

Return of Organization Exempt From Income Tax

2003

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2003 calendar year, or tax year beginning **October 1, 2003, and ending September 30, 2004**

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) 499-5150

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶ **www.sharp.com**

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
I Group Exemption Number ▶

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **21,274,149**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

| | | | | |
|--|--|----------------|------------------|-------------------|
| 1 Contributions, gifts, grants, and similar amounts received: | | | | |
| a | Direct public support STMT 1 | 1a | 9,233,705 | |
| b | Indirect public support | 1b | 1,658,153 | |
| c | Government contributions (grants) | 1c | | |
| d | Total (add lines 1a through 1c) (cash \$ 10,831,211 noncash \$ 60,647 STMT 1) | 1d | | 10,891,858 |
| 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | 0 |
| 3 | Membership dues and assessments | 3 | | 0 |
| 4 | Interest on savings and temporary cash investments | 4 | | 252,352 |
| 5 | Dividends and interest from securities | 5 | | 129,484 |
| 6a | Gross rents | 6a | | |
| b | Less: rental expenses | 6b | | |
| c | Net rental income or (loss) (subtract line 6b from line 6a) | 6c | | 0 |
| 7 | Other investment income (describe ▶) | 7 | | 0 |
| 8a | Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other |
| b | Less: cost or other basis and sales expenses | 8a | 9,384,473 | |
| c | Gain or (loss) (attach schedule) | 8b | 9,147,365 | |
| d | Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 2 | 8c | 237,108 | 0 |
| 8d | | 8d | | 237,108 |
| 9 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | |
| a | Gross revenue (not including \$ 115,757 of contributions reported on line 1a) | 9a | 615,982 | |
| b | Less: direct expenses other than fundraising expenses | 9b | 282,513 | |
| c | Net income or (loss) from special events (subtract line 9b from line 9a) . STMT 3 | 9c | | 333,469 |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | |
| b | Less: cost of goods sold | 10b | | |
| c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . | 10c | | 0 |
| 11 | Other revenue (from Part VII, line 103) | 11 | | 0 |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | 11,844,271 |
| 13 | Program services (from line 44, column (B)) | 13 | | 9,289,108 |
| 14 | Management and general (from line 44, column (C)) | 14 | | 385,642 |
| 15 | Fundraising (from line 44, column (D)) | 15 | | 1,349,749 |
| 16 | Payments to affiliates (attach schedule) | 16 | | 0 |
| 17 | Total expenses (add lines 13, 14, 15, and 16) | 17 | | 11,024,499 |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | | 819,772 |
| 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 23,895,317 |
| 20 | Other changes in net assets or fund balances (attach explanation) . . . STMT 4 | 20 | | 672,520 |
| 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | | 25,387,609 |

SCANNED SEP 13 '05

ENVELOPE POSTMARK DATE 11/19/03

17

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 page 22 of the instructions.)

| 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) ^{STMT 5} (cash \$ <u>5,757,091</u> noncash \$ <u>3,339,196</u>) | 9,096,287 | 9,096,287 | | |
| 23 | Specific assistance to individuals (attach schedule) | | | | |
| 24 | Benefits paid to or for members (attach schedule) | | | | |
| 25 | Compensation of officers, directors, etc. | 229,048 | 22,905 | 45,810 | 160,333 |
| 26 | Other salaries and wages | 848,436 | 84,844 | 169,687 | 593,905 |
| 27 | Pension plan contributions | 23,553 | 2,355 | 4,711 | 16,487 |
| 28 | Other employee benefits | 265,759 | 26,575 | 53,151 | 186,033 |
| 29 | Payroll taxes | 80,205 | 8,020 | 16,041 | 56,144 |
| 30 | Professional fundraising fees | | | | |
| 31 | Accounting fees | | | | |
| 32 | Legal fees | 8,453 | 845 | 1,691 | 5,917 |
| 33 | Supplies | 16,665 | 1,667 | 3,333 | 11,665 |
| 34 | Telephone | 1,380 | 138 | 276 | 966 |
| 35 | Postage and shipping | 12,692 | 1,269 | 2,538 | 8,885 |
| 36 | Occupancy | | | | |
| 37 | Equipment rental and maintenance | 5,947 | 595 | 1,189 | 4,163 |
| 38 | Printing and publications | 16,867 | 1,687 | 3,373 | 11,807 |
| 39 | Travel | 11,239 | 1,124 | 2,248 | 7,867 |
| 40 | Conferences, conventions, and meetings | 3,594 | 359 | 719 | 2,516 |
| 41 | Interest | | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) ^{STMT 1-6} | 1,077 | 108 | 215 | 754 |
| 43 | Other expenses not covered above (itemize): a | | | | |
| b | Consulting | 6,388 | 639 | 1,278 | 4,471 |
| c | Purchased Services | 243,560 | 24,356 | 48,712 | 170,492 |
| d | Miscellaneous | 150,591 | 15,059 | 30,118 | 105,414 |
| e | Planned Giving Reserve | 2,758 | 276 | 552 | 1,930 |
| 44 | Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 . | 11,024,499 | 9,289,108 | 385,642 | 1,349,749 |

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 page 25 of the instructions.)

| What is the organization's primary exempt purpose? ^{STMT 6} | Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.) |
|--|---|
| a STMT 7 - COMMUNITY BENEFIT REPORT | |
| (Grants and allocations \$ <u>9,096,287</u>) | 9,289,108 |
| 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) | 9,289,108 |

Part IV Balance Sheets (See page 25 of the instructions.)

| | | | | (A) | | (B) |
|---|--|--|------------|-------------------|------------|-------------|
| | | | | Beginning of year | | End of year |
| Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. | | | | | | |
| Assets | 45 | Cash—non-interest-bearing | | 250 | 45 | 250 |
| | 46 | Savings and temporary cash investments | | 603,836 | 46 | 360,877 |
| | 47a | Accounts receivable | | | | |
| | b | Less: allowance for doubtful accounts | | 0 | 47c | 0 |
| | | 47a | | | | |
| | | 47b | | | | |
| | 48a | Pledges receivable | | | | |
| | b | Less: allowance for doubtful accounts | | 8,360,339 | 48a | 8,360,339 |
| | | 48b | | 2,422,068 | | 5,938,271 |
| | 49 | Grants receivable | | | 49 | |
| | 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) | | | 50 | |
| | 51a | Other notes and loans receivable (attach schedule). . . . STMT 14 | | 106,082 | | |
| | b | Less: allowance for doubtful accounts | | | 51b | |
| | | 51a | | | | 106,082 |
| | | 51b | | 108,434 | | 106,082 |
| 52 | Inventories for sale or use | | | 52 | | |
| 53 | Prepaid expenses and deferred charges | | | 53 | 22,969 | |
| 54 | Investments—securities (attach schedule) STMT 8 ► <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | | 13,643,796 | 54 | 13,516,641 | |
| 55a | Investments—land, buildings, and equipment: basis | | | | | |
| b | Less: accumulated depreciation (attach schedule). | | | 55a | | |
| | 55b | | 0 | | 0 | |
| 56 | Investments—other (attach schedule) | | | 56 | | |
| 57a | Land, buildings, and equipment: basis | | 11,417 | | | |
| b | Less: accumulated depreciation (attach schedule). STMT 9 | | | 57a | | |
| | 57b | | 10,311 | | 1,106 | |
| 58 | Other assets (describe ► STMT 10) | | 7,780,915 | 58 | 9,217,461 | |
| 59 | Total assets (add lines 45 through 58) (must equal line 74) | | 27,155,788 | 59 | 29,163,657 | |
| Liabilities | 60 | Accounts payable and accrued expenses | | 871,836 | 60 | 50,655 |
| | 61 | Grants payable | | | 61 | |
| | 62 | Deferred revenue | | 75,135 | 62 | 80,846 |
| | 63 | Loans from officers, directors, trustees, and key employees (attach schedule). | | | | |
| | 64a | Tax-exempt bond liabilities (attach schedule) | | | 63 | |
| | b | Mortgages and other notes payable (attach schedule) | | | 64a | |
| | | 64b | | | | |
| 65 | Other liabilities (describe ► STMT 11) | | 2,313,500 | 64b | | |
| | 65 | | | | 3,644,547 | |
| 66 | Total liabilities (add lines 60 through 65) | | 3,260,471 | 65 | 3,776,048 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | | | |
| | 67 | Unrestricted | | 2,096,983 | 67 | 2,882,181 |
| | 68 | Temporarily restricted | | 18,716,045 | 68 | 19,360,794 |
| | 69 | Permanently restricted | | 3,082,289 | 69 | 3,144,634 |
| | Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74. | | | | | |
| | 70 | Capital stock, trust principal, or current funds | | | 70 | |
| | 71 | Paid-in or capital surplus, or land, building, and equipment fund | | | 71 | |
| | 72 | Retained earnings, endowment, accumulated income, or other funds | | | 72 | |
| | 73 | Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21). | | 23,895,317 | | 25,387,609 |
| | 74 | Total liabilities and net assets / fund balances (add lines 66 and 73) | | 27,155,788 | 73 | 29,163,657 |
| | 74 | | | | | |

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 page 28 of the instructions.)

| | | 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 | | 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. | | X |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 78b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | 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? | X | |
| 81a | If "Yes," enter the name of the organization ▶ <u>STMT 13 & 15</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt. | | |
| 81a | Enter direct and indirect political expenditures. See line 81 instructions 81a 0 | | |
| 81b | Did the organization file Form 1120-POL for this year? | | 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? | | X |
| 82b | 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.) 82b | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| 84b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | N/A | |
| 85a | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | N/A | |
| 85b | 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. | N/A | |
| 85c | c Dues, assessments, and similar amounts from members | N/A | |
| 85d | d Section 162(e) lobbying and political expenditures | N/A | |
| 85e | e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | N/A | |
| 85f | f Taxable amount of lobbying and political expenditures (line 85d less 85e) | 0 | |
| 85g | g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | N/A | |
| 85h | 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? | N/A | |
| 86a | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 | N/A | |
| 86b | b Gross receipts, included on line 12, for public use of club facilities. | N/A | |
| 87a | 501(c)(12) orgs. Enter: a Gross income from members or shareholders. | N/A | |
| 87b | b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 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 | | X |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | |
| 89b | 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. | | X |
| 89c | c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0 | | |
| 89d | d Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶ 0 | | |
| 90a | List the states with which a copy of this return is filed ▶ CALIFORNIA | | |
| 90b | b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) | 14 | |
| 91 | The books are in care of ▶ SHARP HEALTHCARE FOUNDATION Telephone no. ▶ (858) 499-5150 Located at ▶ 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA ZIP + 4 ▶ 92123 | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A | | |

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

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 | 252,352 | |
| 96 Dividends and interest from securities | | | 14 | 129,484 | |
| 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 <i>STMT 2</i> | | | 18 | 237,108 | |
| 101 Net income or (loss) from special events <i>STMT 3</i> | | | 01 | 333,469 | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0 | | 952,413 | 0 |
| 105 Total (add line 104, columns (B), (D), and (E)). | | | | | 952,413 |

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 page 34 of the instructions.)

| 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 page 34 of the instructions.)

| (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 page 34 of the instructions.)

(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.

Please

[Signature]

8/10/05
Date

DIRECTOR-ADMIN SVCS

Date Check if Preparer's SSN or PTIN (See instructions)

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

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

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 |
|--|--|------------------|---|--|
| MARSHA LUBICK 8695 SPECTRUM CTR BLVD,SD,CA92123 | EXEC DIR-PHILANT 40 Hours | 141,992 | 21,542 | 789 |
| JEAN-PAUL LAMONTAGNE 8695 SPECTRUM CTR BLVD,SD,CA92123 | GIFT/ESTATE PLAN 40 Hours | 95,867 | 6,292 | 247 |
| PAMELA BARNETT 8695 SPECTRUM CTR BLVD,SD,CA92123 | MGR-DONOR REL 40 Hours | 71,138 | 20,514 | 85 |
| SHAWNA FALLON 8695 SPECTRUM CTR BLVD,SD,CA92123 | MGR MAJOR GIFTS 40 Hours | 81,697 | 6,621 | 81 |
| JAMES SARDINA 8695 SPECTRUM CTR BLVD,SD,CA92123 | MGR-DEVEL-SCV 40 Hours | 78,627 | 7,073 | 78 |
| Total number of other employees paid over \$50,000 ▶ | 5 | | | |

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 Sharp Healthcare Foundation by an affiliated organization, Sharp HealthCare (SHC). SHC files all applicable forms 1099 related to the payment of independant contractors. Please refer to SHC 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 |
| 3a | Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) | | X |
| b | Do you have a section 403(b) annuity plan for your employees? | X | |
| 4 | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | | X |

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) 2002 | (b) 2001 | (c) 2000 | (d) 1999 | (e) Total |
|--|---|-----------|-----------|-----------|-----------------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 6,975,247 | 5,698,047 | 5,390,573 | 6,083,941 | 24,147,808 |
| 16 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 | 311,327 | 118,565 | 317,284 | 217,775 | 964,951 |
| 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 | 161,386 | 368,755 | 1,195,854 | 621,185 | 2,347,180 |
| 19 Net income from unrelated business activities not included in line 18 | 2 | 15,753 | (2,695) | (2,340) | 10,720 |
| 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. | 7,447,962 | 6,201,120 | 6,901,016 | 6,920,561 | 27,470,659 |
| 24 Line 23 minus line 17. | 7,136,635 | 6,082,555 | 6,583,732 | 6,702,786 | 26,505,708 |
| 25 Enter 1% of line 23 | 74,480 | 62,011 | 69,010 | 69,206 | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. . . . ▶ | | | | | 26a 530,114 |
| 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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ | | | | | 26b 2,943,096 |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ | | | | | 26c 26,505,708 |
| d Add: Amounts from column (e) for lines: 18 <u>2,347,180</u> 19 <u>10,720</u> | | | | | 26d 5,300,996 |
| 22 <u>0</u> 26b <u>2,943,096</u> ▶ | | | | | |
| e Public support (line 26c minus line 26d total) ▶ | | | | | 26e 21,204,712 |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ | | | | | 26f 80.00 % |
| 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: | (2002) <u>N/A</u> (2001) <u>N/A</u> (2000) <u>N/A</u> (1999) <u>N/A</u> | | | | |
| 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: | (2002) <u>N/A</u> (2001) <u>N/A</u> (2000) <u>N/A</u> (1999) <u>N/A</u> | | | | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ | | | | | 27c N/A |
| 17 _____ 20 _____ 21 _____ ▶ | | | | | |
| 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 1999 through 2002, 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. | | | | | |

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 | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred.) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | N/A |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | | N/A |
| 38 | Total lobbying expenditures (add lines 36 and 37) | | N/A |
| 39 | Other exempt purpose expenditures | | N/A |
| 40 | Total exempt purpose expenditures (add lines 38 and 39). | | 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 | 0 | N/A |
| | Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | Over \$17,000,000 \$1,000,000 | | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | | N/A |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | | N/A |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | | 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) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (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.

