

# Return of Organization Exempt From Income Tax

**2001**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2001 calendar year, or tax year beginning **October 1, 2001**, and ending **September 30, 2002**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

**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 + 4  
**SAN DIEGO, CA 92123**

**D** Employer identification number  
**95 3492461**

**E** Telephone number  
**(858) 499-5516**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

- H** and **I** are not applicable to section 527 organizations
- 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? **N/A**  Yes  No (If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Web site ▶ **www.sharp.com**

**J** Organization type (check only one) ▶  501(c) ( **3** ) ◀ (insert no)  4947(a)(1) or  527

**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

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **19,333,025**

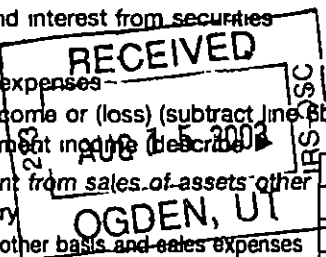
**I** Enter 4-digit GEN ▶

**M** Check ▶  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

SCANNED AUG 20 '03

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received					
	<b>a</b> Direct public support	<b>1a</b>	6,997,207			
	<b>b</b> Indirect public support	<b>1b</b>	1,376,649			
	<b>c</b> Government contributions (grants)	<b>1c</b>				
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>8,113,424</u> noncash \$ <u>260,432</u> STMT 1	<b>1d</b>			8,373,856	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			0	
	<b>3</b> Membership dues and assessments	<b>3</b>			0	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			266,202	
	<b>5</b> Dividends and interest from securities	<b>5</b>			102,553	
	<b>6a</b> Gross rents	<b>6a</b>	0			
	<b>b</b> Less rental expenses	<b>6b</b>	0			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			0	
<b>7</b> Other investment income (describe)	<b>7</b>			0		
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
		10,456,096	<b>8a</b>			
	<b>b</b> Less cost or other basis and sales expenses	10,480,542	<b>8b</b>			
	<b>c</b> Gain or (loss) (attach schedule)	(24,446)	<b>8c</b>	0		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))			STMT 2	<b>8d</b>	(24,446)	
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ <u>75,551</u> of contributions reported on line 1a)	<b>9a</b>	118,565			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	119,358			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			STMT 3	<b>9c</b>	(793)
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	0				
	<b>b</b> Less cost of goods sold	<b>10b</b>	0			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>	0
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				15,753	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>				8,733,125	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			5,724,479	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			333,631	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			1,167,713	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			0	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>				7,225,823
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			1,507,302	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			19,786,753	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			STMT 4	<b>20</b>	(914,482)
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>				20,379,573



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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 21)

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) <sup>STMT 5</sup> (cash \$ 5,557,663 noncash \$ 0)	22 5,557,663	5,557,663		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 171,392	17,139	34,278	119,975
26	Other salaries and wages	26 528,190	52,819	105,639	369,732
27	Pension plan contributions	27 14,258	1,426	2,852	9,980
28	Other employee benefits	28 122,631	12,263	24,526	85,842
29	Payroll taxes	29 60,198	6,020	12,040	42,138
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32 5,184	518	1,037	3,629
33	Supplies	33 24,892	2,489	4,978	17,425
34	Telephone	34 2,172	217	434	1,521
35	Postage and shipping	35 6,812	681	1,362	4,769
36	Occupancy	36			
37	Equipment rental and maintenance	37 5,956	596	1,191	4,169
38	Printing and publications	38 32,720	3,272	6,544	22,904
39	Travel	39 14,297	1,430	2,859	10,008
40	Conferences, conventions, and meetings	40 5,363	536	1,073	3,754
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule) <sup>STMT 17</sup>	42 797	80	159	558
43	Other expenses (itemize) a Consulting	43a 269,494	26,949	53,899	188,646
b Purchased Services	43b 246,386	24,639	49,277	172,470	
c Miscellaneous	43c 138,118	13,813	27,623	96,682	
d Prior Year Changes	43d (3,860)	(387)	(772)	(2,701)	
e Planned Giving Reserve	43e 23,160	2,316	4,632	16,212	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 7,225,823	5,724,479	333,631	1,167,713

**Joint Costs.** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  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 24.)**

What is the organization's primary exempt purpose? <sup>STMT 6</sup>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a <b>STMT 7 - COMMUNITY BENEFIT REPORT</b>	
(Grants and allocations \$ 5,557,663 )	5,724,479
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)	5,724,479

**Part IV Balance Sheets** (See Specific Instructions on page 24.)

				(A)		(B)	
				Beginning of year		End of year	
<i>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>							
Assets	45	Cash—non-interest-bearing		250	45	250	
	46	Savings and temporary cash investments		392,338	48	783,059	
	47a	Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b		0	47c	0
	48a	Pledges receivable	48a	3,402,726			
	b	Less allowance for doubtful accounts	48b	680,545	582,106	48c	2,722,181
	49	Grants receivable				49	0
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule) STMT 14	51a	275,519			
	b	Less allowance for doubtful accounts	51b		378,313	51c	275,519
	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			13,178,909	54	12,525,406
	55a	Investments—land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b		0	55c	0
56	Investments—other (attach schedule)				56		
57a	Land, buildings, and equipment basis	57a	11,416				
b	Less accumulated depreciation (attach schedule) STMT 9	57b	9,327	429	57c	2,089	
58	Other assets (describe <input type="checkbox"/> STMT 10 )			7,709,110	58	7,287,643	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)			22,241,455	59	23,596,147	
Liabilities	60	Accounts payable and accrued expenses		312,108	60	1,249,732	
	61	Grants payable			61		
	62	Deferred revenue		67,240	62	85,045	
	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"/> <u>Deferred Planned Gift Liability</u> )			2,075,354	65	1,881,797
66	<b>Total liabilities</b> (add lines 60 through 65)			2,454,702	66	3,216,574	
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		1,643,234	67	1,074,260	
	68	Temporarily restricted		15,503,142	68	16,252,815	
	69	Permanently restricted		2,640,377	69	3,052,498	
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			19,786,753	73	20,379,573
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)			22,241,455	74	23,596,147

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 VI Other Information** (See Specific Instructions on page 27)

		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 <b>STMT 13 &amp; 15</b> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions <b>81a</b> 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 in Part III) <b>82b</b> 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 on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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 Enter 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 Enter 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 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
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 <u>0</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0</u>		
90a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions) <b>90b</b> 13		
91	The books are in care of <u>SHARP HEALTHCARE FOUNDATION</u> Telephone no <u>(858) 499-5516</u> Located at <u>8695 SPECTRUM CENTER BLVD SAN DIEGO, CA</u> ZIP + 4 <u>92123</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> N/A		

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)**

Note: 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	266,202	
96 Dividends and interest from securities			14	102,553	
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	(24,446)	
101 Net income or (loss) from special events			01	(793)	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a <u>PARTNERSHIP</u>	721110	15,753			
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		15,753		343,516	0
105 Total (add line 104, columns (B), (D), and (E))					359,269

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 32)**

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 33)**

(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 33.)**

(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)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

8/11/03

Date

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

**2001**

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
PAMELA BARNETT 8695 SPECTRUM CTR BLVD,SD,CA92123	MGR-CAMPAIGNS 40 Hours	59,668	15,494	58
DAWN REDO 8695 SPECTRUM CTR BLVD,SD,CA92123	MGR-CAMPAIGNS 40 Hours	65,600	3,401	54
ANN SIMONEAU 8695 SPECTRUM CTR BLVD,SD,CA92123	FDN ASSISTANT 40 Hours	54,214	8,926	41
JEAN-PAUL LAMONTAGNE 8695 SPECTRUM CTR BLVD,SD,CA92123	GIFT/ESTATE PLAN 40 Hours	83,607	3,922	172
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 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
All independant contractors are paid on behalf of an affiliated organization, San Diego Hospital Association (SDHA). SDHA files all applicable form 1099 related to the payment of independant contractors. Please refer to SDHA form 990.		
Total number of others receiving over \$50,000 for professional services ▶		0

**Part III Statements About Activities** (See page 2 of the instructions.)

	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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	

Note: 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 990 PART V SIMT 16

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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)
  - 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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	5,390,573	6,083,941	5,543,452	4,873,747	21,891,713
18 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	317,284	217,775	67,825	72,678	675,562
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	1,195,854	621,185	624,796	355,965	2,797,800
19 Net income from unrelated business activities not included in line 18	(2,695)	(2,340)	(2,126)	(2,126)	(9,287)
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	6,901,016	6,920,561	6,233,947	5,300,264	25,355,788
24 Line 23 minus line 17.	6,583,732	6,702,786	6,166,122	5,227,586	24,680,226
25 Enter 1% of line 23	69,010	69,206	62,339	53,003	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 493,605
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,068,981
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 24,680,226
d Add Amounts from column (e) for lines 18 2,797,800 19 (9,287) 22 0 26b 1,068,981					26d 3,857,494
e Public support (line 26c minus line 26d total)					26e 20,822,732
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 84.37%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2000) N/A (1999) N/A (1998) N/A (1997) N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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 (2000) N/A (1999) N/A (1998) N/A (1997) 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 from 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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. NONE					

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		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 9 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" 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	0	N/A
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 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) 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 12 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

	Yes	No	Amount
a Volunteers	X		
b Paid staff or management (include compensation in expenses reported on lines c through h )	X		
c Media advertisements	X		
d Mailings to members, legislators, or the public	X		
e Publications, or published or broadcast statements	X		
f Grants to other organizations for lobbying purposes	X		
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		
i Total lobbying expenditures (Add lines c through h.)			0

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



## SHARP HEALTHCARE FOUNDATION

95-3492461

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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)
ASSOCIATES CORP NA DEBENTURE 6 1/4% DUE 11/1/08 MN1	740,794	720,262	0	20,532
ASSOCIATES CORP NA DEBENTURE 6 95% DUE 11/1/18 MN1	202,161	184,125	0	18,036
BMU HAMILTON MONEY FUND-PREM MONEY MARKET FUND	619,952	619,962	0	(9)
FHLB NOTE 7 01% DUE 6/14/06 JD14	436,364	421,552	0	14,812
FHLB NOTE 5 3/8% DUE 2/15/06 FA15	462,996	446,602	0	16,394
FHLMC NOTE 4 75% DUE 3/15/03 MS15	717,766	703,616	0	14,150
FHLMC NOTE 6 75% DUE 9/15/29 MS15	146,846	133,021	0	13,825
FHLMC NOTE 4 75% DUE 3/15/03 MS15	152,022	150,338	0	1,684
FHLMC NOTE CALLABLE 04 6 25% DUE 6/28/11 JD28	306,938	299,127	0	7,811
FNMA NOTE 7 1/8% DUE 6/15/10 JD15	215,250	217,844	0	(2,594)
FNMA NOTE 6% DUE 12/15/05 JD15	157,195	154,596	0	2,599
FNMA NOTE 6% DUE 12/15/05 JD15	263,594	257,453	0	6,140
FNMA NOTE 7 25% DUE 1/15/10 JJ15	209,234	192,649	0	16,586
FNMA NOTE CALLABLE 03 5 5/8% DUE 6/20/06 JD20	308,344	300,270	0	8,074
FNMA NOTE CON CALLABLE 03 6 51% DUE 5/6/08 MN8	311,250	303,932	0	7,318
FNMA NOTE CON CALLABLE 03 6 32% DUE 3/3/08 MS3	309,375	302,318	0	7,057
FNMA FN252067 5 1/2% DUE 9/1/08 Mo-1	1,163,989	1,139,114	0	24,875
FORD MOTOR CO DBENTURE 6 3/8% DUE 2/1/29 FA1	143,883	173,134	0	(29,251)
HERTZ CORP NOTES PUTABLE 02 @100 6 3% Due 11/15/06 MN15	1,018,150	1,012,042	0	6,108
JP MORGAN CHASE & CO DEBENTURES 7 1/8% DUE 6/15/09 JD15	640,548	622,327	0	18,221
JP MORGAN CHASE & CO DEBENTURES 7 1/8% DUE 6/15/09 JD15	155,855	155,350	0	504
MERRILL LYNCH & CO INC DEBENTURE 6 7/8% DUE 11/15/18 MN15	421,893	413,291	0	8,602
MOTOROLA INC CORP NOTE 6 1/2% DUE 11/15/28 MN15	589,750	706,667	0	(116,917)
MOTOROLA INC CORP NOTE 6 1/2% DUE 11/15/28 MN15	405,000	504,713	0	(99,713)
US LEASING INTERNATIONAL DEBENTURES 5 95% DUE 10/15/03 AO15	356,947	346,237	0	10,710
TOTAL	10,456,096	10,480,542	0	(24,446)

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

**SHARP HEALTHCARE FOUNDATION**

**95-3492461**

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**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	127,440	59,737	67,703	53,848	13,855
VICTORIES OF SPIRIT	66,676	15,814	50,862	65,510	(14,648)
GALA	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL</b>	<b><u>194,116</u></b>	<b><u>75,551</u></b>	<b><u>118,565</u></b>	<b><u>119,358</u></b>	<b><u>(793)</u></b>

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

**SHARP HEALTHCARE FOUNDATION**

**95-3492461**

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FORM 990

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

STATEMENT 4

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**DESCRIPTION**

UNREALIZED GAIN/(LOSS) ON INVESTMENTS	(955,483)
UNREALIZED GAIN/(LOSS) ON DEFERRED PLANNED GIFTS	41,001
	<hr/>
TOTAL	(914,482)
Part 1 Line 20	<hr/> <hr/>

**SHARP HEALTHCARE FOUNDATION**

**95-3492461**

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**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 BLVD SAN DIEGO, CA 92123	RELATED ENTITY	2,956,234
SAN DIEGO HOSPITAL ASSOCIATION	8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	RELATED ENTITY	2,111,946
SHARP CHULA VISTA MEDICAL CENTER	8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	RELATED ENTITY	489,483
TOTAL			<u>5,557,663</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

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FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY  
EXEMPT PURPOSE

STATEMENT 6

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EXPLANATION

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

PART III

**SHARP HEALTHCARE FOUNDATION**

**95-3492461**

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FORM 990

STATEMENT 7

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**See COMMUNITY BENEFIT REPORT**

**Sharp HealthCare  
Community Benefits Plan  
Fiscal Year 2002**

Submitted February 28, 2003 to:

Office of Statewide Health Planning and Development  
Healthcare Information Division – Accounting and Reporting Systems Section  
818 K Street, Room 400  
Sacramento, CA 95814

## **Preface**

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Sharp HealthCare prepared this Community Benefits Plan for Fiscal Year 2002 in accordance with the requirements of Senate Bill 697, community benefits legislation <sup>1</sup>

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

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<sup>1</sup> According 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**

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Sharp HealthCare (Sharp) 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<sup>1</sup>, has approximately 2,600 physicians on medical staffs, 1,300 physicians in affiliated medical groups and over 12,200 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 Health Care Center (204 beds)**

Located on historic Coronado Island, offering local health care and an entryway to the 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

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<sup>1</sup> Includes 76 skilled nursing beds and 150 acute care beds in suspense at the Sharp Cabrillo Campus of Sharp Memorial Hospital

**Sharp Mesa Vista Hospital (149 beds)<sup>1</sup>**

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

**Sharp Vista Pacifica (16 beds)<sup>2</sup>**

Sharp Vista Pacifica is a freestanding chemical dependency recovery hospital.

