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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SCRIPPS HEALTH
% RICHARD ROTHBERGER
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
10140 CAMPUS POINT DRIVE

City or town, state or province, country, and ZIP or foreign postal code
SAN DIEGO, CA 92121

D Employer identification number
95-1684089

E Telephone number
(858) 678-7901

G Gross receipts $ 3,631,678,275

F Name and address of principal officer
CHRISTOPHER VAN GORDER
SAME AS C ABOVE
SAN DIEGO, CA 92121

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SCRIPPS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1924

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $3 4 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CA (SEE SCH O)

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	17,951
6	Total number of volunteers (estimate if necessary)	**6**	2,019
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,387,251
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	50,586,862	108,691,450
9	Program service revenue (Part VIII, line 2g)	2,955,048,501	3,009,290,995
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	104,412,796	113,859,866
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,483,093	113,639,266
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,193,531,252	3,345,481,577
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,897,900	2,039,400
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,282,650,238	1,338,608,615
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶8,634,581		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,697,236,521	1,730,080,885
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,982,784,659	3,070,728,900
19	Revenue less expenses Subtract line 18 from line 12	210,746,593	274,752,677

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,528,192,508	5,667,715,696
21	Total liabilities (Part X, line 26)	1,527,867,365	1,417,443,240
22	Net assets or fund balances Subtract line 21 from line 20	4,000,325,143	4,250,272,456

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2020-08-05

▶ RICHARD ROTHBERGER CORP EXEC VP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01286320

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 560 MISSION ST STE 1600
SAN FRANCISCO, CA 94105

Phone no (415) 894-8000

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $3 4 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA (CONTINUED IN SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,715,091,097 including grants of $ 2,051,900) (Revenue $ 3,116,461,297)
See Additional Data

4b (Code) (Expenses $ 1,191,305 including grants of $ 0) (Revenue $ 1,824,594)
See Additional Data

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 2,716,282,402

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	945		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 17,951			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	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)? . .		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶MX See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		**16**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶RICHARD ROTHBERGER 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 (858) 678-6828

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total ▶			
c Total from continuation sheets to Part VII**, Section A** ▶			
d Total (add lines 1b and 1c) ▶	19,242,090	0	3,260,791

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2,554

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SCRIPPS CLINIC MEDICAL GROUP INC, 10666 N TORREY PINES ROAD LA JOLLA, CA 92037	PHYSICIAN SERVICES	300,994,089
SCRIPPS COASTAL MEDICAL GROUP, 501 WASHINGTON AVENUE SAN DIEGO, CA 92103	PHYSICIAN SERVICES	52,607,959
Medimpact Healthcare Systems, 10181 Scripps Gateway Court SAN DIEGO, CA 92131	PHARMACEUTICAL SVCS	31,843,629
Scripps Hospital Inpatient Provider, 10010 CAMPUS POINT DRIVE SAN DIEGO, CA 92121	PHYSICIAN SERVICES	28,880,038
EMERGENCY ACUTE CARE MED CORP, 440 STEVENS AVE STE 150 SAN DIEGO, CA 92075	PHYSICIAN SERVICES	13,308,786

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 140

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	**1a**			
	b Membership dues . .	**1b**			
	c Fundraising events . .	**1c** 1,838,871			
	d Related organizations	**1d**			
	e Government grants (contributions)	**1e**			
	f All other contributions, gifts, grants, and similar amounts not included above	**1f** 106,852,579			
	g Noncash contributions included in lines 1a - 1f $ 1,689,675				
	h Total. Add lines 1a-1f . . . . . ▶	108,691,450			

Program Service Revenue	Business Code				
2a HEALTHCARE DELIVERY REV	622110	2,699,556,754	2,698,339,056	1,217,698	
b CAPITATION PREMIUM	622110	167,078,108	167,078,108		
c PROVIDER FEE REVENUE	622110	93,107,009	93,107,009		
d JOINT VENTURE REVENUE	900099	14,381,015	14,381,015		
e RENTAL INCOME - MOB	531120	12,489,814	12,489,814		
f All other program service revenue		22,678,295	22,218,991	459,304	
g Total. Add lines 2a–2f . . . . ▶		3,009,290,995			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		87,487,578	271,633	17,114	87,198,831
4 Income from investment of tax-exempt bond proceeds ▶		0			
5 Royalties . . . . . ▶		0			
	(i) Real / (ii) Personal				
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)	0 / 0				
d Net rental income or (loss) . . . . . ▶		0			
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	311,409,822				
b Less cost or other basis and sales expenses	285,037,534				
c Gain or (loss)	26,372,288				
d Net gain or (loss) . . . . . ▶		26,372,288			26,372,288
8a Gross income from fundraising events (not including $ 1,838,871 of contributions reported on line 1c) See Part IV, line 18 . . . . **a**	333,210				
b Less direct expenses . . . **b**	1,159,164				
c Net income or (loss) from fundraising events . . ▶		-825,954			-825,954
9a Gross income from gaming activities See Part IV, line 19 . . . **a**	0				
b Less direct expenses . . . **b**	0				
c Net income or (loss) from gaming activities . . ▶		0			
10a Gross sales of inventory, less returns and allowances . . **a**	0				
b Less cost of goods sold . . **b**	0				
c Net income or (loss) from sales of inventory . . ▶		0			
Miscellaneous Revenue	Business Code				
11a CAFETERIA	722310	7,777,320	7,777,320		
b PHARMACEUTICAL REVENUE	446110	25,464,635	25,464,635		
c MANAGEMENT SERVICES	561110	40,482,555	38,574,884	1,907,671	
d All other revenue		40,740,710	36,906,424	785,464	3,048,822
e Total. Add lines 11a–11d . . . . . ▶		114,465,220			
12 Total revenue. See Instructions . . . . . ▶		3,345,481,577	3,116,608,889	4,387,251	115,793,987

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,039,400	2,039,400		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	16,391,029		16,391,029	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	916,476		916,476	
7 Other salaries and wages	1,095,854,485	946,483,667	144,136,738	5,234,080
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	42,089,538	34,236,158	7,696,427	156,953
9 Other employee benefits	100,207,777	99,708,730	0	499,047
10 Payroll taxes	83,149,310	69,263,339	13,573,096	312,875
11 Fees for services (non-employees)				
a Management	0			
b Legal	9,211,333	2,846,022	6,365,311	
c Accounting	970,744	77,369	893,375	
d Lobbying	300,907		300,907	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	5,003,688		5,003,688	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	658,506,209	603,043,046	54,772,133	691,030
12 Advertising and promotion	4,552,890	135,761	4,417,129	
13 Office expenses	65,431,120	51,953,365	12,620,634	857,121
14 Information technology	53,366,528	34,795,439	18,571,089	
15 Royalties . .	0			
16 Occupancy	76,975,109	69,080,561	7,682,225	212,323
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	22,737,069	19,220,328	3,516,741	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	167,244,395	131,345,318	35,899,077	
23 Insurance . . .	7,636,753	7,623,931	12,822	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	543,109,275	543,109,275		
b REPAIRS AND MAINTENANCE	33,957,531	20,886,630	13,043,020	27,881
c HOSPITAL FEE PROGRAM	73,370,479	73,370,479		
d ALL OTHER EXPENSES	7,706,855	7,063,584		643,271
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,070,728,900	2,716,282,402	345,811,917	8,634,581
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	424,914,438	2	603,003,421
	3	Pledges and grants receivable, net	12,504,759	3	8,767,455
	4	Accounts receivable, net	526,273,677	4	516,096,266
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	20,941,313	5	22,334,165
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	78,018	7	0
	8	Inventories for sale or use	46,286,623	8	47,245,095
	9	Prepaid expenses and deferred charges	23,711,540	9	26,466,601
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 3,806,601,513			
	b	Less accumulated depreciation — 10b: 1,916,450,879	1,816,459,903	10c	1,890,150,634
	11	Investments—publicly traded securities	1,938,880,165	11	2,022,502,016
	12	Investments—other securities See Part IV, line 11	428,896,000	12	344,733,000
	13	Investments—program-related See Part IV, line 11	66,494,850	13	67,977,936
	14	Intangible assets	45,167,870	14	45,109,894
	15	Other assets See Part IV, line 11	177,583,352	15	73,329,213
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	5,528,192,508	16	5,667,715,696
Liabilities	17	Accounts payable and accrued expenses	406,674,339	17	399,911,176
	18	Grants payable	0	18	0
	19	Deferred revenue	13,004,279	19	11,591,979
	20	Tax-exempt bond liabilities	904,472,043	20	815,941,345
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	92,191,054	23	91,250,970
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	111,525,650	25	98,747,770
	26	**Total liabilities.** Add lines 17 through 25	1,527,867,365	26	1,417,443,240
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,800,959,850	27	4,000,034,756
	28	Temporarily restricted net assets	117,099,466	28	167,015,295
	29	Permanently restricted net assets	82,265,827	29	83,222,405
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,000,325,143	33	4,250,272,456
	34	Total liabilities and net assets/fund balances	5,528,192,508	34	5,667,715,696

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,345,481,577
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,070,728,900
3	Revenue less expenses Subtract line 2 from line 1	3	274,752,677
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,000,325,143
5	Net unrealized gains (losses) on investments	5	-25,912,050
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,106,686
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,250,272,456

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

The Maxwell H and Muriel Gluck Child Care Center provides child card and pre-school education for the benefit of individuals in the community of San Diego, including employees and patients of the nonprofit 501(C)(3) entities of Scripps Health and Scripps Research Institute Special emphasis is placed on a variety of learning and play activities in the musical and visual arts field

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY JO ANDERSON CHS TRUSTEE	13 0 1 0	X						0	0	0
GENE H BARDUSON TRUSTEE	13 0 1 0	X						0	0	0
RICHARD C BIGELOW VICE CHAIR/TRUSTEE	13 0 1 0	X		X				0	0	0
DOUGLAS A BINGHAM ESQ TRUSTEE	13 0 1 0	X						0	0	0
JEFF BOWMAN TRUSTEE	13 0 1 0	X						0	0	0
JOHN BOYER PHD TRUSTEE	13 0 1 0	X						0	0	0
JAN CALDWELL CHAIR/TRUSTEE	13 0 1 0	X		X				0	0	0
JUDY CHURCHILL PHD TRUSTEE	13 0 1 0	X						0	0	0
GORDON R CLARK TRUSTEE	13 0 1 0	X						0	0	0
NICOLE A CLAY TRUSTEE	13 0 1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DON GOLDMAN TRUSTEE	13 0 1 0	X						0	0	0
ADOLFO GONZALES TRUSTEE (PT YEAR)	13 0 1 0	X						0	0	0
KEVIN T HAMILTON TRUSTEE	13 0 1 0	X						0	0	0
KATHERINE A LAUER TRUSTEE	13 0 1 0	X						0	0	0
MARTY J LEVIN TRUSTEE	13 0 1 0	X						0	0	0
ELLIOT A SCOTT TRUSTEE	13 0 1 0	X						0	0	0
CHRISTOPHER VAN GORDER PRESIDENT & CEO/TRUSTEE	58 0 2 0	X		X				1,970,996	0	449,562
RICHARD VORTMANN TRUSTEE	13 0 1 0	X						0	0	0
ABBY SILVERMAN WEISS TRUSTEE	13 0 1 0	X						0	0	0
RICHARD ROTHBERGER TREASURER/CORP EXEC VP/CFO	54 0 1 0			X				1,782,969	0	95,145

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD R SHERIDAN SEC/CORP SR VP-HR/GEN COUNSL	54 0 1 0			X				758,479	0	242,723
GALE D KEEL ASSISTANT SECRETARY	39 0 1 0			X				64,569	0	14,492
MIELLE SCHWARTZ ASSISTANT SECRETARY	39 0 1 0			X				63,897	0	34,446
Thomas Buchholz Corp Sr VP, MD Anderson	50 0 0 0				X			822,929	0	125,062
THOMAS GAMMIERE CHIEF EXECUTIVE, SR VP	50 0 0 0				X			842,308	0	193,829
JUNE KOMAR CORP EXEC VP, STRATEGY & ADMIN	50 0 0 0				X			791,976	0	153,051
GARY FYBEL CHIEF EXECUTIVE, SR VP	50 0 0 0				X			2,036,822	0	7,980
Lisa Thakur Corp Sr VP, Ancillary Ops	50 0 0 0				X			434,465	0	103,786
BARBARA PRICE CORP SRVP, BUS & SERV LINE DEV	50 0 0 0				X			779,230	0	172,358
JAMES LABELLE MD CORP SR VP, CHIEF MED OFFICER	50 0 0 0				X			949,440	0	193,510

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARL ETTER CHIEF EXECUTIVE, SR VP	50 0 0 0				X			799,061	0	157,927
ROBIN BROWN CHIEF EXECUTIVE, SR VP	50 0 0 0				X			685,810	0	124,611
John Engle CORP SR VP, CHIEF DEVELOPMENT	50 0 0 0				X			608,282	0	130,440
SHIRAZ FAGAN CHIEF EXECUTIVE, SR VP	50 0 0 0				X			1,020,324	0	255,622
JAMES CROWDER CORP SR VP, CIO	50 0 0 0				X			652,186	0	126,879
MARY ELLEN DOYLE CORP VP, NURSING OPS	50 0 0 0				X			537,543	0	44,480
RICHARD NEALE CORP EXEC VP, CHIEF GROWTH OFF	50 0 0 0				X			782,177	0	144,926
BRADLEY ELLIS CORP VP, ASST GENERAL COUNSEL	49 0 1 0					X		430,618	0	97,508
Eric Cole Corp VP, Human Resources	50 0 0 0					X		485,121	0	70,685
BRUCE RAINEY CORP VP, CONSTRUCTION/FACS	50 0 0 0					X		492,529	0	89,894

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Laurance Cracroft VP, Physician Network DEVT	50 0 0 0					X		464,429	0	47,219
John Poole CORP VP, SYSTEM IMPROVEMENT	50 0 0 0					X		483,987	0	104,336
MARC A REYNOLDS FORMER KEY EMPLOYEE	30 0 20 0						X	395,977	0	80,320
Victor V Buzachero FORMER KEY EMPLOYEE	0 0 0 0						X	105,966	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 95-1684089

Name: SCRIPPS HEALTH

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493224019200

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	**Employer identification number**
SCRIPPS HEALTH	95-1684089

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		100
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		240,125
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		251,913
j	Total Add lines 1c through 1i			492,138
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B	PUBLIC AFFAIRS INFORMATION AND EDUCATION SCRIPPS HEALTH ON ITS OWN BEHALF AND AS A MEMBER OF SEVERAL HOSPITAL ASSOCIATIONS AND HEALTH CARE ORGANIZATIONS PARTICIPATES IN PUBLIC AFFAIRS AND ADVOCACY ACTIVITIES SOME ACTIVITY IS INDIVIDUALLY OR COLLECTIVELY CONDUCTED BY AND SPECIFICALLY ON BEHALF OF SCRIPPS HEALTH OTHER ACTIVITY IS ORGANIZED BY THESE INVOLVED ORGANIZATIONS SUPPORTED BY SCRIPPS HEALTH PARTICIPATION THIS ACTIVITY INCLUDES BRIEFING OF LEGISLATORS AND LEGISLATIVE STAFF MEMBERS (FEDERAL, STATE AND LOCAL) ON MATTERS AFFECTING HEALTH CARE AND HEALTH CARE OPERATIONS MEETINGS OCCUR IN PUBLIC OFFICIAL OFFICES, AT SCRIPPS FACILITIES AND IN VARIOUS OTHER VENUES OF OPPORTUNITY ACTIVITY IS ON FEDERAL, STATE AND LOCAL LEVELS AND LOCATIONS SUCH MATTERS INCLUDE ACCOUNTABLE CARE ACT (HEALTH REFORM), BUDGET AND FISCAL POLICY IMPACTS, REIMBURSEMENT MATTERS, PROVIDER FEES AND OTHER ASSESSMENTS, DATA MANAGEMENT AND REPORTING, QUALITY AND PATIENT SAFETY MATTERS, HEALTH INFORMATION TECHNOLOGY AND THE IMPLEMENTATION OF ELECTRONIC HEALTH RECORDS, EMERGENCY DEPARTMENT OPERATIONS AND IMPACTS, UNINSURED, COST SHIFT IMPACTS AND OTHER SAFETY NET ISSUES, COMMUNITY BENEFIT PROGRAMS, GRADUATE MEDICAL EDUCATION, SITE-NEUTRAL PRICING, VALUE-BASED PURCHASING, BUNDLED PAYMENTS, ACCOUNTABLE CARE ORGANIZATIONS, MEDICARE, MEDICAID THE ORGANIZATION STAFFS A GOVERNMENT RELATIONS DEPARTMENT THAT COORDINATES INFORMATION AND EDUCATION PROGRAMS ON PUBLIC POLICY AND ADVOCACY MATTERS ALL WORK IS FOCUSED ON ISSUES NO ACTIVITY ADDRESSES PARTISAN MATTERS, CANDIDATES OR POLITICAL ACTIVITIES NO CORPORATE ACTIVITY ADDRESSED PARTISAN CAMPAIGNS DIRECT COMMUNICATION (MEETINGS, EMAIL, CALLS, LETTERS) WITH SAN DIEGO LEGISLATIVE DELEGATIONS - FEDERAL AND STATE ON SAN DIEGO LOCAL LEVEL EMPLOYED SD LAND LAWYERS TO REPRESENT INTERESTS ON LAND DEVELOPMENT NEEDS ON CALIFORNIA STATE LEVEL EMPLOYED LOBBY FIRM JGC GOVERNMENT RELATIONS TO REPRESENT INTERESTS ON CERTAIN MEASURES LOBBY FIRM ALSO WORKED WITH OTHER HEALTH SYSTEM CONTRACT LOBBYISTS AND CALIFORNIA HOSPITAL ASSOCIATION LOBBY TEAM ON SELECTED LEGISLATION WORKED IN CONCERT WITH STATE AND NATIONAL HEALTH CARE ORGANIZATIONS THAT CONDUCTED LOBBY PROGRAMS, INCLUDING AMERICAN HOSPITAL ASSOCIATION, CALIFORNIA HOSPITAL ASSOCIATION, HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES, PRIVATE ESSENTIAL ACCESS COMMUNITY HOSPITALS, ALLIANCE OF CATHOLIC HEALTH CARE SCRIPPS HEALTH DID NOT FILE FORM 5768 UNDER SECTION 501(H) THERE ARE TESTS FOR TAX EXEMPTION - A "SUBSTANTIAL PART TESTAN "EXPENDITURE TEST " AS A 501(C)(3) ORGANIZATION, WE CAN OPT TO FOLLOW THE GUIDELINE THAT "NO SUBSTANTIAL PART" OF OUR ACTIVITIES ARE CARRIED ON TO INFLUENCE LEGISLATION UNDER SECTION 501(H), ELIGIBLE 501(C)(3) ORGANIZATIONS CAN ELECT TO MAKE LIMITED EXPENDITURES TO INFLUENCE LEGISLATION THE "EXPENDITURE TEST" IS SUBJECT TO AMOUNTS PERMITTED BY THAT SECTION WHILE OUR EXPENDITURES FALL WELL BELOW THE LIMITS, WE ALSO EXPEND WHAT IS GENERALLY CONSIDERED AS NO SUBSTANTIAL PART ON SUCH EXPENDITURES THEREFORE, WE OPT NOT TO FILE FORM 5768, THE FORM REQUIRED UNDER SECTION 501(H) NATIONAL, STATE & LOCAL ORGANIZATIONS WITH WHICH SCRIPPS HEALTH PARTICIPATES IN PART IN LOBBY ACTIVITIES AMERICAN HOSPITAL ASSOCIATION CALIFORNIA HOSPITAL ASSOCIATION HOSPITAL ASSOCIATION OF SAN DIEGO & IMPERIAL COUNTIES PRIVATE ESSENTIAL ACCESS COMMUNITY HOSPITALS ALLIANCE FOR CATHOLIC HEALTH CARE SCHEDULE C, PART II - B, LINE 1B PERSONS AT SCRIPPS HEALTH EXCEEDED 5% OF TOTAL TIME SPENT ON DIRECT CONTACT WITH LEGISLATORS, STAFF AND GOVERNMENT OFFICIALS TO ENGAGE IN LOBBYING ACTIVITIES SCHEDULE C, PART II - B, LINE 1D POSTAGE FOR COMMUNITY LETTER SENT TO NEIGHBORS ADJACENT TO SCRIPPS MEMORIAL HOSPITAL ENCINITAS IN THE CITY OF ENCINITAS AS PART OF PERMITTING REQUIREMENTS FOR THE CONSTRUCTION OF SOLAR INSTALLATIONS AND AN ACUTE CARE BUILDING ON THE HOSPITAL CAMPUS SCHEDULE C, PART II - B, LINE 1G VALUE DETERMINED UTILIZING GROSS-UP METHOD FOR DIRECT LOBBYING COSTS LOBBYING LABOR COSTS OF (2) PERSONS AT SCRIPPS HEALTH X 175% + ALLOCABLE THIRD-PARTY COSTS (JGC CONSULTING, SD LAND LAWYERS) SPENT ON DIRECT CONTACT WITH LEGISLATORS, STAFF AND GOVERNMENT OFFICIALS TO ENGAGE IN LOBBYING ACTIVITIES ARE REFERENCED HERE SCHEDULE C, PART II - B, LINE 1I OTHER ACTIVITIES APPROXIMATE VALUE CONSIDERS A PORTION OF THE DUES OF MEMBER ORGANIZATIONS SPENT ON LOBBYING IN ADDITION TO ANY TRAVEL EXPENSES OCCURRED FOR GOVERNMENT RELATIONS SENIOR DIRECTOR, GOVERNMENT RELATIONS, DIRECTOR, COMMUNITY RELATIONS RELATED TO LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☑ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☑ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 75 00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ 0

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☑ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ 0

(ii) Assets included in Form 990, Part X ▶ $ 848,678

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ 0

b Assets included in Form 990, Part X ▶ $ 0

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☑ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	119,389,000	124,841,000	116,324,000	108,926,000	117,167,000
b Contributions . . .	956,581	1,966,841	317,621	6,315,759	1,388,206
c Net investment earnings, gains, and losses	4,884,528	6,490,061	13,011,507	7,473,883	-3,512,026
d Grants or scholarships . . .	844,412	810,928	925,456	1,437,223	1,345,734
e Other expenditures for facilities and programs . . .	1,820,256	11,995,794	2,761,983	3,833,012	3,632,176
f Administrative expenses	1,075,441	1,102,180	1,124,689	1,121,407	1,139,270
g End of year balance	121,490,000	119,389,000	124,841,000	116,324,000	108,926,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	20,717,333	91,701,541		112,418,874
b Buildings		1,786,816,265	771,307,871	1,015,508,394
c Leasehold improvements		95,721,254	76,546,245	19,175,009
d Equipment		1,631,747,397	1,066,698,337	565,049,060
e Other		179,897,723	1,898,426	177,999,297
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				1,890,150,634

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MULTI-STRATEGY FUNDS	294,421,000	F
(B) PRIVATE CAPITAL FUNDS	50,312,000	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	344,733,000	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
SELF INSURED WORKER'S COMPENSATION	30,279,364
PROVIDER FEE LIABILITY	10,734,457
SELF INSURED MALPRACTICE LIABILITY	25,016,167
ASSET RETIREMENT OBLIGATION	16,467,467
ANNUITY AND UNITRUST	31,936,665
DEPOSITS AND CONTINGENCIES	199,520
INTERCOMPANY LIABILITIES	-15,885,870
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	98,747,770

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART II, LINE 9	CONSERVATION EASEMENT THE HISTORICAL STRUCTURE THAT IS CONSIDERED TO BE A CONSERVATIVE EAS EMENT IS REPORTED IN THE MERCY HOSPITAL ENTITY OF THE CONSOLIDATED FINANCIAL STATEMENTS S CHEDULE D, PART III, LINE 4 Scripps Health accepts and maintains gifts-in-kind contributio ns for art and sculptures ("Collections") Collections donated with an appraised value gre ater than $10,000 are recorded in the general ledger and classified as Other Assets and Do nor without Restriction Contributions The Collections are maintained by Scripps Health an d are publicly displayed An annual inventory to assess condition of the Collections is pe rformed Scripps does not intend to sell the collections for any financial benefit Scripp s Health's Collections provides a clear contribution to make and offer opportunities in de livery of better health, wellbeing and improved experience for patients, service users and staff across the system

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 1E, COLUMN B	IN FEBRUARY 2018, SCRIPPS HEALTH TRANSFERRED AN ENDOWMENT TO ANOTHER ORGANIZATION AS SCRIPPS HEALTH NO LONGER PROVIDED THE SERVICES FOR WHICH THE MONIES WERE DONATED TO SUPPORT THIS TRANSFER INCLUDED $5,000,000 OF CORPUS AND $2,330,000 OF UNDISTRIBUTED INVESTMENT EARNINGS THEREON, WHICH HAS BEEN INCLUDED AS AN EXPENSE HERE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS CONTRIBUTIONS RECEIVED FOR CAPITAL PRO JECTS, INCLUDING BUILDING PROJECTS, MAJOR RENOVATIONS, AND EQUIPMENT PURCHASES $636,131 C ONTRIBUTIONS RECEIVED TO FUND GRADUATE MEDICAL EDUCATION PROGRAMS, FELLOWS, AND LECTURE SE RIES $16,791,676 CONTRIBUTIONS RECEIVED FOR USE IN THE SPECIFIC DEPARTMENTS OR DIVISIONS IN THE HOSPITALS AND/OR CLINICS $39,488,960 CONTRIBUTIONS RECEIVED TO COVER THE COST OF H EALTHCARE PROVIDED TO INDIVIDUALS WITHOUT INSURANCE OR THE MEANS FOR PAYING FOR THEIR CARE $12,785,414 CONTRIBUTIONS RECEIVED TO FUND RESEARCH PROJECTS IN SPECIFIC AREAS OR DIVISI ONS $13,520,450

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITION UNDER ASC 740 (AKA FIN 48) Scripps Health is generally not subject to federal or state income taxes However, Scripps Health is subject to income taxes on any net income that is derived from a trade or business, regularly carried on, and not in furtherance of the purpose for which it was granted exemption Under FASB ASC 740, Income Taxes, the tax benefit from uncertain tax positions may be recognized only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information The Organization records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more-likely-than-not threshold is not met The Organization recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more-likely-than-not recognition criteria No significant tax liability for tax benefits, interest, or penalties was accrued at September 30, 2019 or 2018 Scripps Health currently files Form 990 (informational return of organizations exempt from income taxes) and Form 990-T (business income tax return for an exempt organization) in the U S federal jurisdiction and the state of California Scripps Health is not subject to income tax examinations prior to 2015 in major tax jurisdictions

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
See Add'l Data					
3a Sub-total		29			293,096,012
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		29			293,096,012

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN F	ACCOUNTING METHOD THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO DETERMINE THE AMOUNTS IN COLUMN F

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America		23	Program Services	RECONSTRUCTIVE SURGERY	226,621
East Asia and the Pacific		6	Program Services	MED CARE & TRAINING	17,190

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		252,247,743
Europe (Including Iceland and Greenland)			Investments		40,604,458

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www irs gov/Form990* for instructions and the latest information**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total		▶				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Mercy Ball (event type)	(b) Event #2 SC Golf (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	566,685	499,267	1,106,129	2,172,081
	2 Less Contributions	509,085	448,432	881,354	1,838,871
	3 Gross income (line 1 minus line 2)	57,600	50,835	224,775	333,210
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	16,230	102,766	329,956	448,952
	7 Food and beverages	5,019	286	567	5,872
	8 Entertainment	8,675	1,477	29,112	39,264
	9 Other direct expenses	217,499	80,771	366,806	665,076
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,159,164
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-825,954

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			14,767,038		14,767,038	0 480 %
b Medicaid (from Worksheet 3, column a)			300,316,677	204,832,577	95,484,100	3 110 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs			315,083,715	204,832,577	110,251,138	3 590 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,983,904	2,419,878	3,564,026	0 120 %
f Health professions education (from Worksheet 5)			33,896,399	8,437,899	25,458,500	0 830 %
g Subsidized health services (from Worksheet 6)			17,929,501	14,383,950	3,545,551	0 120 %
h Research (from Worksheet 7)			14,138,684	11,689,250	2,449,434	0 080 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,182,519	10,607	2,171,912	0 070 %
j **Total.** Other Benefits			74,131,007	36,941,584	37,189,423	1 210 %
k **Total.** Add lines 7d and 7j			389,214,722	241,774,161	147,440,561	4 800 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			25,265		25,265	0 %
3 Community support			920,475	42,040	878,435	0 030 %
4 Environmental improvements						
5 Leadership development and training for community members			32,095		32,095	0 %
6 Coalition building			59,262	33,568	25,694	0 %
7 Community health improvement advocacy			3,948		3,948	0 %
8 Workforce development			478,391	132,594	345,797	0 010 %
9 Other						
10 Total			1,519,436	208,202	1,311,234	0 040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	117,240,054		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	441,629,637
6	Enter Medicare allowable costs of care relating to payments on line 5	6	525,097,811
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-83,468,174
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	Scripps Encinitas	Ambulatory Surgery Center	55 6 %		24 8 %
2	SURGERY CENTER				
3	SCRIPPS MEMORIAL	Medical Office Building	15 3 %		77 2 %
4	XIMED MEDICAL				
5	SCRIPPS MERCY ASC	Ambulatory Surgery Center	73 5 %		26 5 %
6	SCRIPPSUSP SURGERY	Ambulatory Surgery Center	50 %		39 %
7	CENTERS				
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

4

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 14

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 18			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) SEE PART V, SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☑	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **47**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	SCRIPPS MAKES EVERY REASONABLE EFFORT TO ASSIST PATIENTS IN MEETING THEIR FINANCIAL OBLIGATION TO PAY FOR HOSPITAL SERVICES, INCLUDING EMERGENCY AND OTHER MEDICALLY NECESSARY HOSPITAL CARE, AND PROVIDES FULL OR PARTIAL FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS SCRIPPS FINANCIAL ASSISTANCE POLICY (FAP) IS DESIGNED TO SUPPORT PATIENTS WITH DEMONSTRATED FINANCIAL NEED AND IS NOT INTENDED TO SUPPLEMENT OR CIRCUMVENT THIRD PARTY COVERAGE, INCLUDING MEDICARE ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON FAMILY INCOME AND EXPENSES FOR LOW-INCOME, UNINSURED PATIENTS WHO EARN LESS THAN TWICE THE FEDERAL POVERTY LEVEL (FPL), Scripps WILL FULLY FORGIVE THE ENTIRE BILL FOR THOSE PATIENTS WHO EARN BETWEEN TWO AND FOUR TIMES THE FPL, Scripps WILL FORGIVE A PORTION OF THE BILL IF IT IS DETERMINED THAT THE FAMILY INCOME IS ABOVE 400% OF THE FPL, SCRIPPS MAY CONSIDER THE PATIENT ELIGIBLE FOR FINANCIAL ASSISTANCE BASED ON EXTENUATING CIRCUMSTANCES SUCH AS CATASTROPHIC MEDICAL EVENTS OR OTHER SPECIAL SITUATIONS SCRIPPS DOES NOT CHARGE PATIENTS QUALIFIED FOR FINANCIAL ASSISTANCE MORE THAN SCRIPPS' DISCOUNTED FINANCIAL ASSISTANCE AMOUNT, WHICH REPRESENTS SCRIPPS' AMOUNTS GENERALLY BILLED (AGB) AS CALCULATED WITH THE PROSPECTIVE METHOD EVERY EFFORT IS MADE TO IDENTIFY PATIENTS WHO MAY BENEFIT FROM FINANCIAL ASSISTANCE AS SOON AS POSSIBLE AND PROVIDE COUNSELING AND LANGUAGE INTERPRETATION WHEN NEEDED PATIENTS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE BUT NEED HELP WITH PAYMENTS WILL BE OFFERED A NO-INTEREST PAYMENT PLAN CONSISTENT WITH THEIR NEEDS AND ALL UNFUNDED PATIENTS RECEIVE A MINIMUM OF A 40% DISCOUNT TAKEN AUTOMATICALLY AT BILLING IN ADDITION, SCRIPPS DOES NOT APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY RESIDENCES AS A WAY OF COLLECTING UNPAID HOSPITAL BILLS PATIENTS DETERMINED TO BE "HOMELESSNOT PARTICIPATING IN ANOTHER FINANCIAL ASSISTANCE PROGRAM WILL BE GRANTED 100% FINANCIAL ASSISTANCE IF THE HOSPITAL IS UNABLE TO OBTAIN ADEQUATE INFORMATION AFTER ATTEMPTS TO ESTABLISH ABILITY TO PAY, THE PATIENT MAY BE GRANTED FINANCIAL ASSISTANCE ONLY AFTER BILLING AND/OR OTHER ATTEMPTS TO COLLECT INFORMATION HAVE BEEN MADE