FORM 990

NET GAIN OR (LOSS) ON INVESTMENTS

STATEMENT 2

| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXP OF SALE | NET GAIN OR (LOSS) |
|--|----------------------|------------------------|----------------|-----------------------|
| FNMA NOTE 3% DUE 6/15/04 JD15 | 100,422 | 100,161 | - | 261 |
| FNMA NOTE 6.25% DUE 5/15/29 MN15 | 270,163 | 250,080 | - | 20,083 |
| FNMA NOTE 7.25% DUE 1/15/10 JJ15 | 86,340 | 80,686 | - | 5,654 |
| US TREASURY BOND 7.25% DUE 11/15/16 MN15 | 251,977 | 231,952 | - | 20,025 |
| US TREASURY BOND 6.25% DUE 8/15/23 FA15 | 113,551 | 104,676 | - | 8,875 |
| FFCB NOTE 6.5% DUE 9/29/06 MS29 | 107,062 | 101,643 | - | 5,419 |
| FHLB NOTE 5.125% DUE 3/6/06 MS6 | 103,810 | 104,644 | - | (834) |
| FHLB NOTE 5.375% DUE 5/15/06 MN15 | 104,359 | 100,984 | - | 3,375 |
| FHLB NOTE 5.25% DUE 8/15/06 FA15 | 260,907 | 252,164 | - | 8,743 |
| FHLB NOTE 4.875% DUE 11/15/06 MN15 | 259,302 | 250,071 | - | 9,231 |
| FHLMC NOTE 5.125% DUE 10/15/08 AO15 | 73,451 | 75,238 | - | (1,787) |
| FHLMC NOTE 3.875% DUE 1/15/06 JJ15 | 51,188 | 50,791 | - | 397 |
| FHLMC NOTE 7% DUE 3/15/10 MS15 | 45,362 | 47,243 | - | (1,881) |
| FHLMC NOTE 6.875% DUE 9/15/10 MS15 | 169,558 | 171,258 | - | (1,700) |
| FHLMC NOTE 5.125% DUE 7/15/12 JJ15 | 51,160 | 50,792 | - | 368 |
| FNMA NOTE 6.375% DUE 6/15/09 JD15 | 137,452 | 136,720 | - | 732 |
| GENERAL ELECTRIC CAPITAL CORP NOTE 8.125% DUE 5/15/12 MN15 | 210,060 | 190,912 | - | 19,148 |
| LEHMAN BROS HOLDINGS NOTE 7.5% DUE 9/1/06 MS1 | 162,690 | 155,446 | - | 7,244 |
| MORGAN STANLEY NOTE 8% DUE 6/15/10 JD15 | 174,629 | 160,456 | - | 14,173 |
| BANK OF AMERICA CORP NOTE 7.5% DUE 9/15/06 MS15 | 162,873 | 156,661 | - | 6,212 |
| WELLS FARGO CO CORP NOTE 6.875% DUE 8/8/06 FA8 | 160,937 | 154,807 | - | 6,130 |
| PITNEY BOWES CREDIT CORP NOTE 8.625% DUE 2/15/08 FA15 | 173,297 | 163,347 | - | 9,950 |
| TENNESSEE VALLEY AUTHORITY NOTE 6.25% DUE 12/15/17 JD15 | 190,271 | 178,079 | - | 12,192 |
| FHLB NOTE 5.125% DUE 3/6/06 MS6 | 103,512 | 104,095 | - | (583) |
| FHLB NOTE 4.5% DUE 11/15/12 MN15 | 60,273 | 60,084 | - | 189 |
| FHLMC NOTE 5.125% DUE 10/15/08 AO15 | 52,927 | 53,572 | - | (645) |
| FHLMC NOTE 6.875% DUE 1/15/05 JJ15 | 101,389 | 100,956 | - | 433 |
| FHLMC NOTE 7% DUE 3/15/10 MS15 | 57,459 | 58,746 | - | (1,287) |
| FHLMC NOTE 6.875% DUE 9/15/10 MS15 | 57,394 | 56,865 | - | 529 |
| FHLMC NOTE 6.75% DUE 9/15/29 MS15 | 147,980 | 132,423 | - | 15,557 |
| FHLMC NOTE 5.125% DUE 7/15/12 JJ15 | 104,793 | 101,546 | - | 3,247 |
| FNMA NOTE 6.375% DUE 6/15/09 JD15 | 55,518 | 54,505 | - | 1,013 |
| FNMA NOTE 7.125% DUE 3/15/07 MS15 | 82,190 | 82,364 | - | (174) |
| FNMA NOTE 6% DUE 5/15/11 MN15 | 77,069 | 76,050 | - | 1,019 |
| VANGUARD TOTAL INTERNATIONAL STOCK INDEX | 230,000 | 232,645 | - | (2,645) |
| VANGUARD INSTITUTIONAL INDEX STOCK FUND | 205,000 | 223,335 | - | (18,335) |
| VANGUARD EXTENDED MARKET FUND | 453,000 | 463,823 | - | (10,823) |
| VANGUARD TOTAL INTERNATIONAL STOCK INDEX | 42,915 | 44,238 | - | (1,323) |
| VANGUARD INSTITUTIONAL INDEX STOCK FUND | 9,105 | 10,102 | - | (997) |
| VANGUARD EXTENDED MARKET FUND | 32,073 | 34,322 | - | (2,249) |
| VANGUARD TOTAL INTERNATIONAL STOCK INDEX | 422,598 | 438,910 | - | (16,312) |
| VANGUARD INSTITUTIONAL INDEX STOCK FUND | 904,001 | 1,012,820 | - | (108,819) |
| VANGUARD EXTENDED MARKET FUND | 826,497 | 893,081 | - | (66,584) |
| PFIZER INC COM | 8,522 | 11,523 | - | (3,001) |
| SEI S&P 500 INDEX PORTFOLIO#55 | 203,000 | 98,851 | - | 104,149 |
| MBNA CORP COM | 6,751 | 6,210 | - | 541 |
| COMMERCE BANCORP INC N J COM | 18,207 | 14,691 | - | 3,516 |
| XILINX INC COM | 5,797 | 4,213 | - | 1,584 |
| CERNER CORP COM | 7,528 | 5,535 | - | 1,993 |
| TEXAS INSTRUMENTS INC COM | 3,740 | 2,136 | - | 1,604 |
| ABERCROMBIE & FITCH CO CL A | 14,881 | 16,304 | - | (1,423) |
| US TREASURY NOTES 7.250% 5/15/04 | 154,148 | 153,750 | - | 398 |
| US TREASURY NOTES 5.500% 5/15/09 | 121,163 | 121,047 | - | 116 |

FORM 990

NET GAIN OR (LOSS) ON INVESTMENTS

STATEMENT 2

| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXP OF SALE | NET GAIN OR (LOSS) |
|--------------------------------------|----------------------|------------------------|----------------|-----------------------|
| US TREASURY NOTES 4.750% 11/15/08 | 21,220 | 21,216 | - | 4 |
| INTL PAPER CO NT 4.250% 1/15/09 | 5,022 | 4,992 | - | 30 |
| SEI S&P 500 INDEX PORTFOLIO#55 | 122,700 | 55,689 | - | 67,011 |
| AMER PWR CONVERSION COM | 5,000 | 3,354 | - | 1,646 |
| AMERICAN INTL GROUP INC COM | 3,518 | 3,402 | - | 116 |
| APPLIED MATERIALS INC COM | 2,466 | 1,578 | - | 888 |
| AVON PRODS INC COM | 4,849 | 3,914 | - | 935 |
| BOSTON SCIENTIFIC CORP COM | 14,735 | 13,806 | - | 929 |
| CARDINAL HEALTH INC COM | 16,174 | 15,926 | - | 248 |
| CENDANT CORP COM | 2,259 | 2,067 | - | 192 |
| CISCO SYSTEMS INC COM | 14,143 | 12,765 | - | 1,378 |
| CONSTELLATION BRANDS INC CL A | 3,260 | 3,199 | - | 61 |
| L-3 COMMUNICATIONS HLDGS INC COM | 20,009 | 17,203 | - | 2,806 |
| NBTY INC COM (NATURES BOUNTY) | 4,856 | 3,997 | - | 859 |
| SYMBOL TECHNOLOGIES COM | 2,769 | 2,184 | - | 585 |
| TRACTOR SUPPLY CO COM | 3,975 | 1,865 | - | 2,110 |
| UNITED RENTALS INC COM | 2,031 | 1,521 | - | 510 |
| WELLS FARGO & CO NEW COM | 19,688 | 17,585 | - | 2,103 |
| XILINX INC COM | 2,102 | 1,204 | - | 898 |
| RAMP CMO01-RS3 A14 6.290% 10/25/31 | 1,100 | 1,126 | - | (26) |
| US TREASURY NOTES 6.500% 5/15/05 | 10,668 | 10,255 | - | 413 |
| US TREASURY NOTES 6.500% 5/15/05 | 21,339 | 20,509 | - | 830 |
| RAMP CMO 02-RZ3 A2 3.080% 7/25/26 | 5,395 | 5,395 | - | - |
| US TREASURY NOTES 4.250% 8/15/13 | 5,094 | 5,065 | - | 29 |
| US TREASURY NOTES 4.750% 11/15/08 | 21,613 | 21,216 | - | 397 |
| US TREASURY NOTES 2.375% 8/15/06 | 20,152 | 20,184 | - | (32) |
| GENENTECH INC COM | 14,603 | 4,986 | - | 9,617 |
| US TREASURY NOTES 4.250% 8/15/13 | 15,352 | 15,195 | - | 157 |
| US TREASURY NOTES 4.250% 8/15/13 | 10,197 | 10,130 | - | 67 |
| US TREASURY NOTES 4.250% 8/15/13 | 10,188 | 10,130 | - | 58 |
| RAMP CMO 02-RZ3 A2 3.080% 7/25/26 | 4,654 | 4,654 | - | - |
| RAMP CMO01-RS3 A14 6.290% 10/25/31 | 1,219 | 1,248 | - | (29) |
| US TREASURY NOTES 4.750% 11/15/08 | 32,477 | 31,825 | - | 652 |
| US TREASURY NOTES 6.500% 5/15/05 | 10,617 | 10,255 | - | 362 |
| US TREASURY NOTES 4.750% 11/15/05 | 5,390 | 5,304 | - | 86 |
| DEUTSCHE TELEKOM 5.250% 7/22/13 | 5,105 | 4,977 | - | 128 |
| US TREASURY NOTES 6.500% 5/15/05 | 53,137 | 51,273 | - | 1,864 |
| UTD MEXICAN STS NT 5.875% 1/15/14 | 5,229 | 4,875 | - | 354 |
| US TREASURY NOTES 2.375% 8/15/06 | 20,339 | 20,126 | - | 213 |
| BARR PHARMACEUTICALS INC DEL COM | 24 | 26 | - | (2) |
| AMER GENL FINC MTN 4.625% 9/01/10 | 20,976 | 20,089 | - | 907 |
| US TREASURY NOTES 1.500% 7/31/05 | 5,016 | 5,013 | - | 3 |
| US TREASURY NOTES 4.250% 11/15/13 | 15,614 | 15,634 | - | (20) |
| US TREASURY NOTES 4.250% 11/15/13 | 10,461 | 10,403 | - | 58 |
| US TREASURY NOTES 5.000% 8/15/11 | 11,107 | 11,052 | - | 55 |
| RAMP CMO 2002-RZ3 A2 3.080% 7/25/26 | 4,415 | 4,414 | - | 1 |
| NOVELLUS SYSTEMS INC COM | 12,483 | 16,389 | - | (3,906) |
| RAMP CMO 2001-RS3 AI 6.290% 10/25/31 | 877 | 898 | - | (21) |
| US TREASURY NOTES 1.500% 7/31/05 | 20,070 | 20,052 | - | 18 |
| US TREASURY NOTES 6.500% 5/15/05 | 10,596 | 10,255 | - | 341 |
| QLOGIC CORP COM | 10,205 | 19,990 | - | (9,785) |
| US TREASURY NOTES 5.000% 8/15/11 | 31,787 | 33,101 | - | (1,314) |
| RAMP CMO 2001-RS3 AI 6.290% 10/25/31 | 1,695 | 1,736 | - | (41) |

FORM 990

NET GAIN OR (LOSS) ON INVESTMENTS

STATEMENT 2

| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXP OF SALE | NET GAIN OR (LOSS) |
|--------------------------------------|----------------------|------------------------|----------------|-----------------------|
| RAMP CMO 2002-RZ3 A3 3.710% 2/25/29 | 1,133 | 1,133 | - | - |
| RAMP CMO 2002-RZ3 A3 3.710% 2/25/29 | 3,411 | 3,425 | - | (14) |
| FLORIDA ROCK INDS INC COM | 11,339 | 7,920 | - | 3,419 |
| RAMP CMO 2001-RS3 AI 6.290% 10/25/31 | 1,263 | 1,293 | - | (30) |
| RAMP CMO 2002-RZ3 A3 3.710% 2/25/29 | 4,511 | 4,530 | - | (19) |
| RAMP CMO 2001-RS3 AI 6.290% 10/25/31 | 1,124 | 1,151 | - | (27) |
| RAMP CMO 2002-RZ3 A3 3.710% 2/25/29 | 4,204 | 4,222 | - | (18) |
| NBTY INC COM (NATURES BOUNTY) | 19,959 | 12,423 | - | 7,536 |
| AU OPTRONICS CORP SPONS ADR | 6 | 9 | - | (3) |
| MATTEL INC COM | 13,792 | 14,779 | - | (987) |
| AU OPTRONICS CORP SPONS ADR | 9,418 | 13,640 | - | (4,222) |
| UNITED RENTALS INC COM | 13,981 | 11,788 | - | 2,193 |
| RAMP CMO 2001-RS3 AI 6.290% 10/25/31 | 1,269 | 1,300 | - | (31) |
| RAMP CMO 2002-RZ3 A3 3.710% 2/25/29 | 4,575 | 4,594 | - | (19) |
| SYMBOL TECHNOLOGIES COM | 11,956 | 13,491 | - | (1,535) |
| RAMP CMO 2001-RS3 AI 6.290% 10/25/31 | 1,134 | 1,161 | - | (27) |
| RAMP CMO 2002-RZ3 A3 3.710% 2/25/29 | 3,299 | 3,313 | - | (14) |
| SEI S&P 500 INDEX PORTFOLIO#55 | 248,907 | 112,000 | - | 136,907 |
| AMER PWR CONVERSION COM | 10,537 | 7,644 | - | 2,893 |
| AMERICAN FINANCIAL GROUP INC COM | 760 | 581 | - | 179 |
| BARNES & NOBLE INC COM | 865 | 566 | - | 299 |
| BARR PHARMACEUTICALS INC DEL COM | 10,427 | 13,833 | - | (3,406) |
| PETSMART INC COM | 4,189 | 3,803 | - | 386 |
| WERNER ENTERPRISES INC COM | 14,497 | 13,495 | - | 1,002 |
| EVEREST RE GROUP LTD COM | 21,783 | 22,394 | - | (611) |
| ANADARKO PETE CORP 5.375% 3/01/07 | 10,596 | 10,722 | - | (126) |
| RAMP CMO 2001-RS3 AI 6.290% 10/25/31 | 853 | 873 | - | (20) |
| INDEX 500 STOCK FUND | 14,852 | 20,496 | - | (5,644) |
| INTERNATIONAL CORE STOCK FUND | 2,916 | 3,239 | - | (323) |
| LARGE CAP GROWTH FUND | 18,466 | 23,262 | - | (4,796) |
| LARGE CAP VALUE FUND | 44,424 | 54,417 | - | (9,993) |
| TAXABLE INTERMEDIATE TERM BD FD | 22,642 | 22,902 | - | (260) |
| INDEX 500 STOCK FUND | 13,895 | 19,744 | - | (5,849) |
| INTERNATIONAL CORE STOCK FUND | 3,198 | 3,638 | - | (440) |
| LARGE CAP GROWTH FUND | 18,693 | 24,753 | - | (6,060) |
| LARGE CAP VALUE FUND | 46,503 | 56,825 | - | (10,322) |
| TAXABLE INTERMEDIATE TERM BD FD | 34,478 | 34,389 | - | 89 |
| TAXABLE SHORT TERM BOND FUND | 37,519 | 38,029 | - | (510) |
| TAXABLE TOTAL RETURN BOND FUND | 6,878 | 6,808 | - | 70 |
| ROUNDING | | | | |
| TOTAL | 9,384,473 | 9,147,365 | - | 237,108 |