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<sup>1</sup> Sharp Mesa Vista Hospital is licensed under Sharp Memorial Hospital. Accordingly, community benefits information is presented in Section 8 Sharp Memorial Hospital.

<sup>2</sup> As 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 Hospital.

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3	Community Benefits Planning Process..... . . . .	8
4	Sharp Chula Vista Medical Center... . . . .	11
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## **Section**

# **1 Executive Summary**

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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 2002 (October 1, 2001 through September 30, 2002) 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 Health Care Center
- Grossmont Hospital Corporation
- Sharp Mary Birch Hospital for Women
- Sharp Memorial Hospital
- Sharp Rees-Stealy and Sharp Mission Park
- 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, 1998 and 2001, combined with 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 or facilities 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 and heart disease
- 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 2002**

Some examples of community benefits programs and services provided by Sharp HealthCare hospitals or facilities in Fiscal Year 2002 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 emergency room backup services to cover the cost of 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, financial support for onsite workers to process Medi-Cal eligibility forms, 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 collection and donation of items to the needy
- **Other Services for the Broader Community** including health education, health screenings, mental health assessments, flu shots, counseling and support groups, information and referral services and participation in community health fairs addressing the unique needs of the community. 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 students and allied professionals in a number of areas – obstetrics and gynecology, labor and delivery, neonatal nursing, lactation, pharmacy, laboratory, respiratory care, dietetics, social work, psychology, ordained, community and student ministers/chaplains and *Mediversity, a collaborative internship program for junior and senior high school students*. To increase the pool of nursing graduates, Sharp and other hospitals sponsored classes and professors at San Diego State University (Nurses Now Partnership) In addition, Sharp HealthCare collaborated with Children's Hospital and Health Center and Scripps Health 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 2002**

In Fiscal Year 2002, Sharp HealthCare provided a total of \$99,267,317 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 Health Care entity based on the categories specifically identified in Senate Bill 697.

**Table 1: Total Economic Value of Community Benefits Provided  
Sharp HealthCare – Fiscal Year 2002**

<b>Sharp HealthCare Entity</b>	<b>Estimated FY 2002 Unreimbursed Costs</b>
Sharp Chula Vista Medical Center	\$22,125,603
Sharp Coronado Hospital and Health Care Center	\$2,732,281
Grossmont Hospital Corporation	\$32,409,824
Sharp Mary Birch Hospital for Women	\$6,209,833
Sharp Memorial Hospital <sup>1</sup>	\$28,611,152
Sharp Rees-Stealy and Sharp Mission Park	\$3,113,189
Sharp Health Plan	\$4,065,435
<b>GRAND TOTAL</b>	<b>\$99,267,317</b>

For a detailed summary of unreimbursed costs of community benefits provided by each Sharp HealthCare entity in Fiscal Year 2002, see tables presented in **Section 4** through **Section 10**.

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<sup>1</sup> Sharp Memorial Hospital includes Sharp Memorial Hospital, Sharp Cabrillo Campus, Sharp Mesa Vista Hospital 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 Categories<sup>1</sup>  
Sharp HealthCare Entities – Fiscal Year 2002**

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	\$21,447,525	\$167,246	\$334,956	\$175,876	\$22,125,603
Sharp Coronado Hospital and Health Care Center	\$2,426,160	\$59,476	\$109,553	\$137,092	\$2,732,281
Grossmont Hospital Corporation	\$30,923,871	\$625,555	\$607,393	\$253,005	\$32,409,824
Sharp Mary Birch Hospital for Women	\$5,593,708	\$68,478	\$212,682	\$334,965	\$6,209,833
Sharp Memorial Hospital	\$26,837,095	\$825,921	\$505,975	\$442,161	\$28,611,152
Sharp Rees-Stealy and Sharp Mission Park	\$2,926,998	\$94,924	\$91,267	\$0	\$3,113,189
Sharp Health Plan	\$3,948,030	\$0	\$116,580	\$825	\$4,065,435
<b>All Entities</b>	<b>\$94,103,387</b>	<b>\$1,841,600</b>	<b>\$1,978,406</b>	<b>\$1,343,924</b>	<b>\$99,267,317</b>

<sup>1</sup> Economic value is based on unreimbursed costs.

## Section

# 2 Our Mission, Vision and Values

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### 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 patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner

### Vision

Sharp's vision is to be the best health system in the universe. Sharp will attain this position by *redefining the health care experience* through a culture of caring, quality, service, innovation and excellence. Sharp will be recognized by patients, physicians, employees, volunteers and the community as:

- The best place to work,
- The best place to practice medicine and
- The best place to receive care.

As an excellent community citizen, Sharp is known as an organization of people working together to do the right thing everyday to improve the health and well-being of those we serve. Sharp HealthCare is aligned by and committed to six *Pillars of Excellence: Quality – Service – People – Finance – Growth – Community.*

### 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**

As San Diego's health care leader, Sharp Healthcare is blazing a trail with progressive service, breakthrough technology, ongoing medical advancements through applied clinical research and, most importantly, an unwavering commitment to excellence in all it does.

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

To do this, Sharp focuses on raising behavior standards, exceeding patients' expectations and making amends when expectations are not met, as well as improving communications between patient, caregiver and nursing staff. Sharp also focuses on increasing employee rewards and recognition, accountability, measurement, celebrations and fun! Employees serve as the principal architects of The Sharp Experience and benefit directly from their own efforts. They help Sharp stay on course and make improvements along the way to continually improve patient, employee and affiliated physician satisfaction.

The Sharp Experience helps Sharp continue to fulfill its goal of becoming the best health care system in the universe.

## Section

# **3 Community Benefits Planning Process**

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Findings from the community health needs assessments 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

In 2001, Community Health Improvement Partners began updating the health needs assessment using a new approach, which is a framework for understanding the relationships between risk factors and health outcomes. The assessment methodology, which was intended to extend the 1998 needs assessment, included:

- Study of health priorities by age cohorts – infants and children 0 to 14 years, adolescents and young adults 15 to 24 years, adults 25 to 64 years and seniors 65 years and older
- Use of a conceptual model of community health, based on RAND Corporation's California Health Report, to identify risk factors for each key health indicator by age group and to isolate risk factors that appear to pervade and recur across multiple key health indicators
- Development of a critical pathway for each key indicator, including identification of environmental risk factors, behavioral and societal risk factors and intermediate outcomes

**Determination of Priority Community Needs: Sharp HealthCare**

The community health needs assessments conducted by Community Health Improvement Partners (CHIP) were reviewed by each Sharp HealthCare hospital 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 are 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**

On an annual basis, each Sharp HealthCare hospital conducts the following steps in the preparation of its community benefits plan:

- Establishes and/or reviews hospital-specific measurable objectives
- Verifies the need for ongoing focus on identified community needs
- Reports on activities conducted in the prior fiscal year – **Fiscal Year 2002 Report of Activities**
- Develops a plan for the upcoming fiscal year, including specific steps to be undertaken – **Fiscal Year 2003 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

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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
- Angiography and vascular surgery
- Birch-Patrick Skilled Nursing Facility
- Breast health, including mammography
- Cancer care, including radiation therapy
- Cardiac catheterization laboratory
- Cardiac Intensive Care Unit
- Cardiac program, including open-heart surgery and cardiac rehabilitation
- Chest Pain Center, specializing in emergency treatment of chest pain
- Computerized Axial Tomography (CAT) Scan
- Electrocardiogram (EKG)
- Electroencephalogram (EEG)
- Home health<sup>1</sup>
- Hospice<sup>2</sup>
- Imaging services, including interventional radiology
- Intensity Modulated Radiation Therapy (IMRT)
- Magnetic Resonance Imaging (MRI)
- Medical Intensive Care Unit
- Neonatal Intensive Care Unit (NICU)
- Nuclear Medicine
- Orthopedics
- Outpatient Imaging Center
- Outpatient Surgery Center
- Pathology services
- Physical, occupational and speech therapy
- Senior Resource Center
- Surgical Intensive Care Unit
- Surgical services, including two dedicated open-heart surgical suites
- Ultrasound
- Women's and Infants' Services

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<sup>1</sup> Provided through Sharp Memorial Hospital Home Health Agency.

<sup>2</sup> Provided through Grossmont Hospital Corporation's Sharp HospiceCare

## **Fiscal Year 2002 Community Benefits Program Highlights**

Sharp Chula Vista Medical Center provided a total of **\$22,125,603** in community benefits in Fiscal Year 2002. See **Table 5** 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 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 2,645 persons), financial support for onsite workers to process Medi-Cal eligibility forms, a Vial of Life program, which provides essential medical information for emergency personnel's use (serving 486 persons); registration and training with the Alzheimer's Association for a Safe Return Program, collection and donation of items for the needy and volunteer assistance (1,776 volunteer hours) with the "Spirit of Caring" mobile van which visits five 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 and information 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 breastfeeding, survivors of suicide, caregivers, cancer and Parkinson's disease. 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 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, health education and training programs for students and interns in nutrition and pharmacy 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 Health Care 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 population of the South Region is estimated at 391,489 persons, or approximately 14 percent of the total San Diego County population. See **Table 1** for a summary of key demographics, including total population, population by race/Hispanic origin and population by major age groups.

**Table 1: Summary Demographics: South Region (1999)**

Description	Number	Percent
Population	391,489	100%
Race/Hispanic Origin		
White	143,173	37%
Black	20,360	5%
Hispanic	180,490	46%
Asian/Other	47,466	12%
Age Groups		
Under 1 Year	7,346	2%
1 to 4 Years	29,697	8%
5 to 14 Years	62,370	16%
15 to 24 Years	63,081	16%
25 to 34 Years	60,574	15%
35 to 44 Years	58,116	15%
45 to 54 Years	42,653	11%
55 to 64 Years	27,919	7%
65 to 74 Years	21,895	6%
75 to 84 Years	13,210	3%
85 Years and Older	4,628	1%

Source: San Diego Association of Governments

In 2001, 89 percent of children 0 to 18 years and 87 percent of adults 19 years and older in the South Region reported having health insurance, according to findings from United Way of San Diego County. See **Table 2** for a summary of key indicators of access to care, including health insurance, dental insurance and a primary caregiver.

**Table 2: Health Care Access: South Region (2001)**

Description	Percent
<b>Have Health Insurance</b>	
Children 0 to 18 Years	89%
Adults 19 Years and Older	87%
<b>Have Dental Insurance</b>	
Children 0 to 18 Years	75%
Adults 19 Years and Older	65%
<b>Have a Primary Caregiver</b>	
Children 0 to 18 Years	91%
Adults 19 Years and Older	82%

Source: United Way of San Diego County, Outcomes and Community Impact Program.

In 1999, the South Region did not meet the Healthy People 2010 national targets<sup>1</sup> for the following leading causes of death: coronary heart disease, cancer (all sites), lung cancer, prostate cancer, stroke, unintentional injuries, suicide and homicide. See Table 3 for a summary of number of deaths and age-adjusted death rates for selected leading causes of death.

**Table 3: Deaths due to Selected Leading Causes: South Region (1999)**

Leading Cause	Number of Deaths	Rate (per 100,000)	Year 2010 Target
Coronary Heart Disease	627	203.8	166.0
Cancer (all sites)	595	188.9	159.9
Lung	163	51.8	44.9
Female Breast	38	22.1	22.3
Prostate	42	34.7	28.8
Stroke	179	58.4	48.0
Unintentional Injuries (all)	89	25.2	17.5
Diabetes	47	14.7	NE
Suicide	25	7.0	5.0
Homicide	19	5.0	3.0

Notes: Population age-adjusted to 2000 Standard U.S. Population.

Year 2010 Target has not been established (NE) for diabetes as a leading cause.

Sources: California Department of Health Services and San Diego Association of Governments.

<sup>1</sup> The U.S. Department of Health and Human Services' Healthy People 2010 initiative represents the nation's prevention agenda for the first decade of the 21<sup>st</sup> century. Healthy People 2010 has two overarching goals: to increase quality and years of healthy life and eliminate health disparities.

## **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

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 2002 report of activities conducted in support of the objective(s) and Fiscal Year 2003 plan of activities.

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

### **Rationale**

The South Region is 46 percent (180,490 persons) Latino, the highest percentage of any region in San Diego County, based on 1999 information provided by the San Diego Association of Governments. Of note, Latinos comprise 24 percent of the population of San Diego County.

Overall, Latinos in San Diego County have favorable health status when compared to other race/ethnic groups. According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, Latinos have the lowest death rates of any race/ethnic group due to coronary heart disease, stroke and cancer. In contrast, Latinos in San Diego County have less favorable experiences and outcomes when compared to other race/ethnic groups in health and dental insurance coverage in children and adults, having regular primary care providers for children and adults, deaths due to motor vehicle injuries, prenatal care in the first trimester, births to teen mothers under age 18, teen alcohol consumption and teen tobacco use.

### **Measurable Objective for Fiscal Year 2002 – Fiscal Year 2004**

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

### **Fiscal Year 2002 Report of Activities**

Sharp Chula Vista Medical Center participated in numerous community health fairs and health screenings in Fiscal Year 2002, including San Diego MANA health fair, Eastlake health fair, Cinco de Mayo fair, Parker-Hannifan health fair, Feaster Elementary School health fair, Arturo Barnos Invitational, Otay Park grand opening and Bonitafest. In addition to staffing health fair booths, Sharp Chula Vista Medical Center provided first aid, flu shots and screenings such as blood glucose, blood pressure, cholesterol, stroke and prostate cancer.

Health education classes were held throughout the fiscal year, with a variety of topics discussed, including breast self-examination, disaster preparedness, domestic and family violence, prenatal and postpartum and breast feeding support group. In collaboration with Chula Vista Adult School, the medical center conducted two health classes a month (each class attended by approximately 100 to 150 students) and four health screenings in the school year.

Through a partnership with Chula Vista Unified School District and Sharp Chula Vista Medical Center and funding support from Scripps and private foundations, Sharp Chula Vista Medical Center provided fundraising support and staffing for

the Spirit of Caring Mobile Health Care Clinic In Fiscal Year 2002 (the mobile clinic's third year of operation), primary and preventive care visits by elementary school children to the mobile clinic numbered 2,321 and school absenteeism and hospital visits to the emergency room by elementary school children decreased. Volunteers from Sharp Chula Vista Medical Center donated 1,776 hours of time in support of the mobile clinic

### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Sharp Chula Vista Medical Center will conduct the following activities:

- Continue to work with community-based organizations to provide health education and screening activities
- Develop a plan to provide age-appropriate health education classes and information to middle and high school teens
- Continue to raise funds in support of the Spirit of Caring Mobile Health Care Clinic; provide health care staffing and volunteers services
- Explore the feasibility of increasing breast cancer outreach to Latinas

### **Identified Community Need: Domestic Violence Education, Screening and Referral**

#### **Rationale**

During the three-year period from 1998 to 2000, the average annual rate of domestic violence reports in San Diego County was 21 reports per 1,000 households, according to the Automated Regional Justice Information System. During this period, the South Region experienced the second highest rate of reports, at 29 domestic violence reports per 1,000 households (this rate was exceeded by the Central Region with 39 domestic violence reports per 1,000 households) According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, behavioral and social risk factors associated with domestic violence include lack of education, poor self esteem, pregnancy, substance abuse and single, separated, or divorced females Other environmental risk factors include poverty, women age 18 to 30, lack of social support, family history of abuse and lack of employment.