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Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	SCRIPPS HEALTH COMMUNITY BENEFIT REPORT IS PREPARED FOR THE HEALTH SYSTEM AS A WHOLE AND CAN BE FOUND AT https //www scripps org/about-us__scripps-in-the-community SCHEDULE H, PART I, LINE 7 FINANCIAL SUPPORT REFLECTS THE COST (LABOR, SUPPLIES, OVERHEAD, ETC) ASSOCIATED WITH THE PROGRAMS/SERVICE LESS DIRECT REVENUE THE FIGURE DOES NOT INCLUDE A CALCULATION FOR PHYSICIAN AND STAFF VOLUNTEER LABOR HOURS IN SOME INSTANCES, AN ENTIRE COMMUNITY BENEFIT PROGRAM COST CENTER HAS BEEN DIVIDED BETWEEN SEVERAL INITIATIVES SCRIPPS EMPLOYEES TRACK COMMUNITY BENEFIT PROGRAMS/ACTIVITIES VIA LYON SOFTWARE'S COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) THE CBISA WAS DEVELOPED IN COOPERATION WITH LYON SOFTWARE, THE CATHOLIC HEALTH ASSOCIATION (CHA) AND THE VETERANS HEALTH ADMINISTRATION THE SOFTWARE SUPPLEMENTED THE ORIGINAL SOCIAL ACCOUNTABILITY BUDGET A PROCESS FOR PLANNING AND REPORTING COMMUNITY SERVICE IN A TIME FOR FISCAL CONSTRAINT, PUBLISHED IN 1989, AND HAS BEEN REGULARLY UPGRADED AS COMMUNITY BENEFIT ACCOUNTING AND REPORTING METHODS HAVE EVOLVED AND AS COMMUNITY BENEFIT REPORTING HAS BECOME A FEDERAL REPORTING REQUIREMENT THE CBISA DATABASE HELPS COLLECT, TRACK AND REPORT COMMUNITY BENEFIT EFFORTS AND IS ALIGNED TO THE SCHEDULE H 990 CATEGORIES AND REPORTING CRITERIA THE DATABASE IS USED TO RECORD INFORMATION FOR EACH ACTIVITY (SERVICE OR PROGRAM) WHICH PROVIDES COMMUNITY BENEFIT THIS DATABASE IS USED TO RECORD ACTUAL EXPENSES AND FUNDING/OFFSETTING REVENUE FOR SINGLE OR MULTIPLE OCCURRENCES OF AN "ACTIVITY" FINANCE WORKS TO RECONCILE UNCOMPENSATED CARE NUMBERS ACCORDING TO THE SCHEDULE H METHODOLOGY FINANCIAL PLANNING EXCEL WORKSHEETS ARE USED TO RECONCILE COMMUNITY BENEFIT NUMBERS INCLUDING UNCOMPENSATED CARE NUMBERS WHERE COST ACCOUNTING IS USED, SCRIPPS HEALTH ADDRESSES ALL PATIENT SEGMENTS FOR HOSPITAL FACILITIES SCRIPPS UNCOMPENSATED CARE FY2019 METHODOLOGY SCRIPPS CONTINUES TO CONTRIBUTE RESOURCES TO PROVIDE LOW- AND NO-COST HEALTH CARE SERVICES TO POPULATIONS IN NEED CALCULATIONS FOR CHARITY CARE ARE ESTIMATED BY EXTRACTING THE GROSS WRITE-OFFS OF CHARITY CARE CHARGES AND APPLYING THE HOSPITAL RATIO OF COST TO CHARGES (RCC) TO ESTIMATE THE COST OF CARE CALCULATIONS FOR MEDI-CAL AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS AND MEDICARE SHORTFALL ARE DERIVED USING THE PAYOR-BASED COST ALLOCATION METHODOLOGY HOSPITAL FEE PROGRAM (REFLECTED IN PART I, LINE 7B & 7I) THIRTY-MONTH HOSPITAL FEE PROGRAM DURING THE YEAR ENDED SEPTEMBER 30, 2019, SCRIPPS HEALTH RECOGNIZED SUPPLEMENTAL PROVIDER FEE AMOUNTS OF $93,107,000 THIS AMOUNT WAS RECOGNIZED AS NET PATIENT REVENUE IN THE CONSOLIDATED STATEMENT OF OPERATIONS SCRIPPS HEALTH RECOGNIZED QUALITY ASSURANCE FEES OF $72,250,000 THIS AMOUNT WAS RECORDED AS PROVIDER FEE EXPENSES IN THE CONSOLIDATED STATEMENT OF OPERATIONS SCRIPPS HEALTH RECORDED $1,120,000 FOR CHARITABLE CONTRIBUTIONS TO CALIFORNIA HEALTH FOUNDATION & TRUST (CHFT) IN THE STATEMENT OF OPERATIONS THE NET OPERATING INCOME RECOGNIZED BY SCRIPPS HEALTH FROM PROVIDER FEE WAS $19,737,000 IN FISCAL YEAR 2019 A COST-TO-CHARGE RATIO FROM THE COST ACCOUNTING SYSTEM WAS USED TO DETERMINE THE COST OF ALL PATIENT SEGMENTS REPORTED AS CHARITY CARE AND OTHER COMMUNITY BENEFITS AT COST SCHEDULE H, PART I, LINE 7G SUBSIDIZED HEALTH SERVICES ARE CLINICAL PROGRAMS PROVIDED DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN EVEN AFTER REMOVING THE EFFECTS OF CHARITY CARE, BAD DEBT AND MEDI-CAL SHORTFALLS SCRIPPS PROVIDES SUCH SERVICES BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED AND, IF NO LONGER OFFERED, THEY WOULD EITHER BE UNAVAILABLE IN THE AREA OR FALL TO GOVERNMENT OR ANOTHER NOT-FOR-PROFIT ORGANIZATION TO PROVIDE SUBSIDIZED SERVICES DO NOT INCLUDE SUCH ANCILLARY SERVICES AS LAB WORK AND RADIOLOGY IF THESE SERVICES ARE PROVIDED TO LOW-INCOME PERSONS, THEY ARE REPORTED AS CHARITY CARE/FINANCIAL ASSISTANCE SCRIPPS' TOTAL NET COST FOR SUBSIDIZED HEALTH SERVICES FOR FY19 WAS $3,545,551 THIS INCLUDES SCRIPPS INPATIENT AND BEHAVIORAL HEALTH SERVICES AND MERCY CLINIC A FULL TIME CLINIC STAFF OF NURSES AND OTHER PERSONNEL WORK HAND-IN-HAND WITH PHYSICIANS FROM SCRIPPS MERCY HOSPITAL AS AN INTEGRAL PART OF TREATING ITS PATIENTS, MERCY CLINIC SERVES AS A TRAINING GROUND FOR NEARLY 100 RESIDENTS EACH YEAR FROM THE SCRIPPS MERCY HOSPITAL GRADUATEMEDICAL EDUCATION PROGRAM ESTABLISHED WITH THE INTENT OF CARING FOR THE POOR, MERCY CLINIC HAS BECOME A CRITICAL SOURCE OF MEDICAL CARE FOR SAN DIEGO'S "WORKING AND DISABLED POOR" EACH YEAR, 90 PERCENT OF PATIENT VISITS ARE PAID THROUGH MEDI-CAL, MEDICARE OR SOME OTHER INSURANCE PLAN THE REMAINING 10 PERCENT PAY WHAT, AND IF, THEY CAN THOUSANDS OF PEOPLE IN THE REGION RELY ON MERCY CLINIC, MOST ARE LOW-INCOME, MEDICALLY UNDERSERVED ADULTS AND SENIORS WHO OTHERWISE WOULD HAVE NO ACCESS TO HEALTH CARE THE TOTAL SUBSIDIZED NET COST FOR MERCY CLINIC FOR FY19 WAS $2 7 MILLION (EXCLUDES MEDI-CAL, BAD DEBT AND CHARITY CARE)

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES ECONOMIC DEVELOPMENT - THE COSTS ASSOCIATED WITH THE FOLLOWI NG PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 2 EXECUTIVE LEADERSHIP EXECUTIVE LE ADERSHIP, SPONSORED BY THE OFFICE OF THE PRESIDENT, DONATES TIME ON NOT-FOR-PROFIT BOARDS REPRESENTING SCRIPPS HEALTH, INCLUDING THE FOLLOWING ORGANIZATIONS AND BOARDS SAN DIEGO R EGIONAL CHAMBER OF COMMERCE (CHAMBER BOARD, CHAMBER CEO ROUNDTABLE AND POLICY COMMITTEE AS SIGNMENTS), SAN DIEGO COUNTY TAXPAYERS ASSOCIATION (SDCTA BOARD, EXECUTIVE COMMITTEE AND H EALTH COMMITTEE WORK ASSIGNMENTS), SAN DIEGO REGIONAL ECONOMIC DEVELOPMENT CORPORATION (ED C BOARD AND POLICY COMMITTEE ASSIGNMENTS), AND THE DOWNTOWN SAN DIEGO PARTNERSHIP (DSDP BO ARD AND WORKING COMMITTEE ASSIGNMENTS) NORTH SAN DIEGO BUSINESS CHAMBER HEALTH COMMITTEE MEETING THE CHAMBER STRIVES TO DELIVER UP-TO-DATE, HEALTH-RELATED INFORMATION TO ENHANCE T HE QUALITY OF LIFE TO THE BUSINESS COMMUNITY THE HEALTH COMMITTEE SERVES AS A FRONT LINE TO EDUCATE SAN DIEGO NORTH BUSINESS ABOUT HEALTH CARE ISSUES SPECIFIC TO THE REGION THAT I MPACT BOTTOM LINES AND WORKFORCE PRODUCTIVITY THE SCRIPPS DIRECTOR OF COMMUNITY BENEFIT A TTENDS THESE MEETINGS COMMUNITY SUPPORT - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAM S ARE REPORTED ON SCHEDULE H, PART II, LINE 3 HOSPITAL PREPAREDNESS PROGRAM DEVELOPMENTAL COMMITTEE THE HOSPITAL PREPAREDNESS PROGRAM (HPP) PROVIDES LEADERSHIP AND FUNDING THROUGH GRANTS AND COOPERATIVE AGREEMENTS TO STATES, TERRITORIES, AND ELIGIBLE MUNICIPALITIES TO IMPROVE SURGE CAPACITY AND ENHANCE COMMUNITY AND HOSPITAL PREPAREDNESS FOR PUBLIC HEALTH E MERGENCIES SCRIPPS HEALTH PARTICIPATES IN THE HPP GRANT FUNDING WORKKGROUP DISASTER PREP AREDNESS - COMMUNITY OUTREACH AND EDUCATION HAVING THE ABILITY TO PROVIDE EMERGENCY SERVIC ES TO THOSE INJURED IN A LOCAL DISASTER WHILE CONTINUING TO CARE FOR HOSPITALIZED PATIENTS IS A CRITICAL COMMUNITY NEED SCRIPPS PARTICIPATES IN SAN DIEGO COUNTY AND STATE OF CALIF ORNIA ADVISORY GROUPS TO PLAN, IMPLEMENT, AND EVALUATE KEY DISASTER PREPAREDNESS RESPONSE PLANS AND FUNDING EFFORTS IN ADDITION, SCRIPPS MAINTAINS ACTIVE READINESS FOR THE SCRIPPS HOSPITAL MEDICAL RESPONSE TEAM OR THE SCRIPPS HOSPITAL ADMINISTRATION UNIT BOTH ARE LEAD TEAMS FOR THE STATE OF CALIFORNIA MOBILE FIELD HOSPITAL DEPLOYMENT THESE EFFORTS ARE LED BY THE DISASTER PREPAREDNESS PROGRAM UNDER THE DIRECTION OF THE CHIEF MEDICAL OFFICER SA N DIEGO POLICE FOUNDATION SCRIPPS HEALTH SPONSORED THE TRUE-BLUE LUNCHEON THE SAN DIEGO P OLICE FOUNDATION SUPPORTS THE DEDICATED OFFICERS OF THE SAN DIEGO POLICE DEPARTMENT, ENABL ING NEW PROTECTIVE GEAR, IMPROVED TECHNOLOGY, NEW POLICE DOGS AND MUCH MORE CHULA VISTA P OLICE FOUNDATION SCRIPPS SPONSORED THE CHULA VISTA POLICE FOUNDATION IN HONORING POLICE OF FICERS FOR THEIR OUTSTANDING EFFORTS 645 SQUAD CLUB - LAW ENFORCEMENT MEMORIAL FOUNDATION FUNDRAISER SCRIPPS HEALTH SPONSORED THE SAN DIEGO COUNTY LAW ENFORCEMENT MEMORIAL FOUNDAT ION THE SAN DIEGO COUNTY LAW ENFORCEMENT MEMORIAL FOUNDATION HONORS THOSE LAW ENFORCEMENT MEMBERS WHO HAVE GIVEN THE ULTIMATE SACRIFICE TO ENSURE PUBLIC SAFETY SAN DIEGO COUNTY H EALTHCARE DISASTER COUNCIL THE SAN DIEGO COUNTY DISASTER COUNCIL ADVISES THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY, PUBLIC HEALTH SERVICES, AND DIVISION OF EMERGENCY MEDICAL (EMS) ON THE COMMUNITY'S HEALTH AND MEDICAL DISASTER PREPAREDNESS SAN DIEGO COUN TY OPERATIONAL AREA FULL SCALE EXERCISE ON MAY 7, 2019 SCRIPPS HEALTH PARTICIPATED IN THE SAN DIEGO OPERATIONAL AREA FULL SCALE EXERCISE THE EXERCISE INCLUDED THE ACTIVATION OF SC RIPPS HEALTH'S INCIDENT COMMAND CENTERS, EMERGENCY MEDICAL SERVICES, PUBLIC HEALTH PREPARE DNESS & RESPONSE, SD COUNTY DEPARTMENT OPERATIONS AND MEDICAL OPERATIONS CENTERS, MEDICAL FACILITIES, LOCAL GOVERNMENT JURISDICTIONS, AND HEALTH AND MEDICAL COMMUNITY PARTNERS SCR IPPS MEDICAL RESPONSE TEAM (SMRT) SCRIPPS MAINTAINS ACTIVE READINESS FOR THE SCRIPPS MEDIC AL RESPONSE TEAM (SMRT) THE SMRT IS AVAILABLE TO DEPLOY WHEN THE STATE OF CALIFORNIA EMER GENCY MEDICAL SYSTEM AUTHORITY (EMSA) ACTIVATES THE CALIFORNIA MEDICAL ASSISTANCE TEAM (CA L-MAT), AND REQUESTS TEAM AUGMENTATION TO RESPOND TO AN ACTIVE EVENT LIKE A WILDFIRE OR EA RTHQUAKE WHERE MEDICAL ASSISTANCE IS NEEDED IN THE AFFECTED AREA(S) SMRT INCLUDES CLINICA L STAFF AND OTHERS FROM ACROSS THE ORGANIZATION READY TO MOBILIZE DURING TIMES OF CRISIS T O PROVIDE CARE WHERE IT'S NEEDED CURRENTLY, THE TEAM HAS 76 ACTIVE MEMBERS, PLUS HUNDREDS OF OTHER EMPLOYEES WHO HAVE JOINED A RESERVE LIST TO VOLUNTEER THEIR SERVICES THE TEAM H AS RESPONDED TO NUMEROUS LOCAL, NATIONAL AND INTERNATIONAL EMERGENCIES THIS GENUINE RESPO NSE IN TIMES OF NEED SENDS A POWERFUL MESSAGE ABOUT THE ORGANIZATION'S DEDICATION TO BE HE LPING OUR COMMUNITY - AND BEYOND TOYS FOR TOTS SCRIPPS EMPLOYEES DONATE UNWRAPPED TOYS TO SUPPORT THE U S MARINE CORPS TOY FOR TOTS PROGRAM THE U S MARINE CORPS THEN DISTRIBUTE S THESE TOYS TO LESS FORTUNATE CHILDREN IN THE COM

Form and Line Reference	Explanation
SCHEDULE H, PART II	MUNITY LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS - THE COSTS ASSOCIATED W ITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 5 ENLISTED LEADERSHI P FOUNDATION - THE FOUNDRY ENLISTED LEADERSHIP FOUNDATION IS A SAN DIEGO BASED NON-PROFIT GROUP 501(C)(3) DEDICATED TO LEADERSHIP DEVELOPMENT OF NAVY SECOND CLASS, FIRST CLASS, AND CHIEF PETTY OFFICERS THIS ORGANIZATION WAS FORMED BY A TEAM OF ACTIVE DUTY AND RETIRED C OMMAND/MASTER CHIEF PETTY OFFICERS TO DEVELOP CURRENT AND FUTURE LEADERS THROUGH A PHILOSO PHY OF SHARING AND MENTORING BASED ON COMBINED GENERATIONS OF GROWTH AND GROOMING LEADERS HIP LECTURE GIVEN BY CHRIS VAN GORDER, PRESIDENT AND CEO SAN DIEGO SHERRIFF'S SEARCH & RE SCUE ACADEMY - EMERGENCY RESPONSE MODULE THE AMERICAN RED CROSS EMERGENCY MEDICAL RESPONSE COURSE IS TO PROVIDE THE PARTICIPANT WITH THE KNOWLEDGE AND SKILLS NECESSARY TO WORK AS A N EMERGENCY MEDICAL RESPONDER (EMR) CLASS INSTRUCTED BY CHRIS VAN GORDER, SCRIPPS PRESIDE NT AND CEO COALITION BUILDING - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPO RTED ON SCHEDULE H, PART II, LINE 6 HEALTHY DEVELOPMENT SERVICES (HDS) PROVIDER MEETING C OLLABORATION OF HDS PARTNERS AND SERVICE PROVIDERS COMING TOGETHER TO DISCUSS AND REVIEW S PECIFIC CASES OF THOSE RECEIVING SERVICES FROM PESE, CARE COORDINATION, DEVELOPMENTAL AND BEHAVIORAL HEALTH SERVICES OF CHILDREN AGES ZERO - 5 YEARS OF AGE PESE (PARENT, EDUCATION , SUPPORT AND EMPOWERMENT) A WORKGROUP MEETING MADE UP OF SUBCONTRACTORS OF HEALTHY DEVELO PMENT SERVICES COMING TOGETHER TO GIVE PROGRAM UPDATES AND TO DISCUSS OUTCOMES AND EVALUAT ION OF SERVICES COMMUNITY HEALTH IMPROVEMENT ADVOCACY - THE COSTS ASSOCIATED WITH THE FOL LOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 7 HEALTH CARE PUBLIC AND GOVERN MENT ADVOCACY SCRIPPS PUBLIC AND GOVERNMENT AFFAIRS SUPPORTS RELATIONSHIP BUILDING AMONG I NTERESTED AND AFFECTED PARTIES RELATIVE TO THE NATION'S HEALTH CARE REFORM DEBATE AND DECI SION MAKING THE GOAL IS TO EDUCATE AND INFORM RELATIVE TO ALL ASPECTS OF REFORM DISCUSSIO N, FROM HEALTH INFORMATION TECHNOLOGY TO THE ENACTMENT AND IMPLEMENTATION OF THE PATIENT P ROTECTION AND ACCOUNTABLE CARE ACT WORKFORCE DEVELOPMENT - THE COSTS ASSOCIATED WITH THE FOLLOWING PROGRAMS ARE REPORTED ON SCHEDULE H, PART II, LINE 8 SAN DIEGO ORGANIZATION OF HEALTHCARE LEADERS (SOHL) SCRIPPS SPONSORED THE SAN DIEGO ORGANIZATION OF HEALTHCARE LEADE RS ANNUAL CONFERENCE WHICH FOCUSED ON OPIOID USAGE FOUNDED IN 2001, THE SAN DIEGO ORGANIZ ATION OF HEALTHCARE LEADERS (SOHL) IS AN OFFICIAL COMBINED CHAPTER OF THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES (ACHE), AN INTERNATIONAL PROFESSIONAL SOCIETY OF MORE THAN 30,00 0 HEALTHCARE EXECUTIVES SOHL OFFERS AN ENVIRONMENT FOR CONTINUAL GROWTH AND PROFESSIONAL DEVELOPMENT, AND BUILDING RELATIONSHIPS AMONG PEERS AND INDUSTRY LEADERS AT THE LOCAL LEVE L MEMBERS REPRESENT HEALTHCARE LEADERS IN ALL SECTORS OF THE HEALTHCARE INDUSTRY SCRIPPS HIGH SCHOOL EXPLORATION PROGRAM SCRIPPS PARTNERS WITH THE REGIONAL ALLIED HEALTH AND SCIE NCE INITIATIVE (RASHI) TO PROVIDE CONTINUING EDUCATION INTERNSHIPS FOR THEIR STUDENTS THI S IS AN EIGHT (8) WEEK PAID INTERNSHIP WHERE STUDENTS ROTATE THROUGH CLINICAL AND NON-CLIN ICAL DEPARTMENTS TO LEARN ABOUT HEALTHCARE THE PROGRAM IS DESIGNED TO REACH OUT TO YOUNG PEOPLE AND PIQUE THEIR INTEREST IN HEALTH CARE OCCUPATIONS IN FY19, 25 STUDENTS PARTICIPA TED IN THE PROGRAM DURING THEIR FIVE-WEEK ROTATION, THE STUDENTS VISITED SCRIPPS MERCY CH ULA VISTA, MERCY SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL LA JOLLA, ENCINITAS AND GREEN HOSPIT AL THE STUDENTS WERE ABLE TO VIEW SURGERIES AND SHADOWING HEALTHCARE PROFESSIONALS IN THE EMERGENCY DEPARTMENT, ICU, PHARMACY, URGENT CARE, INTERNAL MEDICINE, PHARMACY, DEFINITIVE OBSERVATION UNIT, AMBULATORY SERVICES, REHAB THERAPY, PATIENT LOGISTICS, LAB AND TRAUMA UNIVERSITY CITY (UC) HIGH SCHOOL EXPLORATION PROGRAM SCRIPPS PARTNERS WITH UC HIGH SCHOOL EXPLORATION PROGRAM TO PROVIDE OPPORTUNI

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Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	METHODOLOGY FOR CALCULATING BAD DEBT UNCOMPENSATED COST IS DERIVED BY APPLYING RATIO-COST-TO-CHARGE (RCC) PERCENTAGES FOR THE HOSPITAL TO THE GROSS BAD DEBT ADJUSTMENTS, LESS RECOVERIES THE FOLLOWING COSTS ARE EXCLUDED BAD DEBT ADJUSTMENTS AT COST FOR MEDI-CAL AND CMS PATIENTS, COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND RESEARCH, AND EXPENSES EXCLUDED IN THE MEDICARE COST REPORT the amount on SCHEDULE H, PART III, LINE 2 REPRESENTS PATIENT CARE CHARGES WRITTEN OFF TO BAD DEBT WHERE THE PATIENT HAD THE ABILITY TO PAY WHERE A PATIENT QUALIFIED FOR PARTIAL OR FULL CHARITY CARE, THE UNPAID AMOUNT IS NOT CONSIDERED BAD DEBT WE BELIEVE THAT BAD DEBT PERTAINING TO PATIENT CARE CHARGES SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THESE PATIENTS RECEIVE TREATMENT REGARDLESS OF WHETHER WE COLLECT PAYMENT FOR THE SERVICES PERFORMED THE HOSPITAL ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS UPDATE 2014-09 TOPIC 606 (ASU 606) EFFECTIVE OCTOBER 1, 2018 ASU 606 AND THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) DIFFERENTIATE BAD DEBT FROM IMPLICIT PRICE CONCESSIONS THE HOSPITAL MAKES A DETERMINATION REGARDING A PRICE CONCESSION TO STANDARD PRICING ON A PORTFOLIO BASIS PRIOR TO ASSESSING THE CREDIT RISK OF INDIVIDUALS WITHIN THE PORTFOLIO PATIENT SERVICE REVENUE IS RECORDED NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, INCLUDING AN ESTIMATE FOR IMPLICIT PRICE CONCESSIONS BAD DEBT IS RECORDED AS AN OPERATING EXPENSE AND RESULTS WHEN A PATIENT, DETERMINED TO HAVE THE FINANCIAL CAPACITY TO PAY FOR HEALTHCARE SERVICES, IS UNWILLING TO DO SO THE AMOUNT SHOWN ON PART III, LINE 2 IS THE PRICE CONCESSION AMOUNT FOR THE TAX YEAR ENDED SEPTEMBER 30, 2019

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Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	FOOTNOTE FOR BAD DEBT EXPENSE THE ORGANIZATION ADOPTED THE ACCOUNTING STANDARD ADDRESSING THE PRESENTATION OF THE PROVISION FOR BAD DEBTS AS OF THE CURRENT REPORTING PERIOD AND AS SUCH, NET PATIENT SERVICE REVENUES ARE REPORTED NET OF THE PROVISION FOR BAD DEBTS ON THE STATEMENTS OF OPERATIONS THE ORGANIZATION RECORDS ITS PROVISION FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL EXPERIENCE, AS WELL AS COLLECTION TRENDS FOR MAJOR PAYOR TYPES

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Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8A	MEDICARE AND MEDICARE HMO HOSPITALS MEDICARE ALLOWABLE COSTS ARE DETERMINED USING A COST TO CHARGE RATIO THE FOLLOWING COSTS ARE EXCLUDED CHARITY AND BAD DEBT ADJUSTMENTS AT COST FOR MEDICARE AND MEDICARE SENIOR PATIENTS, COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND RESEARCH, SUBSIDIZED HEALTH SERVICES PROVIDED TO MEDICARE PATIENTS AND EXPENSES EXCLUDED IN THE MEDICARE COST REPORT AS A NOT-FOR-PROFIT, COMMUNITY BENEFIT 501(C)(3) ORGANIZATION, SCRIPPS HEALTH'S PURPOSE IS TO MEET THE MEDICAL NEEDS OF THE COMMUNITIES SERVED MEDICARE COVERS A SIGNIFICANT PROPORTION OF THE SAN DIEGO COMMUNITY PATIENT POPULATION, INPATIENT AND OUTPATIENT THE LEVEL OF QUALITY AND ACCESS TO CARE IS THE SAME, REGARDLESS OF PAYER HOSPITALS DO NOT DETERMINE THE LEVEL OF PAYMENT FOR MEDICARE, RATHER, IT IS SUBJECT TO GOVERNMENT REIMBURSEMENT POLICY THERE IS A WELL-DOCUMENTED MEDICARE REIMBURSEMENT SHORTFALL OF PAYMENT FOR CARE NOT MEETING THE COST OF DELIVERING CARE THAT SHORTFALL IS AN UNREIMBURSED AMOUNT THAT MUST BE ACCOUNTED FOR IN THE HOSPITAL'S FINANCIAL STATEMENTS IT IS REAL AND SUBSTANTIAL IT SHOULD BE ACCEPTED AS A SHORTFALL IN IRS REPORTING STANDARDS SCRIPPS MUST ACCEPT THE PATIENTS REGARDLESS OF REIMBURSEMENT RATES FROM MEDICARE AND IF PATIENTS ARE NOT CARED FOR BY SCRIPPS IT IS LIKELY THAT ANOTHER COMMUNITY OR GOVERNMENT AGENCY WOULD HAVE TO COVER THE CARE OF THE PATIENT

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Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	COLLECTION POLICY ALL PATIENT FINANCIAL RESOURCES ARE EXPLORED PRIOR TO USING A COLLECTION AGENCY OR OTHER MEANS TO COLLECT ON ACCOUNTS THE ORGANIZATION ALSO SCREENS PATIENTS WHO CANNOT AFFORD TO PAY CO-INSURANCE AND DEDUCTIBLES TO SEE WHETHER THEY QUALIFY FOR FINANCIAL ASSISTANCE IF THE PATIENT DOES NOT QUALIFY, OR IF THERE IS A LACK OF INFORMATION AVAILABLE TO MAKE A DETERMINATION AND NO CONTACT IS ESTABLISHED WITH THE PATIENT, THEN THE ORGANIZATION MAY USE A COLLECTION AGENCY OR INTERNAL STAFF TO COLLECT THE ACCOUNT WHEN A COLLECTION AGENCY OR THE ORGANIZATION STAFF DETERMINES THAT A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE ORGANIZATION WRITES THE ACCOUNT OFF IN WHOLE OR PART AS CHARITY SHOULD A PATIENT MAKE A PAYMENT ON AN ACCOUNT THAT HAS BEEN WRITTEN OFF TO BAD DEBT EXPENSE, BAD DEBT EXPENSE IS REDUCED TO THE EXTENT OF THE PAYMENT ACCOUNTS BEING EVALUATED FOR FINANCIAL ASSISTANCE WILL NOT BE TURNED OVER TO A COLLECTION AGENCY UNTIL THE CONCLUSION OF THE FINANCIAL ASSISTANCE EVALUATION OR THE PATIENT FAILS TO COOPERATE IN PURSUING HIS OR HER REQUEST FOR ASSISTANCE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	CHNAs NEEDS ASSESSMENT IN SAN DIEGO COUNTY, THE LONG HISTORY OF COLLABORATION AMONG HOSPIT ALS, HEALTHCARE SYSTEMS AND COMMUNITY PARTNERS HAS RESULTED IN SUCCESSFUL PARTNERSHIP ON P AST CHNAS WHILE PUBLIC INSTITUTIONS AND DISTRICT HOSPITALS DO NOT HAVE TO REPORT UNDER SB 697, THESE INSTITUTIONS HAVE BECOME AN INTEGRAL PART OF THE CHNA IN SAN DIEGO COUNTY INF ORMATION IS GATHERED THROUGH THE CHNA FOR THE PURPOSES OF REPORTING COMMUNITY BENEFIT, DEV ELOPING STRATEGIC PLANS, CREATING ANNUAL REPORTS, PROVIDING INPUT ON LEGISLATIVE DECISIONS , AND INFORMING THE GENERAL COMMUNITY OF HEALTH ISSUES AND TRENDS SCRIPPS STRIVES TO IMPR OVE COMMUNITY HEALTH THROUGH COLLABORATION WITH A WIDE RANGE OF PARTNERS AND LIKE-MINDED O RGANIZATIONS WORKING WITH OTHER HEALTH SYSTEMS, COMMUNITY GROUPS, GOVERNMENT AGENCIES, BU SINESSES AND GRASSROOTS MOVEMENTS, SCRIPPS IS BETTER ABLE TO BUILD UPON EFFORTS TO ACHIEVE BROAD COMMUNITY HEALTH GOALS AS PART OF THE FEDERAL REPORTING REQUIREMENT FOR PRIVATE, N OT-FOR-PROFIT (TAX EXEMPT) HOSPITALS, SCRIPPS CONDUCTS A CONSOLIDATED COMMUNITY HEALTH NEE DS ASSESSMENT (CHNA) AND CORRESPONDING JOINT IMPLEMENTATIONS STRATEGY FOR ITS LICENSED HOS PITAL FACILITIES EVERY THREE YEARS THIS COMPREHENSIVE ACCOUNT OF HEALTH NEEDS IN THE COMM UNITY IS DESIGNED FOR HOSPITALS TO PLAN THEIR COMMUNITY BENEFIT PROGRAMS TOGETHER WITH OTH ER LOCAL HEALTH CARE INSTITUTIONS, COMMUNITY-BASED ORGANIZATIONS AND CONSUMER GROUPS THE 2019 SCRIPPS HEALTH CHNA IS DESIGNED TO PROVIDE A DEEPER UNDERSTANDING OF BARRIERS TO HEAL TH IMPROVEMENT IN SAN DIEGO COUNTY THE REPORT HELP US UNDERSTAND OUR COMMUNITY'S HEALTH N EEDS AND INFORM COMMUNITY BENEFIT PLANNING AND THE IMPLEMENTATION STRATEGY FOR SCRIPPS HEA LTH IN ADDITION, THE ASSESSMENT ALLOWS INTERESTED PARTIES AND MEMBERS OF THE COMMUNITY A MECHANISM TO ACCESS THE FULL SPECTRUM OF INFORMATION RELATIVE TO THE DEVELOPMENT OF THE SC RIPPS HEALTH 2019 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT WHILE THIS IS A FEDERALLY MAND ATED EXERCISE, SCRIPPS HEALTH HOPES TO LEVERAGE THE INFORMATION COLLECTED FOR THE REPORT T O BENEFIT THE COMMUNITY AT-LARGE IN OTHER FUTURE PLANNING INITIATIVES THIS REPORT COMPLIE S WITH FEDERAL TAX LAW REQUIREMENTS SET FORTH IN INTERNAL REVENUE CODE SECTION 501(R) REQU IRING HOSPITAL FACILITIES OWNED AND OPERATED BY AN ORGANIZATION DESCRIBED IN CODE SECTION 501(C)(3) TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AT LEAST ONCE EVERY THREE YEARS FOR MORE DETAILED INFORMATION ON THE CHNA REGULATORY REQUIREMENTS AND IMPLEMENTATION STRAT EGY SEE https //www scripps org/about-us/scripps-in-the-community// SAN DIEGO COUNTY COMM UNITY HEALTH NEEDS THE SCRIPPS HEALTH 2019 CHNA RESPONDS TO FEDERAL TAX LAW REQUIREMENTS SET FORTH IN INTERNAL REVENUE CODE SECTION 501(R) REQUIRING PRIVATE NOT-FOR-PROFIT (TAX-EX EMPT) HOSPITALS AS DESCRIBED IN CODE SECTION 501 (C)(3) TO CONDUCT A COMMUNITY HEALTH NEED S ASSESSMENT AT LEAST ONCE EVERY THREE YEARS ALTHOUGH ONLY NOT-FOR-PROFIT 501(C)(3) HOSPI TALS AND HEALTH SYSTEMS ARE SUBJECT TO STATE AND IRS REGULATORY REQUIREMENTS, THE 2019 CHN A COLLABORATIVE PROCESS ALSO INCLUDES HOSPITALS AND HEALTH SYSTEMS WHO ARE NOT SUBJECT TO ANY CHNA REQUIREMENTS BUT ARE DEEPLY ENGAGED IN THE COMMUNITIES THEY SERVE AND COMMITTED T O THE GOALS OF A COLLABORATIVE CHNA SCRIPPS PARTICIPATES IN THE COLLABORATIVE CHNA PROCES S LED BY THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) OVERVIEW A ND BACKGROUND EVERY THREE YEARS, THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTI ES (HASD&IC) CONDUCTS A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO MEET IRS REGULATORY REQUIREMENTS AND TO IDENTIFY AND PRIORITIZE THE HEALTH NEEDS OF SAN DIEGO COUN TY RESIDENTS, PARTICULARLY THOSE WHO EXPERIENCE HEALTH INEQUITIES THE CHNA IS IMPLEMENTED AND MANAGED BY A STANDING CHNA COMMITTEE COMPRISED OF REPRESENTATIVES FROM SEVEN HOSPITAL S AND HEALTH SYSTEMS THIS COMMITTEE REPORTS TO THE HASD&IC BOARD OF DIRECTORS WHO PROVIDE POLICY DIRECTION AND ENSURE THAT THE INTERESTS OF ALL MEMBER HOSPITALS AND HEALTH SYSTEMS ARE MET HASD&IC CONTRACTS WITH THE INSTITUTE FOR PUBLIC HEALTH (IPH) AT SAN DIEGO STATE UNIVERSITY (SDSU) TO PERFORM THE NEEDS ASSESSMENT SCRIPPS HEALTH ACTIVELY PARTICIPATES IN THE COLLABORATIVE CHNA PROCESS LED BY THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES AND DEVELOPS A SCRIPPS CONSOLIDATED CHNA REPORT THE 2019 CHNA BUILT ON THE RESUL TS OF THE 2016 CHNA AND INCLUDED THREE TYPES OF COMMUNITY ENGAGEMENT EFFORTS FOCUS GROUPS WITH RESIDENTS, COMMUNITY-BASED ORGANIZATIONS, SERVICE PROVIDERS, AND HEALTH CARE LEADERS , KEY INFORMANT INTERVIEWS WITH HEALTH CARE EXPERTS, AND AN ONLINE SURVEY FOR RESIDENTS AN D STAKEHOLDERS IN ADDITION, THE CHNA INCLUDED EXTENSIVE QUANTITATIVE ANALYSIS OF NATIONAL AND STATE-WIDE DATA SETS, SAN DIEGO COUNTY EMERGENCY DEPARTMENT AND INPATIENT HOSPITAL DI SCHARGE DATA, COMMUNITY CLINIC USAGE DATA, COUNTY MORTALITY AND MORBIDITY DATA, AND DATA R ELATED TO SOCIAL DETERMINANTS OF HEALTH THESE TWO