PART I, LINE 8a, 8b, 8c, 8d AND PART VII, LINE 100B

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> |
|-------------------------|-----------------------|------------------------------|----------------------|-----------------------|-------------------|
| VICTORIES OF SPIRIT | 122,330 | (16,060) | 106,270 | 73,166 | 33,104 |
| GALA | 370,645 | (48,999) | 321,646 | 101,857 | 219,789 |
| SMH GOLF TOURNAMENT | 158,716 | (31,098) | 127,618 | 56,331 | 71,287 |
| CARDIAC GOLF TOURNAMENT | <u>80,048</u> | <u>(19,600)</u> | <u>60,448</u> | <u>51,159</u> | <u>9,289</u> |
| TOTAL | <u>731,739</u> | <u>(115,757)</u> | <u>615,982</u> | <u>282,513</u> | <u>333,469</u> |

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

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

STATEMENT 4

DESCRIPTION

UNREALIZED GAIN/(LOSS) ON INVESTMENTS

678,309

UNREALIZED GAIN/(LOSS) ON DEFERRED PLANNED GIFTS

(5,791)

ROUNDING

2

TOTAL

672,520

Part 1 Line 20

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990

GRANTS AND ALLOCATIONS

STATEMENT 5

| <u>DONEE'S NAME</u> | <u>DONEE'S ADDRESS</u> | <u>DONEE'S RELATIONSHIP</u> | <u>TOTAL</u> |
|-------------------------------------|--|-----------------------------|------------------|
| SHARP MEMORIAL HOSPITAL | 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 | RELATED ENTITY | 6,129,230 |
| SHARP HEALTHCARE | 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 | RELATED ENTITY | 2,464,360 |
| SHARP CHULA VISTA MEDICAL CENTER | 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 | RELATED ENTITY | 476,295 |
| SIDNEY KIMMEL CANCER CTR | 10835 ALTMAN ROW SAN DIEGO, CA 92121 | AFFILIATED ENTITY | 26,402 |
| TOTAL | | | <u>9,096,287</u> |

PART II, LINE 22

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

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY
EXEMPT PURPOSE

STATEMENT 6

EXPLANATION

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

PART III

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990

STATEMENT 7

See COMMUNITY BENEFIT REPORT

SHARP.



**SHARP HEALTHCARE
COMMUNITY BENEFITS PLAN**

FISCAL YEAR 2004

**Sharp HealthCare
Community Benefits Plan
Fiscal Year 2004**

Submitted February 28, 2005 to:

Office of Statewide Health Planning and Development
Healthcare Information Division – Accounting and Reporting Systems Section
818 K Street, Room 500
Sacramento, CA 95814

Preface

Sharp HealthCare prepared this Community Benefits Plan for Fiscal Year 2004 in accordance with the requirements of Senate Bill 697, community benefits legislation.¹

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

¹ 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

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, four 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,¹ has approximately 2,600 physicians on medical staffs, 1,300 physicians in affiliated medical groups and close to 14,000 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)²

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

Sharp Chula Vista Medical Center (306 beds)

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

Sharp Coronado Hospital and Healthcare Center (204 beds)

Sharp Coronado Hospital and Healthcare Center is an acute care hospital with services including sub-acute and long-term care, rehabilitation therapies and emergency services.

THREE SPECIALTY HOSPITALS:

Sharp Mary Birch Hospital for Women (166 beds)

¹ Includes 76 skilled nursing beds and 150 acute care beds in suspense at Sharp Cabrillo Hospital on the Sharp Metropolitan Medical Campus.

² Sharp Memorial Hospital is part of the Metropolitan Campus which also includes Sharp Mary Birch Hospital for Women, Sharp Mesa Vista Hospital, Sharp Vista Pacifica and Sharp Cabrillo Hospital.

Sharp Mary Birch Hospital for Women is the only freestanding women's hospital west of the Mississippi specializing in obstetrics/gynecology and gynecologic oncology.

Sharp Mesa Vista Hospital (149 beds)¹

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

Sharp Vista Pacifica (16 beds)²

Sharp Vista Pacifica is a freestanding chemical dependency recovery hospital.

¹ Sharp Mesa Vista Hospital is licensed under Sharp Metropolitan Medical Campus. Accordingly, community benefits information is presented in Section 8: Sharp Metropolitan Medical Campus.

² 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 Metropolitan Medical Campus.

Contents

| Section | Description | Page |
|-----------------|--|-------------|
| | Preface | i |
| | An Overview of Sharp HealthCare | ii |
| 1 | Executive Summary..... | 1 |
| 2 | Sharp HealthCare Mission and Values..... | 6 |
| 3 | Community Benefits Planning Process..... | 10 |
| 4 | Sharp Chula Vista Medical Center | 13 |
| 5 | Sharp Coronado Hospital and Healthcare Center | 29 |
| 6 | Grossmont Hospital Corporation | 39 |
| 7 | Sharp Mary Birch Hospital for Women | 61 |
| 8 | Sharp Metropolitan Medical Campus..... | 73 |
| 9 | Sharp Rees-Stealy and Sharp Mission Park | 92 |
| 10 | Sharp Health Plan | 95 |
| Appendix | | |
| A | Sharp HealthCare Involvement in Community Organizations..... | 97 |

Section

1 Executive Summary

This Executive Summary provides an overview of community benefits planning at Sharp HealthCare, a listing of community needs addressed in this Community Benefits Plan and a summary of community benefits programs and services provided by Sharp HealthCare in Fiscal Year 2004 (October 1, 2003 through September 30, 2004). In addition, the economic value of community benefits provided by Sharp HealthCare, according to the framework specifically identified in Senate Bill 697, is reported for the following:

- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital and Healthcare Center
- Grossmont Hospital Corporation
- Sharp Mary Birch Hospital for Women
- Sharp Metropolitan Medical Campus
- Sharp Rees-Stealy and Sharp Mission Park
- Sharp Health Plan

Commitment to Mission

Sharp HealthCare's Mission Statement – to improve the health of those we serve with a commitment to excellence in all that we do – serves as the basis for system-wide focus on improving the health of the 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:

- Access to care for individuals without a medical provider
- 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 2004

Some examples of community benefits programs and services provided by Sharp HealthCare hospitals or facilities in Fiscal Year 2004 include:

- **Unreimbursed Medical Care Services** including the unreimbursed costs of public programs such as Medi-Cal, Medicare and San Diego San Diego 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 and other support 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; paramedics; emergency medical technicians; 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 health-related programs, classes and professors at San Diego State University (Nurses Now Partnership), Grossmont Community College, University of California San Diego and Southwestern College. In addition, Sharp HealthCare continued its collaboration with Children's Hospital and Health Center and Scripps in support of Partnership for Smoke-Free Families, a program designed to benefit mothers and their families by focusing on reducing tobacco exposure.

Economic Value of Community Benefits Provided in Fiscal Year 2004

In Fiscal Year 2004, Sharp HealthCare provided a total of \$153,197,245 in community benefits programs and services. See **Table 1** for a listing of these unreimbursed costs provided by each Sharp HealthCare entity. See **Table 2** for a summary of unreimbursed costs for each Sharp HealthCare entity based on the categories specifically identified in Senate Bill 697.

**Table 1: Total Economic Value of Community Benefits Provided
Sharp HealthCare – Fiscal Year 2004**

| Sharp HealthCare Entity | Estimated FY 2004 Unreimbursed Costs |
|--|---|
| Sharp Chula Vista Medical Center | \$29,806,403 |
| Sharp Coronado Hospital and Healthcare Center | \$2,663,021 |
| Grossmont Hospital Corporation | \$46,908,719 |
| Sharp Mary Birch Hospital for Women | \$8,795,507 |
| Sharp Metropolitan Medical Campus ¹ | \$55,745,439 |
| Sharp Rees-Stealy and Sharp Mission Park | \$4,826,751 |
| Sharp Health Plan | \$4,451,405 |
| GRAND TOTAL | \$153,197,245 |

For a detailed summary of unreimbursed costs of community benefits provided by each Sharp HealthCare entity in Fiscal Year 2004, see tables presented in **Section 4** through **Section 10**.

¹ Sharp Metropolitan Medical Campus includes Sharp Memorial Hospital, Sharp Cabrillo Hospital, Sharp Mesa Vista Hospital, Sharp Vista Pacifica and the Sharp Outpatient Pavilion. Although Sharp Mary Birch Hospital for Women is part of the Sharp Metropolitan Medical Campus, the hospital holds its own hospital license and is, therefore, considered a separate entity for the purposes of this community benefits plan. As a dedicated chemical dependency recovery facility, Sharp Vista Pacifica is not required to file a community benefits plan.

**Table 2: Detailed Economic Value of Community Benefits Based on Senate Bill 697 Categories¹
Sharp HealthCare Entities – Fiscal Year 2004**

| 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 | \$29,217,601 | \$257,730 | \$280,986 | \$50,086 | \$29,806,403 |
| Sharp Coronado Hospital and Healthcare Center | \$2,462,320 | \$37,208 | \$91,049 | \$72,444 | \$2,663,021 |
| Grossmont Hospital Corporation | \$44,514,153 | \$854,162 | \$1,089,125 | \$451,279 | \$46,908,719 |
| Sharp Mary Birch Hospital for Women | \$8,522,189 | \$4,122 | \$196,691 | \$72,505 | \$8,795,507 |
| Sharp Metropolitan Medical Campus ² | \$54,103,931 | \$481,426 | \$736,457 | \$423,625 | \$55,745,439 |
| Sharp Rees-Stealy and Sharp Mission Park | \$4,620,181 | \$142,170 | \$10,156 | \$54,244 | \$4,826,751 |
| Sharp Health Plan | \$4,302,703 | \$66,035 | \$82,667 | \$0 | \$4,451,405 |
| All Entities | \$147,743,078 | \$1,842,853 | \$2,487,131 | \$1,124,183 | \$153,197,245 |

¹ Economic value is based on unreimbursed costs.

² Although Sharp Mary Birch Hospital for Women is part of Sharp Metropolitan Medical Campus, the economic value of community benefits provided is listed separately.

Section

2 Sharp HealthCare Mission and Values

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.

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

Culture: The Sharp Experience

At the very core of Sharp HealthCare's plan to transform health-care delivery in San Diego is The Sharp Experience — a recommitment to the fundamentals that have made Sharp one of the nation's top-rated health-care systems. This renewed sense of direction has added discipline and focus to every part of the organization. Sharp is San Diego's health-care leader because it remains focused on the most important element of the health-care equation: the patient. Through this extraordinary initiative, Sharp is transforming health-care delivery in San Diego by being:

- *The best place to work:* Attracting highly skilled and passionate staff members who are focused on providing quality health-care and building a culture of teamwork, recognition, celebration and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp the best health system in the universe.
- *The best place to practice medicine:* Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers; experience unsurpassed service as a valued customer; have access to state-of-the-art equipment and cutting-edge technology and enjoy the camaraderie of the highest-caliber medical staff at San Diego's preeminent medical institution.
- *The best place to receive care:* Providing a new standard of service in the health-care industry, much like that of a five-star hotel; employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient — treating them with the utmost care, compassion and respect and creating healing environments that are pleasant, soothing, safe, immaculate and easy to access and navigate.

Through all of this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for half a century.

Pillars of Excellence

The six pillars listed below are a visible testament to Sharp's commitment to making Sharp the best health-care system in the universe by achieving excellence in these areas:

Quality – Ensuring the highest quality care and clinical outcomes

Service – Overall patient and physician satisfaction in Sharp hospitals and medical groups

People – Increasing employee satisfaction and retention and reducing employee turnover

Finance – Increasing available cash-on-hand to reinvest in operations, decreasing the number of days in accounts receivable and reducing workers' compensation claims

Growth – Increasing total net revenue to reinvest in operations

Community – Focus on serving as an excellent community partner

Our Must-Haves

- Greet people with a smile and “Hello,” using their name when possible.
- Take people where they are going, rather than pointing or giving directions.
- Use key words at key times. “Is there anything else I can do for you? I have the time.”
- Foster an attitude of gratitude. Send thank-you notes to deserving individuals.
- Round with reason to better connect with staff, patients, family and other customers.

Our Behavior Standards

Attitude is Everything

Create a Lasting Impression – We treat every customer as if he/she is the most important person in our workplace. Our behavior and attitude create a positive first impression that is lasting. We strive to exceed expectations.

Thank Somebody

Reward and Recognition – Reward and recognition are central to the Sharp culture. We express gratitude and appreciation to one another. We celebrate our accomplishments and hard work to make Sharp the best place to work, practice medicine and receive care.

Make Words Work

Talk, Listen and Learn – We communicate with courtesy, clarity and care in all verbal and non-verbal messages. We listen attentively to customers to understand their needs and to ensure they comprehend information we provide to them.

All for One, One for All

Teamwork – Sharp team members share a common purpose: to serve our customers. We build each other up; we share our successes, failures, information and ideas.

Make it Better

Service Recovery – When the Sharp Experience doesn’t go right for a customer, we pledge to make things better. We listen and respond with empathy and apologize for not exceeding expectations. We are proactive in making amends, even in difficult situations.

Think Safe, Be Safe

Safety at Work – It is essential that we provide a hospitable, healing, healthy and safe environment at Sharp HealthCare. We identify and report safety hazards promptly and apply remedies whenever needed.

Look Sharp, Be Sharp

Appearance Speaks – When we dress, groom and maintain our workplace with care, we show respect for our customers and give them confidence in our ability to care for them.

Keep in Touch!

Ease Waiting Times – Keeping our customers informed puts them and their families at ease. We are committed to sharing information and acknowledging the presence of our customers at all times.

It's a Private Matter

Confidentiality – Sharp HealthCare protects customers' confidentiality, privacy and modesty in all situations. We are sensitive to the personal nature of health-care and we do everything we can to earn the trust that others place in us. We strive to promote peace of mind and relieve anxiety.

To "E" or Not to "E"

E-Mail Manners – Using e-mail may save the sender time, but may not always be the most appropriate or expedient way to communicate. Use discretion in sending, responding to and forwarding e-mail.

Vive La Différence!

Diversity – At Sharp HealthCare, we know that our differences, unique talents and varied backgrounds come together to create a stronger whole.

Get Smart

Increasing Skills and Competence – Sharp HealthCare is committed to helping its employees, leaders and physicians learn and grow. Professional development demonstrates a desire to continually enhance the delivery of health-care. We encourage innovation and constant improvement in efficiency and effectiveness.

Section

3 Community Benefits Planning Process

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 2004 Report of Activities**
- Develops a plan for the upcoming fiscal year, including specific steps to be undertaken – **Fiscal Year 2005 Plan**
- Reports and categorizes the **economic value of community benefits provided**, according to the framework specifically identified in Senate Bill 697

- Reviews and approves a Community Benefits Plan
- Distributes the Community Benefits Plan to members of the Board, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year

Ongoing Commitment to Community Health Improvement Partners

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

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

Section

4 Sharp Chula Vista Medical Center

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

Program and Service Highlights

- 24-hour emergency services with heliport
- Acute inpatient medical care
- Angiography and vascular surgery
- Birch-Patrick Skilled Nursing Facility
- Bloodless medicine and surgery program
- Breast health, including mammography
- Cancer care and infusion services, 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 health¹
- Hospice²
- Imaging services, including interventional radiology
- Intensity Modulated Radiation Therapy (IMRT)
- Magnetic Resonance Imaging (MRI)
- Medical Intensive Care Unit and Surgical Intensive Care Unit
- Neonatal Intensive Care Unit (NICU)
- Nuclear Medicine
- Orthopedics
- Outpatient diabetes services, recognized by American Diabetes Association
- Outpatient Imaging Center
- Outpatient Surgery Center
- Pathology services
- Physical, occupational and speech therapy
- Surgical services, including two dedicated open-heart surgical suites
- Ultrasound
- Women's and Infants' Services

¹ Provided through Sharp Memorial Hospital Home Health Agency.