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 for Fiscal Year 2002 – Fiscal Year 2004**

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

### **Fiscal Year 2002 Report of Activities**

Sharp Chula Vista Medical Center conducted ten meetings of the medical center's Domestic Violence Task Force in Fiscal Year 2002. In addition to representation from hospital nurses (from obstetrics and the emergency department), community relations and the Auxiliary, the task force is attended by representatives from South County Domestic Violence Action Coalition and South Bay Community Services. The Domestic Violence Task Force conducted the following key activities in Fiscal Year 2002:

- Facilitated printing of domestic violence health care provider pocket "Quick Guides" and domestic violence Resource Guides available to all Sharp HealthCare facilities
- Monitored efforts by the medical center Emergency Department to increase the number of patients screened for domestic violence
- Distributed domestic violence materials at East Lake Health Fair, held in April
- Provided one in-service on the medical community's response to domestic violence to San Ysidro Health Center physicians and other health care providers
- Assembled and distributed 20 domestic violence Resource Kits to physician offices
- Provided pediatrician offices with a booklet titled Routine Screening for Domestic Violence for Pediatric Practice
- Established format to provide domestic violence training at each Sharp HealthCare entity

In Fiscal Year 2002, representatives from Sharp Chula Vista Medical Center attended 12 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 2002:

- Distributed posters (printed in English and Spanish) on domestic violence services to all kindergarten through grade 12 schools in South County as well as Chula Vista and National City buses
- Developed a curriculum on domestic violence for hairdressers in the community

- Developed a family violence Resource Card and Card Holder for distribution to hairdressers and others in the community

In Fiscal Year 2002, a representative from Sharp Chula Vista Medical Center attended two meetings of the Domestic Violence Response Team Advisory Group. The group monitors the efforts of the Chula Vista Police Department and South Bay Community Services responses to domestic violence police calls when children are present.

### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Sharp Chula Vista Medical Center will conduct the following activities:

- Continue to host regular meetings of the medical center Domestic Violence Task Force
- Attend meetings of outside groups concerned with domestic violence
- Provide at least three training sessions to physicians and other health care staff on domestic violence screening, reporting and assisting victims
- Continue to develop and distribute educational materials to raise awareness of domestic violence prevention and resources; explore development of an outreach program targeting teenagers

### **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 (the most recent information available)

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 at high risk (i.e., persons age 65 years and older, adults and children with a chronic health condition, children between 6 and 23 months, women who will be more than three months pregnant during flu season and household contacts or 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 for Fiscal Year 2002 – Fiscal Year 2004**

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

**Fiscal Year 2002 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 14 sites in Fiscal Year 2002, serving 1,493 persons, including seniors and others with chronic illnesses. Flu clinics were held at senior and community service sites, such as senior apartments, senior centers, churches, a local drug store and Sharp Chula Vista Medical Center.

**Fiscal Year 2003 Plan**

In Fiscal Year 2003, Sharp Chula Vista Medical Center Senior Resource 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
- Provide 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.

According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, seniors in San Diego County comprised approximately 11 percent of the population and accounted for the majority of deaths due to the following selected leading causes: stroke, coronary heart disease, cancer and diabetes (1999). In addition, falls were the leading type of unintentional injury death in persons 65 years and older in San Diego County.

**Table 4: Deaths in Seniors 65+ Years due to Selected Leading Causes (1999)**

<b>Leading Cause</b>	<b>Deaths (65+ years)</b>	<b>Percent of All Deaths</b>
Stroke	1,348	89%
Coronary Heart Disease	4,065	87%
Cancer (all sites)	3,347	73%
Prostate	280	94%
Lung	919	78%
Breast	194	56%
Diabetes	277	73%
Unintentional Injuries (all)	188	25%
Suicide	69	24%
Homicide	9	9%

*Note: Data on deaths due to Chronic Lower Respiratory Disease and Pneumonia and Influenza not available.*

*Source: California Department of Health Services*

## **Measurable Objective for Fiscal Year 2002 – Fiscal Year 2004**

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 health needs assessments and other expressed interests of seniors.

### **Fiscal Year 2002 Report of Activities**

Sharp Chula Vista Medical Center Senior Resource Center provided free blood pressure screenings at community sites and the hospital, serving 1,115 seniors and other at-risk individuals in the community in Fiscal Year 2002. In addition to blood pressure screenings, the Senior Resource Center provided other health screenings – hearing, pulmonary, cholesterol, feet, and prostate, oral and skin cancer – serving 300 seniors. The Senior Resource Center also attended community health fairs, serving 900 persons in Fiscal Year 2002.

Throughout the fiscal year, a variety of health education lectures, workshops, support groups, speaking engagements and exercise programs at community sites were conducted by Sharp Chula Vista Medical Center Senior Resource Center. An estimated 1,950 persons were served by educational programs and 4,269 persons were served by exercise programs in Fiscal Year 2002. Health education offerings included health insurance counseling, wills and trusts, income tax assistance, caregiver, arthritis and “meet the doctor, pharmacist, nurse or therapist” and others. Support groups offered included Parkinson’s, stroke, diabetes, bereavement, cancer and caregiver.

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. In Fiscal Year 2002, 486 persons were supported by the Vial of Life program and 28 persons were served by the Safe Return program.

In Fiscal Year 2002, the Senior Resource Center at Sharp Chula Vista Medical Center maintained active relationships with South County Action Network (of Aging and Independence Services), South County 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 2003 Plan**

In Fiscal Year 2003, Sharp Chula Vista Medical Center Senior Resource Center will conduct the following activities:

- Provide health screenings for seniors
- Provide health education lectures, support groups and community speaking engagements
- Sponsor exercise programs for seniors
- 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 first annual Intergenerational Games at the Olympic Training Center, in collaboration with County of San Diego Health and Human Services and Aging & Independence Services, Chula Vista schools, recreation department and others

**Table 5: Economic Value of Community Benefits Provided  
Sharp Chula Vista Medical Center – Fiscal Year 2002**

<b>Senate Bill 697 Category</b>	<b>Programs and Services Included in Senate Bill 697 Category</b>	<b>Estimated FY 2002 Unreimbursed Costs</b>
Medical Care Services	Shortfall in Medi-Cal <sup>1</sup>	\$10,642,688
	Shortfall in Medicare <sup>1</sup>	\$4,643,227
	Shortfall in County Indigent Medical Services <sup>1</sup>	\$763,187
	Uncompensated Care <sup>2</sup>	\$4,602,473
	Physician Backup Services <sup>3</sup>	\$795,950
Other Benefits for Vulnerable Populations	Patient transportation, a Vial of Life program, Safe Return Program, financial support for onsite workers to process Medi-Cal eligibility forms, and collection and donation of items for the needy <sup>4</sup>	\$167,246
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, flu shots, support groups, donations of time to community organizations and cost of fundraising for community events <sup>4</sup>	\$334,956
Health Research, Education and Training Programs	Health education and training programs for students and interns in nutrition and pharmacy and Partnership for Smoke-Free Families <sup>4</sup>	\$175,876
	<b>TOTAL</b>	<b>\$22,125,603</b>

<sup>1</sup> 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

<sup>2</sup> 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

<sup>3</sup> Physician backup services include emergency room backup services to cover the cost of physicians on call for uninsured patients

<sup>4</sup> 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

# **5 Sharp Coronado Hospital and Health Care Center**

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

### **Program and Service Highlights**

- 24-hour emergency services
- Acute care
- Behavioral health services
- Breast health, including mammography
- Cancer care
- Cardiac rehabilitation
- *Computerized Axial Tomography (CAT) Scan*
- Electrocardiology
- Electroencephalography
- Home health<sup>1</sup>
- Imaging services
- Intensive Care Unit
- Motion Center, providing therapy and fitness programs
- Orthopedic surgery, including total joint replacement
- Outpatient surgery
- Pathology services
- Primary care
- Senior services
- Subacute services
- *Surgical services*
- Ultrasound
- Villa Coronado Skilled Nursing Facility
- Women's services
- Wound Care Clinic

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<sup>1</sup> Provided through Sharp Memorial Hospital Home Health Agency

## **Fiscal Year 2002 Community Benefits Program Highlights**

Sharp Coronado Hospital and Health Care Center provided a total of **\$2,732,281** in community benefits in Fiscal Year 2002. 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, 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 physicians on call for uninsured patients
- **Other Services for Vulnerable Populations** including Project HELP, a fund that provided \$5,000 for taxi vouchers and medicines to assist patients who could not afford to pay; financial support for workers to process Medi-Cal eligibility forms, 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 volunteer assistance (1,560 hours) in delivering 5,755 meals to seniors and others in their homes on a daily basis.
- **Other Services for the Broader Community** including health education and information 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 Health Care 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, Coronado Chamber of Commerce, Coronado Residential Association, 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, public health and dietetics and support of Partnership for Smoke-Free Families.

## Definition of Community

The communities served by Sharp Coronado Hospital and Health Care Center include 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 for Coronado and Imperial Beach, including total population, population by race/Hispanic origin and population by major age groups

**Table 1: Summary Demographics: Coronado and Imperial Beach (1999)**

Description	Number	Percent
Population	57,597	100%
Race/Hispanic Origin		
White	37,438	65%
Black	3,456	6%
Hispanic	12,671	22%
Asian/Other	4,032	7%
Age Groups		
0 to 14 Years	10,943	19%
15 to 24 Years	13,247	23%
25 to 64 Years	27,647	48%
65 Years and Older	5,760	10%

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 Health Care 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 the Sharp Coronado Hospital and Health Care Center Community Benefits Plan.

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

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 2002 report of activities conducted in support of the objective(s) and Fiscal Year 2003 plan of activities.

## **Identified Community Need: Stroke Education and Screening**

### **Rationale**

Stroke is a leading cause of disability and the third leading cause of death in San Diego County. According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, behavioral and social risk factors associated with heart disease and stroke deaths include poor nutrition, lack of physical activity, lack of appropriate medical care, substance abuse and stressful circumstances. Intermediate outcomes associated with these conditions include high blood pressure, high cholesterol, diabetes, obesity and cardiovascular disease.

The countywide community input survey conducted by Community Health Improvement Partners (CHIP) in 1998 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 for Fiscal Year 2002 – Fiscal Year 2004**

To provide stroke education and screening activities for the community.

### **Fiscal Year 2002 Report of Activities**

Sharp Coronado Hospital and Health Care Center provided five stroke screenings in Fiscal Year 2002, serving 104 persons. Health care professionals conducted educational lectures on a bimonthly basis, serving 450 community members in Fiscal Year 2002.

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

### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Sharp Coronado Hospital and Health Care 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 health information at stroke screenings, educational events and blood pressure clinics

## **Identified Community Need: Cancer Education and Screening**

### **Rationale**

Cancer is the second leading cause of death (4,592 deaths in 1999) in San Diego County, accounting for approximately a quarter of all deaths. In 1999, there were 595 deaths due to all cancer sites in the South Region; the age-adjusted death rate for all cancer sites was 188.9 deaths per 100,000 population, failing to meet the Healthy People 2010 target<sup>1</sup> of 159.9 deaths per 100,000. Deaths due to lung cancer (163 deaths) accounted for approximately 27 percent of the cancer deaths in the region; the age-adjusted death rate for all lung cancer was 51.8 deaths per 100,000 population, failing to meet the Healthy People 2010 target of 44.9 deaths per 100,000 persons. According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, behavioral and social risk factors associated with cancer deaths include overweight/obesity, poor nutrition, lack of physical activity, lack of appropriate medical care, substance abuse and use of hormones or contraceptives.

Focus group participants in the Community Health Improvement Partners (CHIP) 1998 process identified adequate health education, specifically related to preventive care and chronic illnesses, as a priority health concern. 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 for Fiscal Year 2002 – Fiscal Year 2004**

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

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<sup>1</sup> The U.S. Department of Health and Human Services' Healthy People 2010 initiative represents the nation's prevention agenda for the first decade of the 21<sup>st</sup> century. Healthy People 2010 has two overarching goals: to increase quality and years of healthy life and eliminate health disparities.

### **Fiscal Year 2002 Report of Activities**

In Fiscal Year 2002, Sharp Coronado Hospital and Health Care Center provided four skin cancer education and screening events throughout the year (over 300 persons served); one of these events was held at the Mexican Consulate and addressed the needs of the Latino community. Sharp Coronado Hospital and Health Care Center provided one prostate cancer education and screening event in conjunction with Prostate Cancer Awareness Month in September (approximately 100 men served). 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 Health Care 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 2003 Plan**

In Fiscal Year 2003, Sharp Coronado Hospital and Health Care 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 during Prostate Cancer Awareness Month in September
- Provide literature and other resources during Breast Cancer Awareness Month in October
- Conduct 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 for Fiscal Year 2002 – Fiscal Year 2004**

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 2002 Report of Activities**

In Fiscal Year 2002, Sharp Coronado Hospital and Health Care Center continued its implementation of Project C.A.R.E in the City of Coronado. Focusing on seniors and disabled in Coronado, Sharp Coronado Hospital and Health Care Center maintained, operated and monitored Project C.A.R.E. from the hospital coordination site. "Are You Okay?" phone calls and any necessary follow-up activities were conducted seven days a week from the hospital to the 22 individuals enrolled in the program. In addition, Sharp Coronado Hospital and Health Care Center promoted the availability of the program within the community, hosted two community committee meetings of program participants, attended four meetings of Project C A R.E. coordinators held by the County Department of Health Services and provided monthly progress reports to the County

Sharp Coronado Hospital and Health Care Center ensured the delivery of hot lunch and boxed dinner meals to seniors and others in their homes through a Meals-on-Wheels program, delivering 5,755 meals in Fiscal Year 2002

### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Sharp Coronado Hospital and Health Care Center will conduct the following activities

- Maintain, operate and monitor Project C A R E from the hospital coordination site
- Continue to promote the availability of the program within the community – to senior centers, police department, City of Coronado and physicians
- Attend community committee meetings with other program participants such as postal workers, police department, fire department, water department, City of Coronado Services, clergy and pharmacists
- Attend periodic 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 Health Care Center - Fiscal Year 2002**

<b>Senate Bill 697 Category</b>	<b>Programs and Services Included in Senate Bill 697 Category</b>	<b>Estimated FY 2002 Unreimbursed Costs</b>
Medical Care Services	Shortfall in Medi-Cal <sup>1</sup>	\$366,620
	Shortfall in Medicare <sup>1</sup>	\$771,643
	Shortfall in County Indigent Medical Services <sup>1</sup>	\$32,031
	Uncompensated Care <sup>2</sup>	\$1,135,866
	Physician Backup Services <sup>3</sup>	\$120,000
Other Benefits for Vulnerable Populations	Project HELP (fund for uninsured patients for transportation and pharmaceuticals), financial support for workers to process Medi-Cal eligibility forms, Project C.A.R.E. and delivery of meals to homebound seniors and disabled persons <sup>4</sup>	\$59,476
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, flu shots, support groups, donations of time to community organizations and cost of fundraising for community events <sup>4</sup>	\$109,553
Health Research, Education and Training Programs	Health education and training programs for students and interns in respiratory care, pharmacy, laboratory, public health and dietetics and Partnership for Smoke-Free Families <sup>4</sup>	\$137,092
	<b>TOTAL</b>	<b>\$2,732,281</b>

<sup>1</sup> 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

<sup>2</sup> 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.

