

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning October 1, 2005, and ending September 30, 2006

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 92123-1489

D Employer identification number: 95-3492461

E Telephone number: (858)499-5150

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: www.sharp.com

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 13,172,561

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

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? 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: _____

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	STMT 1	1a	5,806,920	
	b Indirect public support		1b	2,511,394	
	c Government contributions (grants)		1c	1,220,499	
	d Total (add lines 1a through 1c) (cash \$ <u>7,234,062</u> noncash \$ <u>2,304,751</u>)		1d		9,538,813
	2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		0
	3 Membership dues and assessments		3		
	4 Interest on savings and temporary cash investments		4		37,226
	5 Dividends and interest from securities		5		376,540
	6a Gross rents		6a	1,330	
	b Less: rental expenses		6b	0	
	c Net rental income or (loss) (subtract line 6b from line 6a)		6c		1,330
7 Other investment income (describe _____)		7			
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		3,004,915	8a	6,999	
	b Less: cost or other basis and sales expenses	2,810,539	8b	10,850	
	c Gain or (loss) (attach schedule)	194,376	8c	-3,851	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 2	8d		190,525	
Revenue	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>				
	a Gross revenue (not including \$ <u>667,844</u> of contributions reported on line 1a)		9a	206,738	
	b Less: direct expenses other than fundraising expenses		9b	9,046	
c Net income or (loss) from special events (subtract line 9b from line 9a)	STMT 3	9c		197,692	
Revenue	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
Revenue	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		10,342,126
Expenses	13 Program services (from line 44, column (B))		13		8,039,620
	14 Management and general (from line 44, column (C))		14		561,866
	15 Fundraising (from line 44, column (D))		15		2,364,991
	16 Payments to affiliates (attach schedule)		16		
	17 Total expenses (add lines 16 and 44, column (A))		17		10,966,477
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)		18		-624,351
	19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		30,028,673
	20 Other changes in net assets or fund balances (attach explanation). STMT 4		20		284,141
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21		29,688,463

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See 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) (cash \$ <u>4,275,776</u> noncash \$ <u>3,482,909</u>) STMT 5 If this amount includes foreign grants, check here <input type="checkbox"/>	7,758,685	7,758,685		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	351,948	35,195	70,389	246,364
26	Other salaries and wages	1,228,706	122,871	245,742	860,093
27	Pension plan contributions	34,377	3,438	6,875	24,064
28	Other employee benefits	306,366	30,637	61,274	214,455
29	Payroll taxes	103,425	10,343	20,685	72,397
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	5,985	599	1,197	4,189
33	Supplies	23,431	2,343	4,687	16,401
34	Telephone	1,955	196	391	1,368
35	Postage and shipping	25,968	2,597	5,194	18,177
36	Occupancy				
37	Equipment rental and maintenance	2,411	242	482	1,687
38	Printing and publications	30,613	3,061	6,123	21,429
39	Travel	18,993	1,899	3,799	13,295
40	Conferences, conventions, and meetings	8,061	806	1,612	5,643
41	Interest	24,851	2,485	4,970	17,396
42	Depreciation, depletion, etc. (attach schedule) STMT 16	28,129	2,813	5,625	19,691
43	Other expenses not covered above (itemize):				
a	Purchased Services	404,849	40,485	80,970	283,394
b	Miscellaneous	205,799	20,579	41,159	144,061
c	Recruiting	3,459	346	692	2,421
d	Special Event Fundraising Expenses	398,466			398,466
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	10,966,477	8,039,620	561,866	2,364,991

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 the instructions.)

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.

What is the organization's primary exempt purpose? ▶ STMT 6	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	(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 \$ 7,758,685) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	8,039,620
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	8,039,620

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	250	45	250
	46 Savings and temporary cash investments	2,560,694	46	740,399
	47a Accounts receivable	11,584		
	47b Less: allowance for doubtful accounts		0	47c 11,584
	48a Pledges receivable	9,460,700		
	48b Less: allowance for doubtful accounts	2,378,221	9,017,049	48c 7,082,479
	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	57,533		
	51b Less: allowance for doubtful accounts		98,048	51c 57,533
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		36,288	53 11,987
	54 Investments—securities (attach schedule) STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		10,344,231	54 13,467,151
	55a Investments—land, buildings, and equipment: basis	2,175,000		
	55b Less: accumulated depreciation (attach schedule)		0	55c 2,175,000
56 Investments—other (attach schedule)			56	
57a Land, buildings, and equipment basis	45,219			
57b Less: accumulated depreciation (attach schedule) STMT 9	38,398	20,131	57c 6,821	
58 Other assets (describe <input type="checkbox"/> STMT 10)		11,483,814	58 13,158,671	
59 Total assets (must equal line 74). Add lines 45 through 58.		33,560,505	59 36,711,875	
Liabilities	60 Accounts payable and accrued expenses	290,148	60	420,980
	61 Grants payable		61	
	62 Deferred revenue	134,581	62	75,850
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	64b Mortgages and other notes payable (attach schedule)			64b
	65 Other liabilities (describe <input type="checkbox"/> STMT 11)		3,107,103	65 6,526,582
66 Total liabilities —Add lines 60 through 65		3,531,832	66 7,023,412	
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	2,242,980	67	1,904,136
	68 Temporarily restricted	24,471,703	68	24,468,338
	69 Permanently restricted	3,313,990	69	3,315,989
	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)	30,028,673	73	29,688,463
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	33,560,505	74	36,711,875

Part VI Other Information (continued)

		Yes	No
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
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	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?	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
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	
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
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		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	19
91a	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 ▶ 92123-1489		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	0

Part VII Analysis of Income-Producing Activities (See 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	37,226	
96 Dividends and interest from securities			14	376,540	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	1,330	
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	190,525	
101 Net income or (loss) from special events <i>STMT 3</i>			01	197,692	
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		803,313	0
105 Total (add line 104, columns (B), (D), and (E))					803,313

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 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 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 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 Sign Here: *Susan Ressmeyer* Signature of officer, Date: *8/10/07*

SUSAN RESSMEYER DIRECTOR-ADMIN SVCS
Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *[Signature]*, Date: *8-8-07*, Check if self-employed: Preparer's SSN or PTIN (See Gen Inst W): *34-6565596*

Firm's name (or yours if self-employed), address, and ZIP + 4: *ERNST & YOUNG, US LLP, 18111 VON KARMAN AVE SUITE 1000, IRVINE, CA 92612*, EIN: *34-6565596*, Phone no: *(949)794-2300*

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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization SHARP HEALTHCARE FOUNDATION	Employer identification number 95-3492461
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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, CA 92123	VP-PHILANTHROPY 40 Hours	147,790	32,935	931
ROSETTA S ELLIS 8695 SPECTRUM CTR BLVD, SD, CA 92123	SR DIR MAJOR GIFTS 40 Hours	117,402	6,519	212
JEAN-PAUL LAMONTAGNE 8695 SPECTRUM CTR BLVD, SD, CA 92123	GIFT/ESTATE PLAN 40 Hours	110,037	7,349	418
SHAWNA FALLON 8695 SPECTRUM CTR BLVD, SD, CA 92123	DIR MAJOR GIFTS 40 Hours	96,351	8,614	107
PAMELA BARNETT 8695 SPECTRUM CTR BLVD, SD, CA 92123	DIR-DONOR REL 40 Hours	83,931	24,358	145
Total number of other employees paid over \$50,000 ▶	8			

Part II-A 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
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
RICH BADAMI & ASSOCIATES 5694 MISSION CTR RD #602, SAN DIEGO CA 92108	VIDEO PRODUCTION	135,029
MANCHESTER RESORTS LP, MANCHESTER GRAND HYATT ONE MARKET PLACE, SAN DIEGO CA 92101	EVENT CATERING & SPACE RENTAL	133,364
ADVANCED MARKETING 99 THIELMAN DR, BUFFALO, NY 14206	FUNDRAISING MAILING	90,162
RENAISSANCE ESMERALDA RESORT 4440 INDIAN WELLS LN, INDIAN WELLS CA 92210	EVENT CATERING & SPACE RENTAL	81,003
SERVICE AMERICA CORP dba CENTERPLATE 111 WEST HARBOR DR, SAN DIEGO CA 92101	EVENT CATERING & SPACE RENTAL	76,595
Total number of other contractors receiving over \$50,000 for other services ▶	1	

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

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 ▶ \$ 0 (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.

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?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **STMT 19**

e Transfer of any part of its income or assets?

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) **STMT 15**

b Do you have a section 403(b) annuity plan for your employees?

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

	Yes	No
1	X	
2a		X
2b		X
2c		X
2d	X	
2e		X
3a	X	
3b	X	
3c		X
4a		X
4b		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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	12,692,313	9,115,300	6,975,247	5,698,047	34,480,907
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	332,469	615,982	311,327	118,565	1,378,343
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	287,838	381,836	161,386	368,755	1,199,815
19 Net income from unrelated business activities not included in line 18			2	15,753	15,755
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	13,312,620	10,113,118	7,447,962	6,201,120	37,074,820
24 Line 23 minus line 17	12,980,151	9,497,136	7,136,635	6,082,555	35,696,477
25 Enter 1% of line 23	133,126	101,131	74,480	62,011	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 713,930
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 3,863,701
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 35,696,477
d Add: Amounts from column (e) for lines	18 1,199,815	19 15,755			26d 5,079,271
	22 0	26b 3,863,701			26e 30,617,206
e Public support (line 26c minus line 26d total)					26f 85.77%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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.	(2004) N/A	(2003) N/A	(2002) N/A	(2001) N/A	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, 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.	(2004) N/A	(2003) N/A	(2002) N/A	(2001) N/A	
c Add: Amounts from column (e) for lines	15 _____	16 _____			27c _____
	17 _____	20 _____	21 _____		
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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) NOT APPLICABLE

	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		

NOT APPLICABLE

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)

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

Limits on Lobbying Expenditures

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

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

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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 of the instructions.)

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

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

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

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **STMT 20**

FORM 990 CASH AND NONCASH CONTRIBUTIONS STATEMENT 1
 DIRECT PUBLIC SUPPORT
 *** NOT OPEN TO PUBLIC INSPECTION ***

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>TYPE</u>	<u>TOTAL</u>
		Non-Cash Real Property 4/6/06	2,175,000
		Cash	807,679
		Cash	500,000
		Cash	346,600
		Cash	304,450
		Cash	285,050
		Cash	250,000
		Cash	225,000
		Cash	200,000

SHARP HEALTHCARE FOUNDATION MEETS THE 33 1/3% TEST OF THE REGULATIONS UNDER SECTION 170(b)(1)(A)(vi). THEREFORE, ONLY DONORS WHOSE CONTRIBUTIONS EXCEED 2% (\$190,776) OF TOTAL GIFTS (\$9,538,813) ARE LISTED INDIVIDUALLY.

FORM 990 PART I, LINE 8a, 8b, 8c, 8d AND PART VII, LINE 100B	NET GAIN OR (LOSS) ON SALE OF ASSETS OTHER THAN INVENTORY				STATEMENT 2
	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>NET GAIN OR (LOSS)</u>
INVESTMENTS IN SECURITIES	VARIOUS	VARIOUS	3,004,915	2,810,539	194,376
OTHER DONATED GOODS	VARIOUS	VARIOUS	6,999	10,850	(3,851)
TOTAL REALIZED GAINS/(LOSSES) ON SALES OF ASSETS OTHER THAN INVENTORY			3,011,914	2,821,389	190,525

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 3

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

<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	135,189	113,240	21,949		21,949
CARDIAC SUPPORT FISHING TRIP	26,700	11,600	15,100	200	14,900
SMH ANNIVERSARY GALA	248,877	201,376	47,501	6,707	40,794
SCVMC GALA	123,289	85,723	37,566	2,139	35,427
SMH GOLF TOURNAMENT	180,027	120,765	59,262		59,262
WOMEN'S HEALTH SYMPOSIUM	160,500	135,140	25,360		25,360
TOTAL	874,582	667,844	206,738	9,046	197,692

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 4
Part 1, Line 20		

CHANGE IN UNREALIZED GAIN/(LOSS) ON INVESTMENTS	271,957
CHANGE IN UNREALIZED GAIN/(LOSS) ON DEFERRED PLANNED GIFTS	<u>12,184</u>
TOTAL	<u><u>284,141</u></u>

FORM 990 GRANTS AND ALLOCATIONS STATEMENT 5
 PART II, LINE 22

<u>BENEFICIARIES</u>	<u>RELATIONSHIP</u>	<u>CASH</u>	<u>NONCASH</u>	<u>TOTAL</u>
SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	RELATED ENTITY	248,736	1,493,009	1,741,745
SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	RELATED ENTITY	3,719,385	1,783,490	5,502,875
SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	RELATED ENTITY	307,655	206,410	514,065
 TOTAL		<u>4,275,776</u>	<u>3,482,909</u>	<u>7,758,685</u>

ALL BENEFICIARIES 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
Part III

STATEMENT OF ORGANIZATION'S PRIMARY
EXEMPT PURPOSE

STATEMENT 6

EXPLANATION

THE PRIMARY EXEMPT PURPOSE OF SHARP HEALTHCARE FOUNDATION IS TO
SUPPORT AND PROVIDE ASSISTANCE TO SHARP HEALTHCARE.

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990
Part III a

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 7

See COMMUNITY BENEFIT REPORT

Sharp HealthCare
Community Benefits Plan
Fiscal Year 2006

Submitted February 28, 2007 to:

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

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Preface

Sharp HealthCare prepared this Community Benefits Plan for Fiscal Year 2006 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, 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 1,870 beds,¹ has approximately 2,600 physicians on its medical staff, 1,300 physicians in affiliated medical groups and close to 14,000 employees.

