (Sponsored by Scripps Polster Breast Care Center)

Cancer Awareness and Educational Events

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

Health Education and Support Groups

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

Cardiovascular Disease

Coronary heart disease and stroke are the number one and three causes of death in the nation. Heart disease claims more than 950,000 Americans every year. Stroke killed 137,119 people in 2006 and is a leading cause of serious, long-term disability.

According to the American Heart Association, an estimated 80 million American adults have one or more types of cardiovascular disease (CVD). Fewer than half of these, 38,100,000, are 60 or older. High blood pressure, coronary heart disease (CHD) and stroke are the most common forms of CVD. CHD was the largest single killer of Americans in 2006, resulting in 445,687 deaths. The prevalence of CHD among U.S. adults age 20 and older was 16,800,000, and an estimated 785,000 persons in the U.S. had a new coronary attack, and another 470,000 had a recurrent attack during 2006. An estimated additional 195,000 persons had a silent attack during this same period.

There are nine potentially modifiable risk factors for CVD, including cigarette smoking, abnormal blood lipid levels, hypertension, diabetes, abdominal obesity, a lack of physical activity, low daily fruit and vegetable consumption, alcohol overconsumption, and psychosocial issues.

During 2007, heart disease was the second leading cause of death in San Diego County, accounting for 4,743 deaths during this period. Between 2003 and 2007, the number of heart disease deaths dropped 12 percent from 5,404. The age-adjusted heart disease death rate during 2007 was 151 per 100,000 population.

During 2007, the San Diego County CHD death rate per 100,000 was 112.5. Males were most impacted at 148.3, whites at 118.8, African-Americans at 179.0. People 65 and older, accounted for 82 percent of CHD deaths.

The San Diego death rate for stroke was 36.1 per 100,000 population. Hispanics and African-Americans had the highest stroke rate, 43.1 and 41.0, respectively. Women, at 36.1, accounted for 59.1 percent of San Diego County stroke deaths.³

³ Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

During fiscal year 2012, Scripps engaged in the following heart health, cardiovascular disease prevention and treatment activities.

American Heart Walk

Scripps allocated \$10,000 in operational funds and \$30,512 in in-kind donations to support the American Heart Association's efforts to fight heart disease and stroke. In addition, Scripps employee volunteer program coordinated walker participation and fundraising efforts. The San Diego Heart Walk exceeded its goal by raising more than \$1 million. In 2012, more than 1,700 Scripps Heart Walk participants — employees, families and friends — walked to raise more than \$137,600. Additionally, Scripps reached out to the community at the event by providing blood pressure screenings, health education materials and more. (Sponsored by Scripps Community Benefit Services)

Community Health Education Programs

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

CPR Classes for Patients and Families of the Cardiac Treatment Center

CPR classes are offered four times a year to Cardiac Treatment Center patients and their families. The program improves community health by increasing knowledge of cardiopulmonary resuscitation practices. (Sponsored by Cardiac Treatment Center at Scripps Memorial Hospital La Jolla)

Cardiac Treatment Center Group Exercise Programs

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

Stroke Care Programs

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

Heart Health, Scripps Home Health Services

Scripps Home Health provided community education to promote independent congestive heart failure (CHF) management to prevent exacerbations and hospitalizations. Patients received information on what CHF is, medications, diet, weight and exercise. In fiscal year 2012, 20 San Diego county residents were served. (Sponsored by Scripps Home Health Services)

Cardiovascular Disease Prevention, Scripps Home Health Services

Community education programs promoted a heart-healthy diet and healthy eating. In fiscal year 2012, 45 San Diego county residents were served. (Sponsored by Scripps Home Health Services)

The Eric Paredes Save A Life Foundation

The Eric Paredes Save A Life Foundation is committed to preventing sudden cardiac arrest and death in middle and high school-aged children through awareness, education and action. Scripps made a \$15,000 donation to purchase EKG machines. The donation helped the foundation provide electrocardiogram and echocardiogram screenings for 2,426 children before they could participate in organized sports and other activities. The gift also purchased automated external defibrillators for schools.

Diabetes

The 2007 National Diabetes Fact Sheet (the most recent year data is available) estimates 23.6 million children and adults in the U.S., 7.8 percent of the population, have diabetes. These statistics include 17.9 million people with diagnosed diabetes and another 5.7 million people with undiagnosed diabetes. Additionally, there were 57 million people with prediabetes. Each year 1.6 million new cases of diabetes are diagnosed in people 20 and older.

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

Type 1 diabetes most often occurs during childhood or adolescence, accounting for 5 to 10 percent of all diagnosed diabetes cases. Type 2 diabetes typically occurs later in life, frequently as the result of obesity, physical inactivity and other risk factors. Type 2 diabetes accounts for 90 to 95 percent of diabetes cases. However, due to the current obesity epidemic, it is estimated that 39 percent of the girls and 33 percent of the boys who are now healthy 2½ to 3 year olds are likely to develop diabetes.

More than 90 million Americans (33 percent) live with a chronic disease. While there are many disabling chronic diseases, diabetes has been identified as one of the primary chronic

conditions in San Diego County. As the seventh leading cause of death in San Diego County during 2007, diabetes was responsible for 2.7 percent (520) deaths. In San Diego County, the age-adjusted estimate of adults diagnosed with diabetes in 2007 was 6.7 percent. Nationally, diabetes was the sixth leading cause of death during 2006, accounting for 72,449 deaths.

Health Consequences

The complications associated with diabetes are significant and well-established. According to the CDC, complications include heart disease, stroke, hypertension, blindness, kidney disease, pregnancy issues, lower-limb amputations, periodontal disease and nervous system disease.

- The age-adjusted hospitalization rate for people with diabetes among San Diego County residents in 2008 was 128.5 per 100,000, an 18.9 percent increase since 2001.
- In 2008, Hispanics and African-Americans living in San Diego County experienced diabetes-related hospitalization rates 1.8 and 2.6 times higher than the overall population.
- In San Diego County, the age-adjusted diabetes-related mortality rates decreased from 21.4 per 100,000 in 2005 to 17.5 in 2007, an 18.2 percent decrease.
- In 2007, diabetes was the seventh leading cause of death in San Diego County, accounting for 520 deaths.
- In 2007, diabetes was the seventh leading cause of death in the U.S. with an age-adjusted death rate of 23.5 per 100,000. Among those 65 and over, diabetes was the sixth leading cause of death with a death rate of 135.6 per 100,000.

More than six million Americans are unaware they have diabetes. The complications related to diabetes are serious and can be reduced with preventive practices. Diabetes is a serious community health problem, leading to school and work absenteeism, elevated hospitalization rates, frequent emergency room visits, permanent physical disabilities and sometimes death. During fiscal year 2012, Scripps sponsored the following diabetes management initiatives.⁴

⁴ Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

Project Dulce

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

Project Dulce has been active in communities across San Diego for the past 10 years, providing diabetes care and self-management education. Nurse-led teams strive for measurable improvements in their patients' health; nurse educators lead multidisciplinary teams that provide clinical management; and peer educators from each cultural group, known as promotoras, provide public and patient education for their communities. This innovative program combines state-of-the-art clinical diabetes management with proven educational and behavioral interventions.

In fiscal year 2012, Project Dulce provided 7,594 diabetes care and education visits for low-income and underserved individuals throughout San Diego and enrolled more than 932 new patients. The program also initiated four new projects: prevention for women with a history of gestational diabetes, replicating Project Dulce in Tijuana, diabetes peer care coordination at Scripps Mercy Hospital, Chula Vista and the diabetes gene bank program.

Scripps Whittier Diabetes Institute Professional Education and Training

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

These individuals train practicing professionals to deliver the best possible care for their diabetes patients. Courses respond to the needs of allied health professionals seeking to understand new and complex clinical treatment options for type 1, type 2 and gestational diabetes. Professional education was provided for 679 people on insulin management, incretin therapy, the diabetes diet and diabetes basics. Participants came from local health institutions and throughout the United States to learn from the Whittier Institute's most experienced diabetes experts. Over the last fiscal year, the Whittier Institute's professional education department provided 19 separate programs for physicians, nurses, pharmacists, dietitians, midlevel providers and social workers.

Health-Related Behaviors

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

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 2012, Scripps sponsored a number of health behavior modification efforts.

Flu Vaccination Campaign

According to the Centers for Disease Control and Prevention (CDC), an average 50,000 adults die annually in the United States from diseases that are preventable through vaccination. Approximately 36,000 adults die from influenza, more than 6,000 from invasive pneumococcal disease and 5,000 from hepatitis B. In San Diego County, influenza and pneumonia were the 10th leading cause of death in 2007, with 1,111 deaths recorded between 2005 and 2007.⁵

Based on 2007 CHIS data, only 34.6 percent of San Diego County residents reported receiving an influenza vaccination during the previous 12 months. Behavioral Risk Factor Surveillance System (BRFSS) data for 2008 reported only 26.5 percent of adults 65 and over had been vaccinated for influenza during the previous 12 months. Vaccinations may not be received due to cost and local availability issues or a lack of education about timing and effectiveness. Misunderstanding, misinformation or skepticism related to the benefits and possible risks associated with vaccines may also reduce vaccination rates.

⁵ Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

Maternal Child Health

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

Maternal and infant health issues include:

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

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

Who is Most Impacted

During 2008, San Diego County's crude birth rate per 1,000 was 14.9, accounting for 46,742 live births.⁶ Crude birth rates ranged from 9.2 among white women to 22.3 among Hispanic women. During 2008, Hispanics accounted for 44.7 percent of all live births, followed by 30.9 percent for whites. Women between the ages of 20 and 34 accounted for 74.2 percent of births. Scripps Health continued to enhance prenatal education for low-income women in San Diego County in fiscal year 2012. The following are some examples.

⁶ Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

Scripps Memorial Hospital La Jolla Community Benefit Services

- Offered more than 1,000 maternal child health classes throughout San Diego County to enhance parenting skills. Low-income women in San Diego who were eligible attend classes at no charge or on a sliding-fee schedule.
- Maintained existing prenatal education services in all regions of the county, ensuring that programs continued to demonstrate a satisfaction rating above 90 percent.
- Provided and supported weekly breastfeeding support groups at five locations throughout San Diego County, including two with bilingual services.
- Offered a maternal child health education series in North County covering dogs and babies, safety, grand parenting and baby sitter safety.
- Offered maternal child health classes at the Mende Well Being Center, such as basic training for dads, getting ready for the baby, infant CPR and safety, Parent Connection programs and redirecting children's behavior.
- Offered the dogs and babies programs quarterly, with more than 40 attendees.
- Offered weekly mommy and me yoga programs for new parents.
- Offered a prenatal yoga program for expectant women in San Diego County.
- Offered a pregnancy nutrition program quarterly at Scripps Memorial Hospital La Jolla.
- Offered classes in pelvic floor and pregnancy changes for expectant families at Scripps Memorial Hospital La Jolla.

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

First 5 and Promise Neighborhoods

First-time mothers received more than 647 services, including home visits, referrals, data entry, follow-up calls, parenting classes and others. A total of 290 people participated in parenting classes. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits)

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

Scripps Mercy Hospital is one of five regional organizations that administers the state-funded WIC program. The program serves six locations conveniently situated near community clinics and/or hospitals in central San Diego area. WIC targets low-income pregnant and postpartum women, infants and children (ages 0 to 5). Scripps Mercy WIC serves approximately 9,000 women and children annually, 44 percent in the City Heights community.

In City Heights, clients are 91 percent Hispanic and include pregnant and postpartum women (24 percent), infants (20 percent) and children (56 percent). In fiscal year 2012, the program provided nutrition services, counseling and food vouchers for 107,980 women and children in south and central San Diego. The Scripps Mercy WIC program plays a key role in maternity care by reaching low-income women to promote prenatal care, good nutrition and breastfeeding. Nutrition staff educate women about the importance of breastfeeding during pregnancy and offer lactation support (one-on-one and group), as well as supplies — pumps and breast pads — during the postpartum period. (Sponsored by Scripps Mercy Hospital, San Diego)

Substance and Tobacco Abuse

Substance abuse has a major impact on individuals, their families and their communities. The effects of substance abuse are cumulative, contributing to costly social, physical, mental and public health problems. These problems include teenage pregnancy, HIV/AIDS, other sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle crashes, fights, crime, homicide and suicide. According to the National Institute on Drug Abuse, substance abuse costs half a trillion dollars, including approximately \$181 billion for illicit drugs, \$168 billion for tobacco and \$185 billion for alcohol. During 2009, California's estimated smoking-related health care costs were \$9.14 billion.

Tobacco Use

- Based on the Youth Risk Behavior Surveillance Survey (YRBSS), during 2007, 43.6 percent of students in the San Diego Unified School District (grades 9-12) reported they had never tried cigarettes.
- During that same time period, 11 percent of students in grades 9-12 reported current cigarette use, and seven percent reported they smoked more than 10 cigarettes per day.
- Of the students who currently smoke, 41.4 percent reported they have tried to quit smoking at least once during the previous 12 months.
- During 2008, based on the Behavioral Risk Factor Surveillance System data for San Diego County, 14.5 percent of adults, 18 or older, currently smoke. Moreover, 23 percent are former smokers and 62.5 percent have never smoked.

Alcohol Use

- Based on the YRBSS, during 2007, 72 percent of students in the San Diego Unified School District (grades 9-12) reported they had at least one alcoholic drink at least one time in their life.
- During this same time period, 36.7 percent of students in grades 9-12 reported they had at least one alcoholic drink on at least one day during the previous 30 days prior.
- Episodic heavy drinking (five or more alcoholic drinks in a row within a couple of hours) at least once during the previous 30 days was reported by 21.8 percent of students.
- During 2008, based on Behavioral Risk Factor Surveillance System data for San Diego County, 55.1 percent of adults, 18 or older, had at least one drink during the previous 30 days.⁷

⁷ Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

In an effort to encourage more people to prevent substance abuse, Scripps sponsored the following activities.

Intervention Workshops Aim to Improve Community Health

The intervention program at the Scripps Drug and Alcohol Treatment Program offers free workshops for parents to help them better understand adolescent alcohol and substance abuse and the widespread problem of teen addiction. Other intervention workshops address the warning signs of adult addiction for families and employers, providing age-specific information on how to help loved ones recognize the signs of addiction and how to get an addicted individual to seek treatment. More than 10,000 people attended the workshops on the Scripps Memorial Hospital La Jolla campus in fiscal year 2012.

Every 15 Minutes

The Every 15 Minutes program is a two-day event that exposes high school students to the consequences of drinking and driving through a dramatic reenactment of an alcohol-related traffic accident. The “injured” students are taken to Scripps Mercy Trauma Center. This program is sponsored jointly by local high schools, county police, sheriffs, CHP, emergency departments and ambulance services. During fiscal year 2012, Scripps Mercy Hospital participated in eight Every 15 Minutes programs, reaching more than 3,000 high school students throughout San Diego County. Scripps Memorial Hospital La Jolla participated in one Every 15 Minutes program, reaching 4,056 high school students in La Jolla. (Sponsored by Scripps Mercy Hospital Trauma and ED and Scripps Memorial Hospital La Jolla Trauma Department)

Stay Quit Study-Hospitalized Patients Smoking Cessation Study

A total of 292 participants were included in the Stay Quit Study, a partnership with the California Smokers Helpline. A total of 3,407 people have been screened for the study. (Sponsored by Scripps Mercy Hospital, Chula Vista)

Youthful Drinking and Driving Program

As at least 74.3 percent of high school students in the U.S. report drinking alcohol, it is imperative that students understand the risks associated with alcohol abuse. In an effort to educate at-risk students about the dangers associated with drinking and driving, Scripps Mercy Hospital Emergency Department and Trauma Center participated in the Corrective Behavior Institute’s Youthful Drinking and Driving Program, providing teens with a trauma center experience. This four-hour supervised trauma visitation program for drivers 14 and over shows the real consequences of driving under the influence. More than 22 high school students were served through the program. Participants visit the trauma room, ER, ICU, CAT scan and other hospital areas. (Sponsored by Scripps Mercy Hospital Emergency Department and Trauma Center)

San Diego County Policy Panel on Youth Access to Alcohol

Scripps participates on a panel that works to shape local, state and national policies on underage drinking. It is the lead organization for the region's Combating Underage Drinking Initiative and supports the project's strategies through media advocacy, data collection, responsible beverage service training and youth participation. (Sponsored by Scripps Mercy Hospital Trauma Services)

San Diego County Methamphetamine Strike Force (MSF)

Convened in 1996 by the County Board of Supervisors, this multiagency group is developing a regional prevention and treatment strategy to address methamphetamine abuse. Scripps Mercy Hospital Trauma Services is on the coordinating committee. The Strike Force tracks its progress with an annual report card of 10 indicators. The strike force programs have been duplicated in other parts of the United States. (Sponsored by Scripps Mercy Hospital Trauma Services)

Unintentional Injury and Violence

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

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

The deaths associated with unintentional injuries are significant, yet represent only a small part of a much larger public health problem. Hospitalization data is a better measure of the injury problem than death data alone. In San Diego County during 2008, there were more than 930 deaths, more than 20,800 hospitalizations, and nearly 150,000 emergency department visits for unintentional injuries. The number of unintentional injuries treated in physicians' offices and clinics, while unknown, is likely much higher than the number of emergency department visits.

Unintentional injuries are one of the leading causes of death for San Diego County for residents of all ages, regardless of gender, race or region. During 2008, unintentional injuries were the leading cause of death for people 1 to 4 years, and 15 to 34 years and the sixth leading cause of death overall.

During 2008, there were 149,900 San Diego County ED discharges following treatment for unintentional injuries, accounting for almost one in four (24.2 percent) of all ED discharges. The rate of ED discharges related to unintentional injury was 4,735 per 100,000 and represented the lowest rate during the previous three years.⁸

⁸ Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

The following are a number of Scripps Health programs that addressed unintentional injuries and violence for fiscal year 2012.

Health and Wellness, Scripps Home Health Services

This program educates seniors about fall prevention (the primary cause of fractures) and fire safety. Home health nurses also teach seniors and their families about continuum-of-care options. In fiscal year 2012, 30 San Diego residents were served. (Sponsored by Scripps Home Health Services)

Sports Concussion Program, Rehabilitation Center at Scripps Memorial Hospital Encinitas

There are nearly 300,000 sports-related concussions in the U.S each year — 1,000 in football alone — and approximately 130,000 high school athletes suffer a concussion. A recent report showed that close to 40 percent of high school athletes who sustain a concussion return to play too soon. The Rehabilitation Center at Scripps Encinitas has developed a public education and community outreach program to raise awareness about concussion signs and symptoms, as well as how to avoid, treat and understand their consequences. Approximately 70 students have been served by this program. (Sponsored by Scripps Memorial Hospital Encinitas)

San Diego Fall Prevention Task Force

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

Weight Status, Nutrition, Activity and Fitness

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

San Diego County Behavioral Risk Factor Surveillance System (BRFSS) data for 2009 indicates that almost 59 percent of adults are considered either overweight or obese. Since 2005, the first year BRFSS data was reported for San Diego County, the prevalence of obese adults has ranged from 20 percent in 2005 to 26.7 percent in 2006, with the most current measure at 21.6 percent. Since 2006, the prevalence of overweight adults in San Diego County has increased slightly from 36.5 percent to 37.7 percent.

At the national, state and county levels, obesity prevalence rates among Latinos and African-Americans are significantly higher than those for whites.

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

Causes

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

- Genetic predisposition
- Behavior (dietary patterns and physical activity)
- Socioeconomic status⁹
- Environmental influences
- Cultural influences

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

Nutrition Services and Physical Activity

According to the 2009 Behavioral Risk Factor Surveillance System (BRFSS) data for San Diego County, more than 59 percent of adults are overweight or obese. Obesity increases the risk for heart disease, type 2 diabetes, high blood pressure, stroke and some forms of cancer. The nation's low-income, minority populations are at even greater risk. In an effort to address this critical health concern, staff members at the City Heights Wellness Center have established a variety of nutrition education programs to meet the needs of low-income, minority populations.

The center uses a combination of approaches to address a broad array of community health priorities, including nutrition, access to services and community engagement. The "hub" of the Wellness Center is their teaching kitchen — a hands-on interactive setting for cooking demonstrations, weight management, meal preparation, nutrition education and counseling. During fiscal year 2012, nutrition education and counseling services at the City Heights Wellness Center received more than 6,000 visits. (Sponsored by Scripps Mercy Hospital, San Diego Community Benefit Services)

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

Scripps Mercy Hospital is one of five regional organizations that administer the state-funded WIC program, serving six locations conveniently situated near community clinics and/or hospitals in central San Diego. WIC targets low-income pregnant and postpartum women, infants and children (ages 0 to five). Each year, Scripps Mercy WIC serves approximately 9,000 women and children, 44 percent in City Heights. The client base in City Heights is 91 percent Hispanic and made up of pregnant or postpartum women (24 percent), infants (20 percent)

⁹ Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

and children (56 percent). In fiscal year 2012, the program provided nutrition services, counseling and food vouchers for 107,980 women and children in south and central San Diego. (Sponsored by Scripps Mercy Hospital, San Diego)

Live Healthy Family Nutrition Program

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

Collaborate for Healthy Weight

Collaborate for Healthy Weight is a Health Resources and Services Administration (HRSA) and National Initiative for Children's Health Care Quality (NICHQ) program. This advisory group meets monthly to create partnerships among primary care, public health and community organizations to find sustainable ways to promote healthy weight and eliminate health disparities across the United States. All three sectors collaborate, using evidence-based approaches, to reverse the obesity epidemic and improve the health of our communities. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefit Services)

Mental Health and Mental Disorders

According to the National Institute of Mental Health (NIMH), an estimated 13 million American adults (approximately one in 17) have a seriously debilitating mental illness annually (NIMH, 2008). Mental health disorders are the leading cause of disability in the U.S., accounting for 25 percent of all years of life lost to disability and premature mortality (WHO, 2004). In 2007, suicide was the 11th leading cause of death in the U.S., accounting for more than 34,500 deaths (NVSS, 2010).

San Diego County, Prevalence of Serious Mental Illness

There are 141,420 people in San Diego County with serious mental illness, representing 4.9 percent of the county's household population (DMH, 2007). People under 18 and those living in households under 200 percent of the federal poverty level are most impacted by serious mental illness in San Diego, 7.4 percent and 8.8 percent respectively.

Emergency Department Discharges

During 2008, there were 25,468 discharges from San Diego County hospital emergency departments with a primary diagnosis of mental disorder, accounting for 4.1 percent of all ED discharges. The primary diagnosis of mental disorder includes a wide range of diagnoses, including alcoholism and drug psychoses, dependence and abuse. The overall rate of ED discharges with a mental disorder diagnosis was 809.5 per 100,000.

Hospitalizations

During 2008, there were 22,971 hospitalizations in San Diego County hospitals with a principal diagnosis of mental disorders (ICD-9-CD code 290-319), accounting for 7.4 percent of all hospitalizations. These included 17,556 with a principal diagnosis of psychoses, accounting for 59 percent of all mental health hospitalizations. There were 6,210 with a principal diagnosis of schizophrenic disorders and 4,583 with a principal diagnosis of major depressive disorder, accounting for 27 percent and 20 percent of all mental health hospitalizations, respectively (CoSDEPI, 20010).

Suicide and Suicide Attempts

Suicide is a major complication of depression and a leading cause of non-natural death for all ages in San Diego County, second only to motor vehicle accidents. In 2010, 372 San Diegans died by suicide, a rate of 11.5 per 100,000. This was higher than California overall (9.9 per 100,000) and slightly lower than the national rate (11.9 per 100,000).

Suicide deaths are only part of the problem; more people survive suicide attempts than die. Those who attempt suicide are often seriously injured and require medical and psychiatric care. Between 2000 and 2008, 2,896 San Diegans died from suicide. On average, one suicide affects the lives of at least six people, causing considerable grief, social stigma and, in some cases, elevated risk of additional suicides. In 2010, the County of San Diego Health and Human Services Agency (HHS) launched a suicide prevention planning process, which was informed by the National Strategy for Suicide Prevention and the California Strategic Plan on Suicide Prevention. Scripps is a member of the Community Health Improvement Partners (CHIP), which collaborates with the county on this initiative.¹⁰

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

Scripps Health Behavioral Health Inpatient Programs

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

¹⁰ Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

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 2012, the Scripps Mercy Behavioral Health Program lost \$5.3 million.
- In 2012, 17 percent of patients in the inpatient unit were uninsured.

Scripps Health Behavioral Health Outpatient Programs

Scripps Mercy provides community-based adult psychiatric treatment at Scripps Mercy Hospital, San Diego. The intensive day program helps participants reduce their symptoms while they continue to live in the community.

The program provides two levels of care:

- The outpatient program offers patients one to four treatment days per week.
- The partial hospitalization program provides more intensive treatment five to six days per week.