<sup>3</sup> Physician backup services include emergency room backup services to cover the cost of physicians on call for uninsured patients

<sup>4</sup> 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

# 6 Grossmont Hospital Corporation

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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
- Ambulatory care services
- Behavioral Health Unit
- Breast Health Center, including mammography
- Cardiac services
- Cardiac Training Center
- Chest Pain Center
- David and Donna Long Center for Cancer Treatment
- Diabetes services
- Endoscopy Unit
- Grossmont Plaza Outpatient Surgery Center
- Home health<sup>1</sup>
- Home infusion therapy
- Hyperbanc treatment
- Intensive Care Unit
- Lakeview Home<sup>2</sup>
- Behavioral Health Unit
- Neonatal Intensive Care Unit
- Orthopedics
- Outpatient Imaging Center
- Pain and palliative care services
- Pathology services
- Pediatric services
- Pulmonary rehab
- Rehabilitation Center
- Senior Health Center
- Senior Resource Center
- Sleep Disorders Center
- Surgical services
- Transitional Care Unit
- Van services
- Women's Health Center
- Wound Care Center

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<sup>1</sup> Provided through Sharp Memorial Hospital Home Health Agency

<sup>2</sup> Hospice residential facility

## **Fiscal Year 2002 Community Benefits Program Highlights**

Grossmont Hospital Corporation provided a total of **\$32,409,824** in community benefits in Fiscal Year 2002. See **Table 5** 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, 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 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 11,660 persons), financial support for onsite workers to process Medi-Cal eligibility forms, a Vial of Life program, which provides essential medical information for emergency personnel's use (serving 2,740 persons), Project HELP, a fund that provided \$43,482 for medication, medical equipment, transportation and other essentials to assist 1,794 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 donation of items to needy families
- **Other Services for the Broader Community** including health education and information 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 MailWalker program and support groups for arthritis, congestive heart failure, stroke, diabetes, 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 civic organizations, such as San Diego County Social Services, Boys and Girls Club, San Diego Safe Kids Coalition, San Diego East County Chamber of Commerce, Meals-on-Wheels, Aging and Independence Services and East County Action Network for Older Adults and Adults with Disabilities. See **Appendix A** for a listing of Sharp HealthCare community involvement.
- **Health Research, Education and Training Programs** including education and training programs for OB/GYN, labor and delivery, nursing, dietetics, psychology and social work students, participation in Mediversity, a collaborative internship program for junior and high school 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 population of the East Region is estimated at 465,780 persons, or approximately 16 percent of the total San Diego County population. See **Table 1** for a summary of key demographics, including total population, population by race/Hispanic origin and population by major age groups.

**Table 1: Summary Demographics: East Region (1999)**

Description	Number	Percent
Population	465,780	100%
<b>Race/Hispanic Origin</b>		
White	352,653	76%
Black	17,343	4%
Hispanic	72,938	16%
Asian/Other	22,846	5%
<b>Age Groups</b>		
Under 1 Year	6,332	1%
1 to 4 Years	28,781	6%
5 to 14 Years	69,761	15%
15 to 24 Years	61,594	13%
25 to 34 Years	69,255	15%
35 to 44 Years	78,153	17%
45 to 54 Years	60,029	13%
55 to 64 Years	37,756	8%
65 to 74 Years	29,238	6%
75 to 84 Years	17,998	4%
85 Years and Older	6,883	2%

*Source. San Diego Association of Governments*

In 2001, 91 percent of children 0 to 18 years and 92 percent of adults 19 years and older in the East Region reported having health insurance, according to findings from United Way of San Diego County. See **Table 2** for a summary of key indicators of access to care, including health insurance, dental insurance and a primary caregiver

**Table 2: Health Care Access: East Region (2001)**

Description	Percent
Have Health Insurance	
Children 0 to 18 Years	91%
Adults 19 Years and Older	92%
Have Dental Insurance	
Children 0 to 18 Years	77%
Adults 19 Years and Older	67%
Have a Primary Caregiver	
Children 0 to 18 Years	91%
Adults 19 Years and Older	87%

Source: United Way of San Diego County, Outcomes and Community Impact Program.

In 1999, the East Region did not meet the Healthy People 2010 national targets<sup>1</sup> for the following leading causes of death: coronary heart disease, cancer (all sites), lung cancer, stroke, unintentional injuries and suicide. See Table 3 for a summary of number of deaths and age-adjusted death rates for selected leading causes of death.

**Table 3: Deaths due to Selected Leading Causes: East Region (1999)**

Leading Cause	Number of Deaths	Rate (per 100,000)	Year 2010 Target
Coronary Heart Disease	869	202.8	166.0
Cancer (all sites)	854	199.5	159.9
Lung	262	61.1	44.9
Female Breast	51	21.2	22.3
Prostate	42	26.4	28.8
Stroke	278	65.2	48.0
Unintentional Injuries (all)	106	23.4	17.5
Diabetes	77	18.0	NE
Suicide	48	10.5	5.0
Homicide	14	3.0	3.0

Notes. Population age-adjusted to 2000 Standard U.S. Population. Year 2010 Target has not been established (NE) for diabetes as a leading cause. Sources. California Department of Health Services and San Diego Association of Governments.

<sup>1</sup> The U.S. Department of Health and Human Services' Healthy People 2010 initiative represents the nation's prevention agenda for the first decade of the 21<sup>st</sup> century. Healthy People 2010 has two overarching goals: to increase quality and years of healthy life and eliminate health disparities.

## **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 programs and services 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*:

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

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 2002 report of activities conducted in support of the objective(s) and Fiscal Year 2003 plan of activities.

## **Identified Community Need: Stroke Education and Screening**

### **Rationale**

Stroke is a leading cause of disability and the third leading cause of death in San Diego County. According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, behavioral and social risk factors associated with heart disease and stroke deaths include poor nutrition, lack of physical activity, lack of appropriate medical care, substance abuse and stressful circumstances. Intermediate outcomes associated with these conditions include high blood pressure, high cholesterol, diabetes, obesity and cardiovascular disease.

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 (11 percent), a higher percentage (15.2) of the population are seniors in the rural east county area. Grossmont Hospital Corporation cared for 667 stroke and transient ischemic attack patients in Fiscal Year 2002, 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 2002, 38 percent were at risk for stroke and 82 percent had hypertension. Twenty percent of individuals participating in the program did not know they were at risk for stroke and/or had hypertension

### **Measurable Objective for Fiscal Year 2002 – Fiscal Year 2004**

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

### **Fiscal Year 2002 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, including arrival at hospitals within early onset of symptoms. In Fiscal Year 2002, 24 screenings were conducted in East San Diego County,

serving 634 persons. Stroke education and screening events were held at three new community sites in Fiscal Year 2002 – Lincoln Park Wellness Village, Curves for Women (in Lakeside) and Santa Sophia (in Casa de Oro). 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 2002, 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 2003 Plan**

In Fiscal Year 2003, Grossmont Hospital Corporation will conduct the following activities:

- Conduct stroke screening and education events in East San Diego County, reaching at least 600 persons
- Maintain an updated referral list and continue to provide referrals for 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
- 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: Heart Disease Education and Screening**

### **Rationale**

Heart disease is the leading cause of death in San Diego County, as in the nation. In 1999, there were 869 deaths due to all coronary heart disease in the East Region; the age-adjusted death rate for coronary heart disease was 202.8 deaths per 100,000 population, failing to meet the Healthy People 2010 target of 166.0 deaths per 100,000. According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, behavioral and social risk factors associated with cardiovascular disease include poor nutrition, lack of physical activity, lack of appropriate medical care, substance abuse and stressful circumstances. Intermediate outcomes associated with these conditions include high blood pressure, high cholesterol, diabetes, obesity and cardiovascular disease.

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 for Fiscal Year 2002 – Fiscal Year 2004**

To provide cardiac education and screening services for the community, with an *emphasis on adults and seniors*

Note: This objective was added to this year's Community Benefits Plan.

### **Fiscal Year 2002 Report of Activities**

Grossmont Hospital Corporation offered bimonthly cardiac education classes in Fiscal Year 2002, serving ten to 15 persons in each class. Educational topics discussed included risk factors for heart disease, lifestyle modifications to decrease risk factors for heart disease and cardiac diagnoses and treatment plans for angina, myocardial infarction, angioplasty and bypass grafts.

Grossmont Hospital Corporation participated in three health fairs in Fiscal Year 2002 (Parkway Health Fair, La Mesa Senior Health Fair and YMCA Health Fair), providing education and screenings for 220 persons. In addition, staff from cardiac rehabilitation attended monthly meetings of Mended Hearts, providing support and answers to questions related to heart disease.

In Fiscal Year 2002, Grossmont Hospital Corporation hosted six Congestive Heart Failure support groups discussing topics such as nutrition, fitness, stress and management of heart failure.

### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Grossmont Hospital Corporation will conduct the following activities:

- Provide scheduled bimonthly cardiac education classes to discharged patients and other family members
- Provide cardiac education and screening through participation in a minimum of four community events such as health fairs and lectures
- Offer a Congestive Heart Failure support group six times a year

### **Identified Community Need: Cancer Education and Screening and Clinical Trials**

#### **Rationale**

Cancer is the second leading cause of death (4,592 deaths in 1999) in San Diego County, accounting for approximately a quarter of all deaths. In 1999, there were 854 deaths due to all cancer sites in the East Region; the age-adjusted death rate for all cancer sites was 199.5 deaths per 100,000 population, failing to meet the Healthy People 2010 target of 159.9 deaths per 100,000. Deaths due to lung cancer (262 deaths) accounted for approximately one-third of the cancer deaths in the region; the age-adjusted death rate for lung cancer was 61.1 deaths per 100,000 population, failing to meet the Healthy People 2010 target of 44.9 deaths per 100,000. According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, behavioral and social risk factors associated with cancer deaths include overweight/obesity, poor nutrition, lack of physical activity, lack of appropriate medical care, substance abuse and use of hormones or contraceptives.

Focus group participants in the Community Health Improvement Partners (CHIP) 1998 process identified adequate health education, specifically related to preventive care and chronic illnesses as a priority health concern.

#### **Measurable Objectives for Fiscal Year 2002 – Fiscal Year 2004**

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

To participate, screen and enroll patients in cancer clinical trials.

## **Fiscal Year 2002 Report of Activities**

Grossmont Hospital Corporation Cancer Center participated in eight cancer education, screening and risk assessment events in Fiscal Year 2002, serving approximately 500 people. Events included Sharp HealthCare's Women's Symposium, Older Americans Health Fair, Advances in Breast Care and Spring Health Fair.

Grossmont Hospital Corporation Cancer Center continued to offer support programs for cancer patients, including the Cancer Center's breast cancer support group (meetings held twice a month), Look Good, Feel Better program (meetings held every other month) and caregivers support group (meetings held twice a year) Grossmont Hospital Corporation also sponsored over 150 hours of individual nutritional counseling in Fiscal Year 2002, serving over 160 patients. In addition, Grossmont Hospital Corporation coordinated activities with a local chapter of The Wellness Community to jointly advertise and sponsor support and education programs, such as stress reduction, healing touch and journaling through the cancer experience, serving 569 patients in Fiscal Year 2002

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 Fiscal Year 2002, Grossmont Hospital Corporation Cancer Center screened over 100 patients for participation in cancer clinical trials, enrolling approximately 30 patients in cancer research studies.

## **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Grossmont Hospital Corporation Cancer Center will conduct the following activities:

- Conduct community cancer screenings and educational sessions
- Provide breast cancer and caregivers support groups
- Provide individual nutrition counseling sessions
- Coordinate activities with The Wellness Community, with programs available two days a week
- Provide assistance for transportation and medications for individuals who cannot afford them, through administration of funds from Friends of the Cancer Center and support from the hospital pharmacy
- 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: Diabetes Education and Screening**

### **Rationale**

In 1999, there were 377 deaths due to diabetes as the leading cause of death in San Diego County (Note: Diabetes is also a contributing cause of death). According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, behavioral and social risk factors associated with diabetes include lack of physical activity, poor nutrition, tobacco use and lack of appropriate medical care. Other environmental risk factors include race/ethnicity, genetics and family history, poverty and age greater than 45 years

According to the National Institutes of Health, diabetes affects 17 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 70 percent increase in diabetes in people age 30 to 40 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 for Fiscal Year 2002 – Fiscal Year 2004**

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

### **Fiscal Year 2002 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 2002, Grossmont Hospital Corporation conducted lectures and blood glucose screenings at 47 hospital and offsite locations, screening 2,469 persons (these screenings identified 270 people with elevated blood glucose levels). Offsite locations included a variety of venues such as health fairs, recreation and community centers, senior living and older adult programs, adult schools and symposiums

In Fiscal Year 2002, Grossmont Hospital Corporation conducted monthly educational support groups at three Sharp HealthCare entities – Grossmont Hospital Corporation (serving 20 attendees each month), Sharp Memorial Hospital (serving 5 attendees each month) and Sharp Chula Vista Medical Center (serving 5 attendees each month). Offered free for individuals with diabetes and their family members, support groups meet for 90 minutes monthly and discuss topics such as getting started with exercise, blood glucose monitoring, diabetes medications, grocery store tour, coping and living with

diabetes, neuropathy and prevention and treatment of kidney disease. Publicity regarding the availability of the support groups includes announcements in the Senior Resource Center newsletter, Sharp HealthCare website, flyers in physician offices and at Diabetes Management classes held throughout the County.

With financial support from a County grant, Grossmont Hospital Corporation diabetes department conducted six exercise sessions, ranging from two to four weeks each, at two Sharp HealthCare hospitals. In Fiscal Year 2002, a total of 24 participants were served. Participants in this research study completed various measurement tools, including a diabetes and exercise questionnaire, program evaluation and activity charts tracking exercise and correlating blood glucose levels.

Sponsored by the American Diabetes Association, Grossmont Hospital Corporation initiated a diabetes in the family research study in Fiscal Year 2002. Key activities conducted included development and pilot-testing of a workshop, recruitment of patients and conducting two day-long workshops (serving 18 couples).

#### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Grossmont Hospital Corporation will conduct the following activities:

- Coordinate and implement blood glucose screenings at community and hospital sites throughout San Diego County
- Conduct education and support group activities
- Continue participation in a "diabetes in the family" research study

## **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 (the most recent information available).

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 at high risk (i.e., persons age 65 years and older, adults and children with a chronic health condition, children between 6 and 23 months, women who will be more than three months pregnant during flu season and household contacts or 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 for Fiscal Year 2002 – Fiscal Year 2004**

In collaboration with community partners, 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 2002 Report of Activities**

In Fiscal Year 2002, 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 3,557 flu vaccinations were provided at 33 community sites. Sites included senior centers, mobile home parks, adult day health centers and senior housing complexes. One site targeted homeless. 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 heart disease and stroke, cancer and diabetes.

### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Grossmont Hospital Corporation Senior Resource Center will conduct the following activities:

- Continue to provide flu vaccinations at over 25 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 Adult Immunization Committee and serve as chair of the flu 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.

According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, seniors in San Diego County comprised approximately 11 percent of the population and accounted for the majority of deaths due to the following selected leading causes: stroke, coronary heart disease, cancer and diabetes (1999). In addition, falls were the leading type of unintentional injury death in persons 65 years and older in San Diego County.

**Table 4: Deaths in Seniors 65+ Years due to Selected Leading Causes (1999)**

<b>Leading Cause</b>	<b>Deaths (65+ years)</b>	<b>Percent of All Deaths</b>
Stroke	1,348	89%
Coronary Heart Disease	4,065	87%
Cancer (all sites)	3,347	73%
Prostate	280	94%
Lung	919	78%
Breast	194	56%
Diabetes	277	73%
Unintentional Injunes (all)	188	25%
Suicide	69	24%
Homicide	9	9%

*Note. Data on deaths due to Chronic Lower Respiratory Disease and Pneumonia and Influenza not available*

*Source. California Department of Health Services.*

**Measurable Objectives for Fiscal Year 2002 - Fiscal Year 2004**

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 (Community Action to Reach the Elderly), a community service program that helps seniors stay in their homes.

**Fiscal Year 2002 Report of Activities**

In Fiscal Year 2002, Grossmont Hospital Corporation Senior Resource Center provided free health education programs (1,545 attended) and health screenings (2,496 screened) Health education programs were provided on topics such as memory, senior services, Vial of Life, Advance Directives for Health Care, strength training, caregiving and Empowered Consumer: Getting the Most from Your Health Care Provider In addition, free monthly blood pressure screenings were offered at eight community sites, quarterly lectures and screening programs on prevention of falls were offered as well as other health screenings for hearing, lung, foot, peripheral artery disease, skin cancer, carotid artery disease and general cancer risk

The Senior Resource Center participated in community health fairs for seniors such as La Mesa Senior Health Services and Older Americans Fair at Grossmont Center, serving 1,865 persons In addition, 2,740 Vials of Life (providing

important medical information to emergency personnel for seniors and disabled persons living in their homes) and advance directives were distributed free to the community.

The Senior Resource Center offered three exercise programs for seniors: a senior fitness class offered three times a week, a Tai Chi class offered quarterly and a mall walker program. The Grossmont Mall Walker program featured free stretch training and exercise programs, monthly blood pressure clinics, health education, screenings and social gatherings such as a summer picnic, holiday luncheon and other outings. At year-end, 1,318 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 60 East County seniors who live alone (a total of 20,295 calls were made to seniors or disabled individuals in Fiscal Year 2002). If calls go unanswered or continuously ring busy, staff follow-up with friends or neighbors to ensure participants are okay. In Fiscal Year 2002, local publicity – featuring a client in the San Diego newspaper – helped to increase awareness of Project C A R E. services. The coverage area of Project C A R E. was extended this year to include Lemon Grove and Spring Valley, to accommodate clients affected by the bankruptcy of a local senior center.

The Senior Resource Center at Grossmont Hospital Corporation sponsored a caregiver conference in Spring Valley, serving 45 attendees. The Senior Resource Center assisted with the planning and coordination and provided speakers and informational materials.

In Fiscal Year 2002, the Senior Resource Center at Grossmont Hospital Corporation maintained active relationships with organizations serving seniors, enhancing networking among East County professionals and the provision of quality programming for seniors. These organizations included Aging and Independence Services (Project C.A R E. and Health Promotion Committee), East County Action Network, East County Senior Service Providers, East County Meals-on-Wheels and Rural Health Committee.

### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Grossmont Hospital Corporation's Senior Resource Center will conduct the following activities.

- Coordinate health education and outreach programs in the East Region of San Diego County, including distribution of a quarterly calendar.

- Support the Vial of Life program
- Support Project C A R E.
- Maintain active relationships with other organizations serving seniors in the East Region

## **Identified Community Need: Prevention of Unintentional Injuries**

### **Rationale**

Unintentional injuries – motor vehicle crashes, drowning, poisonings, recreational and sports-related injuries, burns, choking, falls, unintentional shootings and suffocation – are the leading cause of death for individuals under the age of 35. In 1999, there were 747 deaths due to unintentional injuries in San Diego County; the age-adjusted death rate for all unintentional injuries was 27.0 deaths per 100,000 population, failing to meet the Healthy People 2010 target of 17.5 deaths per 100,000. According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, behavioral and social risk factors associated with motor vehicle-related deaths among individuals age 15 to 24 years include substance abuse, unsafe and inexperienced driving, night time driving and failure to use seat belts.

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 2002 - Fiscal Year 2004**

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

### **Fiscal Year 2002 Report of Activities**

Sharp HealthCare established the San Diego Think First Chapter in 1999. In the past four years, Sharp HealthCare, with the support of external funding, continued to develop and promote the Think First program.

In Fiscal Year 2002, a total of 233 schools participated in the Think First program. Risk Watch, a school-based curriculum specially designed for students in grade four through grade eight, was implemented in 36 schools throughout the San Diego area. In addition, representatives from Think First attended PTA meetings throughout San Diego, introducing the program and speakers and educating parents on the program and curriculum which will be offered in schools. Think First further increased program awareness through participation in community events, providing brochures, fact sheets and safety tips. In Fiscal Year 2002, over 323,000 students, educators, parents and community members were reached with a message of violence and injury prevention.

In Fiscal Year 2002, Think First was awarded a three-year grant from the California Endowment. Grant funds will be used to bring Think First to the Imperial Valley and to purchase a specially equipped van to transport VIPs (Voices for Injury Prevention) to and from events in the Imperial Valley.

During the fiscal year, Sharp on Survival staff supported the collaboration of Sharp HealthCare's Government Relations department with the State Assembly legislative counsel to draft and propose legislation to provide brain and spinal cord injury prevention curricula for children in grades K through 12. Following introduction of the legislation by Assemblywoman Charlene Zettel, Sharp's Government Relations department sought and gained the support of representatives of health care and business industries (including California Medical Association, Advisory Commission on Special Education, San Diego Regional Chamber of Commerce and California Rehabilitation Association). Governor Davis signed Sharp-sponsored Assembly Bill 2668 into law on September 21, 2002.

## **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Think First/Sharp on Survival will conduct the following activities:

- Expand Think First/Sharp on Survival to incorporate all injury and violence prevention activities under the Institute of Injury and Violence Prevention
- Increase the number of bilingual VIPs (Voices for Injury Prevention) from two to four
- Increase the number of schools participating in Risk Watch, with financial support from a grant
- Implement an educational campaign to bring Think First to the Imperial Valley, with funding support from the California Endowment
- Complete data analysis of a three-year longitudinal study for school-based curriculum among students in first through third grades
- Implement and/or solidify relationships with the San Diego Gulls (hockey team), San Diego Padres (baseball) and spring training Arizona Cactus League (baseball team)

## **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 for Fiscal Year 2002 – Fiscal Year 2004**

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

## **Fiscal Year 2002 Report of Activities**

Sharp HospiceCare served patients and their families through a hospice model of care. In Fiscal Year 2002, 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 2002 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 2002, 2,040 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 2002, seven regularly offered and specialty bereavement groups were offered free of charge, serving children age 5 to 12 years, adolescents age 13 to 18 years 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 100 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, 1,650 adults and 180 children received 13 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 2002, 60 people (23 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 2002, 95 persons attended a Spiritual Care conference, focusing on educating clergy and other counseling professionals on the issues related to hospice spiritual care, bereavement, grief and loss.

Sharp HospiceCare provided extensive and experiential training for 60 new volunteers in Fiscal Year 2002. As part of the hospice interdisciplinary team, 100 volunteers provided services through direct patient care as well as clerical and administrative support. In addition, volunteers acted 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. The HospiceCare program supported volunteers with a volunteer support group (offered bimonthly), an annual retreat day and

recognition during National Volunteer Month and National Hospice Month. In Fiscal Year 2002, Sharp HospiceCare also provided training and supervision to two medical social worker students.

In Fiscal Year 2002, 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 660 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 2003 Plan**

In Fiscal Year 2003, 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 Spintual Care conference
- Volunteer training programs
- Community education and referral services

**Table 5: Economic Value of Community Benefits Provided  
Grossmont Hospital Corporation – Fiscal Year 2002**

<b>Senate Bill 697 Category</b>	<b>Programs and Services Included in Senate Bill 697 Category</b>	<b>Estimated FY 2002 Unreimbursed Costs</b>
Medical Care Services	Shortfall in Medi-Cal <sup>1</sup>	\$13,174,450
	Shortfall in Medicare <sup>1</sup>	\$7,195,873
	Shortfall in County Indigent Medical Services <sup>1</sup>	\$1,404,462
	Uncompensated Care <sup>2</sup>	\$7,049,421
	Physician Backup Services <sup>3</sup>	\$2,099,665
Other Benefits for Vulnerable Populations	Patient transportation, financial support for onsite workers to process Medi-Cal eligibility forms, Project HELP, a Vial of Life program, Project C.A.R.E. and collection and donation of items for the needy <sup>4</sup>	\$625,555
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, flu shots, support groups, donations of time to community organizations and cost of fundraising for community events <sup>4</sup>	\$607,393
Health Research, Education and Training Programs	Health education and training programs for students and interns in OB/GYN, labor and delivery, nursing, dietetics, psychology and social work, Mediversity and Partnership for Smoke-Free Families <sup>4</sup>	\$253,005
	<b>TOTAL</b>	<b>\$32,409,824</b>

<sup>1</sup> 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.

<sup>2</sup> 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

<sup>3</sup> Physician backup services include emergency room backup services to cover the cost of physicians on call for uninsured patients

<sup>4</sup> 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**

# **7 Sharp Mary Birch Hospital for Women**

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

**Program and Service Highlights**

- Antenatal testing services
- Breast Milk Depot
- Gynecologic oncology
- Lactation Services
- Mother and baby services
- Neonatal Intensive Care Unit (NICU)
- New Beginnings Boutique
- *Obstetrical and women's surgical emergency services*
- Parent education programs
- Perinatal special care
- Sharp and Children's Hospital Prenatal Diagnostic Center
- Sharp Family Resource and Breast-feeding Education Center
- Sharp Fertility Center
- Sharp Perinatal Center
- Teen pregnancy program
- Women's and infants' pathology services
- Women's education programs
- Women's surgery services

## **Fiscal Year 2002 Community Benefits Program Highlights**

Sharp Mary Birch Hospital for Women provided a total of **\$6,209,833** in community benefits in Fiscal Year 2002. See **Table 5** 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 physicians on call for uninsured patients.
- **Other Services for Vulnerable Populations** including financial contributions to a community clinic to assist in providing health services and improving access to health services, financial support for onsite workers to process Medi-Cal eligibility forms 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, Women's Health Alliance, 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 OB/GYN, labor and delivery and neonatal nursing students and lactation consultants and educators 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 population of San Diego County is estimated at 2,852,258 persons. See **Table 1** for a summary of key demographics, including total population, population by race/Hispanic origin and population by major age groups

**Table 1: Summary Demographics: San Diego County (1999)**

Description	Number	Percent
Population	2,852,658	100%
Race/Hispanic Origin		
White	1,718,258	60%
Black	171,096	6%
Hispanic	696,468	24%
Asian/Other	266,836	9%
Age Groups		
Under 1 Year	42,866	2%
1 to 4 Years	190,949	7%
5 to 14 Years	418,188	15%
15 to 24 Years	408,737	14%
25 to 34 Years	440,441	15%
35 to 44 Years	466,323	16%
45 to 54 Years	343,610	12%
55 to 64 Years	214,552	8%
65 to 74 Years	171,817	6%
75 to 84 Years	112,933	4%
85 Years and Older	42,242	1%

*Source: San Diego Association of Governments*

In 2001, 89 percent of children 0 to 18 years and 88 percent of adults 19 years and older in the San Diego County reported having health insurance, according to findings from United Way of San Diego County. See **Table 2** for a summary of key indicators of access to care, including health insurance, dental insurance and a primary caregiver

**Table 2: Health Care Access: San Diego County (2001)**

Description	Percent
Have Health Insurance	
Children 0 to 18 Years	89%
Adults 19 Years and Older	88%
Have Dental Insurance	
Children 0 to 18 Years	75%
Adults 19 Years and Older	64%
Have a Primary Caregiver	
Children 0 to 18 Years	87%
Adults 19 Years and Older	83%

Source: United Way of San Diego County, Outcomes and Community Impact Program.

In 1999, San Diego County did not meet the Healthy People 2010 national targets<sup>1</sup> for the following leading causes of death: coronary heart disease, cancer (all sites), lung cancer, female breast cancer, stroke, unintentional injuries, suicide and homicide. See Table 3 for a summary of number of deaths and age-adjusted death rates for selected leading causes of death.

**Table 3: Deaths due to Selected Leading Causes: San Diego County (1999)**

Leading Cause	Number of Deaths	Rate (per 100,000)	Year 2010 Target
Coronary Heart Disease	4,676	179.2	166.0
Cancer (all sites)	4,592	178.2	159.9
Lung	1,182	46.1	44.9
Female Breast	344	24.5	22.3
Prostate	297	28.6	28.8
Stroke	1,507	57.6	48.0
Unintentional Injuries (all)	747	27.0	17.5
Diabetes	377	14.6	NE
Suicide	286	10.4	5.0
Homicide	101	3.5	3.0

Notes: Population age-adjusted to 2000 Standard U.S. Population

Year 2010 Target has not been established (NE) for diabetes as a leading cause

Sources: California Department of Health Services and San Diego Association of Governments.

<sup>1</sup> The U.S. Department of Health and Human Services' Healthy People 2010 initiative represents the nation's prevention agenda for the first decade of the 21<sup>st</sup> century. Healthy People 2010 has two overarching goals: to increase quality and years of healthy life and eliminate health disparities.

In 1999, San Diego County did not the Healthy People 2010 national targets for early prenatal care, infant mortality (all races) and low birthweight infants. See Table 4 for a summary of these maternal and infant health indicators for San Diego County.

