

Return of Organization Exempt From Income Tax

2000

Open to Public Inspection

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

A For the 2000 calendar year, or tax year period beginning **October 1, 2000**, and ending **September 30, 2001**

- B** Check if applicable:
 Change of address
 Change of name
 Initial return
 Final return
 Amended return

C Name of organization
SHARP HEALTHCARE FOUNDATION
 Number and street (or P O box if mail is not delivered to street address) Room/suite
8695 SPECTRUM CENTER BLVD
 City or town state or country, and ZIP code
SAN DIEGO, CA 92123

D Employer identification number
95: 3492461
E Telephone number
(858) 499-5516
F Check if application pending

G Organization type (check only one) 501(c)(3) (insert no) 527 or 4947(a)(1)
 • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method Cash Accrual Other (specify) **▶**
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to section 527 orgs
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **▶ N/A**
H(c) Are all affiliates included? Yes No (If "No," attach a list. See inst.) **N/A**
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no. (GEN) **▶**
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	4,584,418	
	b Indirect public support	1b	1,150,920	
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 5,521,253 noncash \$ 214,085 STMT 1)	1d		5,735,338
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		0
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		961,873
	5 Dividends and interest from securities	5		233,981
	6a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		0
7 Other investment income (describe ▶)	7			
8a Gross amount from sales of assets other than inventory STMT 2	(A) Securities			
	12,521,583 8a			
	12,790,045 8b			
	(268,462) 8c	0		
d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 2	8d		(268,462)	
9 Special events and activities (attach schedule)				
a Gross revenue (not including \$ 104,159 of contributions reported on line 1a)	9a	317,284		
b Less direct expenses other than fundraising expenses	9b	196,813		
c Net income or (loss) from special events (subtract line 9b from line 9a) STMT 3	9c		120,471	
10a Gross sales of inventory, less returns and allowances	10a			
	b Less cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0
11 Other revenue (from Part VII, line 103)	11		(2,695)	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		6,780,506	
Expenses	13 Program services (from line 44, column (B))	13	4,092,447	
	14 Management and general (from line 44, column (C))	14	287,878	
	15 Fundraising (from line 44, column (D))	15	1,007,574	
	16 Payments to affiliates (attach schedule)	16	0	
	17 Total expenses (add lines 13 and 14, column (A))	17		5,387,899
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,392,607	
	19 Net assets or fund balances at beginning of year (from line 73, column (A)) STMT 4	19	20,630,694	
	20 Other changes in net assets or fund balances (attach explanation)	20	(2,236,548)	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		19,786,753

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>3,948,508</u> noncash \$ <u>STMT 5</u>)	22 3,948,508	3,948,508		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 143,672		143,672	
26	Other salaries and wages	26 678,341	82,201	20,731	575,409
27	Pension plan contributions	27 8,379	838	1,676	5,865
28	Other employee benefits	28 123,356	12,335	24,671	86,350
29	Payroll taxes	29 58,481	5,848	11,696	40,937
30	Professional fundraising fees	30			
31	Accounting fees	31 1,861	186	372	1,303
32	Legal fees	32 3,793	379	759	2,655
33	Supplies	33 9,824	982	1,965	6,877
34	Telephone	34 3,407	341	681	2,385
35	Postage and shipping	35 5,156	516	1,031	3,609
36	Occupancy	36			
37	Equipment rental and maintenance	37 8,819	882	1,763	6,174
38	Printing and publications	38 35,976	3,598	7,195	25,183
39	Travel	39 12,441	1,244	2,488	8,709
40	Conferences, conventions, and meetings	40 (712)	(71)	(142)	(499)
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 STMT 18 2,737	274	547	1,916
43	Other expenses (itemize) a Consulting	43a 63,810	6,381	12,762	44,667
	b Purchased Services	43b 189,659	18,966	37,932	132,761
	c Miscellaneous	43c 90,391	9,039	18,079	63,273
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 5,387,899	4,092,447	287,878	1,007,574

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? **STMT 6** ...
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a STMT 7 - COMMUNITY BENEFIT REPORT	
(Grants and allocations \$ 3,948,508)	4,092,447
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,092,447

Part IV Balance Sheets (See Specific Instructions on page 23.)

Note.		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing	250	45	250	
	46 Savings and temporary cash investments	138,507	46	392,338	
	47a Accounts receivable				
	b Less allowance for doubtful accounts	33,962	47c	0	
	48a Pledges receivable	726,917			
	b Less allowance for doubtful accounts	144,811	48c	582,106	
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes and loans receivable (attach schedule) STMT 14	378,313			
	b Less allowance for doubtful accounts		51c	378,313	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments—securities (attach schedule) STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		14,389,169	54	13,178,909
	55a Investments—land, buildings, and equipment basis				
	b Less accumulated depreciation (attach schedule)	0	55c	0	
	56 Investments—other (attach schedule)		56		
	57a Land, buildings, and equipment basis	8,959			
	b Less accumulated depreciation (attach schedule) STMT 9	8,530	57c	429	
	58 Other assets (describe <input type="checkbox"/> STMT 10)	8,582,785	58	7,709,110	
59 Total assets (add lines 45 through 58) (must equal line 74)	23,798,480	59	22,241,455		
Liabilities	60 Accounts payable and accrued expenses	708,504	60	312,108	
	61 Grants payable		61		
	62 Deferred revenue	130,576	62	67,240	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> DEFERRED PLANNED GIFT LIAB)	2,328,706	65	2,075,354	
66 Total liabilities (add lines 60 through 65)	3,167,786	66	2,454,702		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	2,555,801	67	1,643,234	
	68 Temporarily restricted	15,418,256	68	15,503,142	
	69 Permanently restricted	2,656,637	69	2,640,377	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	20,630,694	73	19,786,753	
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	23,798,480	74	22,241,455	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)
SEE WORKSHEET

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
SEE WORKSHEET

a	Total revenue, gains, and other support per audited financial statements ▶	a A	8,060,000
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments STMT 4 \$ (2,236,548)		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) N/A Rel from Rest & Rndng \$ 3,517,460		
	Add amounts on lines (1) through (4) ▶	b	1,280,912
c	Line a minus line b ▶	c	6,779,088
d	Amounts included on line 12, Form 990 but not on line a.		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) LOSS ON PARTNERSHIP \$ 1,418		
	Add amounts on lines (1) and (2) ▶	d	1,418
e	Total revenue per line 12, Form 990 (line c plus line d)	e	6,780,506

a	Total expenses and losses per audited financial statements ▶	a B	8,905,000
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) N/A Rel from Rest & Rndng \$ 3,517,101		
	Add amounts on lines (1) through (4) ▶	b	3,517,101
c	Line a minus line b ▶	c	5,387,899
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	5,387,899

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
STMT 11		143,672	26,659	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see Specific Instructions on page 26
STMT 12

Part VI Other Information (See Specific Instructions on page 26.)

	N/A	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b If "Yes," enter the name of the organization ▶ STMT 13 & 16 and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	NONE	
b Did the organization file Form 1120-POL for this year?	81b		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b	N/A	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		X
c Dues, assessments, and similar amounts from members	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0	
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 501(c)(7) orgs a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) orgs a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			0
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			0
90a List the states with which a copy of this return is filed ▶ CALIFORNIA			
b Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b	16	
91 The books are in care of ▶ SHARP HEALTHCARE FOUNDATION Telephone no ▶ (858) 499-5516 Located at ▶ 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA ZIP code ▶ 92123			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 82			N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	961,873	
96 Dividends and interest from securities			14	233,981	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	(268,462)	
101 Net income or (loss) from special events			02	120,471	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a PARTNERSHIP	721110	(2,695)			
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		(2,695)		1,047,863	0
105 Total (add line 104 columns (B), (D), and (E))					1,045,168

Note Line 105 plus line 1d Part I should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

- (a) Did the organization during the year, receive any funds directly or indirectly to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

I am including accompanying schedules and statements, and to the best of my knowledge and belief (other than officer) is based on all information of which preparer has any knowledge

8/13/02

SUSAN RESSMEYER
DIRECTOR-ADMIN SVCS

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

SHARP HEALTHCARE FOUNDATION

95 3492461

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CARY BLANCHETTE 8695 SPECTRUM CTR BLVD,SD,CA92123	VP-GIFT PLANNING 40 Hours /Week	118,750	1,256	
MARSHA LUBICK 8695 SPECTRUM CTR BLVD,SD,CA92123	DIR-CAMPAIGNS 40 Hours /Week	91,307	16,475	326
JEANNE HUNSAKER 8695 SPECTRUM CTR BLVD,SD,CA92123	DIR-DEVELOPMENT 40 Hours /Week	57,512	165	199
ANN SIMONEAU 8695 SPECTRUM CTR BLVD,SD,CA92123	FDN ASSISTANT 40 Hours /Week	56,365	6,476	18
DANIEL STOCKIN 8695 SPECTRUM CTR BLVD,SD,CA92123	GRANTS OFFICER 40 Hours /Week	50,175	2,063	17
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SIDNEY KIMMEL CANCER CENTER 10835 ALTMAN ROW SAN DIEGO CA 92121	PROFESSIONAL FUNDRAISER	62,000
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2a Sale, exchange, or leasing of property?		X
2b Lending of money or other extension of credit?		X
2c Furnishing of goods, services, or facilities?		X
2d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE 990 Part V	X	
2e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a Do you have a section 403(b) annuity plan for your employees?	X	
4b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4) (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	6,083,941	5,543,452	4,873,747	4,628,830	21,129,970
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	217,775	67,825	72,678	13,250	371,528
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	621,185	624,796	355,965	233,771	1,835,717
19 Net income from unrelated business activities not included in line 18	(2,340)	(2,126)	(2,126)	(2,535)	(9,127)
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	6,920,561	6,233,947	5,300,264	4,873,316	23,328,088
24 Line 23 minus line 17	6,702,786	6,166,122	5,227,586	4,860,066	22,956,560
25 Enter 1% of line 23	69,206	62,339	53,003	48,733	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 459,131
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts STMT 15					26b 731,542
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 22,956,560
d Add Amounts from column (e) for lines 18 <u>1,835,717</u> 19 <u>(9,127)</u> 22 <u>0</u> 26b <u>731,542</u>					26d 2,558,132
e Public support (line 26c minus line 26d total)					26e 20,398,428
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 88.86%
27 Organizations described on line 12.					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person" Enter the sum of such amounts for each year	(1999) N/A	(1998) N/A	(1997) N/A	(1996) N/A	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(1999) N/A	(1998) N/A	(1997) N/A	(1996) N/A	
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e) 27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions) NONE					

Part V Private School Questionnaire (See page 5 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here a if the organization belongs to an affiliated group
 Check here b if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	N/A	N/A
38	Total lobbying expenditures (add lines 36 and 37)	N/A	N/A
39	Other exempt purpose expenditures	N/A	N/A
40	Total exempt purpose expenditures (add lines 38 and 39)	N/A	N/A
41	Lobbying nontaxable amount Enter the amount from the following table—		
	If the amount on line 40 is—	The lobbying nontaxable amount is—	
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	N/A	N/A
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	N/A	N/A
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	N/A	N/A

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

N/A

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	(a)	(b)	(c)	(d)	(e)
	2000	1999	1998	1997	Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
SEE STMT 1
Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

Employer identification number

SHARP HEALTHCARE FOUNDATION

95-3492461

Organization type (check only one) - Section 501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations -

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.)

Enter here the total gifts received during the year for a religious, charitable, etc. purpose: \$

Note: This form is generally not open to public inspection except for section 527 organizations

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General Rule Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General Rule discussed above.

Name of organization

Employer identification number

SHARP HEALTHCARE FOUNDATION

95-3492461

Part I Contributors SEE STMT 1

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

Part II Noncash Property SEE STMT 1

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____

Name of organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

Part III Section 501(c)(7), (8), or (10) orgs that received more than \$1,000 in charitable gifts during the year-

- Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable etc , purpose (see instructions) ▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990 IDENTIFICATION OF EXCESS CONTRIBUTIONS STATEMENT 15
SCHEDULE A

*** NOT OPEN TO PUBLIC INSPECTIONS ***

<u>CONTRIBUTOR'S NAME</u>	<u>TOTAL CONTRIBUTION</u>	<u>EXCESS CONTRIBUTION</u>
	819,510	371,958
	807,136	359,584
	<u>1,626,646</u>	<u>731,542</u>
TOTAL	<u>1,626,646</u>	<u>731,542</u>

SCHEDULE A, PART IV-A, LINE 26b

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990

CASH AND NONCASH CONTRIBUTIONS

STATEMENT 1

*** NOT OPEN TO PUBLIC INSPECTION ***

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

AMOUNT

312,711

267,727

160,859

1,000,000

150,000

TOTAL

1,891,297

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	SHARP HEALTHCARE FOUNDATION	95-3492461
	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	8695 SPECTRUM COURT	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SAN DIEGO, CA 92123	

Check type of return to be filed (File a separate application for each return)

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until AUGUST 15, 2002

5 For calendar year _____, or other tax year beginning 10/15/2000 and ending 9/30/2001

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COLLECT ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CPA OF ERNST & YOUNG Date 4/17/02

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

By _____ Director

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print JSA	Name
	ERNST & YOUNG LLP C/O KARA ADAMS
	Number and street (include suite, room, or apt. no.) Or a P O box number
	18111 VON KARMAN AVENUE, SUITE 1000
	City or town, province or state, and country (including postal or ZIP code)
	IRVINE, CA 92612-1007

EXTENSION APPROVED
 MAY 07 2002
 LINDA WEISKOPF, FIELD DIRECTOR
 SUBMISSION PROCESSING CENTER

FORM 990

GAIN/LOSS FROM PUBLICLY TRADED SECURITIES

STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
BANC ONE CORP MTN 6 3/8% DUE 10/1/02 AO1	738,720	720 182	0	18 538
CITICORP DEBENTURE 8% DUE 2/1/03 FA1	1 636,672	1 643 563	0	(6 891)
COCA-COLA ENTERPRISES NOTE 8 5% DUE 2/1/22 FA1	1,223,090	1,214 174	0	8 916
COUNTRYWIDE HOME LOAN NOTE 6 51% DUE 2/11/05 JJ15	311 727	314,127	0	(2,400)
FHLB NOTE 5 1/8% DUE 1/13/03 JJ13	304,465	302 524	0	1,941
FHLB NOTE 5 1/8% DUE 1/13/03 JJ13	404,406	403,277	0	1 129
FHLMC NOTE 6 52% DUE 1/2/02 JJ2	1,499,220	1,504 408	0	(5 188)
FNMA NOTE CALLABLE 04 6 04% DUE 2/25/09 FA25	1 769,238	1 701 827	0	67,411
HILTON HOTEL CORP DEBENTURES 7 3/8% DUE 6/1/02 JD1	1,012,200	1,004 481	0	7,719
LEHMAN BROTHERS HOLDINGS DEBENTURE 6 2% DUE 1/15/02 JJ15	1,288 547	1 299,635	0	(11,088)
LUCENT TECHNOLOGIES DEBENTURE 6 45% DUE 3/15/29 MS15	616,250	993 397	0	(377 147)
MERRILL LYNCH & CO INC DEBENTURE 6 7/8% DUE 11/15/18 MN15	500,095	497,864	0	2 231
SAFECO CORPORATION NOTE 7 7/8% DUE 4/1/05 AO1	253,045	252 246	0	799
US LEASING INTERNATIONAL DEBENTURES 5 95% DUE 10/15/03 AO15	963,908	938 340	0	25,568
TOTAL	<u>12,521,583</u>	<u>12 790 045</u>	<u>0</u>	<u>(268 462)</u>

PART I LINE 8a 8b 8c 8d AND PART VII, LINE 80B

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 3

<u>EVENT</u>	<u>GROSS RECEIPTS</u>	<u>CONTRIBUTION INCLUDED</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSE</u>	<u>NET INCOME</u>
GOLF TOURNAMENT	106,830	37,929	68,901	38,692	30,209
VICTORIES OF SPIRIT	130,308	14,305	116,003	97,929	18,074
GALA	<u>184,305</u>	<u>51,925</u>	<u>132,380</u>	<u>60,192</u>	<u>72,188</u>
TOTAL	<u>421,443</u>	<u>104,159</u>	<u>317,284</u>	<u>196,813</u>	<u>120,471</u>

PART I, LINE 9a, 9b, 9c AND PART VII, LINE 101

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

STATEMENT 4

DESCRIPTION

UNREALIZED GAIN/(LOSS) ON INVESTMENTS

(2,219,715)

UNREALIZED GAIN/(LOSS) ON DEFERRED PLANNED GIFTS

(16,833)

TOTAL

(2,236,548)

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
SHARP MEMORIAL HOSPITAL	8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	RELATED ENTITY	1,184,910
SAN DIEGO HOSPITAL ASSOCIATION	8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	RELATED ENTITY	2,393,658
SHARP REES-STEALY	8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	RELATED ENTITY	62,830
SHARP CHULA VISTA MEDICAL CENTER	8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	RELATED ENTITY	264,161
SHARP MISSION PARK	8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	RELATED ENTITY	(346)
SIDNEY KIMMEL CANCER CTR	8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	AFFILIATED ENTITY	43,293
TOTAL			<u>3,948,506</u>

PART II, LINE 22

ALL RECIPIENTS ARE PUBLIC CHARITIES THE REASON FOR THEIR NON PRIVATE FOUNDATION STATUS IS EITHER 509(a)(1) OR 509(a)(2)

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY
EXEMPT PURPOSE

STATEMENT 6

EXPLANATION

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO SUPPORT AND PROVIDE ASSISTANCE
TO SHARP HEALTHCARE

PART III

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990

STATEMENT 7

COMMUNITY BENEFIT REPORT



**Sharp HealthCare
Community Benefits Plan
Fiscal Year 2001**

Submitted February 28, 2002 to

Office of Statewide Health Planning and Development
Healthcare Information Division
Accounting and Reporting Systems Section
Sacramento, CA 95814

Contents

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Preface

Sharp HealthCare prepared this Community Benefits Plan for Fiscal Year 2001 in accordance with the requirements of Senate Bill 697, Community benefits legislation ¹

Enacted in September 1994, Senate Bill 697 requires not-for-profit hospitals to file a report annually with the Office of Statewide Health Planning and Development on activities undertaken to address community needs – within its mission and financial capacity. In addition, not-for-profit hospitals are, to the extent practicable, to assign and report the economic value of community benefits provided in furtherance of their plans, according to the following framework: medical care services, other benefits for vulnerable populations, other benefits for the broader community, health research, education and training programs, and non-quantifiable benefits.