Mental Health Outreach Services, A-Vision Service Program

Behavioral Health Services at Scripps Mercy Hospital, in partnerships with the San Diego Mental Health Association, established the A-Vision Vocational Training Program (social rehabilitation and prevocational services for people living with mental illness) to help decrease the stigma of mental illness. The program provides vocational training for people receiving mental health treatment, potentially leading to greater independence. This year, Behavioral Health Services continued participating in the A-Vision program. In fiscal year 2012, 44 clients were served. Currently, eight people are volunteering and 23 people are participating in supportive employment. The total expense for the A-Vision program for fiscal year 2012 was \$154,307.

Increasing Awareness of Mental Health and Geriatric Psychiatric Issues

In fiscal year 2012, Scripps Behavioral Health Services improves awareness of mental health and geriatric issues by providing information and supportive services for more than 1,000 people at community events.

Emerging Mental Health Issues

Healthy People 2020 has identified several mental health issues that have emerged among special populations, including post-traumatic stress disorder (PTSD) among veterans and others who have experienced a traumatic event. These events may include war, rape, natural disasters, a car or plane crash, kidnapping, violent assault, sexual or physical abuse and medical procedures (especially in kids).

Scripps Memorial Hospital Encinitas offers a two-day course called Brain Injury Rehabilitation Conference: Beyond the Hospital, Into the Community. This two-day course on PTSD and stress disorder provides strategies and a framework to manage brain-injured patients both within and outside the clinical setting.

Treatments are focused on the total care continuum — physical, cognitive, perceptual, emotional and social — in a multidisciplinary format. This conference also provides participants

with theoretical, practical and advanced applications in brain injury rehabilitation. The course is taught by an interdisciplinary team of specialists in brain injury rehabilitation at Scripps Memorial Hospital Encinitas. Approximately 281 people participated in this conference.

Infectious Diseases

Sexually Transmitted Diseases and HIV/AIDS

According to the Institute of Medicine, sexually transmitted diseases (STDs) and HIV/AIDS are a “hidden epidemic of enormous health and economic consequence in the U.S. They are hidden because many Americans are reluctant to address sexual health issues in an open way and because of the biological and social characteristics of these diseases.” STDs encompass more than 25 infectious organisms transmitted primarily through sexual activity. Local, state and national health agencies are responsible for surveillance and monitoring of STDs.

Selected STD cases and rates per 100,000 for San Diego County — all ages by race/ethnicity, January–December 2009

	All races		Asian/Pacific Islander		African-American		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
Chlamydia	14,219	451.6	636	193.5	1,266	761.3	3,100	329.7	2,083	131.8
Gonorrhea	1,850	58.8	51	15.5	226	135.9	238	25.3	256	16.2
Early Syphilis	394	12.5	15	4.6	43	25.9	136	14.5	196	12.4

Tuberculosis

Tuberculosis (TB) is an airborne infectious disease caused by *Mycobacterium tuberculosis* and usually affects the lungs, although other organs and tissues such as kidneys, spine and brain can be affected as well. TB can be spread by coughing, sneezing, laughing or singing. During 2009, there were 264 tuberculosis cases. People diagnosed with TB are most commonly Hispanic (52.3 percent) or Asian/Pacific Islander (31.1 percent), male (62.5 percent) and between the ages of 25 and 64 years (61 percent).¹¹

HIV/AIDS

As of December 31, 2008, 13,820 Acquired Immunodeficiency Syndrome (AIDS) cases had been reported in San Diego County since 1981. People diagnosed with AIDS in San Diego County are mostly white, male, 30 to 39 and have male sex partners.

During this period, 3,847 Human Immunodeficiency Virus (HIV) cases were reported. Because of a change in the HIV reporting system, all HIV reporting data covers the period April 17, 2006, through December 2008. Individuals most commonly diagnosed with HIV are white, male and aged 30 to 39.

¹¹ Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

Scripps Health addresses infectious disease with the following programs.

Scripps Mercy Hospital, Chula Vista Well-Being Center, Senior Prevention and Wellness

Senior Health Chats were implemented to provide health education for older adults in South San Diego. Approximately 860 seniors attended these monthly throughout the year. Presentations included health and age-related prevention and wellness information, such as tuberculosis, how to recognize signs and symptoms, and how to prevent and treat it.

Presentations are facilitated by Scripps Mercy health care professionals, physicians and family medicine residents. Topics are chosen by the seniors themselves. The health chats provide an interchange among community members, medical residents and other health care professionals to foster healthy lifestyles and prevention. Scripps Mercy Hospital, Chula Vista Well-Being Center staff conduct these sessions to foster prevention, awareness and dialogue. Many questions are asked about chronic health issues and other health concerns.

Scripps Mercy Hospital, Chula Vista Well-Being Center, Youth Prevention and Wellness

Scripps Mercy Hospital health care professionals, family medical residents, dieticians, nurses and doctors reach out to students at ten local high schools on health-related topics, including sexually transmitted diseases and tuberculosis. Students received information on prevention and detection, as well as treatment, signs and symptoms. Around 1,230 students participated in these programs.

Scripps Mercy Hospital Family Medicine Residency

This program runs two health clinics at Palomar and Southwest High School. Family medicine residents gain additional skills in adolescent medicine, and students learn skills necessary to pursue health careers. Family medicine residents and faculty meet twice a week at the clinic to treat students. The program includes one-on-one meetings with students to discuss sexually transmitted diseases, prevention, signs, symptoms and treatment, as well as tuberculosis prevention, signs, symptoms and treatment.

Respiratory Diseases

Respiratory diseases, such as asthma and chronic obstructive pulmonary disease (COPD), are a significant public health burden in the United States. Asthma and COPD are among the 10 leading chronic conditions that restrict activity. After chronic sinusitis, asthma is the most common chronic illness in children. COPD, which includes emphysema and chronic bronchitis, is the fourth leading cause of death in San Diego County and the U.S. In 2007, COPD accounted for 1,023 deaths in San Diego County and 123,311 deaths nationally for an age-adjusted mortality rate per 100,000 of 34.1 and 40.5, respectively.¹²

Hospitalized Patients Smoking Cessation Study

A total of 292 participants included in the Stay Quit Study, a partnership with the California Smokers Helpline. A total of 3,407 people have been screened for the study. The smoking cessation pilot and expanded study are respiratory disease prevention programs and respiratory therapists are central to the pilot, as well as to the larger NIH study. Many of the hospitalized smokers are admitted for pulmonary and respiratory diseases linked to smoking. (Sponsored by Scripps Mercy Hospital, Chula Vista)

City Heights Wellness Center, Healthy Homes and Asthma Trigger Night Forum

Families with asthmatic children often face a number of challenges that can lead to anxiety, fear and conflict. The City Heights Wellness Center partnered with the Community Asthma Task Force (CAT Force) to present ways parents can overcome the many challenges presented by their child's condition. Topics included getting an asthma action plan from a doctor; recruiting school nurses and classroom teachers to follow the asthma action plan; ridding homes of mold, allergens and other asthma triggers; preventing asthma attacks and having homes or apartments renovated at no cost. (Sponsored by Scripps Mercy Hospital, Community Benefit Services)

Oral Health

Oral Health in America: A Report of the Surgeon General declares that "oral health is essential to the general health and well-being of all Americans." The report identifies huge oral health disparities among low-income families, rural communities, racial or ethnic minorities, children, the elderly and the developmentally disabled. The 2005 California Oral Health Needs Assessment reported 54 percent of kindergarteners and 71 percent of third graders have a history of tooth decay, and more than 25 percent of elementary school children have untreated decay. A report card issued in 2010 by Children Now gave California a D+ for health coverage and a D+ for oral health.

Those who suffer the worst oral health are found among the poor of all ages, with children and older Americans particularly vulnerable. Barriers to care include: no perceived need

¹² Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

for oral care, policymakers placing a low priority on oral health and prevention strategies, lack of access to dentists, low socio-economic status, lack of resources to pay for care, inadequate reimbursement by government insurance programs, excessive paperwork required for reimbursement, lack of trained providers to care for diverse populations, very young children and people with special needs, and Medi-Cal beneficiaries being unaware that dental benefits are included.

Project Dulce

Project Dulce addresses oral health issues with patients during counseling visits.¹³

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. The ScrippsAssists employee volunteer club is one way Scripps matches the talents and interests of employees and physicians with community needs, such as mentoring partnerships with local schools and providing free medical and surgical care for patients in need.

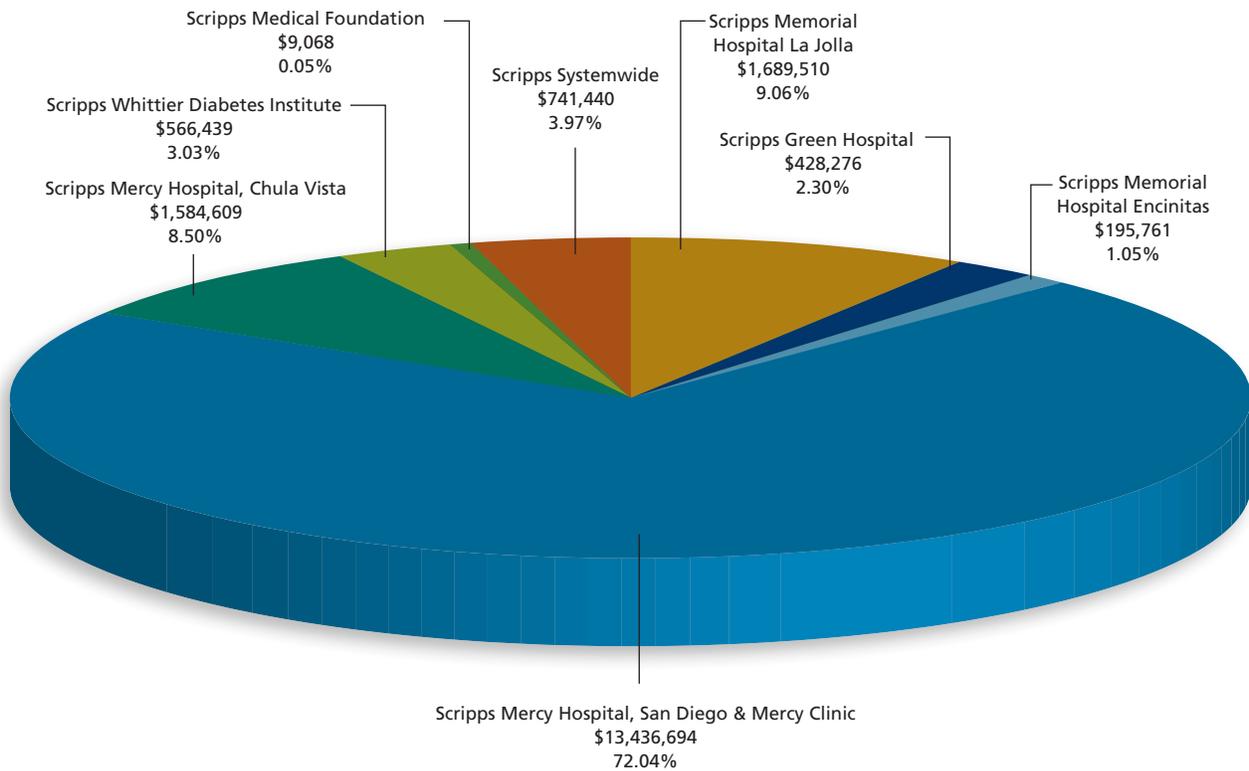
In addition to the financial community benefit contributions made during fiscal year 2012, Scripps employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs. With close to 8,027 hours, the estimated dollar value of this volunteer labor is \$352,933.87, which is not included in the Scripps fiscal year 2012 community benefit programs and services totals.¹⁴

¹³ Demographic and community need information data presented throughout the body of this document are based upon the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics (unless otherwise indicated). Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>

¹⁴ Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

FIGURE 4:1

FY12 Scripps Community Health Services (includes subsidized care) by Operating Unit, \$18,651,796

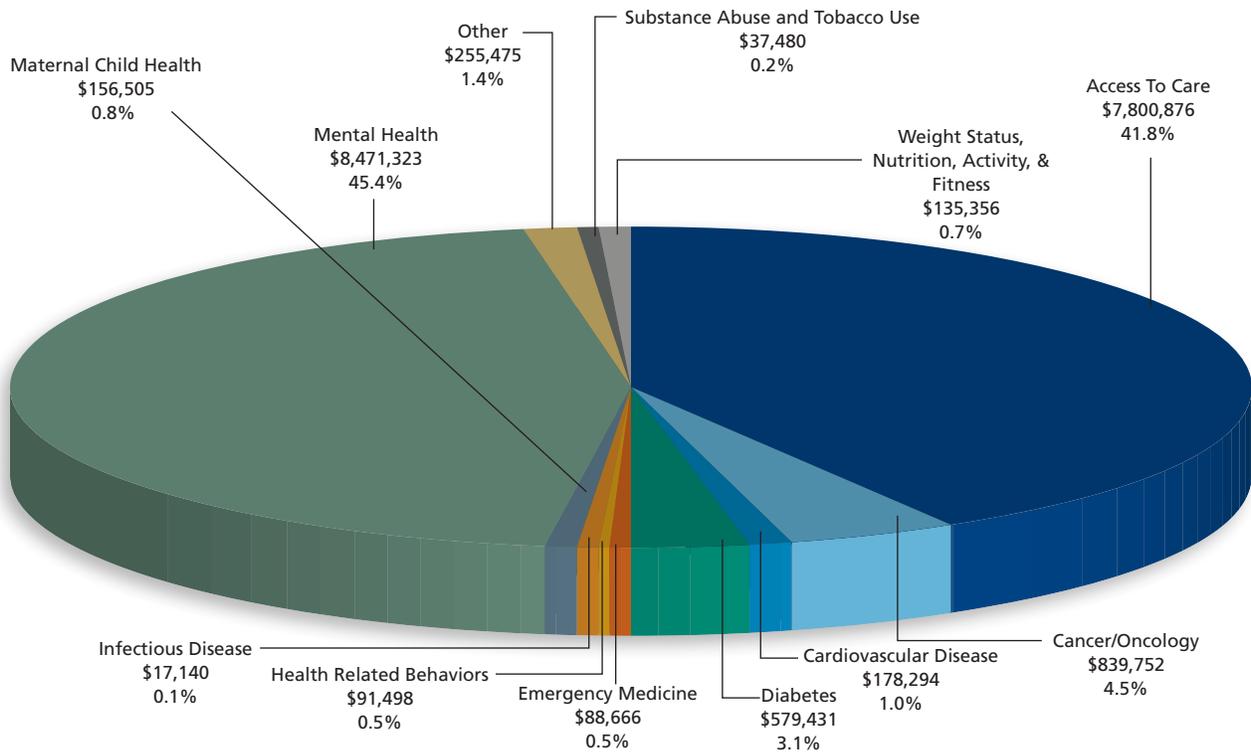


Community Health Services

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. Direct offsetting revenue does not include restricted or unrestricted grants or contributions that the organization uses to provide community benefits. Community Health Services' expenses have increased substantially, beginning in fiscal year 2008, as Scripps does not offset for grants or contributions according to the Schedule H 990 IRS guidelines.

FIGURE 4:2

FY12 Scripps Community Health Services by Health Issue, \$18,651,796



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. Direct offsetting revenue does not include restricted or unrestricted grants or contributions that the organization uses to provide community benefits. Community Health Services' expenses have increased substantially, beginning in fiscal year 2008, as Scripps does not offset for grants or contributions according to the Schedule H 990 IRS guidelines.

SCRIPPS COMMUNITY HEALTH SERVICES

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY12 COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Advanced Cardiac Life Support Renewal Course	0	20	\$541	6
American Cancer Society Making Strides Against Breast Cancer	2	49	\$20,765	27,000
Annual Cancer Survivors Day	2	0	\$6,209	240
Basic Life Support for the Health care Provider Initial	0	108	\$477	56
Beach Area Community Court Program	12	12	\$940	381
Blood Drives for the American Red Cross	0	1,003	\$49,280	2,472
Breast Cancer Education and Support Group	3	148	\$12,710	408
Breastfeeding Support Groups - Scripps La Jolla Community Benefit Services	0	1,065	\$73,873	767
Camp Scripps	0	0	\$0	213
Cancer Center Awareness and Educational Events	2	4	\$281	22
Cancer Center Heredity and Cancer Genetic Counseling Program	88	1,929	\$147,847	156
Cancer Center Registered Nurse Navigator Program	0	6,083	\$449,591	293
Cancer Center Support Groups - Scripps Green Hospital	0	0	\$2,475	30
Cancer Center Transportation Program	0	13	\$1,065	1
Cancer Support Services and Educational Materials	0	947	\$74,282	75
Cardiac Risk Screenings	0	15	\$1,054	13
Cardiac Support Groups	0	0	\$0	1
Cardiac Treatment Center Group Exercise Programs	16	618	\$28,973	3,242
Caring for Loved Ones with Dementia	0	0	\$818	140

* " FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.

Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
City Heights Wellness Center Community Health Education	0	2,457	\$160,163	8,391
City Heights Wellness Center Health Care Support Services	0	189	\$11,874	644
City Heights Wellness Center Mental Health Education Services	0	42	\$5,868	142
Community Health Education Programs	56	2,107	\$159,170	11,049
Concussion Education and ImPACT Testing	0	5	\$300	70
CPR and Emergency Preparedness	0	1,097	\$74,384	432
CPR Classes for Patients and Families of the Cardiac Treatment Center	0	5	\$320	13
CPR/AED for Professional Rescuers and Health Care Providers	0	2	\$755	3
Diabetes Community Health Education	0	114	\$6,145	69
Diabetes Education Outreach Events	136	1,859	\$101,411	1,426
Disaster Preparedness Mobile Field Hospital Exercise	120	968	\$100,475	1,000
Disaster Preparedness Expo	0	12	\$761	250
Eric Paredes Save a Life Foundation Health Screenings	492	0	\$2,320	2,426
Fiji Alliance	340	0	\$0	400
Fire Awareness Community Education	0	0	\$0	700
Food Bank Luncheon	0	4	\$938	400
Health and Safety Fair - Scripps Home Health Services	0	12	\$632	20
Health and Wellness - Scripps Home Health Services	0	11	\$666	100
Health Care Support Services	0	15	\$1,120	1
Health Education and Support Groups	9	799	\$57,409	556
Healthy Choices for Your Plate - Scripps Home Health Services	0	10	\$486	55
HeartSaver CPR, AED, and Basic First Aid	0	45	\$927	14
Hepatitis C Support Group	0	82	\$5,700	110
Lebed Method - Focus on Healing Through Movement and Exercise	0	49	\$2,926	205
Maternal Child Health - Community Health Education Breast Health Programs	0	2,145	\$38,617	3,722
Maternal Child Health - Community-Based Clinical Breast Health Programs	0	0	\$0	5,184

*" FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.

Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Mercy Outreach Surgical Team (MOST)	0	993	\$340,202	486
Nine Girls Ask?, for a cure for Ovarian Cancer	0	4	\$1,072	530
Nutrition Education Class	0	19	\$612	68
Official Physical Therapy Sportsmed Crew for Susan G. Komen 3-Day For The Cure Breast Cancer Walk	600	77	\$5,047	1,500
Organ Transplant Support Groups	0	94	\$14,033	1,260
Parent Connection	2	1,979	\$142,600	839
Parent Connection Community Resource Fund	0	165	\$11,899	65
Physical Therapy for Incontinence and Pelvic Pain Education to Community	0	0	\$0	8
Prescription Drug Take Back Day	108	208	\$13,933	12,500
Project Dulce Diabetes Clinical Services	0	15,609	\$437,373	4,527
Project Dulce Diabetes Education	0	2,602	\$21,509	1,641
Rehabilitation Parkinson's Class and Stroke Exercise	0	55	\$3,271	281
San Diego Brain Injury Foundation	0	0	\$210	134
San Diego Festival of Science and Engineering	16	69	\$9,832	27,000
Scripps Drug and Alcohol Treatment Program Intervention Workshop	0	92	\$3,886	470
Scripps Drug and Alcohol Treatment Program Support Groups	0	0	\$0	10,525
Scripps Green Hospital Medical Library	0	0	\$301,732	0
Scripps Health System Community Benefit Planning and Outreach	0	3,095	\$190,934	0
Scripps Memorial Hospital La Jolla Medical Library	0	2,098	\$159,386	0
Scripps Mercy Behavioral Health Services	0	31	\$2,523	1,900
Scripps Mercy Hospital, Chula Vista - Community Based Health Improvement Education	0	1,195	\$62,471	1,398
Scripps Mercy Hospital, Chula Vista Rehabilitation Programs	0	195	\$11,941	334
Scripps Mercy Hospital, Chula Vista Senior Programs	0	460	\$33,051	574
<p>**" FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.</p> <p>Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Scripps Mercy Hospital, Chula Vista Youth Programs	0	1,079	\$57,142	1,230
Scripps Mercy Hospital Community Benefit Planning and Outreach	0	1,474	\$137,346	0
Scripps Mercy Hospital, San Diego Medical Library	0	2,498	\$224,280	0
Scripps Polster Breast Care Center Support Groups	0	55	\$5,604	367
Scripps Recuperative Care Program	0	72	\$159,989	18
SDSU Student Nurses	0	0	\$0	267
Search and Rescue Academy Emergency Medical Response Module	0	32	\$10,758	180
Search and Rescue EMT Skills Test	0	1	\$400	1
Senior Flu Shot Clinic	0	181	\$9,244	88
Scripps Memorial Hospital Nursing Health Education	0	0	\$0	500
Scripps Memorial Hospital Telecommunications Health Care Support Services	0	0	\$1,330	92
Stroke and Brain Injury Support and Education Group	0	44	\$2,190	256
Stroke Care Programs	4	9	\$685	250
Trauma Community Health Education	0	10	\$922	0
Trauma Community Health Improvement Services	0	4	\$1,137	252
Trauma Health Education	0	12	\$1,241	22
Trauma Health Education and Improvement Services	0	73	\$30,889	4,056
Widowed Support Group - Scripps Home Health Services	0	3	\$250	10
Women, Infants, and Children (WIC) Community Health Education	0	38,497	\$1,562,550	107,982
Women's Health EXPO	32	441	\$31,141	150
Young Leaders in Health care	32	19	\$4,007	450
TOTAL FY12 COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS	2,072	97,580	\$5,613,165	255,109
<p>* " FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.</p> <p>Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

FY12 SUBSIDIZED HEALTH SERVICES

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
In Lieu of Funds	0	0	\$1,692,983	0
Mercy Clinic, Scripps Mercy Hospital	0	0	\$2,985,321	10,208
Mercy Inpatient Behavioral Health	0	0	\$2,292,230	0
Mercy Outpatient Behavioral Health	0	0	\$3,026,804	0
Scripps Mercy Behavioral Health A-Vision Services Program	0	0	\$154,307	41
TOTAL FY12 SUBSIDIZED HEALTH SERVICES	0	0	\$10,151,645	10,249

*" FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.

Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

FY12 CASH AND IN-KIND DONATIONS

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
2-1-1 San Diego Annual Fundraising Event	0	0	\$5,000	0
Aloha Locks Cancer Wig Program	0	173	\$13,602	14
Alzheimer's Association	0	0	\$5,000	0
American Cancer Society Relay For Life	0	0	\$1,200	0
American Cancer Society Making Strides Against Breast Cancer Sponsorship	0	0	\$5,000	0
American Heart Association Go Red for Women Luncheon	0	0	\$4,315	0
American Heart Association Heart Walk In-Kind Donation	0	0	\$31,512	0
American Heart Association Heart Walk Sponsorship	0	0	\$10,000	0
B'Nai B'rith International	0	0	\$6,000	0
California Health Foundation and Trust (CHFT) Donation	0	0	\$2,521,005	0
Community Benefit Cash Donations	0	0	\$700	0
Community Benefit Fund - 2-1-1 San Diego	0	0	\$15,000	0
Community Benefit Fund - Catholic Charities	0	0	\$70,000	0

*" FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.

Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Community Benefit Fund - Legal Aid Society of San Diego - Consumer Center for Health Education and Advocacy (CCHEA)	0	0	\$120,000	0
Donated Room Space for Non-For-Profit Organizations	0	3	\$13,005	8,458
Eric Paredes Save a Life Foundation	0	0	\$15,000	0
Greater La Jolla Meals on Wheels	0	0	\$2,860	15,791
In-Kind Donations	0	46	\$5,352	151
Operation Home Front Adopt A Family Holiday Program	0	0	\$0	148
Operation Santa	0	0	\$0	45
San Diego Festival of Science and Engineering Sponsorship	0	0	\$5,000	0
Scripps Medical Missions	0	0	\$9,000	0
Scripps Mercy Behavioral Health Cash Donations	0	0	\$1,050	0
SDSU Athletic Medicine Program	0	0	\$12,000	0
Stand Up to Cancer (SU2C) San Diego Padres Foundation Sponsorship	0	0	\$5,000	0
SuperFood Drive World Nutrition Conference	0	0	\$1,000	0
Susan G. Komen 3 Day Breast Cancer Walk	0	0	\$2,831	29
Susan G. Komen Race for the Cure	0	0	\$5,000	0
Women Together Luncheon	0	3	\$1,554	200
TOTAL FY12 CASH AND IN-KIND DONATIONS	0	225	\$2,886,985	24,836
TOTAL FY12 COMMUNITY HEALTH SERVICES	2,072	97,805	\$18,651,796	290,194

*" FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.

Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

FY12 COMMUNITY BUILDING ACTIVITIES

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
American Heart Association Heart Walk	3,560	4,495	\$239,337	1,700
Community Health Improvement Partners (CHIP)	0	463	\$63,285	0
CHIP Committees and Work Teams - Scripps Mercy Hospital, San Diego	0	47	\$4,334	0
City Heights Wellness Center Advocacy for Community Health Improvements	0	0	\$0	578
City Heights Wellness Center Coalition Building	0	278	\$17,534	951
City Heights Wellness Center Community Support	0	1,884	\$49,022	3,712
Commission on Accreditation of Health care Management Education (CAHME)	0	0	\$25,000	0
Disaster Preparedness Community Outreach and Education	0	309	\$21,680	450
Economic Development	0	466	\$76,264	0
Exploring - San Diego-Imperial Council Boy Scouts of America	0	0	\$1,000	0
Foundation of the American College of Health care Executives	0	0	\$8,000	0
Health Care Reform and Legislative Advocacy	0	1,600	\$322,341	0
Mobile Health Clinics Association, Southern California Coalition Meeting	0	84	\$4,798	32
Pastoral Outreach and Support Community Building	0	0	\$2,000	0
San Diego H.E.A.R.T. (Helping Educate And Reach out to Trichsters)	0	0	\$420	171
Scripps Mercy Hospital, Chula Vista Community Building	0	759	\$36,498	677
Scripps Military Mentoring Initiative	0	276	\$17,590	2
Trauma Coalition Building	0	62	\$5,718	50
YWCA In the Company of Women	0	0	\$1,200	0
TOTAL FY12 COMMUNITY BUILDING ACTIVITIES	3,560	10,723	\$896,021	8,323

*" FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.

Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

Professional Education and Health Research

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

Each year, Scripps allocates resources to advance health care services through clinical research, medical education and health professional education. During fiscal year 2012 (October 2011 to September 2012), Scripps invested \$34,095,695¹ in professional training programs and clinical research to enhance service delivery and treatment practices in San Diego County. This section highlights some of our professional education and health research activities.

Figure 5:1 and Figure 5:2 on the following pages have a more detailed overview of the fiscal year 2012 Scripps Professional Education and Health Research distribution.

(Refer to Scripps Professional Education and Health Research Summary for an individual breakdown of each activity, page 68.)

¹ Reflects clinical research as well as professional education for non-Scripps employees, including graduate medical education, nursing resource development and other health care professional education. Research primarily takes place at Scripps Clinical Research Services, Scripps Whittier Diabetes Institute, Scripps Genomic Medicine and Scripps Translational Science Institute. Calculations are based on total program expenses, less applicable direct-offsetting revenue. Expenses are not offset by grant revenue or restricted funds according to the Schedule H 990 IRS guidelines.

Health Professions Training

Internships

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

Interacting with health care professionals in the field expands education outside the classroom. Scripps staff play an important role as preceptors by investing their time to create a valuable experience for the community. In fiscal year 2012, Scripps hosted 2,188 interns within our system and provided 291,797 development hours spanning nursing and ancillary settings. Table 5:1 provides a breakdown of interns by Scripps facility.

Figure 5:1 Scripps Health Internships for FY12

Scripps Health Location	Nursing			Ancillary		Total	
	Students	Group Hours	Precepted Hours	Students	Hours	Students	Hours
Scripps Green Hospital	102	9,480	3,286	40	13,874	142	26,640
Scripps Health Administrative Services	1	0	120	17	750	18	870
Scripps Home Health	0	0	0	4	600	4	600
Scripps Integrative Medicine	0	0	0	3	520	3	520
Scripps Medical Foundation (Clinic & SCMC)	4	0	534	36	7,864	40	8,398
Scripps Memorial Hospital La Jolla	778	51,145	31,000	35	11,614	813	93,759
Scripps Memorial Hospital Encinitas	248	21,390	5,586	53	17,488	301	44,464
Scripps Mercy Hospital, Chula Vista	145	23,165	1,959	18	3,435	163	28,559
Scripps Mercy Hospital, San Diego	660	70,766	9,947	44	7,274	704	87,987
Total	1,938	175,946	52,432	250	63,419	2,188	291,797

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 90 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 (CSU.S.M), San Diego State University (SDSU), University of San Diego (U.S.D), Mesa College, San Diego City College, Grossmont College and Mira Costa College.

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

Research Students

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

In fiscal year 2012, Scripps research included students from U.S.D, Western Governors, SDSU, PLNU and postdoctoral pharmacy residency programs, including the PGY1 Pharmacy Residency Program.

College Collaborations

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

High School Programs

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

Scripps High School Exploration Program and Regional Allied Health and Science Initiative (RAHSI)

This program reaches out to San Diego high school students interested in exploring a career in health care. In fiscal year 2012, Scripps hired 35 students to participate in the program. During their paid five-week rotation, the students work in different departments, exploring career options and learning valuable life lessons about health and healing.

UC High School Collaboration

UC High School and Scripps partnered to provide a real-life context to the school's Health care Essentials course. For fiscal year 2012, seven students were selected to rotate through three different Scripps Clinic locations, during the fall and spring semester, to increase their awareness of health care careers. UC High students visited Scripps Clinic, Mission Valley, Rancho Bernardo and Carmel Valley, shadowing health care professionals in internal medicine, radiology, ASC, physical therapy, dermatology, cardiology and pediatrics.

Young Leaders in Health Care

An outreach program at Scripps Hospital Encinitas, Young Leaders in Health Care targets local high school students interested in exploring health care careers. Student's grades 9–12 participate in the program, which provides a forum for high school students to learn about the health care system and its career opportunities. This combined experience includes weekly meetings at local schools facilitated by teachers and advisors, as well as monthly meetings at Scripps Hospital Encinitas. The program mentors students on leadership and provides tools for daily life challenges. Young Leaders in Health Care also includes a service project to meet high school requirements and make a positive impact on the community. The program closes the year with a presentation aligned with the yearly focus. More than 100 students, community members and health care specialists attended the Young Leader in Health Care final meeting, culminating with student presentations on sports injuries and prevention.

WorkAbility

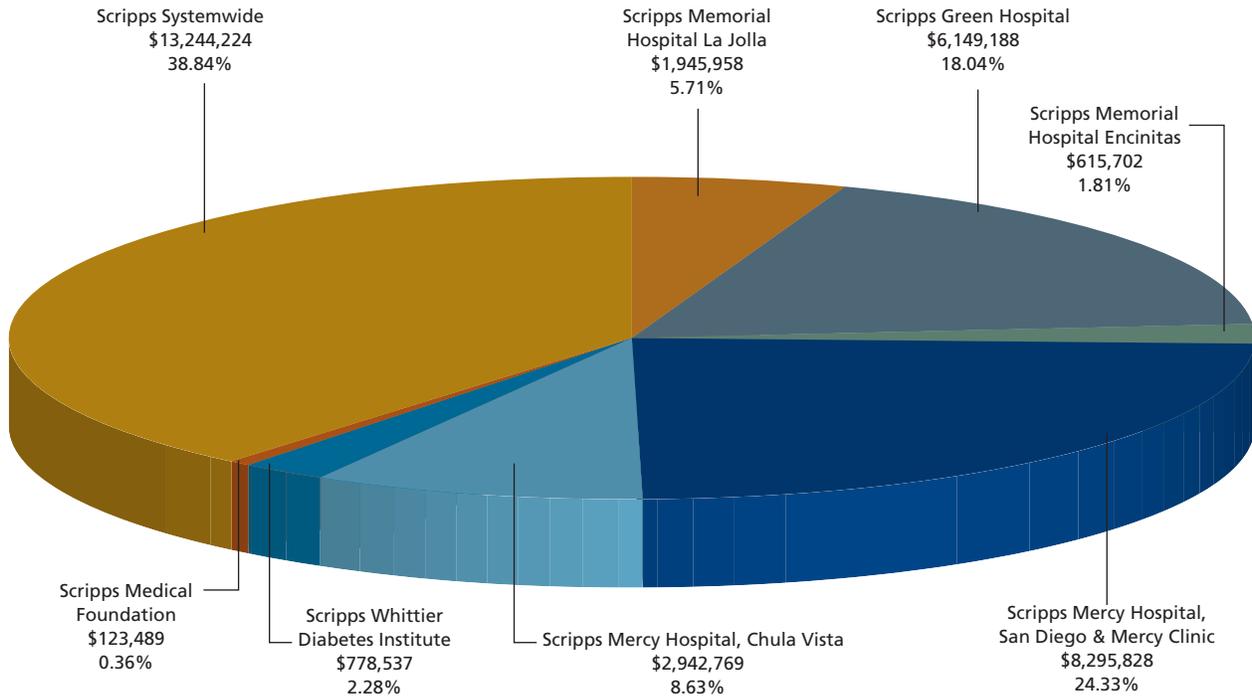
Scripps partners with the San Dieguito Academy WorkAbility Program, which educates students and the community on health care career opportunities. Scripps provides firsthand tours of hospital facilities and educates participants about the complexities of hospital operations. The program is designed to provide pre-employment skills development, worksite training and follow-up services for youth (ages 12–22) with special needs who are making the transition from school to work. While students get classroom training, Scripps partners with the program to provide onsite career training. In fiscal year 2012, four students participated in the program at Scripps Green Hospital and Scripps Memorial Hospital Encinitas.

New Graduate Residency Program

Designed for the newly graduated registered nurse (RN), this innovative program improves patient care quality and safety during the first year on the job. By training new nurses and building confidence at the bedside, the program helps make the initial year of a nurse's career a launch pad to success.

FIGURE 5:2

Scripps Professional Education and Health Research by Operating Unit, \$34,095,695



Professional Education and Health Research

This table reflects clinical research, as well as professional education for non-Scripps employees, including graduate medical education, nursing resource development and other health care professional education. Research takes place primarily at Scripps Clinical Research Services, Scripps Whittier Diabetes Institute, Scripps Genomic Medicine and Scripps Translational Science Institute. Calculations are based on total program expenses less applicable direct offsetting revenue. Expenses are not offset by grant revenue or restricted funds according to the Schedule H 990 IRS guidelines.

SCRIPPS PROFESSIONAL EDUCATION AND HEALTH RESEARCH

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY12 PROFESSIONAL EDUCATION

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Cancer Center Oncology Nursing Education Program	0	3,397	\$271,688	242
Emergency Professionals Training	0	6,478	\$381,881	1,183
Pharmacy Residency	0	14,229	\$671,767	0
Professional Education Diabetes Programs	3	3,064	\$299,315	679
San Diego Military Advisory Council (SDMAC)	0	0	\$3,000	0
San Diego Nursing Service/Education Consortium	0	0	\$3,000	0
Scripps High School Exploration Program	0	1,150	\$58,554	34
Scripps Mercy Health Professionals Training	1,382	637	\$29,035	676
St. Leo's Mission Medical Clinic	112	0	\$0	514
St. Vincent de Paul Village Medical Clinic and Mid City Clinic	208	0	\$0	282
Trauma Physicians Medical Education	0	68	\$8,721	402
UC High School Exploration Program	0	628	\$31,051	8
Workforce Development - Nursing and Non-Nursing	0	58,359	\$4,040,571	0
TOTAL FY12 PROFESSIONAL EDUCATION	1,705	88,011	\$5,798,585	4,020

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

FY12 GRADUATE MEDICAL EDUCATION

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Scripps Clinic - Scripps Green Hospital Department of GME	0	149,210	\$5,780,299	0
Scripps Family Medicine Residency Program	0	61,089	\$2,334,508	0
Scripps Mercy Hospital's GME Program	0	149,264	\$6,032,254	0
TOTAL FY12 GRADUATE MEDICAL EDUCATION	0	359,563	\$14,147,061	0

FY12 HEALTH RESEARCH

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Cancer Registry	0	18,069	\$1,166,193	0
Clinical Research Services	0	95,617	\$5,436,339	0
Community Health Research - Smoking Cessation Study	0	3,329	\$183,763	3,533
LVAD National Registry Research - Congestive Heart Failure	0	13	\$12,098	0
Research: Blast Injuries and Gunshot Wounds of the Face	0	325	\$19,784	0
Research: Comorbidities and Injury: Implications and Impact on Outcome on Trauma Patients	0	439	\$29,050	0
Research: Effect of Specialty Training on Outcome of Operative Management of Extremity Vascular Trauma	0	638	\$42,829	0
Research: Impact of a More Conservative Approach to CT Scanning	0	790	\$54,748	0
Research: Impact of Crystalloids on the Development of Acute Lung Injury/ ARDS in Resuscitation for Traumatic Hemorrhagic Shock	0	1	\$66	0
Research: Is the Difference in Trauma Patient Mortality Between the Insured and the Uninsured Due to Co-Morbid Conditions?	0	21	\$1,436	0
Research: Measuring Workload at a Level I Trauma Center	0	20	\$1,844	0
Research: Repeat Head CT in Trauma Patients on Anticoagulants	0	105	\$6,870	0

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

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Research: Resuscitation Outcomes Consortium (ROC) Study: EPISTRY	0	2	\$184	0
Research: ROC Prospective Observational Prehospital and Hospital Registry for Trauma Patient (aka PROPHET)	0	20	\$1,844	0
Research: The Impact of Comfort Care on the Trauma Service	0	160	\$10,698	0
Research: The Potential Mortality and Morbidity in Elderly Trauma Patients on Pre-Injury Direct Thrombin Inhibitor Therapy	0	248	\$15,078	0
Research: The Value of Ultrasound Imaging Surveillance for Venous Thromboembolic Disease in Trauma Patients	0	1,728	\$123,631	0
Research: Thoracic Endovascular Repair vs. Open Surgery for Blunt Aortic Injury	0	37	\$2,569	0
Research: Traumatic Brain Injury in Patients on ACAP Agents	0	305	\$22,638	0
Research: Trial of Effectiveness of Screening and Brief Intervention for Drug Users in the Trauma and Emergency Departments	0	8	\$738	0
Research: Venous Thromboembolic Prophylaxis after Major Trauma: A Randomized Controlled Trial of Three Times a Day Unfractionated Heparin versus Enoxaparin	0	60	\$5,533	0
Research: Venous Thromboembolism Multicenter Trauma Registry	0	86	\$6,054	0
Research: Western Trauma Association: Significance of Contrast Blush on CT Scan for Splenic Injuries	0	12	\$1,107	0
Scripps Genomics Medicine and Translational Research	0	48,173	\$6,525,731	0
Scripps Whittier Diabetes Research	0	8,880	\$479,222	0
TOTAL FY12 HEALTH RESEARCH	0	179,086	\$14,150,049	3,533
TOTAL FY12 PROFESSIONAL EDUCATION AND HEALTH RESEARCH	1,705	626,660	\$34,095,695	7,553
<p>*" FINANCIAL SUPPORT" reflects the cost (labor, supplies, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H.</p>				

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 19.4 percent of the inpatient population living in the hospital's 50 percent service area. Today, the hospital has 382 licensed beds and more than 2,290 employees.

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

Within the hospital's service area, Scripps La Jolla cares for 18.3 percent of Medicare patients, 6.9 percent of Medi-Cal patients, 22.8 percent of commercially insured patients and 16 percent of patients with other payment sources, including self-pay and charity care.

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

Distinguishing Programs and Services

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

Scripps Memorial Hospital La Jolla

2013 Community Benefit Plan, Fiscal Year 2013

The Scripps La Jolla 2013 Community Benefit Plan describes the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health during fiscal year 2013 (October 2012 to September 2013).

The Scripps 2013 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 2013 Community Benefit Objectives

Community Health Services

Cancer Outreach, Education and Support

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

- Continuing to offer a metastatic support group as an additional benefit for existing community support services.
- Continuing to provide education and support services for those who are experiencing, or are at risk for lymphedema.
- Continuing to provide education and support for breast health by participating in community events and health fairs.
- Continuing to support the volunteer breast buddy support program, matching newly diagnosed breast cancer patients with breast cancer survivors trained to mentor.
- Supporting Young Women's Support Group bimonthly meetings for women under 40 in continuation of a Young Women's Survivor Coalition (YSC), San Diego Chapter. Funding assistance is given to YSC community education.
- Provide a music as medicine series to enhance the healing process for cancer patients. This community program will be offered free of charge to cancer patients and their loved ones.

Scripps Cancer Care

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

- Outpatient oncology social worker provides psychosocial support services and community resources for individuals diagnosed with cancer, their family members, caregivers and health care workers in conjunction with other health care providers.
- Outpatient social worker provides counseling services and resource information to address emotional and social distress, including needs and risk assessments, transportation resources, financial and assistance programs and benefits, housing issues, and the challenges before, during, and after diagnosis and treatment.
- Continue to provide wig, head wrap and appearance programs with support from Aloha Locks.
- In conjunction with rehabilitation services, continue to support education and exercise classes, focusing on healing and recovery.
- In conjunction with Scripps Whittier Diabetes Institute, continue to support education and nutritional counseling for cancer treatment and recovery.
- Continue to work with community to develop patient cancer navigator role. Patient navigator provides clinical education and distributes resource information to both patients and their families.
- Continue to provide and develop evidence-based nursing continuing education curriculum based on community needs assessment that includes hospital staff, ancillary offices and other nurses in the community.
- Continue to foster relationships and participate with professional organizations and community outreach organizations at both the local and national level.
- Continue to foster academic affiliation and student support through preceptor experiences.
- Plan and develop community-based informational and celebratory events specific to patient populations and community needs.
- In conjunction with Community Health, participate in La Jolla events, such as Women's Health Expo and survivor breakfast and luncheons.
- Provide community support and education through gynecological support group, twice a month.

General Health Education and Wellness Initiatives

- Continue to sponsor community-based support groups for Partners for Adoption, parenting, Parkinson's, bereavement, breastfeeding, cardiac, cancer, ostomy, lymphedema, bariatrics, joint replacement, ovarian cancer, Multiple Sclerosis, Compassionate Friends, mental health, nutrition, postpartum depression, Huntington's, spine surgery, chronic pain, parenting and grand parenting, CPR and babysitting safety, Stroke Exercise, Parkinson's Voice Class, Parkinson's Exercise Class Dysphagia Education, and diabetes patients at the Scripps Mende Well Being Center and at Scripps Memorial Hospital La Jolla.
- Provide meeting space at the Scripps Mende Well Being Center for community groups, such as Mothers of Twins, Parent Connection, Everyone a Reader, San Diego City Schools, San Diego County Social Workers and Mental Health Alliance.

- Offer 30 to 40 educational programs on orthopedics, diabetes, osteoporosis, macular degeneration and other ophthalmological conditions, women's health issues, cancer, stroke, alternative and complementary medicine, heart health, exercise, nutrition, migraines, Parkinson's, multiple sclerosis, weight loss, incontinence and bladder health, exercise and injury prevention, joint replacement, pain management, neurological disorders, stress reduction, depression, hearing, dermatological, health care reform, food allergies, back pain, gynecological updates, sleep disorders, and urology disorders.
- Continue to provide smoking cessation program for all Scripps La Jolla inpatients, cardiac and pulmonary outpatients and staff.
- Coordinate four blood drives at the Scripps La Jolla campus on behalf of the American Red Cross.
- Work with other nonprofit community organizations, such as American Heart Association and the March of Dimes to promote healthy behaviors.
- Work with the Lawrence Family Jewish Community Center to offer 12 health education seminars on a variety of health improvement topics focused on senior health issues.
- Provide health information and screenings (body fat and body mass index) at more than three health events in San Diego County.
- Offer two vascular screening programs per year at the Scripps La Jolla Campus.
- Offer daily blood pressure checks through the kiosk program at the University Town Center Mall.
- Annual Emergency Preparedness Expo for staff and community.
- Support school and Scripps nursing in-services and community-based medical outreach activities at Scripps Mende Well Being.
- Continue to offer monthly nutrition education programs on three weight management topics, prediabetes and eating tips for cancer patients.
- Continue to offer a pregnancy healthy nutrition class for expectant women at least four times a year.
- Offer an ongoing colorectal screening program.
- Offer screenings for bone density and calcium scoring as risk indicators for osteoporosis and heart disease.
- Support nursing school programs by offering observations of maternal child health programs for student nurses.
- Support Scripps audit and compliance by hosting monthly update meetings.
- Offer the annual Women's Health Expo to the community, providing guest speakers on health education and prevention.

Heart Health and Cardiovascular Disease

Enhance cardiac health education and prevention efforts in north central San Diego County by:

- Offering education targeting women to increase public awareness about the advances in women's health care.
- Offering cardiac education programs for the community, focusing on current heart treatment options and new screening technologies.

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

Maternal Child Health Education

- Continue to provide prenatal, postpartum and parenting education programs for low-income women throughout San Diego County.
- Offer 1,200 maternal child health classes throughout San Diego County to enhance parenting skills. Low-income women in the County of San Diego can attend classes at no charge or on a sliding fee schedule.
- Maintain the existing prenatal education services in the county, ensuring that programs demonstrate a satisfaction rating higher than 90 percent.
- Continue to offer five breastfeeding support groups throughout the county on a weekly basis (includes two with bilingual services).
- Offer eight maternal child health education series covering issues such as grandparenting and babysitter safety in San Diego County.
- Offer prenatal and postnatal yoga classes at the Scripps Mende Well Being.
- Offer quarterly dogs and babies safety education program for expectant parents.
- Offer pelvic floor and pregnancy education program for expectant women.
- Offer quarterly eating for two nutrition programs for expectant women.

Substance Abuse Prevention and Treatment Programs

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

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

- Increase chemical dependency intervention and family systems education in the community and continue to speak to parents and school systems.
- Offer drug and alcohol intervention workshops at no cost to parents of adolescents.

Unintentional Injury and Violence

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

Professional Education and Health Research

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

Uncompensated Health Care

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

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

Scripps Memorial Hospital La Jolla

2013 Community Benefit Report, Fiscal Year 2012

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 2012 (October 2011 to September 2012).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2012, 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 1,174 volunteer hours, it is estimated that the dollar value associated with this volunteer labor is \$51,617.83.¹

Making a Financial Commitment

During fiscal year 2012, Scripps La Jolla devoted \$76,570,970 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

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

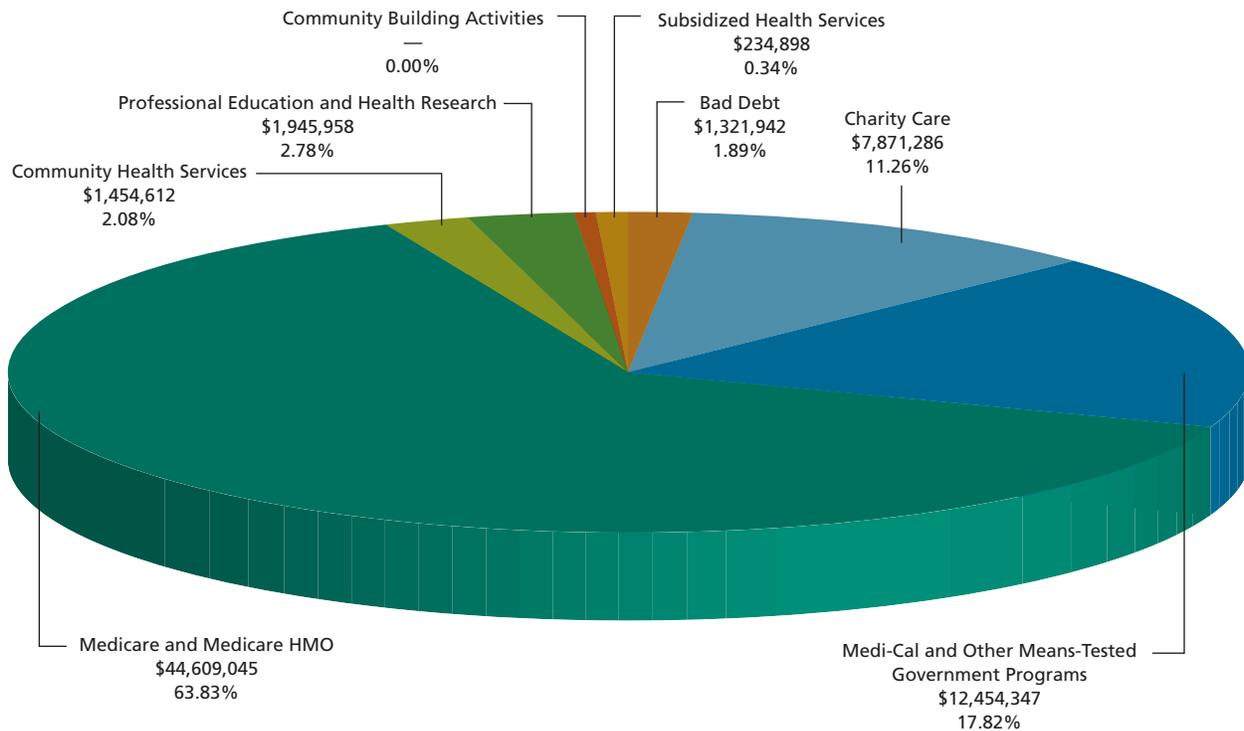
During fiscal year 2012, Scripps La Jolla contributed \$76,570,970 in community benefits, including \$7,871,286 in charity care, \$19,133,229 in Medi-Cal and other means-tested government programs, \$44,609,045 in Medicare shortfall, \$1,321,942 in bad debt, \$1,454,612 in community health services, \$234,898 in subsidized health services, \$1,945,958 in professional education and research and \$0 in community building activities.