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	DIFFERENT APPROACHES ALLOWED THE CHNA COMMITTEE TO VIEW COMMUNITY HEALTH NEEDS FROM MULTI PLE PERSPECTIVES IN ADDITION TO THIS COLLABORATIVE CHNA PROCESS, KAISER FOUNDATION HOSPIT AL (KFH)-SAN DIEGO AND ZION CONDUCTED A SEPARATE CHNA PROCESS, DATA WERE SHARED BETWEEN TH E TWO GROUPS THESE SIMULTANEOUS PROCESSES ALLOWED FOR A MORE ROBUST, COMPREHENSIVE CHNA F OR ALL SAN DIEGO COUNTY HOSPITALS AND HEALTH CARE SYSTEMS METHODOLOGY FOR THE 2019 CHNA Q UANTITATIVE ANALYSES OF PUBLICLY AVAILABLE DATA PROVIDED AN OVERVIEW OF CRITICAL HEALTH IS SUES ACROSS SAN DIEGO COUNTY, WHILE QUALITATIVE ANALYSES OF FEEDBACK FROM THE COMMUNITY PR OVIDED AN APPRECIATION FOR THE EXPERIENCES AND NEEDS OF SAN DIEGANS THE CHNA COMMITTEE RE VIEWED THESE ANALYSES AND APPLIED A PRE-DETERMINED SET OF CRITERIA TO THEM TO PRIORITIZE T HE TOP HEALTH NEEDS IN SAN DIEGO COUNTY QUANTITATIVE DATA COLLECTION AND ANALYSIS THE PUR POSE OF THE 2019 CHNA WAS TO IDENTIFY, UNDERSTAND, AND PRIORITIZE THE HEALTH-RELATED NEEDS OF SAN DIEGO COUNTY RESIDENTS FACING INEQUITIES THIS WAS ACCOMPLISHED THROUGH TWO TYPES OF DATA COLLECTION (1) QUALITATIVE DATA WAS COLLECTED THROUGH A COMMUNITY ENGAGEMENT PROC ESS DESIGNED TO SOLICIT IN-DEPTH FEEDBACK FROM RESIDENTS IN HIGH-NEED NEIGHBORHOODS AND FR OM LOCAL HEALTH EXPERTS AND LEADERS, AND (2) QUANTITATIVE DATA WAS OBTAINED BY EXTRACTING AND ANALYZING DATA FROM SECONDARY DATA SOURCES 1 SPECIAL EFFORTS WERE MADE TO INCLUDE COMM UNITY RESIDENTS FROM GROUPS THAT EXPERIENCE HEALTH DISPARITIES AND SERVICE PROVIDERS WHO W ORK WITH THOSE GROUPS QUANTITATIVE DATA WERE DRAWN FROM SEVERAL PUBLIC SOURCES DATA FROM DIGNITY HEALTH/TRUVEN HEALTH COMMUNITY NEEDS INDEX (CNI) AND THE PUBLIC HEALTH ALLIANCE O F SOUTHERN CALIFORNIA'S HEALTHY PLACES INDEX (HPI) WERE USED TO IDENTIFY GEOGRAPHIC COMMUN ITIES IN SAN DIEGO COUNTY THAT WERE MORE LIKELY TO BE EXPERIENCING HEALTH INEQUITIES, WHIC H GUIDED THE SELECTION OF COMMUNITIES FOR THE ENGAGEMENT AND THE DEVELOPMENT OF ENGAGEMENT QUESTIONS HOSPITAL DISCHARGE DATA EXPORTED FROM SPEEDTRACK'S CALIFORNIA UNIVERSAL PATIEN T INFORMATION DISCOVERY, OR CUPID APPLICATION WERE USED TO IDENTIFY CURRENT AND THREE-YEAR TRENDS IN PRIMARY DIAGNOSIS DISCHARGE CATEGORIES AND WERE STRATIFIED BY AGE AND RACE THI S ALLOWED FOR THE IDENTIFICATION OF HEALTH DISPARITIES AND THE CONDITIONS HAVING THE GREAT EST IMPACT ON HOSPITALS AND HEALTH SYSTEMS IN SAN DIEGO COUNTY DATA FROM NATIONAL AND STA TE-WIDE DATA SETS WERE ANALYZED INCLUDING SAN DIEGO COUNTY MORTALITY AND MORBIDITY DATA, A ND DATA RELATED TO SOCIAL DETERMINANTS OF HEALTH IN ADDITION, KAISER PERMANENTE CONSOLIDA TED DATA FROM SEVERAL NATIONAL AND STATE-WIDE DATA SETS RELATED TO A VARIETY OF HEALTH CON DITIONS AND SOCIAL DETERMINANTS OF HEALTH IN SAN DIEGO COUNTY AND CONDUCTED A COMPREHENSIV E STATISTICAL ANALYSIS TO IDENTIFY WHICH SOCIAL DETERMINANTS OF HEALTH WERE MOST PREDICTIV E OF NEGATIVE HEALTH OUTCOMES KAISER PERMANENTE THEN CREATED A, WEB-BASED DATA PLATFORM (CHNA ORG/KP) TO POST THESE ANALYSES FOR USE IN THE CHNA THESE ANALYSES GUIDED THE DESIGN OF THE ONLINE SURVEY, INTERVIEW, AND FOCUS GROUP QUESTIONS 2019 CHNA PRIORITIZATION OF TH E TOP HEALTH NEEDS THE CHNA COMMITTEE COLLECTIVELY REVIEWED THE QUANTITATIVE AND QUALITATI VE DATA AND FINDINGS SEVERAL CRITERIA WERE APPLIED TO THE DATA TO DETERMINE WHICH HEALTH CONDITIONS WERE OF THE HIGHEST PRIORITY IN SAN DIEGO COUNTY THESE CRITERIA INCLUDED THE SEVERITY OF THE NEED, THE MAGNITUDE/SCALE OF THE NEED, DISPARITIES OR INEQUITIES AND CHANG E OVER TIME THOSE HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEALTH (SDOH) THAT MET THE LARGEST NUMBER OF CRITERIA WERE THEN SELECTED AS TOP PRIORITY COMMUNITY HEALTH NEEDS OVE R THE COURSE OF SEVERAL MEETINGS, THE CHNA COMMITTEE COLLECTIVELY REVIEWED THE QUANTITATIV E AND QUALITATIVE DATA AND FINDINGS EACH HEALTH CONDITION AND SOCIAL DETERMINANT OF HEALT H FOR WHICH THE COMMITTEE HAD DATA WAS CONSIDERED AND DISCUSSED IN TERMS OF THESE CRITERIA THOSE HEALTH CONDITIONS AND SOCIAL DET

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE SCRIPPS ACTIVELY SCREENS, MONITORS AND IDE NTIFIES PATIENT ACCOUNTS THAT MAY BENEFIT FROM FINANCIAL ASSISTANCE, PROVIDES COUNSELING, INFORMATION AND LANGUAGE INTERPRETATION AND MAKES EVERY REASONABLE EFFORT TO ASSIST PATIEN TS IN MEETING FINANCIAL OBLIGATIONS WHEN NECESSARY, SCRIPPS ALSO HELPS PATIENTS UNDERSTAN D AND PARTICIPATE IN FINANCIAL ASSISTANCE OPTIONS THIS INCLUDES BILLING STATEMENTS THAT A LERT PATIENTS TO THE AVAILABILITY OF ASSISTANCE AS WELL AS LIMITS ON ACCOUNT COLLECTION AC TIVITIES (SCRIPPS DOES NOT, FOR EXAMPLE, APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY RESID ENCES AS A MEANS OF COLLECTING UNPAID HOSPITAL BILLS) ELIGIBILITY FOR FINANCIAL ASSISTANC E IS BASED ON AN EVALUATION OF INCOME AND EXPENSE INFORMATION FOR LOW INCOME, UNINSURED P ATIENTS EARNING LESS THAN 200 PERCENT OF THE FEDERAL POVERTY GUIDELINES (FPG), SCRIPPS FUL LY FORGIVES THE ENTIRE BILL FOR INDIVIDUALS WHO EARN BETWEEN 201-400 PERCENT OF THE FPG, FINANCIAL ASSISTANCE IS BASED ON A SCHEDULE WITH SHARE-OF-COST DISCOUNTS SCRIPPS POSTS A SUMMARY OF ITS FINANCIAL ASSISTANCE POLICY ON THE SCRIPPS WEBSITE AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN ADMISSIONS AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF THE ORGANIZA TION'S FACILITIES WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT THE FINANCIAL ASSISTAN CE POLICY SETS FORTH SCRIPPS POLICIES REGARDING DISCOUNT PAYMENTS AND 100 PERCENT FINANCIA L ASSISTANCE FOR QUALIFIED PATIENTS AND IS IN WRITTEN FORM TO DIRECT AND GUIDE STAFF, AND EFFECTIVELY COMMUNICATE HOW OUR COMMITMENT WILL BE APPLIED CONSISTENTLY TO ALL PATIENTS T HE POLICY INITIALLY ESTABLISHED IN 2001 WAS REVISED TO BE CONSISTENT WITH STATE AND FEDERA L LEGISLATION THE PRACTICES ESTABLISHED IN THE POLICY REFLECT SCRIPPS' CONTINUING COMMITM ENT TO ASSISTING LOW-INCOME UNINSURED PATIENTS WITH DISCOUNTED HOSPITAL CHARGES, CHARITY C ARE, BILLING AND DEBT COLLECTION PRACTICES POLICY HIGHLIGHTS INCLUDE - SCRIPPS HEALTH WI LL RESPECT THE DIGNITY OF EACH PATIENT, ACT ETHICALLY IN ALL PATIENT FINANCIAL MATTERS AND COMMUNICATE EFFECTIVELY TO ASSIST PATIENTS IN RESOLVING THEIR FINANCIAL OBLIGATIONS EVER Y REASONABLE EFFORT IS MADE TO ASSIST PATIENTS IN MEETING THEIR FINANCIAL OBLIGATION TO PA Y FOR HOSPITAL SERVICES SCRIPPS FINANCIAL ASSISTANCE IS DESIGNED TO SUPPORT PATIENTS WITH DEMONSTRATED FINANCIAL NEED AND IS NOT INTENDED TO SUPPLEMENT OR CIRCUMVENT THIRD PARTY C OVERAGE INCLUDING MEDICARE - PATIENT COMMUNICATION AND COMMUNITY OUTREACH AND COMMUNICATI ON REGARDING SCRIPPS FINANCIAL ASSISTANCE IS ACHIEVED THROUGH THE FOLLOWING MEASURES, TO I NCLUDE BUT NOT LIMITED TO 1 POSTERS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE ARE P OSTED IN REGISTRATION AREAS IN THE HOSPITAL (I E EMERGENCY DEPARTMENT AND MAIN ADMISSION AREAS) PAPER COPIES OF SCRIPPS FAP, FINANCIAL ASSISTANCE APPLICATION AND A PLAIN LANGUAGE SUMMARY OF THE FAP ("FAP SUMMARY") ARE AVAILABLE UPON REQUEST AND WITHOUT CHARGE IN ALL S CRIPPS HOSPITAL EMERGENCY DEPARTMENTS AND ADMISSIONS AREAS PATIENTS MAY ALTERNATIVELY REQ UEST THAT COPIES OF THESE DOCUMENTS BE SENT TO THEM ELECTRONICALLY 2 THE FAP, FAP SUMMAR Y, AND FINANCIAL ASSISTANCE APPLICATIONS ARE POSTED ON THE SCRIPPS WEBSITE TO VIEW, DOWNLO AD AND PRINT FREE OF CHARGE THE FAP SUMMARY WILL CONTAIN THE WEBSITE ADDRESS WHERE THESE DOCUMENTS CAN BE FOUND ONLINE, IN ADDITION TO THE PHYSICAL LOCATION IN THE HOSPITAL WHERE PAPER COPIES MAY BE OBTAINED 3 THE FAP SUMMARY IS OFFERED TO ALL PATIENTS AT REGISTRATIO N OR PRIOR TO DISCHARGE AS PART OF THE AGREEMENT FOR SERVICES AT A SCRIPPS FACILITY 4 AL L BILLING STATEMENTS INCLUDE A STATEMENT ON THE AVAILABILITY OF FINANCIAL ASSISTANCE, INCL UDING A TELEPHONE NUMBER FOR SCRIPPS HOSPITAL STAFF THAT PROVIDE ASSISTANCE WITH THE APPLI CATION PROCESS AND THE WEBSITE ADDRESS WHERE THE FAP, FAP SUMMARY AND FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND 5 THE FAP, FAP SUMMARY AND FINANCIAL ASSISTANCE APPLICATION AR E AVAILABLE IN THE PRIMARY LANGUAGES OF SIGNIFICANT PATIENT POPULATIONS WITH LIMITED ENGLI SH PROFICIENCY (LEP) 6 THE FAP SUMMARY WILL BE AVAILABLE AT COMMUNITY EVENTS AND WILL BE PROVIDED TO LOCAL AGENCIES THAT OFFER CONSUMER ASSISTANCE SCRIPPS HEALTH WORKED WITH THE CALIFORNIA HOSPITAL ASSOCIATION (CHA) TO INFORM AND NOTIFY MEMBERS OF THE COMMUNITY SERVE D BY THE HOSPITAL ABOUT THE FAP AND TO REACH THOSE MEMBERS WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE 7 THE FAP AND RELATED INFORMATION WILL ALSO BE PROVIDED TO THE OFFI CE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AS REQUIRED BY LAW - SELF-PAY PATIENTS AR E PROVIDED WITH COUNSELING AND WRITTEN INFORMATION REGARDING FINANCIAL ASSISTANCE THE PAT IENT FINANCIAL ASSESSMENT STATEMENT IS AVAILABLE AND WILL BE PROVIDED TO PATIENTS WHO EXPR ESS AN INTEREST IN, OR WHO HAVE BEEN IDENTIFIED AS, NEEDING FINANCIAL ASSISTANCE WHEN POSS IBLE WRITTEN MATERIALS WILL BE AVAILABLE IN ENGLISH AND SPANISH LANGUAGE INTERPRETIVE SE RVICES ARE PROVIDED WHENEVER NECESSARY TO FACILITA

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	TE THE PATIENT'S UNDERSTANDING AND PARTICIPATION IN OPTIONS FOR FINANCIAL ASSISTANCE - PA TIENT ACCOUNTS THAT MAY BENEFIT FROM FINANCIAL ASSISTANCE ARE ACTIVELY SCREENED, MONITORED AND IDENTIFIED AS SOON AS POSSIBLE PATIENTS ARE SCREENED FOR THE ABILITY TO PAY AND/OR T O DETERMINE ELIGIBILITY FOR PAYMENT PROGRAMS INCLUDING THOSE OFFERED DIRECTLY THROUGH SCRI PPS HEALTH OUR PERSONNEL WILL MAKE ALL REASONABLE EFFORTS TO OBTAIN INFORMATION FROM PATI ENTS ABOUT WHETHER PRIVATE OR PUBLIC HEALTH INSURANCE MAY FULLY OR PARTIALLY COVER THE CHA RGES FOR CARE SCRIPPS WILL PROVIDE ASSISTANCE IN ASSESSING THE PATIENT'S ELIGIBILITY FOR MEDI-CAL, COUNTY MEDICAL SERVICES (CMS) OR ANY OTHER THIRD PARTY COVERAGE AS PART OF THE A PPLICATION PROCESS FOR FINANCIAL ASSISTANCE EVALUATION FOR FINANCIAL ASSISTANCE ELIGIBILI TY IS BASED ON THE EVALUATION OF INCOME AND EXPENSE INFORMATION PROVIDED BY THE PATIENT - SCRIPPS HEALTH WILL WORK TO ASSIST ANY PATIENT UNABLE TO PAY FOR SERVICES, WHO COOPERATIV ELY PROVIDES INFORMATION ABOUT HIS/HER ABILITY TO PAY FAILURE BY THE PATIENT TO COOPERATE MAY RESULT IN THE INABILITY OF THE HOSPITAL TO PROVIDE FINANCIAL ASSISTANCE DETERMINATION - FINANCIAL ASSISTANCE APPLIES TO INDIVIDUALS WHOSE FAMILY INCOME LEVEL IS 400 PERCENT O F THE FEDERAL POVERTY GUIDELINES OR BELOW DETERMINATION IS MADE ON AN ALL OR PARTIAL BASI S USING THE APPROVED DISCOUNT SCHEDULE IF THE HOSPITAL IS UNABLE TO OBTAIN ADEQUATE INFOR MATION AFTER DILIGENT EFFORTS REGARDING ABILITY TO PAY FOR ANY PATIENT TREATED IN THE EMER GENCY DEPARTMENT, THE PATIENT MAY BE GRANTED 100 PERCENT FINANCIAL ASSISTANCE ONLY AFTER A PPROPRIATE BILLING AND/OR OTHER ATTEMPTS TO COLLECT INFORMATION HAVE BEEN MADE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION HOSPITALS AND HEALTH CARE SYSTEMS DEFINE THE COMMUNITY SERVED AS THO SE INDIVIDUALS RESIDING WITHIN ITS SERVICE AREA A HOSPITAL OR HEALTH CARE SYSTEM SERVICE AREA INCLUDES ALL RESIDENTS IN A DEFINED GEOGRAPHIC AREA SURROUNDING THE HOSPITAL AND DOES NOT EXCLUDE LOW INCOME OR UNDERSERVED POPULATIONS FOR THE PURPOSES OF THE 2019 CHNA, THE SERVICE AREA IS DEFINED AS THE ENTIRE COUNTY OF SAN DIEGO DUE TO A BROAD REPRESENTATION O F HOSPITALS IN THE AREA BECAUSE OF ITS GEOGRAPHIC SIZE AND LARGE POPULATION, THE SAN DIEG O COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA) ORGANIZES THEIR SERVICE AREAS INTO SIX GE OGRAPHIC REGIONS CENTRAL, EAST, NORTH CENTRAL, NORTH COASTAL, NORTH INLAND, AND SOUTH EA CH HOSPITAL HAS THE ABILITY TO USE THE COUNTY-WIDE FINDINGS OR ADAPT THE FINDINGS TO REFLE CT THE COMMUNITIES THEY SERVE, AS MUCH OF THE DATA IS AVAILABLE BY ZIP CODE LEVEL SCRIPPS SERVES THE ENTIRE SAN DIEGO COUNTY REGION WITH SERVICES CONCENTRATED IN NORTH COASTAL, NO RTH CENTRAL, CENTRAL AND SOUTHERN REGION OF SAN DIEGO COMMUNITY OUTREACH EFFORTS ARE FOCU SED IN THOSE AREAS WITH PROXIMITY TO A SCRIPPS FACILITY SCRIPPS HOSTS, SPONSORS AND PARTI CIPATES IN MANY COMMUNITY-BUILDING EVENTS THROUGHOUT THE YEAR SCRIPPS MERCY HOSPITAL (INC LUDING SAN DIEGO AND CHULA VISTA CAMPUSES) PROVIDES 65 PERCENT OF THE CHARITY CARE WITHIN THE SCRIPPS SYSTEM SCRIPPS MERCY'S SERVICE AREA HAS A MORE ECONOMICALLY DISADVANTAGED POP ULATION COMPARED TO THE COUNTY AS A WHOLE, WITH THE LOWEST NUMBERS OF INSURED ADULTS IN TH E COUNTY AND A MUCH HIGHER PERCENTAGE OF ETHNIC MINORITIES, PRIMARILY HISPANIC AND ASIAN AS A DISPROPORTIONATE-SHARE HOSPITAL, SCRIPPS MERCY SAN DIEGO AND CHULA VISTA CAMPUSES PLA Y IMPORTANT HEALTH CARE SERVICE ROLES IN THE CENTRAL/SOUTHERN SAN DIEGO COUNTY SERVICE ARE A (RANGING FROM INTERSTATE 8 TO THE UNITED STATES-MEXICO BORDER) MORE THAN HALF OF SCRIPP S MERCY SAN DIEGO AND CHULA VISTA PATIENTS ARE GOVERNMENT INSURED-MEDICARE AND MEDI-CAL M EETING THE CHALLENGES OF A DIVERSE BORDER COMMUNITY SAN DIEGO COUNTY IS AN INTERNATIONAL B ORDER COMMUNITY COMPRISED OF 3 3 MILLION PEOPLE GEOGRAPHICALLY DISPERSED OVER 4,206 SQUAR E MILES, THE POPULATION REPRESENTS MULTIPLE ETHNIC GROUPS THE SAN DIEGO ASSOCIATION OF GO VERNMENT'S (SANDAG) POPULATION GROWTH PROJECTS THE REGION'S POPULATION WILL GROW BY NEARLY ONE MILLION PEOPLE BY 2050 THIS FORECAST IS CONSISTENT WITH PREVIOUS EXPECTATIONS ALTHOU GH FUTURE GROWTH RATES HAVE BEEN REDUCED DUE TO INCREASED DOMESTIC MIGRATION OUT OF THE RE GION THE HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY IS HIGHLY DEPENDENT UPON HOSPITALS AN D COMMUNITY HEALTH CLINICS TO CARE FOR UNINSURED AND MEDICALLY UNDERSERVED COMMUNITIES FI NDING MORE EFFECTIVE WAYS TO COORDINATE AND ENHANCE THE SAFETY NET IS A CRITICAL POLICY CH ALLENGE WHILE PUBLIC SUBSIDIES (E G , COUNTY MEDICAL SERVICES) HELP FINANCE SERVICES FOR SAN DIEGO COUNTY'S UNINSURED POPULATIONS, THESE SUBSIDIES DO NOT COVER THE FULL COST OF CA RE COMBINED WITH MEDI-CAL AND MEDICARE FUNDING SHORTFALLS, SCRIPPS AND OTHER LOCAL HOSPIT ALS ARE LEFT TO ABSORB THE COST INVOLVED IN CARING FOR UNINSURED PATIENTS INTO THEIR OPERA TING BUDGETS THE FINANCIAL BURDEN PLACED ON HOSPITALS AND PHYSICIANS CARING FOR UNINSURED PATIENTS IS SIGNIFICANT SAN DIEGO MEDI-CAL REIMBURSEMENT IS AMONG THE LOWEST IN CALIFORN IA, ALREADY THE STATE WITH THE NATION'S LOWEST MEDICAID REIMBURSEMENT RATE DEMOGRAPHIC PR OFILE OF SAN DIEGO COUNTY (SDC) CURRENT POPULATION DEMOGRAPHICS AND CHANGES IN DEMOGRAPHIC COMPOSITION OVER TIME PLAY A DEFINING ROLE IN THE TYPES OF HEALTH AND SOCIAL SERVICES NEE DED BY COMMUNITIES POPULATION SIZE CHANGE IN POPULATION, RACE AND ETHNICITY, AND AGE DIST RIBUTION OF A POPULATION ARE ALL IMPORTANT FACTORS IN UNDERSTANDING COMMUNITIES AND THEIR RESIDENTS POPULATION OVER THREE MILLION PEOPLE (3,283,665) LIVE IN THE 4206 64 SQUARE MI LE AREA OF SAN DIEGO COUNTY ACCORDING TO THE U S CENSUS BUREAU AMERICAN COMMUNITY SURVEY (ACS) 2013 TO 2017, 5-YEAR ESTIMATES THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 7 81 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION DENSITY OF APP ROXIMATELY 91 PERSONS PER SQUARE MILE AGE THE MEDIAN AGE FOR SAN DIEGO COUNTY IS 35 4 YE ARS THE DISTRIBUTION OF THE POPULATION BY AGE SHOWS THAT 22 2% OF THE POPULATION IS UNDER THE AGE OF 18, 64 9% IS BETWEEN THE AGES OF 18 AND 64, AND 12 9% IS 65 YEARS OLD OR GREAT ER SOCIOECONOMIC FACTORS LOW-INCOME, UNINSURED, AND UNDEREDUCATED INDIVIDUALS HAVE BEEN FOUND TO BE MOST AT RISK FOR POOR HEALTH STATUS DATA FROM THE ACS SHOW HOW THESE INDICATO RS IMPACT THE SAN DIEGO COMMUNITY EVALUATING THESE RISK FACTORS IS IMPORTANT FOR IDENTIFY ING COMMUNITIES WITH THE MOST SIGNIFICANT HEALTH NEEDS AND HEALTH DISPARITIES WITHIN SAN DIEGO COUNTY BETWEEN 2013 AND 2017, 13 3% OR 427,031 INDIVIDUALS WERE LIVING IN HOUSEHOLDS WITH INCOME BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL) FOR CHILDREN 0-17, THE PERCENT AGE LIVING 100% BELOW THE FPL (WHICH FOR A FAMILY

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	OF THREE IS $20,420 PER YEAR) DECREASED SLIGHTLY FROM 18 8% TO 17 1% POVERTY CREATES BARR IERS TO ACCESSING SERVICES THAT PROMOTE WELL-BEING INCLUDING HEALTH SERVICES, HEALTHY FOOD , AND OTHER NECESSITIES THAT CONTRIBUTE TO IMPROVED HEALTH STATUS UNINSURED BETWEEN 2013 AND 2017, THE PERCENT UNINSURED DECREASED BY 40% IN CALIFORNIA, AND 50% IN SAN DIEGO COUN TY THIS DECREASE CAN BE ATTRIBUTED IN LARGE PART TO THE AFFORDABLE CARE ACT (ACA) LACK O F INSURANCE IS A PRIMARY BARRIER TO ACCESSING HEALTH CARE SERVICES, INCLUDING PRIMARY CARE , SPECIALTY CARE AND OTHER HEALTH SERVICES IDENTIFYING HIGH-NEED AREAS A CRITICAL COMPONE NT OF UNDERSTANDING COMMUNITY HEALTH IS TO IDENTIFY GEOGRAPHIC AREAS OF INEQUITIES THE CH NA COMMITTEE UTILIZED TWO METRICS TO DETERMINE WHICH AREAS OF SAN DIEGO COUNTY LIKELY EXPE RIENCE THE GREATEST HEALTH DISPARITIES (1) THE HEALTHY PEOPLE INDEX (HPI) WHICH ANALYZES HEALTH OPPORTUNITIES BY CENSUS TRACT, AND (2) THE DIGNITY HEALTH/TRUVEN HEALTH COMMUNITY N EED INDEX (CNI), WHICH MEASURES BARRIERS TO SOCIO-ECONOMIC SECURITY BY ZIP CODE DATA FROM THESE TWO SOURCES PROVIDED KEY INFORMATION ABOUT RESOURCES AND DISPARITIES IN DIFFERENT R EGIONS OF SAN DIEGO COUNTY AND GUIDED THE SELECTION PROCESS FOR THE COMMUNITY ENGAGEMENT SAN DIEGO COUNTY HOSPITAL AND CLINIC DATA CALIFORNIA'S OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) IS RESPONSIBLE FOR COLLECTING DATA AND DISSEMINATING INFORMATION ABOUT THE UTILIZATION OF HEALTH CARE IN CALIFORNIA AS PART OF THE 2019 CHNA DATA COLLECTI ON PROCESS, 2016 OSHPD DEMOGRAPHIC DATA FOR HOSPITAL INPATIENT AND EMERGENCY DEPARTMENT DI SCHARGES FROM ALL HOSPITALS WITHIN SAN DIEGO COUNTY WERE ANALYZED DATA WERE EXPORTED USIN G SPEEDTRACK'S CALIFORNIA UNIVERSAL PATIENT INFORMATION DISCOVERY, OR CUPID APPLICATION S PEEDTRACK'S APPLICATION CONTAINS ALL HOSPITAL DISCHARGE DATA IN CALIFORNIA FOR A 4-YEAR TI ME PERIOD (CURRENTLY 2014-2017) IN A FORMAT THAT ALLOWS FOR EASY QUERIES AND COMPARISONS O F LOCAL AND STATEWIDE HOSPITAL DISCHARGE DATA AT THE ZIP CODE LEVEL CLINIC DATA WERE ALSO GATHERED FROM OSHPD'S WEBSITE TO PROVIDE A MORE HOLISTIC VIEW OF HEALTH CARE UTILIZATION IN SAN DIEGO, AS HOSPITAL DISCHARGES MAY NOT REPRESENT ALL HEALTH CONDITIONS IN THE COMMUN ITY HOSPITAL DISCHARGE DATA IN 2016, THERE WERE A TOTAL OF 1,270,630 PATIENT ENCOUNTERS A T ALL INPATIENT, EMERGENCY DEPARTMENT (ED) AND AMBULATORY FACILITIES IN SAN DIEGO COUNTY A MONG SAN DIEGO COUNTY RESIDENTS APPROXIMATELY 62 8% OF THOSE ENCOUNTERS WERE AT ED LOCATI ONS, FOLLOWED BY 22 3% AT INPATIENT FACILITIES AND 13 9% AT AMBULATORY CENTERS BELOW IS A BREAKDOWN OF DEMOGRAPHIC CHARACTERISTICS OF ALL SAN DIEGO RESIDENT ENCOUNTERS AT ANY POIN T OF CARE LOCATION DURING THE YEAR 2016 CLINIC UTILIZATION DATA ACCORDING TO 2016 OSHPD D ATA, THERE ARE 114 PRIMARY CARE CLINICS IN OPERATION IN SAN DIEGO COUNTY, OF WHICH 78 1% A RE FEDERALLY QUALIFIED HEALTH CENTERS THERE WERE ROUGHLY 2 6 MILLION ENCOUNTERS REPORTED IN 2016 THE LARGEST MAJORITY OF CLINIC PATIENTS WERE LOW-INCOME, HISPANIC, AND MEDI-CAL O R SELF-PAY MORE SPECIFICALLY, 67 3% OF CLINIC PATIENTS REPORTED HAVING AN INCOME BELOW 10 0% OF THE POVERTY LEVEL, FOLLOWED BY 17 0% BETWEEN 100-200% OF THE FPL THE CLINIC PATIENT POPULATION IS LARGELY HISPANIC (54 8%)

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH AS A TAX-EXEMPT HEALTH CARE SYSTEM, SCRIPPS TAKES PRIDE IN I TS SERVICE TO THE COMMUNITY THE SCRIPPS SYSTEM IS GOVERNED BY A 17-MEMBER VOLUNTEER BOARD OF TRUSTEES THIS SINGLE POINT OF AUTHORITY FOR ORGANIZATIONAL POLICY ENSURES A UNIFIED A PPROACH TO SERVING PATIENTS ACROSS THE REGION THE BOARD IS RESPONSIBLE FOR PROMOTING CORP ORATE PURSUIT OF ITS MISSION, APPROVAL OF THE BUDGET AND ASSURING THROUGH OVERSIGHT THE EF FECTIVE FUNCTIONING OF THE CORPORATION ITS PURPOSE IS TO ESTABLISH AND MAINTAIN A NONPROF IT PUBLIC BENEFIT CORPORATION ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATI ONAL PURPOSES, WHOSE ACTIVITIES ARE CONDUCTED IN SUCH A MANNER THAT NO PART OF ITS NET EAR NINGS WILL BENEFIT ANY TRUSTEE, OFFICER OR OTHER INDIVIDUAL THESE VOLUNTEERS GIVE COUNTLE SS HOURS OF SERVICE TO THE HOSPITAL SYSTEM IN THEIR OVERSIGHT ROLE, PARTICIPATION IN VARIO US BOARD COMMITTEES AND GENERAL STEWARDSHIP ALL FIVE ACUTE-CARE HOSPITAL CAMPUSES HAVE AN OPEN MEDICAL STAFF FOR ALL QUALIFIED PHYSICIANS THE BOARD OF TRUSTEES HAS AUTHORITY TO A PPROVE BYLAWS, RULES AND REGULATIONS FOR THE MEDICAL STAFF OF EACH HOSPITAL, SURGERY CENTE R OR SIMILAR FACILITY, AND TO APPOINT, SUSPEND OR REMOVE ANY PHYSICIAN FROM THE MEDICAL ST AFF ALL FIVE ACUTE-CARE HOSPITAL CAMPUSES PARTICIPATE IN MEDI-CAL AND MEDICARE CONTRACTS SCRIPPS SURPLUS FUNDS ARE REINVESTED BACK INTO THE SAN DIEGO COMMUNITY SURPLUS FUNDS ARE UTILIZED FOR NEW FACILITIES, EQUIPMENT, SEISMIC RETROFITTING, PROFESSIONAL EDUCATION AND HEALTH RESEARCH, ACCESS TO PATIENT CARE AND COMMUNITY BENEFIT PROGRAMS EACH YEAR, SCRIPPS ALLOCATES RESOURCES TO ADVANCE HEALTH CARE SERVICES THROUGH CLINICAL RESEARCH AND MEDICAL EDUCATION PROGRAMS DURING FY19 (OCTOBER 2018 TO SEPTEMBER 2019), SCRIPPS INVESTED $25,45 8,500 IN PROFESSIONAL TRAINING PROGRAMS AND HEALTH RESEARCH TO ENHANCE SERVICE DELIVERY AN D TREATMENT PRACTICES FOR SAN DIEGO COUNTY QUALITY HEALTH CARE DEPENDS ON HEALTH EDUCATIO N SYSTEMS AND MEDICAL RESEARCH PROGRAMS WITHOUT THE ABILITY TO TRAIN AND INSPIRE A NEW GE NERATION OF HEALTH CARE PROVIDERS OR TO OFFER CONTINUING EDUCATION TO EXISTING HEALTH CARE PROFESSIONALS, THE QUALITY OF HEALTH CARE WOULD BE GREATLY DIMINISHED MEDICAL RESEARCH A LSO PLAYS AN IMPORTANT ROLE IN IMPROVING THE COMMUNITY'S OVERALL HEALTH THROUGH THE DEVELO PMENT OF NEW AND INNOVATIVE TREATMENT OPTIONS PROFESSIONAL EDUCATION AND HEALTH RESEARCH REFLECTS CLINICAL RESEARCH, AS WELL AS PROFESSIONAL EDUCATION FOR NON-SCRIPPS EMPLOYEES IN CLUDING GRADUATE MEDICAL EDUCATION, NURSING RESOURCE DEVELOPMENT AND OTHER HEALTH CARE PRO FESSIONAL EDUCATION RESEARCH TAKES PLACE PRIMARILY AT SCRIPPS CLINICAL RESEARCH SERVICES AND SCRIPPS WHITTIER DIABETES INSTITUTE CALCULATIONS ARE BASED ON TOTAL PROGRAM EXPENSES LESS APPLICABLE DIRECT-OFFSETTING REVENUE, WHICH INCLUDES ANY REVENUE GENERATED BY THE ACT IVITY OR PROGRAM, SUCH AS PAYMENT OR REIMBURSEMENT FOR SERVICES PROVIDED TO PROGRAM PATIEN TS ACCORDING TO THE SCHEDULE H form 990 IRS GUIDELINES, "DIRECT OFFSETTING REVENUE" ALSO INCLUDES RESTRICTED GRANTS OR CONTRIBUTIONS THAT THE ORGANIZATION USES TO PROVIDE A COMMUN ITY BENEFIT A LACK OF HEALTH INSURANCE IS A PREDICTOR OF MANY HEALTH CONDITIONS, INCLUDIN G MORE POOR MENTAL HEALTH DAYS, MORE VISITS TO THE ED FOR HEART ATTACKS, A HIGHER PREVALEN CE OF ASTHMA, AND OBESITY, MORE LOW BIRTH WEIGHT BABIES, AND HIGHER PREVALENCE OF SMOKING REDUCED ACCESS TO BASIC HEALTH CARE SERVICES INCREASES ILLNESS, INJURY AND MORTALITY AND IS A MAJOR BURDEN ON HOSPITALS AND HEALTH PROVIDERS, WHO MUST PROVIDE UNCOMPENSATED CARE F OR THE UNINSURED ACCESS TO HEALTH CARE EMERGED AS A HIGH PRIORITY HEALTH NEED IN BOTH THE SECONDARY DATA ANALYSES AND COMMUNITY ENGAGEMENT EVENTS IN THE 2019 SCRIPPS COMMUNITY HEA LTH NEEDS ASSESSMENT THROUGH THE COMMUNITY ENGAGEMENT CONDUCTED WE HEARD FROM THE COMMUNI TY THAT EVEN WHEN INSURANCE IS SECURED, INCLUDED LACK OF TRANSPORTATION - ESPECIALLY FOR S ENIORS - AND LACK OF CULTURALLY AND LINGUISTICALLY COMPETENT CARE ARE MAIN BARRIERS IN AN EFFORT TO PROVIDE FOR PEOPLE IN NEED, SCRIPPS SPONSORED A NUMBER OF PROGRAMS AND ACTIVITI ES IN FY19 BELOW ARE A FEW EXAMPLES OF ACCESS TO CARE PROGRAMS MORE INFORMATION CAN BE F OUND IN THE SCRIPPS COMMUNITY BENEFIT PLANS AND REPORT https //www scripps org/about-us__ scripps-in-the-community MERCY OUTREACH SURGICAL TEAM PROVIDES LIFE-CHANGING CARE TO CHIL DREN IN MEXICO FOR THREE DECADES, THE MERCY OUTREACH SURGICAL TEAM (M O S T) HAS BEEN CROS SING BORDERS AND CHANGING LIVES WORKING IN MEXICO, THE MERCY OUTREACH SURGICAL TEAM PROVI DES RECONSTRUCTIVE SURGERIES FOR CHILDREN SUFFERING FROM BIRTH DEFECTS OR ACCIDENTS IN SP ECIAL CIRCUMSTANCES, SURGERIES ARE ALSO PROVIDED FOR ADULTS DURING FY19, THE M O S T TEAM SERVED IN TWO OUTREACH MISSION TRIPS THE M O S T TEAM VOLUNTEERED OVER 2,800 HOURS TO PR OVIDE RECONSTRUCTIVE SURGERIES FOR MORE THAN 200 PEOPLE THE M O S T PROGRAM CELEBRATED IT S 32ND ANNIVERSARY THIS YEAR * OCTOBER 2018 IN OC