¹According to Senate Bill 697 hospitals under the common control of a single corporation or another entity may file a consolidated report with the Office of Statewide Health Planning and Development.

An Overview of Sharp HealthCare

Sharp HealthCare is an integrated, regional health care delivery system based in San Diego, California. The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 24 medical clinics, six urgent care facilities, three skilled nursing facilities, home health, hospice and home infusion programs and a variety of other community health education programs and related services. Sharp HealthCare also has a Knox-Keene licensed health maintenance organization, Sharp Health Plan. Serving a population of approximately 3 million in San Diego County, Sharp operates 1,847 beds, has approximately 2,600 physicians on medical staffs, 1,300 physicians in affiliated medical groups and over 11,600 employees.

FOUR ACUTE CARE HOSPITALS:

Grossmont Hospital Corporation (450 beds)

Grossmont Hospital Corporation is the largest provider of health care services in San Diego's East County and the busiest emergency room in San Diego County.

Sharp Memorial Hospital (330 beds)

The central region tertiary care health care leader of San Diego, providing specialized care in trauma, oncology, orthopedics, organ transplantation, cardiology and rehabilitation.

Sharp Chula Vista Medical Center (306 beds)

The largest provider of health care services in the rapidly expanding area of south San Diego County, one of the fastest growing areas in California.

Sharp Coronado Hospital and HealthCare Center (204 beds)

Located on historic Coronado Island, offering local health care and an entryway to the larger Sharp system.

THREE SPECIALTY HOSPITALS:

Sharp Mary Birch Hospital for Women (166 beds)

Sharp Mary Birch Hospital for Women is the only freestanding women's hospital west of the Mississippi.

Sharp Mesa Vista Hospital (149 beds)¹

Sharp Mesa Vista is the largest freestanding psychiatric hospital in San Diego and a premier provider of psychiatric services.

Sharp Vista Pacifica (16 beds)²

Sharp Vista Pacifica is a freestanding chemical dependency recovery hospital.

¹Sharp Mesa Vista Hospital is licensed under Sharp Memorial Hospital. Accordingly, community benefits information is presented in Section 8 Sharp Memorial Hospitals.

²As a licensed chemical dependency recovery hospital, Sharp Vista Pacifica is not required to file a community benefits plan. Because of its commitment to community programs and services, community benefits information is presented in Section 8 Sharp Memorial Hospitals.

1 Executive Summary

This Executive Summary provides an overview of community benefits planning at Sharp HealthCare, a listing of community needs addressed in this Community Benefits Plan and a summary of community benefits programs and services provided by Sharp HealthCare in Fiscal Year 2001 (October 1, 2000 through September 30, 2001). In addition, the economic value of community benefits provided by Sharp HealthCare, according to the framework specifically identified in Senate Bill 697, is reported for the following:

- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital and HealthCare Center
- Grossmont Hospital Corporation
- Sharp Mary Birch Hospital for Women
- Sharp Memorial Hospitals
- Sharp Rees-Stealy Corporation and Sharp Mission Park Corporation
- Sharp Health Plan

Commitment To Mission

Sharp HealthCare's Mission Statement serves as the basis for system-wide focus on improving the health of our community

Community Benefits Planning at Sharp HealthCare

The community health needs assessments conducted by the Community Health Improvement Partners (CHIP) in 1995 and 1998 (updated in 2001) and the expertise in programs and services of each Sharp HealthCare hospital are the basis for community benefits planning

Listing of Community Needs Addressed in this Benefits Plan

The following community needs are addressed by one or more Sharp HealthCare hospitals in this Community Benefits Plan

- Focused education, screening and training programs on health conditions such as heart disease and stroke, cancer, diabetes, preterm delivery and prevention of unintentional injuries
- Health education for mid-life women on topics such as breast cancer, menopause and osteoporosis
- Health education and screening activities for seniors
- Outreach for flu vaccines
- Teen pregnancy and parenting services
- Domestic violence education, screening and referral services
- Mental health and substance abuse education
- Special support services (bereavement) for hospice families, patients and the community
- Support of community non-profit health organizations

Highlights of Community Benefits Provided by Sharp HealthCare in Fiscal Year 2001

Some examples of community benefits programs and services provided by Sharp HealthCare hospitals in Fiscal Year 2001 include

- **Unreimbursed Medical Care Services** including the unreimbursed costs of public programs such as Medi-Cal, Medicare and County Indigent Medical Services, uncompensated care for patients who are unable to pay for services and physician backup services to cover the cost of keeping physicians on call for uninsured patients
- **Other Services for Vulnerable Populations** including transportation for seniors and disabled persons to and from medical appointments, financial contributions to community clinics to assist in providing health services and improving access to health services, funds to assist patients with transportation, medications and other medical needs, volunteers delivering meals to homebound seniors, community-wide efforts to ensure the safety of seniors in their homes (Project C A R E) and donation of items to needy individuals
- **Other Services for the Broader Community** including health education, health screenings, mental health assessments, flu shots, counseling and support groups, information and referral services, participation in community health fairs addressing the unique needs of the community and participation in Schoolsite Connection Program, a countywide initiative supporting school nurses to improve the health of students and their families Sharp HealthCare facilities were available for use by community groups at no charge. Also, executive leadership and staff were involved in numerous community organizations, committees and coalitions to improve the health of the community See **Appendix A** for a listing of Sharp HealthCare involvement in community organizations
- **Health Research, Education and Training Programs** including education and training programs for nursing students and allied professionals in a number of areas such as labor and delivery, lactation, pharmacy, laboratory, respiratory care and dietetics, paramedic interns, counselors specializing in alcohol and drug dependency, ordained, community and student ministers/chaplains and Mediversity, a collaborative internship program for junior and senior high school students In addition, Sharp HealthCare collaborated with Children's Hospital and Health Center and ScrippsHealth to form Partnership for Smoke-Free Families, a program designed to benefit mothers and their families by focusing on reducing tobacco exposure on the mother and unborn baby and reducing environmental tobacco smoke exposure by encouraging women to make their households smoke-free

Economic Value of Community Benefits Provided in Fiscal Year 2001

In Fiscal Year 2001, Sharp HealthCare provided a total of **\$101,826,999** in community benefits programs and services. See **Table 1** for a listing of these unreimbursed costs provided by each Sharp HealthCare entity. See **Table 2** for a summary of unreimbursed costs for each Sharp HealthCare entity based on the categories specifically identified in Senate Bill 697.

Table 1 Total Economic Value of Community Benefits Provided
Sharp HealthCare – Fiscal Year 2001

	Estimated FY 2001 Unreimbursed Costs
Sharp Chula Vista Medical Center	21,144,447
Sharp Coronado Hospital and HealthCare Center	2,993,499
Grossmont Hospital Corporation	28,530,325
Sharp Mary Birch Hospital for Women	4,324,921
Sharp Memorial Hospitals ¹	37,512,246
Sharp Rees-Stealy Corporation	2,735,923
Sharp Mission Park Corporation	1,235,207
Sharp Health Plan	3,350,431
GRAND TOTAL	\$ 101,826,999

For a detailed summary of unreimbursed costs of community benefits provided by each Sharp HealthCare entity in Fiscal Year 2001, see tables presented in Section 4 through Section 10.

¹Sharp Memorial Hospitals includes Sharp Memorial Hospital, Sharp Cabrillo Campus, Sharp Mesa Vista Campus, and Sharp Vista Pacifica. Sharp Vista Pacifica, a dedicated chemical dependency recovery facility, is not required to file a community benefits plan. The remaining three hospitals are under one hospital license.

**Table 2 Detailed Economic Value of Community Benefits Based on Senate Bill 697 Categories¹
Sharp HealthCare Entities – Fiscal Year 2001**

Sharp HealthCare Entity	Medical Care Services	Other Benefits for Vulnerable Populations	Other Benefits for the Broader Community	Health Research, Education and Training Programs	Total
Sharp Chula Vista Medical Center	\$20,506,604	\$ 114,474	\$ 408,388	\$ 114,981	\$ 21,144,447
Sharp Coronado Hospital and HealthCare Center	\$ 2,625,712	\$ 29,414	\$ 250,046	\$ 88,327	\$ 2,993,499
Grossmont Hospital Corporation	\$27,274,816	\$ 433,000	\$ 612,111	\$ 210,398	\$ 28,530,325
Sharp Mary Birch Hospital for Women	\$ 3,667,489	\$ 95,976	\$ 261,292	\$ 300,164	\$ 4,324,921
Sharp Memorial Hospitals	\$36,360,588	\$ 240,167	\$ 687,015	\$ 224,476	\$ 37,512,246
Sharp Rees-Stealy Corporation	\$ 2,667,599	\$ 67,098	\$ 1,176	\$ 50	\$ 2,735,923
Sharp Mission Park Corporation	\$ 1,232,894	-	\$ 2,313	-	\$ 1,235,207
Sharp Health Plan	\$ 3,261,213	-	\$ 89,218	-	\$ 3,350,431
All Entities	\$97,596,915	\$ 980,129	\$ 2,311,559	\$ 938,396	\$101,826,999

¹ Economic value is based on unreimbursed costs

2 Our Mission, Vision and Values

Our Mission

It is our mission to improve the health of those we serve with a commitment to excellence in all that we do

Our goal is to offer quality care and services that set community standards, exceed patient's expectations and are provided in a caring, convenient, cost-effective and accessible manner

Vision

To redefine the health care experience through a culture of caring, innovation and excellence, and to be recognized by patients, physicians, employees, volunteers and the community as.

- The #1 choice for quality, customer service and patient safety
- The most attractive partnering environment for physicians
- The best place to work
- A leader in innovation and information
- An organization of people working together to do the right thing everyday
- An excellent community citizen

Values

- Integrity
Trustworthiness, Respect, Commitment to Organizational Values, Decision Making
- Caring
Service Orientation, Communication, Teamwork and Collaboration, Serving and Developing Others, Celebration
- Innovation
Creativity, Continuous Improvement, Initiating Breakthroughs, Self Development
- Excellence
Quality, Safety, Operational and Service Excellence, Financial Results, Accountability

The Sharp Experience

Sharp HealthCare has entered a new era of leadership in patient-first service. In the fall of 2001, Sharp embarked on a journey to further ensure that it is the best place to work, to practice medicine and to receive health care. Known as "The Sharp Experience," this powerful initiative has been designed by representatives from all Sharp HealthCare entities to enhance work environments and relationships, which translates into improved service to patients, their families and affiliated physicians.

3

Community Benefits Planning Process

Findings from the most recent needs assessment conducted by the Community Health Improvement Partners (CHIP) and expertise in programs and services of each Sharp HealthCare hospital are the basis for community benefits planning at Sharp HealthCare

Methodology to Conduct the Community Needs Assessments

In 1995, in response to the passage of Senate Bill 697 (Community Benefits legislation), Sharp HealthCare participated with a broad range of hospitals and health care organizations in a collaborative effort to conduct the 1995 Community Needs Assessment

Since Senate Bill 697 requires the updating of a community health needs assessment at least every three years, the Community Health Improvement Partners (CHIP) again organized in 1998 to conduct a health needs assessment. A Needs Assessment Committee, under the direction of the collaborative's Steering Committee, determined a methodology and approach to the needs assessment, which included information from the following four primary sources

- Collection and analysis of health-related statistics, conducted by the County of San Diego Health and Human Services Agency
- Review of health-related scientific literature
- Review of results of facilitated discussions held with 13 focus groups, representing a cross-section of age, ethnic/racial, geographic and special interest groups
- Results of a process used by the members of the Community Health Improvement Partners to set priorities among competing health issues, using objective rating scales corresponding to a health issue's size, seriousness and level of community concern

Community Health Improvement Partners began updating the health needs assessment in 2001 using a new approach, which is a framework for understanding the relationships between risk factors and health outcomes. When completed, the assessment will include health priorities by age cohorts (i.e., infants and children under fifteen years of age, adolescents and young adults 15 to 24 years, adults 25 to 64 years and seniors 65 years and older) and an in-depth review of a selected number of high leverage health issues such as access to care, substance abuse, mental health and lifestyle choices. The needs assessment is scheduled for completion in first quarter 2002.

Determination of Priority Community Needs: Sharp HealthCare

The 1998 community health needs assessment was reviewed by each Sharp HealthCare hospital (in 1999) and used to determine priority needs for their communities. In identifying these priorities, the expertise and mission of the hospital in providing services in addition to the unique regional, age group and/or health topics were considered.

For example, the specialty hospitals – Sharp Mesa Vista, Sharp Vista Pacifica and Sharp Mary Birch Hospital for Women – reviewed the needs assessment priorities, specifically focusing on mental health, substance abuse and issues relevant to women. Other Sharp general acute care

hospitals reviewed the needs assessment with a focus on the region and/or subregional areas, with the goal of matching community benefit programs and services to the unique needs of the region

Steps Completed to Prepare an Annual Community Benefits Plan

To prepare its annual community benefits plan, each Sharp HealthCare hospital conducts the following steps on an annual basis

- Reviews hospital-specific **measurable objectives** established following the 1998 community needs assessment
- Verifies the need for ongoing focus on identified community needs
- Reports on activities conducted in the prior fiscal year – **Fiscal Year 2001 Report of Activities**
- Develops a plan for the upcoming fiscal year, including specific steps to be undertaken – **Fiscal Year 2002 Plan**
- Reports and categorizes the **economic value of community benefits provided**, according to the framework specifically identified in Senate Bill 697
- Reviews and approves a Community Benefits Plan
- Distributes the Community Benefits Plan to members of the Board, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year

Ongoing Commitment to Community Health Improvement Partners

In support of Sharp HealthCare's ongoing commitment to working with others on addressing community health priorities to improve health status among residents of the County of San Diego, Sharp HealthCare remains active in the Community Health Improvement Partners (CHIP) efforts. Sharp HealthCare executive leadership and other staff are actively involved in the following CHIP committees and work teams

- Steering Committee
- Executive Partners
- Needs Assessment Committee
- Access to Care Work Team
- Mental Health Work Team
- Substance Abuse Work Team
- Violence and Injury Prevention Committee
- Adult Immunization Committee
- School Health Innovative Programs (SHIP)

Section

4 Sharp Chula Vista Medical Center

Sharp Chula Vista Medical Center is located at 751 Medical Center Court, in Chula Vista ZIP code 91911

Program and Service Highlights

- 24-Hour emergency services with heliport
- Acute inpatient medical care
- Birch Patrick Skilled Nursing Facility
- Breast health, including mammography
- Cancer care, including radiation therapy
- Cardiac care
- Home health¹
- Hospice²
- Imaging services
- Medical Intensive Care Unit
- Neonatal Intensive Care Unit
- Nuclear Medicine
- Orthopedics
- Outpatient Surgery Center
- Outpatient Imaging Center
- Pathology services
- Senior Resource Center
- Surgical Intensive Care Unit
- Women's and infant's services

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare

Fiscal Year 2001 Community Benefits Program Highlights

Sharp Chula Vista Medical Center provided a total of \$21,144,447 in community benefits in Fiscal Year 2001. See Table 3 in this Section for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697.

Among the key highlights:

- **Unreimbursed Medical Care Services** including the unreimbursed costs of public programs such as Medi-Cal, Medicare and County Indigent Medical Services, uncompensated care for patients who are unable to pay for services and physician emergency room backup services to cover the cost of keeping physicians on call for uninsured patients
- **Other Services for Vulnerable Populations** including transportation for seniors and other disabled patients to and from medical appointments (serving 2,393 persons), a Vial of Life program, which provides essential medical information for emergency personnel's use (serving 1,218 persons), registration and training with the Alzheimer's Association for a Safe Return Program and volunteer assistance (1,770 volunteer hours) with the "Spirit of Caring" mobile van which visits seven Chula Vista elementary schools on a weekly basis to provide a variety of needed clinical services for local school children
- **Other Services for the Broader Community** including health education on a variety of topics, health screenings for blood pressure, cholesterol, hearing and osteoporosis, flu shots administered at convenient locations in the community, participation in community health fairs, a dedicated Senior Resource Center offering specialized education and health offerings and support groups for survivors of suicide, caregivers, cancer and breastfeeding. Sharp Chula Vista Medical Center also offered meeting space at no charge to community groups. In addition, staff at the hospital were actively involved in community boards, committees and other civic organizations, such as Chula Vista Chamber of Commerce, Chula Vista Rotary, Chula Vista Human Services Council, Bonita Business and Professional Association, San Diego County Hispanic Chamber of Commerce, South Bay YMCA and South County Domestic Violence Coalition. See Appendix A for a listing of Sharp HealthCare community involvement.
- **Health Research, Education and Training Programs** including in-services to physicians on the medical community's response to domestic violence, Mediversity, a collaborative internship program for junior and senior high school students and support of Partnership for Smoke-Free Families.