Refer to Figure 6:1 presented on the following page for a graphic representation of the fiscal year 2012 Scripps Memorial Hospital La Jolla Community Benefit Services distribution.

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

FIGURE 6:1

FY12 Scripps Memorial Hospital La Jolla Community Benefit Services Distribution, \$69,892,088 (before provider fee)



Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal & Other Means-Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	\$1,321,942	\$7,871,286	\$12,454,347	\$44,609,045	\$1,454,612	\$1,945,958	—	\$234,898	\$69,892,088
Provider Fee			\$6,678,882						\$6,678,882
Net Community Benefit Services After Provider Fee	\$1,321,942	\$7,871,286	\$19,133,229	\$44,609,045	\$1,454,612	\$1,945,958	—	\$234,898	\$76,570,970

Community Benefit Services:

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

Scripps La Jolla Fiscal Year 2012 Community Health Services

Community Health Services Highlights

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

During fiscal year 2012 (October 2011 to September 2012), Scripps La Jolla invested \$1,454,612 in community health services. This figure reflects the costs associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Scripps La Jolla's fiscal year 2012 community health services achievements.

Professional Education Highlights

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers, or offer continuing education to existing health care professionals, the quality of health care would be greatly diminished. Each year, Scripps La Jolla advances health care services through professional education programs. To enhance service delivery and treatment practices for San Diego County, Scripps Memorial Hospital La Jolla invested \$1,945,958² in professional training programs during fiscal year 2012 (October 2011 to September 2012). This section highlights some of Scripps La Jolla's professional education activities during fiscal year 2012.

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

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

Pharmacy Residency Program

Scripps Memorial Hospital La Jolla, with Scripps Green Hospital in La Jolla, offers two 12-month ASHP accreditation candidate postgraduate year one (PGY-1) resident positions. This postgraduate program is designed to develop skilled clinicians who can deliver pharmaceutical care in a variety of health care settings. The Scripps La Jolla residency program emphasizes practice. It makes a strong distinction between clerkship training and residency training. The residency builds on the clerkship experiences gained in pharmacy school. The 12-month residency focuses on pharmacotherapy, research and teaching in a decentralized pharmacy setting.

Scripps Memorial Hospital La Jolla

Community Benefit Services Summary List

FY12

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Aloha Locks Cancer Wig Program	0	173	\$13,602	14
Bad Debt**	0	0	\$1,321,942	0
Beach Area Community Court Program	12	12	\$940	381
Blood Drives for the American Red Cross	0	153	\$7,571	387
Breastfeeding Support Groups - Scripps La Jolla Community Benefit Services	0	1,065	\$73,873	767
Cancer Center Awareness and Educational Events	2	4	\$281	22
Cancer Center Heredity and Cancer Genetic Counseling Program	88	1,929	\$147,847	156
Cancer Center Oncology Nursing Education Program	0	3,397	\$271,688	242
Cancer Center Registered Nurse Navigator Program	0	6,083	\$449,591	293
Cancer Center Transportation Program	0	13	\$1,065	1
Cancer Support Services and Educational Materials	0	947	\$74,282	75
Cardiac Risk Screenings	0	15	\$1,054	13
Cardiac Support Groups	0	0	\$0	1
Cardiac Treatment Center Group Exercise Programs	16	618	\$28,973	3,242
Charity Care	0	0	\$7,871,286	0
Community Health Education Programs	56	2,003	\$142,117	4,622
CPR and Emergency Preparedness	0	1,097	\$74,384	432
CPR Classes for Patients and Families of the Cardiac Treatment Center	0	5	\$320	13
Donated Room Space for Non-For-Profit Organizations	0	0	\$5,602	1,103
Greater La Jolla Meals on Wheels	0	0	\$2,860	15,791
Health Care Support Services	0	15	\$1,120	1
Health Education and Support Groups	9	799	\$57,409	556
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community Building Activities, Bad Debt and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
In Lieu of Funds	0	0	\$234,898	0
In-Kind Donations	0	46	\$5,352	151
Lebed Method - Focus on Healing Through Movement and Exercise	0	49	\$2,926	205
LVAD National Registry Research - Congestive Heart Failure	0	13	\$12,098	0
Medi-Cal (Shortfall)	0	0	\$13,040,334	0
Medicare and Medicare HMO (Shortfall)**	0	0	\$44,609,045	0
Nutrition Education Class	0	19	\$612	68
Official Physical Therapy Sportsmed Crew for Susan G. Komen 3-Day For The Cure Breast Cancer Walk	600	77	\$5,047	1,500
Other Means-Tested Government Programs (Shortfall)	0	0	\$6,092,896	0
Parent Connection	2	1,979	\$142,600	839
Parent Connection Community Resource Fund	0	165	\$11,899	65
Pharmacy Residency	0	7,577	\$363,873	0
Rehabilitation Parkinson's Class and Stroke Exercise	0	55	\$3,271	281
Scripps Drug and Alcohol Treatment Program Intervention Workshop	0	92	\$3,886	470
Scripps Drug and Alcohol Treatment Program Support Groups	0	0	\$0	10,525
Scripps Memorial Hospital La Jolla Medical Library	0	2,098	\$159,386	0
Scripps Polster Breast Care Center Support Groups	0	55	\$5,604	367
Women's Health EXPO	32	441	\$31,141	150
Workforce Development - Nursing and Non-Nursing	0	18,752	\$1,298,300	0
TOTAL	817	49,742	\$76,570,970	42,733
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community Building Activities, Bad Debt and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

Scripps Memorial Hospital Encinitas

About Scripps Memorial Hospital Encinitas

Scripps Memorial Hospital Encinitas, located along the coast of San Diego's North County, has 158 licensed beds, 1,258 employees and provides health care services for 24.4 percent of the inpatient population living within the hospital's North County West service area. Scripps Encinitas provides a wide range of acute clinical care services including, but not limited to, 24-hour emergency services, intensive care, cancer/oncology, nuclear medicine, radiology, orthopedics, neurology and urology. Within its service area, Scripps Encinitas cares for 27.8 percent of Medicare patients, 14.6 percent of Medi-Cal patients, 24 percent of commercially insured patients, and 24.2 percent of patients with other payment sources, including self-pay and charity care.

Distinguishing Programs and Services

Leichtag Family Birth Pavilion:

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

Rehabilitation Center:

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

Women's Imaging Services:

- Digital mammography
- Bone density test (Densitometry or DEXA Scan)
- Ultrasound
- MRI (Magnetic Resonance Imaging)
- BSGI (Breast Specific Gamma Imaging)
- 24-hour emergency services
- Neurological care services
- Primary stroke center designated by The Joint Commission
- STEMI-receiving center designation from the American Heart Association
- Spine and joint replacement programs
- Palliative care program

Scripps Memorial Hospital Encinitas

2013 Community Benefit Plan, Fiscal Year 2013

The Scripps Memorial Hospital Encinitas 2013 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health improvement during fiscal year 2013 (October 2012 to September 2013).

The Scripps 2013 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 2013 Community Benefit Objectives

Community Health Services

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

Professional Education and Research

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

Uncompensated Health Care

- Scripps Encinitas will continue to provide health care services for vulnerable patients who are unable to pay for services.
- Maintain, communicate and effectively administer Scripps' financial assistance policy in a manner that meets patients' needs.
- Assure that care is available through the emergency department, regardless of a person's ability to pay.

Scripps Memorial Hospital Encinitas

2013 Community Benefit Report, Fiscal Year 2012

The Scripps Encinitas Community Benefit Report is an account of the hospital's dedication and commitment to improving the health of the community, detailing hospital programs that have provided benefit over and above standard health care practices in fiscal year 2012 (October 2011 to September 2012).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2012, Scripps Encinitas 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 4 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$175.87.

Making a Financial Commitment

During FY12, Scripps Memorial Hospital Encinitas devoted \$45,899,206 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

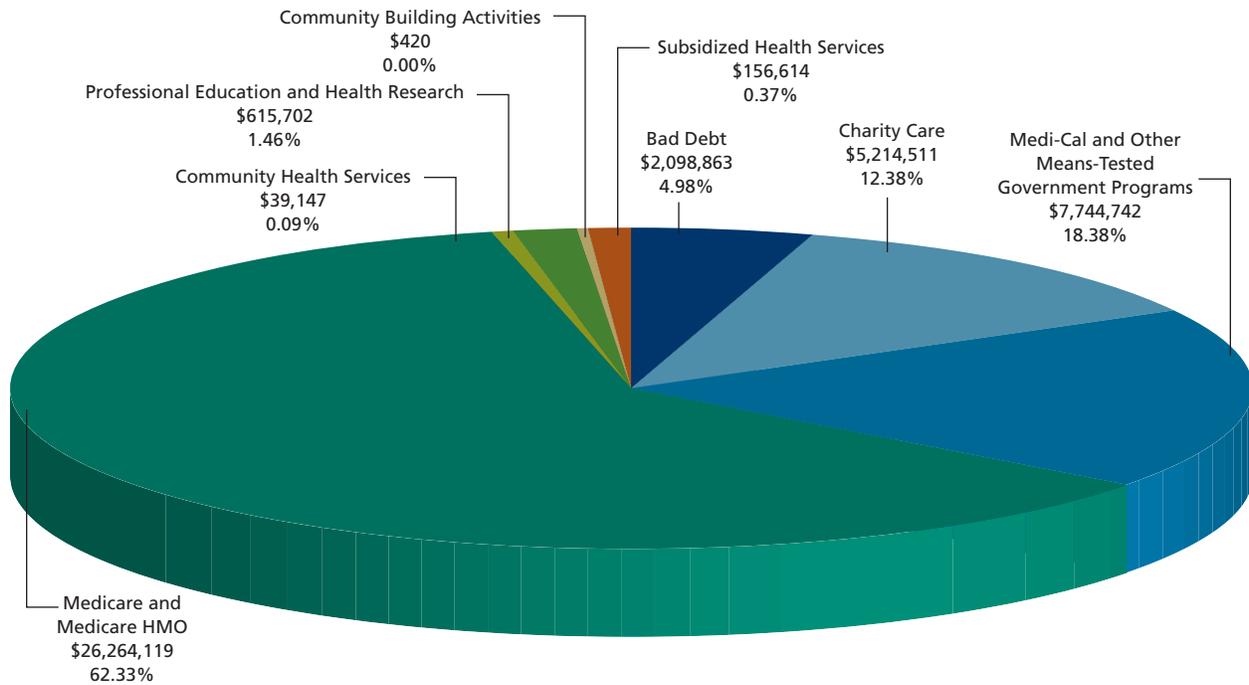
Scripps Memorial Hospital Encinitas Community Benefit Services Highlights (After Hospital Provider Fee)

During fiscal year 2012, Scripps Encinitas contributed \$45,899,206 to community benefits, including \$5,214,511 in charity care, \$11,509,830 in Medi-Cal and other means-tested government programs, \$26,264,119 in Medicare shortfall, \$2,098,863 in bad debt, \$39,147 in community health services, \$156,614 in subsidized health services, \$615,702 in professional education and health research and \$420 in community building activities.

Refer to figure 7:1 presented on the following page for a graphic representation of the FY12 Scripps Memorial Hospital Encinitas Community Benefit Services distribution.

FIGURE 7:1

FY12 Scripps Memorial Hospital Encinitas Community Benefit Services Distribution, \$42,134,118 (before provider fee)



Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal & Other Means-Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	\$2,098,863	\$5,214,511	\$7,744,742	\$26,264,119	\$39,147	\$615,702	\$420	\$156,614	\$42,134,118
Provider Fee			\$3,765,088						\$3,765,088
Net Community Benefit Services After Provider Fee	\$2,098,863	\$5,214,511	\$11,509,830	\$26,264,119	\$39,147	\$615,702	\$420	\$156,614	\$45,899,206

Community Benefit Services:

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

Scripps Encinitas Fiscal Year 2012 Community Health Services

Community Health Services Highlights

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

During fiscal year 2012 (October 2011 to September 2012), Scripps Encinitas invested \$39,147 in community health services. This figure reflects the costs associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of the Scripps Encinitas fiscal year 2012 community health services.

Professional Education and Health Research Highlights

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

Each year, Scripps Encinitas allocates resources to advance health care services through health professional education programs. To enhance service delivery and treatment practices for San Diego County, Scripps Encinitas invested \$615,702¹ in professional training programs and clinical research during fiscal year 2012 (October 2011 to September 2012). This section highlights some of the Scripps Encinitas professional education activities in fiscal year 2012.

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

¹ 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.

Scripps Memorial Hospital Encinitas

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY12

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
American Cancer Society Relay For Life	0	0	\$1,200	0
Bad Debt**	0	0	\$2,098,863	0
Blood Drives for the American Red Cross	0	121	\$6,685	339
Breast Cancer Education and Support Group	3	148	\$12,710	408
Caring for Loved Ones with Dementia	0	0	\$818	140
Charity Care	0	0	\$5,214,511	0
Concussion Education and IMPACT Testing	0	5	\$300	70
In Lieu of Funds	0	0	\$156,614	0
Medi-Cal (Shortfall)	0	0	\$8,712,865	0
Medicare and Medicare HMO (Shortfall)**	0	0	\$26,264,119	0
Other Means-Tested Government Programs (Shortfall)	0	0	\$2,796,965	0
Physical Therapy for Incontinence and Pelvic Pain: Education to Community	0	0	\$0	8
San Diego Brain Injury Foundation	0	0	\$210	134
San Diego H.E.A.R.T. (Helping Educate And Reach out to Trichsters)**	0	0	\$420	171
Scripps Medical Missions	0	0	\$9,000	0
Stroke and Brain Injury Support and Education Group	0	44	\$2,190	256
Susan G. Komen 3-Day Breast Cancer Walk	0	0	\$2,831	29
Workforce Development - Nursing and Non-Nursing	0	8,893	\$615,702	0
Young Leaders in Health care	32	16	\$3,203	425
TOTAL	35	9,227	\$45,899,206	1,980

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

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

Scripps Mercy Hospital

Scripps Mercy Hospital

With 684 licensed beds and more than 3,500 employees, Scripps Mercy Hospital is San Diego's longest-established and only Catholic medical center. In addition, with two campuses, Scripps Mercy Hospital is San Diego County's largest hospital. Scripps Mercy provides health care services for 28.7 percent of the inpatient population living within the hospital's central services area. Scripps Mercy is designated a disproportionate share hospital, providing care to a large number of patients who either lack health insurance or are covered through a government subsidy program (32.5 percent are Medicare patients, 31.3 percent are Medi-Cal patients, 17.2 percent are commercially insured patients, and 30.9 percent have another payment source, including self-pay, CMS or charity care).

San Diego Campus

Scripps Mercy Hospital is San Diego's longest-operating and only Catholic hospital. Along with its tradition of caring for the underserved, Scripps Mercy features a shared decision-making culture that encourages staff input and participation. Located in Central San Diego County, Scripps Mercy Hospital, San Diego has 501 licensed beds and 2,442 employees. As a major teaching hospital, Scripps Mercy Hospital, San Diego, provides a primary site for the clinical education of more than 140 residents per year. Mercy provides a wide range of acute medical care services including, but not limited to, intensive care, cancer care, cardiac treatment, endoscopy, neurology, nuclear medicine, orthopedics, radiology, rehabilitation, respiratory care and urology services, plus a variety of support services for low-income patients. As one of six trauma centers and one of 19 emergency departments in San Diego County, Scripps Mercy Hospital, San Diego, makes up a critical part of the county's emergency service network.

Chula Vista Campus

Located approximately four miles from the United States-Mexico border in South San Diego County, Scripps Mercy Hospital, Chula Vista has 183 licensed-care beds and more than 1,128 employees. It became a Scripps Mercy Hospital campus in October 2004 and, together with the Scripps Mercy facility in Hillcrest, is growing to care for San Diego's Metro and South Bay communities. Scripps Mercy Hospital, Chula Vista, provides a wide range of acute clinical care services including, but not limited to, obstetrics and gynecology, rehabilitation (physical, occupational and speech therapies), cancer care services, inpatient and outpatient radiology, neurology and a full range of surgical services (orthopedic, thoracic/vascular, urology and general surgery).

Distinguished Programs — Scripps Mercy Hospital, San Diego

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

Distinguished Programs — Scripps Mercy Hospital, Chula Vista

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

Subsidized Health Services

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

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

The total expense for subsidized health services for Scripps Mercy fiscal year 2012 was \$9,666,644. This includes Scripps inpatient and outpatient behavioral health services, Mercy Clinic and Scripps in-lieu of funds. Scripps offers both inpatient and outpatient adult behavioral health services at the Scripps Mercy Hospital, San Diego campus. The Scripps Mercy Behavioral Health Program also actively supports community programs to reduce the stigma of mental illness and help affected individuals live and work in the community.

Behavioral Health Inpatient Programs

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

Challenges

- Like many behavioral health programs across the country, funding is difficult, as payment rates have not kept pace with the cost to provide care.
- In 2012, the Scripps Mercy Behavioral Health Program lost \$5.3 million.
- In 2012, 17 percent of patients in the inpatient unit were uninsured.

Behavioral Health Outpatient Programs

Scripps Mercy provides community-based adult psychiatric treatment at Scripps Mercy, San Diego. The outpatient program is an intensive day program designed to help individuals reduce their symptoms while they continue to live in the community.

The program provides two levels of care:

- The outpatient program offers patients one to four treatment days per week.
- The partial hospitalization program provides more intensive treatment five to six days per week.

A-Vision Program

- The innovative A-Vision Vocational Training Program at the San Diego campus helps prepare patients for volunteer and employment opportunities by exposing them to a variety of work activities and training. The total expense for the A-Vision program for fiscal year 2012 was \$154,307
- Currently, 44 individuals are enrolled, including eight as volunteers and 23 as Scripps Mercy Hospital employees.

In-lieu of Funds

In-lieu of funds are used for unfunded or underfunded patients and their post-discharge needs. Funds are used for board and care, skilled nursing facilities, long-term acute care and home health. In addition, funds are used for medications, equipment and transportation services. The total subsidized expense for in-lieu of funds during fiscal year 2012 was \$1.7 million.

Mercy Clinic of Scripps Mercy Hospital, San Diego

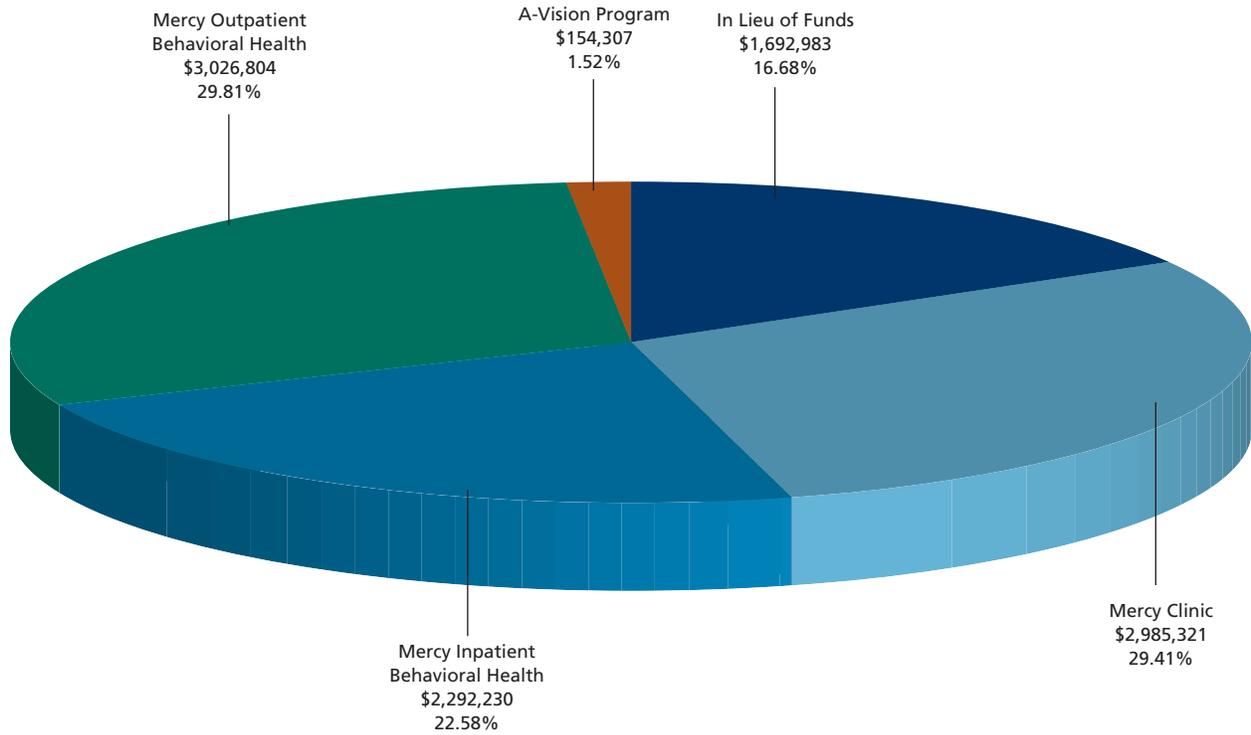
Founded in 1944 and adopted by the Sisters of Mercy in 1961, Mercy Clinic of Scripps Mercy Hospital is a primary care clinic that treats more than 1,000 patients each month. In fiscal year 2012, the clinic received 10,208 patient visits for primary and subspecialty care. Established to care for the underserved, Mercy Clinic has become a critical 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 health care. The total subsidized expense for Mercy Clinic for fiscal year 2012 was \$2.9 million (excludes Medicare, Medi-Cal, bad debt and charity care).

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

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

FIGURE 8:1

FY12 Scripps Subsidized Health Services Distribution by Category,
\$10,151,645



Subsidized Health Services:

Subsidized Health Services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effect of charity care, bad debt and Medi-Cal shortfalls. This includes Scripps inpatient and outpatient behavioral health services, Mercy Clinic, In-Lieu of Funds and the A-Vision Program.

Scripps Mercy Hospital, San Diego

2013 Community Benefit Plan, Fiscal Year 2013

The Scripps Mercy Hospital, San Diego, and Mercy Clinic 2013 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 2013 (October 2012 to September 2013).

The Scripps 2013 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 2013 Objectives

Community Health Services

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

In 2002, Scripps Mercy Hospital and Rady Children's Hospital came together with the community to develop the City Heights Wellness Center. The center promotes health in mid-city San Diego by preventing disease, strengthening community partnerships, linking with existing services and providing opportunities for city residents to manage their own health. The center's continuing vision is to help ensure optimal health and safety for City Heights residents. The center addresses a broad array of community health priorities, including nutrition, access to services and community engagement. The center's hub is its teaching kitchen; a hands-on interactive facility for cooking demonstrations, weight management, meal preparation classes, nutrition education and counseling. Key objectives for 2013 will be to:

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

Based in the City Heights Wellness Center, the Scripps Mercy WIC, a federally funded nutrition program targeting pregnant and parenting women and their children (ages 0 to 5). The Scripps Whittier Institute's Project Dulce program utilizes the Wellness Center to provide diabetes management services to community residents to educate and improve dietary practices for individuals with chronic health conditions.

In addition, the Wellness Center has received a contribution grant from The California Endowment Foundation to continue its health advocacy work with East African refugee families to help them with prevention strategies and health access. The primary objectives in 2013 will be to:

- Provide community-based leadership training to address local policy issues governing access to health care.
- Provide education and advocacy support for local community groups to execute health improvement initiatives.
- Provide resident-led advocacy on policy and environmental improvements. Through a grant from the California Endowment, the project will improve community health through resident leadership. The Resident Leadership Academy is a training project to strengthen resident-led advocacy on policy and environmental improvements to encourage more active and healthy lifestyle choices and reduce childhood obesity in City Heights.

WIC Services

Provide nutrition education, counseling services and food vouchers for at least 9,000 low-income women, infants and children monthly. Lactation education and support services are offered to improve breastfeeding among postpartum and parenting women.