² Provided through Grossmont Hospital Corporation's Sharp HospiceCare.

Fiscal Year 2004 Community Benefits Program Highlights

Sharp Chula Vista Medical Center provided a total of **\$29,806,403** in community benefits in Fiscal Year 2004. 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 San Diego 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, 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; collection and donation of items for the needy, volunteer assistance with the "Spirit of Caring" mobile van which visits Chula Vista elementary schools on a weekly basis to provide a variety of needed clinical services for local school children and volunteer assistance with the delivery of meals to seniors.
- **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. 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 Coordinating Council, Bonita Business and Professional Association, San Diego County Hispanic Chamber of Commerce, Principal Players, South Bay Human Services Council and South Bay YMCA. See **Appendix A** for a listing of Sharp HealthCare community involvement.
- **Health Research, Education and Training Programs** including Nurses Now Partnership and Mediversity, a collaborative internship program for junior and senior high school students.

Definition of Community

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

Description of Community

The 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 |
|---------------------------|---------|
| Have Health Insurance | |
| Children 0 to 18 Years | 89% |
| Adults 19 Years and Older | 87% |
| Have Dental Insurance | |
| Children 0 to 18 Years | 75% |
| Adults 19 Years and Older | 65% |
| Have a Primary Caregiver | |
| 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 targets¹ 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.

¹ 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 21st 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
- Diabetes education and testing
- 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 2004 report of activities conducted in support of the objective(s) and Fiscal Year 2005 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 with regards to 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 and incidence of late stage breast cancer.

Measurable Objective for Fiscal Year 2002 – Fiscal Year 2004

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

Fiscal Year 2004 Report of Activities

Sharp Chula Vista Medical Center participated in numerous community health fairs and health screenings in Fiscal Year 2004, including San Diego MANA health fair, Eastlake health fair, Cinco de Mayo fair, Arturo Barrios Invitational and Bonitafest.

Sharp Chula Vista Medical Center provided first aid booths at community events such as Race for the Cure and Row for the Cure, flu shots and screenings such as blood pressure, cholesterol, stroke and prostate cancer. In addition, Sharp Chula Vista Medical Center conducted four quarterly blood drives, helping to increase the blood supply in San Diego County.

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, bloodless medicine, nutrition, prenatal and postpartum and breast feeding support group.

In response to high incidences of late stage breast cancer among Latinas in the South Bay, Sharp Chula Vista Medical Center conducted a 12-session course for local Latinas in Fiscal Year 2004. The medical center will submit another grant to Sharp HealthCare Foundation to conduct additional outreach and educational services among Latinas in Fiscal Year 2005.

Through a partnership with Chula Vista Unified School District and funding support from private foundations, Sharp Chula Vista Medical Center provided fundraising support and staffing for the Spirit of Caring Mobile Health-care Clinic. Volunteers from Sharp Chula Vista Medical Center donated 834 hours of time in support of the mobile clinic.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

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

Note: In Fiscal Year 2005, this objective was expanded to include all persons in the community.

Fiscal Year 2005 Plan

In Fiscal Year 2005, Sharp Chula Vista Medical Center will conduct the following activities:

- Continue to work with community-based organizations to provide health education and screening activities
- Provide breast cancer educational outreach to Latinas
- Provide breast cancer diagnostic services to uninsured women under age 40 and provide lymphoma services to women, with available grant funding

Identified Community Need: Diabetes Education and Testing

Rationale

In 1999, there were 47 deaths due to diabetes in the South Region; the age-adjusted death rate for diabetes was 14.7 deaths per 100,000 population. (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 18 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. National statistics also indicate that 8.2 percent of all Hispanic/Latino Americans age 20 years and older have diabetes. On average, Hispanic/Latino American are 1.5 times more likely to have diabetes than non-Hispanic whites of similar age. Mexican Americans are more than twice as likely to have diabetes than non-Hispanic Whites of similar age.

At Sharp Chula Vista Medical Center, approximately 47 percent of inpatient admissions are due to diabetes or diabetes-related illnesses.

Measurable Objective for Fiscal Year 2002 – Fiscal Year 2004

To provide diabetes testing, education and support services in the South Region of San Diego County.

Fiscal Year 2004 Report of Activities

Note: Sharp Chula Vista Medical Center diabetes education program is recognized by the American Diabetes Association and meets national standards for excellence and quality in diabetes education.

In Fiscal Year 2004, Sharp Chula Vista Medical Center conducted blood glucose testings at hospital and offsite locations, testing over 600 persons (these testings identified almost 100 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 2004, Sharp Chula Vista Medical Center conducted monthly educational support groups at the medical center, serving an average of 15 attendees each month. To meet the needs of the population, six of the support groups were conducted in Spanish and six of the support groups were conducted in English. Offered free for individuals with diabetes and their family members, support groups met for 90 minutes monthly and discussed 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 included announcements in the Senior Resource Center newsletter, Sharp HealthCare Web site, flyers in physician offices and at Diabetes Management classes held throughout the County.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

To provide blood glucose testing, diabetes education and support services in the South Region of San Diego County.

Fiscal Year 2005 Plan

In Fiscal Year 2005, Sharp Chula Vista Medical Center will conduct the following activities:

- Coordinate and implement blood glucose testings at community and hospital sites in the South Region
- Conduct educational lectures at community venues
- Facilitate free diabetes support groups on a monthly basis at Sharp Chula Vista Medical Center
- Sponsor the American Diabetes Association “Walk for the Cure” in the South Bay and raise funds for diabetes research and prevention

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 2004 Report of Activities

Sharp Chula Vista Medical Center conducted 12 meetings of the Medical Center's Domestic Violence Task Force in Fiscal Year 2004. In addition to representation from Medical Center nurses (from Obstetrics and Emergency Department), Community Relations and the Auxiliary, the Task Force is attended by representatives from South County Domestic Violence Action Coalition, South Bay Community Services and four Sharp HealthCare entities.

In Fiscal Year 2004, representatives from Sharp Chula Vista Medical Center attended nine meetings of the South County Domestic Violence Action Coalition, six meetings of the Domestic Violence Response Team Advisory Group, one Chula Vista community meeting regarding establishing a Family Justice Center

for the City and a fundraising luncheon for Casa Segura, a organization that assists domestic violence victims.

Sharp Chula Vista Medical Center continued its collaboration with South County Domestic Violence Action Coalition in Fiscal Year 2004, working with the coalition to develop Teen Yellow Pages, a resource book for teens which includes family violence resource information. Sharp HealthCare Foundation funds were used to purchase and distribute copies of the Teen Yellow Pages both across the Sharp HealthCare system and to community groups. In addition, Sharp Chula Vista Medical Center Domestic Violence Task Force was active in translation of the booklet into Spanish.

The medical center's Domestic Violence Task Force worked with South Bay Community Services to develop a Memorandum of Understanding for the agency to provide 24-hour crisis intervention services for Sharp Chula Vista Medical Center emergency department and other patients. Medical center physicians in the emergency department received training regarding this resource. In addition, ten physician office domestic violence kits were assembled.

The medical center's Task Force participated in four community health fairs and conducted domestic violence educational sessions to at least six community groups in Fiscal Year 2004, including Head Start and students at a beauty college in National City. The Task Force also continued to raise awareness about domestic violence prevention and resources. Activities in support of this included printing and distributing Family Violence Information Guides in both English and Spanish, posting a version of the booklet on the medical center's website, printing and distributing the Teen Yellow Pages and distributing English and Spanish versions of educational brochures and domestic violence resource cards. The Task Force also developed a new sign which lists domestic violence resources and provides a card holder for resource cards. Over 200 copies were printed and distribution started in Fiscal Year 2004 (signs were posted in medical center restrooms, public areas and obstetrics patient rooms).

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

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

Fiscal Year 2005 Plan

In Fiscal Year 2005, Sharp Chula Vista Medical Center will conduct the following activities:

- Continue to host monthly meetings of the Sharp Chula Vista Medical Center Domestic Violence Task Force
- Attend meetings of outside groups concerned with domestic violence

- Continue collaboration with South County Domestic Violence Action Coalition, supporting teen domestic violence programming
- Provide at least one training session to physicians and other health-care staff on domestic violence screening, reporting and assisting victims
- Provide at least one training session for community members to raise awareness of domestic violence
- Continue to distribute educational materials to raise awareness of domestic violence prevention and resources
- With grant funding support from Sharp HealthCare, provide staff education to all Sharp HealthCare entities on "Violence in the Workplace"
- With grant funding support from Sharp HealthCare, provide physician office kits to Obstetrics/Gynecology physicians at Sharp Mary Birch Hospital for Women

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 2004 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 numerous flu clinics in Fiscal Year 2004, serving almost 2,000 persons, including seniors and others with chronic illnesses. Flu clinics were held at senior and community service sites.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

In collaboration with community partners, offer flu vaccination clinics to the community.

Fiscal Year 2005 Plan

In Fiscal Year 2005, Sharp Chula Vista Medical Center will conduct the following activities:

- Participate in the San Diego County flu outreach program
- Partner with the Centers for Disease Control and the San Diego County Health Department to increase flu outreach – via television, radio and local movie theatres
- Coordinate the notification of seniors regarding the availability of flu vaccines
- Provide flu vaccines

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)

| Leading Cause | Deaths (65+ years) | Percent of All Deaths |
|------------------------------|-------------------------------|----------------------------------|
| 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 2004 Report of Activities

Sharp Chula Vista Medical Center Senior Resource Center provided free blood pressure screenings at community sites and the hospital. The Senior Resource Center also provided other health screenings – hearing, pulmonary, cholesterol, feet and prostate and oral cancer. The Senior Resource Center also attended community health fairs in Fiscal Year 2004.

Sharp Chula Vista Medical Center Senior Resource Center conducted a variety of health education lectures, workshops, support groups and speaking engagements at community sites. 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.

The Senior Resource Center at Sharp Chula Vista Medical Center sponsored the second annual Intergenerational Games at the Olympic Training Center in Fiscal Year 2004. The day-long event paired school children from the Chula Vista Elementary School District with senior Olympians for a fun-filled day of physical activities.

In Fiscal Year 2004, 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, South Bay Ecumenical Council, Health Ministries Association, City of Chula Vista Commission on Aging and Norma Park Educational Foundation, ensuring networking among South Bay community professionals and the provision of quality programs for seniors.

Note: Beginning in Fiscal Year 2005, this objective and plan will be addressed as health education and screening.

**Table 5: Economic Value of Community Benefits Provided
Sharp Chula Vista Medical Center - Fiscal Year 2004**

| Senate Bill 697 Category | Programs and Services Included in Senate Bill 697 Category | Estimated FY 2004 Unreimbursed Costs |
|--|---|---|
| Medical Care Services | Shortfall in Medi-Cal ¹ | \$12,580,441 |
| | Shortfall in Medicare ¹ | \$8,315,999 |
| | Shortfall in San Diego County Indigent Medical Services ¹ | \$997,242 |
| | Uncompensated Care ² | \$4,933,913 |
| | Physician Backup Services ³ | \$2,390,006 |
| Other Benefits for Vulnerable Populations | Patient transportation, financial support for onsite workers to process Medi-Cal eligibility forms, collection and donation of items for the needy and delivery of meals to homebound seniors and disabled persons ⁴ | \$257,730 |
| 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 ⁴ | \$280,986 |
| Health Research, Education and Training Programs | Education and training programs for students and interns ⁴ | \$50,086 |
| | TOTAL | \$29,806,403 |

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

² Uncompensated care is defined as charity care and bad debt and reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

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

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

Section

5

**Sharp Coronado Hospital and
Healthcare Center**

Sharp Coronado Hospital and Healthcare 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
- Complementary care services, including healing touch, aromatherapy and massage
- Computerized Axial Tomography (CAT) Scan
- Electrocardiology
- Electroencephalography
- Home health¹
- Hospice²
- Imaging services
- Inpatient Hospice Unit
- Intensive Care Unit
- Motion Center, providing therapy and fitness programs
- Orthopedic surgery, including total joint replacement
- Outpatient surgery
- Outpatient nutrition counseling
- Pathology services
- Primary care
- Senior services
- Sub-acute services
- Surgical services
- Ultrasound
- Villa Coronado Skilled Nursing Facility
- Women's services
- Wound Care Clinic

¹ Provided through Sharp Memorial Hospital Home Health Agency.

² Provided through Grossmont Hospital Corporation's Sharp HospiceCare.

Fiscal Year 2004 Community Benefits Program Highlights

Sharp Coronado Hospital and Healthcare Center provided a total of **\$2,663,021** in community benefits in Fiscal Year 2004. 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 Medicare and San Diego 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 support for workers to process Medi-Cal eligibility forms, Project HELP, a fund that provided monies for taxi vouchers and medicines to assist patients who could not afford to pay; Project C.A.R.E., a community program that places computerized telephone calls to seniors and disabled individuals to ensure that they are safe in their homes and volunteer assistance in delivering 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 and participation in community health fairs. Sharp Coronado Hospital and Healthcare Center also offered meeting space at no charge to community groups. In addition, staff at the hospital was actively involved in community boards, committees and other civic organizations, such as Coronado Rotary, Kiwanis Club of Coronado, YWCA, American Heart Association, San Diego Blood Bank and San Diego Eye Bank. See **Appendix A** for a listing of Sharp HealthCare community involvement.
- **Health Research, Education and Training Programs** including Nurses Now Partnership, Mediversity and education and training of nursing students.

Definition of Community

The communities served by Sharp Coronado Hospital and Healthcare Center include the City of Coronado and Imperial Beach, an incorporated city.

Description of Community

Coronado is an isthmus that is connected to central San Diego by a bridge to the east and a narrow strip of land known as the Silver Strand 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 Healthcare Center:

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

Priority Community Needs Addressed in Community Benefits Plan

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

- Heart disease and 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 2004 report of activities conducted in support of the objective(s) and Fiscal Year 2005 Plan of activities.

Identified Community Need: Heart Disease and Stroke Education and Screening

Rationale

Heart disease is the leading cause of death in San Diego County, as in the nation. In 1999, there were 627 deaths due to coronary heart disease in the South Region; the age-adjusted death rate for coronary heart disease was 203.8 deaths per 100,000 population, failing to meet the Healthy People 2010 target¹ of 166.0 deaths per 100,000. 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 heart disease and stroke education and screening activities for the community.

Fiscal Year 2004 Report of Activities

In Fiscal Year 2004, Sharp Coronado Hospital and Healthcare Center provided weekly blood pressure clinics at the hospital, serving 70 to 80 people each Saturday. Individuals with elevated blood pressure readings were referred to primary care physicians. Sharp Coronado Hospital and Healthcare Center provided seven stroke screening sessions in Fiscal Year 2004, serving 80 persons. In addition, staff at Sharp Coronado Hospital and Healthcare Center participated in the American Heart Walk, a fundraiser for the American Heart Association.

¹ 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 21st century. Healthy People 2010 has two overarching goals: to increase quality and years of healthy life and eliminate health disparities.