FOUR ACUTE CARE HOSPITALS:

Sharp Grossmont Hospital (481 beds)

The largest provider of health care services in San Diego's East County, operating the busiest emergency room in San Diego County

Sharp Memorial Hospital (341 beds)²

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

Sharp Chula Vista Medical Center (330 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)

An acute care hospital with services including sub-acute and long-term care, rehabilitation therapies, hospice and emergency services.

THREE SPECIALTY HOSPITALS:

Sharp Mary Birch Hospital for Women (169 beds)

The only freestanding women's hospital west of the Mississippi specializing in obstetrics/gynecology and gynecologic oncology.

¹ Includes 180 acute care beds in suspense at Sharp Cabrillo Skilled Nursing Center on the Sharp Metropolitan Medical Campus.

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

Sharp Mesa Vista Hospital (149 beds)¹

The largest freestanding psychiatric hospital in San Diego and a premier provider of psychiatric services.

Sharp Vista Pacifica (16 beds)²

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.

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 2006 (October 1, 2005 through September 30, 2006). 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
- Sharp Grossmont Hospital
- 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 systemwide 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, 2001 and 2004, 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 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 and preterm delivery
- Programs for prevention of unintentional injuries
- Health education for midlife women on topics such as breast health and cancer
- Health education and screening activities for seniors
- Outreach for flu vaccines
- Domestic violence education, screening and referral services
- Mental health and substance abuse education
- Special support services for hospice families, patients and the community
- Support of community nonprofit health organizations

Highlights of Community Benefits Provided by Sharp HealthCare in Fiscal Year 2006

Some examples of community benefits programs and services provided by Sharp HealthCare hospitals or facilities in Fiscal Year 2006 include:

- **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 disabled people 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, medication 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 paramedics and emergency medical technicians, as well as students and allied professionals in obstetrics and gynecology, labor and delivery, neonatal nursing, lactation, pharmacy, dietetics, social work and psychology. 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 Rady Children's Hospital and Scripps Health 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 2006

In Fiscal Year 2006, Sharp HealthCare provided a total of **\$181,675,133** in community benefits programs and services that were unreimbursed. 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 2006**

Sharp HealthCare Entity	Estimated FY 2006 Unreimbursed Costs
Sharp Chula Vista Medical Center	\$29,574,135
Sharp Coronado Hospital and Healthcare Center	\$8,130,575
Sharp Grossmont Hospital	\$59,351,564
Sharp Mary Birch Hospital for Women	\$11,259,568
Sharp Metropolitan Medical Campus ¹	\$68,405,234
Sharp Rees-Stealy and Sharp Mission Park	\$4,500,740
Sharp Health Plan	\$453,317
GRAND TOTAL	\$181,675,133

For a detailed summary of unreimbursed costs of community benefits provided by each Sharp HealthCare entity in Fiscal Year 2006, see tables presented in **Sections 4** through **10**.

¹ Sharp Metropolitan Medical Campus includes Sharp Memorial Hospital, Sharp Cabrillo Skilled Nursing Center, 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 2006**

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	\$28,920,230	\$215,691	\$386,859	\$51,355	\$29,574,135
Sharp Coronado Hospital and Healthcare Center	\$7,302,503	\$58,151	\$353,778	\$416,143	\$8,130,575
Sharp Grossmont Hospital	\$57,091,460	\$651,839	\$1,337,324	\$270,941	\$59,351,564
Sharp Mary Birch Hospital for Women	\$11,046,681	\$23,231	\$149,962	\$39,694	\$11,259,568
Sharp Metropolitan Medical Campus ²	\$66,397,618	\$430,029	\$1,095,915	\$481,672	\$68,405,234
Sharp Rees-Stealy and Sharp Mission Park	\$4,051,716	\$167,070	\$234,242	\$47,712	\$4,500,740
Sharp Health Plan	\$353,947	\$10,000	\$89,370	\$0	\$453,317
All Entities	\$175,164,155	\$1,556,011	\$3,647,450	\$1,307,517	\$181,675,133

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

Through over five years SHC has been on a journey to transform the health care experience. Through a sweeping organizational improvement initiative called *The Sharp Experience* the entire Sharp team has recommitted to the purpose of work and the fundamentals that have made Sharp one of the nation's top ranked 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 experience in San Diego by striving to be.

- *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 valued customers; 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 over 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 — Demonstrate and improve clinical excellence and patient safety to set community standards and exceed patient expectations.

Service — Create exceptional experiences at every touch point for customers and physicians by demonstrating service excellence

People — Create a workforce culture that attracts and retains the best and brightest people who are committed to Sharp HealthCare’s mission and values.

Finance — Continually improve financial results to assure Sharp’s ability to invest in new technology and provide quality health care services.

Growth — Achieve consistent growth in net revenue to enhance market dominance and sustain infrastructure and innovative development

Community — Be an exemplary community citizen.

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 Community Needs Assessment.

Since Senate Bill 697 requires the updating of a community health needs assessment at least every three years, 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 CHIP 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, CHIP 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

In 2004, the CHIP Needs Assessment Work Team, under the direction of the CHIP Steering Committee, determined a methodology and approach to the needs assessment, which included information from the following sources:

- Collection and analysis of health-related statistics, conducted by the County of San Diego Health and Human Services Agency, supplemented by data from the California Health Interview Survey, Office of Statewide Health Planning and Development, Youth Risk Behavior Surveillance System and United Way of San Diego County
- Review of health-related scientific literature
- Review of results of facilitated discussions held with nine focus groups representing a cross-section of the community
- Review of results of a survey with key informants to identify which health issues impact the community most based on size of the problem, seriousness and level of community concern
- Results of a process used by members of CHIP to set priorities among various health issues

Determination of Priority Community Needs: Sharp HealthCare

The community health needs assessments conducted by 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 were considered.

For example, the specialty hospitals – Sharp Mesa Vista, Sharp Vista Pacifica and Sharp Mary Birch Hospital for Women – reviewed the needs assessment priorities, specifically focusing on mental health, substance abuse and issues relevant to women. Other Sharp general acute care hospitals reviewed the needs assessment with a focus on the region and/or subregional areas, with the goal of matching community benefit programs and services to the unique needs of the region.

Steps Completed to Prepare an Annual Community Benefits Plan

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 2006 Report of Activities**
- Develops a plan for the upcoming fiscal year, including specific steps to be undertaken – **Fiscal Year 2007 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 (CHIP)

In support of Sharp HealthCare's ongoing commitment to working with others on addressing community health priorities to improve health status of 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 Injury Prevention and Suicide Committee, Adult Immunization Committee and 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 Nutrition Counseling
- 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 Sharp HospiceCare.

Fiscal Year 2006 Community Benefits Program Highlights

Sharp Chula Vista Medical Center provided a total of **\$29,574,135** in community benefits in Fiscal Year 2006. See **Table 4** in this Section for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697.

Among the key highlights:

- **Unreimbursed Medical Care Services** including the unreimbursed costs of public programs such as Medi-Cal, Medicare and 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 and financial support for onsite workers to process Medi-Cal eligibility forms.
- **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 and participation in community health fairs. Sharp Chula Vista Medical 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 Chula Vista Chamber of Commerce, Chula Vista Rotary, Chula Vista Coordinating Council, Bonita Business and Professional Association, San Diego County Hispanic Chamber of Commerce, San Diego Komen for the Cure, 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 Partnership for Smoke-Free Families.

Definition of Community

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

Description of Community Health

In the South Region, 84.6 percent of children and 84.1 percent of adults have health insurance, failing to meet the Healthy People 2010 national targets¹ for the health care access. See **Table 1** for a summary of key indicators of access to care.

**Table 1: Health Care Access in South Region
Three-Year Average 2000 – 2002**

Description	Actual	Year 2010 Target
Have Health Insurance		
Children 0 to 18 Years	84.6%	100%
Adults 19 Years and Older	84.1%	100%
Have Regular Source of Medical Care		
Children 0 to 18 Years	85.2%	85%
Adults 19 Years and Older	78.4%	85%

Source: United Way of San Diego County, Outcomes and Community Impact Program, 2000 – 2002.

The South Region did not meet the Healthy People 2010 national targets for the following maternal and infant health indicators: first trimester prenatal care, preterm births, very low and low birth-weight infants, fetal and infant mortality.

See **Table 2** for a summary of maternal and infant health indicators.

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.

**Table 2: Maternal and Infant Health Indicators in the South Region
Three-Year Average 2000 – 2002**

Maternal and Infant Health Indicator	Number	Rate	Year 2010 Target
Total Live Births	7,824	19.5	NE
Births to Teen Mothers	832	54.5	NE
First Trimester Prenatal Care	6,477	83.2%	90.0%
Preterm Births	755	10.2%	7.6%
Very Low Birth-weight Infants	79	1.0%	0.9%
Low Birth-weight Infants	438	5.6%	5.0%
Fetal Mortality	40	5.1	4.1
Infant Mortality	36	4.7	4.5

Notes:

Total birth rate is number of live births per 1,000 population.

Birth rate to mothers 15 to 19 is number of live births per 1,000 females ages 15 to 19

Preterm births are births with less than 37 weeks gestation.

Very low birth-weight infants weigh less than 1,500 grams

Low birth-weight infants weigh less than 2,500 grams

Fetal mortality rate is number of fetal deaths per 1,000 live births plus fetal deaths.

Infant mortality rate is number of infant deaths (first year of life) per 1,000 live births.

Year 2010 targets are not established (NE) for total birth rate and birth rate of mothers age 15 to 19 years

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

The South Region did not meet the Healthy People 2010 national targets for the following leading causes of death. coronary heart disease, cancer (all sites), stroke, unintentional injuries, suicide and chronic liver disease and cirrhosis. 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 in the South Region
Three-Year Average 2000 – 2002**

Leading Cause	Number of Deaths	Rate (per 100,000)	Year 2010 Target
Heart disease	748	213.2	162.0
Cancer (all sites)	577	176.2	158.6
Stroke	197	65.0	50.0
Chronic lower respiratory disease	118	38.0	62.3
Alzheimer's disease	64	22.6	NE
Unintentional injuries (all)	96	25.5	17.1
Influenza and pneumonia	72	24.6	NE

Leading Cause	Number of Deaths	Rate (per 100,000)	Year 2010 Target
Diabetes-related	66	20.4	NE
suicide	36	9.9	4.8
Chronic liver disease and cirrhosis	40	11.6	3.2
Total Deaths	2,452	771.4	NE

Notes:

Order of leading causes of death based on San Diego County experience.

Rates age-adjusted to the Year 2000 Standard U.S. Population.

Year 2010 targets have not been established (NE) for Alzheimer's disease, diabetes as a leading cause, influenza and pneumonia and total deaths.

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

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 the Sharp Chula Vista Medical Center Community Benefits Plan:

- Diabetes education and testing
- Domestic violence education, screening and referral
- Health education and screening activities
- Prevention of unintentional injuries

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 2006 Report of Activities conducted in support of the objective(s) and Fiscal Year 2007 Plan of Activities.

Identified Community Need: Diabetes Education and Testing

Rationale

- Community Health Improvement Partners (CHIP) members identified diabetes as one of the four most important clinical health issues overall as well as among each of the four established age groups.
- On average, there were 572 hospitalizations due to diabetes in the South Region during the three-year period from 2000 to 2002; the age-adjusted rate for diabetes was 162.7 hospitalizations per 100,000 population. The hospitalization rate in the region was among the highest in San Diego County's regions and higher than the County average of 111.0 hospitalizations per 100,000
- On average, there were 66 deaths due to diabetes in the South Region during the three-year period from 2000 to 2002; the age-adjusted death rate due to diabetes was 20.4 deaths per 100,000 population. (Note. Diabetes is also a contributing cause of death.)
- 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 findings presented in the CHIP Community Needs Assessment.
- The Centers for Disease Control (CDC) estimates that 20.8 million Americans, or 7 percent of the US population now have diabetes, up from 18.2 million Americans in 2003.

Measurable Objective

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

Fiscal Year 2006 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 2006, Sharp Chula Vista Medical Center conducted blood glucose screening events at hospital and offsite locations, testing 300 people (these tests identified 51 people with elevated blood glucose levels). Offsite locations included a variety of venues such as health fairs and sports, recreation and community centers.

In Fiscal Year 2006, Sharp Chula Vista Medical Center conducted six educational support groups in Spanish at the medical center, serving an average of 15 attendees each month. 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 on Sharp HealthCare Web site, flyers in physician offices and at Diabetes Management classes held throughout the county.

Fiscal Year 2007 Plan

Sharp Chula Vista Medical Center will conduct the following activities:

- Coordinate and implement blood glucose screenings at community and hospital sites in the South Region
- Facilitate free bimonthly diabetes support groups at Sharp Chula Vista Medical Center, targeting the Latino community
- Conduct educational lectures at community venues and schools
- Sponsor the American Diabetes Association "Walk for the Cure" in the South Bay and raise funds for diabetes research and prevention
- Continue to work with the Diabetes Coalition in providing education and other resources for individuals who have been diagnosed with diabetes

Identified Community Need: Domestic Violence Education, Screening and Referral

Rationale

- 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.
- According to the findings presented in the CHIP 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.
- 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).

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

Measurable Objective

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

Fiscal Year 2006 Report of Activities

Sharp Chula Vista Medical Center conducted 10 meetings of the medical center's Domestic Violence Task Force in Fiscal Year 2006. 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 three other Sharp HealthCare entities. In Fiscal Year 2006, representatives from Sharp Chula Vista Medical Center attended eight meetings of the South County Domestic Violence Action Coalition and four meetings of the Domestic Violence Response Team's Advisory Board.