Mercy Clinic

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

A-Vision Service Program

Behavioral Health Services at Scripps Mercy Hospital established the A-Vision Vocational Training Program, in partnership with the San Diego Mental Health Association, to help decrease the stigma of mental illness. The program helps people receiving mental health treatment by providing vocational training, potentially leading to greater independence. The A-Vision Service program added two additional sites in the Scripps System during FY12.

Mental Health and Geriatric Psychiatric Issues

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

National Depression Screening Day

For 2012, depression screening will be held at all Scripps Hospitals to increase the number of people assessed, educated and given referrals.

Community Education

Continue to educate the community on mental illness to reduce stigma and expand resources for the mentally ill. Provide at least one in-service per month.

- Participate in at least three Every 15 Minutes events, targeting more than 2,500 high school students in San Diego County.
- Participate in the Corrective Behavior Institute's Youthful Drinking and Driving Program, providing more than 50 teens with a trauma center visit.
- Increase injury prevention services availability (e.g., suicide prevention) throughout San Diego County.

Professional Education and Health Research

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

- Provide comprehensive graduate medical education training for 34 internal medicine residents, 18 transitional year residents and three chief residents.
- Nearly 100 percent of internal medicine resident graduates have successfully passed the American Board of Internal Medicine Certifying Examination on the first try for the past 16 years.
- Provide comprehensive graduate medical education training for seven podiatry residents.
- Provide a portion of graduate medical education training for eight family medicine residents from the Mercy Chula Vista Campus.
- 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 66 San Diego Naval Hospital surgery and emergency medicine physicians.
- Provide a comprehensive didactic and clinical nursing education program in trauma care for four San Diego Naval Emergency Department nurses.
- Provide a comprehensive training program in trauma and critical care for 17 Navy physicians assistants-in-training.

Uncompensated Health Care

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

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

Scripps Mercy Hospital, San Diego

2013 Community Benefit Report, Fiscal Year 2012

The Scripps Mercy Hospital, San Diego Community Benefit Report is an account of the hospital's dedication and commitment to improving the health of the community, detailing the programs that have provided benefit over and above standard health care practices in fiscal year 2012 (October 2011 to September 2012).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2012, 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 690 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$30,338.¹

Making a Financial Commitment

During fiscal year 2012, Scripps Mercy Hospital, San Diego and Mercy Clinic devoted \$45,503,055 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

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

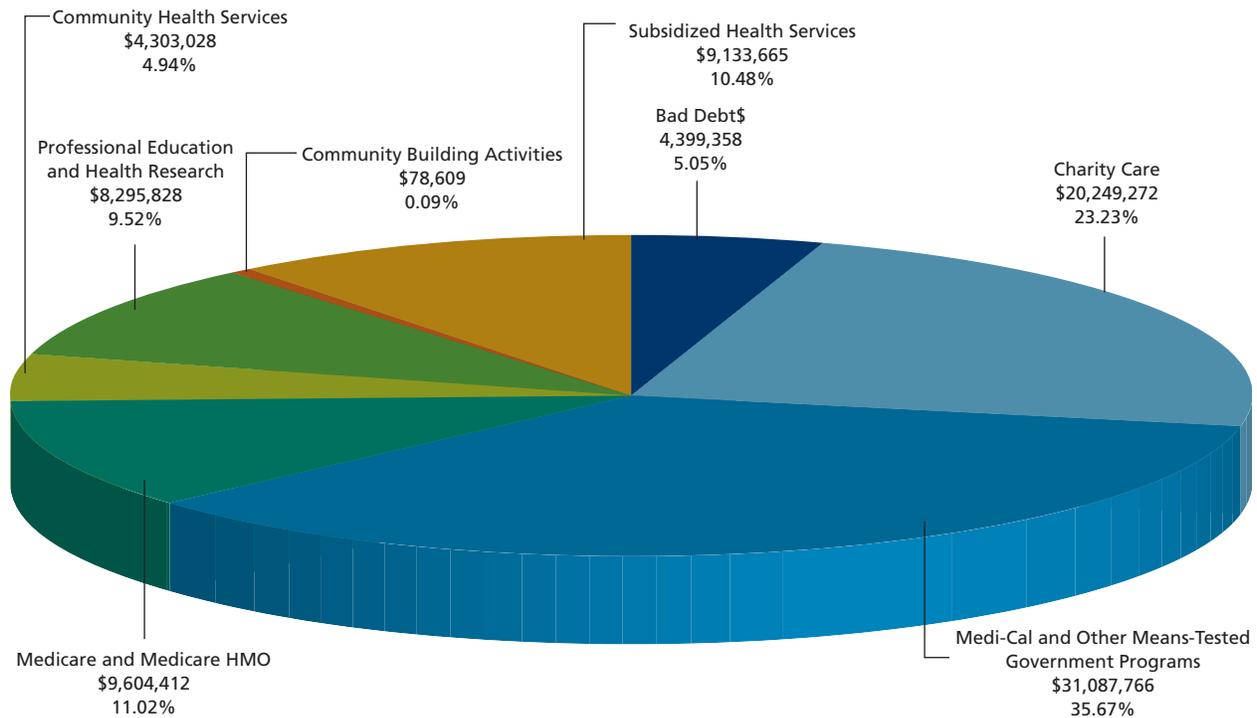
Scripps Mercy Hospital, San Diego and Mercy Clinic contributed \$45,503,055 to community benefits, including \$20,249,272 in charity care, (\$10,561,119) in Medi-Cal and other means-tested government programs (Scripps had to offset the provider fee income from Medi-Cal in fiscal year 2012), \$9,604,412 in Medicare shortfall, \$4,399,358 in bad debt, \$4,303,028 in community health services, \$8,295,828 in professional education and health research, \$9,133,665 in subsidized health services and \$78,609 in community building activities.

Refer to Figure 8:2, presented on the following page, for a graphic representation of the fiscal year 2012 Scripps Mercy Hospital, San Diego and Mercy Clinic Community Benefit Services distribution.

¹ 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.

FIGURE 8:2

FY12 Scripps Mercy Hospital, San Diego and Mercy Clinic Community Benefit Services Distribution, \$87,151,940 (before provider fee)



Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal & Other Means-Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	\$4,399,358	\$20,249,272	\$31,087,766	\$9,604,412	\$4,303,028	\$8,295,828	\$78,609	\$9,133,665	\$87,151,940
Provider Fee			(\$41,648,885)						(\$41,648,885)
Net Community Benefit Services After Provider Fee	\$4,399,358	\$20,249,272	(\$10,561,119)	\$9,604,412	\$4,303,028	\$8,295,828	\$78,609	\$9,133,665	\$45,503,055

Community Benefit Services:

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

Scripps Mercy Hospital, San Diego and Mercy Clinic Fiscal Year 2012 Community Health Services

Community Health Services Highlights

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

During fiscal year 2012 (October 2011 to September 2012), Scripps Mercy Hospital and Mercy Clinic invested \$4,303,028 in community health services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Scripps Mercy Hospital's and Mercy Clinic's fiscal year 2012 community health achievements.

Professional Education and Health Research Highlights

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

Each year, Scripps Mercy Hospital, San Diego and Mercy Clinic allocate resources to advance health care services through clinical research and medical education. To enhance service delivery and treatment practices for San Diego County, Scripps Mercy Hospital and Mercy Clinic invested \$8,295,828² in professional training programs and clinical research during fiscal year 2012 (October 2011 to September 2012). This section highlights these activities.

Graduate Medical Education (GME) Program

Scripps Mercy Hospital, San Diego is a major teaching hospital with the longest existing medical education program in San Diego County. The program has been recognized nationally for its impressive results and innovative curriculum. For the 16th consecutive year, Scripps Mercy's internal medicine residents achieved nearly a 100 percent pass rate on the American Board of Internal Medicine Certifying Examination — the best record in California by far, and one of the top three in the country.

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 34 internal

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

medicine residents and three chief residents enrolled in the program, as well as 18 transitional year residents, 22 family medicine residents and seven podiatry residents.

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.

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.

Since 1986, Scripps Mercy Hospital Trauma Services has provided graduate medical education in trauma and critical care for the Naval Medical Center (NMCS D) General Surgery Residency Program. In 1999, the Accreditation Council for Graduate Medical Education Residency Review Committee for Surgery officially integrated Scripps Mercy with the NMCS D General Surgery Residency Program. Today, the trauma service also provides training opportunities for residents in other programs, including: NMCS D oromaxillofacial surgery, otolaryngology, emergency medicine, transitional year residencies, Scripps Mercy Hospital transitional year residency, and Children's Specialists of San Diego Pediatric Emergency Medicine Fellowship. All these residents play a key role in managing and maintaining the continuity of care for patients in Central San Diego.

In addition to providing medical services for indigent and unassigned patients at Scripps Mercy Hospital, residents and interns act as primary care providers at Mercy Clinic, an outpatient primary and specialty care service of Scripps Mercy Hospital. With more than 10,000 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.

In 2009, the Hoover Health Clinic established a satellite relationship with the La Maestra Family Health Center, giving Hoover the ability to provide a full scope of preventive and primary care services. A team of La Maestra health professionals works with the school's nurse practitioners 20 hours a week. Dr. Shaila Serpas, of the Scripps Family Practice Residency, is working in partnership with La Maestra as medical director at the Hoover Clinic. This relationship benefits all organizations: Hoover Health Clinic can provide primary care for students and their family members beyond the scope of routine school health services.

Many of these students and their family members do not have insurance or an on-going medical home. Working under the auspices of La Maestra allows Dr. Serpas to see Hoover Health Center patients under the community clinic license. Family practice residents can choose clinical rotations in adolescent medicine at Hoover. A continuum of care is offered to Hoover patients, with follow-up care at La Maestra, a short walking distance from the high

school. These inpatient and outpatient facilities provide residents and interns opportunities to acquire knowledge and experience in a real-life setting, while providing primary care, specialty services and tertiary care referrals for underserved people in central San Diego.

The fiscal year 2012 cost of operating the Scripps Mercy Hospital, San Diego Graduate Medical Education program and other professional education programs totaled \$8,295,828.³

Other Professional Education Training Programs

In fiscal year 2012, Scripps Mercy Hospital, San Diego and Mercy Clinic served as a training site for San Diego Naval Hospital and UCSD clinicians by:

- Providing rotations in the internal medicine inpatient service for UCSD internal medicine and psychiatry residents and medical students, as well as to Mercy Clinic for psychiatry residents and medical students.
- Providing a comprehensive graduate medical education program in trauma and surgical critical care for 66 San Diego Naval Hospital surgery and emergency medicine physicians.
- Providing a comprehensive didactic and clinical nursing education program in trauma care for four San Diego Naval Emergency Department nurses.
- Providing a comprehensive training program in trauma and critical care for 17 physicians assistants-in-training.

Pharmacy Residency Program

Scripps Mercy Hospital offers two 12-month American Society of Health System Pharmacists (ASHP) accredited pharmacy resident positions. This postgraduate program is designed to develop skilled clinicians that can deliver pharmaceutical care in a variety of health care settings.

The pharmacy practice residency program at Scripps Mercy Hospital focuses on pharmacotherapy, project management skills and teaching in a decentralized pharmacy setting. The pharmacy department is open 24/7 and includes a central pharmacy along with six inpatient satellite locations. Pharmacists provide a broad range of clinical services and work collaboratively with the health care team. Scripps Mercy is affiliated with five pharmacy schools and annually trains 12 to 15 pharmacy candidates.

³ GME calculations based on total program expenses plus overhead.

SCRIPPS MERCY HOSPITAL AND MERCY CLINIC

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY12

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Bad Debt**	0	0	\$4,399,358	0
Blood Drives for the American Red Cross	0	223	\$11,881	492
California Health Foundation and Trust (CHFT) Donation	0	0	\$1,689,074	0
Camp Scripps	0	0	\$0	213
Charity Care	0	0	\$20,249,272	0
CHIP Committees and Work Teams - Scripps Mercy Hospital, San Diego**	0	47	\$4,334	0
City Heights Wellness Center Advocacy for Community Health Improvements**	0	0	\$0	578
City Heights Wellness Center Coalition Building**	0	278	\$17,534	951
City Heights Wellness Center Community Health Education	31	2,457	\$160,163	8,391
City Heights Wellness Center Community Support**	0	1,884	\$49,022	3,712
City Heights Wellness Center Health Care Support Services	0	189	\$11,874	644
City Heights Wellness Center Mental Health Education Services	0	42	\$5,868	142
Community Benefit Cash Donations	0	0	\$700	0
Community Benefit Fund - Legal Aid Society Of San Diego - Consumer Center for Health Education and Advocacy (CCHEA)	0	0	\$120,000	0
Donated Room Space for Non-Profit Organizations	0	0	\$0	40
Emergency Professional Training	0	6,478	\$381,881	1,183
Fire Awareness Community Education	0	0	\$0	700
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
In Lieu of Funds	0	0	\$675,003	0
Medi-Cal (Shortfall)	0	0	(\$25,825,952)	0
Medicare and Medicare HMO (Shortfall)**	0	0	\$9,604,412	0
Mercy Clinic, Scripps Mercy Hospital	0	0	\$2,985,321	10,208
Mercy Inpatient Behavioral Health	0	0	\$2,292,230	0
Mercy Outpatient Behavioral Health	0	0	\$3,026,804	0
Mercy Outreach Surgical Team (MOST)	544	993	\$340,202	486
Other Means-Tested Government Programs (Shortfall)	0	0	\$15,264,834	0
Pastoral Outreach and Support**	0	0	\$2,000	0
Pharmacy Residency	0	6,652	\$307,895	0
Research: Blast Injuries and Gunshot Wounds of the Face	0	325	\$19,784	0
Research: Comorbidities and Injury: Implications and Impact on Outcome on Trauma Patients	0	439	\$29,050	0
Research: Effect of Specialty Training on Outcome of Operative Management of Extremity Vascular Trauma	0	638	\$42,829	0
Research: Impact of a More Conservative Approach to CT Scanning	0	790	\$54,748	0
Research: Impact of Crystalloids on the Development of Acute Lung Injury/ ARDS in Resuscitation for Traumatic Hemorrhagic Shock	0	1	\$66	0
Research: Is the Difference in Trauma Patient Mortality Between the Insured and the Uninsured Due to Co-Morbid Conditions?	0	21	\$1,436	0
Research: Measuring Workload at a Level I Trauma Center	0	20	\$1,844	0
Research: Repeat Head CT in Trauma Patients on Anticoagulants	0	105	\$6,870	0
Research: Resuscitation Outcomes Consortium (ROC) Study: EPISTRY	0	2	\$184	0
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Research: ROC Prospective Observational Prehospital and Hospital Registry for Trauma Patient (aka PROPHET)	0	20	\$1,844	0
Research: The Impact of Comfort Care on the Trauma Service	0	160	\$10,698	0
Research: The Potential Mortality and Morbidity in Elderly Trauma Patients on Pre-Injury Direct Thrombin Inhibitor Therapy	0	248	\$15,078	0
Research: The Value of Ultrasound Imaging Surveillance for Venous Thromboembolic Disease in Trauma Patients	0	1,728	\$123,631	0
Research: Thoracic Endovascular Repair vs. Open Surgery for Blunt Aortic Injury	0	37	\$2,569	0
Research: Traumatic Brain Injury in Patients on ACAP Agents	0	305	\$22,638	0
Research: Trial of Effectiveness of Screening and Brief Intervention for Drug Users in the Trauma and Emergency Departments	0	8	\$738	0
Research: Venous Thromboembolic Prophylaxis after Major Trauma: A Randomized Controlled Trial of Three Times a Day Unfractionated Heparin versus Enoxaparin	0	60	\$5,533	0
Research: Venous Thromboembolism Multicenter Trauma Registry	0	86	\$6,054	0
Research: Western Trauma Association: Significance of Contrast Blush on CT Scan for Splenic Injuries	0	12	\$1,107	0
Scripps Mercy Behavioral Health A-Vision Services Program	0	0	\$154,307	41
Scripps Mercy Behavioral Health Cash Donations	0	0	\$1,050	0
Scripps Mercy Behavioral Health Services	30	31	\$2,523	1,900
Scripps Mercy Hospital Community Benefit Planning and Outreach	0	1,474	\$137,346	0
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Scripps Mercy Hospital, San Diego Medical Library	0	2,498	\$224,280	0
Scripps Mercy Hospital's GME Program	0	149,264	\$6,032,254	0
SDSU Student Nurses	0	0	\$0	267
Scripps Memorial Hospital Nursing Health Education	0	0	\$0	500
Scripps Memorial Hospital Telecommunications Health Care Support Services	6	0	\$1,330	92
Trauma Coalition Building**	0	62	\$5,718	50
Trauma Community Health Education	0	10	\$922	0
Trauma Community Health Improvement Services	0	4	\$1,137	252
Trauma Health Education	0	12	\$1,241	22
Trauma Health Education and Improvement Services	39	73	\$30,889	4,056
Trauma Physicians Medical Education	40	68	\$8,721	402
Women, Infants, and Children (WIC) Community Health Education	0	38,497	\$1,562,550	107,982
Workforce Development - Nursing and Non-Nursing	0	17,597	\$1,218,374	0
TOTAL	690	233,836	\$45,503,055	143,792
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>** Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

Scripps Mercy Hospital, Chula Vista

2013 Community Benefit Plan, Fiscal Year 2013

The Scripps Mercy Hospital, Chula Vista 2013 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 2013 (October 2012 to September 2013).

The Scripps 2013 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 2013 Objectives

Community Health Services

Youth Activities

To implement a wide variety of youth-in-health career activities including: Camp Scripps, a mentoring program, hospital tours and in-classroom presentations. A total of 1,500 youth will participate in these programs.

Community-Based Health Improvement Activities

Community members will participate in classes, prevention lectures and support groups. A total of 3,500 participants will take advantage of these programs.

Senior Programs

Each month a variety of senior programs will be held at local senior centers, churches and senior housing. Some of these activities include: senior health chats, men's group, Senior Camp Scripps, flu events, health fairs and a widow support group. More than 800 seniors will participate in these programs.

Health Professions Training

A total of 600 health professionals will participate in the Health Career Talks, Veterans Mental Health Training, loan scholars, internship program, residency rotations and Balint support group.

Hospitalized Patients Smoking Cessation Study

A total of 3,000 participants will be included in the randomized control trial to assess how best to assist hospitalized smokers to quit smoking.

Maternal and Child Health Programs

- **First-Time and At-Risk Mom Home Visits** — More than 72 home visits will be provided and 675 services given to first time mothers including: home visits, referrals, data entry, follow-up phone calls, parenting classes and others.
- **First Five Parenting Classes** — A total of 260 unduplicated people will participate in parenting classes.

Cancer Programs

- **Scripps Mercy Hospital Breast Health Outreach and Education Program** — A total of 5,000 women will be referred to clinical breast health services in the community and Scripps Mercy Hospital, Chula Vista radiology services. A total of 4,000 services will be provided, including telephone reminders, outreach and education, case management and a variety of presentations.

Professional Education and Research

Health Careers Promotion and Continuing Education

(San Diego Border Area Health Education Center (AHEC))

The primary mission of the San Diego Border AHEC program is to build and support a diverse, culturally competent primary health care workforce in San Diego's medically underserved communities. The program improves health care access, education, job training and placement for youth and adults in southern San Diego County.

A primary focus is implementing youth-into-health career activities, including mentoring, camps, job shadowing, health education classes, health chats, support groups, health fairs and others.

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

Advisory Board Participation and Coalition Building Meetings

More than 677 individuals will participate in local advisory and coalition meetings.

Uncompensated Health Care

Located near the United States Mexico border, Scripps Mercy Hospital, Chula Vista plays a pivotal role in the health care delivery network for the underserved in San Diego County. During fiscal year 2013, Scripps Mercy Hospital, Chula Vista will continue to provide health care services for vulnerable patients who are unable to pay for services.

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

Scripps Mercy Hospital, Chula Vista

2013 Community Benefit Report, Fiscal Year 2012

The Scripps Mercy Hospital, Chula Vista Community Benefit Report is an account of the hospital's dedication and commitment to improving the health of the community, detailing the programs that have provided benefit over and above standard health care practices in fiscal year 2012 (October 2011 to September 2012).

Fostering Volunteerism

In addition to the financial community benefit contributions made during FY12, Scripps Mercy Hospital, Chula Vista employees and affiliated physicians donated a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. With close to 2,091 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$91,937.80.⁴

Making a Financial Commitment

During fiscal year 2012, Scripps Mercy Hospital, Chula Vista devoted \$10,897,908 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

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

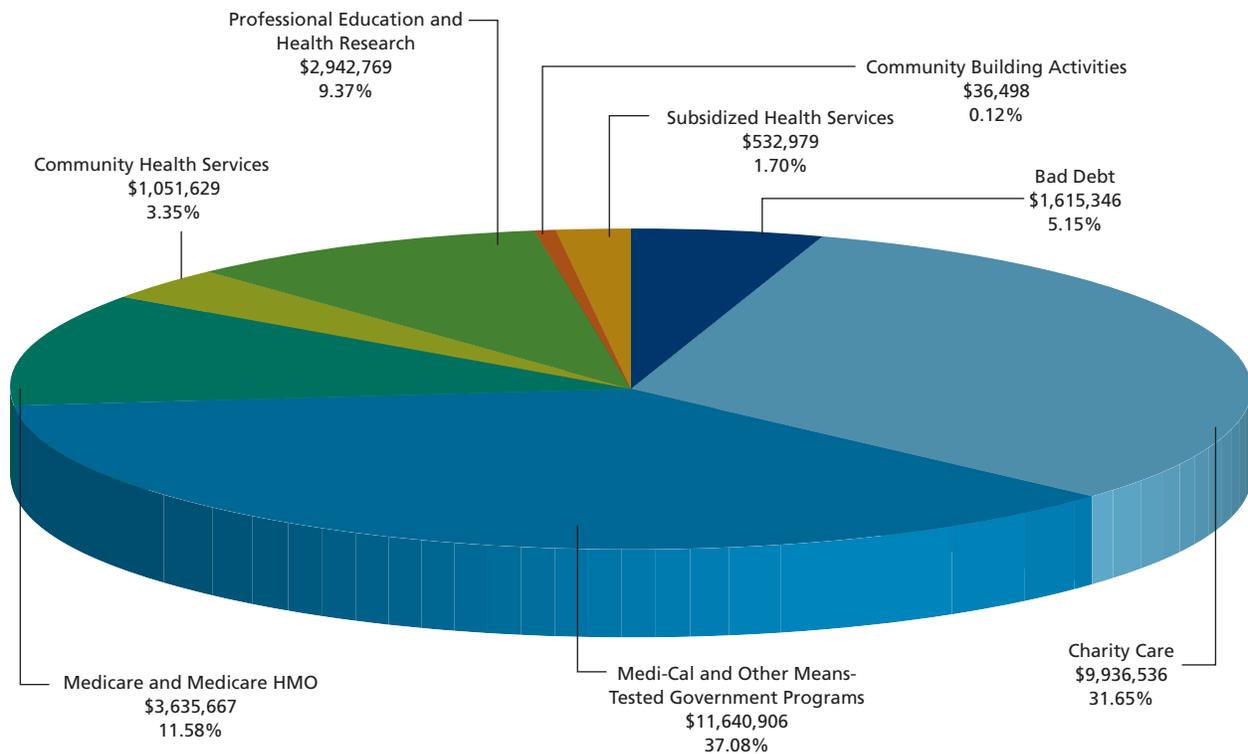
During fiscal year 2012, Scripps Mercy Hospital, Chula Vista contributed \$10,897,908 to community benefits, including, \$9,936,536 in charity care, (\$8,853,516) in Medi-Cal and other Means-Tested Government Programs (Scripps had to offset the provider fee income from Medi-Cal in fiscal year 2012), \$3,635,667 in Medicare shortfall, \$1,615,346 in bad debt, \$1,051,629 in community health services, \$532,979 in subsidized health services \$2,942,769 in professional education and health research and \$36,498 in community building activities.

Refer to Figure 8:3 presented on the following page for a graphical representation of the FY12 Scripps Mercy Hospital, Chula Vista Community Benefit Services distribution.

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

FIGURE 8:3

FY12 Scripps Mercy Hospital, Chula Vista Community Benefit Services Distribution, \$31,392,331 (before provider fee)



Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal & Other Means-Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	\$1,615,346	\$9,936,536	\$11,640,906	\$3,635,667	\$1,051,629	\$2,942,769	\$36,498	\$532,979	\$31,392,331
Provider Fee			(\$20,494,422)						(\$20,494,422)
Net Community Benefit Services After Provider Fee	\$1,615,346	\$9,936,536	(\$8,853,516)	\$3,635,667	\$1,051,629	\$2,942,769	\$36,498	\$532,979	\$10,897,908

Community Benefit Services:

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

Scripps Mercy Hospital, Chula Vista's Fiscal Year 2012 Community Health Services Highlights

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 — Assessing Community Needs).