Definition of Community

The community served by Sharp Chula Vista Medical Center includes the South Region of San Diego County, including the sub-regional areas of Chula Vista, South Bay (including the communities of Otay Mesa and Bonita), Sweetwater, National City and Coronado. Most residents of Coronado utilize Sharp Coronado Hospital and HealthCare Center. Information about Coronado is included here since the sub-regional area is a part of the South Region, based on the countywide needs assessment.

Description of Community

The 1999 population of the South Region is estimated at 303,380 persons, or 11 percent of the total San Diego County population

See Table 1 for a summary of key demographics, including population, percentage by race/ethnicity, percentage by major age grouping, median income and percentage of households with an annual income under \$15,000

Table 1 Summary Demographics, as of January 1, 1999

Description	South Region	San Diego County
Population	303,380	2 853,258
Race/Ethnicity		
White	35%	60%
African American	5%	6%
Hispanic	48%	24%
Asian/Other	12%	9%
Major Age Groups		
0 to 14 Years	26%	23%
15 to 24 Years	14%	14%
25 to 64 Years	50%	51%
65 Years and Older	10%	11%
Median Age (Years)	—	33.3
Median Income	\$36,016	\$43,617
Income Under \$15,000	13.9%	12.3%

Source: San Diego Association of Governments

When compared to other regions, the 1996 age-adjusted death rates were highest in the South Region for breast cancer. Age-adjusted death rates in the South Region were higher when compared to the County overall for breast cancer, coronary heart disease and pneumonia/flu. See Table 2 for a summary of age-adjusted death rates by leading cause of death.

Table 2 Summary of Leading Causes of Death (1996)
Age-Adjusted Death Rates (per 100,000 persons)

Description	South Region	San Diego County
Cancer	109.2	113.1
Lung Cancer	28.0	29.5
Breast Cancer	**23.9	19.9
Coronary Heart Disease	105.9	93.1
Unintentional Injuries	—	22.8
Pneumonia/Flu	18.9	16.8
Suicide	10.0	11.6
Homicide	—	6.2

**Note: Highest rate of all County Regions

Source: County of San Diego reports from the California Department of Health Services, Center for Health Statistics, Vital Statistics Section

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits planning, Sharp Chula Vista Medical Center

- Incorporates community priorities and community relations into its strategic plan
- Estimates an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels
- Hosts a monthly Community Relations Committee, comprised of representatives from a variety of departments, to discuss, plan and implement community outreach activities

Priority Community Needs Addressed in Community Benefits Plan

The following identified community needs are addressed in Sharp Chula Vista Medical Center Community Benefits Plan

- Health education and screening activities for the Latino community
- Domestic violence education, screening and referral
- Outreach for flu vaccines
- Health education and screening for seniors
- Screening and education for heart disease

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), Fiscal Year 2001 report of activities conducted in support of the objective(s) and Fiscal Year 2002 plan of activities

Identified Community Need: Health Education and Screening Activities for the Latino Community

Rationale

The South Bay Region is 48 percent (145,622 persons) Latino, the highest percentage of any region in San Diego County, based on January 1, 1999 information provided by the San Diego Association of Governments

Overall, Latinos in San Diego County have favorable health status when compared to other race/ethnic groups. Latinos have the lowest death rates of any race/ethnic groups due to cancer, coronary heart disease, influenza and pneumonia, suicide, drugs and infant mortality. In contrast, Latinos in San Diego County have less favorable outcomes when compared to other race/ethnic groups in rates of asthma hospitalizations, homicide, prenatal care in the first trimester and births to teenagers under age eighteen.

Measurable Objective for Fiscal Year 2001

To provide health education classes and screening activities in community settings for Latinos

Fiscal Year 2001 Report of Activities

Sharp Chula Vista Medical Center participated in numerous community health fairs and health screenings in Fiscal Year 2001, including Eastlake health fair, MANA health fair, Cinco de Mayo, La Mujer de Hoy, Univision and Bonitafest. In addition to staffing health fair booths, Sharp Chula Vista Medical Center provided screenings such as cholesterol, blood pressure and glucose.

In Fiscal Year 2001, Sharp Chula Vista Medical Center actively participated in a Spanish language media – local television and radio – collaborative. Weekly television and radio programming was directed to a Latino audience and included discussion of health topics and the availability of community health screenings and health fairs.

Measurable Objective for Fiscal Year 2002

To provide health education, screening and outreach activities for South Bay residents in community settings.

Note: The scope of this objective was expanded in Fiscal Year 2002.

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Chula Vista Medical Center will conduct the following activities:

- Continue to work with community-based organizations to provide health education and screening activities.
- Collaborate with Chula Vista Adult School (students are age 19 to 92 and 85 percent Latino) to provide health education classes and screenings during the school-year term.
- Develop a plan to provide health education classes and information to students attending Chula Vista Middle Schools.

Identified Community Need: Domestic Violence Education, Screening and Referral

Rationale

In 1996, 26,327 incidents of domestic violence were reported in San Diego County, according to information provided to the San Diego County Health and Human Services Agency by the Criminal Justice Research Division of the San Diego Association of Governments. A recent South Bay Human Services Council survey identified domestic violence as a significant public concern, with a need for educational information and resources about domestic violence.

Although physicians are required by law to routinely screen patients for domestic violence, many have not been trained on how to discuss the subject and/or do not have the resources for referral once domestic violence has been identified.

Measurable Objective

To provide domestic violence education, screening and referral resources for health care providers and the community.

Fiscal Year 2001 Report of Activities

Sharp Chula Vista Medical Center conducted eight meetings of the medical center's Domestic Violence Task Force in Fiscal Year 2001. In addition to representation from hospital nurses (from obstetrics and the emergency department), business office, medical records, community relations and the Auxiliary, the task force is attended by a representative from the South County Domestic Violence Action Coalition and South Bay Community Services. The Domestic Violence Task Force conducted the following key activities in Fiscal Year 2001:

- Facilitated printing of domestic violence health care provider pocket "Quick Guides" available to all Sharp HealthCare facilities
- Monitored efforts by the medical center Emergency Department to increase patients screened for domestic violence
- Provided and served breakfast for the South County Domestic Violence Action Coalition's seminar on immigration issues (held October 2000); assisted with conference organization
- Distributed domestic violence materials at one community health fair
- Developed and purchased refrigerator magnets (which include resource information and pertinent telephone numbers) for community distribution, following the receipt of medical center Auxiliary funds
- Provided one in-service to San Ysidro Health Center health care providers, including physicians, on the medical community's response to domestic violence
- In coordination with Fair Winds Family Resource Center and Chula Vista Coordinating Council, developed domestic violence resource materials for day care providers and community outreach workers
- Provided two in-services for Obstetrics/Neonatal Intensive Care Unit staff on responding to domestic violence (Note: Domestic violence screening and responding were key components of a Obstetrics nursing skills fair)
- Participated in a Radio Shack program to collect used cellular phones for reprogramming and distribution to victims of domestic violence (over seventy cellular phones were collected)

In Fiscal Year 2001, representatives from Sharp Chula Vista Medical Center attended nine meetings of the South County Domestic Violence Action Committee. A Sharp Chula Vista Medical Center social worker is the group's ongoing secretary. The Committee conducted the following key activities in Fiscal Year 2001:

- Hosted a seminar on domestic violence and immigration issues (held Oct 2000)
- Printed (in both English and Spanish) and distributed posters on domestic violence services to all kindergarten through grade 12 schools in South County as well as Chula Vista and National City buses

In Fiscal Year 2001, a representative from Sharp Chula Vista Medical Center attended three meetings of the Community Health Improvement Partners (CHIP) Violence Prevention Task Force and two meetings of the San Diego Domestic Violence Medical Subcommittee. In addition, a representative from Sharp Chula Vista Medical Center attended five meetings of the Domestic Violence Response Team Advisory Group, monitoring the efforts of Chula Vista police department and South Bay Community Services responses to domestic violence police calls when children are present. Work on these committees and task forces addressed domestic violence

reporting via data collection and the medical community's response to domestic violence. including training of staff and reviewing policies and procedures

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Chula Vista Medical Center will conduct the following activities

- Continue to host regular meetings of the medical center Domestic Violence Group
- Attend meetings of outside groups concerned with domestic violence
- Provide at least one training session to physicians on domestic violence screening, reporting and assisting victims
- Continue to develop and distribute educational materials to raise awareness of domestic violence prevention and resources

Identified Community Need: Outreach for Flu Vaccines

Rationale

In San Diego County, seniors had the highest rate of death when compared to other age groups due to influenza and pneumonia, at 281.9 deaths per 100,000 persons in 1996

Seniors participating in focus groups in the Community Health Improvement Partners (CHIP) 1998 community needs assessment indicated that they would like to be notified about the availability of flu shots as well as other health promotion programs

The Centers for Disease Control and the County of San Diego Health and Human Services Agency recommend that individuals of high-risk (i.e., anyone over age sixty, those with a chronic illness and caregivers of the aged or chronically ill) are vaccinated against influenza annually

It was determined that flu clinics offered in community settings at no/low cost will improve access for those who may experience transportation, cost or other barriers

Measurable Objective

In collaboration with community partners, to offer flu vaccination clinics at convenient locations in the community

Fiscal Year 2001 Report of Activities

Sharp Chula Vista Medical Center Senior Resource Center participated in the Community Health Improvement Partners (CHIP) flu vaccination sub-committee by following the guidelines of CHIP. In addition, to maximize its efforts, the sub-committee coordinated its activities with the American Lung Association, County of San Diego Health and Human Services Agency, Area Agency on Aging and others

Sharp Chula Vista Medical Center Senior Resource Center sponsored flu clinics at 16 sites in Fiscal Year 2001. Flu clinics were held at senior community and community service sites, such as churches, senior apartments, senior centers and Sharp Chula Vista Medical Center. A total of 1,597 persons were served, including seniors and others with chronic illnesses

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Chula Vista Medical Center Senior Resource Center will participate in the San Diego County flu outreach program and coordinate the notification of seniors regarding the availability of flu vaccines and the provision of flu vaccines in selected community settings

Identified Community Need: Health Education and Screening for Seniors

Rationale

Seniors who participated in focus groups in the Community Health Improvement Partners (CHIP) 1998 community needs assessment indicated that they would like education about health issues that impact them, such as diabetes and arthritis. In general, seniors felt that physicians do not provide enough explanation about health problems, medications, dietary recommendations, or other treatments. Seniors who attended the focus groups indicated that they would like to be notified about flu shots, other routine preventive health activities, Medicare and other administrative aspects of health care and the role of health maintenance organizations. In-home education, community education and peer senior-to-senior education would be helpful, according to those who attended the focus groups.

Measurable Objective

To coordinate and host a variety of screening programs and health education and information events for seniors. Programs are based on topics identified in the 1998 Community Needs Assessment and other expressed interests of seniors.

Fiscal Year 2001 Report of Activities

Sharp Chula Vista Medical Center Senior Resource Center provided free blood pressure screenings, serving 738 seniors and other at-risk individuals in the community in Fiscal Year 2001. In addition to blood pressure screenings, the Senior Resource Center provided other health screenings – hearing, pulmonary, cholesterol, feet and medication management – for 447 seniors. The Senior Resource Center also attended community health fairs, serving 387 persons in Fiscal Year 2001.

Throughout the fiscal year, a variety of health education lectures, workshops and speaking engagements at community sites were conducted by Sharp Chula Vista Medical Center Senior Resource Center. An estimated 2,240 persons were served in Fiscal Year 2001. Health education offerings included health insurance counseling, social security, caregiver, arthritis, cooking, earthquake safety and “meet the doctor, nurse or therapist” and others.

Other programs and activities supported by the Senior Resource Center include “Vial of Life,” a plastic box containing personal medical information (e.g., name, address, physician, insurance, medications, health concerns) placed on the outside of refrigerators of seniors or others with chronic conditions for use by emergency personnel and Safe Return Program, registration and training to support the needs of Alzheimer’s patients.

The Senior Resource Center maintains active relationships with South Bay Senior Providers, Meals-on-Wheels in the South Region and Norma Park Educational Foundation, ensuring

networking among South Bay community professionals and the provision of quality programs for seniors

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Chula Vista Medical Center Senior Resource Center will conduct the following activities

- Provide health screenings for seniors
- Provide health education lectures, workshops and community speaking engagements
- Support the Vial of Life Program
- Support the Safe Return Program (in partnership with Alzheimer's Association)
- Maintain active relationships with other organizations serving seniors in the South Region
- Participate in the South Bay Educational Collaborative, to provide quality education for seniors throughout the South Region

Identified Community Need: Screening and Education for Heart Disease

Rationale

A recent survey of women conducted by the American Heart Association asked them to identify their greatest health risks. Responses included mention of breast and cervical cancers, but omitted mention to heart disease. The facts are that women are three times more likely to die from heart disease than all other forms of cancer. Statistics gathered by the American Heart Association indicate that heart disease is the leading cause of death among women. Risk factor screening and intervention for those women at highest risk for heart disease will save many lives and decrease disabilities caused by heart attacks. Adoption heart healthy lifestyles in those women at moderate risk will decrease their chances of acquiring heart disease and subsequent heart attacks.

Measurable Objective

In collaboration with physician offices, to provide specific cardiovascular disease screenings and educational information for women at risk of heart disease

Note: This objective was added in Fiscal Year 2002 to Sharp Chula Vista Medical Center Community Benefits Plan

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Chula Vista Medical Center will provide training and educational materials related to heart disease to office staff at ten Obstetrics/Gynecology physician practices. Office staff will be trained in:

- Use of a screening tool to identify a woman's risk for heart disease
- Mechanism for cardiologist referrals for women at highest risk for heart disease
- Counseling patients for risk factor modification
- Accurate blood pressure measurement

Table 3 Economic Value of Community Benefits Provided
 Sharp Chula Vista Medical Center – Fiscal Year 2001

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2001 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$ 10,661,535
	Shortfall in Medicare ¹	\$ 3,951,689
	Shortfall in County Indigent Medical Services ¹	\$ 117,675
	Uncompensated Care ²	\$ 5,094,611
	Physician Backup Services ³	\$ 681,094
Other Benefits for Vulnerable Populations	Patient transportation, a Vial of Life program, Safe Return Program and collection and donations of items for the needy ⁴	\$ 114,474
Other Benefits for the Broader Community	Health education, health screenings, health fairs, flu shots, support groups, donations of time to community organizations, meeting space offered to community groups at no charge and cost of fundraising for community events	\$ 408,388
Health Research, Education, and Training Programs	Health education and training programs, Mediversity and Partnership for Smoke-Free Families ⁴	\$ 114,981
	TOTAL	\$ 21,144,447

¹ Methodology for calculating shortfalls in public programs is based on Sharp HealthCare's payor-specific cost-to-charge ratios, which are derived from the cost accounting system

² Uncompensated care is defined as charity care and bad debt and reflects the unreimbursed cost of providing services to patients who are unable to pay for services

³ Physician backup services include emergency room backup services to cover the cost of keeping physicians on call for uninsured patients

⁴ Unreimbursed costs may include an average hourly rate for labor and actual costs for supplies, materials, and other purchased services. Any offsetting revenue, such as fees, grants, and/or external donations is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program/service

Sharp Coronado Hospital and HealthCare Center is located at 250 Prospect Place Drive, in Coronado ZIP code 92118

Program and Service Highlights

- 24-Hour emergency services
- Acute care
- Breast health, including mammography
- Cancer care
- Home health¹
- Hospice²
- Motion Center Facility for therapy and fitness programs
- Outpatient surgery
- Pathology services
- Primary care
- Radiology services
- Senior services
- Surgical services
- Villa Coronado Skilled Nursing Facility
- Women's services

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare

Fiscal Year 2001 Community Benefits Program Highlights

Sharp Coronado Hospital and HealthCare Center provided a total of **\$2,993,499** in community benefits in Fiscal Year 2001. See **Table 2** in this Section for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697.