**Table 4: Summary of Maternal Health Indicators: San Diego County (1999)**

Description	Number	Rate	Year 2010 Target
Early Prenatal Care (Total)	34,730	80%	90%
White	15,374	88%	
Black	2,113	77%	
Hispanic	13,394	73%	
Asian/Pacific Islander	3,562	82%	
Native American	181	78%	
Other	106	76%	
Infant Mortality (Total)	225	5.2	4.5
White	88	5.1	
Black	29	10.6	
Hispanic	92	5.0	
Asian/Pacific Islander	12	2.8	
Native American	0	0	
Other	<5	-	
Low Birthweight Infants (Total)	2,563	5.9	5.0
White	964	5.5	
Black	309	11.3	
Hispanic	954	5.2	
Asian/Pacific Islander	307	7.1	
Native American	14	6.0	
Other	15	10.8	

*Notes: Early prenatal care is care received in the first trimester.*

*Infant mortality rate is per 1,000 live births*

*Low birthweight infants weigh less than 2,500 grams (5.5 pounds) at birth.*

*Infant mortality rate is not calculated for fewer than five events.*

*Rates based on fewer than 20 events should be interpreted with caution.*

*Source: California Department of Health Services*

### **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 (Note. This is beyond the scope of current efforts of the Community Health Improvement Partners.)

### **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 preterm delivery
- Health education for mid-life women

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 2002 report of activities conducted in support of the objective(s) and Fiscal Year 2003 plan of activities

### **Identified Community Need: Teen Pregnancy Services**

#### **Rationale**

In 1999, there were 1,461 births to teen mothers age 15 to 17 years in San Diego County. During the five-year period from 1995 to 1999, the birth rate among San Diego teens 15 to 17 years decreased 26 percent, from 37.6 per 1,000 births in 1995 to 28.0 per 1,000 births in 1999. The rate of births to teens age 15 to 17 in San Diego County was highest among Latinas (rate of 61.7 per 1,000 in 1999) when compared to other races/ethnic groups; the rate of teen births was highest in the Central Region of San Diego County (45.1 per 1,000 in 1999). According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, behavioral and social risk factors associated with teen births include substance abuse, sexual abuse, lack of supervision, inappropriate media messages, limited education, depression and low self esteem and negative peer pressure. Other environmental risk factors include race/ethnicity, poverty and single-parent households.

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 for Fiscal Year 2002 – Fiscal Year 2004**

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

#### **Fiscal Year 2002 Report of Activities**

In Fiscal Year 2002, 256 teens participated in Sharp Teen Pregnancy program which included a weekly support group/parenting class for teen mothers, fathers and their children, individualized counseling sessions for teen mothers enrolled in the support group, limited case management services and a referral service to connect teens with public health and other resources. To improve program attendance, Sharp Mary Birch Hospital for Women provided monies for taxis to teens participating in the program.

Sharp Mary Birch Hospital for Women also partnered with some San Diego City schools, providing tours of the hospital prior to delivery and connecting pregnant teens with prenatal education classes.

#### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Sharp Mary Birch Hospital for Women Teen Pregnancy and Parenting Program will focus on the following activity:

- Continue to offer counseling and parenting support groups, case management and referral services to pregnant teens

## **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 1999, 225 infants died before their first birthday in San Diego County. During the five-year period from 1995 to 1999, the infant mortality rate in San Diego County ranged from a low of 4.9 infant deaths per 1,000 live births in 1995 to a high of 5.5 infant deaths per 1,000 live births in 1997. According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, behavioral and social risk factors associated with infant mortality include maternal substance abuse, lack of adequate social supports, maternal medical complications, lack of appropriate prenatal care, poor nutrition and limited maternal education. Other environmental risk factors include race/ethnicity, family history, exposure to environmental toxins, young or old maternal age and lack of adequate transportation.

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 for Fiscal Year 2002 – Fiscal Year 2004**

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

### **Fiscal Year 2002 Report of Activities**

In Fiscal Year 2002, 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 91 persons (includes women and partners) were served by classes offered in English as well as Spanish.

In addition, professional education on topics such as preterm labor prevention, diagnosis and treatment was offered on a monthly basis for physicians, nurses and other health care professionals in Fiscal Year 2002. Sharp Mary Birch Hospital for Women also taught two classes on high risk obstetrics to Regional Perinatal Committee, serving approximately 40 attendees.

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 related work groups: San Diego County Proposition 10 Welcome Baby, Perinatal Access to Care, Preterm Birth Prevention and Pre-Conception Education and Counseling. To enhance quality of care for low-income women, in Fiscal Year 2002 the hospital increased its units of service provided to four community clinics and shared gynecology protocols. In addition, Sharp Mary Birch Hospital for Women served as a training site for paramedic interns, certified lactation educators and consultants, Obstetrics/Gynecology students, Labor and Delivery students and neonatal nursing students.

#### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, 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 50 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**

### **Rationale**

Women age 40 and over are facing health issues, such as per-menopause, menopause, breast health, heart disease 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 American Heart Association, coronary heart disease is the single leading cause of death and a significant cause of morbidity among American women. Data from numerous studies and clinical trials show that coronary heart disease is largely preventable and that assessment and management of several risk factors are cost effective. According to the National Osteoporosis Foundation, more than 28 million Americans, 80 percent of whom are women, suffer from osteoporosis. However, 70 to 75 percent of these women are undiagnosed.

### **Measurable Objective for Fiscal Year 2002 – Fiscal Year 2004**

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

### **Fiscal Year 2002 Report of Activities**

In Fiscal Year 2002, 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. Held in February 2002, Sharp HealthCare's Women's Health Symposium offered a day-long seminar for women in the community and nurses. In addition to free health screenings and sessions with doctors and pharmacists, breakout sessions addressed topics such as hormone replacement therapy, breast health, heart disease and stroke, nutrition, yoga, tai chi and fitness, financial planning, stress and time management.

### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Sharp Mary Birch Hospital for Women will conduct the following activities:

- Develop and conduct health education programs of interest to mid-life women
- Continue to raise awareness and provide educational information on breast health, in conjunction with the American Cancer Society

**Table 5: Economic Value of Community Benefits Provided  
Sharp Mary Birch Hospital for Women – Fiscal Year 2002**

<b>Senate Bill 697 Category</b>	<b>Programs and Services Included in Senate Bill 697 Category</b>	<b>Estimated FY 2002 Unreimbursed Costs</b>
Medical Care Services	Shortfall in Medi-Cal <sup>1</sup>	\$3,722,325
	Shortfall in Medicare <sup>1</sup>	\$95,283
	Shortfall in County Indigent Medical Services <sup>1</sup>	\$11,912
	Uncompensated Care <sup>2</sup>	\$1,100,510
	Physician Backup Services <sup>3</sup>	\$663,678
Other Benefits for Vulnerable Populations	Financial contributions to a community clinic, financial support for onsite workers to process Medi-Cal eligibility forms, a Teen Pregnancy and Parenting program and collection and donation of items for the needy <sup>4</sup>	\$68,478
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 <sup>4</sup>	\$212,682
Health Research, Education and Training Programs	Health education and training programs for students and interns in OB/GYN, labor and delivery, neonatal nursing, lactation educators and Partnership for Smoke-Free Families <sup>4</sup>	\$334,965
	<b>TOTAL</b>	<b>\$6,209,833</b>

<sup>1</sup> 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

<sup>2</sup> 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.

<sup>3</sup> Physician backup services include obstetrics backup services to cover the cost of physicians on call for uninsured patients

<sup>4</sup> 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

# 8 Sharp Memorial Hospital

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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 Hospital 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
- Banatics
- Breast health, including mammography
- Cancer care
- Cardiac care
- Chest Pain Center, specializing in emergency chest pain treatment
- Congestive Heart Failure Management Program
- Coumadin Clinic
- Home health
- Hospice<sup>1</sup>
- Intensive Care Unit
- Mechanical Assist Device Program
- Nutrition and metabolic services
- Organ transplantation
- Orthopedics program ranked among the top 100 nationwide
- Pain Management Program
- Pathology services
- Primary care
- Radiology services
- Rehabilitation center – includes the largest brain and spinal injury treatment program in San Diego County
- Sharp Senior Health Centers
- Surgical services
- Trauma center
- Wound Care Clinic

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<sup>1</sup> Provided through Grossmont Hospital Corporation's Sharp HospiceCare

## **Program and Service Highlights (continued)**

### *Sharp Cabrillo Campus:*

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

### *Sharp Mesa Vista Hospital:*

- Chemical dependency services
- Child and adolescent psychiatric services
- Clinical supervision site for graduate interns
- Cognitive Behavioral Therapy Program
- Dual Diagnosis Outpatient Program
- Eating Disorders program
- 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 2002 Community Benefits Program Highlights**

Sharp Memorial Hospital (which includes Sharp Memorial Campus, Sharp Cabrillo Campus, Sharp Mesa Vista Hospital and Sharp Vista Pacifica) provided a total of **\$28,611,152** in community benefits in Fiscal Year 2002. See Table 5 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 physicians on call for uninsured patients.
- **Other Services for Vulnerable Populations** including financial contributions to a community clinic to assist in providing health services and improving access to health services, transportation to and from medical appointments (serving 3,125 persons), financial support for onsite workers to process Medi-Cal eligibility forms, a Vial of Life program, which provides essential medical information for emergency personnel's use (serving 750 persons); Project HELP, a fund that provided \$20,000 for medication and transportation to assist patients who could not afford to pay; and collection and donation of items for the needy.
- **Other Services for the Broader Community** including health education and information 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 Hospital 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, San Diego Regional Asthma Coalition, 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, community ministers and a psychology internship program and support of Partnership for Smoke-Free Families.

## Definition of Community

The community served by Sharp Memorial Hospital 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 population of the North Central Region is estimated at 569,589 persons, or approximately 20 percent of the total San Diego County population. See **Table 1** for a summary of key demographics, including total population, population by race/Hispanic origin and population by major age groups.

**Table 1: Summary Demographics: North Central Region (1999)**

Description	Number	Percent
Population	569,589	100%
Race/Hispanic Origin		
White	417,920	73%
Black	19,833	4%
Hispanic	62,002	11%
Asian/Other	69,834	12%
Age Groups		
Under 1 Year	6,718	1%
1 to 4 Years	32,078	6%
5 to 14 Years	68,058	12%
15 to 24 Years	74,768	13%
25 to 34 Years	96,061	17%
35 to 44 Years	102,042	18%
45 to 54 Years	72,489	13%
55 to 64 Years	47,569	8%
65 to 74 Years	39,055	7%
75 to 84 Years	23,516	4%
85 Years and Older	7,235	1%

*Source: San Diego Association of Governments.*

In 2001, 95 percent of children 0 to 18 years and 91 percent of adults 19 years and older in the North Central Region reported having health insurance, according to findings from United Way of San Diego County. See **Table 2** for a summary of key indicators of access to care, including health insurance, dental insurance and a primary caregiver.

**Table 2: Health Care Access: North Central Region (2001)**

Description	Percent
Have Health Insurance	
Children 0 to 18 Years	95%
Adults 19 Years and Older	91%
Have Dental Insurance	
Children 0 to 18 Years	79%
Adults 19 Years and Older	68%
Have a Primary Caregiver	
Children 0 to 18 Years	85%
Adults 19 Years and Older	82%

Source: United Way of San Diego County, Outcomes and Community Impact Program.

In 1999, the North Central Region did not meet the Healthy People 2010 national targets<sup>1</sup> for the following leading causes of death: coronary heart disease, cancer (all sites), female breast cancer, stroke, unintentional injuries and suicide. See Table 3 for a summary of number of deaths and age-adjusted death rates for selected leading causes of death.

**Table 3: Deaths due to Selected Leading Causes: North Central Region (1999)**

Leading Cause	Number of Deaths	Rate (per 100,000)	Year 2010 Target
Coronary Heart Disease	862	169.3	166.0
Cancer (all sites)	936	173.2	159.9
Lung	234	43.2	44.9
Female Breast	82	27.5	22.3
Prostate	58	27.8	28.8
Stroke	278	55.1	48.0
Unintentional Injuries (all)	115	20.1	17.5
Diabetes	59	11.0	NE
Suicide	64	11.2	5.0
Homicide	11	2.0	3.0

Notes: Population age-adjusted to 2000 Standard U.S. Population  
 Year 2010 Target has not been established (NE) for diabetes as a leading cause  
 Sources: California Department of Health Services and San Diego Association of Governments

<sup>1</sup> The U.S. Department of Health and Human Services' Healthy People 2010 initiative represents the nation's prevention agenda for the first decade of the 21<sup>st</sup> century. Healthy People 2010 has two overarching goals: to increase quality and years of healthy life and eliminate health disparities.

## **Community Benefits Planning Process**

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

- 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 Hospital 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 2002 report of activities conducted in support of the objective(s) and Fiscal Year 2003 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 (the most recent information available).

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 at high risk (i.e., persons age 65 years and older, adults and children with a chronic health condition, children between 6 and 23 months, women who will be more than three months pregnant during flu season and household contacts or 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 for Fiscal Year 2002 – Fiscal Year 2004**

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

### **Fiscal Year 2002 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 16 community flu clinics during November and December 2002. Approximately 1,455 seniors and others with chronic illness were served by the Senior Resource Center (855 seniors) and Senior Health Center (600 seniors). Flu clinics were held in a variety of locations, including Sharp Cabrillo Campus, Sharp Senior Health Centers (Genesee and Downtown locations), Ocean Beach Nutrition Center, Pacific Beach Nutrition

Center, Chatsworth Adult Center, Clairemont Friendship Senior Center, Senior Community Centers of San Diego – Silvercrest, The Orchards Senior Apartments, St Peter's by the Sea Lutheran Church, St. Agnes Catholic Church and Peninsula YMCA

### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Sharp Cabrillo Campus Senior Resource Center and Sharp Memorial Hospital Senior Health Center will conduct the following activities:

- Participate in the San Diego County adult 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 eight new outreach sites to increase the availability of flu vaccines to lower income persons considered high risk including seniors, people with chronic illness or homeless

### **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.

According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, seniors in San Diego County comprised approximately 11 percent of the population and accounted for the majority of deaths due to the following selected leading causes: stroke, coronary heart disease, cancer and diabetes (1999). In addition, falls were the leading type of unintentional injury death in persons 65 years and older in San Diego County.

**Table 4: Deaths in Seniors 65+ Years due to Selected Leading Causes (1999)**

<b>Leading Cause</b>	<b>Deaths (65+ years)</b>	<b>Percent of All Deaths</b>
Stroke	1,348	89%
Coronary Heart Disease	4,065	87%
Cancer (all sites)	3,347	73%
Prostate	280	94%
Lung	919	78%
Breast	194	56%
Diabetes	277	73%
Unintentional Injures (all)	188	25%
Suicide	69	24%
Homicide	9	9%

*Note: Data on deaths due to Chronic Lower Respiratory Disease and Pneumonia and Influenza not available*

*Source: California Department of Health Services*

**Measurable Objectives for Fiscal Year 2002 – Fiscal Year 2004**

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.