Sharp Coronado Hospital and Healthcare Center hosted a community health fair in November, offering screenings for blood pressure, cholesterol and stroke, body fat analysis and ask-a-pharmacist and ask-a-doctor booths. To teach children about hospitals and equipment, Sharp Coronado Hospital and Healthcare Center hosted a Teddy Bear clinic at the health fair. In conjunction with the police and fire departments, children participated in numerous activities using teddy bears, including measurements of height and weight, allergy testing, casting, suturing, removal of sutures and obtaining a medical record. The event was attended by approximately 200 persons.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

To provide education and screening activities for the community.

Note: In Fiscal Year 2005, this objective was expanded to include education and screenings for additional health conditions, such as continence, osteoporosis and bone density, hearing and foot screenings.

Fiscal Year 2005 Plan

In Fiscal Year 2005, Sharp Coronado Hospital and Healthcare Center will conduct the following activities:

- Continue to offer weekly blood pressure clinics at the hospital
- Continue to offer stroke screening and education sessions
- Offer heart-related screenings and dietary consultations
- Provide one skin cancer education and screening event
- Provide a prostate cancer screening event during Prostate Cancer Awareness Month in September
- Provide a variety of other health education and screenings
- Provide health information at blood pressure clinics, stroke screenings and other community events
- Continue to host a hospital-based Teddy Bear Clinic

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 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.

Fiscal Year 2004 Report of Activities

In Fiscal Year 2004, Sharp Coronado Hospital and Healthcare Center provided one skin cancer education and screening event (60 persons served). Sharp Coronado Hospital and Healthcare Center provided one prostate cancer education and screening event in conjunction with Prostate Cancer Awareness Month in September (100 men served). The hospital's quarterly *Community Calendar*, mailed to approximately 1,200 households and community groups, publicized these events.

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

Note: Beginning in Fiscal Year 2005, this objective and plan will be addressed as health education and screening.

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 2004 Report of Activities

In Fiscal Year 2004, Sharp Coronado Hospital and Healthcare 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 Healthcare 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 an average of 30 to 50 individuals enrolled in the program. In addition, Sharp Coronado Hospital and Healthcare Center promoted the availability of the program within the community, attended two meetings of Project C.A.R.E. coordinators held by the County Department of Health Services and provided monthly progress reports regarding program enrollees to the County.

Sharp Coronado Hospital and Healthcare 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 8,112 meals in Fiscal Year 2004.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

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 2005 Plan

In Fiscal Year 2005, Sharp Coronado Hospital and Healthcare Center will conduct the following activities:

- Maintain, operate and monitor Project C.A.R.E. from the hospital coordination site
- Continue to promote the availability of the program within the community – to senior centers, police department, City of Coronado and physicians
- Attend annual Project CARE meeting 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
- Deliver hot boxed lunches and dinners to seniors and others in their homes through a Meals-on-Wheels program

**Table 2: Economic Value of Community Benefits Provided
Sharp Coronado Hospital and Healthcare Center – Fiscal Year 2004**

| Senate Bill 697 Category | Programs and Services Included in Senate Bill 697 Category | Estimated FY 2004 Unreimbursed Costs |
|--|--|---|
| Medical Care Services | Shortfall in Medicare ¹ | \$866,765 |
| | Shortfall in San Diego County Indigent Medical Services ¹ | \$48,086 |
| | Uncompensated Care ² | \$1,515,759 |
| | Physician Backup Services ³ | \$31,710 |
| Other Benefits for Vulnerable Populations | Financial support for workers to process Medi-Cal eligibility forms, Project HELP, Project C.A.R.E. and delivery of meals to homebound seniors and disabled persons ⁴ | \$37,208 |
| Other Benefits for the Broader Community | Health education and information, health screenings, health fairs, flu shots, support groups and donations of time to community organizations ⁴ | \$91,049 |
| Health Research, Education and Training Programs | Education and training programs for students and interns ⁴ | \$72,444 |
| | TOTAL | \$2,663,021 |

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

² Uncompensated care is defined as charity care and bad debt and reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

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

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

Section

6 Grossmont Hospital Corporation

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

Program and Service Highlights

- 24-Hour emergency services with heliport and paramedic base station
- 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
- Endoscopy Unit
- Grossmont Plaza Outpatient Surgery Center
- Home health¹
- Home infusion therapy
- Hyperbaric treatment
- Intensive Care Unit
- Lakeview Home²
- Neonatal Intensive Care Unit
- Orthopedics
- Outpatient diabetes services, recognized by American Diabetes Association
- Outpatient Imaging Center
- Pathology services
- Pediatric services
- Pulmonary services, including outpatient pulmonary rehabilitation
- Radiology services
- Rehabilitation Center
- Senior Resource Center
- Sleep Disorders Center
- Surgical services
- Transitional Care Unit
- Van services
- Women's Health Center
- Wound Care Center

¹ Provided through Sharp Memorial Hospital Home Health Agency.

² Hospice residential facility.

Fiscal Year 2004 Community Benefits Program Highlights

Grossmont Hospital Corporation provided a total of **\$46,908,719** in community benefits in Fiscal Year 2004. 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 San Diego 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, prenatal clinic for low-income women, financial support for onsite workers to process Medi-Cal eligibility forms, support for a Family Justice Center forensic unit, Project HELP, a fund that provided monies for medication, transportation and other essentials to assist patients who could not afford to pay; a Vial of Life program, which provides essential medical information for emergency personnel's use; 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 and support groups for arthritis, congestive heart failure, stroke, diabetes, caregivers, cancer, breast cancer and bereavement. Grossmont Hospital Corporation also offered meeting space at no charge to community groups. In addition, staff at the hospital was actively involved in community boards, committees and civic organizations, such as Neighborhood Healthcare Community Clinics, San Diego County Social Services Advisory Board, Boys and Girls Club, East County Chamber of Commerce, Communities Against Substance Abuse and Aging and Independence Services. See **Appendix A** for a listing of Sharp HealthCare community involvement.
- **Health Research, Education and Training Programs** including Nurses Now Partnership, Mediversity and education and training programs for paramedics, nursing, dietetics, psychology and social work students. Grossmont Hospital Corporation contributed financial support to the nursing program at Grossmont Community College.

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% |
| Race/Hispanic Origin | | |
| White | 352,653 | 76% |
| Black | 17,343 | 4% |
| Hispanic | 72,938 | 16% |
| Asian/Other | 22,846 | 5% |
| Age Groups | | |
| 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 targets¹ 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.*

¹ 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 21st 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 testing
- 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 2004 report of activities conducted in support of the objective(s) and Fiscal Year 2005 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 650 stroke and transient ischemic attack patients in Fiscal Year 2004 based on the hospital's 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 2004, 41 percent were at risk for stroke and 80 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 2004 Report of Activities

Grossmont Hospital Corporation conducted stroke screening and educational 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 2004, 24 screenings were conducted in East San Diego County,

servicing 354 persons. In Fiscal Year 2004, the following three new sites were added: Pine Valley Community Center, Queen of Angels Church in Alpine and Santee YMCA Health Fair. 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 2004, Grossmont Hospital Corporation Outpatient Rehabilitation Department offered a stroke support group, serving 225 persons.

In Fiscal Year 2004, Grossmont Hospital Corporation continued its collaboration with the American Heart Association (AHA) Stroke Task Force and San Diego Stroke Council (through May 2004) 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 television, radio and newspaper announcements on stroke risk factors and warning signs.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

To provide stroke education events for the community, with an emphasis on seniors.

Fiscal Year 2005 Plan

In Fiscal Year 2005, Grossmont Hospital Corporation will conduct the following activities:

- In conjunction with the opening of the Grossmont Hospital Corporation's Stroke Center, conduct stroke screening and education events in East San Diego County
- Maintain an updated referral list and continue to provide referrals for individuals with identified risk factors
- Continue collaboration with the American Heart Association Stroke Task Force; assure that publicity reaches both underserved populations and the broader community
- Continue to offer a stroke support group, in conjunction with the Hospital's Outpatient Rehabilitation department

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.

Fiscal Year 2004 Report of Activities

Grossmont Hospital Corporation offered 24 cardiac education classes serving 185 persons in Fiscal Year 2004. 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 two health fairs in Fiscal Year 2004 (Parkway Mall Health Fair and Older American Health Fair), providing education and screenings for 256 persons. Grossmont Hospital Corporation also conducted two lectures on heart disease risk factors in community settings.

In Fiscal Year 2004, Grossmont Hospital Corporation hosted seven Congestive Heart Failure support groups (31 persons served), discussing topics such as nutrition, fitness, stress and management of heart failure. In addition, staff from the Cardiac Rehabilitation department attended three Mended Hearts support

group meetings, providing support and answers to questions related to heart disease.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

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

Fiscal Year 2005 Plan

In Fiscal Year 2005, Grossmont Hospital Corporation will conduct the following activities:

- Provide scheduled bimonthly cardiac education classes
- Provide cardiac education and/or screening events through participation in one to two community events such as health fairs and lectures
- Offer a Congestive Heart Failure support group

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 2004 Report of Activities

Grossmont Hospital Corporation Cancer Center participated in five community cancer screenings and/or educational sessions in Fiscal Year 2004, serving approximately 2,200 persons. Events included Sharp HealthCare's Women's Health Symposium, an event at Parkway Plaza Shopping Center, an event at Block Cancer Survivor Park and two events at Grossmont Healthcare District offices.

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), Caring Community – Living with Cancer (meetings held weekly) and Look Good... Feel Better program (classes held four times a year). Grossmont Hospital Corporation also sponsored 165 hours of individual nutritional counseling in Fiscal Year 2004, serving approximately 125 patients.

To assist patients without insurance or ability to pay for services, Grossmont Hospital Corporation administered funds from Project Help, providing monies for transportation and other needed assistance. Grossmont Hospital Corporation also assisted patients in applying for pharmaceutical companies' support (via Needy Med).

In Fiscal Year 2004, Grossmont Hospital Corporation Cancer Center screened approximately 100 patients for participation in cancer clinical trials, enrolling approximately 20 patients in cancer research studies.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

To provide cancer screening, education and support services to the community.

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

Fiscal Year 2005 Plan

In Fiscal Year 2005, Grossmont Hospital Corporation Cancer Center will conduct the following activities:

- Conduct two community cancer screenings and educational sessions
- Provide weekly Caring Community – Living with Cancer support groups
- Provide bimonthly breast cancer support groups

- Provide quarterly Look Good... Feel Better classes
- Provide one caregiver class
- Screen and enroll oncology patients in clinical trials for research studies

Identified Community Need: Diabetes Education and Testing

Rationale

In 1999, there were 77 deaths due to diabetes in the East Region; the age-adjusted death rate for diabetes was 18.0 deaths per 100,000 population. (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 18 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 testing, education and support services in the East Region of San Diego County.

Fiscal Year 2004 Report of Activities

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

In Fiscal Year 2004, Grossmont Hospital Corporation conducted 29 blood glucose testings at hospital and offsite locations, screening over 2,000 persons (these testings identified over 200 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.

Grossmont Hospital Corporation conducted 31 community lectures on diabetes, at libraries, community centers, educational institutions, national conferences and hospitals.

In Fiscal Year 2004, Grossmont Hospital Corporation provided monthly educational support groups at the hospital, serving an average of 10 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, advertisements in local newspapers, Sharp HealthCare Web site, flyers in physician offices and at Diabetes Management classes held throughout the County.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

To provide diabetes education and testing in the East Region of San Diego County.

Fiscal Year 2005 Plan

In Fiscal Year 2005, Grossmont Hospital Corporation will conduct the following activities:

- Coordinate and implement blood glucose testing at community and hospital sites in the East Region
- Conduct educational lectures at various community events

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 2004 Report of Activities

In Fiscal Year 2004, Grossmont Hospital Corporation Senior Resource Center participated in the Community Health Improvement Partners (CHIP) Adult Immunization 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, pharmacies and others.

Grossmont Hospital Corporation Senior Resource Center provided 3,551 flu vaccinations at 29 community sites to high-risk adults, including seniors and those with a chronic illness. Sites included health fairs, senior centers, mobile home parks, adult day health centers, senior housing complexes, various hospital departments, community centers and civic clubs. Flu shots were offered at health fairs in La Mesa, three sites in El Cajon, Lakeside and Pine Valley (a new site in a rural community). 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.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

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 2005 Plan

In Fiscal Year 2005, Grossmont Hospital Corporation Senior Resource Center will conduct the following activities:

- Continue to provide flu vaccinations at a minimum of 10 community sites
- Continue to participate in the San Diego Community Health Improvement Partners Adult Immunization Committee and work with the committee to identify sites to immunize high-risk adults
- Work with community agencies to ensure immunizations are offered at sites convenient to seniors and chronically ill adults

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)

| Leading Cause | Deaths (65+ years) | Percent of All Deaths |
|------------------------|-------------------------------|----------------------------------|
| 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% |

| Leading Cause | Deaths (65+ years) | Percent of All Deaths |
|------------------------------|-----------------------|--------------------------|
| 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 Objectives for Fiscal Year 2002 – Fiscal Year 2004

- 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 2004 Report of Activities

In Fiscal Year 2004, Grossmont Hospital Corporation Senior Resource Center provided free health education programs (1,437 persons attended) and health screenings (2,260 persons 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. Educational programs were offered at the hospital campus, Grossmont Healthcare District Conference Center and in various communities in East County. In addition, free monthly blood pressure screenings were offered at eight community sites, balance/fall prevention screenings were offered six times and hand screenings were offered four times. Other health screenings for peripheral artery disease, carotid artery disease, abdominal aorta, skin cancer, hearing, lung, foot and medication were provided.

Calendars highlighting Senior Resource Center activities were mailed six times a year to approximately 10,000 households; Mall Walker activity calendars were mailed three times a year to approximately 1,000 households.

The Senior Resource Center participated in community health fairs for seniors held at senior centers in Lemon Grove, Pine Valley, Lakeside, La Mesa, Martin Luther King Park and other locations such as Sharp Women's Symposium, caregiver conferences and East County Senior Service Providers. The Senior Resource Center sponsored the Older Americans Fair at Grossmont Center, coordinating flu shots and arranging over 50 tables of health screenings and services, community resources and government services. A total of 2,899 persons attended these functions. In addition, 3,236 Vials of Life (providing important medical information to emergency personnel for seniors and disabled

persons living in their homes) and 252 advance directives were distributed free to the community.

The Senior Resource Center offered a senior fitness class three times a week and a mall walker program, serving 3,268 persons. 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, registered Mall Walkers numbered 1,284 individuals.

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 70 East County seniors who live alone (a total of 20,951 calls were placed to seniors or disabled individuals in Fiscal Year 2004). If calls go unanswered or continuously ring busy, staff follow-up with friends or neighbors to ensure participants are okay.

In Fiscal Year 2004, 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., Health Promotion Committee and Caregiver Coalition), East County Action Network, East County Senior Service Providers, East County Meals-on-Wheels and the CHIP Adult Immunization Committee.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

Offer a variety of health education, information and screening programs for seniors in the East County Region.

Fiscal Year 2005 Plan

In Fiscal Year 2005, Grossmont Hospital Corporation's Senior Resource Center and/or Senior Health Services 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 to approximately 10,000 homes
- 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 and, 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 2004 Report of Activities

Sharp HealthCare established the San Diego Think First Chapter in 1999. In the past six years, Sharp HealthCare, with the support of external funding, continued to develop and promote the Think First/Sharp on Survival Institute for Injury and Violence Prevention program. In Fiscal Year 2004, Think First was awarded a grant from the Grossmont Healthcare District to enable Think First to continue its work in the East County Region through schools, parent programs and community events. In addition, the National Highway Traffic Safety Administration awarded Sharp on Survival/Think First a three-year grant for the development of a booster seat education program. The project will work with schools, pediatricians and churches in the community of El Cajon.