Among the key highlights:

- **Unreimbursed Medical Care Services** including the unreimbursed costs of public programs such as Medi-Cal and Medicare, uncompensated care for patients who are unable to pay for services and physician emergency room backup services to cover the cost of keeping physicians on call for uninsured patients
- **Other Services for Vulnerable Populations** including Project HELP, a fund that provided \$3,500 for taxi vouchers and medicines to assist patients who could not afford to pay, Project C.A.R.E., a community program that places computerized telephone calls to seniors and disabled individuals to ensure that they are safe in their homes, donations of clothing and other items to needy families and volunteer assistance (1,560 hours) in delivering 7,528 meals to seniors and others in their homes on a daily basis
- **Other Services for the Broader Community** including health education on a variety of topics, health screenings for blood pressure, skin cancer, prostate cancer, flu shots administered at convenient locations in the community and participation in community health fairs. Sharp Coronado Hospital and HealthCare Center also offered meeting space at no charge to community groups. In addition, staff at the hospital were actively involved in community boards, committees and other civic organizations, such as Coronado Rotary, Kiwanis Club, Chamber of Commerce, Optimist Club of Coronado, Imperial Beach Women's Club, American Cancer Society, American Heart Association and San Diego Blood Bank. See **Appendix A** for a listing of Sharp HealthCare community involvement.
- **Health Research, Education and Training Programs** including training programs for students and interns in respiratory care, pharmacy, laboratory and dietetics and support of Partnership for Smoke-Free Families.

Definition of Community

The community served by Sharp Coronado Hospital and HealthCare Center includes the City of Coronado and Imperial Beach, an incorporated city.

Description of Community

Coronado is an island that is connected to central San Diego by a bridge. A narrow strip of land known as the Silver Strand connects Coronado to Imperial Beach to the south. There are three distinct neighborhoods in Coronado:

- The village or central area
- Coronado Shores, which includes a series of ten high-rise condominium buildings that house a high percentage of seniors
- Coronado Cays, a marina community comprised of wealthy retirees and business people.

In addition to these three communities, there are six military sites, with housing located both on-base and off-base.

See **Table 1** for a summary of key demographics, including population, percentage by race/ethnicity, percentage by major age grouping, median income and percentage of households with an annual income under \$15,000.

Table 1 Summary Demographics, as of January 1, 1999

Description	Coronado	Imperial Beach	Total	San Diego County
Population	28,715	28,882	57,597	2,853,258
Race/Ethnicity				
White	79%	50%	64%	60%
African American	7%	5%	6%	6%
Hispanic	9%	34%	22%	24%
Asian/Other	4%	10%	7%	9%
Major Age Groups				
0 to 14 Years	8%	30%	19%	23%
15 to 24 Years	32%	14%	23%	14%
25 to 64 Years	46%	49%	48%	51%
65 Years and Older	14%	7%	10%	11%
Median Age (Years)	28.6	28.6	28.6	33.3
Median Income	\$61,482	\$31,206	-	\$43,617
Income Under \$15,000	6.4%	16.4%	11.4%	12.3%

Source: San Diego Association of Governments

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits planning, Sharp Coronado Hospital and HealthCare Center:

- Incorporates priority community health needs into its strategic plan and goal development
- Estimates an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels
- Prepares and distributes a monthly report of community activities to its Board of Directors, describing community benefit programs and services provided, such as education and screening activities

Priority Community Needs Addressed in Community Benefits Plan

The following identified community needs are addressed in Sharp Coronado Hospital and HealthCare Center Community Benefits Plan:

- Stroke education and screening
- Cancer education and screening
- Welfare of seniors and the disabled

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), Fiscal Year 2001 report of activities conducted in support of the objective(s) and Fiscal Year 2002 plan of activities

Identified Community Need: Stroke Education and Screening

Rationale

Heart disease is the leading cause of death in San Diego County, as in the nation (Source American Heart Association) Stroke is a leading cause of disability During the period from 1975 through 1990, death rates due to stroke declined more than fifty percent, in large part due to changes in lifestyle and risk factor reduction (Source County Department of Health Services, internal report).

The countywide community input survey conducted by Community Health Improvement Partners (CHIP) also identified heart disease and stroke as primary concerns among individuals 65 years and older Seniors participating in focus groups indicated they would like to be notified of routine preventive health activities and receive education of health issues and chronic conditions that impact seniors

Measurable Objective

To provide stroke education and screening activities for the community

Fiscal Year 2001 Report of Activities

Sharp Coronado Hospital and HealthCare Center provided five stroke screenings and educational lectures in Fiscal Year 2001 One of these events was conducted at a community senior center in Imperial Beach

Sharp Coronado Hospital and HealthCare Center also provided weekly blood pressure clinics at the hospital, serving 60 to 80 people each week Individuals with elevated blood pressure readings were referred to physicians In addition, staff at Sharp Coronado Hospital and HealthCare Center participated in the American Heart Walk, a fundraiser for the American Heart Association

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Coronado Hospital and HealthCare Center will conduct the following activities

- Continue to offer stroke screening and education sessions
- Continue to offer weekly blood pressure clinics at the hospital
- Provide supplemental health information, on topics such as nutrition, diet, and fitness heart disease and diabetes, at stroke screening and educational events and blood pressure clinics

Identified Community Need: Cancer Education and Screening

Rationale

Cancer is the second leading cause of death in San Diego County. Overall cancer trends in San Diego reflect national trends: local rates are decreasing slightly for all cancer deaths, including lung, breast and colorectal cancers. Lung cancer continues to be the most common cause of cancer mortality and represents 25 percent of all cancer deaths in San Diego County.

A survey conducted by the Coronado Hospital Foundation Community Outreach Task Force (1997) identified cancer as the primary health concern among adults age 25 to 64 and one of the top three health concerns among seniors.

Early detection of cancer can contribute significantly to improved chances of survival.

Measurable Objective

To offer free prostate and skin cancer screenings and education to the community

Fiscal Year 2001 Report of Activities

In Fiscal Year 2001, Sharp Coronado Hospital and HealthCare Center provided four skin cancer education and screening events throughout the year and one prostate cancer education and screening event in conjunction with Prostate Cancer Awareness Month in September. A hospital quarterly *Community Calendar*, mailed to approximately 1,500 households and community groups, publicized these events.

In addition, staff at Sharp Coronado Hospital and HealthCare Center actively participated in the American Cancer Society Relay for Life event (in June). The hospital provided a cancer education booth for the event.

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Coronado Hospital and HealthCare Center will conduct the following activities

- Provide three skin cancer education and screening events (one event will be conducted at the American Cancer Society Relay for Life)
- Provide a prostate cancer screening event in September
- Provide literature and other resources during Breast Cancer Awareness Month in October
- Plan a cancer education and screening event to include the Latino community

Identified Community Need: Welfare of Seniors and Disabled Persons

Rationale

Project C A R E (Community Action to Reach the Elderly) is a countywide program that engages postal workers, police department, fire department, water department, clergy, pharmacists and others in watching out for the wellbeing of seniors and disabled persons living in their homes. Through Project C A R E, an individual registers with the program and professionals are trained to watch for signs of wellbeing or problems. If a problem is observed, a professional will report this to the Project C A R E coordinator, who will then take steps and follow-up in assisting to resolve the problem.

Measurable Objective

To collaborate with the community and County of San Diego Department of Health Services to coordinate a network (Project C A R E) to enable seniors and disabled persons to increase independence and reduce social isolation.

Fiscal Year 2001 Report of Activities

In Fiscal Year 2001, Sharp Coronado Hospital and HealthCare Center continued with its implementation of Project CARE in the City of Coronado. Focusing on seniors and disabled in Coronado, Sharp Coronado Hospital and HealthCare Center obtained computer hardware and software from the County Department of Health services, completed training on the program, enrolled approximately 15 individuals in the program, implemented daily phone calls and conducted follow-up as needed with program enrollees and provided monthly progress reports to the County.

Sharp Coronado Hospital and HealthCare Center ensured the delivery of meals to seniors and others in their homes through a Meals-on-Wheels program, delivering 7,528 meals in Fiscal Year 2001.

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Coronado Hospital and HealthCare Center will conduct the following activities:

- Maintain, operate and monitor Project C A R E from the hospital coordination site
- Promote the availability of the program within the community – to senior centers, police department, City of Coronado and physicians
- Attend community committee meetings, including other program participants such as postal workers, police department, fire department, water department, clergy and pharmacists
- Attend period meetings of Project CARE coordinators held by the County Department of Health Services

Table 2: Economic Value of Community Benefits Provided
 Sharp Coronado Hospital and HealthCare Center – Fiscal Year 2001

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2001 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$ 323,513
	Shortfall in Medicare ¹	\$ 1,122,415
	Uncompensated Care ²	\$ 1,059,784
	Physician Backup Services ³	\$ 120,000
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP (funding for uninsured patients for transportation and pharmaceuticals), Project C.A R E and delivering meals to seniors and disabled persons ⁴	\$ 29,414
Other Benefits for the Broader Community	Health education, health screenings, health fairs, flu shots, donations of time to community organizations, meeting space offered to community groups at no charge and cost of fundraising for community events ⁴	\$ 250,046
Health Research, Education, and Training Programs	Health education and training programs for students and interns in respiratory care, pharmacy, laboratory and dietetics and Partnership for Smoke-Free Families ⁴	\$ 88,327
	TOTAL	\$ 2,993,499

¹ Methodology for calculating shortfalls in public programs is based on Sharp HealthCare's payor-specific cost-to-charge ratios, which are derived from the cost accounting system

² Uncompensated care is defined as charity care and bad debt and reflects the unreimbursed cost of providing services to patients who are unable to pay for services

³ Physician backup services include emergency room backup services to cover the cost of keeping physicians on call for uninsured patients

⁴ Unreimbursed costs may include an average hourly rate for labor and actual costs for supplies, materials, and other purchased services. Any offsetting revenue, such as fees, grants, and/or external donations is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program/service

6 Grossmont Hospital Corporation

Grossmont Hospital Corporation is located at 5555 Grossmont Center Drive, in La Mesa ZIP code 91942

Program and Service Highlights

- 24-Hour emergency services with heliport
- Acute care
- Breast Health Center, including mammography
- Cardiac care
- Chest Pain Center
- David and Donna Long Center for cancer treatment
- Grossmont Plaza Surgery Center
- Home health¹
- Home infusion therapy
- Hospice
- Hyperbaric treatment
- Intensive Care Unit
- Lakeview Home
- Mental Health Center
- Neonatal Intensive Care Unit
- Orthopedics
- Outpatient Imaging Center
- Pathology services
- Rehabilitation Center
- Senior Health Center
- Sleep Disorders Center
- Surgical services
- Transitional Care Unit
- Women's Health Center
- Wound Care Center

¹ Provided through Sharp Memorial Hospital Home Health Agency

Fiscal Year 2001 Community Benefits Program Highlights

Grossmont Hospital Corporation provided a total of **\$28,530,325** in community benefits in Fiscal Year 2001. See **Table 3** in this Section for a summary of unreimbursed costs based on the categories identified in Senate Bill 697

Among the key highlights:

- **Unreimbursed Medical Care Services** including the unreimbursed costs of public programs such as Medi-Cal and Medicare, uncompensated care for patients who are unable to pay for services and physician emergency room backup services to cover the cost of keeping physicians on call for uninsured patients
- **Other Services for Vulnerable Populations** including transportation for seniors and other disabled patients to and from medical appointments (serving 16,442 persons), financial contribution to East County Community Clinic to assist in providing health services and improving access to health services, a Vial of Life program, which provides essential medical information for emergency personnel's use (serving 2,666 persons), Project HELP, a fund that provided \$38,321 for medication, medical equipment, transportation and other essentials to assist 1,604 patients who could not afford to pay, Project C A R E , a community program that places computerized telephone calls to seniors and disabled individuals to ensure that they are safe in their homes, and donations of clothing and other items to needy families
- **Other Services for the Broader Community** including health education on a variety of topics, health screenings for diabetes, blood pressure, cholesterol, hearing and osteoporosis, flu shots administered at convenient locations in the community, participation in community health fairs, a dedicated Senior Resource Center offering specialized education and health offerings including a MallWalker program and support groups for arthritis, stroke, diabetes, lymphedema, pulmonary, caregivers, cancer, breast cancer, bereavement, teen parenting and breastfeeding. Grossmont also offered meeting space at no charge to community groups. In addition, staff at the hospital were actively involved in community boards, committees and other civic organizations, such as Boys and Girls Club, San Diego Safe Kids Coalition, San Diego East County Chamber of Commerce, Meals-on-Wheels Greater San Diego Advisory Board, Aging and Independence Services, East County Action Network for Older Adults and Adults with Disabilities and Project C A R E. See **Appendix A** for a listing of Sharp HealthCare community involvement
- **Health Research, Education and Training Programs** including education and training of ministers/chaplains, paramedic interns, nursing program students and support of Partnership for Smoke-Free Families

Definition of Community

The community served by Grossmont Hospital Corporation includes the entire East Region of San Diego County, including the sub-regional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Crest, Alpine, Laguna-Pine Valley and Mountain Empire. Approximately five percent of the population lives in remote, or rural, areas of this region.

Description of Community

The 1999 population of the East Region is estimated at 482,681 persons, or 17 percent of the total San Diego County population

See Table 1 for a summary of key demographics, including population, percentage by race/ethnicity, percentage by major age grouping, median income and percentage of households with an annual income under \$15,000

Table 1 Summary Demographics, as of January 1, 1999

Description	East Region	San Diego County
Population	482,681	2,853,258
Race/Ethnicity		
White	77%	60%
African American	4%	6%
Hispanic	16%	24%
Asian/Other	4%	9%
Major Age Groups		
0 to 14 Years	23%	23%
15 to 24 Years	13%	14%
25 to 64 Years	52%	51%
65 Years and Older	11%	11%
Median Age (Years)	—	33.3
Median Income	\$44,545	\$43,617
Income Under \$15,000	11.3%	12.3%

Source: San Diego Association of Governments

When compared to other regions, the 1996 age-adjusted death rates were highest in the East Region for lung cancer and influenza/flu. Age-adjusted death rates in the East Region were higher when compared to the County overall for cancer, lung cancer, coronary heart disease, unintentional injuries and suicide. See Table 2 for a summary of age-adjusted death rates by leading cause of death.

Table 2 Summary of Leading Causes of Death (1996)
Age-Adjusted Death Rates (per 100,000 persons)

Description	East Region	San Diego County
Cancer	120.5	113.1
Lung Cancer	**35.9	29.5
Coronary Heart Disease	105.4	93.1
Unintentional Injuries	24.3	22.8
Pneumonia/Flu	**20.7	16.8
Suicide	13.1	11.6
Homicide	5.8	6.2

**Note: Highest rate of all County Regions

Source: County of San Diego reports from the California Department of Health Services, Center for Health Statistics, Vital Statistics Section

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits planning, Grossmont Hospital Corporation

- Incorporates community priorities and community input into its strategic plan and develops service line specific goals
- Estimates an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels
- Prepares and distributes a monthly report of community activities to its Board of Directors, describing community benefits provided such as education, screenings and flu shots
- Prepares and distributes information on community benefits provided through its Foundation and community newsletters
- Hosts a monthly Community Relations Committee, comprised of representatives from a variety of departments, to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefits Plan

The following identified community needs are addressed in Grossmont Hospital Corporation's Community Benefits Plan

- Prevention of unintentional injuries
- Stroke education and screening
- Cancer education, screening and clinical trials
- Support services for hospice patients, families and the community
- Outreach for flu vaccines
- Health education and screening for seniors
- Diabetes education and screening

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), Fiscal Year 2001 report of activities conducted in support of the objective(s) and Fiscal Year 2002 plan of activities

Identified Community Need: Prevention of Unintentional Injuries

Rationale

Unintentional injuries – motor vehicle crashes, falls, drowning, poisonings, recreational and sports-related injuries, burns, choking, unintentional shootings and suffocation – are the leading cause of death for individuals under the age of 35

A 1999 study, commissioned by the Think First program and conducted by a San Diego State University researcher, titled "Injury Mortality in Children and Adolescents in San Diego County, 1980 - 1997." found the following

- A total of 6,019 injury fatalities occurred among individuals under age 25 between 1980 and 1997.
- The highest percentage of injury fatalities (51.2 percent) occurred among 20 to 24 year-olds. The leading causes of death in this age group were due to motor vehicle crashes (1,274), homicide by firearms (427), suicide by firearms (280), unintentional poisoning (171) and homicide by cutting or piercing (148)
- The second highest percentage (28.8 percent) of all injury fatalities occurred among 15 to 19 year-olds. Leading causes of death were due to motor vehicle crashes (804), homicide by firearms (294), suicide by firearms (139), unintentional drowning (76) and homicide by cutting or piercing (71)
- Approximately 11 percent of all injury deaths occurred among infants and children under age 5. The leading causes of injury deaths were due to drowning (157), motor vehicle crashes (124) and suffocation (75)
- Injury deaths among 10 to 14 year-olds accounted for 5.5 percent of the total deaths. Leading causes of death in this age group were due to motor vehicle crashes (154), homicide by firearms (41) and unintentional drowning (23).
- Four percent of injury deaths (the lowest mortality of the five age groupings) occurred among individuals age 5 to 9. Deaths by motor vehicle accidents were the leading cause (129), followed by drowning (27)

Environmental methods of prevention, such as use of helmets while participating in sports activities, operating motorcycles or bicycles, mandatory fencing around swimming pools, child safety caps on medications, pesticides and home cleaning chemicals, have been shown to be extremely effective in reducing deaths due to unintentional injuries. Educational efforts, teaching safety violence prevention, are also known to be effective in reducing injuries and fatalities.