During fiscal year 2012 (October 2011 to September 2012), Scripps Mercy Hospital, Chula Vista invested \$1,051,629 in community health services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Scripps Mercy Hospital, Chula Vista's fiscal year 2012 community health services achievements.

Youth Activities

Implemented a wide variety of youth-in-health career activities including: Camp Scripps, mentoring program, hospital tours and in-classroom presentations. A total of 1,230 youth participated in these programs.

Community-Based Health Improvement Activities

Each month approximately 250-300 community members participate in classes, prevention lectures and support groups. A total of 3,049 participants took advantage classes and support groups.

Senior Programs

Each month a variety of senior programs are held at local senior centers, churches and senior housing. Some of these activities include: senior health chats, men's group, Senior Camp Scripps, a flu event and health fairs. A total of 860 seniors participated in these programs.

Maternal and Child Health Programs

- **Breast Health Clinical Services** — A total of 5,148 women were referred to clinical breast health services in the community and Scripps Mercy Hospital, Chula Vista radiology services. A total of 3,722 services were provided, including telephone reminders, outreach and education, case management and a variety of presentations.
- **First 5 and Promise Neighborhoods** — More than 647 services were provided for first-time mothers, including home visits, referrals, data entry, follow-up phone calls, parenting classes and others. A total of 290 parents participated in parenting classes.

Patient Continuity of Care with Scripps Mercy Hospital, Chula Vista Radiology

- **Scripps Mercy Hospital, Chula Vista Radiology Loss to Follow-Up Services** — A total of 10 services was provided, including encouragement for patients to repeat exam, helping patients get health insurance approval to repeat exam, social/emotional support and education about preventing breast cancer
- **Scripps Mercy Hospital, Chula Vista Radiology Positive Breast Cancer Patient** — A total of 31 services was provided, including phone calls, home visits, as well as distributing resource packages with educational materials on nutrition, treatment options, commonly asked questions, local resources and social/emotional support.

Health Professions Training

A total of 618 health professionals participated in health career talks, veterans mental health training, the internship program, residency rotations and Balint support group.

Stay Quit – Hospitalized Patients Smoking Cessation Study

A total of 292 participants were included in the Stay Quit Study, a partnership with the California Smokers Helpline. A total of 3,407 people have been screened for the study.

Advisory Board Participation and Coalition Building Meetings

- **The Chula Vista Community Collaborative** — The Chula Vista Community Collaborative (CVCC) meets monthly and draws together the local community to develop strategies to protect resident health and safety, develop economic resources, promote local leadership, enhance the environment and contribute to the celebration of and respect for cultural diversity. The CVCC has more than 150 member organizations and 624 members. The CVCC is an umbrella for a variety of programs and committees, including the Family Resource Center, and acts as a platform to launch new initiatives to improve quality of life.
- **Collaborate for Healthy Weight** — A program of the Health Resources and Services Administration (HRSA) and the National Initiative for Children's Health care Quality (NICHQ), Collaborate for Healthy Weight meets monthly to create partnerships among primary care, public health and community organizations to discover sustainable ways to promote healthy weight and eliminate health disparities. All three sectors collaborate, using evidence-based approaches, to reverse the obesity epidemic and improve the health of our communities. Several manuscripts are under development.
- **Healthy Development Services Provider Meeting** — A total of 300 has attended these quarterly meetings; forum for parent education support and empowerment classes.
- **Parenting, Education Support Group (PESE) Work Group Meeting** — A total of 74 has attended these quarterly meetings to collaboratively discuss curriculum development for PESE classes.
- **San Diego Prevention Research Center Community Engagement Committee** — A total of 33 has attended these quarterly meetings to review community projects.
- **School Readiness Committee** — A total of 30 has attended these quarterly meetings to ensure policies, programs and resources are available at the local level to increase interest in reading and ensure children are adequately prepared for school.

Professional Education and Health Research Highlights

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers, or to offer continuing education to existing health care professionals, the quality of health care would be greatly diminished.

Each year, Scripps Mercy Hospital, Chula Vista allocates resources to advance health care services through professional health education programs. To enhance service delivery and treatment practices for San Diego County, Scripps Mercy Hospital, Chula Vista invested \$2,942,769⁵ in professional training programs during fiscal year 2012 (October 2011 to September 2012). This section highlights some of Scripps Mercy Hospital, Chula Vista's professional education and health research activities in fiscal year 2012.

Scripps Family Medicine Residency Program (2011–2012)

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

The majority of inpatient training takes place at Scripps Mercy Hospital, Chula Vista, the institutional base for the San Diego Border AHEC. SFMRP collaborates with the Community Benefits Department at Scripps Mercy Hospital, Chula Vista and the San Diego Border 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 69 residents have graduated since the program's inception in 1999.

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

Community-based activities include childhood obesity prevention, home-based falls assessment in the elderly, maternal and child health outcomes studies and required Community Medicine Oriented Primary Care (CMOPC) Projects for residents. In response to local Healthy Border objectives, SFMRP has a curriculum to improve cultural and linguistic competence among residents. This longitudinal program incorporates teaching medical Spanish, cultural issues and health disparities in a clinically relevant context. SFMRP also runs two school-based clinics at Southwest and Palomar High Schools that address the

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

health needs of vulnerable adolescents. Training in adolescent medicine also includes sports medicine physicals for more than 800 students each year.

Chula Vista Family Clinic, a satellite clinic of SYHC, is the family medical center for the SFMRP. In fiscal year 2011, there were more than 13,178 clinical visits by residents and program faculty. 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 50 percent of residents and graduates are members of underrepresented minority groups reflecting the cultural and ethnic mix of the region. More than 75 percent of graduates have stayed in San Diego County. More than 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.

Scripps Mercy Hospital, Chula Vista

Community Benefit Services Summary List

FY12

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Bad Debt**	0	0	\$1,615,346	0
California Health Foundation and Trust (CHFT) Donation	0	0	\$831,932	0
Charity Care	0	0	\$9,936,536	0
Community Health Research - Smoking Cessation Study	0	3,329	\$183,763	3,533
Donated Room Space for Non-For-Profit Organizations	0	3	\$6,548	2,562
In Lieu of Funds	0	0	\$532,979	0
Maternal Child Health – Community Health Education Breast Health Programs	0	2,145	\$38,617	3,722
Maternal Child Health – Community-Based Clinical Breast Health Programs	0	0	\$0	5,184
Medi-Cal (Shortfall)	0	0	(\$13,458,177)	0
Medicare and Medicare HMO (Shortfall)**	0	0	\$3,635,667	0
Other Means-Tested Government Programs (Shortfall)	0	0	\$4,604,661	0
Scripps Family Medicine Residency Program	0	61,089	\$2,334,508	0
Scripps Mercy Health Professionals Training	1,382	637	\$29,035	676
Scripps Mercy Hospital, Chula Vista - Community Based Health Improvement Education	0	1,195	\$62,471	1,398
Scripps Mercy Hospital, Chula Vista Community Building**	0	759	\$36,498	677
Scripps Mercy Hospital, Chula Vista Rehabilitation Programs	0	195	\$11,941	334

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

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

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Scripps Mercy Hospital, Chula Vista Senior Programs	0	460	\$33,051	574
Scripps Mercy Hospital, Chula Vista Youth Programs	0	1,079	\$57,142	1,230
Senior Flu Shot Clinic	0	181	\$9,244	88
Stroke Care Programs	4	9	\$685	250
Workforce Development - Nursing and Non-Nursing	0	5,712	\$395,462	0
TOTAL	1,386	76,793	\$10,897,908	20,228

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

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

Scripps Green Hospital

About Scripps Green Hospital

Located on Torrey Pines Mesa in La Jolla, Scripps Green Hospital has 173 licensed beds, more than 1,429 employees and cares for 7.8 percent of the inpatient population living in the hospital's service area. Within the service area, Scripps Green cares for 11.7 percent of Medicare patients; 0.1 percent of Medi-Cal patients; 7.5 percent of commercially insured patients; and 1.7 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.

Distinguishing Programs and Services

- Bone Marrow Transplant Program
- Heart, Lung and Vascular Center
- Ida M. and Cecil H. Green Cancer Center
- Organ Transplantation, Caregiver Support Group, Living Organ Donor and Liver Disease Center
- Scripps Radiation Therapy Center
- Mohs Surgery and Cutaneous Oncology Center
- Scripps Shiley Center for Integrative Medicine

Scripps Green Hospital

2013 Community Benefit Plan, Fiscal Year 2013

The Scripps Green Hospital 2013 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 2013 (October 2012 to September 2013).

The Scripps 2013 Community Benefit Goal

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

Scripps Green Hospital Fiscal Year 2013 Community Benefit Objectives

Community Health Services

- St. Vincent de Paul Village Medical Center — Staffed by internal medicine residents and attending staff, this clinic offers medical care to approximately 300 of the county's most vulnerable residents each year. (Sponsored by Scripps Green Hospital, Department of Graduate Medical Education)
- St. Leo's Mission Community Clinic — Staffed by internal medicine residents and Scripps Clinic staff physicians, this clinic serves lower income and indigent people in North County San Diego. The clinic is operated one evening and Saturday morning each week, typically treating up to 20 patients at each session. (Sponsored by Scripps Green Hospital, Department of Graduate Medical Education)
- Continue to conduct blood drives on behalf of the American Red Cross.
- Continue to provide physical, emotional and spiritual support for cancer patients during their treatment.
- Continue the Expressive Writing workshop series (two 10-week sessions in 2013), which is open to all Scripps patients and the community. This is a free, activity-based support group, which helps cancer patients find artistic outlets for their emotions, as well as providing clinical benefits.
- Participate in the 21st Anniversary Annual Cancer Survivor's Day. Expect to have 250 participants.
- Continue to offer free risk-assessment consultations and education for women who are at high-risk for the BRCA gene mutation.
- Provide support services and community resources for health care workers, families, caregivers and cancer patients.
- Provide psychosocial services and guidance on transportation, housing, homecare, financial benefits, emotional concerns and other issues.

- Continue to work with community resources to enhance patient cancer navigator role and patient navigator education and resources.
- Continue to provide education and support for patients going through transplants, end stage liver disease and renal disease. Additional services for caregivers and those thinking about becoming an organ donor.

Professional Education and Health Research

- Fiji Alliance (School of Medicine Training) — Scripps Green and Scripps Clinic physicians will provide specialty medicine training and supervision to undergraduate and post graduate students attending the Fiji School of Medicine.
- Continue to expand and improve the graduate medical education program at Scripps Green and the Clinic. With 35 residents and 36 fellows, the Scripps Clinic and Scripps Green Hospital Department of Graduate Medical Education serve more than 5,000 San Diegans each year, both the inpatient and outpatient. All residents demonstrate a strong commitment to community service by maintaining an evening clinic at the St. Vincent De Paul Village Medical Clinic and two weekly clinics at St. Leo's Mission Community Clinic.

Uncompensated Health Care

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

Scripps Green Hospital

2013 Community Benefit Report, Fiscal Year 2012

The Scripps Green Hospital Community Benefit Report is an account of the hospital's dedication and commitment to improving the health of the community, detailing the hospital programs that have provided benefit over and above standard health care practices in fiscal year 2012 (October 2011 to September 2012).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2012, Scripps Green Hospital employees and affiliated physicians contributed a portion of their personal time volunteering to support Scripps-sponsored community benefit programs. With close to 296 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$13,014.63.¹

Making a Financial Commitment

During fiscal year 2012, Scripps Green Hospital devoted \$46,708,727 to community benefit programs, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

Scripps Green Hospital Fiscal Year 2012 Community Benefit Services Highlights (After Hospital Provider Fee)

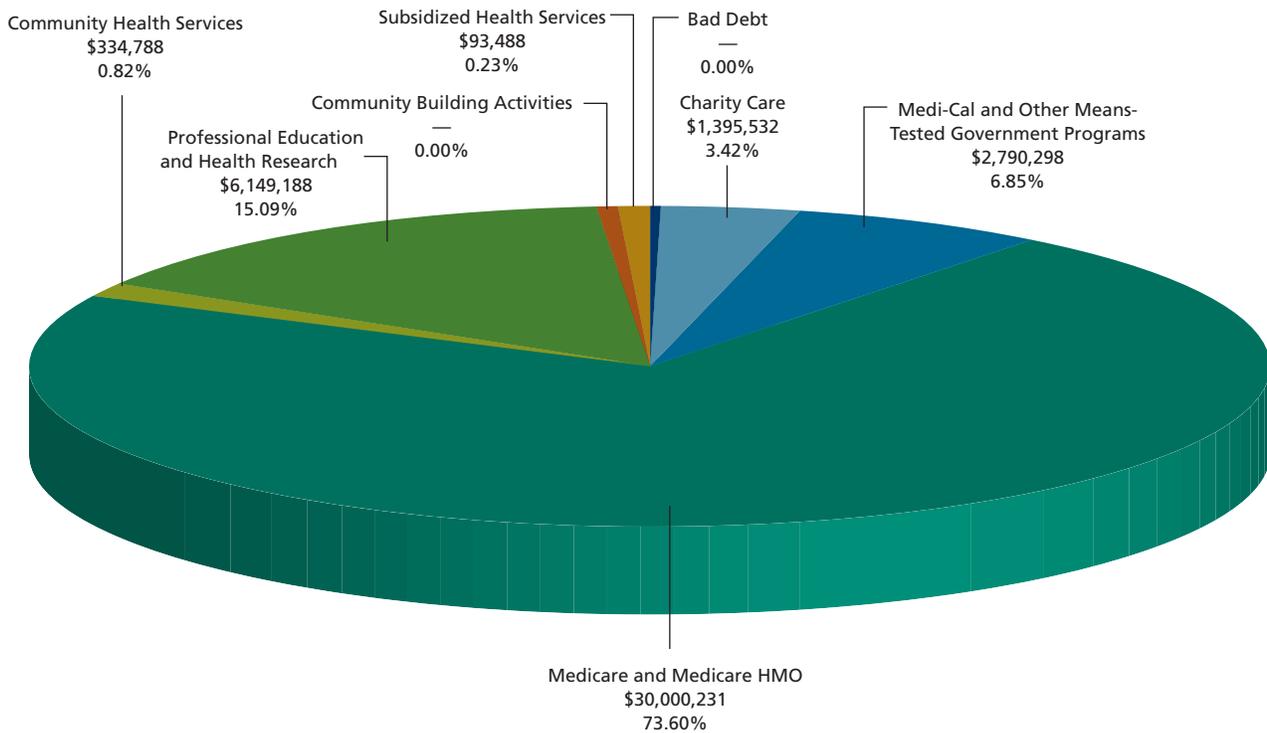
During fiscal year 2012, Scripps Green Hospital contributed \$46,708,727 to community benefits, including \$1,395,532 in charity care, \$8,735,499 in Medi-Cal and other means-tested government programs, \$30,000,231 in Medicare shortfall, \$334,788 in community health services and \$6,149,188 in professional education and health research \$93,488 in subsidized health services and \$0 in community building activities.

Refer to figure 9:1, on the following page, for a graphic representation of the fiscal year 2012 Scripps Green Hospital Community Benefit distribution.

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

FIGURE 9:1

FY12 Scripps Green Hospital Community Benefit Services Distribution, \$40,763,526 (before provider fee)



Provider Fee Impact	Bad Debt	Charity Care	Medi-Cal & Other Means-Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider Fee	—	\$1,395,532	\$2,790,298	\$30,000,231	\$334,788	\$6,149,188	—	\$93,488	\$40,763,526
Provider Fee			\$5,945,201						\$5,945,201
Net Community Benefit Services After Provider Fee	—	\$1,395,532	\$8,735,499	\$30,000,231	\$334,788	\$6,149,188	—	\$93,488	\$46,708,727

Community Benefit Services:

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

Scripps Green Hospital Fiscal Year 2012 Community Benefit Services Highlights

Community Benefit 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 — Assessing Community Need).

During fiscal year 2012 (October 2011 to September 2012), Scripps Green Hospital invested \$334,788 in community health services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Green Hospital's fiscal year 2012 community benefit services achievements.

Professional Education and Health Research Highlights

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

Each year, Scripps Green Hospital allocates resources to advance health care services through clinical research and medical education. To enhance service delivery and treatment practices for San Diego County, Scripps Green Hospital invested \$6,149,188² in professional training programs and clinical research during fiscal year 2012 (October 2011 to September 2012). This section highlights some of Scripps Green Hospital's professional education and health research activities in fiscal year 2012.

Internal Medicine Residency Program

With 35 residents and 33 fellows, the Scripps Clinic/Scripps Green Hospital Department of Graduate Medical Education serves above five thousand San Diegans each year. All residents and many attending physicians in the program demonstrate a strong commitment to community service by maintaining an evening clinic at the St. Vincent de Paul Village Medical Clinic and St. Leo's Mission Community Clinic. With a commitment to community health, these health care providers are working to improve the overall health of San Diegans.

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

Fiji/Scripps Alliance (School of Medicine Training)

Education is critical to the Fiji Alliance's mission. Through a formal agreement, volunteer specialists from Scripps Health provide academic training in the Fiji School of Medicine's post-graduate programs for anesthesia, surgery, internal medicine, pediatrics and obstetrics/gynecology. Scripps is one of only a few freestanding health systems in the U.S. to assist in such overseas academic training programs. (Sponsored by Scripps Clinic/Green Hospital)

SCRIPPS GREEN HOSPITAL

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY12

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Annual Cancer Survivors Day	2	0	\$6,209	240
Bad Debt**	0	0	\$0	0
Blood Drives for the American Red Cross	0	196	\$9,484	282
Cancer Center Support Groups - Scripps Green Hospital	0	0	\$2,475	30
Charity Care	0	0	\$1,395,532	0
Donated Room Space for Non-For-Profit Organizations	0	0	\$855	4,753
Fiji Alliance	340	0	\$0	400
In Lieu of Funds	0	0	\$93,488	0
Medi-Cal (Shortfall)	0	0	\$8,376,981	0
Medicare and Medicare HMO (Shortfall)**	0	0	\$30,000,231	0
Organ Transplant Support Groups	0	94	\$14,033	1,260
Other Means-Tested Government Programs (Shortfall)	0	0	\$358,518	0
Scripps Clinic – Scripps Green Hospital Department of GME	0	149,210	\$5,780,299	0
Scripps Green Hospital Medical Library	0	0	\$301,732	0
St. Leo's Mission Medical Clinic	112	0	\$0	514
St. Vincent de Paul Village Medical Clinic and Mid City Clinic	208	0	\$0	282
Workforce Development – Nursing and Non-Nursing	0	5,328	\$368,889	0
TOTAL	662	154,828	\$46,708,727	7,761

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

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

Scripps Whittier Diabetes Institute

About Scripps Whittier Diabetes Institute

Scripps Whittier Diabetes Institute is dedicated to caring for and educating people with diabetes through diabetes management and support programs. Through leading-edge research, Scripps Whittier strives to find a cure for this chronic disease. The mission is to improve quality of life for people with diabetes through innovative education programs, clinical care, research and collaborations that pursue prevention and a cure.

Founded in 1982, Scripps Whittier stands alone as the San Diego region's leading comprehensive diabetes organization. The mandate at Scripps Whittier has always been to achieve excellence in diabetes care, research and education. The Institute accomplishes its mission by being a resource and partner within Scripps Health and collaborating with other institutions, their researchers and physicians, including the University of California, San Diego; San Diego State University; Scripps Translational Science Institute; and San Diego Community Clinics.

Scripps Whittier Diabetes Institute — Distinguishing Programs

- Scripps Whittier is recognized as a comprehensive international center of excellence in diabetes care and prevention, professional education and research.
- Operates diabetes self-management education programs accredited by the American Diabetes Association. Nurses and dietitians certified in diabetes education provided hundreds of people with up-to-date and individualized diabetes training and education.
- Credited with the first successful replication of insulin-producing human islet cells outside the human body. Dr. Alberto Hayek's achievement is a milestone on the pathway to a cure. Led by five principal investigators, the Whittier-UCSD Stem Cell Islet Research Laboratory is engaged in several projects aimed at understanding pancreatic development for translational approaches to cell-based diabetes therapies. These scientists are significant contributors to the collaborative worldwide efforts to restore and/or maintain normal beta cell mass.
- For more than 15 years, Project Dulce has been internationally recognized as one of the most effective approaches to diabetes in low-income and diverse populations. Project Dulce has provided diabetes care and self-management education at community health centers, free clinics, community centers, churches, senior housing facilities and other locations. 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.

- Retinal screenings detect vascular eye problems to prevent serious complications and blindness. Scripps Whittier provides retinal screenings for low-income people in Project Dulce.
- Scripps Whittier conducts community-based research programs, building on a long history of partnerships with San Diego County Health and Human Services Agency, federally qualified health centers and community clinics, Scripps Translational Science Institute (STSI) and San Diego State University, to prevent and treat diabetes in San Diego's multiethnic communities.
- Scripps Whittier is the community engagement arm for the Clinical Translational Science Award (CTSA) funded by the National Institutes of Health. In collaboration with the Scripps Translational Science Institute, the lead on the CTSA program, the scientific and community worlds are merged to develop community-driven research agendas in diabetes, wireless medicine and genomics.
- The Scripps San Diego Diabetes Genebank aims to establish a biobank to analyze the genetic predisposition to developing type 2 diabetes and associated metabolic abnormalities in the Mexican-American community. 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 will build on the proven success of Project Dulce's chronic care model. Project Dulce 2.0 continues to reach out to patients using health technology and text messages and focus on managing type 2 diabetes with healthy eating habits, physical activity and behavior management.
- 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 and gestational diabetes. Scripps Whittier's professional education program is led by a team of experts that include endocrinologists, nurses, dietitians, psychologists and community health workers.
- By leading the diabetes care line at Scripps, Scripps Whittier is developing cohesive approaches to systemwide technical assistance. The institute is establishing standardized trainings in all Scripps hospitals and ambulatory care centers to foster optimal standards of diabetes care and glycemic management.

Scripps Whittier Diabetes Institute

2013 Community Benefit Plan, Fiscal Year 2013

Scripps Whittier Diabetes Institute 2013 Community Benefit Plan provides a description of the overall Scripps community benefit goal and Scripps Whittier Diabetes Institute's objectives and strategies to support community health improvement during Fiscal Year 2013 (October 2012 to September 2013).

The Scripps 2013 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 2013 Objectives

Scripps Whittier Diabetes Program

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

Project Dulce

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

During FY13, Project Dulce will:

- Continue to provide diabetes self-management education in community clinics and free diabetes education and support groups throughout San Diego County.
- Collaborate and train ethnic-specific organizations to provide health education and resources in their communities.
- Continue to train community health workers and health providers in Tijuana to implement the Project Dulce model within their national community clinic system.
- Collaborate with Scripps Mercy Hospital, Chula Vista to reach patients with diabetes who need a medical home, reducing preventable hospital readmissions.
- Continue to identify and develop partnerships with community health providers, researchers and community stakeholders to promote bi-directional dialogues that foster equitable research agendas, discovery, application and dissemination of science that improves health and reduces disparities.
- Continue to pilot Project Dulce 2.0 to test the effectiveness of interactive text messaging to enhance medication adherence, self-care behaviors and improved clinical outcomes.

The Latino population exhibits a higher rate of type 2 diabetes, more frequent complications, greater disease severity and worse outcomes than non-Latino whites. People with Mexican and other Hispanic ancestry have not yet been adequately represented in genomic studies. The Scripps San Diego Diabetes Genebank will recruit participants from Project Dulce and Scripps Health to participate in the study, community genomics education sessions and surveys on their attitudes towards genomics.

Community Education

- Scripps Whittier will continue participating in community health fairs and screenings in FY 2013 to expand public awareness about diabetes prevention, risk factors and the basic standards of care.
- Community events are planned in collaboration with the American Diabetes Association, the Juvenile Diabetes Research Foundation, Dia de La Mujer, Binational Health Week, Take Control of Your Diabetes (TCOYD) conference and Scripps Wellness Day.

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.

Scripps Whittier Diabetes Institute

2013 Community Benefit Report, Fiscal Year 2012

The Scripps Whittier Diabetes Institute 2013 Community Benefit Report is an account of Scripps Whittier's dedication and commitment to improving the health of the community, detailing the institute's programs that have provided benefit over and above standard health care practices in fiscal year 2012 (October 2011 to September 2012).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2012, Scripps Whittier Diabetes Institute employees and affiliated physicians donated a portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. With close to 4 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$175.87.¹

Making a Financial Commitment

During fiscal year 2012, Scripps Whittier Diabetes Institute devoted \$1,344,976 to community benefit programs, including uncompensated health care, community-based health improvement activities, and professional education and clinical research. The programs offered by Scripps Whittier emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

According to a UCLA health policy research brief, as of August 2007, more than 130,000 people were diagnosed with diabetes in San Diego County. Approximately 1.7 million Californians were diagnosed with diabetes, and an additional 600,000 Californians were undiagnosed.