In Fiscal Year 2006, Sharp Chula Vista Medical Center Domestic Violence Task Force continued its collaboration with South County Domestic Violence Action Coalition, working on several projects. These included: continuing involvement in the revision, reprinting and distribution of Teen Yellow Pages (a resource book for teens which includes family violence resource information); updating, reprinting and distribution of a three-fold brochure on teen relationship violence; and updating, assembly and distribution of Teen Relationship Violence kits. A major emphasis of the revision of the violence kits included the addition of Spanish subtitles to the video and translation of the entire kit into Spanish.

The medical center's Domestic Violence Task Force participated in three community health fairs and conducted two domestic violence educational programs for 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 distributing English and Spanish versions of educational brochures and domestic violence resource cards throughout Sharp HealthCare. Materials were also provided to several community agencies, including South Bay Community Services, Operation Samahan, Chula Vista Police Department, Sweetwater School District and St. Pius Church.

The medical center's Domestic Violence Task Force provided training sessions to health care staff on domestic violence reporting and victim assistance.

Activities included three training sessions for Birch Patrick Skilled Nursing Facility staff and two classes for new Obstetrics/NICU nurses.

Fiscal Year 2007 Plan

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
- Continue to attend meetings of outside groups concerned with domestic violence
- Continue collaboration with South County Domestic Violence Action Coalition, supporting a teen domestic violence outreach program
- Provide at least one training session for community members to raise awareness of domestic violence
- Provide at least one training session to health care staff on domestic violence screening, reporting and assisting victims
- Continue to distribute educational materials to raise awareness of domestic violence prevention and resources

Identified Community Need: Health Education and Screening Activities

Rationale

- Community Health Improvement Partners (CHIP) members identified overweight and obesity and physical activity and fitness as two of the four most important nonclinical health issues overall as well as among each of the four established age groups.
- Focus group participants in all age groups expressed a desire for education and an interest in understanding and learning how to take preventive measures to avert illness. Focus groups attended by younger adults, older adults and seniors expressed concern about obesity being the cause of other serious health problems such as heart disease, diabetes and cancer. In addition, adult focus group participants recognized that physical activity and fitness are essential to maintain good health and preventing health problems.
- An estimated 44 percent of adults in San Diego County were overweight or obese in 2001 (the most recent available information), failing to meet the Healthy People target of no more than 40 percent of adults overweight or obese.
- During 2003, 17.7 percent of adults in San Diego County reported that they had not participated in moderate physical activity during their leisure time in the past 30 days. The county's experience met the Healthy People target of reducing the proportion of adults who engage in no leisure time physical activity to 20 percent.

- A variety of behavioral and social risk factors are associated with unhealthy behaviors of obesity, physical inactivity and chronic diseases, according to findings presented in the CHIP Community Needs Assessment. 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

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

Fiscal Year 2006 Report of Activities

Sharp Chula Vista Medical Center participated in numerous community health fairs and health screenings in Fiscal Year 2006, including San Diego MANA health fair, EastLake health fair, Hablando de la Salud de la Mujer Hispanic Women's Health Conference, Cinco de Mayo fair and Bonitafest. Sharp Chula Vista Medical Center provided first aid booths at community events such as the American Heart Walk, Race for the Cure at Balboa Park and Row for the Cure at Mission Bay and provided flu shots and screenings for blood pressure, cholesterol, stroke, body mass index (BMI), hand, balance, grip strength and prostate cancer. In addition, Sharp Chula Vista Medical Center conducted two 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 cancer and breast self-examination, bloodless medicine, blood transfusions, nutrition and weight loss, arthritis, neck pain, minimally invasive joint replacement surgeries, domestic and family violence, prenatal and postpartum and varicose veins. The medical center also conducted quarterly health education classes at two different sites for employees of the city of Chula Vista.

In Fiscal Year 2006, staff from six medical center departments hosted a group of 93 fifth grade students from three local elementary schools in a Health Academy Program emphasizing science.

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 2006. In Fiscal Year 2006, the medical center received grant funding from Sharp HealthCare Foundation to conduct additional outreach and educational services among Latinas and grant funding from Avon to provide patient navigator services for breast cancer patients

Fiscal Year 2007 Plan

Sharp Chula Vista Medical Center will conduct the following activities:

- Continue to work with community-based organizations to provide health education and screening activities
- Conduct four blood drives
- Provide breast cancer educational outreach to Latinas.
- With available grant funding, provide breast cancer diagnostic services to uninsured women under age 40, support and referral services to breast cancer patients and lymphedema services to women
- Continue to host fifth grade students from local schools at a Health Academy

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 and the sixth leading cause of death overall.
- Community Health Improvement Partners (CHIP) members identified injury and violence prevention as one of the four most important nonclinical health issues overall as well as among each of the four established age groups.
- On average, there were 2,355 nonfatal unintentional injury hospitalizations in the South Region during the three-year period from 2000 to 2002. The age-adjusted unintentional injury hospitalization rate was 652.1 per 100,000 people.
- On average, there were 96 unintentional injury deaths a year in the South Region during the three-year period from 2000 to 2002; the age-adjusted death rate due to unintentional injuries was 25.5 deaths per 100,000 population, failing to meet the Healthy People 2010 target of 17.1 deaths per 100,000.
- On average, there were 39 motor-vehicle accident deaths a year in the South Region during the three-year period from 2000 to 2002; the age-adjusted death rate due to motor-vehicle accidents was 9.9 deaths per 100,000 population, slightly higher than the Healthy People 2010 target of 8.0 deaths per 100,000.
- 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, nighttime driving and failure to use seat belts, according to the findings presented in the CHIP Community Needs Assessment. 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

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

Fiscal Year 2006 Report of Activities

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention participated in 54 programs held at junior high and high schools (serving 3,288 students) in South County in Fiscal Year 2006.

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention participated in seven community events and venues in South County in Fiscal Year 2006, serving approximately 36,700 people. Events included Cinco de Mayo health fair, Sweetwater Lane Sports Complex, Montgomery Waller Recreation Center and Chula Vista Fire Department.

Fiscal Year 2007 Plan

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention will conduct the following activities.

- Increase community awareness of the program through attendance and participation in community events
- Continue to provide educational programming for local schools

**Table 4: Economic Value of Community Benefits Provided
Sharp Chula Vista Medical Center – Fiscal Year 2006**

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2006 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$12,122,959
	Shortfall in Medicare ¹	\$5,258,963
	Shortfall in San Diego County Indigent Medical Services ¹	\$1,540,820
	Uncompensated Care ²	\$7,959,956
	Physician Backup Services ³	\$2,037,532
Other Benefits for Vulnerable Populations	Patient transportation, financial support for onsite workers to process Medi-Cal eligibility forms and collection and donation of items for the needy ⁴	\$215,691
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, support groups, donations of time to community organizations and cost of fundraising for community events ⁴	\$386,859
Health Research, Education and Training Programs	Education and training programs for students and interns ⁴	\$51,355
	TOTAL	\$29,574,135

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
- Orthopaedic 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 Sharp HospiceCare.

Fiscal Year 2006 Community Benefits Program Highlights

Sharp Coronado Hospital and Healthcare Center provided a total of **\$8,130,5765** in community benefits in Fiscal Year 2006. See **Table 1** 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** 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, Alzheimer's Research and Resource Foundation, 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, Partnership for Smoke-Free Families 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, downtown San Diego 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 10 high-rise condominium buildings that house a high percentage of seniors
- Coronado Cays, a marina community comprised of retirees and business people

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

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:

- Health education and screening activities
- Welfare of seniors and disabled people

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 2006 Report of Activities conducted in support of the objective(s) and Fiscal Year 2007 Plan of Activities.

Identified Community Need: Health Education and Screening Activities

Rationale

- Community Health Improvement Partners (CHIP) members identified heart disease and stroke as the most important clinical health issue for two age groups – adults 25 to 64 years and senior adults 65 years and older.
- Heart disease is the leading cause of death in San Diego County, as in the nation. Stroke is a leading cause of disability and the third leading cause of death in San Diego County.
- 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, according to findings presented in the CHIP Community Needs Assessment.
- CHIP members identified cancer as the second most important clinical health issue for senior adults 65 years and older. Participants attending six out of the nine focus groups mentioned cancer as a concern, either having had cancer themselves or family members who had cancer.
- Cancer is the second leading cause of death in San Diego County, accounting for approximately a quarter of all deaths.
- 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, according to findings presented in the Community Needs Assessment.

Measurable Objective

To provide education and screening activities for the community

Fiscal Year 2006 Report of Activities

In Fiscal Year 2006, Sharp Coronado Hospital and Healthcare Center provided weekly blood pressure clinics at the hospital, serving 40 to 60 people each Saturday. Individuals with elevated blood pressure readings were referred to primary care physicians. Sharp Coronado Hospital and Healthcare Center provided three stroke screening sessions in Fiscal Year 2006, serving 28 people.

Sharp Coronado Hospital and Healthcare Center provided one prostate cancer education and screening event in conjunction with Prostate Cancer Awareness Month in September (112 men served). In Fiscal Year 2006, Sharp Coronado Hospital and Healthcare Center provided one skin cancer education and screening event (31 people served). Sharp Coronado Hospital and Healthcare Center provided education on other health topics including fall prevention, osteoporosis, massage and incontinence and also provided hearing, osteoporosis, anxiety and hand and foot screenings. On a monthly basis, a variety of lectures featuring physician presenters were offered at the Coronado library. Topics discussed included preventing diabetes complications, advancements in the treatment of shoulder and knee pain, heart healthy living tips, beating skin cancer through prevention, detection and protection, preventing deep vein thrombosis, advances in the diagnosis and treatment of dementia, weight management and new treatment modalities in men's health. On a quarterly basis, the hospital hosted a Better Breather Club, a support group to assist in the management of chronic respiratory disease. The hospital's quarterly *Community Calendar*, mailed to approximately 1,200 households and community groups publicized these events.

To teach children about hospitals and equipment, Sharp Coronado Hospital and Healthcare Center hosted a teddy bear clinic at the hospital 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 42 children.

Throughout the fiscal year, staff at Sharp Coronado Hospital and Healthcare Center actively participated in the American Heart Association Heart Walk, American Cancer Society Relay for Life, March of Dimes Walk, American Diabetes Association Walk, Coronado Fire Department Open House and the Coronado Christmas Parade.

Fiscal Year 2007 Plan

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
- Provide one prostate cancer screening event during Prostate Cancer Awareness Month in September
- Provide a variety of other health education lectures and screenings
- Host monthly physician lectures at the Coronado library or Horton Plaza, located in downtown San Diego
- Continue to host a hospital-based teddy bear clinic

- Provide health information at blood pressure clinics, stroke screenings and other community events

Identified Community Need: Welfare of Seniors and Disabled People

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 people 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 problems. If a problem is observed, a professional will report this to the Project C.A.R.E. coordinator, who will then take steps and follow up in assisting to resolve the problem

Measurable Objective

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

Fiscal Year 2006 Report of Activities

In Fiscal Year 2006, 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 OK?" 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 total, Project C.A.R.E provided 8,788 phone calls to its members in Fiscal Year 2006. In addition, Sharp Coronado Hospital and Healthcare Center promoted the availability of the program within the community and attended two meetings of Project C.A.R.E. coordinators held by the County Department of Health Services.

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 7,140 meals in Fiscal Year 2006.

To assist economically disadvantaged individuals, Sharp Coronado Hospital and Healthcare Center administered clothing, free medications and transportation through its Project HELP funds.

Fiscal Year 2007 Plan

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, the police department, city of Coronado and physicians
- Attend periodic meetings of Project CARE coordinators held by the County Department of Health Services
- *Deliver boxed lunches and hot dinners to seniors and others in their homes through a Meals-on-Wheels program*
- Continue to administer Project HELP funds to those in need
- Participate in a senior health fair sponsored by Rotary International

**Table 1: Economic Value of Community Benefits Provided
Sharp Coronado Hospital and Healthcare Center – Fiscal Year 2006**

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2006 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$2,415,897
	Shortfall in Medicare ¹	\$2,253,974
	Shortfall in San Diego County Indigent Medical Services ¹	\$249,396
	Uncompensated Care ²	\$2,342,275
	Physician Backup Services ³	\$40,961
Other Benefits for Vulnerable Populations	Project HELP, Project C.A.R.E. and delivery of meals to homebound seniors and disabled people ⁴	\$58,151
Other Benefits for the Broader Community	Health education and information, health screenings, flu shots, support groups and donations of time to community organizations ⁴	\$353,778
Health Research, Education and Training Programs	Education and training programs for students and interns ⁴	\$416,143
	TOTAL	\$8,130,575

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 Sharp Grossmont Hospital

Sharp Grossmont Hospital 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 2006 Community Benefits Program Highlights

Sharp Grossmont Hospital provided a total of **\$59,351,564** in community benefits in Fiscal Year 2006. See **Table 4** 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; financial support for onsite workers to process Medi-Cal eligibility forms; financial support to a community clinic; 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; and 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.
- **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 and breast cancer. Sharp Grossmont Hospital 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 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, Partnership for Smoke-Free Families and education and training programs for paramedics, nursing, dietetics, psychology and social work students. Sharp Grossmont Hospital contributed financial support to the nursing program at Grossmont Community College.

Definition of Community

The community served by Sharp Grossmont Hospital 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 Canyon, 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 Health

In the East Region, 90.4 percent of children and 89.2 percent of adults have health insurance, failing to meet the Healthy People 2010 national targets¹ for the health care access. See **Table 1** for a summary of key indicators of access to care.