Measurable Objective for Fiscal Year 2001

To offer an injury and violence prevention program (Think First) for children, adolescents and young adults throughout San Diego County

Fiscal Year 2001 Report of Activities

In 1999, Sharp HealthCare established the San Diego Think First Chapter. In the last three years, Sharp HealthCare, with the support of external funding, continued to develop and promote the Think First program. Major areas of emphasis in the past year included educational curriculum and presentations to elementary, junior high and high school students, collaboration with community groups and community organizations, assistance on the establishment and/or expansion of other chapters in California and other states and ongoing research. Highlights of Fiscal Year 2001 activities are provided below.

In Fiscal Year 2001, the Think First program expanded its services and capabilities, based on the following

- Increased the number of VIPs (Voices for Injury Prevention) to 16, from 7
- Obtained a second specially equipped van for use in transporting VIP speakers to and from events
- Increased the number of elementary schools throughout San Diego County participating in the program from 42 to 125
- Increased the number of high schools throughout San Diego County participating in the program to from 10 to 32
- Increased the violence prevention component of the program through affiliations with the juvenile court system
- Added a second research component to the Think First for Kids study, designed to assess parental knowledge and safety patterns
- Provided community events and educational programming (radio Unica and Univision) for the Latino community

Measurable Objective for Fiscal Year 2002

To offer an institute for injury and violence prevention for children, adolescents and young adults throughout San Diego County

Note The scope of this objective was expanded in Fiscal Year 2001

Fiscal Year 2002 Plan

In Fiscal Year 2002, Think First will conduct the following activities

- Begin the process to obtain a third specially equipped van for use in transporting VIP (Voices for Injury Prevention) speakers to and from events
- Increase the number of schools participating in the Think First for Kids to 215 schools
- Implement Risk Watch, a school-based curriculum for grades four through eight, in four schools in each of the four regions of the county (i e , North, San Diego City, South Bay and East County)
- Expand parental knowledge through the distribution of informational brochures to parents and PTA presentations at elementary schools
- Work with legislators to pass an assembly bill to offer brain and spinal chord injury prevention curriculum to teachers

Identified Community Need: Stroke Education and Screening

Rationale

Heart disease is the leading cause of death in San Diego County, as in the nation (Source: American Heart Association) Stroke is a leading cause of disability During the period from 1975 through 1990, death rates due to stroke declined more than fifty percent, in large part due to changes in lifestyle and risk factor reduction (Source County Department of Health Services, internal report)

The countywide community input survey conducted by Community Health Improvement Partners (CHIP) also identified heart disease and stroke as primary concerns among individuals 65 years and older. Seniors participating in focus groups indicated they would like to be notified of routine preventive health activities and receive education of health issues and chronic conditions that impact seniors.

Although the East Suburban area has the same percentage of seniors age 65 and over as the County of San Diego (10.9 percent), a higher percentage (15.2) of the population are seniors in the rural east county area. Grossmont Hospital Corporation cared for 566 stroke and transient ischemic attack patients in Fiscal Year 2001, based on the hospital's ADT computer data. The Sharp HealthCare stroke program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. Of the total population screened in Fiscal Year 2001, 37 percent were at risk for stroke and 37 percent had hypertension. Sixteen percent of individuals participating in the program did not know they were at risk for stroke and/or had hypertension.

Measurable Objective

To provide stroke education and screening services for the community, with an emphasis on seniors.

Fiscal Year 2001 Report of Activities

Grossmont Hospital Corporation conducted stroke screening and education events to educate the public on stroke risk factors, warning signs and appropriate interventions. A total of 689 individuals in East San Diego County were served in Fiscal Year 2001. Stroke education and screening events were held at three new community sites in Fiscal Year 2001 – Queen of Angels Catholic Church in Alpine, Gateway Costco and Lake Jennings Mobil Home Park. In addition, Grossmont Hospital Corporation provided referrals for community programs (e.g., smoking cessation, weight reduction, stress reduction) for community members with health risk factors identified during the stroke screenings.

In Fiscal Year 2001, Grossmont Hospital Corporation continued its collaboration with the San Diego Stroke Council and American Heart Association (AHA) Stroke Task Force to ensure that publicity reached both underserved populations and the broader community. Stroke education was provided in collaboration with the AHA Operation Stroke Program which included radio and newspaper announcements on stroke risk factors and warning signs.

Fiscal Year 2002 Plan

In Fiscal Year 2002, Grossmont Hospital Corporation will conduct the following activities:

- Conduct stroke screening and education events in East San Diego County, reaching at least 650 individuals.
- Maintain an updated referral list and continue to provide referrals to individuals with identified risk factors.

- Contact directors of three community organizations (with an emphasis on seniors) who did not sponsor a stroke education and screening session in prior years to assess interest in participating in Fiscal Year 2002
- Offer stroke screening and education events at one new site in east county areas
- Continue collaboration with San Diego Stroke Council and American Heart Association Stroke Task Force, assure that publicity reaches both underserved populations and the broader community

Identified Community Need: Cancer Education and Screening and Clinical Trials

Rationale

Cancer is the second leading cause of death (4,347 deaths in 1996) in San Diego County, accounting for approximately a quarter of all deaths. The 1996 age-adjusted death rate for all cancer sites in the East Region was 120.5 per 100,000, higher than the age-adjusted death rate of 113.1 per 100,000 in San Diego County.

Focus group participants in the Community Health Improvement Partners (CHIP) process identified adequate health education, specifically related to preventive care and chronic illnesses as a priority health concern.

Measurable Objectives

To provide cancer screening, education and support, and other services (such as transportation and medication assistance) to the community.

To participate and actively enroll patients in a minimum of 35 clinical trials.

Fiscal Year 2001 Report of Activities

Grossmont Hospital Corporation Cancer Center participated in nine cancer education, screening and risk assessment events in Fiscal Year 2001, serving approximately 180 people.

Grossmont Hospital Corporation Cancer Center offered Breast Cancer Support Groups and Cancer Support Groups in Fiscal Year 2001. Grossmont Hospital Corporation also sponsored individual nutritional counseling for 14 hours each month. In addition, Grossmont Hospital Corporation coordinated activities with a local chapter of The Wellness Community to jointly advertise and sponsor support and educational programs, such as stress reduction, healing touch and journaling through the cancer experience. These programs served 334 persons.

To assist patients without insurance or ability to pay for services, Grossmont Hospital Corporation administered funds from Friends of the Cancer Center, providing monies for transportation assistance (via taxi vouchers) and pharmaceutical assistance. In addition, through collaboration with the Center for Breast Health at Grossmont, no-cost mammogram screenings were offered to low income women (to the extent possible).

Fiscal Year 2002 Plan

In Fiscal Year 2002, Grossmont Hospital Corporation Cancer Center will conduct the following activities

- Continue to provide breast cancer and caregivers support groups
- Continue to provide individual nutrition counseling sessions
- Continue to coordinate activities with The Wellness Community, with programs available two days a week
- Through the Center for Breast Health at Grossmont, provide no-cost mammography screening to low-income women, to the extent possible
- Continue to provide assistance for transportation and medications for individuals who cannot afford them, through administration of funds from Friends of the Cancer Center
- Conduct ten community cancer screenings and educational sessions
- Provide breast self-examination training and education about free mammography screenings to women in East County shelters
- Continue to screen and enroll oncology patients in clinical trials for research studies in breast, colorectal and prostate cancer as well as lymphoma, multiple myeloma and supportive care

Identified Community Need: Special Support Services for Hospice Patients, Families and the Community

Rationale

Studies show that nearly half of Americans die in pain, surrounded and treated by strangers. Most Americans (86 percent) believe that people with a terminal illness would most like to receive end-of-life care at home, 11 percent feel that most terminal patients would most like to receive end-of-life care in an institution, and three percent are not sure (Source: National Hospice and Palliative Care Organization, January 2002)

As patients and their families deal with death and dying, many experience profound grief over the loss of life as well as profound transformation. A hospice model – combining medical, spiritual, emotional and other support services – can offer many patients and their families assistance, information and strategies related to bereavement, grief and healing.

Measurable Objective

To provide counseling and support, education and referral services to hospice patients, families and the community in San Diego County

Fiscal Year 2001 Report of Activities

Sharp HospiceCare served patients and their families through a hospice model of care. In Fiscal Year 2001, key services included individual and family bereavement counseling and support, family bereavement camp for children and their parents or guardians, an annual remembrance service, volunteer training programs and community education and referral services. Fiscal Year 2001 highlights of these services are described briefly below.

Using a flexible approach, Sharp HospiceCare offered a variety of bereavement service options including professional bereavement counseling through individual/family and group therapy, education, support groups and monthly newsletter mailings. In Fiscal Year 2001, 1,975 home/office/phone contacts were made to patient and families who were provided with pre-bereavement and bereavement counseling services by professionals with specific training in the areas of grief and loss. In Fiscal Year 2001, seven regularly offered and specialty bereavement groups were offered free of charge, serving children ages 5 to 12, adolescents ages 13 to 18 and adults. Facilitated by skilled mental health professionals who specialize in the needs of the bereaved, support groups met once a week for ten weeks.

A special group, "Healing Through the Holidays," served 75 adolescents and adults with discussions on coping with grief during the holiday season, spirituality during the holidays and family's grief journey through the holidays. In further support of bereavement counseling, 1,525 adults and 156 children received thirteen monthly issues of bereavement support newsletters, "Healing Through Grief" (for individuals 12 years and older) and "Rainbow Connections" (for children under 12 years).

Offered on an annual basis, "Journey to My Heart" family bereavement camp provided participants with a guided opportunity to share the emotional consequences of losing a loved one. In Fiscal Year 2001, 69 people (25 families with children age four to 18 years) attended this weekend camp, featuring structured therapeutic activities such as therapy groups, a memorial service and memorial tree planting, recreation and free time.

In Fiscal Year 2001, 100 persons attended an annual Day of Remembrance. The nondenominational event offered bereaved families and significant friends an opportunity to remember loved ones who died in the past two years.

Sharp HospiceCare provided extensive and experiential training for 46 new volunteers in Fiscal Year 2001. As part of the hospice interdisciplinary team, 90 volunteers provided services through direct patient care as well as clerical and administrative support. In addition, volunteers act as informal spokespersons in churches, groups, clubs and other organizations, encouraging others to complete pre-planning for Durable Power of Attorney for Health Care and other financial arrangements. Volunteers are further supported by the HospiceCare program with a volunteer support group (offered on a bimonthly basis), an annual retreat day and recognition during National Volunteer Month and National Hospice Month. In Fiscal Year 2001, Sharp HospiceCare also provided training and supervision to a Marriage and Family Therapy graduate student.

In Fiscal Year 2001, Sharp HospiceCare provided community and physician education for approximately 750 people. Topics discussed included end-of-life care and management, information about hospice, the grieving process, death and dying as well as the different hospice programs, including volunteer opportunities. In addition, Sharp HospiceCare bereavement counselors provided approximately 520 hours of referrals to needed community services – ongoing mental health services, financial assistance, child protective services, drug and alcohol counseling, parent education courses and anger management.

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp HospiceCare will continue to provide needed services, including

- Individual and family bereavement counseling and support
- Family bereavement camp for children and their parents or guardians
- An annual remembrance service
- Volunteer training programs
- Community education and referral services

Identified Community Need: Outreach for Flu Vaccines

Rationale

In San Diego County, seniors had the highest rate of death when compared to other age groups due to influenza and pneumonia, at 281.9 deaths per 100,000 persons in 1996

Seniors participating in focus groups in the Community Health Improvement Partners (CHIP) 1998 community needs assessment indicated that they would like to be notified about the availability of flu shots as well as other health promotion programs

The Centers for Disease Control and the County of San Diego Health and Human Services Agency recommend that individuals of high-risk (i.e., anyone over age sixty, those with a chronic illness and caregivers of the aged or chronically ill) are vaccinated against influenza annually

It was determined that flu clinics offered in community settings at no/low cost will improve access for those who may experience transportation, cost, or other barriers

Measurable Objectives

In collaboration with community partners, to offer flu vaccination clinics at convenient locations for seniors in the community

To provide information about other Senior Resource Center programs and other health education materials at the flu clinics

Fiscal Year 2001 Report of Activities

Grossmont Hospital Corporation Senior Resource Center participated in the Community Health Improvement Partners (CHIP) flu vaccination sub-committee, working to identify, select and publicize flu clinic sites throughout San Diego County. In addition, to maximize its efforts, the sub-committee coordinated its activities with the American Lung Association, County of San Diego Health and Human Services Agency and others

A total of 2,680 flu vaccinations were provided at 26 community sites. Sites included senior centers, mobile home parks, adult day health centers and senior housing complexes. At these community sites, Grossmont Hospital Corporation provided calendars of Senior Resource Center and upcoming community events, including blood pressure clinics, community senior programs, Project C A R E and health information on topics such as stroke, diabetes and cancer

Fiscal Year 2002 Plan

In Fiscal Year 2002, Grossmont Hospital Corporation Senior Resource Center will conduct the following activities

- Continue to provide flu vaccinations at over 30 community sites
- Identify at least two new sites to serve high-risk individuals
- Increase outreach to include individuals who are homebound or homeless
- Manager will continue to serve on Community Health Improvement Partners Flu Immunization Committee and serve as chair of the site selection sub-committee

Identified Community Need: Health Education and Screening for Seniors

Rationale

Seniors who participated in focus groups in the Community Health Improvement Partners (CHIP) 1998 community needs assessment indicated that they would like education about health issues that impact them, such as diabetes and arthritis. In general, seniors felt that physicians do not provide enough explanation about health problems, medications, dietary recommendations, or other treatments. Seniors who attended the focus groups indicated that they would like to be notified about flu shots, other routine preventive health activities, Medicare and other administrative aspects of health care, and the role of health maintenance organizations. In-home education, community education and peer senior-to-senior education would be helpful, according to those who attended the focus groups.

Measurable Objectives

The Grossmont Senior Health Resource Center will

Continue to host a variety of senior health education and screening programs

Produce calendars of activities six times a year

Continue to offer a free Mall Walker program to the community

Continue to act as lead agency for East County Project C A R E , a community service program that helps seniors stay in their homes

Fiscal Year 2001 Report of Activities

In Fiscal Year 2001, Grossmont Hospital Corporation Senior Resource Center provided free health education classes (988 attended), physician lectures (190 attended), health screenings (408 screened), blood pressure screenings (2,338 checked) and community lectures and presentations on topics such as caregiving, memory exercise, durable power of attorney and community resources (910 attended). In addition, 2,268 Vials of Life (providing important medical information to emergency personnel for seniors and disabled persons living in their homes) were distributed free to the community.

The Grossmont Mall Walker program (which celebrated its 15th anniversary this year) featured free stretch training and exercise programs, monthly blood pressure clinics, health education,

screenings and social gatherings such as the summer picnic, holiday luncheon and other outings
At year-end, 1,350 individuals were registered Mall Walkers

Project C A R E (Community Action to Reach the Elderly) is a community program that includes the County's Aging & Independence Services, U S Postal Service, San Diego Gas & Electric, local senior centers and many others. The Senior Resource Center provided daily computerized phone calls – at regularly scheduled times selected by participants – to an average of sixty East County seniors who live alone (a total of 16,511 calls were made to seniors or disabled individuals in Fiscal Year 2001). If calls go unanswered or continuously ring busy, staff follow-up with friends or neighbors to ensure participants are okay.

Fiscal Year 2002 Plan

In Fiscal Year 2002, Grossmont Hospital Corporation's Senior Resource Center will conduct the following activities:

- Continue to coordinate health education and outreach programs in the East Region of San Diego County
- Increases are anticipated in the number of calendars mailed and the number of persons served
- Additional efforts in Project C.A R E outreach should result in an increase in the number of clients served
- Sponsor a conference in East County for family caregivers
- Programs will continue to be evaluated to determine topics of interest and locations to offer programs in the community

Identified Community Need: Diabetes Education and Screening

Rationale

According to the National Institutes of Health, diabetes affects 16 million Americans, or six percent of the population. By the year 2025, it is estimated that nine percent of the United States population will have diabetes. During the 1990s, there was a seventy percent increase in diabetes in people age thirty to forty years. Approximately one in three persons with diabetes is unaware that he or she has the disease. Each day, 2,200 Americans are newly diagnosed with diabetes.

Measurable Objective

To provide diabetes screening, education and support services throughout San Diego County

Note: This objective was added to the Grossmont Hospital Corporation Community Benefits Plan in Fiscal Year 2001.

Fiscal Year 2001 Report of Activities

Note: Grossmont Hospital Corporation diabetes education program is Recognized by the American Diabetes Association and meets national standards for excellence in diabetes education.

In Fiscal Year 2001, Grossmont Hospital Corporation conducted blood glucose screenings at hospital and offsite locations, serving 1,158 persons. Offsite locations included recreation and community centers, senior living and older adult programs, health fairs and symposiums.

Grossmont Hospital Corporation conducted four community lectures on diabetes at hospital and community settings in Fiscal Year 2001, serving 115 persons. In addition, the hospital held three support groups, serving 230 persons.