The diabetes and obesity epidemic have a disproportionate impact on low-income ethnic groups, yet there is little research demonstrating clinically and cost-effective care and treatment models for these highest risk populations. Diabetes leads to school and work absenteeism, elevated hospitalization rates, frequent emergency room visits, permanent physical disabilities and sometimes death. Diabetes is a serious community health problem.²

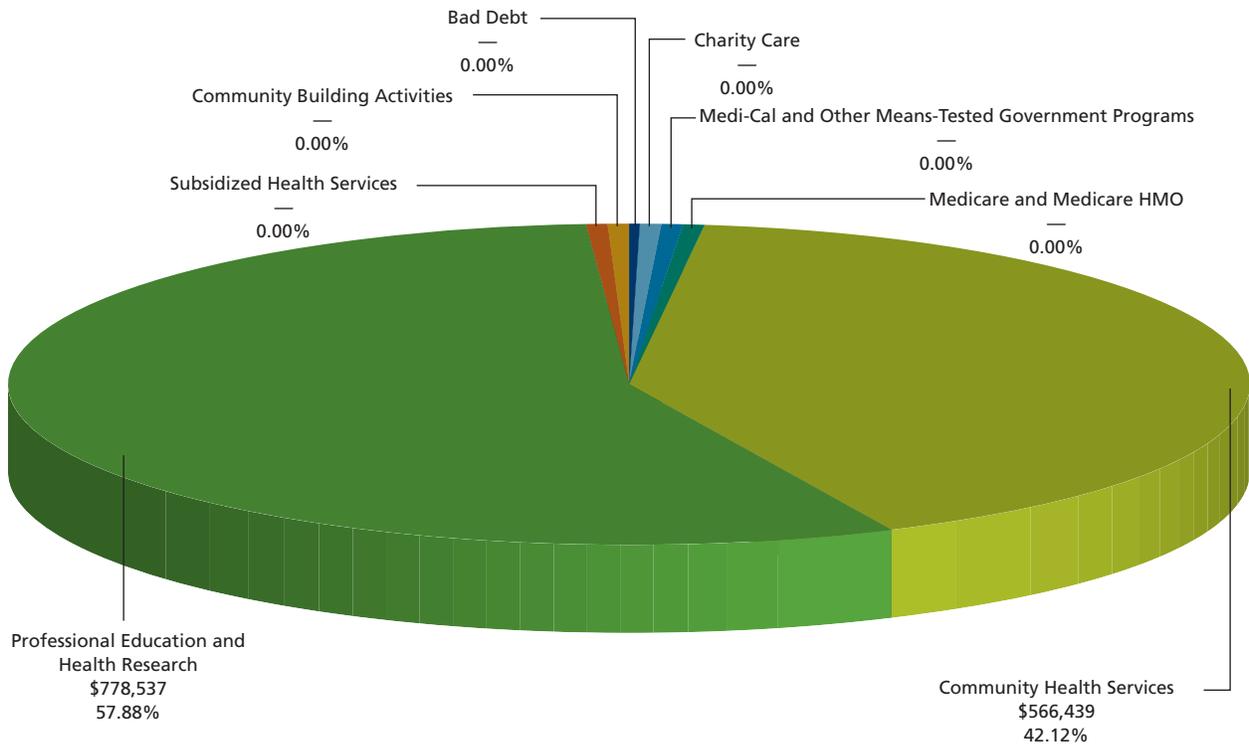
Over the past 10 years, the diabetes epidemic has permeated every facet of our community. The percentage of individuals entering hospitals with diabetes is rising; the number of children developing diabetes is growing; and larger numbers of people are experiencing complications from diabetes, such as renal failure and heart disease, at an earlier age. Developing unique, innovative clinical programs and community-based research is urgently needed to combat this epidemic.

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

² Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

FIGURE 10:1

FY12 Scripps Whittier Diabetes Institute Community Benefit Services Distribution, \$1,344,976



Community Benefit Services:

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

SCRIPPS WHITTIER DIABETES INSTITUTE

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY12

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Diabetes Community Health Education	0	114	\$6,145	69
Diabetes Education Outreach Events	136	1,859	\$101,411	1,426
Professional Education Diabetes Programs	3	3,064	\$299,315	679
Project Dulce Diabetes Clinical Services	0	15,609	\$437,373	4,527
Project Dulce Diabetes Education	0	2,602	\$21,509	1,641
Scripps Whittier Diabetes Research	0	8,880	\$479,222	0
TOTAL	139	32,128	\$1,344,976	8,342

*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances, an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.

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

Scripps Medical Foundation

About Scripps Medical Foundation

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

About Scripps Clinic

Founded in 1924, Scripps Clinic is a multispecialty outpatient facility caring for patients at multiple locations throughout San Diego County, including Del Mar, Encinitas, Rancho Bernardo, San Diego, Rancho San Diego, San Marcos, Santee and La Jolla. Scripps Clinic and its physicians are world-renowned for research-driven care and medical specialty expertise. Scripps Clinic contracts with the Scripps Clinic Medical Group, Inc., which has 387 board-certified physicians in more than 50 fields of medicine and surgery. Scripps Clinic's main facility is located on Torrey Pines mesa, adjacent to Scripps Green Hospital. Scripps Clinic offers the following services: Brain and Stroke Research and Treatment Center, Musculoskeletal Center, Scripps Center for Integrative Medicine and Scripps Clinic Center for Weight Management.

Scripps Coastal Medical Center

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

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

Scripps Cardiovascular and Thoracic Surgery Group

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

Scripps Medical Foundation

2013 Community Benefit Plan, Fiscal Year 2013

The Scripps Medical Foundation 2013 Community Benefit Plan provides a description of the overall Scripps community benefit goal and systemwide objectives/strategies to support community health improvement during fiscal year 2013 (October 2012 to September 2013).

The Scripps 2013 Community Benefit Goal

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

Scripps Systemwide Program Fiscal Year 2013 Community Benefit Objectives

Community Health Services

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

Uncompensated Health Care

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

Scripps Medical Foundation

Community Benefit Report Fiscal Year 2012

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 2012 (October 2011 to September 2012).

Fostering Volunteerism

In addition to the financial community benefit contributions made during fiscal year 2012, Scripps Medical Foundation employees and affiliated physicians donated a portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. With close to 24 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$1,055.24.¹

Making a Financial Commitment

During fiscal year 2012, \$60,364,113 was devoted by Scripps Medical Foundation programs to community activities, including uncompensated health care, community health services and professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

Scripps Medical Foundation Community Benefit Services Highlights (After Hospital Fee Provider Fee)

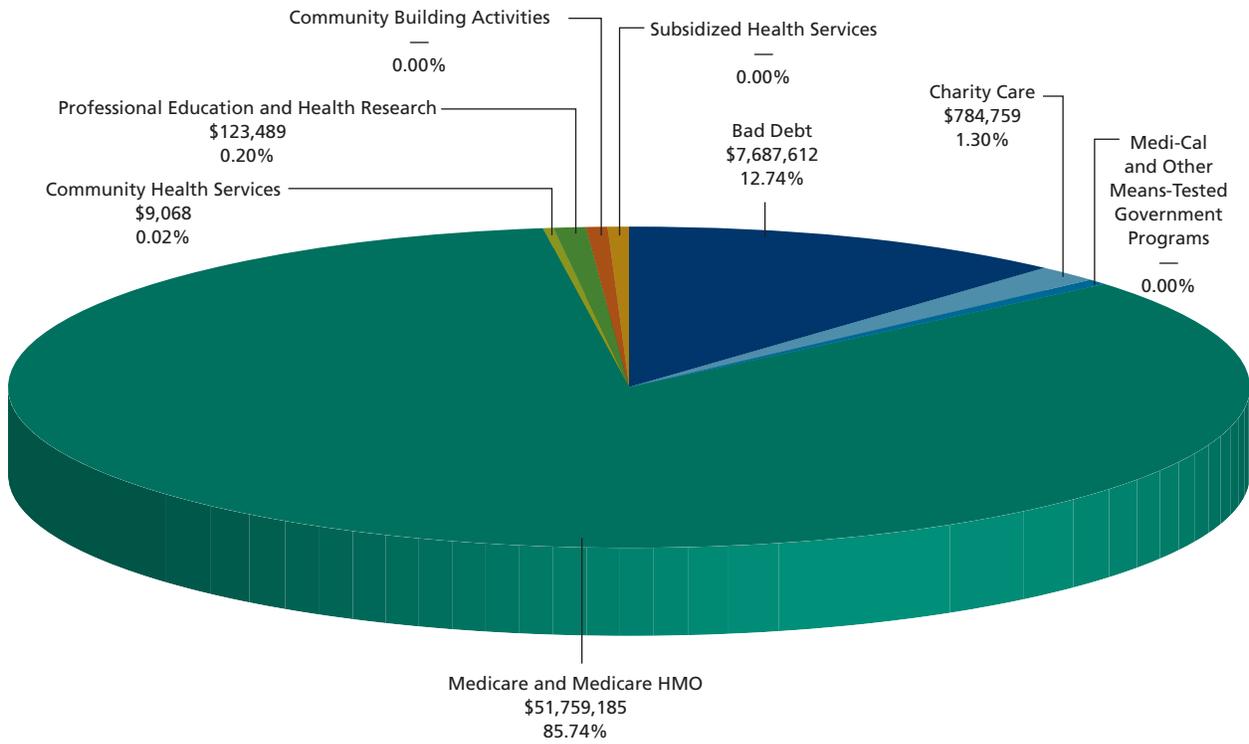
During fiscal year 2012, Scripps Medical Foundation contributed \$60,364,113 to community benefits, including \$784,759 in charity care, \$51,759,185 in Medicare shortfall, \$7,687,612 in bad debt and, \$123,489 in professional education and health research and \$9,068 in community health services.

Refer to Figure 11:1 presented on the following page for a graphical representation of the FY12 Scripps Medical Foundation Community Benefit Services distribution.

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

FIGURE 11:1

FY12 Scripps Medical Foundation Community Benefit Services, \$60,364,113



Community Benefit Services:

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

Scripps Medical Foundation Fiscal Year 2012 Community Health Services

Community Health Services Highlights

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

SCRIPPS MEDICAL FOUNDATION

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY12

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Bad Debt**	0	0	\$7,687,612	0
Blood Drives for the American Red Cross	0	102	\$3,368	171
Charity Care	0	0	\$784,759	0
Hepatitis C Support Group	0	82	\$5,700	110
Medicare and Medicare HMO (Shortfall)**	0	0	\$51,759,185	0
Workforce Development — Nursing and Non-Nursing	0	1,784	\$123,489	0
TOTAL	0	1,968	\$60,364,113	281

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

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

Scripps Systemwide Programs

About Scripps Systemwide Programs

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

Scripps Home Health Services

Scripps Home Health Care Services provides a range of health care services in people's homes. During fiscal year 2012, this multidisciplinary team of caregivers provided professional home care services, as well as education on disease prevention and management, medications, diet and exercise, to approximately 5,000 patients throughout San Diego County. More than 160 nurses, therapists and support staff work closely with the patients' physicians and family to offer a variety of services, including nursing care, physical, occupational and speech therapy 365 days per year.

Home Health includes cardiovascular care, wound management, diabetic care, physical therapy, occupational therapy, speech therapy dietary services and medical social services.

ScrippsCare

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

Scripps Mobile Medical Unit

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

Scripps Cancer Care

Scripps Cancer Care is a systemwide umbrella for cancer services across all Scripps hospital campuses and ambulatory care sites. Through Scripps Cancer Care, clinicians, scientists and health care professionals with expertise in research, treatment, education and prevention

have come together to create a powerful cancer resource in San Diego County. Scripps adds 100 new clinical trials each year at its five hospitals, the Scripps Clinic medical group and Scripps Cancer Care. In addition, investigator-initiated research projects have produced new, state-of-the-art medical devices and technologies that are used worldwide.

Scripps Cancer Care includes screening services, diagnostic services, ultrasound and ultrasound-guided breast biopsy, stereotactic-guided core breast biopsy, breast needle localization biopsy and computed tomography (PET).

Scripps Clinical Research Center (SCRC)

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

In 2008, the Scripps Clinical Research Center was created to support clinical research throughout the Scripps system. The center has united more than 25 medical specialties under one roof. As a result, it accelerates the delivery of new technologies to patients by consolidating the components to conduct clinical investigation into one seamless, streamlined regulatory and administrative process.

Scripps is building on a strong foundation for clinical and translational research — from small pilot studies to large multicenter trials. All Scripps hospitals are engaged in research involving inpatient care. Ambulatory-based research is increasing across the system. Scripps currently supports more than 150 principal investigators and about 350 active clinical research protocols crossing broad interdisciplinary disease categories.

Scripps Clinical Research Trials

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

Scripps Genomic Medicine and Scripps Translational Science Institute (STSI)

In 2007, Scripps made substantial investments to establish the Scripps Genomic Medicine program and the Scripps Translational Science Institute (STSI). A year later, STSI was selected to receive a National Institutes of Health Clinical Translational Science Award. The five-year, \$20 million grant supports research, infrastructure and training.

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

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

The program’s work includes genotyping and sequencing individuals of diverse ancestry to identify and define the genes responsible for both major diseases and good health. Identifying these genes may lead to new drugs and gene-specific clinical trials.

Scripps Genomic Medicine is studying women’s DNA variants to determine the likelihood of developing breast cancer and using that genetic risk data to guide mammogram frequency. Another project, called the Wellderly Study, looks at healthy elderly, 80 years of age or older, with no history of chronic diseases to help unlock the genetic secrets behind lifelong health. The rich diversity of San Diego’s population — the Scripps health care system’s primary patient base — provides unparalleled opportunities for this research.

Scripps System Community Benefit Services

Scripps System Community Benefit Services provides oversight, support, guidance and coordination of Scripps community health and outreach programs, helping ensure that they are in accordance with the Scripps mission, values and strategic objectives. This program

also supports the Strategic Planning Committee, a committee of the Scripps Board of Trustees, in assessing and planning to meet community need. Additionally, this program is responsible for developing the triennial health needs assessment and, through the Community Benefit Fund, supports community programs that address San Diego County's high-priority health needs.

Scripps Systemwide Programs and Services

2013 Community Benefit Plan, Fiscal Year 2013

The Scripps Systemwide 2013 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the systemwide objectives and strategies to support community health improvement during fiscal year 2013 (October 2012 to September 2013).

The Scripps 2013 Community Benefit Goal

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

Scripps Systemwide Program Fiscal Year 2013 Community Benefit Objectives

Community Health Services

Community Benefit Fund

Provide a minimum of \$100,000 in grant funding to support community programs that address San Diego County's high priority health needs. (Funded by Scripps Health System, Community Benefit Services)

Mobile Medical Unit

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

School Partnerships

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

- Partner with Simmons College to offer an online DPT program.
- Partner with Mira Costa College for CNA certification program.
- Provide on-site ESL courses for food service and environmental service workers through Mira Costa College.
- Expand collaborations with community and nationally recognized schools/universities that provide education in support of Scripps' strategic goals.

Disaster Preparedness: Community Outreach and Education

Having the ability to provide emergency services to those injured in a local disaster, while continuing to care for hospitalized patients, is a critical community need. Scripps, together with other first-responder agencies (public and private), will engage in a variety of training, outreach and planning initiatives during fiscal year 2013, including:

- Participating in San Diego County and State of California advisory groups to plan, implement and evaluate key disaster preparedness response plans.
- Collaborating with the State of California Emergency Medical Services Authority on state projects and state/federal grant opportunities.
- Collaborating with Emergency Medical Services, County of San Diego to provide disaster preparedness training curriculum to San Diego Health care Organizations.
- Collaborating with community partners to monitor and analyze business continuity within the health care organization and community, identifying potential community impact.
- Providing a Community Partner Disaster Planning conference and one 16-hour decontamination response team training for health care partners.
- Participating in community education locally and nationally as an organizational leader in disaster preparedness and planning.
- Ready to deploy the Scripps Medical Response teams and Scripps Hospital Administrative Support teams to any domestic or international disaster. (Initiative led by the disaster preparedness program under the direction of the Scripps President/CEO)

American Heart Walk

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

Professional Education and Health Research

- Scripps High School Exploration Program and Regional Allied Health and Science Initiative (RAHSI). Continue to provide education internships for 35 students, offering five week-long paid internships, in which students rotate through clinical and nonclinical departments to learn about health care. (Funded by Scripps Health System Operations)
- Expand UC High Internship Program systemwide to include Scripps Mercy Hospital, San Diego, Scripps Memorial Hospital La Jolla, Scripps Green Hospital and Scripps Clinic Torrey Pines.
- Expand WorkAbility Program systemwide to include Scripps Health Administrative Services, Scripps Green Hospital and Scripps Memorial Hospital Encinitas.
- Expand systemwide internship program to include clinical and non-clinical placements.
- Launch Scripps Health systemwide New Grad Residency and Training Program.
- Launch Scripps Health systemwide ICU Training Program.
- Continue expansion of local college-based internship programs to include MBA, System Engineering and Allied Services.

Community Mentorship Program for Health Sciences and Research

Continue to provide opportunities for local high schools and universities to expose students to the knowledge, skills and values necessary to pursue health and research careers. SCORE (Shiley Center for Orthopaedic Research and Education at Scripps Clinic) offers opportunities for students to observe live orthopedic surgeries and have an open interactive discussion with a surgeon and health care research team. Participants learn how aging affects the musculoskeletal system and about resulting diseases, including the role surgery plays in the treatment. A total 17 surgery viewings were held at the Scripps Clinical Research Center (SCRC) during this past academic year.

Uncompensated Health Care

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

Scripps Systemwide Programs and Services

2013 Community Benefit Report, Fiscal Year 2012

This section is an account of Scripps' dedication and commitment to improving the health of the community, detailing the systemwide programs and services that have provided benefit over and above standard health care practices in fiscal year 2012 (October 2011 to September 2012).

Fostering Volunteerism

In addition to the financial community benefit contributions made during FY12, Scripps system employees donated a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. With 4,266 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$187,568.94.¹

Making a Financial Commitment

During fiscal year 2012, \$15,554,788 was devoted by Scripps systemwide programs to community activities, including uncompensated health care, community health services, and professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

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

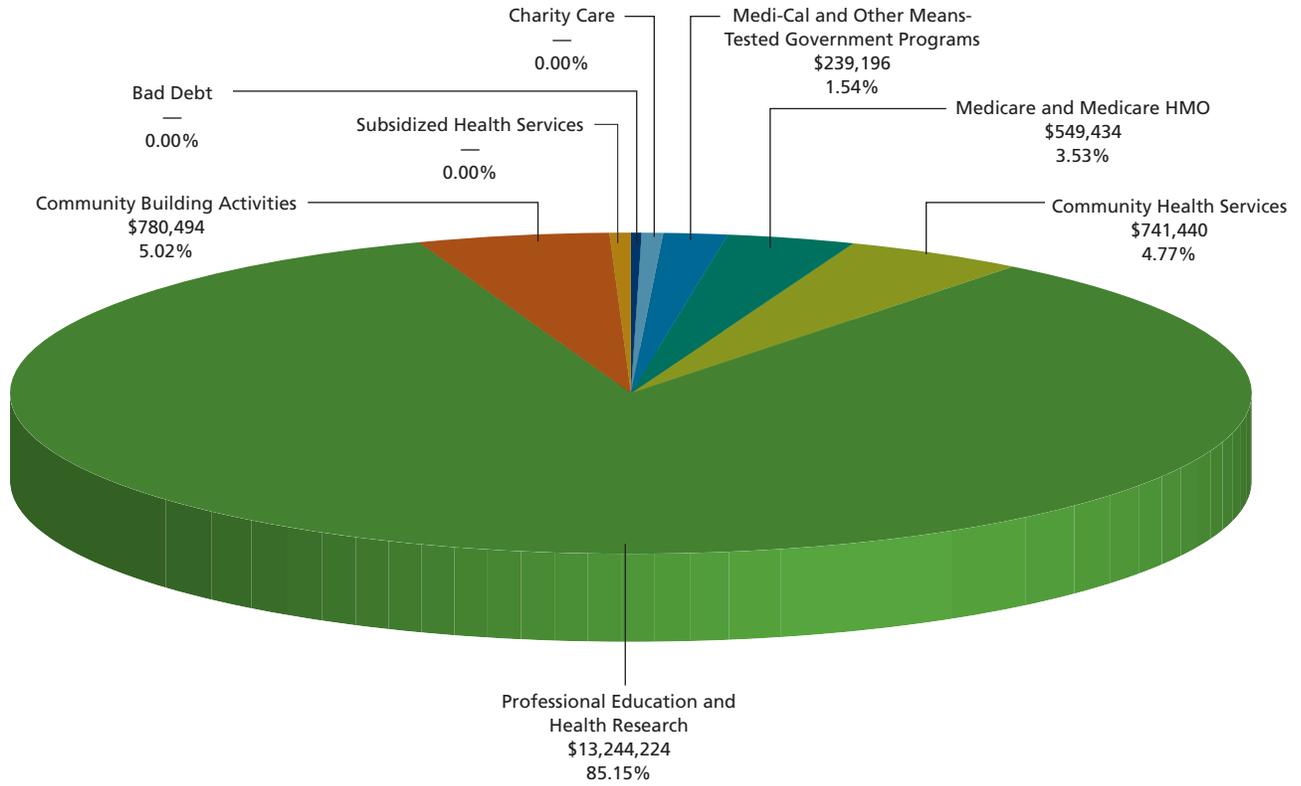
During fiscal year 2012, Scripps systemwide contributed \$15,554,788 to community benefits, including \$239,196 in Medi-Cal and other means tested government programs, \$549,434 in Medicare and Medicare HMO, \$741,440 in community health services, \$13,244,224 in professional education and health research and \$780,494 in community building activities.

Refer to Figure 12:1 presented on the following page for a graphical representation of the FY12 Scripps Systemwide Community Benefit Services distribution.

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

FIGURE 12:1

FY12 Scripps Systemwide Community Benefit Services Distribution, \$15,554,788



Community Benefit Services

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

Scripps Systemwide Fiscal Year 2012 Community Health Services Highlights

Community Health Services Highlights

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

During fiscal year 2012 (October 2011 to September 2012), \$741,440 was invested by Scripps systemwide programs in community-based health improvement activities. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of the Scripps systemwide fiscal year 2012 community health services.

Scripps Health Community Benefit (CB) Fund

In 2012, Scripps awarded \$215,000 in community grants to programs throughout San Diego. Scripps awarded four grants ranging from \$10,000 to \$120,000 each. The projects that received funding address some of San Diego County's high-priority health needs. The goal is to improve access to vital health care services for a variety of at-risk populations, including the homeless, economically disadvantaged, mentally ill and others. Since the Community Benefit Fund began, Scripps has awarded \$2.4 million dollars. Programs funded during fiscal year 2012 include:

- **Catholic Charities** — Funding was awarded to provide short-term emergency shelter for medically fragile homeless patients being discharged from Scripps Mercy Hospital, San Diego and to expand program to Scripps Mercy Hospital, Chula Vista. Case management and shelter is provided for previously homeless patients discharged from Scripps Mercy Hospital who no longer require hospital care but still need a short-term, supportive environment. Patients demonstrating a readiness for change are assisted with one week in a hotel along with food and bus fare to pursue case plan. The focus of the case management is to stabilize the client by helping them connect to more permanent income sources, housing and ongoing support for self-reliance. The goal of this partnership is to reduce the incidence of ER recidivism and improve quality of life for the patients.
- **The 2-1-1 Health Care Navigation Program** — Funding was awarded for the 2-1-1 Health care Navigation program. There is an overwhelming need for a dependable service to help people navigate today's complex health care system. Since the inception of the Health care Navigation program, 2-1-1 has responded to more than 6,000 calls from clients specifically seeking health-related resources. In addition, 5,726 self-selected health as their need. More than 20 percent of adult San Diegans struggle to access health care. The Health care Navigation program addresses this need by serving as an entry point for clients.

Health care Navigation provides a wide arrange of support, including an assessment of need and eligibility, assistance in setting up medical appointments and help completing applications for Medi-Cal, Healthy Families and prescription assistance. 2-1-1 San Diego is the dialing code for information about community, health and disaster services. It connects people with resources over the phone, online and in print. 2-1-1 San Diego was launched in June 2005 as a multilingual and confidential service committed to providing access 24/7.

- **American Heart Association** — Funding awarded for the 2012 Heart Walk sponsorship. Heart disease and stroke are the number one and number three causes of death in the nation. Heart disease claims more than 950,000 American lives each year. Scripps partners with the American Heart Association on their annual Heart Walk, to raise funds for research, professional and public education and advocacy.
- **Consumer Center for Health Education and Advocacy (CCHEA)** — Funding provides low-income, uninsured Mercy Clinic and behavioral health patients who need assistance obtaining health care benefits, SSI and related services, while simultaneously reducing uncompensated care expenses for Mercy. This project provides advocacy services for time-intensive government benefit cases. (Sponsored by Scripps Mercy Hospital Administration)

Cancer/Oncology

Cancer is the second leading cause of death in the U.S., exceeded only by heart disease and accounts for almost one-quarter of all deaths in San Diego County. According to National Cancer Institute (NCI) estimates, in 2009 there were 1,479,350 new cases of cancer and an estimated 562,540 deaths related to cancer. Currently lung, breast, colorectal and prostate cancers accounted for 53 percent of all new cases of cancer and 50 percent of all cancer deaths.²

In response to this serious health concern, Scripps has developed a series of prevention and wellness programs to educate people on the importance of early detection and treatment for some of the most common forms of cancer. During fiscal year 2012, Scripps engaged in the following cancer programs and activities.