**Table 1: Health Care Access in East Region
Three-Year Average 2000 – 2002**

Description	Percent	Year 2010 Target
Have Health Insurance		
Children 0 to 18 Years	90.4%	100%
Adults 19 Years and Older	89.2%	100%
Have Regular Source of Medical Care		
Children 0 to 18 Years	89.8%	85%
Adults 19 Years and Older	85.0%	85%

Source: *United Way of San Diego County, Outcomes and Community Impact Program, 2000 – 2002.*

The East Region did not meet the Healthy People 2010 national targets for the following maternal and infant health indicators: first trimester prenatal care, preterm births, very low and low birth-weight infants, fetal and infant mortality. See **Table 2** for a summary of maternal and infant health indicators.

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.

**Table 2: Maternal and Infant Health Indicators in the East Region
Three-Year Average 2000 – 2002**

Maternal and Infant Health Indicator	Number	Rate	Year 2010 Target
Total Live Births	6,193	13.8	NE
Births to Teen Mothers	560	35.2	NE
First Trimester Prenatal Care	5,434	88.6%	90.0%
Preterm Births	641	11.1%	7.6%
Very Low Birth-weight Infants	84	1.3%	0.9%
Low Birth-weight Infants	402	6.4%	5.0%
Fetal Mortality	30	4.9	4.1
Infant Mortality	43	7.0	4.5

Notes.

Total birth rate is number of live births per 1,000 population

Birth rate to mothers 15 to 19 is number of live births per 1,000 females ages 15 to 19

Preterm births are births with less than 37 weeks gestation.

Very low birth-weight infants weigh less than 1,500 grams

Low birth-weight infants weigh less than 2,500 grams.

Fetal mortality rate is number of fetal deaths per 1,000 live births plus fetal deaths.

Infant mortality rate is number of infant deaths (first year of life) per 1,000 live births.

Year 2010 targets are not established (NE) for total birth rate and birth rate of mothers age 15 to 19 years.

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

The East Region did not meet the Healthy People 2010 national targets for the following leading causes of death: coronary heart disease, cancer (all sites), stroke, unintentional injuries, suicide and chronic liver disease and cirrhosis.

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 in the East Region
Three-Year Average 2000 – 2002**

Leading Cause	Number of Deaths	Rate (per 100,000)	Year 2010 Target
Heart disease	1,047	205.2	162.0
Cancer (all sites)	848	202.0	158.6
Stroke	286	68.4	50.0
Chronic lower respiratory disease	226	54.3	62.3
Alzheimer's disease	152	36.3	NE
Unintentional injuries (all)	118	26.5	17.1

Leading Cause	Number of Deaths	Rate (per 100,000)	Year 2010 Target
Influenza and pneumonia	129	30.8	NE
Diabetes-related	96	23.0	NE
Suicide	54	12.1	4.8
Chronic liver disease and cirrhosis	47	10.8	3.2
Total Deaths	3,622	859.3	NE

Notes

Order of leading causes of death based on San Diego County experience

Rates age-adjusted to the Year 2000 Standard U.S. Population

Year 2010 targets have not been established (NE) for Alzheimer's disease, diabetes as a leading cause, influenza and pneumonia and total deaths.

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

Community Benefits Planning Process

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

- 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 Sharp Grossmont Hospital'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 2006 Report of Activities conducted in support of the objective(s) and Fiscal Year 2007 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.
- Community Health Improvement Partners (CHIP) members identified heart disease and stroke as the most important clinical health issue for two age groups – adults 25 to 64 years and senior adults 65 years and older.
- Focus groups attended by seniors and older adults found stroke to be a significant concern.
- On average, there were 286 deaths a year due to stroke in the East Region during the three-year period from 2000 to 2002; the age-adjusted death rate for stroke was 68.4 deaths per 100,000 population, failing to meet the Healthy People 2010 target of 50.0 deaths per 100,000.
- 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, according to findings presented in the CHIP Community Needs Assessment.
- 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 percent) of the population are seniors in the east rural area. Sharp Grossmont Hospital cared for 642 stroke and transient ischemic attack patients in Fiscal Year 2006, 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 2006, 38 percent was at risk for stroke and 37 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

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

Fiscal Year 2006 Report of Activities

In January 2006, Sharp Grossmont Hospital obtained its JCAHO stroke certification as a national Center of Excellence.

Sharp Grossmont Hospital Stroke Center 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 2006, 10 community screenings were conducted in East San Diego County, serving 152 people; two community stroke education presentations were also conducted. In addition, Sharp Grossmont Hospital 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 2006, Sharp Grossmont Hospital Outpatient Rehabilitation Department offered a stroke support group.

Fiscal Year 2007 Plan

Sharp Grossmont Hospital Stroke Center will conduct the following activities:

- Maintain JCAHO certification for the Sharp Grossmont Hospital 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 to offer a stroke support group, in conjunction with the hospital's Outpatient Rehabilitation Department
- Continue collaboration with the San Diego Stroke Consortium, assuring that information reaches both underserved populations and the broader community

Identified Community Need: Heart Disease Education and Screening

Rationale

- Heart disease is the leading cause of death in San Diego County, as in the nation. Community Health Improvement Partners (CHIP) members identified heart disease and stroke as the most important clinical health issue for two age groups – adults 25 to 64 years and senior adults 65 years and older
- Focus groups attended by seniors and older adults found heart disease and stroke to be a significant concern.
- On average, there were 1,047 deaths a year due to heart disease in the East Region during the three-year period from 2000 to 2002; the age-adjusted death rate for coronary heart disease was 205.2 deaths per 100,000 population, failing to meet the Healthy People 2010 target of 162.0 deaths per 100,000.
- 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, according to findings presented in the CHIP Community Needs Assessment.

Measurable Objective

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

Fiscal Year 2006 Report of Activities

Sharp Grossmont Hospital offered 24 cardiac education classes, serving 357 people in Fiscal Year 2006. Educational topics discussed included risk factors for heart disease, lifestyle modifications to decrease risk factors for heart disease and various cardiac diagnoses and treatment plans.

In Fiscal Year 2006, Sharp Grossmont Hospital Cardiac Rehabilitation participated in Super Saturday health fair, providing education and screenings for 118 people. Sharp Grossmont Hospital also conducted two flu shot clinics providing flu vaccines for 88 community members.

In Fiscal Year 2006, Sharp Grossmont Hospital Cardiac Rehabilitation hosted six congestive heart failure support groups (51 people served), discussing topics such as nutrition, fitness, stress and management of heart failure. In addition, staff from the Cardiac Rehabilitation department attended one Mended Hearts support group meeting, providing support and answers to questions related to heart disease, serving 10 community members.

Fiscal Year 2007 Plan

Sharp Grossmont Hospital Cardiac Rehabilitation will conduct the following activities:

- Provide scheduled bi monthly 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 bi monthly congestive heart failure support group

Identified Community Need: Cancer Education and Screening and Clinical Trials

Rationale

- Cancer is the second leading cause of death in San Diego County, accounting for approximately a quarter of all deaths.
- Community Health Improvement Partners (CHIP) members identified cancer as the second most important clinical health issue for senior adults 65 years and older. Participants attending six out of the nine focus groups mentioned cancer as a concern, either having had cancer themselves or family members who had cancer.
- On average, there were 848 deaths a year due to cancer (all sites) in the East Region during the three-year period from 2000 to 2002, the age-adjusted death rate due to cancer was 202.0 deaths per 100,000 population, failing to meet the Healthy People 2010 target of 158.6 deaths per 100,000
- 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, according to findings presented in CHIP Community Needs Assessment

Measurable Objectives

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

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

Fiscal Year 2006 Report of Activities

Sharp Grossmont Hospital Cancer Center participated in seven community cancer screenings and/or educational sessions in Fiscal Year 2006. Events included the American Cancer Society's Relay for Life, Super Saturday at Grossmont Center, Women's Health Symposium, Learn and Live Event for

Breast Cancer, Breast Cancer Run in El Cajon and Cancer Survivorship Community Celebration at Bloch Survivor Park in San Diego.

Sharp Grossmont Hospital 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), StylishNoggins® image consultations and Look Good... Feel Better Program (classes held four times a year).

In Fiscal Year 2006, Sharp Grossmont Hospital Cancer Center screened approximately 50 patients for participation in cancer clinical trials, enrolling seven patients in cancer research studies.

Fiscal Year 2007 Plan

Sharp Grossmont Hospital Cancer Center will conduct the following activities:

- Conduct seven community cancer educational sessions
- Facilitate weekly Caring Community – Living With Cancer support groups and educational sessions including caregiver support and education
- Provide biweekly breast cancer support groups
- Provide quarterly Look Good... Feel Better classes
- Screen and enroll oncology patients in clinical trials for research studies
- Explore screening and referral program for colorectal cancer in partnership with the American Cancer Society

Identified Community Need: Diabetes Education and Testing

Rationale

- Community Health Improvement Partners (CHIP) members identified diabetes as one of the four most important clinical health issues overall as well as among each of the four established age groups.
- On average, there were 530 hospitalizations annually due to diabetes in the East Region during the three-year period from 2000 to 2002; the age-adjusted rate for diabetes was 121.3 hospitalizations per 100,000 population. The hospitalization rate in the region was higher than the county average of 111.0 hospitalizations per 100,000.
- On average, there were 96 deaths a year due to diabetes in the East Region during the three-year period from 2000 to 2002; the age-adjusted death rate due to diabetes was 23.0 deaths per 100,000 population. (Note: Diabetes is also a contributing cause of death.)
- 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 findings presented in the CHIP Community Needs Assessment.
- The Centers for Disease Control (CDC) estimates that 20.8 million Americans, or 7 percent of the U.S. population now have diabetes, up from 18.2 million Americans in 2003.

Measurable Objective

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

Fiscal Year 2006 Report of Activities

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

In Fiscal Year 2006, Sharp Grossmont Hospital conducted blood glucose screening events at hospital and offsite locations, testing 752 people (these screenings identified 93 people with elevated blood glucose levels). Sharp Grossmont Hospital conducted community lectures on diabetes, at libraries, community centers, educational institutions, national conferences and hospitals.

Fiscal Year 2007 Plan

Sharp Grossmont Hospital will conduct the following activities:

- Coordinate and implement blood glucose screenings at community and hospital sites in the East Region
- Conduct educational lectures at various community events
- Continue to work with the Diabetes Coalition in providing education and other resources for individuals who have been diagnosed with diabetes

Identified Community Need: Outreach for Flu Vaccines

Rationale

- Together, pneumonia and influenza ranked as the seventh leading cause of death in both the United States and San Diego County.
- On average, there were 129 deaths a year in the East Region due to pneumonia and influenza during the three-year period from 2000 to 2002; the age-adjusted death rate was 30.8 deaths per 100,000 population.
- In San Diego County, an estimated 76 percent of seniors 65 years and older were vaccinated for influenza in 2004, failing to meet the Healthy People 2010 target of at least 90 percent of adults 65 years and older vaccinated annually for influenza.
- Centers for Disease Control (CDC) and the County of San Diego Health and Human Services Agency recommend that individuals at high risk (i.e., people age 65 years and older, adults and children with a chronic health condition, children between six 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. Updated CDC recommendations for the 2005-06 season include the addition of people with conditions leading to compromise of the respiratory system and emphasis on the vaccination of health care workers in addition to previously identified priority groups.
- Flu clinics offered in community settings at no/low cost improve access for those who may experience transportation, cost or other barriers

Measurable Objectives

In collaboration with community partners, offer flu vaccination clinics at convenient locations for seniors and high risk adults in the community

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

Fiscal Year 2006 Report of Activities

In Fiscal Year 2006, Sharp Grossmont Hospital 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, local community agencies and others.

Sharp Grossmont Hospital 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, the Sharp Web site as well as through the CHIP telephone hotline and Web site, San Diego County Health and Human Services, American Lung Association and Aging and Independence Services.

Sharp Grossmont Hospital Senior Resource Center provided 2,163 flu vaccinations to high risk adults, including seniors and those with a chronic illness at 17 community sites. Sites included senior centers, mobile home parks, senior housing complexes and various hospital departments. At these community sites, Sharp Grossmont Hospital provided calendars of the Senior Resource Center and upcoming community events, including blood pressure clinics, community senior programs and Project C.A.R.E.

Fiscal Year 2007 Plan

Sharp Grossmont Hospital Senior Resource Center will conduct the following activities:

- Continue to participate in the San Diego CHIP Adult Immunization Committee, working 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
- Continue to provide flu vaccinations at a minimum of 20 community sites
- 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

- Community Health Improvement Partners (CHIP) members identified heart disease and stroke, cancer, mental health and diabetes as the top four clinical health issues facing seniors age 65 years and older; the top four nonclinical health issues facing seniors in this age group were identified as access to

health care services, physical activity/fitness, overweight/obesity and injury and violence prevention.

- Cancer and heart disease remain the leading causes of death among those 65 years and older in San Diego County. Other causes of death that are not directly related to the aging process that are higher for people in this age group than for the general population include unintentional injury, suicide, pedestrian deaths attributed to motor-vehicle crashes, deaths due to motor-vehicle accidents and falls.
- In San Diego County, hospitalization rates that were higher among people 65 years and older than for the general population include hospitalizations due to non-fatal unintentional injuries, diabetes, hip fractures, non-fatal poisonings and non-fatal motor-vehicle injuries.
- There are an estimated 4 million family caregivers in California today. Whether aging Californians live in their own homes, with a relative, in an assisted-living residential facility, or in a nursing home, one of the keys to their care is family caregiving – defined as those family members and informal care providers who assist with the care of disabled elderly relatives. Reaching out to families and community members who are caring for an older adult helps to maintain the health of older adults and caregivers.