Fiscal Year 2002 Plan

In Fiscal Year 2002, Grossmont Hospital Corporation will conduct the following activities:

- Continue to coordinate and implement blood glucose screenings at hospital and community sites throughout San Diego County
- Continue to conduct education and support group activities
- With the financial support of a County grant, conduct small group (ten individuals) classes focusing on exercise and diabetes for “non-exercisers” at three hospital sites (i.e., Grossmont Hospital Corporation, Sharp Memorial Hospital and Sharp Chula Vista Medical Center)
- Participate in a “diabetes in the family” research study to evaluate the role of spouse/significant other participation in the educational process

Table 3 Economic Value of Community Benefits Provided
Grossmont Hospital Corporation – Fiscal Year 2001

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2001 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$ 11,350,901
	Shortfall in Medicare ¹	\$ 7,024,390
	Uncompensated Care ²	\$ 6,688,985
	Physician Backup Services ³	\$ 2,210,540
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP (funding for uninsured patients for transportation and pharmaceuticals), a Vial of Life program, Project CARE, financial contribution to a community clinic and collection and donations of items for the needy ⁴	\$ 433,000
Other Benefits for the Broader Community	Health education, health screenings, health fairs, flu shots, support groups, donations of time to community organizations, meeting space offered to community groups at no charge and cost of fundraising for events ⁴	\$ 612,111
Health Research, Education, and Training Programs	Health education and training programs for ministers/chaplains, paramedic interns and nursing students and Partnership for Smoke-Free Families ⁴	\$ 210,398
	TOTAL	\$ 28,530,325

¹ Methodology for calculating shortfalls in public programs is based on Sharp HealthCare's payor-specific cost-to-charge ratios, which are derived from the cost accounting system.

² Uncompensated care is defined as charity care and bad debt and reflects the unreimbursed cost of providing services to patients who are unable to pay for services.

³ Physician backup services include emergency room backup services to cover the cost of keeping physicians on call for uninsured patients.

⁴ Unreimbursed costs may include an average hourly rate for labor and actual costs for supplies, materials, and other purchased services. Any offsetting revenue, such as fees, grants, and/or external donations is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program/service.

7 Sharp Mary Birch Hospital for Women

Sharp Mary Birch Hospital for Women is located at 3003 Health Center Drive, in San Diego ZIP code 92123

Program and Service Highlights

- 24-Hour emergency services
- Gynecological services
- Labor and delivery services
- Neonatal Intensive Care Unit
- New Beginnings Boutique
- Parent education programs
- Pathology services
- Sharp Fertility Center
- Sharp Perinatal Center
- Surgical services
- Teen pregnancy program
- Women's education programs

Fiscal Year 2001 Community Benefits Program Highlights

Sharp Mary Birch Hospital for Women provided a total of **\$4,324,921** in community benefits in Fiscal Year 2001. See **Table 4** in this Section for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697.

Among the key highlights:

- **Unreimbursed Medical Care Services** including the unreimbursed costs of public programs such as Medi-Cal, Medicare and County Indigent Medical Services, uncompensated care for patients who are unable to pay for services and physician backup services to cover the cost of keeping physicians on call for uninsured patients
- **Other Services for Vulnerable Populations** including financial contributions to community clinics to assist in providing health services and improving access to health services and a dedicated Teen Pregnancy and Parenting program offering teens services such as childbirth preparation classes, parenting classes, support groups and counseling
- **Other Services for the Broader Community** including health education on a variety of topics dedicated to young adolescents, women of child-bearing age and older women, health fairs and support groups. In addition, staff at the hospital were actively involved in community boards, committees and other civic organizations, such as Fetal Infant Mortality Review, Perinatal Access Committee, American Heart Association, American Cancer Society – Breast Health Committee and March of Dimes. See **Appendix A** for a listing of Sharp HealthCare community involvement.
- **Health Research, Education and Training Programs** including education and training of paramedic interns, lactation educators and consultants, BSN students and nursing students in all clinical areas and support of Partnership for Smoke-Free Families.

Definition of Community

As a specialty hospital, the community served by Sharp Mary Birch Hospital for Women is San Diego County.

Description of Community

The 1999 population of San Diego County is estimated at 2,853,258 persons.

See **Table 1** for a summary of key demographics, including population, percentage by race/ethnicity, percentage by major age grouping, median income and percentage of households with an annual income under \$15,000.

See **Table 2** for a summary of age-adjusted death rates by leading cause of death. See **Table 3** for a summary of selected maternal health indicators for San Diego County overall.

Table 1 Summary Demographics, as of January 1, 1999

Description	San Diego County
Population	2 853,258
Race/Ethnicity	
White	60%
African American	6%
Hispanic	24%
Asian/Other	9%
Major Age Groups	
0 to 14 Years	23%
15 to 24 Years	14%
25 to 64 Years	51%
65 Years and Older	11%
Median Age (Years)	33.3
Median Income	\$43,617
Income Under \$15,000	12.3%

Source: San Diego Association of Governments

Table 2 Summary of Leading Causes of Death (1996)
Age-Adjusted Death Rates (per 100,000 persons)

Description	San Diego County
Cancer	113.1
Lung Cancer	29.5
Breast Cancer	19.9
Coronary Heart Disease	93.1
Unintentional Injuries	22.8
Pneumonia/Flu	16.8
Suicide	11.6
Homicide	6.2

Source: County of San Diego reports from the California Department of Health Services, Center for Health Statistics, Vital Statistics Section

Table 3 Summary of Maternal Health Indicators (1996)

Description	San Diego County
First Trimester Prenatal Care (Percent of Births)	78.8%
Low Birth Weight Infants (Under 5.5 pounds)	5.8%
Infant Mortality Rate per 1,000 Live Births	5.4
Birth Rate to Teenagers (per 1,000)	
Age 12 to 14 Years	1.1
Age 15 to 17 Years	36.9

Source: County of San Diego reports from the California Department of Health Services, Center for Health Statistics, Vital Statistics Section

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits planning, Sharp Mary Birch Hospital for Women

- Incorporates community priorities and community relations into its strategic plan and develops service line specific goals
- Estimates an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels
- Participates in county-sponsored programs, such as Fetal Infant Mortality Review (FIMR) and other workgroups, to review and implement programs to improve the health status of women (This is beyond the scope of current efforts of the Community Health Improvement Partners)
- Conducts market research and focus groups to develop culturally appropriate and community benefits programs

Priority Community Needs Addressed in Community Benefits Plan

The following identified community needs are addressed in Sharp Mary Birch Hospital for Women Community Benefits Plan

- Teen pregnancy services
- Reducing the incidence of neonatal morbidity and mortality associated with pre-term delivery
- Health education for mid-life women, including early detection of breast cancer

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), Fiscal Year 2001 report of activities conducted in support of the objective(s) and Fiscal Year 2002 plan of activities

Identified Community Need Teen Pregnancy Services

Rationale

In 1996, there were 1,752 births to teens 15 to 17 years and 92 births to teens 12 to 14 years (1,844 teen births) in San Diego County. During the period from 1993 to 1996, the birth rate among San Diego teens 15 to 17 years decreased 16%, from 43.7 per 1,000 in 1993 to 36.9 per 1,000 in 1996. The rate of births to teens age 15 to 17 in San Diego County was highest among Latinas (rate of 80.9 per 1,000 in 1996) when compared to other races/ethnic groups.

Participants in the adolescent focus groups conducted in 1998 by Community Health Improvement Partners (CHIP) rated teen pregnancy as a priority concern. Teen-friendly, community-based clinics and services are needed so that teens have a safe place to seek care and obtain birth control, according to focus group participants. In addition, participants indicated that teen clinics should accommodate teens that work, with extended hours of operation, as well as recognizing the needs of Latino youth.

Other focus group participants expressed concerns that pregnant teens don't have access to or recognize the importance of prenatal care. Additional outreach efforts need to occur to ensure that teens are obtaining appropriate prenatal care. Support groups for teens, parent education and in-home assistance were suggested by focus group participants as potential ways to assist teens in becoming better parents.

Measurable Objective

To offer teen pregnancy services such as childbirth preparation classes, parenting classes, case management services, support groups and counseling to teens in the hospital's catchment area

Fiscal Year 2001 Report of Activities

In Fiscal Year 2001, 204 teens were seen as inpatients and 228 teens and significant others participated in parenting and support groups. To improve program attendance, Sharp Mary Birch Hospital for Women provided monies for taxis to teens participating in the program.

In Fiscal Year 2001, Sharp Mary Birch Hospital for Women submitted proposals for teen pregnancy services to Adolescent Family Life Demonstration Projects grant program and Pregnancy and San Diego County Children and Families Commission Strategic Plan 2000 grants, grants were not awarded.

Sharp Mary Birch Hospital for Women offered two seminars on "Psychosocial Interventions with High-Risk Families" in Fiscal Year 2001, serving 53 nurses and other health care professionals.

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Mary Birch Hospital for Women Teen Pregnancy and Parenting Program will focus on the following activities:

- Continue to offer childbirth preparation classes, counseling and parenting support groups and case management and referral services to pregnant teens
- Seek funding for teen pregnancy services, where applicable

Identified Community Need: Reducing the Incidence of Neonatal Morbidity and Mortality Associated with Preterm Delivery

Rationale

Preterm births account for 75 percent of newborn deaths. Preterm infants are 40 times more likely to die in the neonatal period than full-term infants and 22 times more likely to develop neurodevelopmental handicaps such as cerebral palsy, seizure disorders and mental retardation.

Preterm birth rates are highest for African American women and lowest for Hispanic women, both in San Diego County and the United States. In 1996, 243 infants died before their first birthday in San Diego County. During the period from 1993 to 1996, the infant mortality rate in San Diego County decreased 13%, from 6.2 infant deaths per 1,000 live births in 1993 to 5.4 infant deaths per 1,000 live births in 1996.

The average cost of caring for a premature infant in a hospital neonatal intensive care unit (NICU) ranges from \$20,000 to \$100,000, depending on the degree of prematurity. In addition to the economic costs of preterm births, the human costs to families and infants are immeasurable. It is estimated that for every dollar spent on prenatal prevention services, three dollars in neonatal costs are saved. Education of parents and health care providers regarding risk reduction, early detection and intervention are effective strategies in preventing preterm births.

Measurable Objective

To develop, coordinate and provide educational programs on pre-term labor and births to women, physicians and other health care staff

Fiscal Year 2001 Report of Activities

In Fiscal Year 2001, Sharp Mary Birch Hospital for Women offered monthly classes (at Sharp Mary Birch Hospital for Women and Grossmont Hospital Corporation) on the warning signs of preterm labor and preventing preterm births. A total of 98 persons (includes women and partners) were served by classes offered in English as well as Spanish.

In addition, ten hours of professional education was offered on a monthly basis for physicians, nurses and other health care professionals in Fiscal Year 2001. Several classes focused on preterm birth prevention topics, such as fetal fibronectin. Sharp Mary Birch Hospital for Women also conducted a day-long seminar on "Perinatal Special Care Nursing" in Fiscal Year 2001, serving 12 health care professionals.

Staff at Sharp Mary Birch Hospital for Women participated in the Fetal Infant Mortality Review (FIMR) Program, a San Diego County-sponsored program to review fetal and infant deaths, identify trends and implement programs to reduce mortality. Hospital representatives participated in the following work groups: Perinatal Access to Care, Preterm Birth Prevention and Pre-Conception Education and Counseling. In addition, Sharp Mary Birch Hospital for Women served as a training site for paramedic interns, lactation educators and consultants, Labor and Delivery students and Neonatal Nursing Unit students.

Fiscal Year 2002 Plan

In Fiscal Year 2001, Sharp Mary Birch Hospital for Women will conduct the following activities:

- Offer Preterm Birth Prevention classes at Sharp Mary Birch Hospital for Women and Grossmont Hospital Corporation, reaching at least fifty women.
- Offer an educational seminar on preterm deliveries for physicians, nurses and other health care professionals.

Identified Community Need: Health Education for Mid-life Women, including Early Detection of Breast Cancer, Menopause and Osteoporosis

Rationale

Women age forty and over are facing health issues, such as peri-menopause, menopause, breast health and osteoporosis.

According to the American Cancer Society, most women are not screened regularly for breast cancer, although screening mammography followed by appropriate treatment can reduce mortality by 30 percent among women age 50 years and older.

According to the National Osteoporosis Foundation, more than 28 million Americans, 80 percent of whom are women, suffer from osteoporosis. 70 to 75 percent of these women are undiagnosed.

Measurable Objective

To develop and implement educational materials and programs of interest to mid-life women on specific topics such as breast health, menopause and osteoporosis

Fiscal Year 2001 Report of Activities

Sharp Mary Birch Hospital for Women continued to expand its health education materials and outreach to include information on topics pertinent to mid-life women – breast health and cancer, heart disease, gynecological cancers, osteoporosis, hormone replacement therapy and continence – in Fiscal Year 2001. In addition, Sharp Mary Birch Hospital for Women collaborated with AWHONN (Association of Women's Health, Obstetrics and Neonatal Nurses) and Lange Productions to develop a series of informational videos of interest to baby boomer women. The series, titled "Baby Boomer Be Healthy!™ - A Woman's Guide to a Healthy Tomorrow," covers topics such as breast health and cancer, heart health, estrogen loss, gynecological cancers, continence and osteoporosis. The videos are distributed to participants during educational events.

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Mary Birch Hospital for Women will conduct the following activities:

- Continue to study programs for mid-life women through attendance at a National Association of Women's Health conference
- Continue to raise awareness and provide educational information on breast health, in conjunction with the American Cancer Society and Susan G. Komen Foundation

Table 4 Economic Value of Community Benefits Provided Sharp Mary Birch Hospital for Women – FY 2001

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2001 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$ 2,128,736
	Shortfall in Medicare ¹	\$ 193,265
	Shortfall in County Indigent Medical Services ¹	\$ 21,054
	Uncompensated Care ²	\$ 1,087,227
	Physician Backup Services ³	\$ 237,207
Other Benefits for Vulnerable Populations	Financial contributions to community clinics and a Teen Pregnancy and Parenting program ⁴	\$ 95,976
Other Benefits for the Broader Community	Health education on a variety of topics to young adolescents, women of child-bearing age and older women, health fairs, support groups, donations of time to community organizations and cost of fundraising for community events ⁴	\$ 261,292
Health Research, Education, and Training Programs	Health education and training programs for paramedic interns, lactation educators and nursing students and Partnership for Smoke-Free Families ⁴	\$ 300,164
	TOTAL	\$ 4,324,921

¹ Methodology for calculating shortfalls in public programs is based on Sharp HealthCare's payor-specific cost-to-charge ratios, which are derived from the cost accounting system.

² Uncompensated care is defined as charity care and bad debt and reflects the unreimbursed cost of providing services to patients who are unable to pay for services.

³ Physician backup services include obstetrics backup services to cover the cost of keeping physicians on call for uninsured patients.

⁴ Unreimbursed costs may include an average hourly rate for labor and actual costs for supplies, materials and other purchased services. Any offsetting revenue such as fees, grants and/or external donations is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program/service.

8 Sharp Memorial Hospitals

Sharp Memorial Campus is located at 7901 Frost Street, in ZIP code 92123.

Sharp Cabrillo Campus is located at 3475 Kenyon Street, in ZIP code 92110

Sharp Mesa Vista Campus is located at 7850 Vista Hill Avenue, in ZIP code 92123

Sharp Vista Pacifica is located at 7989 Linda Vista Road, in ZIP code 92111

Program and Service Highlights

Sharp Memorial Campus

- 24-Hour emergency services with heliport
- Acute care
- Breast health, including mammography
- Cancer care
- Cardiac care
- Chest Pain Center
- Home health
- Hospice
- Intensive Care Unit
- Organ transplantation
- Orthopedics program
- Pathology services
- Radiology services
- Rehabilitation Center
- Senior Health Center
- Sharp and Children's MRI Center
- Surgical services
- Trauma Center
- Women's services

Sharp Cabrillo Campus

- Eye and Laser Treatment Center
- Outpatient surgery
- Rehabilitation therapy
- Senior Resource Center
- Skilled Nursing Facility

Sharp Mesa Vista Campus

- Chemical dependency services
- Clinical supervision site for graduate interns
- Intensive outpatient programs
- Medication research studies
- On and off campus partial hospitalization programs
- Psychiatric services

Sharp Vista Pacifica

- Family and aftercare programs
- Sober living and substance abuse education programs
- Treatment for chemically dependent adults

Fiscal Year 2001 Community Benefits Program Highlights

Sharp Memorial Hospitals (which includes Sharp Memorial Campus, Sharp Cabrillo Campus, Sharp Mesa Vista Campus and Sharp Vista Pacifica) provided a total of \$37,512,246 in community benefits in Fiscal Year 2001. See **Table 3** in this Section for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697

Among the key highlights:

- **Unreimbursed Medical Care Services** including the unreimbursed costs of public programs such as Medi-Cal, Medicare and County Indigent Medical Services, uncompensated care for patients who are unable to pay for services and physician emergency room backup services to cover the cost of keeping physicians on call for uninsured patients
- **Other Services for Vulnerable Populations** including transportation to and from medical appointments (serving 3,202 persons), a Vial of Life program, which provides essential medical information for emergency personnel's use (serving 614 persons), and Project HELP, a fund that provided \$15,300 for medication and transportation to assist 850 patients who could not afford to pay.
- **Other Services for the Broader Community** including health education on a variety of topics, health screenings, flu shots administered at convenient locations in the community, participation in community health fairs, a dedicated Senior Resource Center and Senior Health Center offering specialized education and health offerings and support groups Sharp Memorial Hospitals also offered meeting space at no charge to community groups In addition, staff at the hospital were actively involved in community boards, committees and other civic organizations, such as American Heart Association, Healthcare Association of San Diego, Community Health Improvement Partners (various committees and work teams), San Diego Psychiatric Association, San Diego Group Psychotherapy Society, Mental Health Board Housing Subcommittee and National Council on Alcoholism and Drug Dependencies See **Appendix A** for a listing of Sharp HealthCare community involvement
- **Health Research, Education and Training Programs** including a clinical pastoral education program, an internship program for junior and senior high school students (Mediversity), supervision and training of interns and counselors specializing in alcohol and drug dependency and support of Partnership for Smoke-Free Families

Definition of Community

The community served by Sharp Memorial Hospitals includes the North Central Region of San Diego County including the sub-regional areas of Kearny Mesa and Clairemont, and the Central Coast of San Diego County from Del Mar to the Point Loma area

Description of Community

The 1999 population of the North Central Region is estimated at 685,079 persons, or 24 percent of the total San Diego County population.