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	TOBER 2018, A TEAM OF 48 M O S T VOLUNTEERS INCLUDING THREE PLASTIC SURGEONS, ONE UROLOGI ST, AND A GENERAL SURGEON TRAVELED OVER 1,500 MILES FROM SAN DIEGO TO MORELIA, MEXICO THE TEAM HELPED 168 PATIENTS ON THIS MISSION * MAY 2019 WITH SO MANY PATIENTS IN NEED, M O S T TRAVELED TO HERMOSILLO IN THE STATE OF SONORA TO OFFER EYE SURGERIES IN EARLY MAY OF 2 019 DURING THIS 4-DAY MISSION TRIP, THE TEAM PROVIDED 105 EYE SURGERIES AND PROVIDED EYEG LASSES TO 41 CHILDREN SCRIPPS RECUPERATIVE CARE PROGRAM (RCU) THE SCRIPPS/SAN DIEGO RESCU E MISSION RECUPERATIVE CARE UNIT (RCU) PROJECT PROVIDES A SAFE DISCHARGE FOR CHRONICALLY H OMELESS PATIENTS WITH ONGOING MEDICAL NEEDS ALL PATIENTS ARE UNFUNDED OR UNDERFUNDED MOS T HAVE SUBSTANCE ABUSE AND/OR MENTAL HEALTH ISSUES the LACK OF FUNDING, MENTAL ILLNESS, A S WELL AS ALCOHOL AND/OR SUBSTANCE ABUSE, MAKE POST-ACUTE PLACEMENT OF THESE HOMELESS PATI ENTS DIFFICULT RN CASE MANAGEMENT ASSISTS WITH APPOINTMENTS, MEDICATIONS, DURABLE MEDICAL EQUIPMENT (DME), AND PLANS OF CARE, WHILE WORKING CLOSELY WITH RCU STAFF OVERSIGHT IS PR OVIDED BY SCRIPPS WITH PHYSICIAN BACKUP TO ENSURE COMPLETION OF THEIR MEDICAL RECOVERY GOA LS SCRIPPS PAYS THE RESCUE MISSION A DAILY RATE FOR HOUSING AND SERVICES PROVIDED TO THE PATIENTS THE RESCUE MISSION PROVIDES A SAFE, SECURE ENVIRONMENT, WITH 24-HOUR SUPERVISION , MEDICATION OVERSIGHT, MEALS, CLOTHING, AND COUNSELING, ASSISTANCE WITH MEDI-CAL, AND DIS ABILITY APPLICATIONS, REFERRALS TO REHAB AND OTHER PROGRAMS, AND HELP FINDING PERMANENT OR TRANSITIONAL HOUSING USING COUNTY RESOURCES PATIENT TRANSPORTATION NEEDS ARE COORDINATED AND PROVIDED BY BOTH THE RESCUE MISSION AND SCRIPPS TO MAINTAIN THE PATIENT'S MEDICAL ST ABILITY, MEDICATIONS, DME AND OTHER NEEDED SERVICES ARE PROVIDED BY SCRIPPS WHEN FUNDING I S NOT AVAILABLE PATIENTS WITH PSYCHIATRIC DISORDERS ARE ESTABLISHED WITH A PSYCHIATRIST I N THE COMMUNITY IF THEY ARE WILLING ALL PATIENTS ARE REFERRED TO A MEDICAL HOME IN THE CO MMUNITY THE RCU LOCATED AT THE SAN DIEGO RESCUE MISSION CLOSED ITS DOORS ON JANUARY 14, 2 019 THIS YEAR, 15 PATIENTS ACCOUNTED FOR RCU ADMISSIONS AS A GROUP, THE RCU PATIENTS HAD A CUMULATIVE 223 HOSPITAL DAYS OF STAY, AN AVERAGE OF 14 HOSPITAL DAYS OF STAY, BEFORE GO ING TO RCU THE RCU HAS TAKEN MEDICALLY COMPLEX PATIENTS, INCLUDING THOSE WITH IV ANTIBIO TICS, WOUND VACS, SKIN GRAFTS, FRACTURES, ABSCESSES, OSTEOMYELITIS, AMPUTATION, PARAPLEGIA , DOG BITES, DKA, GI BLEEDS, PANCREATITIS, ESRD ON DIALYSIS, END STAGE LIVER DISEASE, DIAB ETES, TRAUMATIC BRAIN INJURY OR ENCEPHALOPATHY, OSTOMIES, COMPLEX TRAUMA, MVA, PEDESTRIAN VERSUS AUTO, PLEURAL EFFUSION, CVA, CANCER (LYMPHOMA, PANCREATIC CANCER, BRAIN MASS), HIV/ AIDS, SEPSIS, RESPIRATORY FAILURE, PNEUMONIA, CHF PATIENTS WERE ASSAULT VICTIMS WITH GUNS HOT AND STAB WOUNDS, FACIAL TRAUMA, AND SURGICAL POST OP PATIENTS MANY ARE DIABETIC AND H AVE PSYCHIATRIC CONDITIONS OVER 70% OF THIS GROUP WERE EITHER POSITIVE FOR ALCOHOL, DRUGS ON DRUG SCREEN OR HAD A DRUG HISTORY ADDRESSED BY THE PHYSICIAN IN THE H & P MORE SPECIF ICALLY, 43 % OF RCU CLIENTS HAD USED HEROIN OR METH THE FOLLOWING ARE OUTCOME METRICS TRA CKED BY SCRIPPS FOR THE SD RESCUE MISSION PROGRAM - FOR YEAR 2018-2019, TOTAL COST SAVING S FOR SCRIPPS WAS $703,385 - OF RCU PATIENTS, 27% HAD STANDARD MEDI-CAL INSURANCE, 26% ME DI-CAL HPE (HEALTH PRESUMPTIVE ELIGIBILITY), 20% MEDI-CAL HMO'S (MOLINA MEDI-CAL AND COMMU NITY HEALTH GROUP FURTHER, 13% HAD OUT OF STATE OR OUT OF COUNTY AND 6% HAD RESTRICTED ME DI-CAL AND 6% CMS - APPROXIMATELY 38% WERE INVOLVED WITH RCU SOCIAL WORKER TO SECURE INCO ME FROM GOVERNMENT PROGRAMS, SOCIAL SECURITY AND CA SHORT TERM DISABILITY - 94% PATIENTS WERE CONNECTED TO A PRIMARY CARE PROVIDER OR HAD ESTABLISHED CARE AT ONE OF THE COMMUNITY CLINICS AND 6 % STAYED LESS THAN 1 DAY AND DID NOT COMPLETE THE PCP APPOINTMENT - THIS YE AR, 80% DID NOT RETURN TO THE STREETS 26% DISCHARGED TO FAMILY OR FRIEND, 27% TO A COMMUN ITY PROGRAM, 27% OF THE RESIDENTS TRANSI

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $3 4 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM BASED IN SAN DIEGO, CALIFORNIA SCRIPPS TREATS MORE THAN 700,000 PATIENTS ANNUALLY THROUGH THE DEDICATION OF 3,000 AFFILIATED PHYSICIANS AND MORE THAN 15,000 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH CARE SERVICES, AND AN AMBULATORY CARE NETWORK OF PHYSICIAN OFFICES AND 30 OUTPATIENT CENTERS AND CLINICS SCRIPPS PROVIDES A COMPREHENSIVE RANGE OF INPATIENT AND AMBULATORY SERVICES THROUGH OUR SYSTEM OF HOSPITALS AND CLINICS IN ADDITION, SCRIPPS PARTICIPATES IN DOZENS OF PARTNERSHIPS WITH GOVERNMENT AND NOT-FOR-PROFIT AGENCIES ACROSS OUR REGION TO IMPROVE OUR COMMUNITY'S HEALTH OUR PARTNERSHIPS DON'T STOP AT OUR LOCAL BORDERS OUR PARTICIPATION AT THE STATE, NATIONAL AND INTERNATIONAL LEVELS INCLUDES WORK WITH GOVERNMENT AND PRIVATE DISASTER PREPAREDNESS AND RELIEF AGENCIES, THE STATE COMMISSION ON EMERGENCY MEDICAL SERVICES, NATIONAL HEALTH ADVOCACY ORGANIZATIONS, AS WELL AS INTERNATIONAL PARTNERSHIPS FOR PHYSICIAN EDUCATION AND TRAINING, AND DIRECT PATIENT CARE IN ALL THAT WE DO, WE ARE COMMITTED TO QUALITY PATIENT OUTCOMES, SERVICE EXCELLENCE, OPERATING EFFICIENCY, CARING FOR THOSE WHO NEED US TODAY AND PLANNING FOR THOSE WHO MAY NEED US IN THE FUTURE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	CALIFORNIA SCRIPPS HEALTH COMMUNITY BENEFIT PLAN AND REPORT CAN BE FOUND AT HTTP //www scripps org/about-us__scripps-in-the-community

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **4** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	SCRIPPS MEMORIAL HOSPITAL LA JOLLA 9888 GENESEE AVENUE LA JOLLA, CA 92037 WWW SCRIPPS ORG 080000050	X	X		X		X	X			A
2	SCRIPPS MERCY HOSPITAL 4077 5TH AVENUE San Diego, CA 92103 WWW SCRIPPS ORG 090000074	X	X		X		X	X			A
3	SCRIPPS GREEN HOSPITAL 10666 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 WWW SCRIPPS ORG 080000139	X	X		X		X				A
4	SCRIPPS MEMORIAL HOSPITAL ENCINITAS 354 SANTA FE DRIVE SAN DIEGO, CA 92024 WWW SCRIPPS ORG 080000148	X	X		X		X	X			A

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA WITH THE HEALTH AND SOCIAL PRIORITY ARE AS IDENTIFIED, SCRIPPS HAS DEVELOPED VARIOUS INITIATIVES, STRATEGIES AND METRICS TO MEASUR E AND EVALUATE THE EFFECTIVNESS OF THE NEEDS IDENTIFIED IN THE CHNA SCHEDULE H, PART V, L INE 5 REPORTING GROUP A COMMUNITY ENGAGEMENT HEALTH EXPERTS, COMMUNITY LEADERS AND RESIDEN TS FEEDBACK COMMUNITY ENGAGEMENT ACTIVITIES WERE CONDUCTED IN THE 2019 CHNA WITH A BROAD R ANGE OF PEOPLE INCLUDING HEALTH EXPERTS, COMMUNITY LEADERS, AND SAN DIEGO RESIDENTS, IN AN EFFORT TO GAIN A MORE COMPLETE UNDERSTANDING OF THE TOP IDENTIFIED HEALTH NEEDS IN THE SA N DIEGO COMMUNITY INDIVIDUALS WHO WERE CONSULTED INCLUDED REPRESENTATIVES FROM STATE, LOC AL, TRIBAL, OR OTHER REGIONAL GOVERNMENTAL PUBLIC HEALTH DEPARTMENTS (OR EQUIVALENT DEPART MENT OR AGENCY) AS WELL AS LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS THE OVERALL PURPOSE OF COLLECTING COMMUNITY INPUT WA S TO GATHER INFORMATION ABOUT THE HEALTH NEEDS AND SOCIAL DETERMINANTS SPECIFIC TO SAN DIE GO COUNTY SPECIFIC OBJECTIVES INCLUDED - GATHER IN-DEPTH FEEDBACK TO AID IN THE UNDERSTA NDING OF THE MOST SIGNIFICANT HEALTH NEEDS IMPACTING SAN DIEGO COUNTY - CONNECT THE IDENT IFIED HEALTH NEEDS WITH ASSOCIATED SOCIAL DETERMINANTS OF HEALTH - AID IN THE PROCESS OF PRIORITIZING HEALTH AND SOCIAL NEEDS WITHIN SAN DIEGO COUNTY - GAIN INFORMATION ABOUT THE SYSTEM AND POLICY CHANGES WITHIN SAN DIEGO COUNTY THAT COULD POTENTIALLY IMPACT THE HEALT H NEEDS AND SOCIAL DETERMINANTS OF HEALTH COMMUNITY ENGAGEMENT ACTIVITIES INCLUDED FOCUS GROUPS, KEY INFORMANT INTERVIEWS, AND AN ONLINE SURVEY WHICH TARGETED STAKEHOLDERS FROM EV ERY REGION OF SAN DIEGO COUNTY, ALL AGE GROUPS, AND NUMEROUS RACIAL AND ETHNIC GROUPS COL LABORATION WITH THE COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES AGENCY, PUBLIC HEALTH SERV ICES WAS VITAL TO THIS PROCESS A TOTAL OF 579 INDIVIDUALS PARTICIPATED IN THE 2019 COMMUN ITY HEALTH NEEDS ASSESSMENT 138 COMMUNITY RESIDENTS AND 441 LEADERS AND EXPERTS KEY INFO RMANT INTERVIEWS AND FOCUS GROUPS WERE UTILIZED TO IDENTIFY AND EXPLORE PRIORITY HEALTH NE EDS, SOCIAL DETERMINANTS OF HEALTH, BARRIERS TO CARE, AND COMMUNITY ASSETS AND RESOURCES FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED IN A SEMI-STRUCTURED MANNER EXPERT INTERVIEWER S AND FACILITATORS FROM THE Institute for Public Health (IPH) EMPLOYED THE QUESTIONS DEVEL OPED AND APPROVED BY THE CHNA COMMITTEE TO GENERATE DISCUSSION ABOUT SPECIFIC COMMUNITY HE ALTH NEEDS AS WELL AS OPEN ENDED QUESTIONS FOR BROADER DISCUSSIONS BROAD QUESTIONS ABOUT HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEALTH WERE ASKED AT THE BEGINNING OF EACH DI SCUSSION AND WERE FOLLOWED BY MORE SPECIFIC QUESTIONS TARGETED FOR THE PARTICIPANTS QUEST IONS VARIED DEPENDING FOR EACH INTERVIEW AND FOCUS GROUP, DEPENDING ON THE EXPERTISE AND/O R SPECIFIC INTERESTS OF THE PE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 3E	RSON OR GROUP PARTICIPATING IN ADDITION, WHEN APPROPRIATE GIVEN THE COMPOSITION OF THE FO CUS GROUP, DISCUSSIONS WERE ALLOWED TO FLOW IN A CONVERSATIONAL MANNER TO ENSURE THAT COMM UNITY RESIDENTS HAD THE OPPORTUNITY TO DISCUSS ISSUES OF IMPORTANCE TO THEM ONE FOCUS GRO UP WAS CONDUCTED VIA A VIDEO CONFERENCE CALL, ALL OTHERS WERE CONDUCTED IN-PERSON FOR IN- PERSON GROUP EVENTS, FOOD WAS PROVIDED FOR THE PARTICIPANTS INCENTIVES, IN THE FORM OF GI FT CARDS, WERE ALSO PROVIDED WHEN THE GROUPS WERE COMPRISED OF COMMUNITY RESIDENTS THE CO NTACT PERSON FOR THAT COMMUNITY RESIDENT FOCUS GROUPS PROVIDED SUGGESTIONS ON THE TYPE OF INCENTIVES TO PROVIDE EACH INTERVIEW AND FOCUS GROUP BEGAN WITH A DISCUSSION ABOUT THE PU RPOSE AND PROCESS OF THE CHNA THE IPH FACILITATOR THEN RECEIVED CONSENT TO PROCEED AND RE ASSURED PARTICIPANTS THAT THEIR PARTICIPATION WAS VOLUNTARY, AND THEIR FEEDBACK WOULD BE A NONYMOUS INTERPRETATIVE AND TRANSLATION SERVICES WERE ARRANGED FOR ANY GROUP THAT REQUEST ED THEM TWO FOCUS GROUPS WERE CONDUCTED IN SPANISH, AND ONE HAD SIMULTANEOUS ENGLISH AND SPANISH INTERPRETATIONS VIA HEADSETS FOR ALL PARTICIPANTS FOR EACH FOCUS GROUP AND KEY IN FORMANT INTERVIEW, IPH STAFF IN ADDITION TO THE FACILITATOR OR INTERVIEWER TOOK DETAILED N OTES AND THEN SHARED SUMMARIES WITH FULL IPH RESEARCH TEAM THESE SUMMARIES WERE THEN ENTE RED INTO THE QUALITATIVE RESEARCH SOFTWARE (NVIVO) AS STAND-ALONE SETS OF DATA AFTER ALL THE FOCUS GROUPS AND INTERVIEW SUMMARIES WERE COMPLETED, THE TEAM USED SOFTWARE TOOLS TO A NALYZE THE QUALITATIVE DATA ALL HEALTH NEEDS AND SOCIAL DETERMINANTS OF HEALTH THAT WERE MENTIONED WERE TABULATED THE IPH THEN MADE A COMPLETE LIST OF ALL THE CONDITIONS MENTIONE D IN FOCUS GROUPS OR INTERVIEWS, COUNTED HOW MANY GROUPS OR INFORMANTS LISTED THOSE CONDIT IONS, AND NOTED HOW MANY TIMES THEY HAD BEEN PRIORITIZED BY A FOCUS GROUP THIS QUALITATIV E DATA ANALYSIS WAS DESIGNED TO IDENTIFY EMERGENT THEMES ONLINE SURVEY THE CHNA ONLINE SU RVEY WAS USED TO RANK HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEALTH IN ORDER OF IMPO RTANCE WITHIN THE COMMUNITY THE SURVEY WAS DISTRIBUTED VIA EMAIL TO TARGETED COMMUNITY-BA SED ORGANIZATIONS, SOCIAL SERVICE PROVIDERS, RESIDENT LED ORGANIZATIONS, FEDERALLY QUALIFI ED HEALTH CENTERS, GOVERNMENTAL AGENCIES, AND HOSPITALS AND HEALTH SYSTEMS WHO SERVE A DIV ERSE ARRAY OF PEOPLE IN SAN DIEGO COUNTY WHEN POSSIBLE, THESE ORGANIZATIONS SHARED THE LI NK TO THE SURVEY WITH THEIR CLIENTELE EMAIL RECIPIENTS WERE ALSO ENCOURAGED TO SHARE THE SURVEY WITH THEIR COLLEAGUES THROUGH THE LEADERSHIP OF THE COUNTY PUBLIC HEALTH OFFICER, DR WILMA WOOTEN, THERE WAS A COORDINATED EFFORT TO DISTRIBUTE THE SURVEY TO THE COUNTY OF SAN DIEGO PUBLIC HEALTH STAFF (CALIFORNIA CHILDREN SERVICES, EPIDEMIOLOGY AND IMMUNIZATIO N SERVICES, HIV, STD, & HEPATITIS, MATERNAL, CHILD & FAMILY HEALTH SERVICES, PUBLIC HEALTH PREPAREDNESS & RESPONSE, PUBLIC HEALTH SERVICES ADMINISTRATION, TUBERCULOSIS CONTROL AND REFUGEE HEALTH) RESOURCES THE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 3E	2019 CHNA IDENTIFIED MANY HEALTH RESOURCES IN SAN DIEGO COUNTY, INCLUDING THOSE PROVIDED BY COMMUNITY-BASED ORGANIZATIONS, GOVERNMENT DEPARTMENTS AND AGENCIES, HOSPITAL AND CLINIC PARTNERS, AND OTHER COMMUNITY MEMBERS AND ORGANIZATIONS ENGAGED IN ADDRESSING MANY OF THE HEALTH NEEDS IDENTIFIED BY THIS ASSESSMENT IN ADDITION, 2-1-1 SAN DIEGO IS AN IMPORTANT COMMUNITY RESOURCE AND INFORMATION HUB THAT FACILITATES ACCESS TO SERVICES THROUGH ITS 24 /7 PHONE SERVICE AND ONLINE DATABASE, 2-1-1 SAN DIEGO HELPS CONNECT INDIVIDUALS WITH COMMU NITY, HEALTH, AND DISASTER SERVICES IN ADDITION TO COMMUNITY INPUT ON HEALTH CONDITIONS A ND SOCIAL DETERMINANTS OF HEALTH, A WEALTH OF IDEAS EMERGED FROM COMMUNITY ENGAGEMENT PART ICIPANTS ABOUT HOW HOSPITALS AND HEALTH SYSTEMS COULD SUPPORT, EXPAND, OR CREATE ADDITIONA L RESOURCES AND PARTNER WITH ORGANIZATIONS TO BETTER MEET SAN DIEGO'S COMMUNITY HEALTH NEE DS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 6A	REPORTING GROUP A THE CHNA INCLUDED THE FOLLOWING OTHER HOSPITALS - KAISER FOUNDATION HOSPITAL - SAN DIEGO AND ZION - PALOMAR HEALTH - RADY CHILDREN'S HOSPITAL - SAN DIEGO - SHARP HEALTHCARE - TRI-CITY MEDICAL CENTER - UNIVERSITY OF CALIFORNIA SAN DIEGO HEALTH SYSTEM

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 6B	IN 2018, THE HOSPITAL ASSOCIATION FOR SAN DIEGO AND IMPERIAL COUNTIES CONTRACTED WITH THE INSTITUTE FOR PUBLIC HEALTH AT SAN DIEGO STATE UNIVERSITY TO PROVIDE ASSISTANCE WITH THE COLLABORATIVE HEALTH NEEDS ASSESSMENT THAT WAS OFFICIALLY CALLED THE HASD&IC SAN DIEGO 2019 COMMUNITY HEALTH NEEDS ASSESSMENT SCRIPPS HEALTH ACTIVELY PARTICIPATED IN THE COLLABORATIVE CHNA PROCESS LED BY THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES AND DEVELOPED A SCRIPPS CONSOLIDATED CHNA REPORT FOR THE SYSTEM

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 7A	REPORTING GROUP A THE COMMUNITY HEALTH NEEDS ASSESSMENT IS AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL https //www scripps org/about-us/scripps-in-the-community/addressing-commu nity-needs SCHEDULE H, PART V, LINE 10A REPORTING GROUP A THE IMPLEMENTATION STRATEGY IS AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL https //www scripps org/about-us/scripps-in-the-community/addressing-commu nity-needs

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11	SCRIPPS HEALTH HAS A LONG HISTORY OF RESPONDING TO THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES, EXTENDING BEYOND TRADITIONAL HOSPITAL CARE TO PROVIDE COMMUNITY BENEFIT PROGRAMS T HAT ADDRESS THE HEALTH CARE NEEDS OF THE REGION'S MOST VULNERABLE POPULATIONS SCRIPPS STR IVES TO IMPROVE COMMUNITY HEALTH THROUGH COLLABORATION WORKING WITH OTHER HEALTH SYSTEMS, COMMUNITY GROUPS, GOVERNMENT AGENCIES, BUSINESSES AND GRASSROOTS MOVEMENTS, SCRIPPS IS BE TTER ABLE TO BUILD UPON EXISTING ASSETS TO ACHIEVE BROAD COMMUNITY HEALTH GOALS WITH THE 2019 CHNA COMPLETE AND HEALTH AND SOCIAL PRIORITY AREAS IDENTIFIED, SCRIPPS HEALTH HAS DEV ELOPED A CORRESPONDING IMPLEMENTATION STRATEGY - A MULTI-FACETED, MULTI-STAKEHOLDER PLAN T HAT ADDRESSES THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA THE IMPLEMENTATION PLAN T RANSLATES THE RESEARCH AND ANALYSIS PRESENTED IN THE ASSESSMENT INTO ACTUAL, MEASURABLE ST RATEGIES AND OBJECTIVES THAT CAN BE CARRIED OUT TO IMPROVE COMMUNITY HEALTH OUTCOMES IN R ESPONSE TO IDENTIFIED UNMET HEALTH NEEDS IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT SCR IPPS HEALTH IS ADDRESSING ALL THE HEALTH CONDITIONS, AGING CONCERNS, BEHAVIORAL HEALTH, CA NCER AND CHRONIC DISEASES WHICH INCLUDES CARDIOVASCULAR DISEASE, DIABETES AND OBESITY IN T HIS IMPLEMENTATION PLAN SCRIPPS ADDRESSES MANY OF THE SOCIAL DETERMINANTS OF HEALTH WITHI N THE HEALTH CONDITIONS IDENTIFIED IN THIS REPORT SUCH AS ACCESS TO CARE, COMMUNITY AND SO CIAL SUPPORT, ECONOMIC SECURITY, EDUCATION, UNINTENTIONAL INJURY AND VIOLENCE AND HOMELESS NESS AND HOUSING INSTABILITY IN ADDITION, SCRIPPS IDENTIFIES SPECIFIC PROGRAMS IN ITS IMP LEMENTATION PLAN THAT ADDRESS COMMUNITY AND SOCIAL SUPPORT, ECONOMIC SECURITY, EDUCATION A ND UNINTENTIONAL INJURY AND VIOLENCE HOMELESSNESS AND HOUSING INSTABILITY ARE IDENTIFIED AS IMPORTANT FACTORS WITHIN A FEW OF OUR PROGRAMS BUT ARE NOT ADDRESSED IN DETAIL IN THE S CRIPPS IMPLEMENTATION PLAN, WITH SCRIPPS FOCUSING OUR RESOURCES ON MORE DIRECT HEALTH ISSU ES AND CONDITIONS, IN ACCORDANCE WITH OUR EXPERTISE AND MISSION ALTHOUGH SCRIPPS IS NOT A PROVIDER OF HOUSING, OUR SOCIAL WORK AND CASE MANAGEMENT DEPARTMENTS PARTNER WITH SOCIAL SERVICE ORGANIZATIONS AND HOUSING PROVIDERS TO ADDRESS THIS UNMET NEED BY CONNECTING PATIE NTS TO MORE PERMANENT SOURCES OF INCOME, HOUSING AND OTHER SELF-RELIANCE MEASURES SCRIPPS HEALTH REMAINS COMMITTED TO THE CARE AND IMPROVEMENT OF HEALTH FOR ALL SAN DIEGANS AND WI LL LOOK TO CONTINUE THE EXPLORATIONS OF NEW OPPORTUNITIES AND NEW PARTNERSHIPS TO ADDRESS THESE NEEDS AND FUTURE NEEDS IDENTIFIED SCRIPPS HEALTH ANTICIPATES THE IMPLEMENTATION STR ATEGIES MAY EVOLVE DUE TO THE FAST PACE AT WHICH THE COMMUNITY AND HEALTH CARE INDUSTRY CH ANGE THEREFORE, A FLEXIBLE APPROACH IS BEST SUITED FOR THE DEVELOPMENT OF ITS RESPONSE TO THE SCRIPPS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ON AN ANNUAL BASIS SCRIPPS H EALTH EVALUATES THE IMPLEMENTATION STRATEGY AND ITS RESOURCES AND INTERVENTIONS, AND MAKES ADJUSTMENTS AS NEEDED TO ACHI

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11	EVE ITS STATED GOALS AND OUTCOME MEASURES AS WELL AS TO ADAPT TO THE CHANGES AND RESOURCES AVAILABLE SCRIPPS DESCRIBES ANY CHALLENGES ENCOUNTERED TO ACHIEVE THE OUTCOMES DESCRIBED AND MAKES MODIFICATION AS NEEDED THE COMMUNITY HEALTH NEEDS ASSESSMENT AND ITS CORRESPON DING IMPLEMENTATION PLAN IS AVAILABLE TO THE PUBLIC USING THE FOLLOWING URL https //www s cripps org/about-us__scripps-in-the-community__assessing-community-needs

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 13H	REPORTING GROUP A OTHER CRITERIA TO DETERMINE FINANCIAL ASSISTANCE ELIGIBILITY IF IT IS DETERMINED THAT THE FAMILY INCOME IS ABOVE 400% OF THE FPL, SCRIPPS MAY CONSIDER THE PATIENT ELIGIBLE FOR FINANCIAL ASSISTANCE BASED ON EXTENUATING CIRCUMSTANCES SUCH AS CATASTROPHIC MEDICAL EVENTS OR OTHER SPECIAL SITUATIONS WE WILL NOT CHARGE PATIENTS QUALIFIED FOR FINANCIAL ASSISTANCE MORE THAN SCRIPPS'S DISCOUNTED FINANCIAL ASSISTANCE AMOUNT, WHICH REPRESENTS SCRIPPS AGB AS CALCULATED WITH THE PROSPECTIVE METHOD EVERY EFFORT IS MADE TO IDENTIFY PATIENTS WHO MAY BENEFIT FROM FINANCIAL ASSISTANCE AS SOON AS POSSIBLE AND PROVIDE COUNSELING AND LANGUAGE INTERPRETATION WHEN NEEDED PATIENTS WHO DO NOT QUALIFY FOR FINANCIAL ASSISTANCE BUT NEED HELP WITH PAYMENTS WILL BE OFFERED A NO-INTEREST PAYMENT PLAN CONSISTENT WITH THEIR NEEDS AND ALL UNFUNDED PATIENTS RECEIVE A MINIMUM OF A 40% DISCOUNT TAKEN AUTOMATICALLY AT BILLING IN ADDITION, SCRIPPS DOES NOT APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY RESIDENCES AS A WAY OF COLLECTING UNPAID HOSPITAL BILLS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINES 16A, 16B, & 16C	REPORTING GROUP A THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY IS WIDELY AVAILABLE ON THE SCRIPPS HEALTH WEBSITE AT https //www scripps org/patients-and-visitors__financial-assistance

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 16J	REPORTING GROUP A THE AVAILABILITY OF THE FINANCIAL ASSISTANCE POLICY THE FINANCIAL ASSIST ANCE POLICY IS AVAILABLE UPON REQUEST PAPER COPIES OF OUR FINANCIAL ASSISTANCE POLICY, FI NANCIAL ASSISTANCE APPLICATIONS, AND A PLAIN LANGUAGE SUMMARY OF THE POLICY IS MADE AVAILA BLE UPON REQUEST AND WITHOUT CHARGE AT ALL SCRIPPS PATIENT REGISTRATION AREAS AND BY MAIL IN ADDITION, THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED AT ALL POINTS OF REGISTRA TION AREAS (I E EMERGENCY DEPARTMENT, BILLING OFFICE, MAIN ADMISSION AREAS AND ANCILLARY SERVICE LOCATIONS) PLAIN LANGUAGE SUMMARIES ARE STOCKED AS A PATIENT HANDOUT IN BOTH ENGL ISH AND SPANISH FOR INPATIENTS, THE INFORMATION IS INCLUDED IN THE ESSENTIAL HANDBOOK, A COMPREHENSIVE BROCHURE COVERING MANY ASPECTS OF HOSPITALIZATION UNFUNDED PATIENTS ARE NOT ALWAYS REFERRED TO FINANCIAL COUNSELORS SOME SITES DO NOT USE FINANCIAL COUNSELORS, BUT THE STAFF MEMBER WHO REGISTERS THE PATIENT CAN DISCUSS FINANCIAL ASSISTANCE AND THE PLAIN LANGUAGE SUMMARY PROVIDES PATIENTS WITH CONTACT INFORMATION FOR FINANCIAL COUNSELORS SCRI PPS MAKES EVERY REASONABLE EFFORT TO ASSIST PATIENTS IN MEETING THEIR FINANCIAL OBLIGATION TO PAY FOR HOSPITAL SERVICES, INCLUDING EMERGENCY AND OTHER MEDICALLY NECESSARY HOSPITAL CARE SCRIPPS FINANCIAL ASSISTANCE IS DESIGNED TO SUPPORT PATIENTS WITH DEMONSTRATED FINAN CIAL NEED AND IS NOT INTENDED TO SUPPLEMENT OR CIRCUMVENT THIRD-PARTY COVERAGE INCLUDING M EDICARE PATIENT COMMUNICATION AND COMMUNITY OUTREACH AND COMMUNICATION REGARDING SCRIPPS FINANCIAL ASSISTANCE IS ACHIEVED THROUGH THE FOLLOWING MEASURES, TO INCLUDE BUT NOT LIMITE D TO, - POSTERS IN CONSPICUOUS REGISTRATION AREAS I E EMERGENCY DEPARTMENT, BILLING OFFIC E, MAIN ADMISSION AREAS AND ANCILLARY SERVICE LOCATIONS - PAPER COPIES OF SCRIPPS FINANCI AL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATIONS, AND A PLAIN LANGUAGE SUMMARY OF T HE POLICY ARE AVAILABLE UPON REQUEST AND WITHOUT CHARGE AT ALL SCRIPPS HOSPITAL EMERGENCY DEPARTMENTS AND ADMISSION AREAS PATIENTS MAY ALTERNATIVELY REQUEST COPIES OF THESE DOCUME NTS BE SENT TO THEM ELECTRONICALLY - THE FINANCIAL ASSISTANCE POLICY, A PLAIN LANGUAGE SU MMARY, AND FINANCIAL ASSISTANCE APPLICATIONS ARE CONSPICUOUSLY POSTED ON SCRIPPS WEB SITE TO VIEW, DOWNLOAD AND PRINT FREE OF CHARGE THE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY CONTAINS THE WEB SITE ADDRESS WHERE THESE DOCUMENTS ARE POSTED IN ADDITION TO THE PHYSICA L LOCATION IN THE HOSPITAL WHERE PAPER COPIES MAY BE OBTAINED - THE FINANCIAL ASSISTANCE SUMMARY IS OFFERED TO ALL PATIENTS AT REGISTRATION OR PRIOR TO DISCHARGE AS PART OF THE AG REEMENT OF SERVICES AT A SCRIPPS FACILITY - ALL BILLING STATEMENTS INCLUDE A STATEMENT ON THE AVAILABILITY OF FINANCIAL ASSISTANCE INCLUDING A TELEPHONE NUMBER FOR SCRIPPS HOSPITA L STAFF THAT PROVIDES ASSISTANCE WITH THE APPLICATION PROCESS AND THE WEBSITE ADDRESS WHER E THE FAP, FAP SUMMARY AND FINANCIAL ASSISTANCE APPLICATION CAN BE FOUND - THE FAP, FAP S UMMARY AND FINANCIAL ASSISTANC

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 16J	E APPLICATION ARE AVAILABLE IN THE PRIMARY LANGUAGES OF SIGNIFICANT PATIENT POPULATIONS WI TH LIMITED ENGLISH PROFICIENCY (LEP) - A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AV AILABLE AT COMMUNITY EVENTS AND IS PROVIDED TO LOCAL AGENCIES THAT PROVIDE CONSUMER ASSIST ANCE SCRIPPS HEALTH WORKED WITH THE CALIFORNIA HOSPITAL ASSOCIATION (CHA) TO INFORM AND N OTIFY MEMBERS OF THE COMMUNITY SERVED BY THE HOSPITAL ABOUT THE FAP AND TO REACH THOSE MEM BERS WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE - SCRIPPS PROVIDES A COPY OF ITS POLICY AND RELATED INFORMATION TO THE CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AS REQUIRED BY LAW IN ADDITION, SCRIPPS POLICY IS AVAILABLE TO THE PUBLIC FOR REVIEW UPON REQUEST MADE THROUGH PATIENT FINANCIAL SERVICES CUSTOMER SERVICE REVIEW IS F ACILITATED THROUGH THE USE OF INTERPRETERS (LANGUAGE, VISION, AND HEARING) OR WRITTEN MATE RIALS AS REQUESTED BY THE INDIVIDUAL