- **American Cancer Society Making Strides Against Breast Cancer** — Scripps Health participates in this fundraising event to raise money for breast cancer research. (Sponsored by Scripps Health Systemwide)
- **Susan G. Komen Race for the Cure** — Scripps Health participates in this fundraising event to support breast cancer research and local breast health initiatives. The Komen Race for the Cure Series raises significant funds and awareness for the fight against breast cancer, celebrates breast cancer survivorship and honors those who have lost their battle with the disease. (Sponsored by Scripps Health Systemwide)

² Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>

- **Scripps Polster Breast Care Center Music as Medicine Program** — Patients and their support people participate in the Music as Medicine therapy class. The music therapist asks questions and tailors the therapy to the participants' emotional and physical needs. Sessions involve listening to music, writing songs, discussing what lyrics mean to the participants, using singing bowls, vocalization and drumming. Research has shown music can boost immune function, block pain stimuli, lower blood pressure and influence emotional well-being. (Sponsored by Scripps Polster Breast Care Center)
- **Scripps Polster Breast Care Center Support Groups** — Scripps Polster Breast Care Center Support Groups provide a venue for women to come together, discuss issues relating to diagnoses and receive support. The groups are offered to women in the San Diego community. (Sponsored by Scripps Polster Breast Care Center)

Cardiovascular Disease

Coronary heart disease and stroke are the number one and three causes of death in the nation. Heart disease claims more than 950,000 American lives every year. Stroke is a leading cause of serious, long-term disability.³ During fiscal year 2012, Scripps engaged in the following heart health and cardiovascular disease prevention and treatment activities.

- **American Heart Walk** — Scripps allocated \$10,000 in operational funds and \$30,000 in in-kind donations to support the American Heart Association's efforts to fight heart disease and stroke. In addition, the ScrippsAssists employee volunteer program coordinated walker participation and fundraising efforts. The San Diego Heart Walk exceeded its goal by raising more than \$1 million. In 2012, more than 1,700 Scripps Heart Walk participants — employees, families and friends — walked to help raise more than \$137,600. Additionally, Scripps reached out to the community at the event by providing blood pressure screenings, health education materials and more.

Disaster Preparedness: Community Outreach and Education

Having the ability to provide emergency services for those injured in a local disaster, while continuing to care for hospitalized patients, is a critical community need. Scripps participated in San Diego County and state of California advisory groups to plan, implement and evaluate key disaster preparedness response plans and exercises. Scripps is an advisor to San Diego County for federal and state grant development and planning. Scripps participated in community education, providing educational opportunities for local and national partners. Scripps provided 1,050 hours of local community education.

Hospital Administrative Support Unit and Scripps Medical Response Team

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

³ Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

deployment. Both teams were on standby for deployment to the earthquake area in Brawley, California. Scripps continues to participate with California in an advisory capacity, developing the Specialized Cal Mat Program that models the Scripps Medical Response Team. Scripps participated in a one week field exercise, leading medical response for the State of California Mobile Field Hospital. Scripps provided 745 hours of volunteer staff time.

San Diego County and National Community Support and Outreach Education

The goal is to participate in community education locally and nationally as an organizational leader in disaster preparedness and planning. In fiscal year 2012, Scripps participated in the San Diego Business Consortium and led multiple lectures to government and community audiences:

- May 16, 2012 — California Association Medical Staff Services (CAMSS) National Convention—Lecture: Lights Out Lesson Learned in Recent Disasters
- April 3, 2012 — Scripps Mercy Trauma Conference—Lecture: Lights Out Lesson Learned in Recent Disasters.
- February 2012 — GG12 Exercise-State of CA Mobile Field Hospital Exercise Planning

Professional Education and Health Research Highlights

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers, or to offer continuing education to existing health care professionals, the quality of health care would be greatly diminished.

Each year, resources are allocated by Scripps systemwide programs and services to advance health care services through professional health education programs and research. To enhance service delivery and treatment practices for San Diego County, \$13,244,224⁴ was invested by Scripps systemwide programs and services in professional training programs and research during fiscal year 2012 (October 2011 to September 2012). This section highlights some of the Scripps systemwide professional education and research activities conducted in fiscal year 2012.

Scripps High School Exploration Program and Regional Allied Health and Science Initiative (RAHSI)

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 marketing, the students rotate through numerous departments, exploring career options and learning life lessons about health and healing along the way. During fiscal year 2012, Scripps Health partnered with RAHSI to provide continuing education internships for their

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

students. The program offered five week paid internships, in which 35 students rotated through clinical and non-clinical departments to learn about health care. Scripps received a \$25,000 grant to expand the scope of program across the San Diego community. (Funded by Scripps Health System Operations)

SCRIPPS SYSTEMWIDE

COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY12

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
2-1-1 San Diego Annual Fundraising Event	0	0	\$5,000	0
Advanced Cardiac Life Support Renewal Course	0	20	\$541	6
Alzheimer's Association	0	0	\$5,000	0
American Cancer Society Making Strides Against Breast Cancer	2	49	\$20,765	27,000
American Cancer Society Making Strides Against Breast Cancer Sponsorship	0	0	\$5,000	0
American Heart Association Go Red for Women Luncheon	0	0	\$4,315	0
American Heart Association Heart Walk**	3,560	4,495	\$239,337	1,700
American Heart Association Heart Walk In-Kind Donation	0	0	\$31,512	0
American Heart Association Heart Walk Sponsorship	0	0	\$10,000	0
Basic Life Support for the Health care Provider Initial	0	108	\$477	56
Blood Drives for the American Red Cross	0	208	\$10,292	801
B'Nai B'rith International	0	0	\$6,000	0
Cancer Registry	0	18,069	\$1,166,193	0
Community Benefit Fund - 2-1-1 San Diego	0	0	\$15,000	0
Community Benefit Fund - Catholic Charities	0	0	\$70,000	0
Clinical Research Services	0	95,617	\$5,436,339	0
Commission on Accreditation of Health care Management Education (CAHME)**	0	0	\$25,000	0
Community Health Education Programs	0	104	\$17,053	6,427

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

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

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Community Health Improvement Partners (CHIP)**	0	463	\$63,285	0
CPR/AED for Professional Rescuers and Health Care Providers	0	2	\$755	3
Disaster Preparedness Community Outreach and Education**	0	309	\$21,680	450
Disaster Preparedness Mobile Field Hospital Exercise	120	968	\$100,475	1,000
Disaster Preparedness Expo	0	12	\$761	250
Economic Development**	0	466	\$76,264	0
Eric Paredes Save a Life Foundation	0	0	\$15,000	0
Eric Paredes Save a Life Foundation Health Screenings	492	0	\$2,320	2,426
Exploring - San Diego-Imperial Council Boy Scouts of America**	0	0	\$1,000	0
Food Bank Luncheon	0	4	\$938	400
Foundation of the American College of Health care Executives**	0	0	\$8,000	0
Health and Safety Fair - Scripps Home Health Services	0	12	\$632	20
Health and Wellness - Scripps Home Health Services	0	11	\$666	100
Health Care Reform and Legislative Advocacy**	0	1,600	\$322,341	0
Healthy Choices for Your Plate - Scripps Home Health Services	0	10	\$486	55
HeartSaver CPR, AED, and Basic First Aid	0	45	\$927	14
Medi-Cal (Shortfall)	0	0	\$239,196	0
Medicare and Medicare HMO (Shortfall)**	0	0	\$549,434	0
Mobile Health Clinics Association, Southern California Coalition Meeting**	0	84	\$4,798	32
Nine Girls Ask?, for a cure for Ovarian Cancer	0	4	\$1,072	530
Operation Home Front Adopt A Family Holiday Program	0	0	\$0	148
FINANCIAL SUPPORT reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				
** Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.				

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Operation Santa	0	0	\$0	45
Prescription Drug Take Back Day	108	208	\$13,933	12,500
San Diego Festival of Science and Engineering	16	69	\$9,832	27,000
San Diego Festival of Science and Engineering Sponsorship	0	0	\$5,000	0
San Diego Military Advisory Council (SDMAC)	0	0	\$3,000	0
San Diego Nursing Service/Education Consortium	0	0	\$3,000	0
Scripps Genomics Medicine and Translational Research	0	48,173	\$6,525,731	0
Scripps Health System Community Benefit Planning and Outreach	0	3,095	\$190,934	0
Scripps High School Exploration Program	0	1,150	\$58,554	34
Scripps Military Mentoring Initiative**	0	276	\$17,590	2
Scripps Recuperative Care Program	0	72	\$159,989	18
SDSU Athletic Medicine Program	0	0	\$12,000	0
Search and Rescue Academy Emergency Medical Response Module	0	32	\$10,758	180
Search and Rescue EMT Skills Test	0	1	\$400	1
Stand Up to Cancer (SU2C) San Diego Padres Foundation Sponsorship	0	0	\$5,000	0
SuperFood Drive World Nutrition Conference	0	0	\$1,000	0
Susan G. Komen Race for the Cure	0	0	\$5,000	0
UC High School Exploration Program	0	628	\$31,051	8
Widowed Support Group - Scripps Home Health Services	0	3	\$250	10
Women Together Luncheon	0	3	\$1,554	200
Workforce Development - Nursing and Non-Nursing	0	294	\$20,355	0
Young Leaders in Health care	0	3	\$804	25
YWCA In the Company of Women**	0	0	\$1,200	0
TOTAL	4,298	176,665	\$15,554,788	81,441

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

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

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.

Charity Care — The portion of patient care services provided by Scripps for which a third-party payer is not responsible and a patient has the inability to pay. Charity care does not include bad debt, contractual adjustments or under-reimbursed costs (payment shortfalls). Charity care may include unpaid coinsurance, deductibles and non-covered services if the patient meets the Scripps charity care eligibility criteria.

In-Lieu of Funds — Funds 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.

Community Benefit Services — Programs/services offered to the community that go above and beyond what is provided as a normal part of patient care.

Uncompensated Health Care — Includes charity, under-reimbursed care, and bad debt. Shortfalls are derived using the payor 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.

Community-Based Health Improvement Activities — Services and activities carried out to improve community health that usually do not generate a patient bill and are subsidized by the hospital. These activities are carried out to improve community health and must be supported by a community need. They extend beyond patient care activities. They include services directed to individuals and to a larger population. Includes prevention and wellness programs as well as other community health improvement services (screenings, health education, support groups, and health fairs) supported by operational funds, grants, in-kind donations and philanthropy. Calculations based on cost less direct revenue. Direct offsetting revenue includes any revenue generated by the activity or program, such as payment or reimbursement for services provided to program patients. Direct offsetting revenue does not include restricted or unrestricted grants or contributions that the organization uses to provide community benefit.

Community Benefit Operations — Includes costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.

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.

Cash and In-Kind Contributions — Contributions made by the organization to health care organizations and other community groups that are restricted to one or more community benefit activities. In-kind contributions include the cost of hours donated by staff to the community while on the organization's payroll, indirect cost of space donated to tax-exempt companies (such as for meetings), and the financial value (generally measured at cost) of donated food, equipment, and supplies.

Community Building Activities — Programs that address underlying causes of health problems in order to improve health status and quality of life. They focus on the root causes of health problems, such as poverty, homelessness and environmental problems but do not provide medical care. Examples of community building per the Schedule H are housing improvements, economic development, community support, environmental improvements, leadership development, coalition building, community health improvement advocacy and workforce development. These activities support community assets by offering the expertise and resources of the health care organization. According to the IRS, Community Building Activities do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

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

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.

Health Research — Health related research, such as studies and papers on alternative health care delivery methods, testing of medical equipment, and controlled studies of therapeutic protocols. Includes studies that are self funded or receive funding from a tax-exempt government entity and have a goal of generating knowledge that is made available to the public.

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

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

Appendix B: Scripps Uncompensated Care Fiscal Year 2012 Methodology

Scripps continues to contribute resources to provide low and no-cost health care services to populations in need. During FY12, Scripps contributed \$249,200,233 to uncompensated health care, including, \$45,451,898 in charity care, \$186,625,215 in Medi-Cal and Other Means-Tested Government Programs and Medicare shortfall, and \$17,123,120 in bad debt.

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

Charity Care Methodology — The uncompensated cost is estimated by applying ratio-cost-to-charge (RCC) percentages for the hospital to the gross charity adjustments. The following costs are excluded: Community health services, professional education and research, and expenses excluded in the Medicare cost report.

Medi-Cal and Other Means-Tested Government Programs–Hospitals — The shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare, Medicare PPO, Medicare HMO, Medicare Capitated program at the hospitals, Medi-Cal, Medi-Cal HMO, and CMS primary insurance carriers. Operating margin is defined as net revenue less all variable, fixed, and overhead costs. Profitability is estimated as follows: Net revenue is equivalent to payments plus an estimation of the account balance for all open accounts, plus revenue from uncompensated care pools including Medi-Cal DSH. Cost is derived using the relative value allocation methodology per the Trendstar Cost Accounting system. The following costs are excluded: Charity adjustments at cost for Medi-Cal and CMS patients, community health services, professional education and research, and expenses excluded in the Medicare cost report.

Hospital Provider Fee Program — In January 2010, the State of California enacted legislation that provided for supplemental Medi-Cal payments to certain hospitals funded by a quality assurance fee paid by participating hospitals and matching federal funds (Hospital Provider Fee Program). For the fiscal year ending September 30, 2012, Scripps Health recognized net additional income of \$43,233,000 related to the Hospital Fee Program and reported as offsetting revenue from Medi-Cal. The supplemental revenue amounts recognized in net patient revenue during the fiscal year ending September 30, 2012 totaled \$128,929,000. Quality assurance fees assessed to and recorded by Scripps Health related to the Hospital Fee Program during the fiscal year ending September 30, 2012 were recorded as provider fees and totaled \$83,175,000. During the fiscal

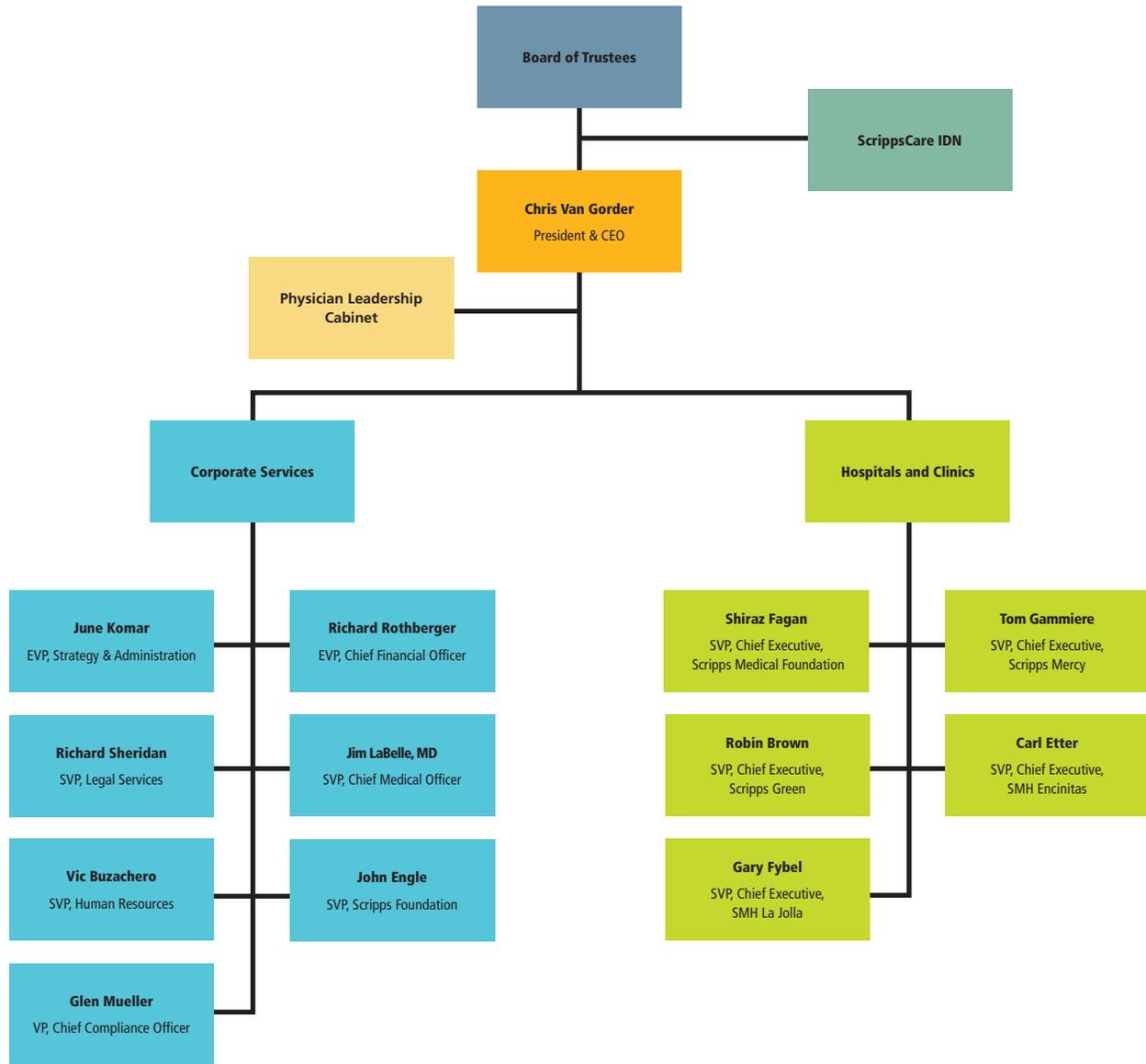
year ending September 30, 2012, Scripps Health recorded charitable contributions of \$2,521,000 related to the Hospital Fee Program to California Health Foundation and Trust (CHFT). These CHFT contributions were recorded as provider fees.

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

Medicare and Medicare HMO–Hospitals — The shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare and Medicare Senior primary insurance carriers. Operating margin is defined as net revenue less all variable, fixed, and overhead costs. Profitability is estimated as follows: net revenue is equivalent to payments plus an estimation of the account balance for all open accounts, plus other revenue including IME and DSH. Cost is derived using the relative value allocation methodology per the Trendstar cost accounting system. The following costs are excluded: Charity and bad debt adjustments at cost for Medicare and Medicare Senior patients, community health services, professional education and research, subsidized health services provided to Medicare patients, and expenses excluded in the Medicare cost report.

Shortfall Methodology–Clinics — The shortfall was derived by extracting the Medicare, Medicare PPO, Medicare HMO, and Medicare Capitated program, gross charges and net revenue from the patient billing system. The cost was estimated by applying the ratio-cost-to-charges for Scripps Clinic and Scripps Coastal Medical Centers to the gross charges. Shortfall is equal to Net Revenue less estimated cost using RCC methodology.

Appendix C



Appendix D

Wherever You Are in San Diego County, We're Here for You.

With Scripps, you have access to a comprehensive network of more than 2,600 physicians in over 50 specialties. In fact, we have 23 outpatient centers and five hospital campuses throughout San Diego County. And with three urgent care centers and four emergency departments, you can get care when, and wherever you need it. So whether you're at home, work or the baseball field, we're here for you.

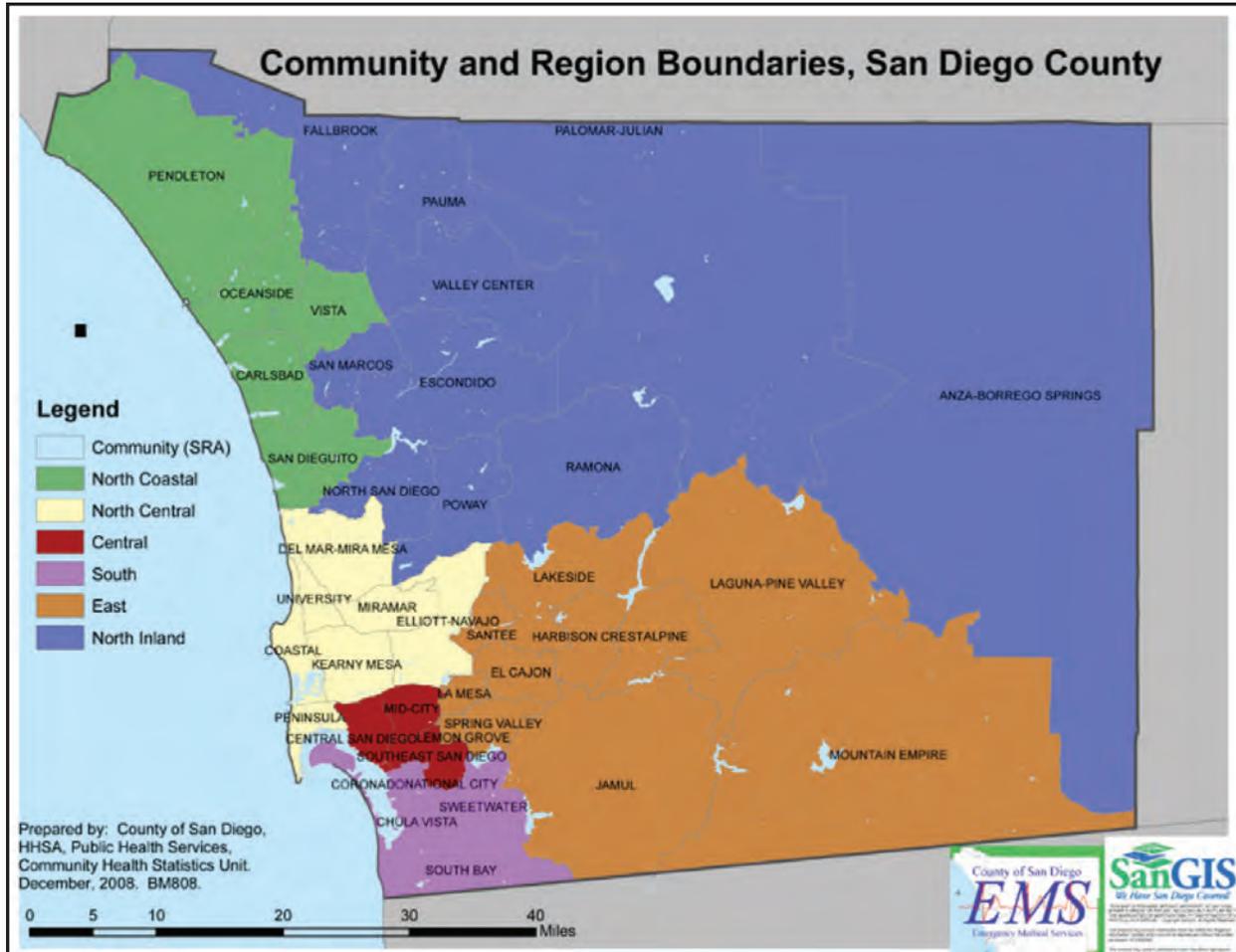
LEGEND

- ★ Scripps Health Corporate Office
- A** Scripps Memorial Hospital Encinitas
- B** Scripps Green Hospital
 - Scripps Center for Integrative Medicine
 - Scripps Translational Science Institute
 - Scripps Clinical Research Center
 - Scripps Cardiovascular and Thoracic Surgery Group
- C** Scripps Memorial Hospital La Jolla
 - Scripps Drug and Alcohol Treatment Program
 - Scripps Whittier Diabetes Institute
 - Scripps Center for Executive Health
 - Scripps Polster Breast Care Center
 - Scripps Mericos Eye Institute
 - Scripps Cardiovascular and Thoracic Surgery Group
- D** Scripps Mercy Hospital – San Diego
 - Mercy Clinic
 - Scripps Mercy Surgery Pavilion
 - Scripps Cardiovascular and Thoracic Surgery Group
- E** Scripps Mercy Hospital – Chula Vista
- Scripps Clinic
- Scripps Coastal Medical Center
- ▲ Well Being Center
- ▲ Scripps Home Health Care

Call 1-800-SCRIPPS or visit scripps.org for more information

Appendix E

San Diego County HHS Geographic Services Regions¹



CENTRAL

- Central San Diego
- Mid City
- Southeast San Diego

NORTH CENTRAL

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

NORTH COASTAL

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

SOUTH

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

EAST

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

NORTH INLAND

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

¹ These regions have been designated by the County of San Diego Health and Human Services Agency (HHS) for the purpose of service delivery. The regions include different sub-regional area (SRA) groupings than the regions designated by the San Diego Association of Governments (SANDAG).