See **Table 1** for a summary of key demographics, including population, percentage by race/ethnicity, percentage by major age grouping, median income and percentage of households with an annual income under \$15,000. See **Table 2** for a summary of age-adjusted death rates by leading cause of death

Table 1 Summary Demographics, as of January 1, 1999

Description	North Central Region	San Diego County
Population	685,079	2,853,258
Race/Ethnicity		
White	73%	60%
African American	3%	6%
Hispanic	10%	24%
Asian/Other	13%	9%
Major Age Groups		
0 to 14 Years	19%	23%
15 to 24 Years	13%	14%
25 to 64 Years	56%	51%
65 Years and Older	12%	11%
Median Age (Years)	—	33.3
Median Income	\$53,667	\$43,617
Income Under \$15,000	7.5%	12.3%

Source: San Diego Association of Governments

Table 2 Summary of Leading Causes of Death (1996)
Age-Adjusted Death Rates (per 100,000 persons)

Description	North Central Region	San Diego County
Cancer	106.4	113.1
Lung Cancer	27.3	29.5
Breast Cancer	18.3	19.9
Coronary Heart Disease	78.3	93.1
Unintentional Injuries	—	22.8
Pneumonia/Flu	14.7	16.8
Suicide	9.6	11.6
Homicide	—	6.2

Source: County of San Diego reports from the California Department of Health Services, Center for Health Statistics, Vital Statistics Section

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits planning, Sharp Memorial Hospitals

- Incorporates community priorities and community relations into its strategic plan and develops service line specific goals
- Estimates an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels
- Hosts a monthly Community Relations Committee, comprised of representatives from a variety of departments, to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefits Plan

The following identified community needs are addressed in Sharp Memorial Hospitals Community Benefits Plan

- Outreach for flu vaccines
- Health education and screening for seniors
- Mental health and substance abuse education
- Support of community non-profit health organizations

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), Fiscal Year 2001 report of activities conducted in support of the objective(s) and Fiscal Year 2002 plan of activities

Identified Community Need: Outreach for Flu Vaccines

Rationale

In San Diego County, seniors had the highest rate of death when compared to other age groups due to influenza and pneumonia, at 281.9 deaths per 100,000 persons in 1996

Seniors participating in focus groups in the Community Health Improvement Partners (CHIP) 1998 community needs assessment indicated that they would like to be notified about the availability of flu shots as well as other health promotion programs

The Centers for Disease Control and the County of San Diego Health and Human Services Agency recommend that individuals of high-risk (i.e., anyone over age sixty, those with a chronic illness and caregivers of the aged or chronically ill) are vaccinated against influenza annually

It was determined that flu clinics offered in community settings at no/low cost will improve access for those who may experience transportation, cost, or other barriers

Measurable Objective

In collaboration with community partners, offer flu vaccines for seniors and other high-risk populations

Fiscal Year 2001 Report of Activities

Sharp Cabrillo Campus Senior Resource Center participated in the Community Health Improvement Partners (CHIP) flu vaccination sub-committee, working to identify flu clinic sites throughout San Diego County. A Sharp representative acted as "site coordinator" for this year's efforts. To maximize its efforts, the sub-committee coordinated its activities with the American Lung Association, County of San Diego Health and Human Services Agency, Aging and Independence Services and others.

Sharp Cabrillo Campus Senior Resource Center and Sharp Memorial Hospital Senior Health Center (Clairemont) sponsored six community flu clinics during November and December in Fiscal Year 2001. A total of 566 seniors and others with chronic illness were served. Flu vaccinations were provided in the following locations: St. Agnes Catholic Church, St. Peter's by the Sea Lutheran Church, Chatsworth Adult Center, The Orchards Senior Apartments, Ocean Beach congregate nutrition program site, Peninsula Family YWCA and Sharp Memorial Hospital Senior Health Center.

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Cabrillo Campus Senior Resource Center and Sharp Memorial Hospital Senior Health Center will conduct the following activities:

- Participate in the San Diego County flu outreach program
- Coordinate the notification of seniors regarding the availability of flu vaccines and the provision of flu vaccines in selected community settings
- Add three new outreach sites – Pacific Beach Recreation Center, Downtown Senior Center and Senior Health and Information fair at Sharp Cabrillo Campus

Identified Community Need: Health Education and Screening for Seniors

Rationale

Seniors who participated in focus groups in the Community Health Improvement Partners (CHIP) 1998 community needs assessment indicated that they would like education about health issues that impact them, such as diabetes and arthritis. In general, seniors felt that physicians do not provide enough explanation about health problems, medications, dietary recommendations, or other treatments. Seniors who attended the focus groups indicated that they would like to be notified about flu shots, other routine preventive health activities, Medicare and other administrative aspects of health care and the role of health maintenance organizations. In-home education, community education and peer senior-to-senior education would be helpful, according to those who attended the focus groups.

Measurable Objectives

Coordinate and host a variety of senior health education, information and screening programs. Programs are based on topics identified in recent Community Needs Assessments and other expressed interests of seniors.

Produce and mail quarterly activity calendars to seniors living in the Point Loma/San Diego community.

Fiscal Year 2001 Report of Activities

Sharp Cabrillo Campus Senior Resource Center provided free/low-cost health promotion classes (813 seniors, caregivers and families of the elderly served), physician lectures (41 served), health screenings (778 seniors served) and information at community health fairs (245 served) in Fiscal Year 2001

Sharp Cabrillo Campus Senior Resource Center coordinated health promotion classes and screenings on topics such as heart disease and stroke, diabetes, arthritis, lung disease, Alzheimer's disease, Parkinson's disease, depression, memory, healthy eating and nutritional concerns for older adults, prevention of falls, the art of caregiving and Advance Directives for Healthcare. Sharp Senior Health Center also participated in community health fairs and community education events, providing screenings for blood pressure, hearing and diabetes and education by health care professionals. In addition, over 600 Vials of Life (providing important medical information to emergency personnel for seniors and disabled persons living in their homes) were distributed free to the community.

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Cabrillo Campus Senior Resource Center and/or Sharp Senior Health Center will conduct the following activities

- Continue to coordinate, publish and mail a quarterly calendar of activities
- Provide health promotion classes, health screenings (e.g., blood pressure, hearing, diabetes), lectures and information at community health fairs
- Add new topics of interest to seniors
- In cooperation with the Alzheimer's Association, sponsor a monthly support group for Alzheimer's patients at Sharp Cabrillo Campus Senior Resource Center
- In cooperation with American Parkinson's Association and Southern Caregiver Resource Center, sponsor a monthly support group for Parkinson's patients and their families at Sharp Cabrillo Campus Senior Resource Center
- Track the number of seniors, caregivers and families of the elderly served by its programs

Identified Community Need: Mental Health and Substance Abuse Education

Rationale

Mental health and substance abuse were two of the top priorities identified by participants in the focus groups conducted for the 1998 Community Health Improvement Partners (CHIP) health needs assessment. In particular, seniors participating in the focus groups felt that they did not have adequate access to mental health services (as Medicare HMOs provide for only limited mental health services or require additional copayments for these services). Others participating in the focus groups also complained about the poor quality of available mental health services.

According to research published by Kessler et al in the *Archives of General Psychiatry* (1994), the percent prevalence over a lifetime of select mental health and substance abuse disorders (as defined by the Diagnostic and Statistical Manual-III-R) is as follows

- 48.4 percent prevalence of any psychiatric disorder
- 17.1 percent prevalence of a major depressive episode
- 24.9 percent prevalence of any anxiety disorder
- 9.4 percent prevalence of alcohol abuse without dependence
- 14.1 percent prevalence of alcohol dependence
- 4.4 percent prevalence of drug abuse without dependence
- 7.5 percent prevalence of drug dependence

According to the National Institute of Mental Health, approximately one-third of homeless Americans suffers some type of mental illness. The San Diego Regional Task Force on the Homeless estimates that 55 to 60 percent of the homeless mentally ill residing in San Diego County live in the central region that includes downtown San Diego. Dozens of Single Room Occupancy (SRO) hotels in the downtown area provide shelter to a significant number of these individuals, but residents that are mentally ill are often at-risk for becoming permanently homeless due to their inability to pay for their rooms and their anti-social behaviors.

A key first step in the care and treatment of individuals with mental illness and substance abuse is the detection and screening of individuals affected – depression and substance abuse screenings.

Research studies suggest that family support and family education contribute to lower relapse (hospitalization) rates among those affected by serious mental illness. The Executive Director of the San Diego chapter of the National Alliance for the Mentally Ill (NAMI) approached Sharp Mesa Vista regarding the establishment of a support group at the hospital, with the goal of expanding these groups to all psychiatric hospitals in San Diego County. Benefits of conducting groups at psychiatric hospitals include support is available to families while their loved ones are hospitalized, families of newly diagnosed persons learn of the benefits of such support earlier and families feel more confident about their decisions because they can discuss concerns in a supportive environment, along with other families facing similar experiences.

Measurable Objective

To provide mental health and substance abuse education for patients and families, the community and professionals.

Fiscal Year 2001 Report of Activities

Sharp Mesa Vista provided approximately 1,500 free psychiatric evaluations and referrals for the general community in Fiscal Year 2001. In addition, with support from a grant, Sharp Mesa Vista provided 150 on-site visits to the staff and front desk managers of Single Room Occupancy (SRO) hotels in downtown San Diego and 200 mental health counseling and interventions for mentally ill residents who accepted these services and senior clients at the at the Senior Community Center in downtown San Diego. Sharp Mesa Vista also conducted outreach services and educational home visits for approximately 75 families of persons diagnosed with serious mental illnesses.

Sharp Mesa Vista publicized and coordinated three depression screenings at Sharp facilities – Grossmont Hospital Corporation, Sharp Chula Vista Medical Center and Sharp Mesa Vista – and provided health information, screenings and referrals for 78 adults and seniors during National Depression Screening Day (Note There were a total of thirteen screening sites throughout San Diego County on National Depression Screening Day)

In addition to the activities conducted during National Depression Screening Day, Sharp Mesa Vista provided community education and depression screenings for approximately 2,850 individuals (teen-aged through senior adults) at a variety of community settings and health fairs, such as Chula Vista Junior/Senior High School Environmental Wellness Fair, San Diego chapter of National Alliance for the Mentally Ill “Celebrate Mental Health,” Aging and Independence Services Senior Fitness Conference, National Seniors Health and Fitness Day, Peninsula Community Collaborative Health Fair, Parkway Plaza Health Fair and Clairemont Friendship Center Health Fair

In response to the need for information and support for caregivers of individuals with mental illness, Sharp Mesa Vista continued its partnership with the San Diego chapter of the National Alliance for the Mentally Ill (NAMI) to provide a support group (Caring and Sharing Group) at the hospital, serving individuals in the Central, South and East Regions of San Diego County In Fiscal Year 2001, two-hour monthly meetings of the Caring and Sharing support group were held, serving approximately 55 persons

Sharp also participated in activities related to hosting the sixth annual Substance Abuse Summit, a two-day conference for health care professionals in San Diego County aimed at preventing and reducing substance abuse problems

To meet the unique needs of teens and their families, Sharp Mesa Vista and Sharp Vista Pacifica provided counseling at school sites and consultations to school counselors through its partnership with San Diego City Schools In addition, drug screenings were provided for approximately 600 teens in Fiscal Year 2001 Sharp Mesa Vista offered two Parent-to-Parent Community Parenting events, serving approximately 30 persons in Fiscal Year 2001

Staff at Sharp Mesa Vista and Vista Pacifica regularly attended various boards, committees and advisory and work groups in the area of behavioral health In Fiscal Year 2001, staff donated 900 hours of time to community groups, such as Community Health Improvement Partners (CHIP) Mental Health Work Team, CHIP Substance Abuse Work Team, Mental Health Association, Mental Health Board Housing Subcommittee, San Diego Medical Society - Mental Health Commission, San Diego Group Psychotherapy Society (SDGPS), San Diego Psychiatric Society, National Council on Alcoholism and Drug Dependency (NCADD), Employee Assistance Association Aging and Independence Services – Health Promotion Committee, Diamond Gateway Health Care Advisory Council and San Diego Senior Community Centers

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Mesa Vista and Sharp Vista Pacifica will conduct the following activities

- Continue to provide free psychiatric assessments and referrals for the general community
- Provide publicity, coordination and support for health information, screenings and referrals at three Sharp HealthCare sites on National Depression Screening Day

- In collaboration with the Community Health Improvement Partners (CHIP) Mental Health Work Team, Sharp Mesa Vista will participate in the organization, recruitment and publicity for screening sites throughout San Diego County (goal is to increase the number of sites to 30 Countywide, from 13)
- Continue to host and facilitate monthly meetings of the Caring and Sharing Support Group, assisting caregivers of individuals with mental illness
- Co-sponsor and assist with registrations for a conference titled "Substance Abuse Among Older Adults: A Guide for Social Service Providers"
- Continue to participate in the Community Health Improvement Partners (CHIP) Substance Abuse Work Team and assist in the coordination and implementation of screenings during National Alcohol Screening Day
- Continue to actively participate in boards, committees and advisory and work groups addressing behavioral health issues

Identified Community Need: Support of Community Non-Profit Health Organizations

Rationale

Support of community non-profit health organizations is an effective means of raising awareness of various health conditions, such as heart disease and cancer, collaborating to maximize community efforts without needless duplication of resources and continuing to share experiences and/or leadership capacity with others trying to accomplish similar goals. To this end, Sharp Memorial Hospitals participate in community sponsored events, assist with coordination, support and fundraising for health-related causes and participate in community boards and committees.

Measurable Objective

To participate in community-sponsored events and support non-profit health organizations

Fiscal Year 2001 Report of Activities

In Fiscal Year 2001, Sharp Memorial Hospitals participated in numerous community-sponsored events such as health fairs, providing first-aid booths, health screenings and health information to the general community.

In addition, Sharp Memorial Hospitals provided coordination, support and related fundraising activities for non-profit organizations in Fiscal Year 2001, including the American Heart Association (American Heart Walk), American Cancer Society (Relay for Life), March of Dimes (WalkAmerica), Alzheimer's Association (Memory Walk) San Diego Blood Bank (holiday and quarterly blood drives), United Way and Young Enthusiastic Stroke Survivors (YESS).

Finally, in Fiscal Year 2001 executive leadership and others donated their time to multiple community organizations and agencies, such as ¹

- American Heart Association
- American Lung Association
- California Healthcare Association
- Healthcare Association of San Diego and Imperial Counties
- Universities and colleges in San Diego
- San Diego Chamber of Commerce
- Community Health Improvement Partners (CHIP) – Steering Committee, Access to Care Work Team, Flu Committee, School Health Innovative Program (SHIP)
- Aging and Independence Services – Health Promotions Committee
- Able Disable Advocacy Program (benefiting individuals with disabilities)
- DOVIA (a community board of non-profit volunteer directors in San Diego County)

Fiscal Year 2002 Plan

In Fiscal Year 2002, Sharp Memorial Hospitals will conduct the following activities

- Continue to participate in community-sponsored events, providing health information and education, first-aid and other screenings, as requested by community partners
- Continue to provide coordination, support and fundraising-related activities for local non-profit organizations
- Continue to participate in community non-profit organizations, donating time and expertise to important issues facing the community

Table 3 Economic Value of Community Benefits Provided
Sharp Memorial Hospitals – Fiscal Year 2001

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2001 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ²	\$ 12,968,368
	Shortfall in Medicare ¹	\$ 12,460,710
	Shortfall in County Indigent Medical Services ¹	\$ 340,381
	Uncompensated Care ³	\$ 8,709,481
	Physician Backup Services ⁴	\$ 1,881,648
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP (funding for uninsured patients for transportation and pharmaceuticals) and a Vial of Life program ⁵	\$ 240,167
Other Benefits for the Broader Community	Health education, health screenings, mental health assessments, health fairs, flu shots, support groups, donations of time to community organizations, meeting space offered to community groups at no charge and cost of fundraising for community events ⁴	\$ 687,015
Health Research, Education, and Training Programs	Health education and training programs in clinical pastoral education, supervision of counselors, Medi-versity and Partnership for Smoke-Free Families ⁴	\$ 224,476
	TOTAL	\$ 37,512,246

¹ Additional information specific to mental health and substance abuse is described separately

² Methodology for calculating shortfalls in public programs is based on Sharp HealthCare's payor-specific cost-to-charge ratios, which are derived from the cost accounting system

³ Uncompensated care is defined as charity care and bad debt and reflects the unreimbursed cost of providing services to patients who are unable to pay for services

⁴ Physician backup services include emergency room backup services to cover the cost of keeping physicians on call for uninsured patients

⁵ Unreimbursed costs may include an average hourly rate for labor and actual costs for supplies, materials and other purchased services. Any offsetting revenue such as fees, grants and/or external donations is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program/service

Section

9

Sharp Rees-Stealy Corporation & Sharp Mission Park Corporation

Sharp Rees-Stealy Corporation and Sharp Mission Park Corporation are not required to develop a community benefits plan as part of Senate Bill 697. However, these entities offered a variety of community benefits programs and services in Fiscal Year 2001, a selection of which are highlighted in this section.