In Fiscal Year 2004, 239 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 schools throughout the San Diego area. Sharp on Survival, Junior Seau Foundation and San Diego Gas and Energy launched the Junior Seau awards to recognize students who are safety leaders.

Representatives from Sharp on Survival/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 and distributing brochures, fact sheets and safety tips.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

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

Fiscal Year 2005 Plan

In Fiscal Year 2005, Think First/Sharp on Survival Institute for Injury and Violence Prevention will conduct the following activities:

- Increase the number of bilingual VIPs (Voices for Injury Prevention)
- Increase the number of schools participating in Risk Watch, with financial support from a grant

- Provide assistance in the establishment of a new Think First chapter in the North County Region
- Develop a new “safety bucks” program in the North County Region, partnering with local McDonald’s, Baskin Robbins, Dairy Queen and 7/11 stores
- Strengthen relationships with San Diego Gulls (hockey team), San Diego Padres (baseball team) and the spring training Arizona Cactus League (baseball team)
- Continue to strengthen relationships with pediatricians practicing in the North County Region
- Hire another VIP in the Think First Imperial Valley Chapter office
- Continue to increase the awareness of students and parents of use of booster seats in East County, through a grant received from the National Highway Traffic Safety Administration

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

Rationale

In a recent study of 1,578 family members of persons who died in 2000 of non-traumatic causes, families were asked about the quality of patients’ experience at the last place where they spent more than 48 hours. Significant findings of the study include: More than one-third of those cared for by nursing homes, hospitals and home health agencies reported either insufficient or problematic emotional support for the patient and/or family, compared to one-fifth of those in hospice (Source: JAMA January 7 2004, *Quality of End-of-Life Care and Last Place of Care*).

As patients and their families deal with death and dying, many experience profound grief over the loss of life, yet have the opportunity to experience a 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 2004 Report of Activities

Sharp HospiceCare served patients and their families through a hospice model of care. In Fiscal Year 2004, key services included: individual and family bereavement counseling and support, family bereavement camp for children and their parents or guardians, a free wig program, volunteer training programs, the Memory Bear Program and community education and referral services. Fiscal Year 2004 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 2004, 2,264 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 2004, 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 82 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, 1,095 adults and 76 children received 13 monthly issues of bereavement support newsletters, "Healing Through Grief" (for individuals 12 years and older) and "Journey to My Heart" (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 2004, 72 people (19 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.

Sharp HospiceCare provided extensive and experiential training for 65 new volunteers in Fiscal Year 2004. As part of the hospice interdisciplinary team, 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 2004, Sharp HospiceCare also provided training and supervision to one medical social worker student.

The Memory Bear Program, a component of the Volunteer Program, provides a unique keepsake for families by making cuddly teddy bears from garments of the family member who has passed on. These adorable bears become a permanent reminder for surviving family members of their loved ones. Sharp HospiceCare volunteers handcraft all bears stitch by stitch, crafting 735 bears during Fiscal Year 2004.

The Teen Volunteer Program trained 17 high school aged teens (14 years to 18 years) during Fiscal Year 2004. The teen program's special interest is in helping to create family videos, memory scrapbooks and assisting patients and their families in writing down life memories through journals. Teens are also assigned special projects in the office or patient assignments at Lakeview Home.

Sharp HospiceCare facilitates weekly caregiver support groups for people currently serving in some caregiver capacity. These groups offer support, guidance and tools for the stresses and demands of being a caregiver on a part or full time basis.

In Fiscal Year 2004, Sharp HospiceCare provided community and physician education for approximately 500 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 159 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.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

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

Fiscal Year 2005 Plan

In Fiscal Year 2005, 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
- Volunteer training programs for adults and teens
- Community education and referral services
- Memory Bear Program
- Wig Program
- Teen Volunteer Program
- Bereavement mailings
- Community caregiver support group

**Table 5: Economic Value of Community Benefits Provided
Grossmont Hospital Corporation - Fiscal Year 2004**

| Senate Bill 697 Category | Programs and Services Included in Senate Bill 697 Category | Estimated FY 2004 Unreimbursed Costs |
|--|---|---|
| Medical Care Services | Shortfall in Medi-Cal ¹ | \$15,615,842 |
| | Shortfall in Medicare ¹ | \$13,478,083 |
| | Shortfall in San Diego County Indigent Medical Services ¹ | \$2,937,048 |
| | Uncompensated Care ² | \$10,199,806 |
| | Physician Backup Services ³ | \$2,283,374 |
| Other Benefits for Vulnerable Populations | Patient transportation, prenatal clinic for low income women, financial support for onsite workers to process Medi-Cal eligibility forms, support for a Family Justice Center forensic unit, Project HELP, a Vial of Life program, Project C.A.R.E. and collection and donation of items for the needy ⁴ | \$854,162 |
| 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 ⁴ | \$1,089,125 |
| Health Research, Education and Training Programs | Education and training programs for students and interns ⁴ | \$451,279 |
| | TOTAL | \$46,908,719 |

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

² Uncompensated care is defined as charity care and bad debt and reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

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

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

Section

7 Sharp Mary Birch Hospital for Women

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

Program and Service Highlights

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

Fiscal Year 2004 Community Benefits Program Highlights

Sharp Mary Birch Hospital for Women provided a total of **\$8,795,507** in community benefits in Fiscal Year 2004. 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 San Diego County Indigent Medical Services, uncompensated care for patients who are unable to pay for services and obstetrics backup services to cover the cost of physicians on call for uninsured patients.
- **Other Services for Vulnerable Populations** including a dedicated Teen Pregnancy and Parenting program offering teens services such as childbirth preparation classes, parenting classes, support groups and counseling and collection and donation of items for the needy.
- **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 was actively involved in community boards, committees and other civic organizations, such as Fetal Infant Mortality Review, Association of Women's Health, Obstetrics and Neonatal Nurses, March of Dimes, Women's Health Alliance, American Heart Association and American Cancer Society. See **Appendix A** for a listing of Sharp HealthCare community involvement.
- **Health Research, Education and Training Programs** including Nurses Now Partnership and education and training of OB/GYN, labor and delivery, neonatal nursing and perioperative nursing students, paramedic interns, childbirth educators and lactation consultants and educators.

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 targets¹ 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.

¹ 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 21st 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 meet the Healthy People 2010 national targets for early prenatal care, infant mortality (all races) and low birth weight 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 Birth Weight 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 birth-weight 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 2004 report of activities conducted in support of the objective(s) and Fiscal Year 2005 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 Latina 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 and parenting teens in the hospital's catchment area.

Fiscal Year 2004 Report of Activities

In Fiscal Year 2004, 18 teens participated in Sharp Teen Pregnancy and Parenting Program weekly support group/parenting class for teen mothers, fathers and their children; 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.

Measurable Objective for Fiscal Year 2005 - Fiscal Year 2007

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

Fiscal Year 2005 Plan

In Fiscal Year 2005, Sharp Mary Birch Hospital for Women Teen Pregnancy and Parenting Program will focus on the following activity:

- Continue to offer childbirth preparation classes designed specifically for teens
- Continue to offer counseling and parenting support groups, limited case management and referral services to pregnant teens
- Continue to provide monies for taxis for teens participating in the program

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 2004 Report of Activities

In Fiscal Year 2004, Sharp Mary Birch Hospital for Women offered monthly classes on the warning signs of preterm labor and preventing preterm births. A total of 75 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 for physicians, nurses and other health-care professionals in Fiscal Year 2004. Sharp Mary Birch Hospital for Women also taught one class on high-risk obstetrics, serving approximately 45 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. In addition, Sharp Mary Birch Hospital for Women served as a training site for paramedic interns, certified lactation educators and consultants, childbirth educators and students in Obstetrics/Gynecology, Labor and Delivery, neonatal nursing and perioperative nursing.

Measurable Objective for Fiscal Year 2005 - Fiscal Year 2007

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

Fiscal Year 2005 Plan

In Fiscal Year 2005, Sharp Mary Birch Hospital for Women will conduct the following activities:

- Offer preterm birth prevention classes
- Offer an educational seminar on preterm deliveries for physicians, nurses and other health-care professionals
- Offer a class on high-risk obstetrics care
- Collaborate with March of Dimes to increase awareness of preterm births

Identified Community Need: Health Education for Mid-life Women

Rationale

Women age 40 and over are facing health issues such as peri-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 2004 Report of Activities

In Fiscal Year 2004, Sharp Mary Birch Hospital for Women continued to expand its health education materials and programs to include information on topics pertinent to mid-life women – breast health and cancer, heart disease, gynecological cancers, osteoporosis, hormone replacement therapy, menopause and continence. In Fiscal Year 2004, women attended health-related classes and events such as the annual Women's Health Symposium, Del Mar Fair and Acura Classic.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

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

Fiscal Year 2005 Plan

In Fiscal Year 2005, 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

**Table 5: Economic Value of Community Benefits Provided
Sharp Mary Birch Hospital for Women – Fiscal Year 2004**

| Senate Bill 697 Category | Programs and Services Included in Senate Bill 697 Category | Estimated FY 2004 Unreimbursed Costs |
|--|--|---|
| Medical Care Services | Shortfall in Medi-Cal ¹ | \$6,209,982 |
| | Shortfall in Medicare ¹ | \$63,515 |
| | Shortfall in San Diego San Diego County Indigent Medical Services ¹ | \$31,470 |
| | Uncompensated Care ² | \$1,798,238 |
| | Physician Backup Services ³ | \$418,984 |
| Other Benefits for Vulnerable Populations | Teen Pregnancy and Parenting Program ⁴ | \$4,122 |
| Other Benefits for the Broader Community | Health education on a variety of topics to young adolescents, women of child-bearing age and older women, health fairs, support groups, donations of time to community organizations and cost of fundraising for community events ⁴ | \$196,691 |
| Health Research, Education and Training Programs | Education and training programs for students and interns ⁴ | \$72,505 |
| | TOTAL | \$8,795,507 |

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

² Uncompensated care is defined as charity care and bad debt and reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

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

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

Section

8 Sharp Metropolitan Medical Campus

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

Sharp Outpatient Pavilion is located at 3075 Health Center Drive, in ZIP code 92123.

Sharp Cabrillo Skilled Nursing Facility 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.

Sharp Mary Birch Hospital for Women is located at 3003 Health Center Drive, in ZIP code 92123.¹

Sharp Home Care is located at 8080 Dagget Street, in ZIP code 92111.

Sharp Senior Health Center Downtown is located at 56 Tenth Avenue, in ZIP code 92101; Sharp Senior Health Center Clairemont is located at 4320 Genesee Avenue, in ZIP code 92121.

Program and Service Highlights

Sharp Memorial Hospital:

- 24-hour emergency services with heliport and base station
- Acute care
- Bariatrics
- Breast health, including mammography
- Cancer care
- Cardiac care
- Cardiac rehabilitation
- Chest Pain Center, specializing in emergency chest pain treatment
- Congestive Heart Failure Management Program
- Coumadin Clinic
- Home health
- Hospice²
- Intensive Care Unit
- Laboratory services
- Mechanical Assist Device Program
- Nutrition and metabolic services
- Organ transplantation
- Orthopedics program ranked among the top 100 nationwide
- Pathology services

¹ Although Sharp Mary Birch Hospital for Women is included in Sharp Metropolitan Medical Campus, for purposes of this Community Benefits Plan information on the hospital is reported separately in Section 7: Sharp Mary Birch Hospital for Women.

² Provided through Grossmont Hospital Corporation's Sharp HospiceCare.

- Primary care
- Radiology services
- Rehabilitation Center
- Sharp Senior Health Centers
- Surgical services
- Trauma Center
- Wound Care Clinic

Sharp Outpatient Pavilion:

- Cushman Wellness Center, including Health Screening and a Community Health Library and Resource Center
- Diabetes services, recognized by American Diabetes Association
- Diagnostic services
- Endoscopy Center
- Eye and Laser Treatment Center
- General and Diagnostic Imaging Center
- Outpatient surgery
- Pain Management Center
- Radiation Oncology and Infusion Center
- SRS Ophthalmology
- Sharp and Children's MRI Center
- Women's Imaging Center

Sharp Cabrillo:

- Outpatient rehabilitation therapy
- Senior Resource Center
- Skilled nursing facility

Sharp Mesa Vista Hospital:

- Child and adolescent psychiatric services
- Clinical supervision site for graduate interns
- Cognitive behavioral therapy program
- Dual diagnosis outpatient program
- Eating disorders outpatient program
- Geriatric inpatient and specialized outpatient program
- Inpatient chemical dependency services and substance abuse treatment
- Inpatient detoxification services
- Inpatient psychiatric treatment services
- Intensive outpatient programs
- Medication research studies
- On- and off-campus partial hospitalization programs

Sharp Vista Pacifica:

- Chemical dependency and substance abuse treatment services
- Family and aftercare programs
- Inpatient and outpatient treatment for chemically dependent adults
- Sober living and substance abuse education programs

Fiscal Year 2004 Community Benefits Program Highlights

Sharp Metropolitan Medical Campus provided a total of **\$55,745,439** in community benefits in Fiscal Year 2004.¹ 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 San Diego 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 to and from medical appointments, financial support for onsite workers to process Medi-Cal eligibility forms, financial support to a community clinic, a Vial of Life program, which provides essential medical information for emergency personnel's use; Project HELP, a fund that provided monies 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 Metropolitan Medical Campus also offered meeting space at no charge to community groups. In addition, staff at the hospital was actively involved in community boards, committees and other civic organizations, such as American Heart Association, American Hospital Association, Healthcare Association of San Diego and Imperial Counties, Community Health Improvement Partners, San Diego Psychiatric Association, San Diego Group Psychotherapy Society, Mental-health Association 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 Nurses Now Partnership, Mediversity and education and training of dietetics, nursing and psychology students; community ministers and clinical pastors.

¹ Note: Economic valuation for Sharp Mary Birch Hospital for Women is presented in Section 7.

Definition of Community

The community served by Sharp Metropolitan Medical Campus 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 targets¹ 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.

¹ 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 21st 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 Metropolitan Medical Campus:

- 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 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 Metropolitan Medical Campus Community Benefits Plan:

- Outreach for flu vaccines
- Health education and screening for seniors
- Mental-health and substance abuse education
- Diabetes education and testing
- Health education and wellness
- 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 2004 report of activities conducted in support of the objective(s) and Fiscal Year 2005 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 2004 Report of Activities

Sharp Cabrillo Campus Senior Resource Center participated in the Community Health Improvement Partners (CHIP) flu vaccination subcommittee, working to identify flu clinic sites throughout San Diego County. A Sharp representative acted as "site coordinator" for this year's efforts.

Sharp Cabrillo Campus Senior Resource Center coordinated notification of availability and provision of flu vaccines in selected community settings through activity reminders, newspaper notices, Sharp "on-hold" messages, Sharp Web site as well as through the CHIP telephone hotline, San Diego County Health and Human Services, American Lung Association and Aging and Independence Services.