Measurable Objectives

- Continue to host a variety of senior health education and screening programs
- Produce calendars of activities four times a year
- 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 2006 Report of Activities

In Fiscal Year 2006, Sharp Grossmont Hospital Senior Resource Center provided free health education programs (1,587 people attended) and health screenings (923 people screened). Health education programs were provided on topics such as lung disease, arthritis, senior services, Vial of Life, Advance Directives for Health Care, memory, strength training, caregiving, Medicare Part D drug benefit, fibromyalgia and incontinence. 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 two sites and balance/fall prevention screenings and hand screenings were offered six times. Other health screenings for diabetes, carotid artery disease, abdominal aorta, hearing, lung and depression were also provided. Calendars highlighting Senior Resource Center activities were mailed four times a year to approximately 9,000 households.

The Senior Resource Center participated in community health fairs for seniors held at senior centers in Lemon Grove, Lakeside, Santee, La Mesa, El Cajon; rural areas of Pine Valley and Campo and locations in San Diego such as Martin Luther King Park, Naval Medical Center and caregiver conferences. A total of 1,804 people attended these functions. In addition, 2,105 Vials of Life (providing important medical information to emergency personnel for seniors and disabled people living in their homes) and 527 advance directives were distributed free to the community.

Project C.A.R.E. (Community Action to Reach the Elderly) is a community program that includes the County's Aging and Independence Services, U.S. Postal Service, San Diego Gas & Electric, local senior centers, sheriff and police and many others. The Senior Resource Center provided daily computerized phone calls – at regularly scheduled times selected by participants – to an average of 60 East County seniors who live alone (a total of 19,256 calls were placed to seniors or disabled individuals in Fiscal Year 2006). Staff completed 180 follow-up calls with friends or neighbors to ensure participants were okay

In Fiscal Year 2006, the Senior Resource Center coordinated two caregiver conferences, one in rural east El Cajon (48 attendees) and the other in Martin Luther King Park (61 people served). The Senior Resource Center also coordinated caregiver education programs in La Mesa, El Cajon, Lakeside, Lemon Grove, Spring Valley and San Diego.

In Fiscal Year 2006, the Senior Resource Center Center 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 Senior Service Providers, Meals-on-Wheels and the CHIP Adult Immunization Committee.

Fiscal Year 2007 Plan

Sharp Grossmont Hospital's Senior Resource Center will conduct the following activities:

- Coordinate health education and outreach programs, health screenings and caregiver programs in the East Region of San Diego County, including distribution of a quarterly calendar of activities
- Participate in community health fairs and other senior events
- Support the Vial of Life program
- Support East County Project C.A.R.E. (Community Action to Reach the Elderly)
- Offer a day-long caregiver conference in East County (includes adult day care) and other caregiver education programs

- 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 and the sixth leading cause of death overall
- Community Health Improvement Partners (CHIP) members identified injury and violence prevention as one of the four most important nonclinical health issues overall as well as among each of the four established age groups.
- On average, there were 3,406 nonfatal unintentional injury hospitalizations in the East Region during the three-year period from 2000 to 2002. The age-adjusted unintentional injury hospitalization rate was 778.5 per 100,000 people.
- On average, there were 118 unintentional injury deaths a year in the East Region during the three-year period from 2000 to 2002; the age-adjusted death rate due to unintentional injuries was 26.5 deaths per 100,000 population, failing to meet the Healthy People 2010 target of 17.1 deaths per 100,000.
- On average, there were 44 motor-vehicle accident deaths a year in the East Region during the three-year period from 2000 to 2002; the age-adjusted death rate due to motor-vehicle accidents was 9.7 deaths per 100,000 population, slightly higher than the Healthy People 2010 target of 8.0 deaths per 100,000.
- Behavioral and social risk factors associated with motor-vehicle-related deaths among individuals ages 15 to 24 years include substance abuse, unsafe and inexperienced driving, nighttime driving and failure to use seat belts, according to the findings presented in the CHIP Community Needs Assessment. 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, such as teaching safety violence prevention, are also known to be effective in reducing injuries and fatalities

Measurable Objective

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

Fiscal Year 2006 Report of Activities

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention participated in 17 programs held at elementary schools (serving 3,141 students) and 84 programs held at junior high and high schools (serving 6,620 students) in East County in Fiscal Year 2006.

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention participated in 11 community events in East County in Fiscal Year 2006, serving approximately 10,705 people. Events included community presentations and health and safety fairs at San Diego State University, El Cajon Fire Department, Grossmont Healthcare District Kids Care Fest, La Mesa Community Center, Joan Kroc Center-Family Fun Day and community church events.

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention is currently finalizing study results related to its research on booster seat usage from four to eight year-old children. Three consecutive years of education were conducted with over 5,500 students, parents and teachers in six elementary schools in El Cajon.

Fiscal Year 2007 Plan

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention will conduct the following activities:

- Increase community awareness of the program through attendance and participation at community events
- Continue to provide educational programming for local schools
- With funding support from grants, increase awareness of the use of booster seats among students and parents in East County
- With funding support from grants, promote injury prevention efforts through use of ThinkFirst for Youth curriculum in local schools
- With funding support from grants, develop new workshops for the Girl Scouts of America

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

Rationale

- In a recent study of 1,578 family members of people who died in 2000 of non-traumatic causes, families were asked about the quality of patients' experiences 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

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

Fiscal Year 2006 Report of Activities

Sharp HospiceCare served patients and their families through a hospice model of care. In Fiscal Year 2006, 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 2006 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 2006, 2,273 home, office and 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 2006, 19 regularly offered and specialty bereavement groups were offered free of charge and served 254 participants. Facilitated by skilled mental-health professionals who specialize in the needs of the bereaved, support groups met once a week for 10 weeks. A special group, "Healing Through the Holidays," served 111 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, 1,459 people 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 2006, 57 people (15 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 training for 67 new volunteers in Fiscal Year 2006. As part of the hospice interdisciplinary team, volunteers provided services through direct patient care as well as clerical and administrative support resulting in 1,985 visits. In addition, volunteers acted as informal spokespeople 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 monthly) and recognition during National Volunteer Month and National Hospice Month. In Fiscal Year 2006, Sharp HospiceCare also provided training and supervision to four premedical students through the Pre-Professional Program at San Diego State University.

The Memory Bear Program, a component of the Volunteer Program, provides a unique keepsake for families by making teddy bears from garments of the family member who has passed on. These bears become a permanent reminder for surviving family members of their loved ones. Sharp HospiceCare volunteers handcraft all bears stitch by stitch, crafting 950 bears during Fiscal Year 2006.

The Teen Volunteer Program trained 12 high school age teens (14 years to 18 years) during Fiscal Year 2006. 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 Lake View Home.

In Fiscal Year 2006, Sharp HospiceCare provided community and physician education for approximately 600 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 160 hours of referrals to needed community services – ongoing mental health services, financial assistance, child protective services, drug and alcohol counseling, parent education courses and anger management.

Fiscal Year 2007 Plan

Sharp HospiceCare will continue to provide needed services, including:

- Individual and family bereavement counseling and support
- Bereavement mailings
- 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
- Outreach to community nursing homes

**Table 4: Economic Value of Community Benefits Provided
Sharp Grossmont Hospital – Fiscal Year 2006**

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2006 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$24,631,171
	Shortfall in Medicare ¹	\$9,088,760
	Shortfall in San Diego County Indigent Medical Services ¹	\$5,661,710
	Uncompensated Care ²	\$14,294,636
	Physician Backup Services ³	\$3,415,183
Other Benefits for Vulnerable Populations	Patient transportation, financial contribution to a local clinic, financial support for onsite workers to process Medi-Cal eligibility forms, Project HELP, a Vial of Life program and Project C.A.R.E. ⁴	\$651,839
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	\$1,337,324
Health Research, Education and Training Programs	Education and training programs for students and interns ⁴	\$270,941
	TOTAL	\$59,351,564

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 Fertility Center
- Sharp Perinatal Center
- Sharp Teen Pregnancy Program
- Women's and infants' pathology services
- Women's education programs
- Women's surgery services

Fiscal Year 2006 Community Benefits Program Highlights

Sharp Mary Birch Hospital for Women provided a total of **\$11,259,568** in community benefits in Fiscal Year 2006. See **Table 4** in this Section for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697.

Among the key highlights:

- **Unreimbursed Medical Care Services** including the unreimbursed costs of public programs such as Medi-Cal, Medicare and 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 collection and donation of clothing and other 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 March of Dimes, Women's Health Alliance, American Heart Association, American Cancer Society, American Hospital Association – Maternal and Child Division and Association of Women's Health, Obstetrics and Neonatal Nurses. See **Appendix A** for a listing of Sharp HealthCare community involvement.
- **Health Research, Education and Training Programs** including education and training of OB/GYN, labor and delivery, 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 serves the community of San Diego County.

Description of Community Health

In San Diego County, 87.6 percent of children and 86.2 percent of adults have health insurance, failing to meet the Healthy People 2010 national targets¹ for the health care access. See Table 1 for a summary of key indicators of access to care.

**Table 1: Health Care Access in San Diego County
Three-Year Average 2000 – 2002**

Description	Percent	Year 2010 Target
Have Health Insurance		
Children 0 to 18 Years	87.6%	100%
Adults 19 Years and Older	86.2%	100%
Have Regular Source of Medical Care		
Children 0 to 18 Years	86.1%	85%
Adults 19 Years and Older	79.9%	85%

Source: United Way of San Diego County, Outcomes and Community Impact Program, 2000 – 2002

San Diego County did not meet the Healthy People 2010 national targets for the following maternal and infant health indicators: first trimester prenatal care, preterm births, very low and low birth-weight infants, fetal and infant mortality. See Table 2 for a summary of maternal and infant health indicators.

**Table-2: Maternal and Infant Health Indicators in San Diego County
Three-Year Average 2000 – 2002**

Maternal and Infant Health Indicator	Number	Rate	Year 2010 Target
Total Live Births	43,994	15.4	NE
Births to Teen Mothers	3,922	40.4	NE
First Trimester Prenatal Care	36,567	84.9%	90.0%

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

Maternal and Infant Health Indicator	Number	Rate	Year 2010 Target
Preterm Births	4,379	10.6%	7.6%
Very Low Birth-weight Infants	519	1.2%	0.9%
Low Birth-weight Infants	2,665	6.0%	5.0%
Fetal Mortality	216	4.9	4.1
Infant Mortality	235	5.3	4.5

Notes

Total birth rate is number of live births per 1,000 population

Birth rate to mothers 15 to 19 is number of live births per 1,000 females ages 15 to 19

Preterm births are births with less than 37 weeks gestation.

Very low birth-weight infants weigh less than 1,500 grams.

Low birth-weight infants weigh less than 2,500 grams.

Fetal mortality rate is number of fetal deaths per 1,000 live births plus fetal deaths

Infant mortality rate is number of infant deaths (first year of life) per 1,000 live births.

Year 2010 targets are not established (NE) for total birth rate and birth rate of mothers age 15 to 19 years

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

San Diego County did not meet the Healthy People 2010 national targets for the following leading causes of death. coronary heart disease, cancer (all sites), stroke, unintentional injuries, suicide and chronic liver disease and cirrhosis. 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 in San Diego County
Three-Year Average 2000 – 2002**

Leading Cause	Number of Deaths	Rate (per 100,000)	Year 2010 Target
Heart disease	5,428	175.4	162.0
Cancer (all sites)	4,658	182.8	158.6
Stroke	1,551	61.1	50.0
Chronic lower respiratory disease	1,094	43.0	62.3
Alzheimer's disease	826	32.6	NE
Unintentional injuries (all)	745	26.5	17.1
Influenza and pneumonia	681	27.0	NE
Diabetes-related	482	18.9	NE
Suicide	318	11.4	4.8
Chronic liver disease and cirrhosis	279	10.7	3.2
Total Deaths	19,616	764.1	NE

Notes

Order of leading causes of death based on San Diego County experience.

Rates age-adjusted to the Year 2000 Standard U S Population
Year 2010 targets have not been established (NE) for Alzheimer's disease, diabetes as a leading cause, influenza and pneumonia and total deaths.

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

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 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:

- Reducing the incidence of neonatal morbidity and mortality associated with preterm delivery
- Health education for midlife 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 2006 Report of Activities conducted in support of the objective(s) and Fiscal Year 2007 Plan of Activities.

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.
- On average, there were 4,379 preterm births (less than 37 weeks gestation) a year in San Diego during the three-year period from 2000 to 2002. The preterm birth rate in San Diego County was 10.6 percent, slightly higher than the Healthy People 2010 target of 10.2 percent.
- On average, 235 infants died each year before their first birthday in San Diego County. During the three-year period from 2000 to 2002, the infant mortality rate in San Diego was 5.3 infant deaths per 1,000 live births, failing to meet the Healthy People 2010 target of 4.5 infant deaths per 1,000 live births.
- 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, according to findings presented in the CHIP Community Needs Assessment. Other environmental risk factors include race/ethnicity, family history, exposure to environmental toxins, young or old maternal age and lack of adequate transportation.
- The cost of caring for a premature infant in a hospital neonatal intensive care unit (NICU) ranges from \$20,000 to \$100,000, depending on the degree of prematurity. In addition to the economic costs of preterm births, the human costs to families and infants are immeasurable. It is estimated that for every dollar spent on prenatal prevention services, three dollars in neonatal costs are saved. Education of parents and health care providers regarding risk reduction, early detection and intervention are effective strategies in preventing preterm births.