Program and Service Highlights

Sharp Rees-Stealy Corporation

- Injury and illness treatment
- Occupational health services
- Physical examinations
- Rehabilitation services
- Sharp Center for Health Promotion Weight Management Program

Sharp Mission Park Corporation

- Asthma management program
- Clinical research
- Diabetes management program
- Fitness program
- Smoking cessation
- Weight management program

Fiscal Year 2001 Community Benefits Program Highlights

Sharp Rees-Stealy Corporation and Sharp Mission Park Corporation provided a total of \$3,971,130 in community benefits in Fiscal Year 2001. See Table 1 and Table 2 in this Section for a summary of unreimbursed costs for Sharp Rees-Stealy Corporation and Sharp Mission Park Corporation based on the categories specifically identified in Senate Bill 697.

Among the key highlights:

- **Unreimbursed Medical Care Services** including the unreimbursed costs of public programs such as Medi-Cal and uncompensated care for patients who are unable to pay for services
- **Other Services for Vulnerable Populations** including transportation for seniors and other disabled patients to and from medical appointments (serving 3,392 persons at Sharp Rees-Stealy Corporation)
- **Other Services for the Broader Community** including health education on topics such as healthy eating, weight management, safety and fitness screenings and participation in community health fairs
- **Health Research, Education and Training Programs** including Mediversity, a program providing health care related work experience and mentoring for high school students

Table 1 Economic Value of Community Benefits Provided
Sharp Rees-Stealy Corporation – Fiscal Year 2001

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2001 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$ 1,067,287
	Uncompensated Care ²	\$ 1,600,312
Other Benefits for Vulnerable Populations	Patient transportation ³	\$ 67,098
Other Benefits for the Broader Community	Health education and health fairs ³	\$ 1,176
Health Research, Education and Training	Job shadow program ³	\$ 50
	TOTAL	\$ 2,735,923

Table 2 Economic Value of Community Benefits Provided
Sharp Mission Park Corporation – Fiscal Year 2001

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2001 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$ 368,162
	Uncompensated Care ²	\$ 864,732
Other Benefits for the Broader Community	Health education programs ³	\$ 2,313
	TOTAL	\$ 1,235,207

¹ Methodology for calculating shortfalls in public programs is based on Sharp HealthCare's payor-specific cost-to-charge ratios, which are derived from the cost accounting system.

² Uncompensated care is defined as charity care and bad debt and reflects the unreimbursed cost of providing services to patients who are unable to pay for services.

³ Unreimbursed costs may include an average hourly rate for labor and actual costs for supplies, materials, and other purchased services. Any offsetting revenue, such as fees, grants, and/or external donations, is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program/service.

10 Sharp Health Plan

Sharp Health Plan is not required to develop a community benefits plan as part of Senate Bill 697. However, Sharp Health Plan offered a variety of community benefits programs and services in Fiscal Year 2001, a selection of which are highlighted in this section.

Fiscal Year 2001 Community Benefits Program Highlights

Sharp Health Plan provided a total of **\$3,350,431** in community benefits in Fiscal Year 2001. See **Table 1** in this Section for a summary of unreimbursed costs for Sharp Health Plan based on the categories specifically identified in Senate Bill 697.

Among the key highlights:

- **Unreimbursed Medical Care Services** including the unreimbursed costs of State-sponsored and community programs. AIM (Access for Infants and Mothers) is a State-sponsored program that provides health coverage for uninsured low and medium income pregnant women and their families. FOCUS (Financially Obtainable Coverage for Uninsured San Diegans) is a community program that provides subsidized health care coverage for uninsured families and employees of small businesses that cannot afford to sponsor health insurance.
- **Other Services for the Broader Community** including health education, donations to community organizations and participation by senior leadership and other staff on community boards, committees and other civic organizations such as Community Health Improvement Partners, San Diego Urban League, Alliance Healthcare Foundation and Insure the Uninsured Project. See **Appendix A** for a listing of Sharp HealthCare community involvement.

Table 1 Economic Value of Community Benefits Provided
Sharp Health Plan – Fiscal Year 2001

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2001 Unreimbursed Costs
Medical Care Services	Shortfall in AIM program ¹	\$ 1,803,103
	Shortfall in FOCUS program ¹	\$ 1,458,110
Other Benefits for the Broader Community	Health education programs, donations to community organizations and participation in community organizations ²	\$ 89,218
	TOTAL	\$ 3,350,431

¹ Unreimbursed costs shown reflect Sharp Health Plan losses in providing health care coverage.

² Unreimbursed costs may include an average hourly rate for labor and actual costs for supplies, materials, and other purchased services. Any offsetting revenue, such as fees, grants, and/or external donations is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program/service.

A Sharp HealthCare Involvement in Community Organizations

Executive leadership and other staff within Sharp HealthCare involvement in community organizations and coalitions in Fiscal Year 2001 is presented below
Community organizations are listed alphabetically.

- Able Disable Advocacy Program
- Aging and Independence Services – Health Promotions Committee
- Alliance for African Assistance
- Alliance Healthcare Foundation
- American Cancer Society
- American Cancer Society – Breast Health Committee
- American Cancer Society – Prostate Initiative Team
- American Cancer Society – Relay for Life
- American Heart Association
- American Lung Association
- American Red Cross
- American Stroke Association
- Binational Emergency Medical Care Committee
- Binational Health Council
- Bonita Business and Professional Association
- Border Health Initiative
- Boys and Girls Club
- California Healthcare Association
- California Highway Patrol
- Chula Vista Chamber of Commerce
- Chula Vista Coordinating Council
- Chula Vista Human Services Council
- Coalition to Prevent Youth Violence
- Community Health Improvement Partners – Access to Care Work Team

- Community Health Improvement Partners – Executive Partners Group
- Community Health Improvement Partners – Adult Immunization Committee
- Community Health Improvement Partners – Mental Health Work Group
- Community Health Improvement Partners – Needs Assessment Committee
- Community Health Improvement Partners – School Health Innovative Program
- Community Health Improvement Partners – Steering Committee
- Community Health Improvement Partners – Substance Abuse Work Team
- Community Health Improvement Partners – Violence and Injury Prevention Committee
- Coronado Chamber of Commerce
- Coronado Community Committee – Project C A R E
- Coronado Meals-on-Wheels
- DOVIA
- East County Action Network for Older Adults and Adults with Disabilities
- East County Community Clinics
- East County Senior Service Providers
- Employee Assistance Association
- Fetal Infant Mortality Review
- Friends of the Downtown Senior Center
- Fronteras Unidas Pro Salud
- Girl Scouts – San Diego and Imperial Council
- Greater San Diego Chamber of Commerce
- Health Link
- Healthcare Association of San Diego and Imperial Counties
- Heartland Human Relations and Fair Housing Association
- I3 Immunization Coalition
- Imperial Beach Women's Club
- Insure the Uninsured Project
- Japan Society of San Diego and Tijuana
- Kiwanis Club – La Mesa
- Lions Club – La Mesa
- March of Dimes
- Meals-on-Wheels Greater San Diego, Inc

- Mental Health Association
- Mental Health Board Housing Subcommittee
- Mental Health Recognition
- National Council on Alcoholism and Drug Dependencies
- North County School Outreach Collaborative
- Optimist Club – Coronado and Allied Garden
- Pacific Islander Cancer Coalition Network
- Partners for Community Health
- Partners for the Public's Health
- Partnership for Smoke-free Families
- Peninsula Communities Collaborative
- Peninsula Senior Providers Group
- Peninsula Shepherd Center
- Perinatal Access Committee
- Planned Parenthood
- Por La Vida
- Project C A R E
- Psychiatric Society
- Rotary Club – Chula Vista
- Rotary Club – Coronado
- Rotary Club – El Cajon
- Rotary Club – La Mesa
- Rotary Club – San Diego
- Safe Communities – San Diego County and San Diego City
- San Diego Blood Bank
- San Diego County CSA69 Paramedic Advisory Board
- San Diego County Hispanic Chamber of Commerce
- San Diego County Social Services Advisory Board
- San Diego Crew Classic
- San Diego East County Chamber of Commerce
- San Diego Group Psychotherapy Society
- San Diego Healthcare Leaders
- San Diego Healthcare Underwriters

- San Diego MANA
- San Diego Police Department
- San Diego Police Foundation
- San Diego Safe Kids Coalition
- San Diego Society of Pharmacists
- San Diego State University (faculty liaison)
- San Diego Urban League
- Santee Board of Education
- Santee Collaborative
- Soroptomists
- South Bay Community Services Domestic Violence Response Team Advisory Board
- South Bay Human Services Council
- South Bay Senior Providers
- South Bay YMCA
- South County Advisory Board
- South County Domestic Violence Action Coalition
- Think First National Injury Prevention Foundation
- Union of Pan Asian Communities
- United Way of San Diego
- University of San Diego (faculty liaison)
- Vermont Oxford Network Multidisciplinary Group
- Volunteers of America
- Volunteers of America Aged and Disabled Persons Advisory Board
- YMCA
- YWCA

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 8

DESCRIPTION	VALUE METHOD	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY		TOTAL NON-GOVT SECURITIES
				TRADED SECURITIES	OTHER SECURITIES	
ROSA AZUS TRUST	MKT VALUE				1,859,609	1,859,609
FULLER TRUST	MKT VALUE				1,296,161	1,296,161
CHANDLER INVESTMENTS COMMON STOCK	MKT VALUE COST				10,023,139 0	10,023,139 0
TOTAL		0	0	0	13,178,909	13,178,909

PART IV, LINE 54, COL B

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990

INVESTMENTS - OTHER

STATEMENT 9

DESCRIPTION

SOFTWARE (DATABASE MODULE FROM BLACKBAUD)	5,726
SOFTWARE (MEMBERSHIP MODULE FROM BLACKBAUD)	3,233
ACCUMULATED DEPRECIATION	<u>(8,530)</u>
TOTAL	<u>429</u>

PART IV, LINE 57a, 57b, 57c

FORM 990

LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES

STATEMENT 11

PART V

NAME & ADDRESS	TITLE & TIME	COMPENSATION	CONTRIBUTION TO EMPLOYEE BENEFIT PLAN	EXPENSE ACCOUNT
FRANK ARRINGTON 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
ANETTE ASHER 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
JOHN BARRY 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
BETTY BYRNES 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
CHRISTOPHER CATE 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
RICHARD D. COUTTS, M D 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
MARY ELISE DALEY 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
DOUGLAS DAVIDSON, M D 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
FERNANDO DUK 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
GEORGE DUNN 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
VERONICA ENGEL 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
PHILIP L. GILDRED, JR 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
JAMES C. HAUGH 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
DOROTHY HELM 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
JUDY JACOBSON 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
BRIAN JASKI, M D 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE

FORM 990

LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES
PART V

STATEMENT 11

NAME & ADDRESS	TITLE & TIME	COMPENSATION	CONTRIBUTION TO EMPLOYEE BENEFIT PLAN	EXPENSE ACCOUNT
GLENN KELLOGG, M D 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
HENRY M KILLMAR 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week TREASURER	NONE	NONE	NONE
W DANIEL LARSEN 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
YVONNE W LARSEN 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
CRAIG McCLELLAN 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
BETSY McCLENDON 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week CHAIR	NONE	NONE	NONE
TONY MELARAGNO, M D 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
ROBERT MENDEZ, M D 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
KIMBERLY MILLER 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
MICHAEL MURPHY 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
DAVID OSTRANDER, M D 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
KATHLEEN PORTER 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
KENNETH J ROTH, M D 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
SANDRA SCHAFER 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
RUTH SCHULMAN 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
SUZY SPAFFORD 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE

FORM 990

LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES
PART V

STATEMENT 11

NAME & ADDRESS	TITLE & TIME	COMPENSATION	CONTRIBUTION TO EMPLOYEE BENEFIT PLAN	EXPENSE ACCOUNT
LILLIAN STAFFORD 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
VICTORIA TURNIPSEED 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	40 hours/week CEO FOUNDATION	\$143,672	\$26,659	\$0
GERALDINE WHEELER 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
GORDON L WITTER, JR 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
SIMON WONG 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
VICTOR L WOO, M D 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	2 hours/week Board Member	NONE	NONE	NONE
TOTAL		\$143,672	\$26,659	\$0

FORM 990

OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 12

<u>NAME</u>	<u>NAME OF RELATED ORGANIZATIONS</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE AMOUNT</u>
MICHAEL MURPHY 8695 SPECTRUM CENTER COURT SAN DIEGO, CA 92123	PRES & CEO, SDHA PART TIME AT THIS ENTITY 40HRS/WK AT SDHA	511,194	96,405	0
TOTAL		511,194	96,405	0

PART V, LINE 75

THE ABOVE AMOUNTS FOR MICHAEL MURPHY WERE PAID BY SAN DIEGO HOSPITAL ASSOCIATION,
A RELATED 501(C)(3) ENTITY

SAN DIEGO HOSPITAL ASSOCIATION AND ITS RELATED EXEMPT ENTITIES ARE GOVERNED UNDER INTERLOCKING BOARDS OF DIRECTORS. THESE ENTITIES SHARE CERTAIN ADMINISTRATIVE AND OVERHEAD COSTS. THESE COSTS ARE PAID BY THE PARENT CORPORATION, SAN DIEGO HOSPITAL CORPORATION, AND THEN CHARGED BACK TO THE SUBSIDIARIES. DURING FISCAL YEAR 2001, THESE ADMINISTRATIVE AND OVERHEAD COSTS TOTALED \$90,373,913.98.

FORM 990

OTHER NOTES AND LOANS REPORTED SEPARATELY

STATEMENT 14

<u>DESCRIPTION</u>	<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL AMOUNT</u>	<u>BALANCE DUE</u>
ESTRADA NOTE	APRIL 1995	APRIL 2003	\$72,250	72,250
<u>BORROWERS</u> JESUS AND CARMEN ESTRADA <u>REPAYMENT TERMS</u> MONTHLY INTEREST PAYMENTS AT 8 5 % PER ANNUM UNTIL MATURITY DATE AT WHICH TIME THE ENTIRE UNPAID BALANCE OF PRINICIPAL AND ACCRUED INTEREST ARE DUE				
RANCON NOTE	FEBRUARY 1998	FEBRUARY 2008	\$135,000	100,335
<u>BORROWERS</u> SUMMIT ASSOCIATES LTD, L L C <u>REPAYMENT TERMS</u> MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$1,638 <u>PURPOSE</u> PART OF PAYMENT ON PURCHASE OF VACANT LAND				
LUVRE NOTE	NOVEMBER 1996	DECEMBER 2006	\$13,600	8,195
<u>BORROWERS</u> VELUR INVESTMENTS II, INC <u>REPAYMENT TERMS</u> MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$157 97 <u>PURPOSE</u> PART OF PAYMENT ON PURCHASE OF VACANT LAND				
LASRY NOTE	<u>PURPOSE</u> SHARE IN JOHN AND DIANNE SILVESTRO & GARY AND MARY ANN SUTLIFF DEED OF TRUST			51,529
LEAVITT NOTE	DECEMBER 1999	SEPTEMBER 2010	\$151,298	146,004
<u>BORROWERS</u> THE LEAVITT INVESTMENT COMPANY <u>REPAYMENT TERMS</u> MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$1,111 86 <u>PURPOSE</u> REALIZATION OF A CHARITABLE REMAINDER UNITRUST				
TOTAL				<u>378,313</u>

PART IV, LINE 51c

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990 GRANTS AND ALLOCATIONS

STATEMENT 17

GRANTS AND ALLOCATIONS ARE FUNDED TO ENHANCE THE CURRENT AND FUTURE HEALTH CARE OF THE COMMUNITY WE CARRY OUT OUR MISSION BY FUNDING HEALTH EDUCATION, PATIENT CARE, CLINICAL RESEARCH AND CAPITAL PROJECTS UNRESTRICTED FUND PROJECTS AND ALLOCATIONS ARE REVIEWED AND APPROVED BY THE BOARD COMMITTEE RESTRICTED FUNDS ARE ALLOCATED BY THE DEPARTMENT MANAGER AND APPROVED BY ADMINISTRATION

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990

DEPRECIATION EXPENSE

STATEMENT 18

Software - Raiser's Edge (Donor Application)

\$ 2,737

SL method, 36 months, modified half month
0 months remaining life