In Fiscal Year 2004, flu vaccinations were offered to seniors and adults determined to be at high-risk. Sharp Cabrillo Campus Senior Resource Center and Sharp Memorial Hospital Senior Health Centers (Clairemont and Downtown)

sponsored 11 community flu clinics during October and November 2003, serving approximately 854 seniors and others with chronic illness. Flu clinics were held in a variety of locations, including community centers, senior centers, nutrition sites, senior health centers, adult day care centers, churches and senior apartment complexes.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

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

Fiscal Year 2005 Plan

In Fiscal Year 2005, Sharp Cabrillo Campus Senior Resource Center and Sharp Memorial Hospital Senior Health Centers will conduct the following activities:

- Continue to participate in the San Diego Community Health Improvement Partners Adult Immunization Committee and work with the committee to identify sites to immunize high-risk adults
- Work with community agencies to ensure immunizations are offered at sites convenient to seniors and chronically ill adults
- Coordinate the notification of seniors regarding the availability of flu vaccines and the provision of flu vaccines to high-risk individuals 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)

| Leading Cause | Deaths (65+ years) | Percent of All Deaths |
|------------------------------|--------------------|-----------------------|
| 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 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 2004 Report of Activities

Sharp Cabrillo Campus Senior Resource Center provided free/low-cost health education programs (1,437 seniors, caregivers and families of the elderly served) and health screenings (977 seniors served) and participated in community health fairs (1,603 seniors served) in Fiscal Year 2004. Sharp Cabrillo Campus Senior Resource Center coordinated health promotion classes on topics such as lung disease, heart disease, urinary incontinence, memory, glaucoma, hearing, healthy eating and nutritional concerns for older adults, prevention of falls, caregiving, wills and trusts, Vial of Life, Social Security update and Advance Directives for Healthcare. Screenings were provided for blood pressure, hearing, medication management, arthritis and diabetes. Monthly support groups were offered for Parkinson's disease and Alzheimer's disease.

Sharp Senior Health Centers also participated in community health fairs and community education events. Sharp Senior Health Centers 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, 460 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 and 125 Advance Directives for Healthcare were provided.

In Fiscal Year 2004, the Senior Resource Center and/or Sharp Senior Health Centers maintained active relationships with San Diego Council on Aging, Peninsula Shepherd Center, Senior Community Centers, Clairemont Friendship Senior Center, Aging and Independence Services, Southern Caregiver Resource Center and Alzheimer's Association, ensuring networking among community professionals and the provision of quality programs for seniors.

Measurable Objective for Fiscal Year 2005 - Fiscal Year 2007

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 2005 Plan

In Fiscal Year 2005, Sharp Cabrillo Campus Senior Resource Center and/or Sharp Senior Health Centers 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
- Participate in community health fairs
- Support the Vial of Life program
- Continue to sponsor monthly support groups for Alzheimer's disease 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)
- Work with Sharp HospiceCare to establish a bereavement support group to meet at the Sharp Cabrillo Campus

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 death 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 2004 Report of Activities

Sharp Mesa Vista psychiatric evaluation and intake teams provided approximately 5,000 free psychiatric evaluations and referrals for the general community in Fiscal Year 2004. On a weekly basis, Sharp Mesa Vista psychiatric evaluation team provided 4 hours a week to senior community centers for senior clients.

Sharp Behavioral Health Services participated in National Depression Screening Day with three screening sites located at the Sharp Memorial Medical Center Outpatient Pavilion, Sharp Grossmont Hospital Corporation Briar Patch campus and at Senior Community Centers of San Diego. A total of 102 persons attended the event, with 93 completing screening questionnaires. Sharp Mesa Vista and Grossmont Hospital Corporation Behavioral Health Services partnered in a vendor display table that featured anxiety and depression screening and informational handouts; 12 women participated in depression screening. In addition, 30 people were screened for depression at the Women's Health Symposium hosted by Sharp Healthcare.

Sharp Mesa Vista participated in community health fairs and community events, radio shows, community speaking engagements and workshops addressing a variety of behavioral health topics – anxiety, anger, depression, work-related stress, holiday blues, dealing with teen behavior, eating disorders, seniors and substance abuse. In addition, Sharp Mesa Vista initiated a seven-week course for families on schizophrenia, co-sponsored by NAMI – San Diego chapter and San Diego County Mental-health Services.

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 2004, 10 two-hour monthly meetings of the Caring and Sharing support group were held.

To meet the unique needs of teens and their families, Sharp Mesa Vista continued its partnership with San Diego City schools providing school district counselor meetings for professional development as well as phone consultations

with child and adolescent staff. In addition, Sharp Mesa Vista provided drug screenings for approximately 650 teens in Fiscal Year 2004.

In Fiscal Year 2004, 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 2004, Sharp Mesa Vista also co-sponsored 20 continuing education workshops for psychologists (serving 860 professionals) and sponsored two conferences for school psychologists (serving 80 professionals at each meeting).

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 2004, staff donated over 1,150 hours of time to community and professional groups, such as Community Health Improvement Partners (CHIP) Mental-health Work Team, Mental-health Association, San Diego County Older Adult Mental-health Task Force, Psychiatric Emergency Response Team, NAMI San Diego Chapter, San Diego Group Psychotherapy Society (SDGPS), San Diego Psychiatric Society, California HealthCare Association - Center for Behavioral Health, National Association Psychiatric HealthCare Systems, Association of Ambulatory Behavioral Healthcare, Association of Psychology Postdoctoral and Internship Centers, Parents for Addiction Treatment Healing (PATH) and National Council on Alcoholism and Drug Dependencies (NCADD). In addition, on a weekly basis, Sharp Mesa Vista provided free meeting space for a wide variety of self-help groups.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

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

Fiscal Year 2005 Plan

In Fiscal Year 2005, 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
- Continue partnership with San Diego City Schools, offering assistance to counselors and others as needed
- Continue to offer a psychology internship training program and other continuing education events for health-care professionals
- Continue to host and facilitate monthly meetings of the Caring and Sharing Support Group, assisting caregivers of individuals with mental illness

- Continue to provide a multi-session educational curriculum on schizophrenia for family members and significant others
- Continue to actively participate in boards, committees and advisory and work groups addressing behavioral health issues and community events to raise awareness of behavioral health issues
- Provide free meeting space for use by a wide variety of self help groups

Identified Community Need: Diabetes Education and Testing

Rationale

In 1999, there were 59 deaths due to diabetes in the North Central Region; the age-adjusted death rate for diabetes was 11.0 deaths per 100,000 population. (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 18 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 testing, education and support services in the North Central Region of San Diego County.

Fiscal Year 2004 Report of Activities

Note: Sharp Metropolitan Medical Campus' diabetes education program is recognized by the American Diabetes Association and meets national standards for excellence and quality in diabetes education.

In Fiscal Year 2004, Sharp Metropolitan Medical Campus conducted blood glucose testings and educational lectures at 28 hospital and offsite locations, testing 818 persons. 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 2004, Sharp Metropolitan Medical Campus conducted monthly educational support groups at the hospital, serving an average of 10 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 Web site, flyers in physician offices and at Diabetes Management classes held throughout the County.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

To provide diabetes testing, education and support services in the North Central Region of San Diego County.

Fiscal Year 2005 Plan

In Fiscal Year 2005, Sharp Metropolitan Medical Campus will conduct the following activities:

- Coordinate and implement blood glucose testings at community and hospital sites in the North Central Region
- Conduct educational lectures at various community venues

Identified Community Need: Health Education and Wellness

Rationale

According to findings presented in the Community Health Improvement Partners (CHIP) 2001 community needs assessment, a variety of behavioral and social risk factors are associated with unhealthy behaviors of obesity, physical inactivity and chronic diseases. These risk factors include poor nutrition and dietary habits, sedentary lifestyles, media promotion of unhealthy foods, abuse of tobacco, alcohol or drugs; stressful events and circumstances, lack of appropriate medical care and lack of education. Communication at all levels, to raise awareness about nutrition, exercise and disease prevention efforts, are regarded as effective approaches for communities.

Measurable Objective for Fiscal Year 2004 – Fiscal Year 2004

To coordinate and host a variety of health education and wellness offerings for the community. Programs are based on topics identified in recent Community Needs Assessments and other expressed interests of the community.

Fiscal Year 2004 Report of Activities

A variety of health education classes were conducted at the Sharp Outpatient Pavilion and various departments of the medical center in Fiscal Year 2004. Topics discussed include healthy hearts, cancer, diabetes, balance and fall prevention, osteoporosis, injury and violence prevention, disability management, men's health, advance directives and estate planning. Various support groups – for diabetes, cancer, cancer caregivers, chronic heart failure, menopause and breast feeding – were conducted at the Sharp Outpatient Pavilion community conference center. In addition, numerous health screenings such as osteoporosis, stroke, diabetes and depression were hosted at the Outpatient Pavilion in Fiscal Year 2004.

The Sharp Outpatient Pavilion also includes a Community Health Library, featuring videotapes, CDs, books, pamphlets, access to the internet and two staff to assist consumers in locating needed health information. Educational events, based on health "theme-of-the-month" concept, were hosted at the Outpatient Pavilion and included topics such as guided imagery, depression, addiction, osteoporosis, healthy dining, cholesterol awareness and healthy vision. The library provided giveaways including slide guides, pins and sugarless snacks to further promote the theme topics. A quarterly newsletter was published and distributed by the library featuring an OPP classroom calendar and other pertinent health news and information.

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

To coordinate and host a variety of health education and wellness offerings for the community. Programs are based on topics identified in recent Community Needs Assessments and other expressed interests of the community.

Fiscal Year 2005 Plan

In Fiscal Year 2005, Sharp Metropolitan Medical Center will conduct the following activities:

- Develop and coordinate a calendar at community health education and screening events
- Develop and coordinate a Men's Health Forum
- Host support groups on a variety of topics

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 Metropolitan Medical Campus 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 2004 Report of Activities

In Fiscal Year 2004, Sharp Metropolitan Medical Campus 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 Metropolitan Medical Campus provided coordination, support and related fundraising activities for non-profit organizations in Fiscal Year 2004, 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 (quarterly blood drives) and American Red Cross.

In Fiscal Year 2004, executive leadership and others donated their time to multiple community organizations and agencies, such as:¹

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

¹ Additional information specific to behavioral health is described separately.

- San Diego Brain Injury Foundation
- California Rehabilitation Association
- Emergency Medical Care Committee
- 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, San Diego (a non-profit leadership organization)

Measurable Objective for Fiscal Year 2005 – Fiscal Year 2007

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

Fiscal Year 2005 Plan

In Fiscal Year 2005, Sharp Metropolitan Medical Campus 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 Metropolitan Medical Campus – Fiscal Year 2004**

| Senate Bill 697 Category | Programs and Services Included in Senate Bill 697 Category | Estimated FY 2004 Unreimbursed Costs |
|--|---|---|
| Medical Care Services | Shortfall in Medi-Cal ¹ | \$13,220,175 |
| | Shortfall in Medicare ¹ | \$23,562,171 |
| | Shortfall in San Diego County Indigent Medical Services ¹ | \$3,204,498 |
| | Uncompensated Care ² | \$11,869,888 |
| | Physician Backup Services ³ | \$2,247,199 |
| Other Benefits for Vulnerable Populations | Patient transportation, financial support for onsite workers to process Medi-Cal eligibility forms, financial support to a community clinic, Project HELP, a Vial of Life program and collection and donation of items for the needy ⁴ | \$481,426 |
| Other Benefits for the Broader Community | Health education and information, health screenings, health fairs, flu shots, support groups, donations of time to community organizations ⁴ | \$736,457 |
| Health Research, Education and Training Programs | Education and training programs for students and interns ⁴ | \$423,625 |
| | TOTAL | \$55,745,439 |

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

² Uncompensated care is defined as charity care and bad debt and reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

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

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

Section

9 Sharp Rees-Stealy & Sharp Mission Park

Sharp Rees-Stealy and Sharp Mission Park are divisions of Sharp HealthCare are not required to develop a separate community benefits plan as part of Senate Bill 697. These divisions of Sharp HealthCare offered a variety of community benefits programs and services in Fiscal Year 2004, a selection of which are highlighted in this section.

Program and Service Highlights

Sharp Rees-Stealy:

- 11 multi-specialty medical center locations, offering primary and specialty care services
- After hours pediatric clinics
- Clinical research program
- Diabetes services, recognized by American Diabetes Association
- Occupational health services and executive health
- On-site optical shops, pharmacies, laboratories and radiology at selected locations Physical therapy and rehabilitation
- Sharp Center for Health Promotion
- Urgent Care Centers

Sharp Mission Park:

- Nine medical office locations
- Clinical research program
- Diabetes services, recognized by American Diabetes Association
- Health education and weight management services
- Mediversity, partnership with Alta Vista High School for disadvantaged youth
- Occupational health services and physical therapy
- Same-day/Next-day appointment services
- Sports physicals for local high school
- Teen Clinic
- Think First Sharp on Survival
- Urgent Care Center

Fiscal Year 2004 Community Benefits Program Highlights

Sharp Rees-Stealy and Sharp Mission Park provided a total of **\$4,826,751** in community benefits in Fiscal Year 2004. 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 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 (at Sharp Rees-Stealy) and food and clothing drives.
- **Other Services for the Broader Community** including health education on topics such as weight management, diets and healthy eating and participation in community health fairs and other community events.
- **Health Research, Education and Training Programs** including education and training of health professionals.

**Table 1: Economic Value of Community Benefits Provided
Sharp Rees-Stealy and Sharp Mission Park – Fiscal Year 2004**

| Senate Bill 697 Category | Programs and Services Included in Senate Bill 697 Category | Estimated FY 2004 Unreimbursed Costs |
|--|--|---|
| Medical Care Services | Shortfall in Medi-Cal ¹ | \$2,368,425 |
| | Uncompensated Care ² | \$2,251,756 |
| Other Benefits for Vulnerable Populations | Patient transportation and food and clothing drives ³ | \$142,170 |
| Other Benefits for the Broader Community | Health education programs and participation in community events ³ | \$10,156 |
| Health Research, Education and Training Programs | Education and training programs for health professionals ³ | \$54,244 |
| | TOTAL | \$4,826,751 |

¹ Methodology for calculating shortfalls in public programs is based on the entity's cost-to-charge ratios.

² Uncompensated care is defined as charity care and bad debt and reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

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

Section

10 Sharp Health Plan

Sharp Health Plan is not required to develop a community benefits plan as part of Senate Bill 697. However, Sharp Health Plan offered a variety of community benefits programs and services in Fiscal Year 2004, a selection of which are highlighted in this section.

Program and Service Highlights

- AIM Program
- Group Health Plans
- Healthy Families Program
- Medi-Cal Managed Care

Fiscal Year 2004 Community Benefits Program Highlights

Sharp Health Plan provided a total of **\$4,451,405** in community benefits in Fiscal Year 2004. 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.
- **Other Services for Vulnerable Populations** including transportation to and from medical appointments for approximately 2,500 low income persons.
- **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 civic organizations such as Community Health Improvement Partners, Healthy San Diego, Insure the Uninsured Project, Long-Term Care Integration Project, First Five Commission, School Health Innovative Programs, Business Healthcare Connection, Alliance Healthcare Foundation and Consumer Center for Health, Education and Advocacy. See **Appendix A** for a listing of Sharp HealthCare community involvement.

**Table 1: Economic Value of Community Benefits Provided
Sharp Health Plan - Fiscal Year 2004**

| Senate Bill 697 Category | Programs and Services Included in Senate Bill 697 Category | Estimated FY 2004 Unreimbursed Costs |
|---|---|---|
| Medical Care Services | Shortfall in Medi-Cal program ¹ | \$2,839,492 |
| | Shortfall in AIM program ¹ | \$1,463,211 |
| Other Benefits for Vulnerable Populations | Patient transportation ² | \$66,035 |
| Other Benefits for the Broader Community | Health education programs, donations to community organizations and participation in community organizations ² | \$82,667 |
| | TOTAL | \$4,451,405 |

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

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

Appendix

A

Sharp HealthCare Involvement in Community Organizations

Executive leadership and other staff within Sharp HealthCare involvement in community organizations and coalitions in Fiscal Year 2004 is presented below. Community organizations are listed alphabetically.