**Fiscal Year 2002 Report of Activities**

Sharp Cabrillo Campus Senior Resource Center provided free/low-cost health education programs (1,131 seniors, caregivers and families of the elderly served) and health screenings (840 seniors served) and participated in community health fairs (935 seniors served) in Fiscal Year 2002. Sharp Cabrillo Campus Senior Resource Center coordinated health promotion classes on topics such as heart disease, diabetes, arthritis, lung disease, Alzheimer's disease, Parkinson's disease, depression, memory, vision, healthy eating and nutritional concerns for older adults, prevention of falls, caregiving, Vial of Life and Advance Directives for Healthcare. Screenings were provided for hearing, medication management, stroke, arthritis and diabetes. A monthly support group offered for Parkinson's disease was offered (101 persons served) and an Alzheimer's disease support group met ten times (48 patients and family members served).

Sharp Senior Health Center also participated in community health fairs and community education events. Sharp Senior Health Center coordinated health promotion classes on topics such as depression, prevention of falls, heart

disease and Vial of Life and provided screenings for blood pressure and depression.

In addition, 750 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

In Fiscal Year 2002, the Senior Resource Center and/or Sharp Senior Health Center maintained active relationships with Peninsula Senior Providers, Peninsula Shepherd Center, Senior Community Centers, Clairemont Friendship Senior Center, Elder Help, Salvation Army and Aging and Independence Services, ensuring networking among community professionals and the provision of quality programs for seniors.

### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, 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 information, health promotion classes and health screenings, including those available in the new Ambulatory Care Center at Sharp Memorial Hospital
- Host a community senior health event at Sharp Cabrillo Campus, featuring services from Sharp HealthCare and representatives from local community service and government agencies
- Participate in community health fairs
- Continue to sponsor monthly support groups for Alzheimer's patients (in cooperation with the Alzheimer's Association) and Parkinson's patients and their families (in cooperation with American Parkinson's Association and Southern Caregiver Resource Center)

## **Identified Community Need: Mental Health and Substance Abuse Education**

### **Rationale**

In 1999, there were 286 deaths due to suicide in San Diego County; the age-adjusted death rate due to suicide was 10.4 deaths per 100,000 persons, failing to meet the Healthy People 2010 target of 5.0 deaths per 100,000 persons. According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, behavioral and social risk factors associated with mental health needs among adults age 25 to 64 years include substance abuse, lack of appropriate medical care, exposure to violence, stressful events and inappropriate medication. Environmental risk factors associated with mental health needs include race/ethnicity, genetics and family history, mental illness, poverty, lack of employment and poor social support network. Intermediate outcomes associated with mental health needs include suicide attempts, depression and frequent mental distress.

In 1999, there were 266 drug-related deaths in San Diego County; the age-adjusted death rate due to drugs was 9.6 deaths per 100,000 persons, failing to meet the Healthy People 2010 target of 1.0 deaths per 100,000 persons. According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, behavioral and social risk factors associated with substance abuse among adults age 25 to 64 years include negative peer pressure/poor role models, depression and poor self image, social isolation and lack of education about consequences. Environmental risk factors associated with substance abuse include genetics and family history, poverty, lack of employment, media promotion, accessibility of substances and poor family functioning. Intermediate outcomes associated with substance abuse include binge drinking and illicit drug use.

Data from San Diego City Schools, Youth Risk Behavior Surveillance System (1999) indicates that 22.2 percent of students used marijuana one or more times during the past 30 days, 39.4 percent of students had at least one drink of alcohol in the past 30 days and 23.1 percent of students smoked cigarettes one or more times during the past 30 days. According to the findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, behavioral and social risk factors associated with substance abuse among individuals age 15 to 24 years include parental substance abuse, poor peer role models, life stress events, depression and poor self image, media promotion and parenting style. Environmental risk factors associated with substance abuse include race/ethnicity, genetics and family history, poverty, single parent households, learning disorders and accessibility of substances.

In 2001, 9.9 percent of adults in San Diego County reported frequent mental distress – including stress, depression and problems with emotions – lasting at

least two weeks during the last 30 days, according to survey findings from the United Way of San Diego County, Outcomes and Community Impact Program.

**Measurable Objective for Fiscal Year 2002 – Fiscal Year 2004**

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

**Fiscal Year 2002 Report of Activities**

Sharp Mesa Vista psychiatric evaluation and intake teams provided approximately 4,130 free psychiatric evaluations and referrals for the general community in Fiscal Year 2002. On a weekly basis, Sharp Mesa Vista psychiatric evaluation team provided 4 hours a week to senior community centers for senior clients

Sharp Mesa Vista publicized, coordinated and conducted depression screenings at three Sharp HealthCare facilities – Grossmont Hospital Corporation, Sharp Chula Vista Medical Center and Sharp Mesa Vista. Seventy adults and seniors attended, with 48 individuals screened for depression. (Note: There were a total of 40 screening sites throughout San Diego County on National Depression Screening Day )

Sharp Mesa Vista participated in community health fairs (e.g., Linda Vista Health Fair, Parkway Plaza Health Fair, Qualcomm Eldercare Fair, San Diego Center for Children Health Fair and Teen Walk for Mental Health, NAMI "Strides for Mental Health" walk and health fair, Susan Davis Health and Wellness Fair), radio shows, community speaking engagements and workshops addressing a variety of behavioral health topics – anxiety, depression, stress management, holiday stress, dealing with teen behavior, eating disorders, seniors and substance abuse

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 2002, two-hour monthly meetings of the Caring and Sharing support group were held, serving 66 persons.

To meet the unique needs of teens and their families, Sharp Mesa Vista child and adolescent social work staff provided telephone consultations for school counselors. Additionally, speakers for two counselor training sessions were provided. These activities were part of Sharp Mesa Vista's educational partnership with San Diego City Schools. Drug screenings were provided for approximately 600 teens in Fiscal Year 2002.

In Fiscal Year 2002, Sharp Mesa Vista participated in a psychology internship program, training six psychology interns (five interns rotated through Sharp Mesa Vista and one intern rotated through Grossmont Hospital Corporation) In addition to training and supervision, the hospitals paid an annual stipend to each intern In Fiscal Year 2002, Sharp Mesa Vista also co-sponsored 11 continuing education workshops for psychologists (serving 155 professionals) and sponsored a conference for school psychologists (serving 160 professionals).

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 2002, staff donated approximately 1,100 hours of time to community and professional 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 and Mental Health Commission on Aging, San Diego Group Psychotherapy Society (SDGPS), San Diego Psychiatric Association, Parents for Addiction Treatment Healing (PATH), National Council on Alcoholism and Drug Dependency (NCADD), Employee Assistance Association and San Diego Senior Community Centers

#### **Fiscal Year 2003 Plan**

In Fiscal Year 2003, Sharp Mesa Vista and Sharp Vista Pacifica will conduct the following activities:

- Provide free psychiatric assessments and referrals for the community, including seniors, at downtown senior community centers
- 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
- Continue partnership with San Diego City Schools, offering assistance to counselors and others as needed
- Offer a psychology internship training program and other continuing education events for health care professionals
- Host and facilitate monthly meetings of the Caring and Sharing Support Group, assisting caregivers of individuals with mental illness
- 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
- Provide free meeting space for use by a wide variety of self help groups

## **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 Hospital participates in community sponsored events, assists with coordination, supports and fundraises for health-related causes and participates in community boards and committees.

### **Measurable Objective for Fiscal Year 2002 – Fiscal Year 2004**

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

### **Fiscal Year 2002 Report of Activities**

In Fiscal Year 2002, Sharp Memorial Hospital participated in numerous community-sponsored events such as radio talk shows and health fairs, providing first-aid booths, health screenings and health information to the general community

In addition, Sharp Memorial Hospital provided coordination, support and related fundraising activities for non-profit organizations in Fiscal Year 2002, including the American Heart Association (American Heart Walk), American Cancer Society (Relay for Life), Susan G Komen (Race for the Cure), March of Dimes (WalkAmerica), Alzheimer's Association (Memory Walk), San Diego Blood Bank (holiday and quarterly blood drives), Senior Community Centers of San Diego (holiday drive) and United Way

In Fiscal Year 2002, executive leadership and others donated their time to multiple community organizations and agencies, such as:<sup>1</sup>

- American Heart Association
- American Lung Association
- California Healthcare Association
- Healthcare Association of San Diego and Imperial Counties
- Universities and colleges in San Diego
- Association for Clinical Pastoral Education
- San Diego Chamber of Commerce

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<sup>1</sup> Additional information specific to behavioral health is described separately.

- Community Health Improvement Partners (CHIP) – Steering Committee, Access to Care Work Team and Adult Immunization Committee
- Aging and Independence Services – Health Promotions Committee
- Paratransit Coordinating Council
- Directors of Volunteers in Agencies (DOVIA)
- LEAD (a non-profit leadership organization)

**Fiscal Year 2003 Plan**

In Fiscal Year 2003, Sharp Memorial Hospital 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 and public organizations, donating time and expertise to important issues facing the community

**Table 5: Economic Value of Community Benefits Provided  
Sharp Memorial Hospital – Fiscal Year 2002**

<b>Senate Bill 697 Category</b>	<b>Programs and Services Included in Senate Bill 697 Category</b>	<b>Estimated FY 2002 Unreimbursed Costs</b>
Medical Care Services	Shortfall in Medi-Cal <sup>1</sup>	\$11,263,577
	Shortfall in Medicare <sup>1</sup>	\$4,018,342
	Shortfall in County Indigent Medical Services <sup>1</sup>	\$1,087,342
	Uncompensated Care <sup>2</sup>	\$8,560,834
	Physician Backup Services <sup>3</sup>	\$1,907,000
Other Benefits for Vulnerable Populations	Financial contributions to a community clinic, patient transportation, financial support for onsite workers to process Medi-Cal eligibility forms, Project HELP (fund for uninsured patients for transportation and pharmaceuticals), a Vial of Life program and collection and donation of items for the needy <sup>4</sup>	\$825,921
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, flu shots, support groups, donations of time to community organizations and cost of fundraising for community events <sup>4</sup>	\$505,975
Health Research, Education and Training Programs	Health education and training programs for students and interns in clinical pastoral education, community ministers and psychology and Partnership for Smoke-Free Families <sup>4</sup>	\$442,161
	<b>TOTAL</b>	<b>\$28,611,152</b>

<sup>1</sup> 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

<sup>2</sup> 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

<sup>3</sup> Physician backup services include emergency room backup services to cover the cost of physicians on call for uninsured patients

<sup>4</sup> Unreimbursed costs may include an average hourly rate for labor and a ctual costs for supplies, materials and other pur chased 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 r esponsible for providing the program/service

## Section

# 9 Sharp Rees-Stealy & Sharp Mission Park

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Sharp Rees-Stealy and Sharp Mission Park are divisions of San Diego Hospital Association (SDHA) and are not required to develop a separate community benefits plan as part of Senate Bill 697. These divisions of SDHA offered a variety of community benefits programs and services in Fiscal Year 2002, a selection of which are highlighted in this section.

### Program and Service Highlights

#### *Sharp Rees-Stealy*

- 11 Multi-Specialty medical center locations
- Occupational health services and executive health
- Physical therapy and rehabilitation
- Sharp Center for Health Promotion
- Urgent Care Centers

#### *Sharp Mission Park*

- Nine medical office locations
- Asthma management program
- Clinical research
- Diabetes management program
- Fitness program
- Smoking cessation
- Weight management program

## **Fiscal Year 2002 Community Benefits Program Highlights**

Sharp Rees-Stealy and Sharp Mission Park provided a total of **\$3,113,189** in community benefits in Fiscal Year 2002. See **Table 1** in this Section for a summary of unreimbursed costs for Sharp Rees-Stealy and Sharp Mission Park 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 3,933 persons at Sharp Rees-Stealy).
- **Other Services for the Broader Community** including health education on topics such as stress management, fitness and depression, an arthritis support group, a MallWalkers walking fitness program, screenings for blood pressure and blood glucose and participation in community health fairs and other community events.

**Table 1: Economic Value of Community Benefits Provided  
Sharp Rees-Stealy and Sharp Mission Park – Fiscal Year 2002**

<b>Senate Bill 697 Category</b>	<b>Programs and Services Included in Senate Bill 697 Category</b>	<b>Estimated FY 2002 Unreimbursed Costs</b>
Medical Care Services	Shortfall in Medi-Cal <sup>1</sup>	\$1,168,876
	Uncompensated Care <sup>2</sup>	\$1,758,122
Other Benefits for Vulnerable Populations	Patient transportation <sup>3</sup>	\$94,924
Other Benefits for the Broader Community	Health education programs, health fairs, arthritis support group, MallWalkers walking fitness program and participation in community events <sup>3</sup>	\$91,267
	<b>TOTAL</b>	<b>\$3,113,189</b>

<sup>1</sup> 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

<sup>2</sup> 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.

<sup>3</sup> 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

# 10 Sharp Health Plan

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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 2002, a selection of which are highlighted in this section.

### Program and Service Highlights

- Medi-Cal Managed Care
- Healthy Families Program
- AIM Program
- Group Health Plans
- FOCUS (subsidized coverage for small businesses)

### Fiscal Year 2002 Community Benefits Program Highlights

Sharp Health Plan provided a total of **\$4,065,435** in community benefits in Fiscal Year 2002. See **Table 1** in this Section for a summary of unreimbursed costs for Sharp Health Plan based on the categories identified in Senate Bill 697.

Among the key highlights:

- **Unreimbursed Medical Care Services** including the unreimbursed costs of State-sponsored and community programs. Medi-Cal provides comprehensive health coverage for low income uninsured families. 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 infants. 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.
- **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, Healthy San Diego, Insure the Uninsured Project, Alliance Healthcare Foundation, California Endowment – Council on Language Access, San Diego Foundation and San Diego Urban League. See **Appendix A** for a listing of Sharp HealthCare community involvement.

**Table 1: Economic Value of Community Benefits Provided  
Sharp Health Plan - Fiscal Year 2002**

<b>Senate Bill 697 Category</b>	<b>Programs and Services Included in Senate Bill 697 Category</b>	<b>Estimated FY 2002 Unreimbursed Costs</b>
Medical Care Services	Shortfall in Medi-Cal program <sup>1</sup>	\$1,885,519
	Shortfall in AIM program <sup>1</sup>	\$1,329,711
	Shortfall in FOCUS program <sup>1</sup>	\$732,800
Other Benefits for the Broader Community	Health education programs, donations to community organizations and participation in community organizations <sup>2</sup>	\$116,580
Health Research, Education and Training Programs	Lectures on managed care to students attending universities <sup>2</sup>	\$825
	<b>TOTAL</b>	<b>\$4,065,435</b>

<sup>1</sup> Unreimbursed costs shown reflect Sharp Health Plan losses in providing health care coverage.

<sup>2</sup> 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.