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (describe)
1	SCRIPPS CLINIC - TORREY PINES 10666 N TORREY PINES ROAD LA JOLLA, CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
1	SCRIPPS CLINIC - RANCHO BERNARDO 15004 INNOVATION DRIVE SAN DIEGO, CA 92128	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
2	SCRIPPS CLINIC - CARMEL VALLEY 3811 VALLEY CENTER DRIVE SAN DIEGO, CA 92130	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
3	Scripps Medical Lab 9235 Waples Street 150 SAN DIEGO, CA 92121	Laboratory services
4	SCRIPPS CLINIC ANDERSON MEDICAL PAVILION 9898 GENESEE AVENUE LA JOLLA, CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
5	Imaging Healthcare Specialists LLC 150 West Washington Street San Diego, CA 92103	MEDICAL IMAGING SERVICES
6	Scripps Clinic - Encinitas 310 Santa Fe Drive Encinitas, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
7	SCMC - CEDAR 130 CEDAR ROAD VISTA, CA 92083	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
8	Scripps Home Health Services 9619 Chesapeake Drive 300 San Diego, CA 92123	HOME HEALTH SERVICES
9	Scripps Clinic - Mission Valley 7565 Mission Valley Road San Diego, CA 92108	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
10	SCMC - Carlsbad 2176 Salk Ave Carlsbad, CA 92008	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
11	SCMC - Encinitas 477 N El Camino Real A208 B305 Encinitas, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
12	SCRIPPS CLINIC - RANCHO SAN DIEGO 10862 CALLE VERDE LA MESA, CA 91941	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
13	Scripps Hospital Medical Services 10140 Campus Point Drive SAN DIEGO, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
14	SCMC - Hillcrest 501 Washington Street 525 600 San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?_____

	Name and address	Type of Facility (describe)
16	Scripps Clinic-La Jolla Memorial Campus 9850 GEnesee Ave Ximed Bldg 600 San Diego, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
1	SCMC - Encinitas OBGYN 332 Santa Fe Drive 115 Encinitas, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
2	SCMC - Oceanside 4318 Mission Avenue Oceanside, CA 92057	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
3	LA JOLLA RADIOLOGY - LA JOLLA 9888 GENESSEE AVENUE LA JOLLA, CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
4	Mercy ASC 550 Washington Street 1st Floor San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
5	Encinitas Surgery Center LLC 320 Santa Fe Drive LL1-2 Encinitas, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
6	Scripps CL Radiation Therapy Ctr - Vista 916 Sycamore Avenue Ste 100 Vista, CA 92082	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
7	Scripps Clinic - Del Mar 12395 El Camino Real 317 112 12 Del Mar, CA 92130	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
8	La Jolla Radiology - Encinitas 354 Santa Fe Drive Encinitas, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
9	Scripps Cardio & Thor Surg Ctr-La Jolla 9850 Genesee Avenue 560 La Jolla, CA 92037	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
10	Scripps Pharmacy - Green 10666 North Torrey Pines Road La Jolla, CA 92037	MEDICAL PHARMACY
11	SCMC - Eastlake 971 Lane Avenue Chula Vista, CA 91914	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
12	Scripps Clinic - Santee 278 Toen Center Pkwy 105 Santee, CA 92071	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
13	Scripps Clinic - San Diego OBGYN 2918 Fifth Avenue Ste 100 San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
14	SCMC - Solana Beach 380 Stevens Avenue 100 Solana Beach, CA 92075	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?_____

	Name and address	Type of Facility (describe)
31	La Jolla Radiology - MercyCV 4077 Fifth Avenue San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
1	Scripps Clinic - Hillcrest Surgery 4060 Fourth Avenue 330 San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
2	SCMC - Escondido 488 E Valley Pkwy 411 Escondido, CA 92025	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
3	Scripps Clinic - La Jolla OBGYN 9850 Genesee Avenue 170 SAN DIEGO, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
4	Scripps Pharmacy - Encinitas 354 Santa Fe Drive Encinitas, CA 92024	Medical Pharmacy
5	Scripps CL Radiology Thrpy Ctr Encinitas 477 N El Camino Real Ste D100 Encinitas, CA 92024	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
6	Scripps Clinic Mercy Campus 4020 Fifth Avenue 401 San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
7	Scripps Cardio & Thor Surg Ctr Hillcrest 501 Washington Street 525 600 San Diego, CA 92103	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
8	Scripps Clinic - Liberty Station 2445 Truxtun Road San Diego, CA 92106	Primary and specialty care SERVICES IN AN AMBULATORY ENVIRONMENT
9	Scripps Clinic - Coronado 1317 A Ynes Place Coronado, CA 92118	Primary and specialty care SERVICES IN AN AMBULATORY ENVIRONMENT
10	Scripps Clinic - Eastlake Specialty 971 Lane Avenue Chula Vista, CA 91914	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
11	Scripps Clinic - MD Anderson Cancer Ctr 10670 John Jay Hopkins Drive La Jolla, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
12	Scripps Clinic - Cedar Specialty 130 Cedar Road Vista, CA 92083	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
13	Scripps Clinic - UTC 9333 Genesee Ave Ste 170 San Diego, CA 92121	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
14	Scripps Clinic - Chula Vista 450 Fourth Ave Chula Vista, CA 91910	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (describe)
46	Scripps Clinic - Mental Health 15004 Innovation Drive San Diego, CA 92128	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT
1	ScrippsUSP Surgery Centers LLC 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75001	PRIMARY AND SPECIALTY CARE SERVICES IN AN AMBULATORY ENVIRONMENT

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	Description of Organization's Procedures for Monitoring the Use of Grants Grantee shall submit to Scripps Health, attention Manager of Community Benefit Services at 10140 Campus Point Court, CPA 308, San Diego, CA 92121, the following A A semi-annual summary progress report and a line item financial accounting of the grant disbursement is required Reports shall include, but not be limited to, progress made toward meeting objectives outlined in the grant application B Within thirty (30) days following the expiration date of the grant a final progress report shall be submitted to Scripps Health In addition to the progress made toward meeting the objectives outlined in the grant application, the Final Report should include quantitative and qualitative results of the program against its stated goals and objectives A line item financial accounting of the grant disbursement against the budget must be included as part of this final report C The Grantee shall provide Scripps Health with any additional information or progress updates, relative to grant project, as reasonably requested D Scripps Health reserves the right to audit expenditures and supporting documentation

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
211 SAN DIEGO - HEALTHCARE NAVIGATION 3860 CALLE FORTUNADA SAN DIEGO, CA 92123	33-1029843	501(c)(3)	12,000				PROGRAM SUPPORT
ACS MAKING STRIDES AGAINST BREAST CANCER 2655 CAMINO DEL RIO N SAN DIEGO, CA 92108	13-1788491	501(c)(3)	10,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION - SPONSORSHIP 9404 GENESEE AVE 240 LA JOLLA, CA 92037	13-5613797	501(c)(3)	10,000				PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION IN-KIND DONATION 9404 GENESEE AVE 240 LA JOLLA, CA 92037	13-5613797	501(c)(3)		7,400	FMV	SUPPLIES	PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA HEALTH FOUNDATION & TRUST (CHFT) 1215 K STREET STE 800 SACRAMENTO, CA 95814	94-1498697	501(c)(3)	1,120,000				CA HOSP FEE PROGRAM
CATHOLIC CHARITIES 349 CEDAR STREET SAN DIEGO, CA 92101	23-7334012	501(c)(3)	70,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSUMER CENTER OF LEGAL AID SOCIETY 1764 SAN DIEGO AVE 200 SAN DIEGO, CA 92110	95-1869806	501(c)(3)	120,000				PROGRAM SUPPORT
ENLISTED LEADERSHIP FOUNDATION-THE FOUNDRY 2307 FENTON PARKWAY SAN DIEGO, CA 92108	46-5029314	501(c)(3)	25,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ERIC PAREDES SAVE A LIFE FOUNDATION 2514 JAMACHA RD STE 502 EL CAJON, CA 92019	80-0636157	501(c)(3)	8,500				PROGRAM SUPPORT
Family Health Centers of San Diego 823 Gateway Center Way San Diego, CA 92012	95-2833205	501(C)(3)	300,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Family Health Centers of San Diego 823 Gateway Center Way San Diego, CA 92102	95-2833205	501(C)(3)	309,000				PROGRAM SUPPORT
Family Health Centers of San Diego - Spirit 823 Gateway Center Way San Diego, CA 92012	95-2833205	501(C)(3)	7,500				PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	SUPPLEMENTAL COMPENSATION INFORMATION SCRIPPS HEALTH INCURS THE COST OF A MEMBERSHIP FOR A BUSINESS NETWORKING CLUB IN SAN DIEGO FOR THE CHIEF EXECUTIVE OFFICER THIS MEMBERSHIP IS USED 100% FOR BUSINESS PURPOSES AND ACCORDINGLY, NO PART OF THIS BENEFIT IS INCLUDED WITHIN THE CHIEF EXECUTIVE OFFICER'S TAXABLE COMPENSATION THE MEMBERSHIP FEE COST APPROXIMATELY $1,830 DURING FY19 CERTAIN EXECUTIVES REPORTED ON FORM 990, PART VII AND SCHEDULE J, PART II RECEIVE AN AUTOMOBILE ALLOWANCE THE ALLOWANCE IS INCLUDED IN TAXABLE WAGES AND REPORTED ON THEIR W-2S SCHEDULE J, PART I, LINE 4A RECEIVE A SEVERANCE PAYMENT OR CHANGE-OF-CONTROL PAYMENT THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAY IN CALENDAR YEAR 2018 GARY FYBEL - $540,500 ROBIN BROWN - $529,984

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	SCRIPPS HEALTH SUPPLEMENTAL RETIREMENT PLAN SCRIPPS HEALTH SUPPLEMENTAL RETIREMENT PLAN (SERP) PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO CERTAIN KEY EMPLOYEES IT HAS BEEN CLOSED TO NEW PARTICIPANTS SINCE 2001 THE PLAN PROVIDES A BENEFIT DETERMINED BY A FORMULA DRIVEN BY THE EXECUTIVE'S AVERAGE OF THE FIVE HIGHEST YEARS OF PAY AND TAKES INTO CONSIDERATION TENURE AT SCRIPPS HEALTH, AGE, AND LIFE EXPECTANCY AND ASSUMES MAXIMUM PARTICIPATION IN OTHER RETIREMENT PROGRAMS EFFECTIVE JANUARY 1, 2014, SCRIPPS HEALTH FROZE ALL BENEFITS UNDER THE EXISTING SERP PLAN FOR THE PARTICIPANTS EFFECTIVE DECEMBER 31, 2017, SCRIPPS HEALTH TERMINATED THIS 409(A) PLAN AND DISTRIBUTED TO EACH PARTICIPANT AN AMOUNT EQUAL TO THE INCOME TAX WITHHOLDING AND FICA TAXES DUE ON THE VESTED BENEFITS During CY18, there were payments of $373,000 made to Robin Brown from the SERP plan EFFECTIVE APRIL 1, 2014, SCRIPPS HEALTH PROVIDED DEFERRED COMPENSATION ARRANGEMENTS TO EXECUTIVES IN THE FORM OF LOANS TO PURCHASE LIFE INSURANCE PRODUCTS TO FUND POST-RETIREMENT INCOME SCRIPPS HEALTH EXECUTIVE BENEFITS PROGRAM PROVIDES A 457F PLAN WITH A FLEXIBLE BENEFIT ALLOWANCE THAT CAN BE USED TO PURCHASE ADDITIONAL INSURANCE COVERAGE FOR CERTAIN EXECUTIVE LEVEL EMPLOYEES ANY REMAINING BENEFIT ALLOWANCE CAN BE DEPOSITED INTO THE SUPPLEMENTAL ACCUMULATION RETIREMENT ACCOUNT (SARA) WITH A FUTURE VESTING DATE THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE SARA PLAN IN CALENDAR YEAR 2018 CHRISTOPHER VAN GORDER - $109,572 RICHARD ROTHBERGER - $477,938 RICHARD R SHERIDAN - $29,732 THOMAS GAMMIERE - $97,047 GARY FYBEL - $1,083,072 BRADLEY ELLIS - $34,633 BARBARA PRICE - $105,851 JAMES LA BELLE - $120,701 CARL ETTER - $73,715 ROBIN BROWN - $52,330 ERIC COLE - $43,144 JOHN ENGLE - $45,743 SHIRAZ FAGAN - $101,475 BRUCE RAINEY - $38,049 JAMES CROWDER - $85,958 MARY ELLEN DOYLE - $97,500 RICHARD NEALE - $156,681

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHRISTOPHER VAN GORDER PRESIDENT & CEO/TRUSTEE	(I)	1,362,511	438,537	169,948	429,745	19,817	2,420,558	109,572
	(II)	0	0	0	0	0	0	0
RICHARD ROTHBERGER TREASURER/CORP EXEC VP/CFO	(I)	782,009	202,292	798,668	72,416	22,729	1,878,114	602,126
	(II)	0	0	0	0	0	0	0
RICHARD R SHERIDAN SEC/CORP SR VP-HR/GEN COUNSL	(I)	598,442	116,488	43,549	211,132	31,591	1,001,202	29,732
	(II)	0	0	0	0	0	0	0
Thomas Buchholz Corp Sr VP, MD Anderson	(I)	455,219	350,000	17,710	110,428	14,634	947,991	0
	(II)	0	0	0	0	0	0	0
THOMAS GAMMIERE CHIEF EXECUTIVE, SR VP	(I)	605,050	116,112	121,146	162,403	31,426	1,036,137	97,047
	(II)	0	0	0	0	0	0	0
JUNE KOMAR CORP EXEC VP, STRATEGY & ADMIN	(I)	599,745	151,370	40,861	140,810	12,241	945,027	0
	(II)	0	0	0	0	0	0	0
GARY FYBEL CHIEF EXECUTIVE, SR VP	(I)	69,658	115,062	1,852,102	16,200	-8,220	2,044,802	1,083,072
	(II)	0	0	0	0	0	0	0
BRADLEY ELLIS CORP VP, ASST GENERAL COUNSEL	(I)	336,025	48,880	45,713	63,691	33,817	528,126	34,633
	(II)	0	0	0	0	0	0	0
Lisa Thakur Corp Sr VP, Ancillary Ops	(I)	370,908	51,895	11,662	72,745	31,041	538,251	0
	(II)	0	0	0	0	0	0	0
BARBARA PRICE CORP SRVP, BUS & SERV LINE DEV	(I)	558,353	104,132	116,745	146,292	26,066	951,588	105,851
	(II)	0	0	0	0	0	0	0
JAMES LABELLE MD CORP SR VP, CHIEF MED OFFICER	(I)	660,442	132,381	156,617	153,431	40,079	1,142,950	120,701
	(II)	0	0	0	0	0	0	0
CARL ETTER CHIEF EXECUTIVE, SR VP	(I)	579,098	98,886	121,077	137,709	20,218	956,988	73,715
	(II)	0	0	0	0	0	0	0
ROBIN BROWN CHIEF EXECUTIVE, SR VP	(I)	1,854	101,177	582,779	123,033	1,578	810,421	52,330
	(II)	0	0	0	0	0	0	0
Eric Cole Corp VP, Human Resources	(I)	371,621	43,726	69,774	37,705	32,980	555,806	43,144
	(II)	0	0	0	0	0	0	0
John Engle CORP SR VP, CHIEF DEVELOPMENT	(I)	433,072	84,625	90,585	99,906	30,534	738,722	45,743
	(II)	0	0	0	0	0	0	0
SHIRAZ FAGAN CHIEF EXECUTIVE, SR VP	(I)	793,976	112,333	114,015	221,569	34,053	1,275,946	101,475
	(II)	0	0	0	0	0	0	0
BRUCE RAINEY CORP VP, CONSTRUCTION/FACS	(I)	371,168	52,970	68,391	70,588	19,306	582,423	38,049
	(II)	0	0	0	0	0	0	0
JAMES CROWDER CORP SR VP, CIO	(I)	480,639	69,646	101,901	102,387	24,492	779,065	85,958
	(II)	0	0	0	0	0	0	0
MARY ELLEN DOYLE CORP VP, NURSING OPS	(I)	369,497	53,891	114,155	19,668	24,812	582,023	97,500
	(II)	0	0	0	0	0	0	0
Laurance Cracroft VP, Physician Network DEVT	(I)	416,608	37,734	10,087	13,500	33,719	511,648	0
	(II)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICHARD NEALE CORP EXEC VP, CHIEF GROWTH OFF	(I)	503,711	88,956	189,510	94,267	50,659	927,103	156,681
	(II)	0	0	0	0	0	0	0
John Poole CORP VP, SYSTEM IMPROVEMENT	(I)	420,496	51,977	11,514	85,394	18,942	588,323	0
	(II)	0	0	0	0	0	0	0
MARC A REYNOLDS FORMER KEY EMPLOYEE	(I)	251,987	81,424	62,566	63,083	17,237	476,297	50,724
	(II)	0	0	0	0	0	0	0
Victor V Buzachero FORMER KEY EMPLOYEE	(I)	0	97,154	8,812	0	0	105,966	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	000000000	01-31-2017	160,000,000	SEE PART VI		X		X		X
B	California Health Facilities Financing Authority	52-1643828	13033LVZ7	02-01-2012	288,143,095	SEE PART VI		X		X		X
C	California Health Facilities Financing Authority	52-1643828	000000000	02-29-2016	150,000,000	SEE PART VI		X		X		X
D	California Health Facilities Financing Authority	52-1643828	13033FWK2	06-02-2005	40,975,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	37,495,000	40,500,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	160,000,000	288,160,329	150,000,000	40,975,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	280,000
8	Credit enhancement from proceeds	0	0	0	918,283
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	288,160,329	150,000,000	0
11	Other spent proceeds	160,000,000	0	0	39,776,717
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2017	2013	2016	2008
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	X /	/ X	/ X	/ X
15	Were the bonds issued as part of an advance refunding issue?	/ X	/ X	/ X	X /
16	Has the final allocation of proceeds been made?	X /	X /	X /	X /
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X /	X /	X /	X /

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X			X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X	X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?			X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X	X	
b	Name of provider	0		0		0		WELLS FARGO	
c	Term of hedge								14 %
d	Was the hedge superintegrated?								X
e	Was the hedge terminated?								X

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (C) - CUSIP NUMBER	BOND ISSUE D (2005A/2008G) The Series 2005A Bonds, CUSIP #13033FWK2, were exchanged for the California Health Facilities Financing Authority Variable Rate Revenue Bonds, Series 2008G, CUSIP #13033F5M8 (Scripps Health) on August 14, 2008

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (E) - ISSUE PRICE	BOND ISSUE 2-C (2007A) The stated par of $49,995,000 differs from the $149,875,000 reported on Form 8038 as the $49,995,000 amount represents only Scripps Health's portion in a pool bond loan program

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE	BOND ISSUE 2-C (2007A) POOL BOND PROCEEDS WERE USED TO REFUND COMMERCIAL PAPER REVENUE NOTES, SERIES 2005A, WHICH WERE USED TO PURCHASE EQUIPMENT BOND ISSUE 1-A (2017A) THE $160,000,000 (2017A) REFUNDED THE 2008B-F BONDS THE ISSUE DATE FOR THE 2008B-F BONDS WAS 8/14/2008 BOND ISSUE D (2005A/2008G) THE $40,975,000 (2008G) EXCHANGED THE 2005A BOND THE ISSUE DATE FOR THE 2005A WAS 6/2/2005 THE PROCEEDS OF THE CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY ("CHFFA") VARIABLE RATE REVENUE BONDS, SERIES 2005A (SCRIPPS HEALTH) WERE ISSUED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF ADVANCE REFUNDING THE SCRIPPS HEALTH SERIES 1998C BONDS THE SERIES 2005A BONDS WERE EXCHANGED FOR THE CHFFA VARIABLE RATE REVENUE BONDS, SERIES 2008G (SCRIPPS HEALTH) ON AUGUST 14, 2008 BASED ON THE ADVICE OF BOND COUNSEL, THE ORGANIZATION IS TREATING 2008G BONDS AS THE SAME ISSUE AS THE 2005A BONDS FOR FEDERAL INCOME TAX PURPOSES FURTHER INFORMATION REGARDING THE SERIES 2008G BONDS ISSUER NAME CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY, ISSUER EIN 52-1643828, CUSIP # 13033F5M8, DATE EXCHANGED 8/14/2008, ISSUE PRICE N/A, DESCRIPTION OF PURPOSE EXCHANGE FOR SERIES 2005A BONDS BOND ISSUE 2-A (2010A) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT BOND ISSUE 2-B (2010B & C) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT BOND ISSUE 1-B (2012A-C) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT BOND ISSUE 1-C (2016A/B) PROCEEDS USED FOR CAPITAL EXPENDITURES FOR HEALTHCARE BUILDINGS, RENOVATION AND EQUIPMENT

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	BOND ISSUE 1-B (2012A-C) THE AMOUNT SHOWN IN PART II, LINE 3 CONSISTS OF THE ISSUE PRICE OF THE BONDS $288,143,095 PLUS INVESTMENT EARNINGS OF $17,234 BOND ISSUE 2-A (2010A) THE AMOUNT SHOWN IN PART II, LINE 3 CONSISTS OF THE ISSUE PRICE OF THE BONDS ($119,458,924) PLUS PROJECT FUND INVESTMENT EARNINGS OF $122,508 BOND ISSUE 2-B (2010B/C) THE AMOUNT SHOWN IN PART II, LINE 3 CONSISTS OF THE ISSUE PRICE OF THE BONDS $100,000,000 PLUS PROJECT FUND INVESTMENT EARNINGS OF $2,530

Return Reference	Explanation
SCHEDULE K, PART III - PRIVATE BUSINESS USE	BOND ISSUE D (2005A/2008G) THE SERIES 2005A BONDS REFUNDED PRIOR BONDS ORIGINALLY ISSUED BEFORE 2003 ACCORDINGLY, PART III REPORTING IS NOT REQUIRED

Return Reference	Explanation
SCHEDULE K, PART III, LINE 3B	THE OBLIGOR'S LEGAL DEPARTMENT REVIEWS CONTRACTS AND AGREEMENTS TO ENSURE COMPLIANCE WITH PRIVATE BUSINESS USE REGULATIONS, ENGAGING OUTSIDE LEGAL COUNSEL, AS NECESSARY SCHEDULE K, PART IV, LINE 2C BOND ISSUE 1-B (2012A-C) THE 2012A-C REBATE COMPUTATION WAS RECENTLY PERFORMED ON FEBRUARY 1, 2015 NO REBATE AMOUNT HAS ACCRUED AS OF THE END OF THE COMPUTATION PERIOD BOND ISSUE 1-C (2016A/B) THE 2016A/B REBATE COMPUTATION WAS RECENTLY PERFORMED ON FEBRUARY 28, 2018 NO REBATE AMOUNT HAS ACCRUED AS OF THE END OF THE COMPUTATION PERIOD BOND ISSUE D (2005A/2008G) THE 2005A/2008G REBATE COMPUTATION WAS RECENTLY PERFORMED ON JUNE 2, 2015 NO REBATE AMOUNT HAS ACCRUED AS OF THE END OF THE COMPUTATION PERIOD BOND ISSUE 2-A (2010A) THE 2010A REBATE COMPUTATION WAS RECENTLY PERFORMED ON FEBRUARY 4, 2015 NO REBATE AMOUNT HAS ACCRUED AS OF THE END OF THE COMPUTATION PERIOD BOND ISSUE 2-B (2010B/C) THE 2010B/C REBATE COMPUTATION WAS RECENTLY PERFORMED ON FEBRUARY 4, 2015 NO REBATE AMOUNT HAS ACCRUED AS OF THE END OF THE COMPUTATION PERIOD SCHEDULE K, PART IV, LINE 3 BOND ISSUE 1-B (2012A-C) THE 2012A ISSUE TOTALING $188,143,094 IS A FIXED RATE ISSUE WHEREAS THE 2010B&C TOTALING $100,000,000 IS A VARIABLE RATE ISSUE BOND ISSUE D (2005A/2008G) ON SEPTEMBER 18, 2012 THE ORGANIZATION ENTERED INTO INTEREST RATE SWAP NOVATIONS WITH WELLS FARGO BANK, N A , AS COUNTERPARTY, REPLACING THEN-EXISTING INTEREST RATE SWAPS WITH CITIBANK, N A

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 6	BOND ISSUE 2-C (2007A) An amount in the Cost of Issuance fund not exceeding $100,000 was not disbursed until May 2008

Return Reference	Explanation
SCHEDULE K, PART V	PROCEDURES TO UNDERTAKE CORRECTIVE ACTION THE ORGANIZATION HAS ADOPTED TAX-EXEMPT BOND COMPLIANCE PROCEDURES, INCLUDING PROCEDURES TO MONITOR PRIVATE BUSINESS USE OF FINANCED PROPERTY AND TAKING REMEDIAL ACTIONS, IF NECESSARY THE ORGANIZATION IS AWARE OF THE SERVICE'S VOLUNTARY CLOSING AGREEMENT PROGRAM FOR TAX-EXEMPT BONDS, AND HAS DISCUSSED THAT PROGRAM WITH COUNSEL THE ORGANIZATION HAS REVISED ITS WRITTEN PROCEDURES TO SPECIFICALLY MAKE REFERENCE TO THE SERVICE'S VOLUNTARY CLOSING AGREEMENT PROGRAM FOR TAX-EXEMPT BONDS

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	California Health Facilities Financing Authority	52-1643828	13033LFH5	02-04-2010	119,458,924	SEE PART VI		X		X		X
B	California Health Facilities Financing Authority	52-1643828	13033LFL6	02-04-2010	100,000,000	SEE PART VI		X		X		X
C	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTH	68-0164610	1309116Y1	03-02-2007	49,995,000	SEE PART VI		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	17,410,000	0	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	119,581,432	100,002,530	49,995,000	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	0	0	146,070	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	119,581,432	100,002,530	49,848,390	
11	Other spent proceeds	0	0	0	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2011	2011	2007	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X	X			
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X	X			
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) CHRIS VAN GORDER	OFFICER	DEF COMP		X	10,023,866	11,441,491		No	Yes		Yes	
(2) JUNE KOMAR	EXECUTIVE	DEF COMP		X	2,769,010	3,191,960		No	Yes		Yes	
(3) RICHARD SHERIDAN	OFFICER	DEF COMP		X	4,063,606	4,610,050		No	Yes		Yes	
(4) ROBIN BROWN	EXECUTIVE	DEF COMP		X	2,668,899	3,090,664		No	Yes		Yes	
Total					▶ $	22,334,165						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART II	LOANS TO AND FROM INTERESTED PERSONS EFFECTIVE JANUARY 1, 2014, SCRIPPS HEALTH FROZE ALL BENEFITS UNDER THE EXISTING SERP PLAN FOR FOUR PLAN PARTICIPANTS EFFECTIVE APRIL 1, 2014, SCRIPPS HEALTH PROVIDED DEFERRED COMPENSATION ARRANGEMENTS TO THOSE FOUR EXECUTIVES IN THE FORM OF LOANS TO PURCHASE LIFE INSURANCE PRODUCTS TO FUND POST-RETIREMENT INCOME
SCHEDULE L, PART IV	KATIE WOODHEAD, DAUGHTER OF KEY EMPLOYEE JOHN ENGLE, IS EMPLOYED BY SCRIPPS HEALTH LINDSEY VAN GORDER, DAUGHTER-IN-LAW OF BOARD MEMBER AND OFFICER CHRIS VAN GORDER, IS EMPLOYED BY SCRIPPS HEALTH DAVID VAN GORDER, SON OF BOARD MEMBER AND OFFICER CHRIS VAN GORDER, IS EMPLOYED BY SCRIPPS HEALTH

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	351,127,577	MEDICAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	59,272,363	MEDICAL SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	39,994,660	MEDICAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	26,166,679	CONSTRUCTION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	8,909,061	MEDICAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	6,954,078	CONSTRUCTION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,704,303	MEDICAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,547,957	CONSTRUCTION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,699,304	INSURANCE SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,578,425	COUNTY SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,557,250	MEDICAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,154,933	CONSTRUCTION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	900,874	OFFICE SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	515,756	COMPENSATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	511,707	MEDICAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	486,757	CONSTRUCTION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	450,704	CONSTRUCTION		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	412,782	COMPENSATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	402,751	OFFICE SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	381,195	CONSTRUCTION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	242,657	RENTAL SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	189,771	PARKING SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	144,596	COMPENSATION		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	108,473	CONSTRUCTION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KATIE WOODHEAD	SEE PART V	80,309	SEE PART V		No
LINDSEY VAN GORDER	SEE PART V	77,752	SEE PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID VAN GORDER	SEE PART V	62,574	SEE PART V		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	27	998,587	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	1	691,088	OPINION OF EXPERTS
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 1

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	Contributions Reported The number of transactions, which most closely approximates the number of items contributed, is being reported in Column B
SCHEDULE M, PART I, LINE 32B	THIRD PARTIES ENGAGED TO SOLICIT, PROCESS, AND SELL NON-CASH CONTRIBUTIONS GIFTS Gifts of securities are liquidated through licensed securities brokers Gifts of Real Estate are liquidated through licensed Real Estate Brokers

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I AND PART III, LINE 1	MISSION STATEMENT FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $3 4 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA SCRIPPS TREATS OVER HALF A MILLION PATIENTS ANNUALLY THROUGH THE DEDICATION OF 2,600 AFFILIATED PHYSICIANS AND 18,000 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH CARE, AND AN AMBULATORY CARE NETWORK OF CLINICS, PHYSICIANS' OFFICES AND OUTPATIENT CENTERS THROUGHOUT THE SAN DIEGO REGION RECOGNIZED AS A LEADER IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASE, SCRIPPS IS ALSO AT THE FOREFRONT OF CLINICAL RESEARCH, GENOMIC MEDICINE, WIRELESS HEALTH AND GRADUATE MEDICAL EDUCATION WITH THREE HIGHLY RESPECTED GRADUATE MEDICAL EDUCATION PROGRAMS, SCRIPPS IS A LONG STANDING MEMBER OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES MORE INFORMATION CAN BE FOUND AT WWW SCRIPPS ORG TODAY, THE HEALTH SYSTEM EXTENDS FROM CHULA VISTA TO OCEANSIDE, WITH 26 PRIMARY AND SPECIALTY CARE OUTPATIENT CENTERS A LEADER IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASE, SCRIPPS WAS NAMED BY TRUVEN IN 2013 AS ONE OF THE TOP 15 LARGE HEALTH SYSTEMS IN THE NATION FOR PROVIDING HIGH-QUALITY, SAFE AND EFFICIENT PATIENT CARE ON THE FOREFRONT OF GENOMIC MEDICINE AND WIRELESS HEALTH TECHNOLOGY, THE ORGANIZATION IS DEDICATED TO IMPROVING COMMUNITY HEALTH WHILE ADVANCING MEDICINE THROUGH CLINICAL RESEARCH AND GRADUATE MEDICAL EDUCATION SCRIPPS HAS ALSO EARNED A NATIONAL REPUTATION AS A PREMIER EMPLOYER, NAMED BY FORTUNE MAGAZINE AS ONE OF AMERICA'S "100 BEST COMPANIES TO WORK FOR" EVERY YEAR SINCE 2008 SCRIPPS HEALTH'S MISSION STATEMENT IS AS FOLLOWS SCRIPPS STRIVES TO PROVIDE SUPERIOR HEALTH SERVICES IN A CARING ENVIRONMENT AND TO MAKE A POSITIVE MEASURABLE DIFFERENCE IN THE HEALTH OF INDIVIDUALS IN THE COMMUNITIES WE SERVE WE DEVOTE OUR RESOURCES TO DELIVERING QUALITY, SAFE, COST-EFFECTIVE, AND SOCIALLY RESPONSIBLE HEALTH CARE SERVICES WE ADVANCE CLINICAL RESEARCH, HEALTH EDUCATION, EDUCATION OF PHYSICIANS AND HEALTH CARE PROFESSIONALS, AND SPONSOR GRADUATE MEDICAL EDUCATION WE COLLABORATE WITH OTHERS TO DELIVER THE CONTINUUM OF CARE THAT IMPROVES THE HEALTH OF OUR COMMUNITY

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FORM 990, PART III, LINE 4A	FULFILLING THE SCRIPPS MISSION DURING THIS FISCAL YEAR, SCRIPPS DEVOTED $442,735,122 TO CO MMUNITY BENEFIT PROGRAMS AND SERVICES IN THE AREAS OF UNCOMPENSATED CARE, COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND HEALTH RESEARCH OUR PROGRAMS EMPHASIZE COMMUNITY-BA SED PREVENTION EFFORTS AND USE INNOVATIVE APPROACHES TO REACH RESIDENTS AT GREATEST RISK F OR HEALTH PROBLEMS WE MAKE COMMITMENTS TO IMPROVE THE HEALTH OF OUR PATIENTS AND OUR SAN DIEGO COMMUNITIES AS A LONG-STANDING MEMBER OF THESE COMMUNITIES, AND AS A NOT-FOR-PROFIT COMMUNITY RESOURCE, OUR GOAL AND RESPONSIBILITY ARE TO PROVIDE HELP AND ASSISTANCE FOR AL L WHO COME TO US FOR CARE, AND TO REACH OUT ESPECIALLY TO THOSE WHO FIND THEMSELVES VULNER ABLE AND WITHOUT SUPPORT THIS RESPONSIBILITY IS AN INTRINSIC PART OF OUR MISSION THROUGH OUR CONTINUED ACTIONS AND COMMUNITY PARTNERSHIPS, WE STRIVE TO RAISE THE QUALITY OF LIFE IN THE COMMUNITY AS A WHOLE ASSESSING COMMUNITY NEED SCRIPPS HEALTH HAS A LONG HISTORY OF RESPONDING TO THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES, EXTENDING BEYOND TRADITIONAL HOSPITAL CARE TO ADDRESS THE HEALTH CARE NEEDS OF THE REGION'S MOST VULNERABLE POPULATION S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ORIGINATED FROM CALIFORNIA STATEWIDE LEGISLATI ON IN THE EARLY 1990S SB 697 TOOK EFFECT IN 1995, WHICH REQUIRED PRIVATE NOT-FOR-PROFIT H OSPITALS TO SUBMIT DETAILED INFORMATION TO THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEV ELOPMENT (OSHPD) ON THEIR COMMUNITY BENEFIT CONTRIBUTIONS ANNUAL HOSPITAL COMMUNITY BENEF IT REPORTS ARE SUMMARIZED BY OSHPD IN A REPORT TO THE LEGISLATURE, WHICH PROVIDES VALUABLE INFORMATION FOR GOVERNMENT OFFICIALS TO ASSESS THE CARE AND SERVICES PROVIDED TO THEIR CO NSTITUENTS THE SB 697 REQUIREMENT WAS SUPPLEMENTED IN 2010 BY REQUIREMENTS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OR ACA THAT NOT-FOR-PROFIT HOSPITALS CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENTS WITH COMMUNITY STAKE HOLDERS TO DETERMINE SIGNIFICANT HEALTH NEE DS OF THE COMMUNITY THEY SERVE AND IMPLEMENTATION STRATEGIES TO HELP MEET THOSE NEEDS ADD ITIONAL INFORMATION ON THE ACA REQUIREMENTS FOR NOT-FOR-PROFIT HOSPITALS CAN BE FOUND AT H TTP //WWW IRS GOV, KEYWORD "CHARITABLE ORGANIZATIONS " AS PART OF THE FEDERAL REPORTING R EQUIREMENT FOR PRIVATE, NOT-FOR-PROFIT (TAX EXEMPT) HOSPITALS, SCRIPPS CONDUCTS A CONSOLID ATED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND CORRESPONDING JOINT IMPLEMENTATIONS STRA TEGY FOR ITS LICENSED HOSPITAL FACILITIES EVERY THREE YEARS THIS COMPREHENSIVE ACCOUNT OF HEALTH NEEDS IN THE COMMUNITY IS DESIGNED FOR HOSPITALS TO PLAN THEIR COMMUNITY BENEFIT P ROGRAMS TOGETHER WITH OTHER LOCAL HEALTH CARE INSTITUTIONS, COMMUNITY-BASED ORGANIZATIONS AND CONSUMER GROUPS THE 2019 SCRIPPS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IS D ESIGNED TO PROVIDE A DEEPER UNDERSTANDING OF BARRIERS TO HEALTH IMPROVEMENT IN SAN DIEGO C OUNTY THE REPORT WILL HELP US UNDERSTAND OUR COMMUNITY'S HEALTH NEEDS AND INFORM COMMUNIT Y BENEFIT PLANNING AND THE IMP