- Aging and Independence Services
- Alliance Healthcare Foundation
- American Cancer Society
- American Heart Association
- American Hospital Association
- American Red Cross
- Association for Ambulatory Behavioral Health-care (National)
- Assoc for Ambulatory Behavioral Health-care of Southern California
- Association of California Nurse Leaders
- Association of Fund Raising Executives
- Association of Psychology Postdoctoral and Internship Centers
- Association of Women's Health, Obstetrics and Neonatal Nurses
- Belle Fleur Homeowners Association
- Bonita Business and Professional Association
- Boys and Girls Club of San Diego
- Business Healthcare Connection
- California Association of Hospitals and Health Systems
- California Elected Women's Association for Education and Research
- California Endowment
- California Healthcare Association
- California Rehabilitation Association
- Center for Urban Ministry
- Chula Vista Chamber of Commerce
- Chula Vista Coordinating Council
- Chula Vista Police Department
- Chula Vista Rotary
- City of Chula Vista – Commission on Aging
- City of Poway – Housing Commission
- City of San Diego
- Clairemont Friendship Senior Center
- Clinical Laboratory Management Association
- Clinical Pastoral Education Professional Consultation Committee

- Coalition to Prevent Youth Violence
- Coding Advisory
- Communities Against Substance Abuse
- Community Health Improvement Partners (CHIP)
- Consumer Center for Health, Education and Advocacy
- Coronado Hospital Foundation
- Coronado Realtors
- Coronado Rotary
- Council of Community Clinics
- County of San Diego
- Crohn's and Colitis Foundation
- Domestic Violence Response Team Advisory Board
- East County Action Network
- East County Regional Chamber of Commerce
- East County Senior Service Providers
- El Camino Creek School Site Council
- Emergency Medical Care Committee
- Emergency Medical Services Quality Improvement
- Employee Assistance Professionals Association
- Fetal Infant Mortality Review
- First Five Commission
- Foundation for Change
- Foundation Partners
- Fronteras Unidas Pro Salud
- Frost Street Surgicenter
- Grossmont Healthcare District
- Grossmont Hospital Foundation
- Grossmont Union High School District
- Health-care Communicators
- Healthcare Association of San Diego/Imperial Counties
- Healthlink
- Healthy San Diego
- Heartland Human Relations and Fair Housing Association
- HFMA San Diego/Imperial Chapter
- Immunization Coalition
- Insure the Uninsured Project
- It Takes a Community Gala
- Kiwanis Club of Bonita
- Kiwanis Club of Coronado
- KPBS Advisory Board
- La Mesa Lion's Club
- Latino/a Unity Coalition
- LEAD, San Diego, Inc

- Lifesharing Community Advisory Board
- Long-Term Care Integration Project
- March of Dimes
- Meal-on-Wheels East County
- Medi-Cal Managed Care Division Diabetes Work Group
- Mental-health Association
- Mental-health Recognition Committee
- Mesa College – Health Information Technology Committee
- National Association for the Mentally Ill
- National Association of Psychiatric Healthcare Systems
- National Council on Alcoholism and Drug Dependencies – San Diego
- National Foundation for Autism Research
- Neighborhood Excellence Committee
- Neighborhood Healthcare Community Clinic
- Norma Park Educational Foundation
- Optimist Club of Coronado
- Organ Donation Breakthrough Collaborative
- Organ Procurement Organization Committee
- Paratransit Coordinating Council for San Diego/Imperial Counties
- Parents for Addiction Treatment Healing (PATH)
- Partnership for Public Health
- Peninsula Shepherd Center
- Planned Parenthood
- Por La Vida
- Postpartum Health Alliance
- Premier Inc
- Principal Players
- Professional Coaches and Mentors Association
- Professional Consultation Committee
- Psychiatric Emergency Response Team
- Rancho Bernardo Chamber of Commerce
- Rancho Bernardo Sunrise Rotary
- Reduce and Eliminate Health Disparities with Information
- Risk Insurance Managers Society
- Safe Communities
- Safe Kids Coalition
- San Diego Aquatics Association
- San Diego Association of Directors of Volunteer Services
- San Diego Blood Bank
- San Diego Brain Injury Foundation
- San Diego Breastfeeding Coalition
- San Diego City Schools – Partners for Life
- San Diego Council on Aging

- San Diego Coalition for Mental-health
- San Diego Community College District
- San Diego County High Capacity Committee
- San Diego County Hispanic Chamber of Commerce
- San Diego County Psychiatric Hospital Auxiliary
- San Diego Crew Classic
- San Diego Eye Bank
- San Diego Foundation
- San Diego Group Psychotherapy Society
- San Diego Habitat for Humanity
- San Diego Medical Society – Mental-health Commission
- San Diego Mental-health Association
- San Diego Psychiatric Society
- San Diego Region Library Association
- San Diego Regional Asthma Coalition
- San Diego Regional Chamber of Commerce
- San Diego State University
- San Diego-Imperial Council of Hospital Volunteers
- Santee Chamber of Commerce
- School Health Innovative Programs
- Second Envision San Diego Healthcare Task Force
- Senior Community Center
- Sharp and Children's MRI
- Sharp Chula Vista Domestic Violence Task Force
- Sharp Health Plan
- Sidney Kimmel Cancer Clinic
- Society of Human Resource Managers
- South Bay Human Services Council
- South Bay YMCA
- South County Domestic Violence Action Coalition
- Southwestern College Advisory Council
- Special Libraries Association
- Susan G. Komen Foundation Board
- Teachers for Healthy Kids Program
- The Meeting Place
- Think First – San Diego Chapter
- Think First – National Foundation
- Thousand Smiles Foundation
- Trauma Administrators
- Uniform Data Systems National Advisory Council
- United Way of San Diego County
- University of Virginia School of Nursing
- Violence Prevention Network

- Vistas Healthcare
- Women in Leadership
- Women in Transportation
- Women's Health Alliance
- YMCA
- YWCA Company of Women Luncheon
- Youth Soccer

FORM 990 INVESTMENTS - SECURITIES STATEMENT 8

| <u>DESCRIPTION</u> | <u>VALUE METHOD</u> | <u>CASH AND MONEY MARKET</u> | <u>AGENCY</u> | <u>EQUITIES</u> | <u>MORTGAGE</u> | <u>U.S. CORP</u> | <u>BONDS/U.S. TREASURY NOTES</u> | <u>TOTAL SECURITIES</u> |
|----------------------|---------------------|------------------------------|---------------|-----------------|-----------------|------------------|----------------------------------|-------------------------|
| CHANDLER INVESTMENTS | MKT VALUE | 1,189,427 | 2,619,681 | 3,426,138 | | 2,588,996 | 222,883 | 10,047,125 |
| ROSA AZUS TRUST | MKT VALUE | 96,425 | 19,906 | 1,279,495 | 118,841 | 289,962 | 351,625 | 2,156,254 |
| FULLER TRUST | MKT VALUE | 44,602 | | 762,002 | | | 506,658 | 1,313,262 |
| TOTAL | | 1,330,454 | 2,639,587 | 5,467,635 | 118,841 | 2,878,958 | 1,081,166 | 13,516,641 |

PART IV, LINE 54, COL. B

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990

LAND, BUILDINGS & EQUIPMENT

STATEMENT 9

DESCRIPTION

| | |
|--|---------------------|
| PRINTER (HP 4550N COLOR) | 2,458 |
| SOFTWARE (DATABASE MODULE FROM BLACKBAUD) | 5,726 |
| SOFTWARE (MEMBERSHIP MODULE FROM BLACKBAUD) | <u>3,233</u> |
| TOTAL EQUIPMENT (PART IV, LINE 57a) | 11,417 |
| ACCUMULATED DEPRECIATION (PART IV, LINE 57b) | <u>(10,311)</u> |
| TOTAL (PART IV, LINE 57c) | <u><u>1,106</u></u> |

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

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990

OTHER ASSETS

STATEMENT 10

DESCRIPTION

AMOUNT

DEFERRED PLANNED GIFTS

7,591,793

PLANNED GIVING ANNUITY/TRUSTS

1,540,013

ACCRUED INTEREST RECEIVABLE

61,155

OTHER RECEIVABLES

24,500

TOTAL

9,217,461

PART IV, LINE 58

SHARP HEALTHCARE FOUNDATION

95-3492461

| FORM 990 | OTHER LIABILITIES | STATEMENT 11 |
|----------|-------------------|--------------|
|----------|-------------------|--------------|

| | |
|-----------------------------------|------------------|
| INTERCOMPANY PAYABLE | 773,133 |
| DEFERRED PLANNED GIFT LIABILITIES | <u>2,871,414</u> |

| | |
|-------|------------------|
| TOTAL | <u>3,644,547</u> |
|-------|------------------|

Part IV, Line 65

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 SHC | 594,499 | 188,101 | 0 |
| TOTAL | | 594,499 | 188,101 | 0 |

PART V, LINE 75

THE ABOVE AMOUNTS FOR MICHAEL MURPHY WERE PAID BY SHARP HEALTHCARE,
A RELATED 501(C)(3) ENTITY. SHARP HEALTHCARE FEIN: 95-6077327

SHARP HEALTHCARE 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, SHARP HEALTHCARE, AND THEN CHARGED BACK TO THE SUBSIDIARIES. DURING THE FISCAL YEAR ENDED 9/30/2004, THESE ADMINISTRATIVE AND OVERHEAD COSTS TOTALED \$116,431,984.

SHARP HEALTHCARE FOUNDATION

95-3492461

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> |
|--------------------|---------------------|----------------------|------------------------|--------------------|
| LUVRE NOTE | NOVEMBER 1996 | DECEMBER 2006 | \$13,600 | 3,799 |

BORROWERS: VELUR INVESTMENTS II, INC.
REPAYMENT TERMS: MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$157.97.
PURPOSE: PART OF PAYMENT ON PURCHASE OF VACANT LAND.

| | | | | |
|------------|--|--|--|--------|
| LASRY NOTE | <u>BORROWERS:</u> JOHN AND DIANNE SILVESTRO & GARY AND MARY ANN SUTLIFF DEED OF TRUST SHARP HEALTHCARE FOUNDATION RECEIVES ONE-HALF OF THE PRINCIPAL AND INTEREST PAYMENTS TO BENEFIT CARDIAC RESEARCH. NORTHERN TRUST IS THE AGENT FOR THIS GIFT. | | | 45,063 |
|------------|--|--|--|--------|

| | | | | |
|------|----------------|------------|----------|--------|
| HELM | SEPTEMBER 2002 | UPON DEATH | \$57,220 | 57,220 |
|------|----------------|------------|----------|--------|

DONORS: JOHN & DOROTHY HELM
PURPOSE: DONATION OF 6 INSURANCE POLICIES BY INSURED

| | | | | |
|-------|--|--|--|----------------|
| TOTAL | | | | <u>106,082</u> |
|-------|--|--|--|----------------|

PART IV, LINE 51c

SHARP HEALTHCARE (SHC), 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 HEALTH PLAN | 33-0519730 |
| SHARP CORONADO HOSPITAL & HEALTHCARE CENTER | 95-0651579 |

SHC 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

FORM 990

DEPRECIATION EXPENSE

STATEMENT 16

Depreciation

Printer, HP 4550N color

(1,077)

SL method, 60 months

51 months remaining life

Grand Total

(1,077)

PART II, LINE 42

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990 RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENT 17
STATEMENTS WITH REVENUE PER IRS RETURN

| | |
|---|------------------|
| TR/P-CONTRIBUTIONS | (8,919,000) |
| TR-INVESTMENT INCOME | (357,000) |
| TR-NET ASSETS RELEASED FROM RESTRICTION | 8,812,000 |
| ROUNDING | <u>(784)</u> |
| TOTAL | <u>(464,784)</u> |

Part IV-A, Line 4

SHARP HEALTHCARE FOUNDATION

95-3492461

| FORM 990 | RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH EXPENSES PER IRS RETURN | STATEMENT 18 |
|----------|--|----------------|
| | STMT 3 - SPECIAL EVENT EXP | 282,513 |
| | ROUNDING | <u>(12)</u> |
| | TOTAL | <u>282,501</u> |

Part IV-B, Line 4

FORM 990

LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES
PART V

STATEMENT 19

| NAME & ADDRESS | TITLE & TIME | COMPENSATION | CONTRIBUTION TO EMPLOYEE BENEFIT PLAN | EXPENSE ACCOUNT |
|--|--------------------------------------|--------------|---------------------------------------|-----------------|
| FRANK ARRINGTON 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | 1st Vice-President 2 hours/week | 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 |
| 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 |
| JOY CHARNEY 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 | Emeritus 2 hours/week | NONE | NONE | NONE |
| RICHARD D. COUTTS, M.D. 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | Chair 2 hours/week | NONE | NONE | NONE |
| DOUGLAS DAVIDSON, M.D. 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 |
| VERONICA ENGEL 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | Board Member 2 hours/week | NONE | NONE | NONE |
| PHILIP L. GILDRED, JR 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | Founding Chairman 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 | SCV Med Ctr. Bd Rep. 2 hours/week | NONE | NONE | NONE |

FORM 990

LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES

STATEMENT 19

PART V

| NAME & ADDRESS | TITLE & TIME | COMPENSATION | CONTRIBUTION TO EMPLOYEE BENEFIT PLAN | EXPENSE ACCOUNT |
|---|--------------------------------|--------------|---------------------------------------|-----------------|
| TOM HOM 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 | Board Member 2 hours/week | NONE | NONE | NONE |
| MILDRED LARSEN 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | Board Member 2 hours/week | NONE | NONE | NONE |
| YVONNE W. LARSEN 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | Emeritus 2 hours/week | NONE | NONE | NONE |
| WILLIAM LARSON 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 |
| SUZY SPAFFORD LIDSTROM 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | Board Member 2 hours/week | NONE | NONE | NONE |
| WILLIAM S. LITTLEJOHN 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | SR VP/CEO FND 40 hours/week | 229,048 | 75,366 | NONE |
| SUSAN H. MALLORY 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | Board Member 2 hours/week | NONE | NONE | NONE |
| BETSY McCLENDON 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | Emeritus 2 hours/week | NONE | NONE | NONE |
| COLLEEN P. McNALLY, M.D. 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | Board Member 2 hours/week | 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 | Secretary 2 hours/week | NONE | NONE | NONE |
| SUSAN MORIARTY 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | Board Member 2 hours/week | NONE | NONE | NONE |

FORM 990

LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES
PART V

STATEMENT 19

| NAME & ADDRESS | TITLE & TIME | COMPENSATION | CONTRIBUTION TO EMPLOYEE BENEFIT PLAN | EXPENSE ACCOUNT |
|--|------------------------------|--------------|---|--------------------|
| MICHAEL MURPHY 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | President 2 hours/week | NONE | NONE | NONE |
| L. ROBERT PAYNE 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 | Board Member 2 hours/week | NONE | NONE | NONE |
| 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 |
| RUTH SCHULMAN 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 |
| WILLARD THOMPSON 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 |
| GERALDINE WHEELER 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 | Treasurer 2 hours/week | 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 |
| TOTAL | | 229,048 | 75,366 | 0 |

Part II, Line 25

Part V

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

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

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

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

| | | | | | |
|--|--------------------------------------|---|--------------------------------------|------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> 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, 2005

5 For calendar year _____ , or other tax year beginning OCTOBER 1, 2003 and ending SEPTEMBER 30, 2004

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 \$ NONE

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 Ka Al Title CPA OF ERNST & YOUNG Date 4-26-05

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

By: _____ Date MAY 19 2005

Director _____ Date _____
Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension of time returned to an address different than the one entered above. DIRECTOR, SUBMISSION PROCESSING, OGDEN

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