## **Appendix**

# **A Sharp HealthCare Involvement in Community Organizations**

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Executive leadership and other staff within Sharp HealthCare involvement in community organizations and coalitions in Fiscal Year 2002 is presented below. Community organizations are listed alphabetically.

- Action Network for Older Adults and Adults with Disabilities – East County
- Action Network for Older Adults and Adults with Disabilities – South County
- Aging and Independence Services – Health Promotion Committee
- Alliance Healthcare Foundation
- Alzheimer's Association
- American Cancer Society
- American Cancer Society – Advocacy Committee
- 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
- Association for Clinical Pastoral Education
- Association of Operating Room Nurses
- Association of Women's Health, Obstetrics and Neonatal Nursing
- Binational Emergency Medical Care Committee
- Binational Health Council
- Bonita Business and Professional Association
- Border Health Initiative
- Boys and Girls Club – East County
- Business Healthcare Connection
- California Association of Hospital and Health Systems – Directors Coordinating Council
- California College for Health Sciences – Advisory Board
- California Endowment – Council on Language Access
- California Healthcare Association
- California Highway Patrol
- California Psychiatric Association
- California Rehabilitation Association
- Center for Urban Ministry
- Chamber of Commerce – Chula Vista
- Chamber of Commerce – Coronado
- Chamber of Commerce – San Diego County Hispanic
- Chamber of Commerce – San Diego East County

- Chamber of Commerce – San Diego Regional: Education Committee
- Chamber of Commerce – San Diego Regional: Health Committee
- Chamber of Commerce – San Diego Regional: Legislative Committee
- Chamber of Commerce – Santee
- Children's Initiative
- Chula Vista Coordinating Council
- Chula Vista Human Services Council
- City of San Diego Select Committee
- Coalition to Prevent Youth Violence
- Community Health Improvement Partners – Access to Care Work Team
- Community Health Improvement Partners – Adult Immunization Committee
- Community Health Improvement Partners – Executive Partners Group
- Community Health Improvement Partners – Immunize San Diego
- Community Health Improvement Partners – Mental Health Work Group
- 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
- Consumer Center for Health, Education and Advocacy
- Coronado Clergy
- Coronado Community Committee – Project C.A R E
- Coronado Hospital Foundation
- Coronado Residential Association
- Council of Community Clinics
- Crohn's and Colitis Foundation
- Directors of Volunteers in Agencies (DOVIA) – San Diego County
- East County Community Clinics
- Employee Assistance Association
- Fetal Infant Mortality Review
- Friends of the Downtown Senior Center
- Fronteras Unidas Pro Salud
- Frost Street Outpatient Surgical Center
- Girl Scouts – San Diego and Imperial Council
- Grossmont Healthcare District – Community Relations Committee
- Grossmont Union High School District – Healthcare Academy
- Health Link
- Healthcare Association of San Diego and Imperial Counties
- Healthcare Financial Management Association – San Diego/Imperial County
- Healthy San Diego
- Healthy San Diego – Health Education and Cultural and Linguistics Workgroup
- Healthy San Diego – Quality Improvement Subcommittee
- Healthy San Diego – Site Evaluation Work Group
- 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
- Latino/a Unity Coalition
- LEAD, San Diego County Inc – Health and Human Services Board
- Lion's Club – La Mesa
- Long Term Care Integration Project
- March of Dimes
- Meals-on-Wheels – Coronado
- Meals-on-Wheels – East County
- 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
- Navajo Road Clergy Association
- Norma Park Educational Foundation
- North County School Outreach Collaborative
- Optimist Club – Coronado and Allied Garden
- Pacific Islander Cancer Coalition Network
- Paratransit Coordinating Council
- Parents for Addiction Treatment Healing (PATH)
- Partners for Community Health
- Partners for the Public's Health
- Partnership for Smoke-free Families
- Peninsula Communities Collaborative
- Peninsula Shepherd Center
- Pennatal Access Committee
- Pima College – Advisory Board
- Planned Parenthood
- Por La Vida
- Prncipal Players
- Project C A R E
- Psychiatric Association of San Diego
- Regional Data Sharing Forum
- Rotary Club – Bonita
- Rotary Club – Chula Vista
- Rotary Club – Coronado
- Rotary Club – El Cajon
- Rotary Club – La Mesa
- Rotary Club – Rancho Bernardo Sunnse
- Rotary Club – San Diego
- Rural Health Committee
- Safe Communities – San Diego County and San Diego City
- San Diego Association of Directors of Volunteer Services
- San Diego Blood Bank
- San Diego Brain Injury Foundation

- San Diego City Schools - Partners for Life
- San Diego Council of Hospital Volunteers
- San Diego County ASPEN (Association of Parenteral and Enteral Nutrition)
- San Diego County CSA69 Paramedic Advisory Board
- San Diego County Medical Society – Mental Health Commission
- San Diego County Medical Society – Mental Health Commission on Aging
- San Diego County Medical Society – Mental Health Commission: Substance Abuse Subcommittee
- San Diego County Older Adults Mental Health Task Force
- San Diego County Social Services Advisory Board
- San Diego Crew Classic
- San Diego Data Processing Board
- San Diego Dietetic Association
- San Diego Eye Bank – Nurses Advisory Board
- San Diego Foundation
- 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 Regional Asthma Coalition
- San Diego Safe Kids Coalition
- San Diego Society of Pharmacists
- San Diego State University
- San Diego Urban League
- Santee Board of Education
- Santee Collaborative
- Senior Service Providers – East County
- Senior Service Providers – Peninsula
- Senior Service Providers – South County
- Sidney Kimmel Cancer Center
- Soroptomists
- South Bay Community Services Domestic Violence Response Team Advisory Board
- South Bay Educational Collaborative
- South Bay Human Services Council
- South County Advisory Board
- South County Domestic Violence Action Coalition
- Think First – California Chapter
- 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
- Vitas Hospice – Professional Consultation Committee
- Volunteers of America

- Volunteers of America Aged and Disabled Persons Advisory Board
- Women's Health Alliance
- YMCA
- YMCA – South Bay
- Youth Soccer
- YWCA

**SHARP HEALTHCARE FOUNDATION**

**95-3492461**

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FORM 990	NON-GOVERNMENT SECURITIES					STATEMENT 8
DESCRIPTION	VALUE METHOD	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOVT SECURITIES
ROSA AZUS TRUST	MKT VALUE				1,691,325	1,691,325
FULLER TRUST	MKT VALUE				1,244,486	1,244,486
CHANDLER INVESTMENTS COMMON STOCK	MKT VALUE COST				9,589,595 0	9,589,595 0
<b>TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>12,525,406</b>	<b>12,525,406</b>

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**SHARP HEALTHCARE FOUNDATION**

**95-3492461**

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<b>FORM 990</b>	<b>LAND, BUILDINGS &amp; EQUIPMENT</b>	<b>STATEMENT 9</b>
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**DESCRIPTION**

PRINTER (HP 4550N COLOR)	2,458
SOFTWARE (DATABASE MODULE FROM BLACKBAUD)	5,726
SOFTWARE (MEMBERSHIP MODULE FROM BLACKBAUD)	3,232
ACCUMULATED DEPRECIATION	<u>(9,327)</u>
<b>TOTAL</b>	<b><u>2,089</u></b>

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

SHARP HEALTHCARE FOUNDATION

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FORM 990 OTHER ASSETS STATEMENT 10

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<u>DESCRIPTION</u>		<u>AMOUNT</u>
DEFERRED PLANNED GIFTS	1	6,541,770
PLANNED GIVING ANNUITY/TRUSTS	2	682,600
ACCRUED INTEREST RECEIVABLE	3	58,471
OTHER RECEIVABLES	4	4,802
TOTAL		<u>7,287,643</u>

PART IV, LINE 58

## SHARP HEALTHCARE FOUNDATION

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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 BLVD SAN DIEGO, CA 92123	2 hours/week 1st Vice-President	NONE	NONE	NONE
ANETTE ASHER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
JOHN BARRY 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
LORRAINE BROGLIE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
BARBARA BROWN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
BETTY BYRNES 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
PHOEBE CHONGHUA 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
H MICHAEL COLLINS 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	2 hours/week Ementus	NONE	NONE	NONE
RICHARD D. COUTTS, M D 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	2 hours/week Secretary	NONE	NONE	NONE
DOUGLAS DAVIDSON, M D 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
JEANNE DICKEY 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
FERNANDO DUK 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
GEORGE DUNN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
VERONICA ENGEL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
SUSAN TEN EYCK 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE

**SHARP HEALTHCARE FOUNDATION**

95-3492461

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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
PHILIP L GILDRED, JR 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
JOHN HATTOX, MD 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
JAMES C HAUGH 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
DOROTHY HELM 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
TOM HOM 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
STEPHEN HORRELL 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
BRIAN JASKI, M D 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
HENRY M KILLMAR 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	2 hours/week Chairman	NONE	NONE	NONE
YVONNE W LARSEN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
HOWARD LEVENSON 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
MARSHA LUBICK 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	40 hours/week CHIEF OP OFFICER- FOUNDATION	\$121,172	\$21,391	\$527
BETSY McCLENDON 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	2 hours/week Ementus	NONE	NONE	NONE
ROBERT MENDEZ, M D 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
KIMBERLY MILLER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	2 hours/week 2nd Vice-President	NONE	NONE	NONE
MICHAEL MURPHY 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	2 hours/week President	NONE	NONE	NONE

**SHARP HEALTHCARE FOUNDATION**

95-3492461

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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
KATHLEEN PORTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
KENNETH J ROTH, M D 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
MOLLY SCANLON 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
RUTH SCHULMAN 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
SUZY SPAFFORD 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
LILLIAN STAFFORD 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
JOSEPH STRAZZERI 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
TOM TOURTELLOTT 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
VICTORIA TURNUPSEED 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	SR VP/CEO FND 40 hours/week	50,220	84	-
LINDA VAN FULPEN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
GERALDINE WHEELER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
BOBBE WHITE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
GORDON L WITTER, JR 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	2 hours/week Treasurer	NONE	NONE	NONE
ROBERT WOLFORD 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
VICTOR L WOO, M D 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
<b>TOTAL</b>		<b>\$171,392</b>	<b>\$21,475</b>	<b>\$527</b>

**SHARP HEALTHCARE FOUNDATION**

95-3492461

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**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 2 HOURS / WEEK AT SHF, 40 HOURS/WEEK AT SDHA	536,633	112,124	0
<b>TOTAL</b>		<b>536,633</b>	<b>112,124</b>	<b>0</b>

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 (SDHA), FEIN 95-6077327

**SHARP HEALTHCARE FOUNDATION**

**95-3492461**

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FORM 990

OTHER INFORMATION

STATEMENT 13

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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 TOTALLED \$98,377,618.00

**SHARP HEALTHCARE FOUNDATION**

95-3492461

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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	88,270
<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	6,831
<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			50,948
LEAVITT NOTE	DECEMBER 1999	SEPTEMBER 2010	\$151,298	0
<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 <u>PAID OFF DEBT IN 03/2002</u>				
HELM	SEPTEMBER 2002	UPON DEATH	57220	57,220
<u>DONORS</u> MR & MRS JOHN & DOROTHY HELM <u>PURPOSE</u> DONATION OF 6 INSURANCE POLICIES BY INSURED				
TOTAL				<u>275,519</u>

PART IV, LINE 51c

**SHARP HEALTHCARE FOUNDATION**

**95-3492461**

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FORM 990

OTHER INFORMATION

STATEMENT 15

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SAN DIEGO HOSPITAL ASSOCIATION (SDHA), FEIN 95-6077327, IS THE PARENT ORGANIZATION FOR THE FOLLOWING ENTITIES, ALL OF WHICH ARE EXEMPT UNDER SECTION 501 ( C )( 3 ), EXCEPT SHARP HEALTH PLAN, WHICH IS EXEMPT UNDER SECTION 501 ( C )( 4 )

SHARP MEMORIAL HOSPITAL	95-3782169
SHARP CHULA VISTA MEDICAL CENTER	95-2367304
SHARP HEALTHCARE FOUNDATION	95-3492461
GROSSMONT HOSPITAL FOUNDATION	33-0124488
GROSSMONT HOSPITAL CORPORATION	33-0449527
SHARP PROPERTIES	95-6047232
SHARP HEALTH PLAN	33-0519730
SHARP CORONADO HOSPITAL & HEALTHCARE CENTER	95-0651579

SDHA AND ITS RELATED ENTITIES ARE GOVERNED UNDER INTERLOCKING BOARDS OF DIRECTORS THESE ENTITIES HAVE INTERCOMPANY RECEIVABLE AND PAYABLE ACCOUNTS, WHICH ARE USED IN THE NORMAL COURSE OF BUSINESS

**SHARP HEALTHCARE FOUNDATION**

**95-3492461**

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**FORM 990 GRANTS AND ALLOCATIONS**

**STATEMENT 16**

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

Schedule A, Part III Line 4

**SHARP HEALTHCARE FOUNDATION**

**95-3492461**

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FORM 990	DEPRECIATION EXPENSE	STATEMENT 17
		<u>Depreciation</u>
Software - Raiser's Edge (Donor Application)		159
SL method, 36 months, modified half month		
0 months remaining life		
Printer, HP 4550N color		368
SL method, 60 months		
51 months remaining life		
Software Member for Windows NE		270
SL method, 36 months		
0 months remaining life		
Grand Total		<u>797</u>

PART II, LINE 42

**SHARP HEALTHCARE FOUNDATION**

**95-3492461**

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FORM 990	RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH REVENUE PER IRS RETURN	STATEMENT 18
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U-UNREALIZED GAIN-INVESTMENTS (A)	332,000
TR-CONTRIBUTIONS	(6,535,000)
TR-INVESTMENT INCOME	(27,000)
TR-UNREALIZED (LOSS)-INVESTMENTS (A)	584,000
TR-OTHER CHANGES IN NET ASSETS	(90,000)
PR-UNREALIZED GAIN-INVESTMENTS (A)	(410,000)
TR-NET ASSETS RELEASED FROM RESTRICTION	5,319,000
STMT 3 - SPECIAL EVENT EXP	119,358
OTHER DISBURSEMENTS - SEE ATTACHED INCOME STMT	1,929
UNRESTRICTED OTHER NON-OP INCOME	(1,525)
ROUNDING	14,348
TOTAL	<u>(692,890)</u>

Part IV-A, Line 4



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

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.

Name of Exempt Organization: SHARP HEALTHCARE FOUNDATION
Employer Identification number: 95-3492461
Address: 8695 SPECTRUM CENTER COURT, SAN DIEGO, CA 92123

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

Form 990 (checked), 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, 2003
5 For calendar year, or other tax year beginning OCTOBER 1, 2001 and ending SEPTEMBER 30, 2002
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. \$ NONE

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: Kara Adams Title: CPA OF ERNST & YOUNG Date: 4-16-03

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

EXTENSION APPROVED

MAY 14 2003

By: LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

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.

Name: ERNST & YOUNG LLP ATTN: KARA ADAMS
Address: 18111 VON KARMAN AVENUE, SUITE 1000, IRVINE, CA 92612-1007