Measurable Objective

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

Fiscal Year 2006 Report of Activities

In Fiscal Year 2006, Sharp Mary Birch Hospital for Women offered monthly classes on the warning signs of preterm labor and preventing preterm births. A total of 1,467 people (includes women and partners) were served by classes offered in English as well as Spanish.

In addition, three professional education classes were offered for physicians, nurses and other health care professionals in Fiscal Year 2006, serving 46 attendees. In addition, staff at Sharp Mary Birch Hospital for Women completed numerous local, national and international presentations on a variety of subjects.

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.

Fiscal Year 2007 Plan

Sharp Mary Birch Hospital for Women will conduct the following activities:

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

Identified Community Need: Health Education for Midlife Women

Rationale

- Women age 40 and over are facing health issues such as perimenopause, menopause, breast health, heart disease and osteoporosis.
- 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 Cancer Society.
- Coronary heart disease is the single leading cause of death and a significant cause of morbidity among American women, according to the American Heart Association. 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.
- More than 10 million Americans, 80 percent of whom are women, suffer from osteoporosis, according to the National Osteoporosis Foundation. Many others are undiagnosed.

Measurable Objective

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

Fiscal Year 2006 Report of Activities

In Fiscal Year 2006, Sharp Mary Birch Hospital for Women continued to update its health education materials and programs to include information on topics pertinent to midlife women – breast health and cancer, heart disease, gynecological cancers, osteoporosis, hormone replacement therapy, menopause and continence. In Fiscal Year 2006, women attended breast health and other midlife health-related classes and support groups and visited health education booths at events such as the annual Women's Health Symposium, Hablando de la Salud de la Mujer Symposium, Rancho Bernardo health fair and 4H health fair. Sharp Mary Birch Hospital for Women also donated over 500 videos to community groups.

Fiscal Year 2007 Plan

Sharp Mary Birch Hospital for Women will conduct the following activities.

- Develop and conduct health education programs of interest to midlife women
- Continue to raise awareness and provide educational information on breast health
- Collaborate with American Cancer Society and/or Susan G. Komen Breast Cancer Foundation to raise community awareness of breast cancer

**Table 4: Economic Value of Community Benefits Provided
Sharp Mary Birch Hospital for Women – Fiscal Year 2006**

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2006 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$7,438,507
	Shortfall in Medicare ¹	\$220,999
	Shortfall in San Diego San Diego County Indigent Medical Services ¹	\$49,459
	Uncompensated Care ²	\$2,466,138
	Physician Backup Services ³	\$871,578
Other Benefits for Vulnerable Populations	Donations of clothing to needy people ⁴	\$23,231
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	\$149,962
Health Research, Education and Training Programs	Education and training programs for students and interns ⁴	\$39,694
	TOTAL	\$11,259,568

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 10th 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

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 Sharp Grossmont Hospital's Sharp HospiceCare.

- Orthopaedics Program ranked among the top 100 nationwide
- Pathology Services
- 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 psychology doctorate 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-campus partial hospitalization programs
- On- and off-campus outpatient 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 2006 Community Benefits Program Highlights

Sharp Metropolitan Medical Campus provided a total of **\$68,405,234** in community benefits in Fiscal Year 2006.¹ See **Table 4** in this section for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697.

Among the key highlights:

- **Unreimbursed Medical Care Services** including the unreimbursed costs of public programs such as Medi-Cal, Medicare and 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 the 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, Partnership for Smoke-Free Families and education and training of dietetics, nursing and psychology students.

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 Health

In the North Central Region, 94.4 percent of children and 90.7 percent of adults have health insurance, failing to meet the Healthy People 2010 national targets¹ for the health care access. See **Table 1** for a summary of key indicators of access to care.

**Table 1: Health Care Access in North Central Region
Three-Year Average 2000 – 2002**

Description	Percent	Year 2010 Target
Have Health Insurance		
Children 0 to 18 Years	94.4%	100%
Adults 19 Years and Older	90.7%	100%
Have Regular Source of Medical Care		
Children 0 to 18 Years	88.1%	85%
Adults 19 Years and Older	80.5%	85%

Source: United Way of San Diego County, Outcomes and Community Impact Program, 2000 – 2002.

The North Central Region did not meet the Healthy People 2010 national targets for the following maternal and infant health indicators: preterm births, very low and low birth-weight infants and infant mortality. See **Table 2** for a summary of maternal and infant health indicators.

**Table 2: Maternal and Infant Health Indicators in the North Central Region
Three-Year Average 2000 – 2002**

Maternal and Infant Health Indicator	Number	Rate	Year 2010 Target
Total Live Births	6,742	12.1	NE
Births to Teen Mothers	245	15.1	NE

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 to eliminate health disparities.

Maternal and Infant Health Indicator	Number	Rate	Year 2010 Target
First Trimester Prenatal Care	6,179	92.2%	90.0%
Preterm Births	627	9.7%	7.6%
Very Low Birth-weight Infants	80	1.2%	0.9%
Low Birth-weight Infants	411	6.1%	5.0%
Fetal Mortality	19	2.8	4.1
Infant Mortality	31	4.6	4.5

Notes:

Total birth rate is number of live births per 1,000 population

Birth rate to mothers 15 to 19 is number of live births per 1,000 females ages 15 to 19

Preterm births are births with less than 37 weeks gestation

Very low birth-weight infants weigh less than 1,500 grams.

Low birth-weight infants weigh less than 2,500 grams

Fetal mortality rate is number of fetal deaths per 1,000 live births plus fetal deaths

Infant mortality rate is number of infant deaths (first year of life) per 1,000 live births

Year 2010 targets are not established (NE) for total birth rate and birth rate of mothers age 15 to 19 years

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

The North Central Region did not meet the Healthy People 2010 national targets for the following leading causes of death: cancer (all sites), stroke, unintentional injuries, suicide and chronic liver disease and cirrhosis. 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 in North Central Region
Three-Year Average 2000 – 2002**

Leading Cause	Number of Deaths	Rate (per 100,000)	Year 2010 Target
Coronary heart disease	967	155.9	162.0
Cancer (all sites)	888	171.5	158.6
Stroke	273	54.7	50.0
Chronic lower respiratory disease	193	37.8	62.3
Alzheimer's disease	140	28.3	NE
Unintentional injuries (all)	116	21.1	17.1
Influenza and pneumonia	128	26.0	NE
Diabetes-related	67	12.9	NE
Suicide	62	11.2	4.8
Chronic liver disease and cirrhosis	51	9.7	3.2

Leading Cause	Number of Deaths	Rate (per 100,000)	Year 2010 Target
Total Deaths	3,526	691.8	NE

Notes:

Order of leading causes of death based on San Diego County experience

Rates age-adjusted to the Year 2000 Standard U.S. Population.

Year 2010 targets have not been established (NE) for Alzheimer's disease, diabetes as a leading cause, influenza and pneumonia and total deaths.

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

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 nonprofit health organizations
- Prevention of unintentional injuries

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 2006 Report of Activities conducted in support of the objective(s) and Fiscal Year 2007 Plan of Activities.

Identified Community Need: Outreach for Flu Vaccines

Rationale

- Together, pneumonia and influenza ranked as the seventh leading cause of death in both the United States and San Diego County.
- On average, there were 128 deaths a year in the North Central Region due to pneumonia and influenza during the three-year period from 2000 to 2002; the age-adjusted death rate was 26.0 deaths per 100,000 population.
- In San Diego County, an estimated 76 percent of seniors 65 years and older were vaccinated for influenza in 2004, failing to meet the Healthy People 2010 target of at least 90 percent of adults 65 years and older vaccinated annually for influenza
- Centers for Disease Control (CDC) and the County of San Diego Health and Human Services Agency recommend that individuals at high risk (i.e., people age 65 years and older, adults and children with a chronic health condition, children between six 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. Updated CDC recommendations for the 2005-06 season include the addition of people with conditions leading to compromise of the respiratory system and emphasis on the vaccination of health care workers in addition to previously identified priority groups.
- Flu clinics offered in community settings at no/low cost improve access for those who may experience transportation, cost or other barriers.

Measurable Objective

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

Fiscal Year 2006 Report of Activities

Sharp Cabrillo Campus Senior Resource Center participated in the Community Health Improvement Partners (CHIP) Adult Immunization Committee, working to educate high risk adults about importance of flu immunizations and helping to identify flu clinic locations throughout San Diego County.

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, the Sharp Web site as well as through the CHIP telephone hotline and Web site, San Diego

County Health and Human Services, American Lung Association and Aging and Independence Services.

In Fiscal Year 2006, flu vaccinations were offered to seniors and high risk adults. Sharp Cabrillo Campus Senior Resource Center and Sharp Memorial Hospital Senior Health Centers (Clairemont and Downtown) sponsored 14 community flu clinics, serving 1,321 seniors and others with chronic illnesses. Flu clinics were held in a variety of locations, including community centers, senior centers, nutrition sites, senior health centers, churches and senior apartment complexes.

Fiscal Year 2007 Plan

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 County CHIP Adult Immunization Committee, working 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
- Continue to provide flu vaccinations at a minimum of 10 community sites
- 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

- Community Health Improvement Partners (CHIP) members identified heart disease and stroke, cancer, mental health and diabetes as the top four clinical health issues facing seniors age 65 years and older; the top four nonclinical health issues facing seniors in this age group were identified as access to health care services, physical activity/fitness, overweight/obesity and injury and violence prevention.
- Cancer and heart disease remain the leading causes of death among those 65 years and older in San Diego County. Other causes of death that are not directly related to the aging process that are higher for people in this age group than for the general population include unintentional injury, suicide, pedestrian deaths attributed to motor-vehicle crashes, deaths due to motor-vehicle accidents and falls
- In San Diego County, hospitalization rates that were higher among people 65 years and older than for the general population include hospitalizations due to non-fatal unintentional injuries, diabetes, hip fractures, non-fatal poisonings and non-fatal motor-vehicle injuries.

- There are an estimated 4 million family caregivers in California today. Whether aging Californians live in their own homes, with a relative, in an assisted-living residential facility, or in a nursing home, one of the keys to their care is family caregiving – defined as those family members and informal care providers who assist with the care of disabled elderly relatives. Reaching out to families and community members who are caring for an older adult helps to maintain the health of older adults and caregivers.

Measurable Objective

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 2006 Report of Activities

Sharp Cabrillo Campus Senior Resource Center provided free/low-cost health education programs (920 seniors, caregivers and families of the elderly served) and health screenings (820 seniors served) and participated in community health fairs (638 seniors served) in Fiscal Year 2006. Sharp Cabrillo Campus Senior Resource Center coordinated health promotion classes on topics such as diabetes, hearing, Medicare and insurance, Medicare Part D drug benefit, prevention of falls, lymphedema, heart disease, stroke, arthritis, fibromyalgia, wills and trusts, Vial of Life, Social Security update and Advance Directives for Health Care. 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, 253 Vials of Life (providing important medical information to emergency personnel for seniors and disabled people living in their homes) were distributed free to the community and 52 Advance Directives for Health Care were provided.

The Senior Resource Center, in collaboration with Peninsula Shepherd Senior Center and Aging and Independence Caregiver Coalition hosted a caregiver conference, with 96 people attending. Topics discussed included emotional issues of caregiving, demonstrations of physical aspects of caregiving such as bed care, bathing and transfer techniques; spirituality and caregiving and communication tips for dementia patients.

In Fiscal Year 2006, the Senior Resource Center and/or Sharp Senior Health Centers maintained active relationships with San Diego Council on Aging, Peninsula Shepherd Senior Center, Senior Community Centers, Live Well San Diego, 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.

Fiscal Year 2007 Plan

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)
- Collaborate with Peninsula Shepherd Senior Center, Southern Caregiver Resource Center and Sharp HospiceCare to provide education on caregiving and end-of-life care
- Maintain active relationships with other organizations serving seniors in the North Central Region

Identified Community Need: Mental Health and Substance Abuse Education

Rationale

- Community Health Improvement Partners (CHIP) members identified mental health and substance abuse as two of the four most important clinical health issues overall as well as among each of the four established age groups.
- Participants in the adolescent and parent focus group considered the issue of substance abuse to be very important. Specifically, adolescents indicated that substance abuse is very prominent in schools and that drugs and alcohol are easily accessible. Adolescents also expressed concern that it can be difficult to get help in dealing with these issues.
- On average, there were 318 deaths a year due to suicide in San Diego County during the three-year period from 2000 to 2002; the age-adjusted death rate for suicide was 11.4 deaths per 100,000 population, failing to meet the Healthy People 2010 target of 4.8 deaths per 100,000.
- 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, according to findings presented in the CHIP Community Needs Assessment. 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.

- On average, there were 267 drug-induced deaths a year in San Diego County during the three-year period from 2000 to 2002; the age-adjusted death rate for drug-induced deaths was 9.4 deaths per 100,000 population, failing to meet the Healthy People 2010 target of 1.2 deaths per 100,000.
- 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, according to findings presented in the CHIP Community Needs Assessment. 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 (2003) indicates that 22.4 percent of students in grades nine to 12 used marijuana one or more times during the past 30 days and 38.5 percent of students had at least one drink of alcohol in the past 30 days.
- Behavioral and social risk factors associated with substance abuse among individuals age 15 to 24 years of age include parental substance abuse, poor peer role models, life-stress events, depression and poor self image, media promotion and parenting style, according to findings presented in the CHIP Community Needs Assessment. Environmental risk factors associated with substance abuse include race/ethnicity, genetics and family history, poverty, single-parent households, learning disorders and accessibility of substances.