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FORM 990, PART III, LINE 4A	LEMENTATION STRATEGY FOR SCRIPPS HEALTH IN ADDITION, THE ASSESSMENT ALLOWS INTERESTED PAR TIES AND MEMBERS OF THE COMMUNITY A MECHANISM TO ACCESS THE FULL SPECTRUM OF INFORMATION R ELATIVE TO THE DEVELOPMENT OF THE SCRIPPS HEALTH 2019 COMMUNITY HEALTH NEEDS ASSESSMENT RE PORT SCRIPPS STRIVES TO IMPROVE COMMUNITY HEALTH THROUGH COLLABORATION WORKING WITH OTHE R HEALTH SYSTEMS, COMMUNITY GROUPS, GOVERNMENT AGENCIES, BUSINESSES AND GRASSROOTS MOVEMEN TS, SCRIPPS IS BETTER ABLE TO BUILD UPON EXISTING ASSETS TO ACHIEVE BROAD COMMUNITY HEALTH GOALS THE COMPLETE REPORT IS AVAILABLE ONLINE AT SCRIPPS HEALTH 2019 COMMUNITY HEALTH NE EDS ASSESSMENT REPORT CHNA EXECUTIVE SUMMARY THE EXECUTIVE SUMMARY PROVIDES A HIGH-LEVEL SUMMARY OF THE 2019 CHNA METHODOLOGY AND FINDINGS THE FULL CHNA REPORT CONTAINS IN-DEPTH INFORMATION AND EXPLANATIONS OF THE DATA THAT PARTICIPATING HOSPITALS AND HEALTHCARE SYSTE MS WILL USE TO EVALUATE THE HEALTH NEEDS OF THEIR PATIENTS AND DETERMINE, ADAPT, OR CREATE PROGRAMS AT THEIR FACILITIES GROUNDED IN A LONGSTANDING COMMITMENT TO ADDRESS COMMUNITY HEALTH NEEDS IN SAN DIEGO, SEVEN HOSPITALS AND HEALTH CARE SYSTEMS, INCLUDING SCRIPPS HEAL TH CAME TOGETHER UNDER THE AUSPICES OF THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) TO CONDUCT A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT ID ENTIFIES AND PRIORITIZES THE MOST CRITICAL HEALTH-RELATED NEEDS OF SAN DIEGO COUNTY RESIDE NTS PARTICIPATING HOSPITALS WILL USE THE FINDINGS TO GUIDE THEIR COMMUNITY PROGRAMS AND M EET IRS REGULATORY REQUIREMENTS PER LEGISLATION, HOSPITALS CONDUCT A HEALTH NEEDS ASSESSM ENT IN THE COMMUNITY ONCE EVERY THREE YEARS THE 2019 SCRIPPS HEALTH COMMUNITY HEALTH NEED S ASSESSMENT (CHNA) IS DESIGNED TO PROVIDE A DEEPER UNDERSTANDING OF BARRIERS TO HEALTH IM PROVEMENT IN SAN DIEGO COUNTY AND BUILD ON THE RESULTS OF THE 2016 CHNA IT INCLUDES THREE TYPES OF COMMUNITY ENGAGEMENT EFFORTS FOCUS GROUPS WITH RESIDENTS, COMMUNITY-BASED ORGAN IZATIONS, SERVICE PROVIDERS, AND HEALTH CARE LEADERS, KEY INFORMANT INTERVIEWS WITH HEALTH CARE EXPERTS, AND AN ONLINE SURVEY FOR RESIDENTS AND STAKEHOLDERS IN ADDITION, THE CHNA INCLUDES EXTENSIVE QUANTITATIVE ANALYSIS OF NATIONAL AND STATE-WIDE DATA SETS, SAN DIEGO C OUNTY EMERGENCY DEPARTMENT AND INPATIENT HOSPITAL DISCHARGE DATA, COUNTY MORTALITY AND MOR BIDITY DATA, AND DATA RELATED TO SOCIAL DETERMINANTS OF HEALTH THESE TWO DIFFERENT APPROA CHES ALLOWED THE CHNA COMMITTEE TO VIEW COMMUNITY HEALTH NEEDS FROM MULTIPLE PERSPECTIVES PARTICIPATING HOSPITALS WILL USE THIS INFORMATION TO INFORM AND GUIDE HOSPITAL PROGRAMS A ND STRATEGIES THIS REPORT INCLUDES AN ANALYSIS OF HEALTH OUTCOMES AND ASSOCIATED SOCIAL D ETERMINANTS OF HEALTH WHICH CREATE HEALTH INEQUITIES-THE UNFAIR AND AVOIDABLE DIFFERENCES IN HEALTH STATUS SEEN WITHIN AND BETWEEN COUNTRIES AND COMMUNITIES WITH THE UNDERSTANDING THAT THE BURDEN OF ILLNESS, PREMATURE DEATH, AND DISABILITY DISPROPORTIONALLY AFFECTS RACI AL AND MINORITY POPULATION GRO

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FORM 990, PART III, LINE 4A	UPS AND OTHER UNDERSERVED POPULATIONS UNDERSTANDING REGIONAL AND POPULATION-SPECIFIC DIFF ERENCES IS AN IMPORTANT STEP TO UNDERSTANDING AND ULTIMATELY STRATEGIZING WAYS TO MAKE COL LECTIVE IMPACT THESE NEW INSIGHTS WILL ALLOW PARTICIPATING HOSPITALS TO IDENTIFY EFFECTIV E STRATEGIES TO ADDRESS THE MOST PREVALENT AND CHALLENGING HEALTH NEEDS IN THE COMMUNITY OVERVIEW AND BACKGROUND HASD&IC CONTRACTED WITH THE INSTITUTE FOR PUBLIC HEALTH (IPH) AT S AN DIEGO STATE UNIVERSITY (SDSU) TO PROVIDE ASSISTANCE WITH THE COLLABORATIVE HEALTH NEEDS ASSESSMENT THAT WAS OFFICIALLY CALLED THE HASD&IC 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (2019 CHNA) THE OBJECTIVE OF THE 2019 CHNA IS TO IDENTIFY AND PRIORITIZE THE MOST CRITICA L HEALTH-RELATED NEEDS IN SAN DIEGO COUNTY BASED ON FEEDBACK FROM COMMUNITY RESIDENTS IN H IGH NEED NEIGHBORHOODS AND QUANTITATIVE DATA ANALYSIS THE 2019 CHNA INVOLVED A MIXED METH ODS APPROACH USING THE MOST CURRENT QUANTITATIVE DATA AVAILABLE AND MORE EXTENSIVE QUALITA TIVE OUTREACH THROUGHOUT THE PROCESS, THE IPH MET BI-WEEKLY WITH THE HASD&IC CHNA COMMITT EE TO ANALYZE, REFINE, AND INTERPRET RESULTS AS THEY WERE BEING COLLECTED THE RESULTS OF THE 2019 CHNA WILL BE USED TO INFORM AND ADAPT HOSPITAL PROGRAMS AND STRATEGIES TO BETTER MEETING THE HEALTH NEEDS OF SAN DIEGO COUNTY RESIDENTS COMMUNITY DEFINED FOR THE PURPOSES OF THIS 2019 CHNA, THE SERVICE AREA IS DEFINED AS THE ENTIRE COUNTY OF SAN DIEGO DUE TO A BROAD REPRESENTATION OF HOSPITALS IN THE AREA OVER THREE MILLION PEOPLE LIVE IN THE SOCI ALLY AND ETHNICALLY DIVERSE COUNTY OF SAN DIEGO CURRENT POPULATION DEMOGRAPHICS AND CHANG ES IN DEMOGRAPHIC COMPOSITION OVER TIME PLAY A DEFINING ROLE IN THE TYPES OF HEALTH AND SO CIAL SERVICES NEEDED BY COMMUNITIES POPULATION SIZE, CHANGE IN POPULATION, RACE AND ETHNI CITY, AND AGE DISTRIBUTION OF A POPULATION ARE ALL IMPORTANT FACTORS IN UNDERSTANDING COMM UNITIES AND THEIR RESIDENTS POPULATION OVER THREE MILLION PEOPLE (3,283,665) LIVE IN THE 4,207 SQUARE MILE AREA OF SAN DIEGO COUNTY ACCORDING TO THE U S CENSUS BUREAU ACS 2013 T O 2017, 5-YEAR ESTIMATES THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 781 PERSONS P ER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION DENSITY OF APPROXIMATELY 9 1 PERSONS PER SQUARE MILE AGE THE MEDIAN AGE FOR SAN DIEGO COUNTY IS 35 4 YEARS THE DIS TRIBUTION OF THE POPULATION BY AGE SHOWS THAT 22 2% OF THE POPULATION IS UNDER THE AGE OF 18, 64 9% IS BETWEEN THE AGES OF 18 AND 64, AND 12 9% IS 65 YEARS OLD OR GREATER ADDITION AL INFORMATION ON SOCIOECONOMIC FACTORS, ACCESS TO CARE, HEALTH BEHAVIORS, AND THE PHYSICA L ENVIRONMENT CAN BE FOUND IN THE FULL SCRIPPS 2019 CHNA REPORT AT SCRIPPS HEALTH 2019 COM MUNITY HEALTH NEEDS ASSESSMENT REPORT

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FORM 990, PART III, LINE 4A (CONTINUED)	BECAUSE OF ITS LARGE GEOGRAPHIC SIZE AND POPULATION, THE SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA) ORGANIZED THEIR SERVICE AREAS INTO SIX GEOGRAPHIC REGIONS CENTRAL , EAST, NORTH CENTRAL, NORTH COASTAL, NORTH INLAND AND SOUTH WHEN POSSIBLE, DATA IS PRESE NTED AT A REGIONAL LEVEL TO PROVIDE MORE DETAILED UNDERSTANDING OF THE POPULATION SCRIPPS HEALTH COMMUNITY SERVED HOSPITALS AND HEALTH CARE SYSTEMS DEFINE THE COMMUNITY SERVED AS THOSE INDIVIDUALS RESIDING WITHIN ITS SERVICE AREA A HOSPITAL OR HEALTH CARE SYSTEM SERVI CE AREA INCLUDES ALL RESIDENTS IN A DEFINED GEOGRAPHIC AREA SURROUNDING THE HOSPITAL SCRI PPS SERVES THE ENTIRE SAN DIEGO COUNTY REGION WITH SERVICES CONCENTRATED IN NORTH COASTAL, NORTH CENTRAL, CENTRAL AND SOUTHERN REGION OF SAN DIEGO COMMUNITY OUTREACH EFFORTS ARE F OCUSED IN THOSE AREAS WITH PROXIMITY TO A SCRIPPS FACILITY SCRIPPS HOSTS, SPONSORS AND PA RTICIPATES IN MANY COMMUNITY-BUILDING EVENTS THROUGHOUT THE YEAR PER CALENDAR YEAR 2017, OSHPD ANNUAL FINANCIAL DATA THERE WERE 19 OTHER HOSPITAL FACILITIES SERVING THE SAN DIEGO COMMUNITY SCRIPPS MERCY HOSPITAL (SAN DIEGO AND CHULA VISTA CAMPUSES) PROVIDES 64 PERCENT OF THE CHARITY CARE WITHIN THE SCRIPPS SYSTEM SCRIPPS MERCY'S SERVICE AREA HAS A MORE EC ONOMICALLY DISADVANTAGED POPULATION COMPARED TO THE COUNTY AS A WHOLE, WITH THE LOWEST NUM BERS OF INSURED ADULTS IN THE COUNTY AND A MUCH HIGHER PERCENTAGE OF ETHNIC MINORITIES, PR IMARILY HISPANIC AND ASIAN AS A DISPROPORTIONATE-SHARE HOSPITAL, SCRIPPS MERCY SAN DIEGO AND CHULA VISTA CAMPUSES PLAY IMPORTANT HEALTH CARE SERVICE ROLES IN THE CENTRAL/SOUTHERN SAN DIEGO COUNTY SERVICE AREA (RANGING FROM INTERSTATE 8 TO THE UNITED STATES-MEXICO BORDE R) MORE THAN HALF OF SCRIPPS MERCY SAN DIEGO AND CHULA VISTA PATIENTS ARE GOVERNMENT INSU RED MEDICARE AND MEDI-CAL SCRIPPS HOSPITALS HOUSED 24 5% PERCENT OF THE COUNTY'S GENERAL ACUTE-CARE LICENSED BEDS SCRIPPS PROVIDES SIGNIFICANT AND GROWING VOLUMES OF EMERGENCY, O UTPATIENT AND PRIMARY CARE IN FY17, SCRIPPS PROVIDED 2,513,440 OUTPATIENT VISITS NEARLY HALF (38 8%) OF SAN DIEGO COUNTY'S 60,325 SAFETY NET DISCHARGES ARE FROM CENTRAL AND SOUTH SUBURBAN REGIONS SAFETY NET DISCHARGES INCLUDE COUNTY INDIGENT PROGRAMS, MEDI-CAL AND SE LF-PAY SOURCE OSHPD 2017 CY HOSPITAL ANNUAL SELECTED FILE COMMUNITY PRIORITY PROCESS (C HNA METHODOLOGY) FOR THE 2019 CHNA QUANTITATIVE ANALYSES OF PUBLICLY AVAILABLE DATA PROVID ED AN OVERVIEW OF CRITICAL HEALTH ISSUES ACROSS SAN DIEGO COUNTY, WHILE QUALITATIVE ANALYS ES OF FEEDBACK FROM THE COMMUNITY PROVIDED AN APPRECIATION FOR THE EXPERIENCES AND NEEDS O F SAN DIEGANS THE CHNA COMMITTEE REVIEWED THESE ANALYSES AND APPLIED A PRE-DETERMINED SET OF CRITERIA TO THEM TO PRIORITIZE THE TOP HEALTH NEEDS IN SAN DIEGO COUNTY FOR A COMPLET E DESCRIPTION OF THE HASD&IC 2019 PROCESS AND FINDINGS, SEE FULL REPORT AVAILABLE AT HTTPS //WWW HASDIC ORG/2019-CHNA QUANTITATIVE QUANTITATIVE DATA WERE DRAWN FROM SEVERAL PUBLIC SOURCES DATA FROM DIGNITY HE

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FORM 990, PART III, LINE 4A (CONTINUED)	ALTH/TRUVEN HEALTH COMMUNITY NEEDS INDEX (CNI) AND THE PUBLIC HEALTH ALLIANCE OF SOUTHERN CALIFORNIA'S HEALTHY PLACES INDEX (HPI) WERE USED TO IDENTIFY GEOGRAPHIC COMMUNITIES IN SA N DIEGO COUNTY THAT WERE MORE LIKELY TO BE EXPERIENCING HEALTH INEQUITIES, WHICH GUIDED TH E SELECTION OF COMMUNITIES FOR THE ENGAGEMENT AND THE DEVELOPMENT OF ENGAGEMENT QUESTIONS HOSPITAL DISCHARGE DATA EXPORTED FROM SPEEDTRACK'S CALIFORNIA UNIVERSAL PATIENT INFORMATI ON DISCOVERY, OR CUPID APPLICATION WERE USED TO IDENTIFY CURRENT AND THREE-YEAR TRENDS IN PRIMARY DIAGNOSIS DISCHARGE CATEGORIES AND WERE STRATIFIED BY AGE AND RACE THIS ALLOWED F OR THE IDENTIFICATION OF HEALTH DISPARITIES AND THE CONDITIONS HAVING THE GREATEST IMPACT ON HOSPITALS AND HEALTH SYSTEMS IN SAN DIEGO COUNTY DATA FROM NATIONAL AND STATE-WIDE DAT A SETS WERE ANALYZED INCLUDING SAN DIEGO COUNTY MORTALITY AND MORBIDITY DATA, AND DATA REL ATED TO SOCIAL DETERMINANTS OF HEALTH IN ADDITION, KAISER PERMANENTE CONSOLIDATED DATA FR OM SEVERAL NATIONAL AND STATE-WIDE DATA SETS RELATED TO A VARIETY OF HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEALTH IN SAN DIEGO COUNTY AND CONDUCTED A COMPREHENSIVE STATISTIC AL ANALYSIS TO IDENTIFY WHICH SOCIAL DETERMINANTS OF HEALTH WERE MOST PREDICTIVE OF NEGATI VE HEALTH OUTCOMES KAISER PERMANENTE THEN CREATED A WEB-BASED DATA PLATFORM (CHNA ORG/KP) TO POST THESE ANALYSES FOR USE IN THE CHNA THESE ANALYSES GUIDED THE DESIGN OF THE ONLIN E SURVEY, INTERVIEW, AND FOCUS GROUP QUESTIONS COMMUNITY ENGAGEMENT COMMUNITY ENGAGEMENT ACTIVITIES INCLUDED FOCUS GROUPS, KEY INFORMANT INTERVIEWS, AND AN ONLINE SURVEY WHICH TAR GETED STAKEHOLDERS FROM EVERY REGION OF SAN DIEGO COUNTY, ALL AGE GROUPS, AND NUMEROUS RAC IAL AND ETHNIC GROUPS COLLABORATION WITH THE COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES AGENCY, PUBLIC HEALTH SERVICES WAS VITAL TO THIS PROCESS A TOTAL OF 579 INDIVIDUALS PARTI CIPATED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT 138 COMMUNITY RESIDENTS AND 441 LEA DERS AND EXPERTS 2019 CHNA PRIORITIZATION OF THE TOP HEALTH NEEDS THE CHNA COMMITTEE COLL ECTIVELY REVIEWED THE QUANTITATIVE AND QUALITATIVE DATA AND FINDINGS SEVERAL CRITERIA WER E APPLIED TO THE DATA TO DETERMINE WHICH HEALTH CONDITIONS WERE OF THE HIGHEST PRIORITY IN SAN DIEGO COUNTY THESE CRITERIA INCLUDED THE SEVERITY OF THE NEED, THE MAGNITUDE/SCALE OF THE NEED, DISPARITIES OR INEQUITIES AND CHANGE OVER TIME THOSE HEALTH CONDITIONS AND S OCIAL DETERMINANTS OF HEALTH (SDOH) THAT MET THE LARGEST NUMBER OF CRITERIA WERE THEN SELE CTED AS TOP PRIORITY COMMUNITY HEALTH NEEDS 2019 FINDINGS TOP 10 COMMUNITY HEALTH NEEDS THE CHNA COMMITTEE IDENTIFIED THE FOLLOWING AS THE HIGHEST PRIORITY COMMUNITY HEALTH NEEDS IN SAN DIEGO COUNTY (IN ALPHABETICAL ORDER BY SDOH OR HEALTH CONDITION) ACCESS TO HEALTH CARE OVERCOMING BARRIERS TO HEALTH CARE, SUCH AS LACK OF HEALTH INSURANCE AND INSURANCE I SSUES, ECONOMIC INSECURITY, TRANSPORTATION, THE SHORTAGE OF CULTURALLY COMPETENT CARE, FEA RS ABOUT IMMIGRATION STATUS, A

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FORM 990, PART III, LINE 4A (CONTINUED)	ND THE SHORTAGE OF HEALTH CARE PROVIDERS EMERGED AS A HIGH PRIORITY COMMUNITY NEED IN ADD ITION, SPECIFIC SERVICES WERE IDENTIFIED AS CHALLENGING TO OBTAIN, INCLUDING BEHAVIORAL HE ALTH CARE, DENTAL CARE, PRIMARY CARE, AND SPECIALTY CARE AGING CONCERNS CONDITIONS THAT P REDOMINANTLY AFFECT PEOPLE WHO ARE 65 AND OLDER SUCH AS ALZHEIMER'S DISEASE, PARKINSON'S, DEMENTIA, FALLS, AND LIMITED MOBILITY WERE IDENTIFIED AS A HIGH PRIORITY HEALTH NEED COMM UNITY ENGAGEMENT PARTICIPANTS MOST OFTEN DESCRIBED AGING CONCERNS IN RELATION TO THE SOCIA L DETERMINANTS OF HEALTH, INCLUDING TRANSPORTATION, ACCESS TO FRESH FOOD, SOCIAL ISOLATIO N AND INADEQUATE FAMILY SUPPORT, AND ECONOMIC INSECURITY BEHAVIORAL HEALTH GREATER ACCESS TO BEHAVIORAL HEALTH CARE WAS CITED AS A PRIORITY HEALTH NEED THREE TYPES OF BEHAVIORAL HEALTH CARE WERE IDENTIFIED AS CHALLENGING TO ACCESS URGENT CARE SERVICES FOR CRISIS SITU ATIONS, INPATIENT PSYCHIATRIC BEDS AND SUBSTANCE ABUSE FACILITIES, AND TRANSITIONAL PROGRA MS AND SERVICES FOR POST-ACUTE CARE IN ADDITION, SEVERAL BARRIERS TO BEHAVIORAL HEALTH CA RE WERE NAMED AS PRIORITIES TO ADDRESS, INCLUDING A LACK OF AVAILABILITY OF NEEDED SERVICE S AND APPOINTMENTS, INSURANCE ISSUES, LOGISTICAL ISSUES, SUCH AS TRANSPORTATION AND TIME O FF WORK, AND THE INABILITY TO PAY CO-PAYS AND DEDUCTIBLES CANCER HEALTH NEEDS RELATED TO CANCER WERE DESCRIBED IN RELATION TO THE EFFECTS ON WELL-BEING BEYOND PHYSICAL HEALTH THE SE INCLUDE FINANCIAL, PRACTICAL, AND EMOTIONAL IMPACTS ON INDIVIDUALS AND FAMILIES, THESE EFFECTS ARE EXACERBATED BY BARRIERS TO CANCER CARE CHRONIC CONDITIONS THREE CHRONIC CONDI TIONS WERE IDENTIFIED AS PRIORITIES CARDIOVASCULAR DISEASE, DIABETES, AND OBESITY KEY FA CTORS THAT INDIVIDUALS STRUGGLE WITH TO PREVENT CHRONIC DISEASES INCLUDE ACCESS TO FRESH, HEALTH FOODS AND SAFE PLACES TO EXERCISE AND PLAY IN ADDITION, ECONOMIC ISSUES, TRANSPORT ATION TO MEDICAL CARE, FEARS ABOUT IMMIGRATION STATUS, AND A LACK OF KNOWLEDGE ABOUT CHRON IC CONDITIONS WERE NAMED AS PARTICULAR CHALLENGES RELATED TO THE MANAGEMENT OF CHRONIC CON DITIONS

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FORM 990, PART III, LINE 4A (CONTINUED)	COMMUNITY AND SOCIAL SUPPORT A HIGH PRIORITY FOR THE WELL-BEING OF SAN DIEGO RESIDENTS IS ENSURING THAT INDIVIDUALS HAVE ADEQUATE RESOURCES AND SUBSTANTIAL SUPPORT WITHIN THEIR NEI GHBORHOOD VALUABLE NEIGHBORHOOD RESOURCES INCLUDE FEDERALLY QUALIFIED HEALTH CENTERS (FQH CS) AND THOSE THAT ARE CULTURALLY AND LINGUISTICALLY COMPETENT WITHOUT ADEQUATE SUPPORT F ROM OTHERS, COMMUNITY ENGAGEMENT AND COMMUNITY SPIRIT ARE AFFECTED ECONOMIC SECURITY ECON OMIC SECURITY WAS NAMED AS VITALLY IMPORTANT TO THE WELL-BEING OF SAN DIEGO RESIDENTS AND WAS DESCRIBED AS IMPACTING EVERY ASPECT OF RESIDENTS' DAILY LIFE THE HEALTH OF THOSE WHO ARE ECONOMICALLY INSECURE IS NEGATIVELY AFFECTED BY FOOD INSECURITY, CHRONIC STRESS AND AN XIETY, AND THE LACK OF TIME AND MONEY TO TAKE CARE OF HEALTH NEEDS IN SAN DIEGO COUNTY, 1 3 3% OF RESIDENTS HAVE INCOMES BELOW THE FEDERAL POVERTY LEVEL AND 15% EXPERIENCE FOOD INS ECURITY THOSE WHO ARE ECONOMICALLY INSECURE ARE AT GREATER RISK OF POOR MENTAL HEALTH DAY S, AS WELL AS, ASTHMA, OBESITY, DIABETES, STROKE, CANCER, SMOKING, PEDESTRIAN INJURY AND V ISITS TO THE EMERGENCY DEPARTMENT FOR HEART ATTACKS FACTORS IDENTIFIED AS CONTRIBUTING TO ECONOMIC INSECURITY INCLUDE HOUSING AND CHILD CARE COSTS AS WELL AS LOW WAGES EDUCATION RECEIVING A HIGH SCHOOL DIPLOMA, HAVING THE OPPORTUNITY TO PURSUE HIGHER OR VOCATIONAL EDU CATION, BEING HEALTH LITERATE, AND HAVING OPPORTUNITIES FOR NON-ACADEMIC CONTINUING EDUCAT ION WERE IDENTIFIED AS IMPORTANT PRIORITIES FOR THE HEALTH AND WELL-BEING OF SAN DIEGO RES IDENTS FAMILY STRESS AND A LACK OF SCHOOL AND COMMUNITY RESOURCES WERE IDENTIFIED AS FACT ORS UNDERLYING LOW LEVELS OF EDUCATIONAL ATTAINMENT HOMELESSNESS AND HOUSING INSTABILITY HOMELESSNESS AND HOUSING INSTABILITY WERE NAMED AS IMPORTANT FACTORS AFFECTING THE HEALTH OF SAN DIEGO COUNTY RESIDENTS THEY WERE DESCRIBED AS HAVING SERIOUS HEALTH IMPACTS, SUCH AS INCREASING EXPOSURE TO INFECTIOUS DISEASE, CREATING SUBSTANTIAL CHALLENGES IN THE MANAG EMENT OF CHRONIC DISEASES AND WOUND CARE, AND INCREASING STRESS AND ANXIETY POOR HOUSING CONDITIONS WERE ALSO CITED AS IMPACTFUL OF PHYSICAL AND MENTAL HEALTH, CROWDED HOUSING LEA DS TO THE SPREAD OF ILLNESS, AND ENVIRONMENTAL HAZARDS CAN EXACERBATE CONDITIONS LIKE ASTH MA UNINTENTIONAL INJURY AND VIOLENCE EXPOSURE TO VIOLENCE AND NEIGHBORHOOD SAFETY WERE CI TED AS PRIORITY HEALTH NEEDS FOR SAN DIEGANS NEIGHBORHOOD SAFETY WAS DISCUSSED AS INFLUEN CING RESIDENTS' ABILITY TO MAINTAIN GOOD HEALTH, WHILE EXPOSURE TO VIOLENCE WAS DESCRIBED AS TRAUMATIC AND IMPACTFUL ON MENTAL HEALTH COMMUNITY RESOURCES THE 2019 CHNA IDENTIFIED MANY HEALTH RESOURCES IN SAN DIEGO COUNTY, INCLUDING THOSE PROVIDED BY COMMUNITY-BASED ORG ANIZATIONS, GOVERNMENT DEPARTMENTS AND AGENCIES, HOSPITAL AND CLINIC PARTNERS, AND OTHER C OMMUNITY MEMBERS AND ORGANIZATIONS ENGAGED IN ADDRESSING MANY OF THE HEALTH NEEDS IDENTIFI ED BY THIS ASSESSMENT IN ADDITION, 2-1-1 SAN DIEGO IS AN IMPORTANT COMMUNITY RESOURCE AND INFORMATION HUB THAT FACILITA

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FORM 990, PART III, LINE 4A (CONTINUED)	TES ACCESS TO SERVICES THROUGH ITS 24/7 PHONE SERVICE AND ONLINE DATABASE, 2-1-1 SAN DIEG O HELPS CONNECT INDIVIDUALS WITH COMMUNITY, HEALTH, AND DISASTER SERVICES IN ADDITION TO COMMUNITY INPUT ON HEALTH CONDITIONS AND SOCIAL DETERMINANTS OF HEALTH, A WEALTH OF IDEAS EMERGED FROM COMMUNITY ENGAGEMENT PARTICIPANTS ABOUT HOW HOSPITALS AND HEALTH SYSTEMS COUL D SUPPORT, EXPAND, OR CREATE ADDITIONAL RESOURCES AND PARTNER WITH ORGANIZATIONS TO BETTER MEET SAN DIEGO'S COMMUNITY HEALTH NEEDS CONCLUSIONS AND NEXT STEPS THE 2019 CHNA WILL BE UTILIZED BY SCRIPPS HEALTH AND PARTICIPATING HOSPITALS AND HEALTH SYSTEMS TO EVALUATE OPP ORTUNITIES FOR NEXT STEPS TO ADDRESS THE TOP IDENTIFIED HEALTH AND SOCIAL NEEDS IN THEIR R ESPECTIVE PATIENT COMMUNITIES IN ADDITION, THE CHNA REPORT WILL BE MADE AVAILABLE TO THE BROADER COMMUNITY AND IS INTENDED TO BE A USEFUL RESOURCE TO BOTH RESIDENTS AND HEALTH CAR E PROVIDERS TO FURTHER COMMUNITYWIDE HEALTH ACCESS AND HEALTH IMPROVEMENT EFFORTS THE CHN A COMMITTEE IS IN THE PROCESS OF PLANNING PHASE 2 OF THE 2019 CHNA, WHICH WILL INCLUDE GAT HERING COMMUNITY FEEDBACK ON THE 2019 CHNA PROCESS AND STRENGTHENING PARTNERSHIPS AROUND T HE IDENTIFIED PRIORITY HEALTH NEEDS AND SOCIAL DETERMINANTS OF HEALTH SCRIPPS HEALTH IMPL EMENTATION PLAN WITH THE 2019 CHNA COMPLETE AND HEALTH PRIORITY AREAS IDENTIFIED, SCRIPPS HEALTH HAS DEVELOPED A CORRESPONDING IMPLEMENTATION STRATEGY-A MULTIFACETED, MULTI-STAKEHO LDER, PLAN THAT ADDRESSES THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA THE IMPLEMENT ATION PLAN TRANSLATES THE RESEARCH AND ANALYSIS PRESENTED IN THE ASSESSMENT INTO ACTUAL ME ASURABLE STRATEGIES AND OBJECTIVES THAT CAN BE CARRIED OUT TO IMPROVE COMMUNITY HEALTH OUT COMES SCRIPPS HEALTH ANTICIPATES THE IMPLEMENTATION STRATEGIES MAY EVOLVE DUE TO THE FAST PACE AT WHICH COMMUNITY AND HEALTH CARE INDUSTRY CHANGE THEREFORE, A FLEXIBLE APPROACH I S BEST SUITED FOR THE DEVELOPMENT OF ITS RESPONSE TO THE SCRIPPS HEALTH COMMUNITY HEALTH N EEDS ASSESSMENT (CHNA) ON AN ANNUAL BASIS SCRIPPS HEALTH EVALUATES THE IMPLEMENTATION STR ATEGY AND ITS RESOURCES AND INTERVENTIONS, AND MAKES ADJUSTMENTS AS NEEDED TO ACHIEVE ITS STATED GOALS AND OUTCOME MEASURES AS WELL AS TO ADAPT TO CHANGES AND RESOURCES AVAILABLE SCRIPPS DESCRIBES ANY CHALLENGES ENCOUNTERED TO ACHIEVE THE OUTCOMES AND MAKES MODIFICATIO NS AS NEEDED IN ADDITION, SCRIPPS HEALTH IMPLEMENTATION PLAN IS FILED WITH THE INTERNAL R EVENUE SERVICE USING FORM 990 SCHEDULE H ON AN ANNUAL BASIS IN RESPONSE TO IDENTIFIED UNM ET HEALTH NEEDS IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT DURING THE TIME PERIOD OF FY 20-FY22, SCRIPPS HEALTH IS FOCUSING ON THE STRATEGIES AND INITIATIVES, THEIR MEASURES OF I MPLEMENTATION AND THE METRICS USED TO EVALUATE THEIR EFFECTIVENESS SCRIPPS WILL MONITOR A ND EVALUATE THE STRATEGIES LISTED IN THE IMPLEMENTATION PLAN FOR THE PURPOSE OF TRACKING T HE IMPLEMENTATION OF THOSE STRATEGIES AS WELL AS THE DOCUMENT THE ANTICIPATED IMPACT PLAN S TO MONITOR WILL BE TAILORED

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FORM 990, PART III, LINE 4A (CONTINUED)	TO EACH STRATEGY AND WILL INCLUDE THE COLLECTION AND DOCUMENTATION OF TRACKING MEASURES T HE COMPLETE FY 2020 - 2022 SCRIPPS IMPLEMENTATION PLAN IS AVAILABLE ONLINE AT SCRIPPS ORG IN AN EFFORT TO PROVIDE FOR PEOPLE IN NEED, SCRIPPS SPONSORED/ENGAGED IN THE FOLLOWING PR OGRAMS IN FISCAL YEAR 2019 ACCESS TO CARE ACCESS TO HIGH QUALITY, COMPREHENSIVE CARE IS V ITAL FOR PRESERVING GOOD HEALTH, PREVENTING AND MANAGING DISEASE, DECREASING DISABILITY, A VERTING PREMATURE DEATH, AND ACHIEVING HEALTH EQUITY FOR ALL TO ACCESS CARE, PEOPLE NEED HEALTH INSURANCE COVERAGE AND A CONSISTENT SOURCE OF CARE THAT PROVIDES EVIDENCE-BASED, CU LTURALLY COMPETENT PREVENTIVE AND EMERGENCY MEDICAL SERVICES IN A TIMELY MANNER A LACK OF HEALTH INSURANCE COVERAGE REPRESENTS A MAJOR BARRIER TO HEALTH CARE SERVICES IN SAN DIEG O COUNTY, 12% OF PEOPLE ARE UNINSURED CERTAIN GROUPS, INCLUDING THOSE WHO IDENTIFY AS "OT HER," NATIVE AMERICAN/ALASKA NATIVES, HISPANICS, PACIFIC ISLANDERS, AND BLACKS, HAVE HIGHE R RATES OF BEING UNINSURED THAN OTHERS ACCESS TO CARE INCLUDES TWO COMPONENTS-THE SPECIFI C SERVICES THAT INDIVIDUALS ARE UNABLE TO OBTAIN AND THE BARRIERS AND SDOH THAT PREVENT IN DIVIDUALS FROM OBTAINING THESE SERVICES 1 TYPES OF CARE THAT ARE DIFFICULT TO ACCESS - B EHAVIORAL HEALTH CARE - DENTAL CARE - PRIMARY CARE - SPECIALTY CARE 2 BARRIERS TO ACCESSI NG CARE & ASSOCIATED SDOH - CULTURALLY COMPETENT CARE - ECONOMIC SECURITY - FEAR RELATED T O IMMIGRATION STATUS - LACK OF HEALTH INSURANCE & INSURANCE ISSUES - SHORTAGE OF HEALTH CA RE PROVIDERS - TRANSPORTATION A LACK OF HEALTH INSURANCE IS A PREDICTOR OF MANY HEALTH CON DITIONS, INCLUDING MORE POOR MENTAL HEALTH DAYS, MORE VISITS TO THE ED FOR HEART ATTACKS, A HIGHER PREVALENCE OF ASTHMA, AND OBESITY, MORE LOW BIRTH WEIGHT BABIES, AND HIGHER PREVA LENCE OF SMOKING REDUCED ACCESS TO BASIC HEALTH CARE SERVICES INCREASES ILLNESS, INJURY A ND MORTALITY AND IS A MAJOR BURDEN ON HOSPITALS AND HEALTH PROVIDERS, WHO MUST PROVIDE UNC OMPENSATED CARE FOR THE UNINSURED ACCESS TO HEALTH CARE EMERGED AS A HIGH PRIORITY HEALTH NEED IN BOTH THE SECONDARY DATA ANALYSES AND COMMUNITY ENGAGEMENT EVENTS IN THE 2019 SCRI PPS COMMUNITY HEALTH NEEDS ASSESSMENT THROUGH THE COMMUNITY ENGAGEMENT CONDUCTED WE HEARD FROM THE COMMUNITY THAT EVEN WHEN INSURANCE IS SECURED, INCLUDED LACK OF TRANSPORTATION - ESPECIALLY FOR SENIORS - AND LACK OF CULTURALLY AND LINGUISTICALLY COMPETENT CARE ARE MAI N BARRIERS IN AN EFFORT TO PROVIDE FOR PEOPLE IN NEED, SCRIPPS SPONSORED A NUMBER OF PROG RAMS AND ACTIVITIES IN FY19