Measurable Objective

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

Fiscal Year 2006 Report of Activities

Sharp Mesa Vista psychiatric evaluation and intake teams provided approximately 5,100 free psychiatric evaluations and referrals for the general community in Fiscal Year 2006. On a weekly basis, Sharp Mesa Vista Psychiatric Evaluation Team provided two hours a week to senior community centers for senior clients and eight hours a week at Potiker Family Senior Center, a residential site for low-income at-risk seniors.

Sharp Mesa Vista participated in community health fairs and community events, radio and television 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 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 2006, 11 two-hour monthly meetings of the Caring and Sharing support group were held. In addition, Sharp Mesa Vista offered two series of a seven-week course for families on schizophrenia, co-sponsored by NAMI – San Diego chapter and San Diego County Mental Health Services.

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 Fiscal Year 2006, Sharp Mesa Vista participated in internship programs for psychology students (training six psychology interns) and social work students (training five interns), and served as a clinical placement site for medical students (eight medical students completed full-time placements over a six-week period) and nursing students. In Fiscal Year 2006, Sharp Mesa Vista also provided education for behavioral health care professionals, including co-sponsoring continuing education workshops for psychologists, sponsoring conferences for school psychologists, hosting grand rounds for mental health professionals and workshops for community physicians, psychiatrists, psychologists and board and care operators. In addition, staff at Sharp Mesa Vista provided lectures to the general public and participated in media opportunities to increase awareness of mental health and substance abuse.

Staff at Sharp Mesa Vista and Vista Pacifica regularly attended various boards, committees and advisory and work groups in the area of behavioral health. Community and professional groups included 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, Long-Term Integration Project, Mountain Health Community Clinic, California Healthcare Association - Center for Behavioral Health, National Association of Psychiatric Health Systems, Association of Ambulatory Behavioral Healthcare, Association of Psychology Postdoctoral and Internship Centers, Walk for Recovery, 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.

Fiscal Year 2007 Plan

Sharp Mesa Vista and Sharp Vista Pacifica will conduct the following activities:

- Provide free psychiatric assessments and referrals for the community and provide free psychiatric assessments at downtown senior community centers
- Continue partnership with San Diego City Schools, offering assistance to counselors and others as needed
- Continue to offer internship programs in psychology and social work and serve as a placement site for medical and nursing students
- Continue to host continuing education events for behavioral 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

- Community Health Improvement Partners (CHIP) members identified diabetes as one of the four most important clinical health issues overall as well as among each of the four established age groups.
- On average, there were 375 hospitalizations annually due to diabetes in the North Central Region during the three-year period from 2000 to 2002; the age-adjusted rate for diabetes was 70.1 hospitalizations per 100,000 population. The hospitalization rate in the region was lower than the county average of 111.0 hospitalizations per 100,000
- On average, there were 67 deaths a year due to diabetes in the North Central Region during the three-year period from 2000 to 2002; the age-adjusted death rate due to diabetes was 12.9 deaths per 100,000 population. (Note: Diabetes is also a contributing cause of death.)
- 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 findings presented in the CHIP Community Needs Assessment.

- The Centers for Disease Control (CDC) estimates that 20.8 million Americans, or 7 percent of the US population now have diabetes, up from 18.2 million Americans in 2003.

Measurable Objective

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

Fiscal Year 2006 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 2006, Sharp Metropolitan Medical Campus conducted blood glucose screening events and educational lectures at hospital and offsite locations, testing 323 people (these screenings identified 33 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.

Fiscal Year 2007 Plan

Sharp Metropolitan Medical Campus will conduct the following activities:

- Coordinate and implement blood glucose screenings at community and hospital sites in the North Central Region
- Conduct educational lectures at various community venues
- Continue to work with the Diabetes Coalition to provide education and other resources to individuals who have been diagnosed with diabetes

Identified Community Need: Health Education and Wellness

Rationale

- Community Health Improvement Partners (CHIP) members identified overweight and obesity and physical activity and fitness as two of the four most important nonclinical health issues overall as well as among each of the four established age groups.
- Focus group participants in all age groups expressed a desire for education and an interest in understanding and learning how to take preventive measures to avert illness. Focus groups attended by younger adults, older adults and seniors expressed concern about obesity being the cause of other serious health problems such as heart disease, diabetes and cancer. In addition, adult focus group participants recognized that physical activity and fitness are essential to maintain good health and prevent health problems.
- An estimated 44 percent of adults in San Diego County were overweight or obese in 2001 (the most recent available information), failing to meet the Healthy People target of no more than 40 percent of adults overweight or obese.
- During 2003, 17.7 percent of adults in San Diego County reported that they had not participated in moderate physical activity during their leisure time in the past 30 days. The county's experience met the Healthy People target of reducing the proportion of adults who engage in no leisure time physical activity to 20 percent.
- A variety of behavioral and social risk factors are associated with unhealthy behaviors of obesity, physical inactivity and chronic diseases, according to findings presented in the CHIP Community Needs Assessment. 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 of nutrition, exercise and disease prevention efforts, are regarded as effective approaches for communities.

Measurable Objective

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 2006 Report of Activities

A variety of health education classes were conducted at the Sharp Outpatient Pavilion (OPP) and various departments of the medical center in Fiscal Year 2006. 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 2006.

The Sharp Outpatient Pavilion also includes a Community Health Library, featuring videotapes, CDs, books, pamphlets, access to the internet and two staff members 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.

Fiscal Year 2007 Plan

Sharp Metropolitan Medical Center will conduct the following activities.

- Develop and coordinate a calendar of community health education and screening events
- Host support groups on a variety of topics

Identified Community Need: Support of Community Nonprofit Health Organizations

Rationale

- Support of community nonprofit 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

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

Fiscal Year 2006 Report of Activities

In Fiscal Year 2006, 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 nonprofit organizations in Fiscal Year 2006, 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 2006, executive leadership and others donated their time to multiple community organizations and agencies, such as:¹

- Universities and colleges in San Diego
- California Healthcare Association
- Healthcare Association of San Diego and Imperial Counties
- Association of California Nurse Leaders
- San Diego Chamber of Commerce
- 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
- Directors of Volunteers in Agencies (DOVIA)
- LEAD, San Diego (a nonprofit leadership organization)

Fiscal Year 2007 Plan

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 nonprofit organizations
- Continue to participate in community and public organizations, donating time and expertise to important issues facing the community

¹ Additional information specific to behavioral health is described separately.

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 and the sixth leading cause of death overall.
- Community Health Improvement Partners (CHIP) members identified injury and violence prevention as one of the four most important nonclinical health issues overall as well as among each of the four established age groups.
- On average, there were 3,215 nonfatal unintentional injury hospitalizations in the North Central Region during the three-year period from 2000 to 2002. The age-adjusted unintentional injury hospitalization rate was 599.7 per 100,000 people.
- On average, there were 116 unintentional injury deaths a year in the North Central Region during the three-year period from 2000 to 2002; the age-adjusted death rate due to unintentional injuries was 21.1 deaths per 100,000 population, failing to meet the Healthy People 2010 target of 17.1 deaths per 100,000.
- On average, there were 39 motor-vehicle accident deaths a year in the North Central Region during the three-year period from 2000 to 2002; the age-adjusted death rate due to motor-vehicle accidents was 6.7 deaths per 100,000 population, meeting the Healthy People 2010 target of 8.0 deaths per 100,000.
- 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, nighttime driving and failure to use seat belts, according to the findings presented in the CHIP Community Needs Assessment. 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

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

Fiscal Year 2006 Report of Activities

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention participated in six programs held at elementary schools (serving 950 students)

and 65 programs held at junior high and high schools (serving 3,160 students) in North Central County in Fiscal Year 2006. On a regular basis, Sharp on Survival speaks to high risk youth about the consequences of violence, gangs, reckless driving and making poor choices.

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention participated in 11 community events in North Central County in Fiscal Year 2006, serving approximately 66,035 people. Events in the North Central County included December Nights at Balboa Park, San Diego Firefighters Burn Run and Expo, Kiwanis Club, San Diego Gulls and Scripps Ranch Library.

Fiscal Year 2007 Plan

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention will conduct the following activities:

- Increase community awareness of the program through attendance and participation at community events
- Continue to provide educational programming for local schools
- With funding support from grants, promote injury prevention efforts through use of ThinkFirst for Youth curriculum in local schools

**Table 5: Economic Value of Community Benefits Provided
Sharp Metropolitan Medical Campus - Fiscal Year 2006**

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2006 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$18,231,362
	Shortfall in Medicare ¹	\$25,767,623
	Shortfall in San Diego County Indigent Medical Services ¹	\$5,731,081
	Uncompensated Care ²	\$14,588,057
	Physician Backup Services ³	\$2,079,495
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	\$430,029
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	\$1,095,915
Health Research, Education and Training Programs	Education and training programs for students and interns ⁴	\$481,672
	TOTAL	\$68,405,234

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 and 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 2006, a selection of which are highlighted in this section.

Program and Service Highlights

Sharp Rees-Stealy:

- 17 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
- Onsite optical shops, pharmacies, laboratories and radiology at selected locations
- Physical therapy and rehabilitation
- Sharp Weight Management and Health Education Programs
- Urgent Care Centers

Sharp Mission Park:

- Seven medical office locations
- After-hours pediatric clinics
- Clinical research program
- Diabetes services, recognized by American Diabetes Association
- Health education and weight management services
- Laboratory and radiology at major locations
- 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 schools
- Teen Clinic
- Urgent Care Center

Fiscal Year 2006 Community Benefits Program Highlights

Sharp Rees-Stealy and Sharp Mission Park provided a total of **\$4,500,740** in community benefits in Fiscal Year 2006. 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 and participation by senior leadership and other staff on community boards, committees and civic organizations. See **Appendix A** for a listing of Sharp HealthCare community involvement.
- **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 2006**

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2006 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$1,626,371
	Uncompensated Care ²	\$2,425,345
Other Benefits for Vulnerable Populations	Patient transportation and food and clothing drives ³	\$167,070
Other Benefits for the Broader Community	Health education programs and participation in community events ³	\$234,242
Health Research, Education and Training Programs	Education and training programs for health professionals ³	\$47,712
	TOTAL	\$4,500,740

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 2006, a selection of which are highlighted in this section.

Program and Service Highlights

- Small Group Health Plan
- Large Group Health Plans

Fiscal Year 2006 Community Benefits Program Highlights

Sharp Health Plan provided a total of **\$453,317** in community benefits in Fiscal Year 2006. 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 the Pacific Health Advantage program (offers affordable health insurance plans for businesses based in California with two to 50 employees).
- **Other Services for Vulnerable Populations** including a donation to a community clinic to replace stolen medical equipment
- **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. See **Appendix A** for a listing of Sharp HealthCare community involvement.

**Table 1: Economic Value of Community Benefits Provided
Sharp Health Plan – Fiscal Year 2006**

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2006 Unreimbursed Costs
Medical Care Services	Shortfall in Pacific Health Advantage program ¹	\$353,947
Other Benefits for Vulnerable Populations	Donation to community clinic ²	\$10,000
Other Benefits for the Broader Community	Health education programs, donations to community organizations and participation in community organizations ²	\$89,370
	TOTAL	\$453,317

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 2006 is presented below. Community organizations are listed alphabetically.

- Acute, Critical Care and Ambulatory Operations Group
- Aging and Independence Services
- Alliance Healthcare Foundation
- Alzheimer's Research and Resource Foundation
- American Cancer Society
- American Heart Association
- American Hospital Association
- American Red Cross
- Association for Ambulatory Behavioral Health Care (National)
- Association for Ambulatory Behavioral Health Care of Southern California
- Association of California Nurse Leaders
- Association of Fundraising Professionals
- Association of Psychology Postdoctoral and Internship Centers
- Association of Women's Health, Obstetrics and Neonatal Nurses
- Bonita Business and Professional Association
- Boys and Girls Club of San Diego
- Building Industry Association Cares for Kids
- 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 Friends of Parks and Recreation
- 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
- Combined Health Agencies
- Communities Against Substance Abuse
- Community Health Improvement Partners (CHIP)
- Consumer Center for Health, Education and Advocacy
- Coronado Hospital Foundation
- Coronado Rotary
- Council of Community Clinics
- Council on Access and Mobility
- County of San Diego
- Directors of Volunteers in Agencies (DOVIA)
- Domestic Violence Response Team Advisory Board
- East County Action Network
- East County Economic Development Council
- East County Regional Chamber of Commerce
- East County Senior Service Providers
- El Camino Creek School Site Council
- Electronic Medical Record Council
- Emergency Medical Care Committee
- Emergency Medical Services Quality Improvement
- Employee Assistance Professionals Association
- First Five Commission
- Fronteras Unidas Pro Salud
- Frost Street Surgicenter
- Grossmont College
- 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
- Kiwanis Club of Bonita
- Kiwanis Club of Coronado
- Journal of Emergency Nursing
- KPBS Advisory Board

- La Mesa Lion's Club
- La Mesa Rotary
- Latino/a Unity Coalition
- LEAD, San Diego, Inc
- Lifesharing Community Advisory Board
- Long-Term Care Integration Project
- Low Ride and Strides Committee
- March of Dimes
- Meal-on-Wheels East County
- Mental Health Association
- Mental Health Recognition Committee
- National Association for the Mentally Ill
- National Association of Psychiatric Healthcare Systems
- National Council on Alcoholism and Drug Dependencies – San Diego
- Neighborhood Healthcare Community Clinic
- Neurology Society
- Norma Park Educational Foundation
- Optimist Club of Coronado
- Paratransit Coordinating Council for San Diego/Imperial Counties
- Parents for Addiction Treatment Healing (PATH)
- Partnership for Public Health
- Peninsula Shepherd Senior Center
- Planned Parenthood of San Diego and Imperial Counties
- Por La Vida
- Principal Players
- Professional Coaches and Mentors Association
- Professional Consultation Committee
- Psychiatric Emergency Response Team (PERT)
- Rancho Bernardo Chamber of Commerce
- Rancho Bernardo-Sunrise Rotary
- Reduce and Eliminate Health Disparities with Information
- Safe Communities
- Safe Kids Coalition
- San Diego American Payroll Association
- 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 Hispanic Chamber of Commerce
- San Diego County Psychiatric Hospital Auxiliary
- San Diego County Social Services
- San Diego Crew Classic
- San Diego Eye Bank
- San Diego Foundation
- San Diego Group Psychotherapy Society
- San Diego Habitat for Humanity
- San Diego-Imperial Council of Hospital Volunteers
- San Diego Medical Society – Mental Health Commission
- San Diego Mental Health Association
- San Diego Psychiatric Society
- San Diego Regional Asthma Coalition
- San Diego Regional Chamber of Commerce
- San Diego State University
- San Diego Urban League
- San Diego Women's Foundation
- Santee Chamber of Commerce
- School Health Innovative Programs
- Senior Community Center
- Sharp and Children's MRI
- Sharp Chula Vista Domestic Violence Task Force
- Sharp Health Plan
- Sidney Kimmel Cancer Center
- 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
- Stroke Council
- Susan G. Komen Foundation Board
- ThinkFirst – San Diego Chapter
- Thousand Smiles Foundation
- Trauma Administrators
- Uniform Data Systems National Advisory Council
- United Way of San Diego County
- Violence Prevention Network
- Vistas Healthcare
- Western University College of Pharmacy
- Women in Leadership
- Women in Transportation
- Women's Health Alliance

- YMCA
- YMCA Border View
- YWCA Company of Women Luncheon
- Youth Soccer

FORM 990	INVESTMENTS	STATEMENT 8
PART IV, LINE 54, COL. B	AT MARKET VALUE	

<u>VALUE METHOD: MARKET VALUE</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>
TOTAL INVESTMENTS IN SECURITIES	100,569	155,098	7,823,420	47,016	2,131,210	3,209,838	13,467,151

FORM 990	LAND, BUILDINGS & EQUIPMENT	STATEMENT 9
PART IV, LINE 57a, 57b, 57c		

	BEGINNING BALANCE	ADDITIONS	RETIREMENTS	ENDING BALANCE
LAND				
BUILDINGS				
EQUIPMENT	41,958	3,261		45,219
	41,958	3,261		
TOTAL LAND, BUILDINGS, EQUIPMENT (PART IV, LINE 57a)				45,219
ACCUMULATED DEPRECIATION (PART IV, LINE 57b)				(38,398)
TOTAL (PART IV, LINE 57c)				6,821

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990	OTHER ASSETS	STATEMENT 10
PART IV, LINE 58		

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DEFERRED PLANNED GIFTS	10,947,727
PLANNED GIVING RESERVE (ANNUITY & POOLED INCOME FUND ACCTS)	2,159,530
ACCRUED INTEREST RECEIVABLE	51,414
	<hr/>
TOTAL	<u>13,158,671</u>

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990 PART IV, LINE 65	OTHER LIABILITIES	STATEMENT 11
DEFERRED PLANNED GIFT LIABILITIES		3,451,829
ANNUITY PAYABLE		1,796,074
LINE OF CREDIT SHC		697,601
INTERCOMPANY PAYABLE		<u>581,078</u>
TOTAL		<u>6,526,582</u>

FORM 990
PART V-A, LINE 75cOFFICER COMPENSATION
FROM RELATED ORGANIZATIONS

STATEMENT 1

<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	676,510	300,252	1,327
TOTAL		676,510	300,252	1,327

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

FORM 990
PART VI, LINE 80b

OTHER INFORMATION

STATEMENT 13

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.

THE ENTITIES SHARE CERTAIN ADMINISTRATIVE AND OVERHEAD COSTS WHICH ARE PAID BY SHARP HEALTHCARE AND THEN CHARGED BACK TO THE SUBSIDIARIES. DURING THE FISCAL YEAR ENDED 9/30/06, THESE ADMINISTRATIVE AND OVERHEAD COSTS TOTALED **\$146,735,810**.

FORM 990 PART IV, LINE 51a	OTHER NOTES AND LOANS REPORTED SEPARATELY	STATEMENT 14
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<u>DESCRIPTION</u>	<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL AMOUNT</u>	<u>BALANCE DUE</u>
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LUVRE NOTE	NOVEMBER 1996	DECEMBER 2006	\$13,600	313
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BORROWERS: VELUR INVESTMENTS II, INC.

REPAYMENT TERMS: MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$157.97.

PURPOSE: PART OF PAYMENT ON PURCHASE OF VACANT LAND.

HELM	SEPTEMBER 2002	UPON DEATH	\$57,220	57,220
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DONORS: JOHN & DOROTHY HELM

PURPOSE: DONATION OF 6 INSURANCE POLICIES BY INSURED

TOTAL				<u>57,533</u>
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FORM 990

SCHOLARSHIPS

STATEMENT 15

SCHEDULE A, PART III, line 3a

SHARP HEALTHCARE FOUNDATION MAINTAINS CERTAIN FUNDS WHICH WERE RESTRICTED BY THE DONORS TO PROVIDE SCHOLARSHIPS IN NURSING AND OTHER HEALTHCARE AREAS. APPLICATIONS ARE REVIEWED BY A COMMITTEE AND AWARDED BASED ON CRITERIA ESTABLISHED FOR EACH OF THE SCHOLARSHIP FUNDS.

FORM 990		DEPRECIATION EXPENSE					STATEMENT 16	
PART II, LINE 42								
	Cost/Basis	Acquired	Method/Life	Accum Depr 09/30/05	Transfers Fully Deprec	Current Year Depr Expense	Accum Depr 09/30/06	
SOFTWARE: RAISER'S EDGE	5,726	11/01/98	SL 5 yrs	5,726		-	5,726	
SOFTWARE: WINDOWS NE	3,232	01/01/99	SL 5 yrs	3,232		-	3,232	
PRINTER, HP4550N COLOR	2,458	12/31/01	SL 5 yrs	1,845		491	2,336	
PRINTER, HP4300N	1,670	10/31/04	SL 5 yrs	334		334	668	
SOFTWARE: RAISER'S EDGE	14,477	12/31/04	SL 5 yrs	4,826		4,825	9,651	
COMPUTER	695	05/31/05	SL 5 yrs	96		232	328	
SOFTWARE LICENSE	522	02/28/06	SL 5 yrs	-		18	18	
MONITORS (TRANSFERRED)	2,739	04/30/06	N/A	-	2,739	-	2,739	
YACHT	13,700	02/28/05	SL 19 mos	5,768		7,932	13,700	
	45,219			21,827	2,739	13,832	38,398	
SHARP HEALTHCARE ALLOCATION						14,297		
TOTAL DEPRECIATION EXPENSE						28,129		

FORM 990	RECONCILIATION OF REVENUE	STATEMENT 17
	PER AUDITED FINANCIAL STATEMENTS	
PART IV-A, Line d(2)	WITH REVENUE PER IRS FORM 990	

AMOUNTS INCLUDED ON LINE 12, FORM 990, BUT NOT ON PART IV-A, line a:

TEMP RESTR	CONTRIBUTIONS	6,219,913
TEMP RESTR	INVESTMENT INCOME	527,475
TEMP RESTR	OTHER INCOME	9,261
TEMP RESTR	NON-OPERATING RECEIPTS	606,409
PERM RESTR	CONTRIBUTIONS	2,000
TOTALS		<u>7,365,058</u>

SHARP HEALTHCARE FOUNDATION

95-3492461

FORM 990	RECONCILIATION OF EXPENSES	STATEMENT 18
	PER AUDITED FINANCIAL STATEMENTS	
PART IV-B, line d(2)	WITH EXPENSES PER IRS FORM 990	

AMOUNTS INCLUDED ON LINE 17, FORM 990, BUT NOT ON PART IV-B, line a:

TEMP RESTR	DEPRECIATION EXPENSE	7,932
TEMP RESTR	GRANTS & ALLOCATIONS	7,642,633
		<hr/>
TOTAL		<u>7,650,565</u>

FORM 990
PART V

LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES

STATEMENT 19

NAME & ADDRESS	TITLE & TIME	COMPENSATION	CONTRIBUTION TO EMPLOYEE BENEFIT PLAN	EXPENSE ACCOUNT
WILLIAM LITTLEJOHN 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	SR VP/CEO FND 40 hours/week	270,341	81,607	0
FRANK ARRINGTON 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Chair 2 hours/week	NONE	NONE	NONE
ANETTE ASHER 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Secretary 2 hours/week	NONE	NONE	NONE
STEPHEN AUSTIN 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
JOHN BELANICH 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
CHRIS CATE 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Ex Officio/SMH Aux. Auxiliary 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	Ex Officio 2 hours/week	NONE	NONE	NONE
RICHARD D. COUTTS, M.D. 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Emeritus 2 hours/week	NONE	NONE	NONE
STEVE FINDEN 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
JUDI FREEMAN 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	Ex Officio 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

FORM 990
PART V

LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES

STATEMENT 19

			CONTRIBUTION TO EMPLOYEE	EXPENSE
JAMES C. HAUGH 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Emeritus 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
RUSSELL L. JOHNSON 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Ex Officio/SCOR Fdn 2 hours/week	NONE	NONE	NONE
HENRY M. KILLMAR 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Emeritus 2 hours/week	NONE	NONE	NONE
YVONNE W. LARSEN 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Emeritus 2 hours/week	NONE	NONE	NONE
CHRIS LEWIS 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	SCVMC Fdn. Advisory 2 hours/week	NONE	NONE	NONE
ERIC LINEBARGER, M.D. 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
ELIZABETH GILDRED MACVEAN 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
SUSAN MORIARTY 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Ex-Officio/CV Aux. 2 hours/week	NONE	NONE	NONE
MICHAEL MURPHY 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	President/Ex-Officio+D 2 hours/week	NONE	NONE	NONE
PETER PREOVOLOS 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Ex Officio/GH Fdn. 2 hours/week	NONE	NONE	NONE
KATHLEEN PORTER 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
JIM REOPELLE 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE

FORM 990
PART V

LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES

STATEMENT 19

			CONTRIBUTION TO EMPLOYEE	EXPENSE
HOWARD ROBIN, M.D. 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
RICHARD SANTORE, M.D. 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
TED SCHROEDER 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
CHARLES SCHUETZ, M.D. 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
REGINA SMITH 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	Treasurer 2 hours/week	NONE	NONE	NONE
NAN STUFKOSKY 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	President, SCVMC Aux./Ex Officio 2 hours/week	NONE	NONE	NONE
TOM TOURTELLOTT 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	Vice Chair 2 hours/week	NONE	NONE	NONE
ROBERT WOLFORD 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123	Board Member 2 hours/week	NONE	NONE	NONE
TOTAL		270,341	81,607	0

Part II, Line 25
Part V

FORM 990

LOBBYING ACTIVITY

STATEMENT 20

SCHEDULE A, PART VI-B, LINE a

SHARP HEALTHCARE FOUNDATION STAFF CONTRIBUTED VOLUNTEER HOURS TO THE CITIZENS FOR GROSSMONT HOSPITAL - YES ON G GROUP'S INITIATIVE TO SUPPORT A YES VOTE ON PROPOSITION G BY MAKING PHONE CALLS TO HOUSEHOLDS IN THE EAST COUNTY TO RAISE AWARENESS OF THE INITIATIVE. PROPOSITION G WAS A BALLOT INITIATIVE TO IMPROVE LIFE-SAVING EMERGENCY CARE IN EAST COUNTY, REDUCE EMERGENCY ROOM OVERCROWDING, AND IMPROVE MEDICAL FACILITY ACCESS FOLLOWING EARTHQUAKES, WILDFIRES OR OTHER DISASTERS. PROPOSITION G ALLOWS THE GROSSMONT HEALTHCARE DISTRICT TO ISSUE \$247,000,000 OF BONDS TO COMPLETE GROSSMONT HOSPITAL'S EMERGENCY AND CRITICAL CARE CENTER, EXPAND CARDIAC CARE, ACQUIRE, CONSTRUCT, REPAIR AND IMPROVE MEDICAL FACILITIES, ADD PATIENT BEDS, MODERNIZE MEDICAL TECHNOLOGY, AND IMPROVE SEISMIC SAFETY, WITH INDEPENDENT CITIZENS' OVERSIGHT AND WITH ALL FUNDS USED LOCALLY TO IMPROVE MEDICAL FACILITIES IN EAST COUNTY.

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

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

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

Part II Additional (not automatic) 3-Month Extension of Time. You 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-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in the care of **▶ STACI DICKERSON**
Telephone No. **▶ (858) 499-5150** FAX No. **▶ (858) 499-5199**
- 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, 2007.

5 For calendar year _____, or other tax year beginning OCTOBER 1, 2005, and ending SEPTEMBER 30, 2006.

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 REQUESTED IN ORDER TO COLLECT ALL 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.	8a \$
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.	8b \$
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.	8c \$

Signature and Verification

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

Signature **▶ [Signature]** Title **▶ CPA/AGENT** Date **▶ 4-30-07**

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 extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

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

Type or print	Name ERNST & YOUNG, LLC 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