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FORM 990, PART III, LINE 4A (CONTINUED)	MERCY OUTREACH SURGICAL TEAM PROVIDES LIFE-CHANGING CARE TO CHILDREN IN MEXICO FOR THREE D ECADES, THE MERCY OUTREACH SURGICAL TEAM (M O S T) HAS BEEN CROSSING BORDERS AND CHANGING LIVES WORKING IN MEXICO, THE MERCY OUTREACH SURGICAL TEAM PROVIDES RECONSTRUCTIVE SURGERI ES FOR CHILDREN SUFFERING FROM BIRTH DEFECTS OR ACCIDENTS IN SPECIAL CIRCUMSTANCES, SURGE RIES ARE ALSO PROVIDED FOR ADULTS DURING FY19, THE M O S T TEAM SERVED IN TWO OUTREACH MI SSION TRIPS THE M O S T TEAM VOLUNTEERED OVER 2,800 HOURS TO PROVIDE RECONSTRUCTIVE SURGE RIES FOR MORE THAN 200 PEOPLE THE M O S T PROGRAM CELEBRATED ITS 32ND ANNIVERSARY THIS YE AR - OCTOBER 2018 IN OCTOBER 2018, A TEAM OF 48 M O S T VOLUNTEERS INCLUDING THREE PLAST IC SURGEONS, ONE UROLOGIST, AND A GENERAL SURGEON TRAVELED OVER 1,500 MILES FROM SAN DIEGO TO MORELIA, MEXICO THE TEAM HELPED 168 PATIENTS ON THIS MISSION - MAY 2019 WITH SO MANY PATIENTS IN NEED, M O S T TRAVELED TO HERMOSILLO IN THE STATE OF SONORA TO OFFER EYE SUR GERIES IN EARLY MAY OF 2019 DURING THIS 4-DAY MISSION TRIP, THE TEAM PROVIDED 105 EYE SUR GERIES AND PROVIDED EYEGLASSES TO 41 CHILDREN SCRIPPS RECUPERATIVE CARE PROGRAMS (RCU) TH E SCRIPPS/SD RESCUE MISSION RECUPERATIVE CARE UNIT (RCU) PROJECT PROVIDES A SAFE DISCHARGE FOR CHRONICALLY HOMELESS PATIENTS WITH ONGOING MEDICAL NEEDS ALL PATIENTS ARE UNFUNDED O R UNDERFUNDED MOST HAVE SUBSTANCE ABUSE AND/OR MENTAL HEALTH ISSUES LACK OF FUNDING, MEN TAL ILLNESS, AS WELL AS ALCOHOL AND/OR SUBSTANCE ABUSE, MAKES POST-ACUTE PLACEMENT OF THES E HOMELESS PATIENTS DIFFICULT RN CASE MANAGEMENT ASSISTS WITH APPOINTMENTS, MEDICATIONS, DURABLE MEDICAL EQUIPMENT (DME), AND PLANS OF CARE, WHILE WORKING CLOSELY WITH RCU STAFF OVERSIGHT IS PROVIDED BY SCRIPPS WITH PHYSICIAN BACKUP TO ENSURE COMPLETION OF THEIR MEDIC AL RECOVERY GOALS SCRIPPS PAYS THE RESCUE MISSION A DAILY RATE FOR HOUSING AND SERVICES P ROVIDED TO THE PATIENTS THE RESCUE MISSION PROVIDES A SAFE, SECURE ENVIRONMENT, WITH 24-H OUR SUPERVISION, MEDICATION OVERSIGHT, MEALS, CLOTHING, AND COUNSELING, ASSISTANCE WITH MC AL, AND DISABILITY APPLICATIONS, REFERRALS TO REHAB AND OTHER PROGRAMS, AND HELP FINDING P ERMANENT OR TRANSITIONAL HOUSING USING COUNTY RESOURCES PATIENT TRANSPORTATION NEEDS ARE COORDINATED AND PROVIDED BY BOTH THE RESCUE MISSION AND SCRIPPS TO MAINTAIN THE PATIENT'S MEDICAL STABILITY, MEDICATIONS, DME AND OTHER NEEDED SERVICES ARE PROVIDED BY SCRIPPS WHE N FUNDING IS NOT AVAILABLE PATIENTS WITH PSYCHIATRIC DISORDERS ARE ESTABLISHED WITH A PSY CHIATRIST IN THE COMMUNITY IF THEY ARE WILLING ALL PATIENTS ARE REFERRED TO A MEDICAL HOM E IN THE COMMUNITY THE RCU LOCATED AT THE SAN DIEGO RESCUE MISSION CLOSED ITS DOORS ON JA NUARY 14, 2019 THIS YEAR, 15 PATIENTS ACCOUNTED FOR RCU ADMISSIONS AS A GROUP, THE RCU P ATIENTS HAD A CUMULATIVE 223 HOSPITAL DAYS OF STAY, AN AVERAGE OF 14 HOSPITAL DAYS OF STAY , BEFORE GOING TO RCU THE RCU HAS TAKEN MEDICALLY COMPLEX PATIENTS, INCLUDING THOSE WITH IV ANTIBIOTICS, WOUND VACS, S

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FORM 990, PART III, LINE 4A (CONTINUED)	KIN GRAFTS, FRACTURES, ABSCESSES, OSTEOMYELITIS, AMPUTATION, PARAPLEGIA, DOG BITES, DKA, G I BLEEDS, PANCREATITIS, ESRD ON DIALYSIS, END STAGE LIVER DISEASE, DIABETES, TRAUMATIC BRA IN INJURY OR ENCEPHALOPATHY, OSTOMIES, COMPLEX TRAUMA, MVA, PEDESTRIAN VERSUS AUTO, PLEURA L EFFUSION, CVA, CANCER (LYMPHOMA, PANCREATIC CANCER, BRAIN MASS), HIV/AIDS, SEPSIS, RESPI RATORY FAILURE, PNEUMONIA, CHF PATIENTS WERE ASSAULT VICTIMS WITH GUNSHOT AND STAB WOUNDS , FACIAL TRAUMA, AND SURGICAL POST OP PATIENTS MANY ARE DIABETIC AND HAVE PSYCHIATRIC CON DITIONS OVER 70% OF THIS GROUP WERE EITHER POSITIVE FOR ALCOHOL, DRUGS ON DRUG SCREEN OR HAD A DRUG HISTORY ADDRESSED BY THE PHYSICIAN IN THE H & P MORE SPECIFICALLY, 43% OF RCU CLIENTS HAD USED HEROIN OR METH THE FOLLOWING ARE OUTCOME METRICS TRACKED BY SCRIPPS FOR THE SD RESCUE MISSION PROGRAM - FOR YEAR 2018-2019, TOTAL COST SAVINGS FOR SCRIPPS WAS $7 03,385 - OF RCU PATIENTS, 27% HAD STANDARD MEDI-CAL INSURANCE, 26% MEDI-CAL HPE (HEALTH P RESUMPTIVE ELIGIBILITY), 20% MEDI-CAL HMO'S (MOLINA MEDI-CAL AND COMMUNITY HEALTH GROUP F URTHER, 13% HAD OUT OF STATE OR OUT OF COUNTY AND 6% HAD RESTRICTED MCAL AND 6% CMS - APP ROXIMATELY 38% WERE INVOLVED WITH RCU SOCIAL WORKER TO SECURE INCOME FROM GOVERNMENT PROGR AMS, SOCIAL SECURITY AND CA SHORT TERM DISABILITY - 94% PATIENTS WERE CONNECTED TO A PRIM ARY CARE PROVIDER OR HAD ESTABLISHED CARE AT ONE OF THE COMMUNITY CLINICS AND 6% STAYED LE SS THAN 1 DAY AND DID NOT COMPLETE THE PCP APPOINTMENT - THIS YEAR, 80% DID NOT RETURN TO THE STREETS 26% DISCHARGED TO FAMILY OR FRIEND, 27% TO A COMMUNITY PROGRAM, 27% OF THE R ESIDENTS TRANSITIONED TO A SHELTER, AND MANY PARTICIPANTS WENT TO SRO, ILF OR ESTABLISHED RESIDENCE WHICH WAS 13% HOUSING PROGRAMS AND RESOURCES CONTINUE AS CHALLENGES FOR OUR COM MUNITY CITY OF REFUGE PARTNERSHIP AFTER THE CLOSURE OF THE SAN DIEGO RESCUE MISSIONS RCU IN JANUARY 2019, SCRIPPS FACILITATED AN OUTREACH PARTNERSHIP WITH THE CITY OF REFUGE THAT BEGAN TAKING PATIENTS ROUTINELY IN MARCH OF 2019 THIS YEAR 20 PATIENTS SO FAR HAVE MET TH E NEED FOR RCS ADMISSION AS A GROUP, THE RCS PATIENTS HAD A CUMULATIVE OF 224 HOSPITAL DA YS OF STAY, AN AVERAGE OF 10 HOSPITAL DAYS OF STAY, BEFORE GOING TO RCS BEGINNING MARCH 20 19 TO DATE THE RCS HAS TAKEN MEDICALLY COMPLEX PATIENTS, INCLUDING THOSE WITH IV ANTIBIO TICS, WOUND VACS, SKIN GRAFTS, FRACTURES, ABSCESSES, OSTEOMYELITIS, AMPUTATION, PARAPLEGIA , DOG BITES, DKA, GI BLEEDS, PANCREATITIS, ESRD ON DIALYSIS, END STAGE LIVER DISEASE, DIAB ETES, MILD ENCEPHALOPATHY, OSTOMIES, MVA, PEDESTRIAN VERSUS AUTO, PLEURAL EFFUSION, CVA, C ANCER (LYMPHOMA, PANCREATIC CANCER), HIV/AIDS, SEPSIS, RESPIRATORY FAILURE, PNEUMONIA, CHF PATIENTS WERE ASSAULT VICTIMS WITH GUNSHOT AND STAB WOUNDS, FACIAL TRAUMA, AND SURGICAL POST OP PATIENTS MANY ARE DIABETIC PSYCH PROBLEMS ARE COMMON, OCCASIONALLY THE MAIN PROB LEM FOR RCS CLIENTS OVER 70% THIS GROUP WERE EITHER POSITIVE FOR ALCOHOL, DRUGS ON DRUG S CREEN OR HAD A DRUG HISTORY AD

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FORM 990, PART III, LINE 4A (CONTINUED)	DRESSED BY THE PHYSICIAN IN THE H & P MORE SPECIFICALLY, 30 % OF RCS CLIENTS HAD USED OPI ATES, HEROIN OR METH THE FOLLOWING ARE OUTCOME METRICS TRACKED BY SCRIPPS FOR THE CITY OF REFUGE PROGRAM - FOR FY19, TOTAL COST SAVINGS FOR SCRIPPS WAS $623,410 00 FOR MARCH 2019 -SEPTEMBER 2019 - OF RCS PATIENTS, 25% HAD STANDARD MEDI-CAL INSURANCE, 25% HPE (HEALTH P RESUMPTIVE ELIGIBILITY) MEDI-CAL, 40% MEDI-CAL HMO'S, SUCH AS MOLINA, COMMUNITY HEALTH GRO UP MEDI-CAL, HEALTH NET MEDI-CAL, AND ALAMEDA MEDI-CAL OF THESE MANAGED PLANS, MOLINA MED I-CAL WAS THE HIGHEST UTILIZER FURTHER, 10% HAD OUT OF STATE OR OUT OF COUNTY MEDICAID/ME DI-CAL AND THERE WERE NO CLIENTS WITH RESTRICTED MEDI-CAL - APPROXIMATELY 25% SOUGHT TO S ECURE INCOME FROM GOVERNMENT PROGRAMS, SOCIAL SECURITY AND CA SHORT TERM DISABILITY FOUR TOTAL CLIENTS APPLIED OR RECEIVED INCOME BENEFITS FOUR HAVE APPLIED AND RECEIVED MCAL HMO 'S WHILE AT THE RCS - SEVENTY FIVE PERCENT OF PATIENTS WERE CONNECTED TO A PRIMARY CARE P ROVIDER OR HAD ESTABLISHED CARE AT ONE OF THE COMMUNITY CLINICS TEN PERCENT OF THE PATIEN TS ADMITTED TO RCS WERE ESTABLISHED WITH ONGOING ONCOLOGY CARE AND TREATMENT THIRTY FIVE PERCENT DID NOT COMPLETE THE PCP APPOINTMENT AND SEVERAL PATIENTS WERE INTRODUCED TO FHC M ENTAL HEALTH SERVICES - FOLLOWING THE STAY AT CITY OF REFUGE, 50% DID NOT RETURN TO THE S TREETS, 5% WENT BACK TO THE HOSPITAL, (MOST RETURNED TO THE RCS AFTER A SHORT STAY), 15% T O FAMILY OR FRIEND, 30% TO A COMMUNITY PROGRAM, 50% OF THE RCS PARTICIPANTS DISCHARGED TO THE STREETS TWO CONTINUE THEIR STAY AT THE RCS AND WILL GO HOME TO FAMILY WITH ASSISTANCE TO TRANSPORT VIA GREYHOUND BUS HOUSING PROGRAMS AND RESOURCES CONTINUE AS CHALLENGES FOR OUR COMMUNITY GRADUATE MEDICAL EDUCATION STAFF SUPPORT, ST LEO'S CLINIC THE GRADUATE ME DICAL EDUCATION (GME) PROGRAM AT SCRIPPS GREEN HOSPITAL AND SCRIPPS CLINIC FOCUSES ON PHYS ICIAN TRAINING AND CLINICAL RESEARCH, WITH 45+ RESIDENTS AND 43 FELLOWS GME RESIDENTS AND MANY ATTENDING PHYSICIANS MAINTAIN AN EVENING CLINIC AT ST LEO'S MISSION COMMUNITY CLINI C IN NORTH COUNTY TWO RESIDENTS VOLUNTEER EVERY WEDNESDAY TO PROVIDE MEDICAL CARE TO UNIN SURED PATIENTS WITH A VARIETY OF CONDITIONS, INCLUDING DIABETES, HIGH BLOOD PRESSURE AND H IGH CHOLESTEROL THEY ALSO IDENTIFY MANY ACUTE CONDITIONS, INCLUDING VIRAL INFECTIONS, SKI N INFECTIONS, EYE PROBLEMS AND MUSCULOSKELETAL ISSUES, AND EDUCATE PATIENTS ABOUT THEIR HE ALTH PATIENTS MAY GET FLU VACCINATIONS AND SOME BASIC LAB TESTS IF NEEDED, ST LEO'S PAT IENTS ARE REFERRED TO PROVIDERS WHO PROVIDE CARE AT A REDUCED COST DURING FY19, ST LEO'S CARED FOR APPROXIMATELY 800 OF OUR COUNTY'S MOST VULNERABLE RESIDENTS

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FORM 990, PART III, LINE 4A (CONTINUED)	MIGRANT SHELTER CLINIC IN RESPONSE TO THE URGENT NEED FOR PHYSICIAN VOLUNTEERS TO HELP SCR EEN MIGRANTS SEEKING ASYLUM IN THE US, MULTIPLE GME RESIDENTS VOLUNTEERED FOR A REFUGEE HE ALTH ASSESSMENT PROGRAM AT A SOUTH BAY SHELTER MEDICAL INTERPRETERS ON SITE HELPED RESIDE NTS COMMUNICATE WITH MIGRANTS AND FACILITATE THE SCREENINGS SCRIPPS RESIDENTS SCREENED BE TWEEN 30 AND 150 PATIENTS DAILY OVER APPROXIMATELY EIGHT MONTHS FIJI SOLOMON ISLANDS MEDI CAL MISSION THE MEDICAL MISSION CONSISTS OF SCRIPPS HEALTH GENERAL MEDICAL SPECIALISTS AND RESIDENTS SETTING UP CLINICS ON RURAL ISLANDS FOR THE PURPOSE OF PROVIDING MUCH NEEDED ME DICAL CARE, MEDICAL SUPPLIES AND SURGICAL SCREENING FOR AN UNDERSERVED POPULATION THAT HAV E NO ACCESS TO BASIC MEDICAL CARE THE INTERNATIONAL MEDICAL MISSIONS PROVIDE AN EXCEPTION AL CLINICAL EDUCATION EXPERIENCE TO OUR SENIOR INTERNAL MEDICINE RESIDENTS AT SCRIPPS CLIN IC AND SCRIPPS GREEN HOSPITAL THE 2019 MISSION BROUGHT RESIDENTS TO THE SOLOMON ISLANDS I N THE SOUTH PACIFIC, WHERE THE RATIO OF DOCTORS TO POPULATION IS 1 20,000 THE LOLOMA FOUN DATION PROVIDES MEDICAL CARE TO THESE ISLANDERS IN ASSOCIATION WITH SCRIPPS HEALTH RESIDE NTS EXPERIENCED THE CHALLENGES OF PROVIDING CARE IN THIRD WORLD CONDITIONS, WITHOUT TECHNO LOGY, AND USING ONLY THEIR EXCELLENT ACADEMIC AND PRACTICAL TRAINING TO DIAGNOSE AND TREAT PATIENTS ISLANDERS WITH SERIOUS MEDICAL CONDITIONS ARE REFERRED TO THE NEAREST HOSPITAL, WHICH IS SEVERAL HOURS AWAY BY BOAT AND CAR ALONG WITH EVALUATING AND TREATING UP TO 150 PATIENTS A DAY, RESIDENTS PROVIDED TRAINING TO MEDICAL PROFESSIONALS ON THE ISLAND SCRIP PS - SPONSORED AMERICAN RED CROSS BLOOD DRIVES SCRIPPS HEALTH PARTNERED WITH THE AMERICAN RED CROSS IN FY19 TO HOST 15 BLOOD DRIVES, 478 SCRIPPS EMPLOYEES DONATED BLOOD THROUGHOUT THE YEAR SCRIPPS HEALTH COLLECTED 478 PINTS OF BLOOD (FOR EVERY PINT DONATED 3 LIVES ARE SAVED), WHICH SAVED APPROXIMATELY 1,434 LIVES SCRIPPS PROMOTED THE BLOOD DRIVES THROUGH O UR SYSTEM WIDE COMMUNICATION CHANNELS AND OUR WELLNESS ALL AROUND YOU CAMPAIGN CELEBRATIO N OF HEROES BLOOD DRIVE SCRIPPS SPONSORED THE CELEBRATION OF HEROES BLOOD DRIVE EVENT WITH CBS 8 TELEVISION STATIONS KYLE KRASKA, SPORTSCASTER AND THE AMERICAN RED CROSS KRASKA WA S THE VICTIM OF MULTIPLE GUNSHOT WOUNDS ON FEBRUARY 10, 2015, KRASKA WAS TRANSPORTED TO SC RIPPS MEMORIAL HOSPITAL LA JOLLA TRAUMA DEPARTMENT DUE TO HIS INJURIES, KRASKA WAS THE RE CIPIENT OF MULTIPLE BLOOD TRANSFUSIONS AND WITH THE QUICK RESPONSE OF SAN DIEGO FIRE RESCU E AND CARE OF THE SCRIPPS TRAUMA TEAM THEY SAVED HIS LIFE KRASKA CHOSE VALENTINE'S DAY 20 19 TO SHOW HIS APPRECIATION TO ALL THAT HAD SAVED HIS LIFE AND TO HONOR THE COMMUNITY BY H OSTING A BLOOD DRIVE TO SAVE THE LIVES OF OTHERS THE CENTRAL ENGAGEMENT OF THE EVENT WAS TO SIGN UP PEOPLE ON-LINE AND FOR PEOPLE TO COME TO THE EVENT TO DONATE BLOOD SCRIPPS HAD STAFF AT THE EVENT FOR OUTREACH ENGAGEMENT, STOP THE BLEED, AND HELMET SAFETY EDUCATION W AS PRESENTED TO ABOUT 50-75 PE

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FORM 990, PART III, LINE 4A (CONTINUED)	OPLE SCRIPPS PUBLIC RELATIONS PROVIDED SUPPORT FOR MULTIPLE SOCIAL MEDIA POST, LIVE TELEV ISION AND RADIO INTERVIEWS WITH DR FADY NASRALLAH, THE TRAUMA SURGEON THAT TREATED KRASKA DR NASRALLAH WAS ABLE TO DEMONSTRATE ON TV, AND LIVE SOCIAL MEDIA, HOW PEOPLE IN THE CO MMUNITY CAN USE A TOURNIQUET AND "STOP THE BLEEDSAVE A LIFE THE EVENT BROUGHT IN 178 ATTE NDEES AND 412 UNITS OF BLOOD WERE DONATED WITH ON-LINE PLEDGES AND WALK-INS SCRIPPS HEALT H COMMUNITY BENEFIT (CB) FUND IN FY19, SCRIPPS HEALTH CONTINUED TO DEEPEN ITS COMMITMENT T O PHILANTHROPY WITH ITS COMMUNITY BENEFIT FUND OVER THE COURSE OF THE YEAR, IT AWARDED $2 21,000 IN COMMUNITY GRANTS TO PROGRAMS IN SAN DIEGO (FOUR GRANTS RANGING FROM $10,000 TO $ 120,000) THE FUNDED PROJECTS ADDRESS SOME OF SAN DIEGO COUNTY'S HIGH PRIORITY HEALTH NEED S, SEEKING TO IMPROVE ACCESS TO VITAL HEALTH CARE SERVICES FOR AT RISK POPULATIONS, INCLUD ING THE HOMELESS, ECONOMICALLY DISADVANTAGED, MENTALLY ILL AND OTHERS SINCE THE COMMUNITY BENEFIT FUND BEGAN, SCRIPPS HAS AWARDED $3 9 MILLION PROGRAMS FUNDED DURING FY19 INCLUDE D CONSUMER CENTER FOR HEALTH EDUCATION AND ADVOCACY (CCHEA) FUNDING PROVIDES LOW INCOME, UNINSURED MERCY CLINIC AND BEHAVIORAL HEALTH PATIENTS HELP OBTAINING HEALTH CARE BENEFITS, SSI AND RELATED SERVICES, WHILE REDUCING UNCOMPENSATED CARE EXPENSES AT MERCY THE PROJEC T PROVIDES ADVOCACY SERVICES FOR TIME INTENSIVE GOVERNMENT BENEFIT CASES THE CONSUMER CEN TER STRESSES THE IMPORTANCE OF ACCESSING COMMUNITY-BASED SERVICES FOR ROUTINE HEALTH CARE INSTEAD OF USING THE ED'S AND HOSPITAL DEPARTMENTS THEY ALSO EMPHASIZE THE IMPORTANCE OF ESTABLISHING MEDICAL HOMES CATHOLIC CHARITIES FUNDING PROVIDES SHORT TERM EMERGENCY SHELT ER FOR MEDICALLY FRAGILE HOMELESS PATIENTS UPON DISCHARGE FROM SCRIPPS MERCY HOSPITAL, SAN DIEGO AND CHULA VISTA CASE MANAGEMENT AND SHELTER ARE PROVIDED FOR HOMELESS PATIENTS DIS CHARGED FROM SCRIPPS MERCY HOSPITAL WHILE THESE PATIENTS NO LONGER REQUIRE HOSPITAL CARE, THEY DO NEED A SHORT-TERM RECUPERATIVE ENVIRONMENT PATIENTS WHO DEMONSTRATE A WILLINGNES S TO CHANGE RECEIVE ONE WEEK IN A HOTEL, ALONG WITH FOOD AND BUS FARE TO PURSUE A CASE PLA N THE FOCUS OF THE CASE MANAGEMENT IS TO STABILIZE THE CLIENT BY HELPING THEM CONNECT TO MORE PERMANENT SOURCES OF INCOME, HOUSING AND OTHER SELF-RELIANCE MEASURES THE PARTNERSHI P SEEKS TO REDUCE EMERGENCY ROOM RECIDIVISM IN THIS POPULATION AND IMPROVE THEIR QUALITY O F LIFE 2-1-1 HEALTH CARE NAVIGATION PROGRAM LOCALLY, 2-1-1 SAN DIEGO WAS LAUNCHED IN JUNE 2005 AS A MULTILINGUAL AND CONFIDENTIAL SERVICE COMMITTED TO PROVIDING 24/7 ACCESS THERE WAS AN OVERWHELMING NEED FOR A DEPENDABLE SERVICE TO HELP PEOPLE NAVIGATE TODAY'S COMPLEX HEALTH CARE SYSTEM SCRIPPS HEALTH HAS BEEN A LONGTIME SUPPORTER OF 2-1-1 SAN DIEGO'S HEA LTH NAVIGATION PROGRAM WHICH CREATES A RECORD FOR EVERY PERSON WHO CALLS, IN ORDER TO PROV IDE A SERVICE THAT NAVIGATES CLIENTS THROUGH DIFFERENT REFERRALS AND TRACKS THEIR SUCCESS TOWARD ACHIEVING IMPROVED SOCI

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FORM 990, PART III, LINE 4A (CONTINUED)	AL DETERMINANTS OF HEALTH ALL 2-1-1 STAFF ARE TRAINED TO IDENTIFY INDIVIDUALS WHO ARE IN NEED OF CARE COORDINATION SERVICES, PARTICULARLY INDIVIDUALS WHO ARE HAVING DIFFICULTIES M ANAGING THEIR CHRONIC HEALTH CONDITIONS HEALTH NAVIGATORS ARE TRAINED TO DETERMINE CLIENT RISK USING THE RISK RATING SCALE (RRS) THE RRS DETERMINES A CLIENT'S STATUS RANGING FROM "IN CRISIS" TO "THRIVING" USING SOCIAL DETERMINANTS OF HEALTH SUCH AS HOUSING, NUTRITION, PRIMARY CARE AND HEALTH MANAGEMENT HEALTH NAVIGATORS ASSESS ON THE FOLLOWING TO DETERMIN E WHETHER A CLIENT HAS DECREASED IN VULNERABILITY FOR HEALTH MANAGEMENT - UNDERSTANDING O F PRESCRIPTION MEDICATION DOES THE CLIENT UNDERSTAND HOW AND WHEN TO TAKE THEIR MEDICINE AND DO THEY UNDERSTAND THE USE/IMPORTANCE OF EACH MEDICATION? - HEALTH CONDITION MANAGEMEN T DOES THE CLIENT UNDERSTAND THE ILLNESS/DISEASE THAT THEY HAVE BEEN DIAGNOSED WITH, WHAT THEIR PROGNOSIS IS, AND WHAT THEY NEED TO DO IN ORDER TO REMAIN HEALTHY? - HEALTH INSURAN CE/ MEDICAL HOME DOES THE CLIENT HAVE HEALTH INSURANCE, AND DO THEY KNOW HOW TO UTILIZE I T? DOES THE CLIENT HAVE A PRIMARY CARE DOCTOR AND/OR SPECIALIST THAT THEY SEE, AND DO THEY KNOW HOW TO MAKE APPOINTMENTS WITH EACH? DOES THE CLIENT KNOW IN WHAT SITUATION THEY SHOU LD MAKE AN APPOINTMENT WITH THE PCP VERSUS GOING TO AN EMERGENCY ROOM FOR AN IMMEDIATE MED ICAL NEED? TRANSPORTATION DOES THE CLIENT HAVE THE MEANS TO GET TO THEIR DOCTOR'S APPOINT MENTS? DURING THIS GRANT PERIOD 2-1-1 PROVIDED CARE COORDINATION SERVICES TO 576 CLIENTS W ITH COMPLEX CHRONIC CONDITIONS CLIENTS DECREASED VULNERABILITY IN THE FOLLOWING SOCIAL DE TERMINANTS OF HEALTH HOUSING, NUTRITION, PRIMARY CARE, AND HEALTH MANAGEMENT BY 67% CLIE NTS ALSO REPORTED FEELING BETTER TO MANAGE THEIR HEALTH CONDITION BY 71% INCREASE 2-1-1 H EALTH NAVIGATORS PROVIDED INDIVIDUALIZED NEEDS ASSESSMENTS, CASE PLANNING, INFORMATION, ED UCATION AND REFERRALS AND PROVIDED ONGOING CLIENT CONTACT AND PROGRESS CHECKS VIA PHONE OV ER A PERIOD OF TIME RELEVANT TO THE CLIENT'S NEEDS TO CHECK ON AND DOCUMENT CLIENT PROGRES S

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FORM 990, PART III, LINE 4A (CONTINUED)	CANCER/ONCOLOGY CANCER IS A TERM USED TO DESCRIBE A GROUP OF DISEASES THAT CAUSE THE UNCON TROLLED GROWTH, INVASION, AND SPREAD (METASTASIS) OF ABNORMAL CELLS CANCER IS CAUSED BY E XTERNAL FACTORS SUCH AS ENVIRONMENTAL CONDITIONS, RADIATION, INFECTIOUS ORGANISMS, POOR DI ET AND LACK OF EXERCISE, AND TOBACCO USE, AS WELL AS INTERNAL FACTORS SUCH AS GENETIC MUTA TIONS, AND HORMONES CANCER IS THE SECOND LEADING CAUSE OF DEATH IN THE UNITED STATES CAN CER CAUSES ONE OUT OF EVERY FOUR DEATHS IN THE UNITED STATES ACCORDING TO THE AMERICAN CA NCER SOCIETY, CANCER SURVIVAL IS MORE LIKELY TO BE SUCCESSFUL IF THE CANCER IS DIAGNOSED A T AN EARLY STAGE SUCH DIAGNOSIS IS AN INDICATION OF SCREENING AND EARLY DETECTION REGULA R SCREENING THAT ALLOW FOR THE EARLY DETECTION AND REMOVAL OF PRECANCEROUS GROWTHS ARE KNO WN TO REDUCE MORTALITY FOR CANCERS OF THE CERVIX, COLON AND RECTUM FIVE-YEAR RELATIVE SUR VIVAL RATES FOR COMMON CANCERS, SUCH AS BREAST, PROSTATE, COLON AND RECTUM, CERVIX, AND ME LANOMA OF THE SKIN, ARE 93 PERCENT TO 100 PERCENT IF THEY ARE DISCOVERED BEFORE HAVING SPR EAD BEYOND THE ORGAN WHERE THE CANCER BEGAN A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF CANCER IS DESCRIBED BELOW - THE HASD&IC 2019 CHNA CONTINUED TO IDENTIFY CANCER DISEASE AS ONE OF THE TOP PRIORITY HEALTH CONDITIONS AMONG SAN DIEGO COUNTY HOSPITALS - IN 2016, CA NCER WAS THE LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY, RESPONSIBLE FOR 24 1 PERCENT OF A LL UNDERLYING CAUSES OF DEATH - IN 2016, THERE WERE 5,096 DEATHS DUE TO CANCER (ALL SITES), AND AN AGE ADJUSTED DEATH RATE OF 146 6 DEATHS PER 100,000 POPULATION - IN 2016, 19 3 PERCENT OF ALL CANCER DEATHS IN SAN DIEGO COUNTY WERE DUE TO LUNG CANCER, 9 3 PERCENT TO C OLORECTAL CANCER, 7 4 PERCENT TO FEMALE BREAST CANCER, 7 2 PERCENT TO PANCREATIC CANCER, 6 7 PERCENT TO PROSTATE CANCER, 5 7 PERCENT TO LIVER AND FEMALE REPRODUCTIVE CANCERS, AND 3 6 PERCENT TO LEUKEMIA - ACCORDING TO THE AMERICAN CANCER SOCIETY (ACS) 2017 CALIFORNIA C ANCER FACTS & FIGURES REPORT, IN 2014 THERE WERE 13,625 OBSERVED NEW CANCER CASES AND 4,86 8 CANCER DEATHS IN SAN DIEGO COUNTY - ACCORDING TO THE ACS CANCER STATISTICS CENTER, IN 2 018 THERE WILL BE AN ESTIMATED 29,360 NEW CASES OF BREAST CANCER AND 4,500 BREAST CANCER D EATHS FOR FEMALES IN CALIFORNIA - IN 2016, THE AGE-ADJUSTED MORTALITY RATE FOR BREAST CAN CER IN SAN DIEGO COUNTY WAS 20 0 PER 100,000 WOMEN THIS FALLS SLIGHTLY BELOW THE HP2020 T ARGET OF 20 7 BREAST CANCER DEATHS PER 100,000 WOMEN - ACCORDING TO THE 2015 SUSAN G KOM EN FOR THE CURE SAN DIEGO AFFILIATE COMMUNITY PROFILE REPORT, IN SDC THERE WERE 46 1 LATE- STAGE CASES OF BREAST CANCER PER 100,000 WOMEN, EXCEEDING THE HP2020 TARGET OF 42 4 CASES PER 100,000 WOMEN THE REPORT PROJECTS THAT SDC WILL MEET THE HP2020 TARGET WITHIN FIVE YE ARS - THE 2015 SUSAN G KOMEN FOR THE CURE SAN DIEGO AFFILIATE COMMUNITY PROFILE ALSO REP ORTED THAT, IN 2013, BREAST CANCER MORTALITY RATES IN SDC WERE HIGHEST AMONG AFRICAN AMERI CAN WOMEN, AT 27 7 DEATHS PER

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FORM 990, PART III, LINE 4A (CONTINUED)	100,000 THIS EXCEEDED THE MORTALITY RATE FOR CAUCASIAN (23 9), LATINA (17 3) AND ASIAN/PA CIFIC ISLANDER (13 2) - ACCORDING TO THE ACS 2017 CALIFORNIA CANCER FACTS & FIGURES REPOR T, 72 4 PERCENT OF BREAST CANCER CASES AMONG NON-HISPANIC WHITE WOMEN IN SAN DIEGO COUNTY WERE DIAGNOSED AT AN EARLY STAGE, COMPARED TO 69 3 PERCENT OF AFRICAN AMERICAN CASES, 68 1 PERCENT OF HISPANIC CASES AND 70 4 PERCENT OF ASIAN/PACIFIC ISLANDER CASES DATA SUGGESTS THAT EARLY BREAST CANCER DETECTION RESOURCES ARE NEEDED IN MINORITY COMMUNITIES - ACCORD ING TO 2015-2016 CHIS DATA, 85 6 PERCENT OF WOMEN IN SAN DIEGO COUNTY BETWEEN THE AGES OF 50 TO 74 REPORTED HAVING A MAMMOGRAM IN THE PAST TWO YEARS THIS EXCEEDS THE HP2020 TARGET OF 81 1 PERCENT FOR BREAST CANCER SCREENINGS APPROXIMATELY 2 9 PERCENT OF WOMEN IN THIS AGE RANGE IN SDC REPORTED THAT THEY HAD NEVER HAD A MAMMOGRAM - ACCORDING TO FINDINGS FRO M THE ACS 2018 CANCER FACTS & FIGURES REPORT, SCREENING OFFERS THE ABILITY FOR SECONDARY P REVENTION BY DETECTING CANCER EARLY FOR EXAMPLE, THE 39 PERCENT DECREASE IN THE FEMALE BR EAST CANCER DEATH RATE BETWEEN 1989 AND 2015 IS ATTRIBUTED TO IMPROVEMENTS IN EARLY DETECT ION, NAMELY SCREENING AND INCREASED AWARENESS IN ADDITION, OVER THE PAST THREE DECADES, F IVE-YEAR RELATIVE SURVIVAL RATES FOR ALL CANCERS COMBINED INCREASED BY 20 PERCENT AMONG WH ITES AND 24 PERCENT AMONG BLACKS, REFLECTING EARLIER DIAGNOSIS FOR SOME CANCERS AS WELL AS IMPROVEMENTS IN TREATMENT (ACS, 2018) - STUDY FINDINGS FROM THE 2015 SUSAN G KOMEN FOR THE CURE SAN DIEGO AFFILIATE COMMUNITY PROFILE INDICATE A CRITICAL NEED FOR CULTURALLY COM PETENT OUTREACH, ESPECIALLY FOR HISPANIC, MIDDLE EASTERN AND AFRICAN AMERICAN WOMEN (SUSAN G KOMEN, 2015) - A RECENT STUDY BY THE ACS FOUND THAT 42 PERCENT OF NEWLY DIAGNOSED CAN CER CASES IN THE U S ARE POTENTIALLY AVOIDABLE MANY OF THE KNOWN CAUSES OF THE CANCER-AN D OTHER NON-COMMUNICABLE DISEASES-ARE ATTRIBUTABLE TO BEHAVIORAL FACTORS INCLUDING TOBACCO USE AND EXCESS BODY WEIGHT DUE TO POOR DIETARY HABITS AND LACK OF PHYSICAL ACTIVITY (ACS, 2018) - THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) EMPHASIZES THE IMPORTANCE OF PA TIENT NAVIGATORS AS PART OF A MULTIDISCIPLINARY ONCOLOGY TEAM WITH THE GOAL OF REDUCING MO RTALITY AMONG UNDERSERVED PATIENTS A PATIENT NAVIGATOR MAY ASSIST WITH VARIOUS TASKS, INC LUDING PSYCHOSOCIAL SUPPORT, ASSISTANCE WITH TREATMENT DECISIONS, ASSISTANCE WITH INSURANC E ISSUES, ARRANGEMENT OF TRANSPORTATION, COORDINATION OF ADDITIONAL SERVICES (I E , FERTIL ITY PRESERVATION), AND TRACKING OF INTERVENTIONS AND OUTCOMES THE NAVIGATOR WORKS WITH TH E PATIENT ACROSS THE CARE CONTINUUM, ENSURING COORDINATION AND EFFICIENCY OF CARE, AND REM OVAL OF BARRIERS TO CARE (ASCO, 2016) - ACCORDING TO THE NIH, CLINICAL TRIALS, A PART OF CLINICAL RESEARCH, ARE AT THE HEART OF ALL MEDICAL ADVANCES CLINICAL TRIALS LOOK AT NEW W AYS TO PREVENT, DETECT OR TREAT DISEASE BY DETERMINING THE SAFETY AND EFFICACY OF A NEW TE ST OR TREATMENT GREATER CLINI

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FORM 990, PART III, LINE 4A (CONTINUED)	CAL TRIAL ENROLLMENT BENEFITS MEDICAL RESEARCH AND INCREASES THE HEALTH OF FUTURE GENERATI ONS AS WELL AS IMPROVES DISEASE OUTCOMES, QUALITY OF LIFE AND HEALTH OF TRIAL PARTICIPANTS SCRIPPS HAS DEVELOPED A SERIES OF PREVENTION AND WELLNESS PROGRAMS TO EDUCATE PEOPLE ABO UT THE IMPORTANCE OF EARLY DETECTION AND TREATMENT FOR SOME OF THE MOST COMMON FORMS OF CA NCER AT SCRIPPS, CANCER CARE IS MORE THAN JUST MEDICAL TREATMENT, AND A WIDE ARRAY OF RES OURCES ARE PROVIDED SUCH AS COUNSELING, SUPPORT GROUPS, COMPLEMENTARY THERAPIES AND EDUCAT IONAL WORKSHOPS HERE ARE A FEW EXAMPLES OF SCRIPPS CANCER PROGRAMS DURING FY19 SCRIPPS M D ANDERSON CANCER CENTER DIRECTORY OF COMMUNITY RESOURCES SCRIPPS COLLABORATES WITH THE CO MMUNITY AND DEVELOPS A CANCER DIRECTORY OF A COMPREHENSIVE LIST OF RESOURCES AVAILABLE FOR CANCER SURVIVORS, THEIR FAMILIES, AND THE COMMUNITY SCRIPPS MD ANDERSON GREEN CANCER CEN TER SUPPORT GROUPS SCRIPPS GREEN HOSPITAL SUPPORT GROUPS OFFER CANCER PATIENTS THE OPPORTU NITY TO EXPRESS THE EMOTIONS THAT COME WITH A CANCER DIAGNOSIS AND HELP THEM COPE MORE EFF ECTIVELY WITH THEIR TREATMENT REGIMENS BY SUPPORT GROUPS THAT NURTURE THEIR PHYSICAL, EMOT IONAL AND SPIRITUAL WELL-BEING SCRIPPS MD ANDERSON CANCER CENTER - REGISTERED NURSE NAVIG ATOR PROGRAM SCRIPPS PROVIDED A REGISTERED NURSE, DEDICATED TO ASSISTING CANCER PATIENTS A ND THEIR FAMILIES WITH NAVIGATING THROUGH THE JOURNEY FROM DIAGNOSIS, TREATMENT AND SURVIV ORSHIP FROM CANCER THE FOCUS IS ON EDUCATION AND OUTREACH, AS WELL AS, SUPPORT SERVICES I N THIS POPULATION

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FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS MD ANDERSON CANCER CENTER - OUTPATIENT HEREDITY AND CANCER GENETIC COUNSELING PROG RAM THIS PROGRAM PROVIDES GENETIC TESTING AND COUNSELING TO CANCER PATIENTS, ALONG WITH PR OVIDING EDUCATION TO HEALTH PROFESSIONALS AND CAREGIVERS SCRIPPS MD ANDERSON CANCER CENTE R - OUTPATIENT SOCIAL WORKER & LIAISON PROGRAM SCRIPPS PROVIDES A SOCIAL WORKER, DEDICATED TO ASSISTING CANCER PATIENTS, ALONG WITH PROVIDING EDUCATION TO HEALTH PROFESSIONALS AND CAREGIVERS SCRIPPS MD ANDERSON CANCER CENTER HEAD AND NECK SUPPORT GROUP SCRIPPS PROVIDES SUPPORT GROUPS DESIGNED FOR INDIVIDUALS DIAGNOSED WITH HEAD AND NECK CANCER THIS GROUP P ROVIDES EDUCATION AND RESOURCES TO HELP MANAGE EMOTIONAL AND PHYSICAL CHALLENGES NORMALLY ENCOUNTERED DURING AND AFTER CANCER TREATMENT SCRIPPS MD ANDERSON CANCER CENTER LYMPHEDEM A SUPPORT GROUP SCRIPPS PROVIDES EDUCATION AND SUPPORT FOR THOSE DIAGNOSED WITH LYMPHEDEMA AND UNDERGOING TREATMENT FOR THE DISEASE SCRIPPS MD ANDERSON CANCER SURVIVORS DAY SURVIV ORS DAY IS A TIME TO RECOGNIZE THE NATION'S 15 5 MILLION CANCER SURVIVORS, TO FOCUS ATTENT ION ON ISSUES OF SURVIVORSHIP, AND TO ACKNOWLEDGE MEDICAL PROFESSIONALS DEDICATED TO CANCE R TREATMENT, RESEARCH AND SUPPORT SERVICES NATIONAL CANCER SURVIVORS DAY EVENTS ARE HELD IN HUNDREDS OF COMMUNITIES NATIONWIDE THROUGHOUT THE MONTH OF JUNE SCRIPPS HOLDS A CELEBR ATORY EVENT AT VARIOUS SCRIPPS HOSPITALS EACH YEAR TO PROVIDE AN OPPORTUNITY FOR THOSE THA T HAVE BATTLED CANCER TO COME TOGETHER AND ENJOY THE COMPANY OF FRIENDS, FAMILY AND THE CA MARADERIE OF FELLOW CANCER SURVIVORS CANCER SURVIVORS AND OTHER GUESTS SHARE INSPIRATIONA L STORIES LEARN ABOUT ADVANCES IN CANCER TREATMENT AND RESEARCH AND ENJOY THE OPPORTUNITY TO CONNECT WITH CAREGIVERS AND FELLOW SURVIVORS EACH YEAR THE CANCER SURVIVOR EVENT HELPS CELEBRATE LIFE, INSPIRE THOSE RECENTLY DIAGNOSED, OFFER SUPPORT TO FAMILY AND LOVED ONES AND RECOGNIZE ALL WHO PROVIDED SUPPORT ALONG THE WAY THEY ALSO PROVIDE A FORUM FOR DISCUS SING THE PHYSICAL, FINANCIAL AND SOCIAL ISSUES THAT MANY CANCER SURVIVORS FACE FOLLOWING C OMPLETION OF TREATMENT SCRIPPS MD ANDERSON CANCER CENTER - GYNECOLOGICAL SUPPORT GROUP SC RIPPS HEALTH PROVIDES MEETING SPACE FOR WOMEN FACING GYNECOLOGICAL CANCERS SAN DIEGO CITY FIREFIGHTERS, LIFEGUARDS AND POLICE OFFICERS SKIN CANCER SCREENINGS A TOTAL OF 112 FIREFI GHTERS, LIFEGUARDS AND POLICE OFFICERS WERE SCREENED FOR SKIN CANCER LOCAL STATE BEACHES LIFEGUARD SKIN CANCER SCREENINGS A TOTAL OF 94 LOCAL STATE BEACHES LIFEGUARDS WERE SCREENE D FOR SKIN CANCER SCRIPPS MERCY HOSPITAL CHULA VISTA WELL BEING CENTER CANCER SUPPORT SER VICES HEALTHY WOMEN, HEALTHY LIFESTYLES SCRIPPS MERCY BREAST HEALTH OUTREACH AND EDUCATI ON PROGRAM A PROMOTORA LED HEALTH AND WELLNESS PROGRAM THAT AIMS TO IMPROVE THE LIVES OF W OMEN IN SAN DIEGO'S SOUTH BAY WITH BREAST CANCER EDUCATION, PREVENTION AND TREATMENT SUPPO RT PROMOTORAS TEACH BREAST HEALTH TO WOMEN WHO HAVE LIMITED OR NO ACCESS TO HEALTH CARE PROMOTORAS TEACH WOMEN IN THEI

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FORM 990, PART III, LINE 4A (CONTINUED)	R NATIVE LANGUAGE WITH SENSITIVITY TO A WOMAN'S ETHNIC AND CULTURAL NORMS THE PROGRAM MOD EL INCLUDES A PROMOTORA, CANCER SURVIVOR AND A NURSE NAVIGATOR THE PROMOTORA HAS KNOWLEDG E OF BREAST CANCER, OFFERS EDUCATION AND EMOTIONAL SUPPORT SHE ALSO PROVIDES REFERRALS IN CULTURALLY APPROPRIATE AND LANGUAGE SENSITIVE WAY A BREAST CANCER SURVIVOR AND VOLUNTEER STRENGTHEN THE BENEFITS OF BREAST CANCER EDUCATION AND PREVENTION BY TALKING TO SOMEONE W HO HAS BEEN THERE AND CAN PROVIDE INSIGHT AND SUGGESTIONS AND IS LIVING PROOF THAT THE DIS EASE IS NOT FATAL WORKING HAND-IN-HAND, THE PROMOTORA AND VOLUNTEER PRESENT A VERY STRONG FRONT FOR BREAST CANCER AWARENESS AND FULL SUPPORT SYSTEM FOR THOSE ALREADY DIAGNOSED MO REOVER, THE FACT THEY ARE BI-LINGUAL LATINAS, LEND AN AIR OF AUTOMATIC TRUST AMONG THE HIS PANIC COMMUNITY AS THEY CAN CONNECT WITH THE RESIDENTS ON A CULTURAL LEVEL SCRIPPS MERCY HOSPITAL CHULA VISTA BREAST HEALTH CLINICAL SERVICES A TOTAL OF 150 WOMEN WERE REFERRED T O CLINICAL BREAST HEALTH SERVICES IN THE COMMUNITY AND TO SCRIPPS MERCY HOSPITAL, CHULA VI STA RADIOLOGY SERVICES A TOTAL OF 2,073 SERVICES WERE PROVIDED, INCLUDING TELEPHONE REMIN DERS, OUTREACH AND EDUCATION AND CASE MANAGEMENT/CARE COORDINATION SCRIPPS MERCY HOSPITAL CHULA VISTA RADIOLOGY SERVICES MORE THAN 500 SERVICES WERE PROVIDED SERVICES SERVICES IN CLUDED PATIENTS THAT NEED REPEAT EXAMS AND THOSE DUE FOR ROUTINE SCREENING MAMMOGRAM, ALON G WITH ASSISTING PATIENTS TO GET HEALTH INSURANCE APPROVAL, TELEPHONE REMINDERS AND EDUCAT ION BY PHONE ABOUT PREVENTING BREAST CANCER SCRIPPS MERCY HOSPITAL CHULA VISTA RADIOLOGY, POSITIVE BREAST CANCER PATIENT SUPPORT MORE THAN 300 SERVICES WERE PROVIDED FOR PATIENTS WITH A DIAGNOSIS OF BREAST CANCER THESE INCLUDED PHONE CALLS, HOME VISITS, AND EDUCATIONA L MATERIAL PACKETS, SUPPLIES (WIGS, BRAS, PROSTHESIS AND MEDICAL RECORD ORGANIZER BINDER), BREAST CANCER SUPPORT GROUP AND SOCIAL/EMOTIONAL SUPPORT SCRIPPS MERCY HOSPITAL CHULA VI STA BREAST CANCER SUPPORT GROUP TOGETHER PROMOTORAS AND CANCER SURVIVORS HOLD A BI-MONTHLY SUPPORT GROUP THAT HELPS INDIVIDUALS COPE WITH LIVING WITH CANCER ON AVERAGE 15 WOMEN PA RTICIPATE AS PART OF THIS GROUP TWICE MONTHLY GROUP SUPPORT INCLUDING NAVIGATING THE CANC ER SYSTEM AND EDUCATIONAL PRESENTATIONS BY LOCAL PROVIDERS ARE OFFERED SCRIPPS POLSTER BR EAST CARE CENTER (SPBCC) SCRIPPS POLSTER BREAST CARE CENTER (SPBCC) SPONSORS THE YOUNG WOM EN'S SUPPORT GROUP WHICH PROVIDE A VENUE FOR WOMEN UNDER THE AGE OF 40 TO COME TOGETHER, D ISCUSS ISSUES RELATING TO DIAGNOSES AND RECEIVE SUPPORT THE GROUPS ARE OFFERED TO WOMEN I N THE SAN DIEGO COMMUNITY TOPICS RELATED TO BREAST HEALTH ARE ALSO OFFERED TO THE COMMUNI TY AMERICAN CANCER SOCIETY (ACS) MAKING STRIDES AGAINST BREAST CANCER SCRIPPS HEALTH PART ICIPATED AND SPONSORED THE MAKING STRIDES AGAINST BREAST CANCER WALK IN THE AMOUNT OF $10, 000 TO RAISE MONEY FOR BREAST CANCER RESEARCH THE WALK RAISES CRITICAL FUNDS TO SAVE LIVE S FROM BREAST CANCER AND ENSUR

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FORM 990, PART III, LINE 4A (CONTINUED)	E NO ONE FACES BREAST CANCER ALONE A SERIES OF EDUCATIONAL EVENTS ARE COORDINATED WITH TH E AMERICAN CANCER SOCIETY AWARENESS MONTHS THE EVENTS FOCUS ON VARIOUS TYPES OF CANCER, I NCLUDING BREAST, LUNG, CERVICAL, COLORECTAL, SKIN, OVARIAN/GYNECOLOGICAL AND PROSTATE A R EGISTERED NURSE CLINICIAN ANSWERS QUESTIONS AND PROVIDES EDUCATIONAL MATERIALS CARDIOVASC ULAR DISEASE 'DISEASES OF THE HEART' WERE THE SECOND LEADING CAUSE OF DEATH IN SAN DIEGO C OUNTY IN 2016 IN ADDITION, 'CEREBROVASCULAR DISEASES' WERE THE FOURTH LEADING CAUSE OF DE ATH, AND ESSENTIAL (HYPERTENSION AND HYPERTENSIVE RENAL DISEASE' WAS THE TENTH CORONARY H EART DISEASE IS THE MOST COMMON FORM OF HEART DISEASE HIGH BLOOD PRESSURE, HIGH CHOLESTER OL, AND SMOKING ARE ALL RISK FACTORS THAT COULD LEAD TO CVD AND STROKE ABOUT HALF OF AMER ICANS (49%) HAVE AT LEAST ONE OF THESE THREE RISK FACTORS RISK FACTORS FOR CARDIOVASCULAR DISEASE BEHAVIORS TOBACCO USE, OBESITY, POOR DIET THAT IS HIGH IN SATURATED FATS, AND E XCESSIVE ALCOHOL USE CONDITIONS HIGH CHOLESTEROL LEVELS, HIGH BLOOD PRESSURE AND DIABETE S HEREDITY GENETIC FACTORS LIKELY PLAY A ROLE IN HEART DISEASE AND CAN INCREASE RISK

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FORM 990, PART III, LINE 4A (CONTINUED)	A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF CARDIOVASCULAR DISEASE IS DESCRIBED BELOW - THE SCRIPPS 2019 CHNA CONTINUED TO IDENTIFY CARDIOVASCULAR DISEASE (INCLUDING CEREBROVASCU LAR DISEASE/STROKE) AS A PRIORITY HEALTH ISSUE AFFECTING MEMBERS OF THE COMMUNITIES SERVED BY SCRIPPS - ACCORDING TO DATA PRESENTED IN THE SCRIPPS 2019 CHNA, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL AND SMOKING ARE ALL RISK FACTORS THAT COULD LEAD TO CARDIOVASCULAR DISEAS E AND STROKE ABOUT HALF OF ALL AMERICANS (47 PERCENT) HAVE AT LEAST ONE OF THESE THREE RI SK FACTORS ADDITIONAL RISK FACTORS INCLUDE ALCOHOL USE, OBESITY, PHYSICAL INACTIVITY, POO R DIET, DIABETES AND GENETIC FACTORS (CDC, 2015) - HEART DISEASE IS THE LEADING CAUSE OF DEATH FOR PEOPLE OF MOST RACIAL/ETHNIC GROUPS IN THE UNITED STATES, INCLUDING AFRICAN AMER ICANS, HISPANICS AND WHITES - IN 2016, CEREBROVASCULAR DISEASES INCLUDING STROKE WERE THE FOURTH LEADING CAUSE OF DEATH FOR SAN DIEGO COUNTY OVERALL - IN 2016, THERE WERE 1,362 D EATHS DUE TO STROKE IN SAN DIEGO COUNTY, A 17 2 PERCENT INCREASE FROM 2015 THE AGE-ADJUST ED DEATH RATE DUE TO STROKE WAS 38 3 PER 100,000 POPULATION, WHICH WAS HIGHER THAN THE HP2 020 TARGET OF 34 8 DEATHS PER 100,000 - IN 2016, THERE WERE 6,346 HOSPITALIZATIONS FOR ST ROKE IN SAN DIEGO COUNTY, WITH AN AGE-ADJUSTED RATE OF 183 PER 100,000 POPULATION THE RAT E OF HOSPITALIZATION FOR STROKE INCREASED 2 8 PERCENT FROM 2015 TO 2016-THE FIRST INCREASE SINCE 2011, WHEN SAN DIEGO COUNTY RECORDED A STROKE RATE OF 218 4 PER 100,000 POPULATION - IN 2016, THERE WERE 2,371 STROKE-RELATED ED VISITS IN SAN DIEGO COUNTY THE AGE-ADJUSTE D RATE OF ED VISITS WAS 68 9 PER 100,000 POPULATION - ACCORDING TO 2016-2017 CHIS DATA, A N ESTIMATED 23 9 PERCENT OF ADULTS IN SAN DIEGO COUNTY WERE OBESE, 9 7 PERCENT SMOKED CIGA RETTES AND 62 0 PERCENT DID NOT REGULARLY WALK FOR TRANSPORTATION, FUN, OR EXERCISE IN 20 16, 16 3 PERCENT OF ADULTS IN SDC REPORTED EATING FAST FOOD FOUR OR MORE TIMES IN THE PAST WEEK - THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS) REPORTS THAT 25 PERCENT OF PEOPLE WHO RECOVER FROM THEIR FIRST STROKE WILL HAVE ANOTHER STROKE WITHIN F IVE YEARS (NINDS, 2016) - THE CDC ESTIMATES THAT UP TO 80 PERCENT OF STROKES ARE PREVENTA BLE THROUGH THE RECOGNITION OF EARLY SIGNS/SYMPTOMS AND THE ELIMINATION OF STROKE RISK FAC TORS - ACCORDING TO THE CDC, HEALTHY LIFESTYLE CHOICES CAN HELP PREVENT STROKE BEHAVIORS THAT CAN MITIGATE THE RISK OF STROKE INCLUDE CHOOSING A HEALTHY DIET FULL OF FRUITS AND V EGETABLES, MAINTAINING A HEALTHY WEIGHT, ENGAGING IN AT LEAST 2 5 HOURS OF MODERATE-INTENS ITY AEROBIC PHYSICAL ACTIVITY EACH WEEK, REFRAINING FROM OR QUITTING SMOKING, AND LIMITING ALCOHOL INTAKE (CDC, 2018) NOT ONLY IS SCRIPPS A NATIONALLY RECOGNIZED HEART CARE LEADER , CONSISTENTLY RANKED BY U S NEWS & WORLD REPORT AS ONE OF AMERICA'S BEST HOSPITALS FOR C ARDIOLOGY AND HEART SURGERY, BUT WE TREAT MORE HEART PATIENTS THAN ANY OTHER HEALTH CARE P ROVIDER IN SAN DIEGO WE HAVE

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FORM 990, PART III, LINE 4A (CONTINUED)	STATE-OF-THE-ART TECHNOLOGY AND HIGHLY TRAINED HEART CARE SPECIALISTS, PROVIDING AN INNOVA TIVE AND EXPANSIVE SCOPE OF SERVICES AND HIGH-QUALITY OUTCOMES ALONG WITH THE TREMENDOUS CARE SCRIPPS PROVIDES WITHIN OUR HOSPITALS AND OUTPATIENT CLINICS, SCRIPPS ALSO SUPPORTS O UR SURROUNDING COMMUNITIES WITH RESOURCES, OUTREACH PROGRAMS AND PARTNERSHIPS TO ENSURE TH E HEARTBEAT OF OUR COMMUNITY CONTINUES DURING FY19, SCRIPPS ENGAGED IN THE FOLLOWING HEAR T HEALTH, STROKE, AND CARDIOVASCULAR DISEASE PREVENTION AND TREATMENT ACTIVITIES AMERICAN HEART ASSOCIATION - HEART WALK SCRIPPS PARTNERS WITH THE AMERICAN HEART ASSOCIATION ON IT S ANNUAL SAN DIEGO HEART AND STROKE WALK TO RAISE FUNDS FOR RESEARCH, PROFESSIONAL AND PUB LIC EDUCATION AND ADVOCACY HEART DISEASE AND STROKE ARE THE NUMBER ONE AND THREE CAUSES O F DEATH IN THE NATION HEART DISEASE CLAIMS MORE THAN 950,000 AMERICANS EACH YEAR SCRIPPS HAS PROUDLY SUPPORTED THE AHA'S ANNUAL SAN DIEGO HEART & STROKE WALK, WHICH PROMOTES PHYS ICAL ACTIVITY TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES AND STROKE IN SEP TEMBER 2019, SCRIPPS EMPLOYEES VOLUNTEERED THEIR TIME TO COORDINATE WALKER PARTICIPATION A ND FUNDRAISING EFFORTS THE SAN DIEGO HEART WALK RAISED MORE THAN $959,884 IN FY19, MORE THAN 1,060 SCRIPPS HEART WALK PARTICIPANTS, (EMPLOYEES, FAMILIES, AND FRIENDS) AND MORE TH AN 114 TEAMS REPRESENTING ENTITIES ACROSS SCRIPPS HEALTH WALKED TO HELP RAISE MORE THAN $1 02,600 TO DATE, SCRIPPS HAS RAISED MORE THAN $3 MILLION THROUGH ITS SAN DIEGO HEART & STR OKE WALK FUNDRAISING EFFORTS AMERICAN HEART ASSOCIATION - GO RED FOR WOMEN'S LUNCHEON SCR IPPS SPONSORS THIS ANNUAL EVENT THAT BRINGS PHILANTHROPISTS, CARDIOLOGISTS, AND SURVIVORS TOGETHER TO CREATE AWARENESS AROUND HEART DISEASE AND STROKE FUNDS RAISED HELP SUPPORT LO CAL RESEARCH PROJECTS IN SAN DIEGO CPR CLASSES FOR PATIENTS AND FAMILIES OF THE CARDIAC T REATMENT CENTER CPR CLASSES ARE OFFERED FOUR TIMES A YEAR TO CARDIAC TREATMENT CENTER PATI ENTS AND THEIR FAMILIES THE PROGRAM IMPROVES COMMUNITY HEALTH BY INCREASING KNOWLEDGE OF CARDIOPULMONARY RESUSCITATION PRACTICES CARDIAC TREATMENT CENTER GROUP EXERCISE PROGRAMS CARDIAC TREATMENT CENTER GROUP EXERCISE PROGRAMS ARE DESIGNED FOR CARDIOVASCULAR HEALTH IM PROVEMENT CLASSES INCLUDE TRAINING IN BALANCE, HATHA YOGA, TAI CHI, FIT BALL, CHAIR YOGA AND MEDITATION, AND LEBED METHOD OF EXERCISE THE CARDIAC TREATMENT CENTER ALSO PROVIDES E XERCISE PROGRAMS THAT INCLUDE NUTRITIONAL EDUCATION THROUGH THE PULMONARY CLASS, DIETARY O NE-ON-ONE COUNSELING, AND THE CARDIAC LIFE PROJECT THE BETTER BREATHERS AND SELF-DEFENSE FITNESS CLASSES PROVIDE ADDITIONAL EDUCATION IN CARDIOVASCULAR HEALTH CARDIAC LIFE PROJEC T THE CARDIAC TREATMENT CENTER'S LIFE PROJECT IS A SUPPORT GROUP FOR PEOPLE WITH HEART DIS EASE AND THEIR FAMILY MEMBERS THE GOAL IS TO PROVIDE EDUCATION AND RESOURCES ON COPING WI TH HEART DISEASE IN A FRIENDLY AND SUPPORTIVE ENVIRONMENT PULMONARY CARDIAC CLASS THIS ED UCATIONAL CLASS PROVIDED BY TH

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FORM 990, PART III, LINE 4A (CONTINUED)	E SCRIPPS CARDIAC TREATMENT CENTER IS A COMPREHENSIVE SIX-WEEK EDUCATION PROGRAM FOR PULMO NARY PATIENTS TO HELP THEM TO MANAGE THEIR DISEASE THEY WILL LEARN LIFESTYLE MANAGEMENT F OR A HEALTHY LIFE, NUTRITION AND EXERCISE ARE PART OF THE SERIES STROKE CARE PROGRAMS ON AVERAGE, A STROKE OCCURS EVERY 40 SECONDS IN THE UNITED STATES MORE THAN 1,000 STOKE DEAT HS OCCURRED IN SAN DIEGO COUNTY IN 2018, AND ABOUT 15 PEOPLE ARE HOSPITALIZED DUE TO STROK E EVERY DAY SCRIPPS SPONSORS A WIDE VARIETY OF STROKE RELATED EDUCATION AND AWARENESS PRO GRAMS THESE INCLUDE SUPPORT GROUPS AND EDUCATION FOR STROKE AND BRAIN INJURY SURVIVORS AN D THEIR LOVED ONE INFORMATION AND RESOURCES ARE PROVIDED, ALONG WITH SKILLS TO HELP REINF ORCE INNER STRENGTHS AND LEARN SELF-CARE STRATEGIES SUPPORT GROUPS OFFER THE ABILITY TO D EVELOP ENCOURAGING PEER RELATIONSHIPS ALONG WITH THE GOAL OF RETURNING TO AND CONTINUING A LIFE OF MEANING AND PURPOSE STUDENT PRECEPTORSHIPS AT CARDIAC TREATMENT CENTER SCRIPPS P ROVIDES PRECEPTORSHIPS FOR STUDENT RNS, EXERCISE PHYSIOLOGISTS AND CARDIAC SONOGRAPHERS T HE SCRIPPS CARDIAC TREATMENT CENTER NURSES' MENTOR THE STUDENTS THROUGH EDUCATION AND MODE LING THE STUDENTS LEARN THE ROLES AND RESPONSIBILITIES REQUIRED OF THE POSITIONS LEFT VE NTRICULAR ASSIST DEVICE (LVAD) SUPPORT GROUP SCRIPPS OFFERS A SUPPORT GROUP FOR PATIENTS W ITH A LEFT VENTRICULAR ASSIST DEVICE THIS GROUP PROVIDES EDUCATION AND SUPPORT TO THOSE P ATIENTS AND THEIR CAREGIVERS/PARTNERS TOPICS INCLUDE SAFETY AND PROPER MECHANICS REQUIRED FOR THE DEVICE

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FORM 990, PART III, LINE 4A (CONTINUED)	JOE NIEKRO FOUNDATION SCRIPPS HEALTH PROVIDES MEETING SPACE FOR THE JOE NIEKRO FOUNDATION SUPPORT GROUPS OF PATIENTS, FAMILIES AND FRIENDS WHO HAVE BEEN AFFECTED WITH BRAIN ANEURYS MS OR HEMORRHAGIC STROKE THE PROGRAM IS OPENED TO THE PUBLIC SAN DIEGO ECHO SOCIETY SCRI PPS HEALTH PROVIDES MEETING SPACE TO THE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY THIS IS AN ORGANIZATION OF PROFESSIONALS COMMITTED TO EXCELLENCE IN CARDIOVASCULAR ULTRASOUND AND ITS APPLICATION TO PATIENT CARE THROUGH EDUCATION, ADVOCACY, RESEARCH, INNOVATION AND SERVICE TO OUR MEMBERS AND THE PUBLIC WOMEN HEART - THE NATIONAL COALITION FOR WOMEN WITH HEART DISEASE - SUPPORT GROUP SCRIPPS HEALTH PROVIDES MEETING SPACE FOR WOMEN'S HEART SUPPORT GR OUP WOMEN HEART'S MISSION IS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF WOMEN LIVING WI TH OR AT RISK OF HEART DISEASE, AND TO ADVOCATE FOR THEIR BENEFIT WOMEN WITH HEART DISEAS E CAN HAVE THE OPPORTUNITY TO SHARE THEIR STORIES, SUPPORT EACH OTHER AND HEAL TOGETHER E XPERTS ARE INVITED TO TALK TO THE GROUP ABOUT DIFFERENT KINDS OF HEART CONDITIONS, HEART A TTACK PREVENTION, BLOOD PRESSURE, EXERCISE AND NUTRITION EDUCATING WOMEN ABOUT HEART HEAL TH TOGETHER WITH WOMEN HEART NATIONAL HOSPITAL ALLIANCE, SCRIPPS CARDIOVASCULAR DEVELOPED A WOMEN AND HEART DISEASE EDUCATION PROGRAM THE EFFORTS EDUCATE WOMEN ON THE IMPORTANCE O F HEART HEALTH, PROVIDE SUPPORT GROUPS AND ADVOCATE FOR RESEARCH FUNDING AND POLICIES SEN IOR HEALTH CHATS A WIDE VARIETY OF SENIOR CHATS ARE OFFERED AT LOCAL SENIOR CENTERS IN SOU TH BAY TO ADDRESS EDUCATION AND PREVENTION OF HEART DISEASE SOME TOPICS INCLUDE HEART HEA LTH 101, STROKE, AND A VARIETY OF PREVENTION EDUCATION A TOTAL OF 10 PRESENTATIONS ARE GI VEN YEARLY TO MORE THAN 264 INDIVIDUALS THE ERIC PAREDES SAVE A LIFE FOUNDATION EACH YEAR , 7,000 TEENS LOSE THEIR LIVES DUE TO SUDDEN CARDIAC ARREST (SCA) SCA IS NOT A HEART ATTA CK, IT IS CAUSED BY AN ABNORMALITY IN THE HEART'S ELECTRICAL SYSTEM THAT CAN EASILY BE DET ECTED WITH A SIMPLE ELECTROCARDIOGRAM (EKG) UNFORTUNATELY, HEART SCREENINGS ARE NOT PART OF A REGULAR, WELL-CHILD EXAM OR PRE-PARTICIPATION SPORTS PHYSICAL THE FIRST SYMPTOM OF S CA COULD BE DEATH SAN DIEGO ALONE LOSES THREE TO FIVE TEENS FROM SCA ANNUALLY SCRIPPS EF FORTS BEGAN WHEN A REGISTERED NURSE AT SCRIPPS CREATED THE FOUNDATION AFTER HER 15-YEAR-OL D SON, ERIC PASSED AWAY FROM SUDDEN CARDIAC ARREST IN 2009 TURNING TRAGEDY INTO AN OPPORT UNITY, THE PAREDES' ESTABLISHED THE ORGANIZATION TO PREVENT SUDDEN CARDIAC ARREST IN SCHOO L-AGE CHILDREN AND ADOLESCENTS AS A SPONSOR FOR THE ERIC PAREDES SAVE A LIFE FOUNDATION, SCRIPPS HAS HELD MORE THAN 20,000 FREE CARDIAC SCREENINGS TO LOCAL TEENS, INCLUDING THE HO MELESS, UNINSURED AND UNDERINSURED IN FY19, SCRIPPS MADE AN $8,500 CONTRIBUTION TO HELP P AY FOR SCREENINGS IN FY19, SCRIPPS SUPPORTED SCREENING EVENTS AT AREA HIGH SCHOOLS AND SC REENED 4,269 TEENS, IDENTIFYING 46 WITH ABNORMALITIES AND 20 WHO WERE AT RISK THE FOLLOWI NG ARE ADDITIONAL METRICS TRAC

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FORM 990, PART III, LINE 4A (CONTINUED)	KED - TEENS UNINURED 6% - TEENS WITHOUT A PEDIATRICIAN/FAMILY DOC 525 - TEENS WHO USE A FAMILY CLINIC 714 - AVERAGE PERCENT OF MODERATE TO EXTREMELY LOW HOUSEHOLD INCOME 62% - ETHNICITY 58% REPRESENT DIVERSE ETHNICITIES - PARENTS UNAWARE OF SCA IN YOUTH 55% - PAR ENTS UNAWARE OF WARNING SIGNS/RISK FACTORS 68% - NUMBER OF YOUTHS SCREENED WHO PARTICIPAT E IN SPORTS 78% - SCRIPPS VOLUNTEERS 100 - SCRIPPS VOLUNTEER HOURS 500 SWEETWATER UNION HIGH SCHOOL DISTRICT - SPORTS SCREENINGS EVERY YEAR, THREE TO FIVE STUDENT ATHLETES IN SA N DIEGO COUNTY DIE SUDDENLY AND UNEXPECTEDLY FROM SUDDEN CARDIAC ARREST/DEATH (SCA/D) SCA IS AN ABNORMALITY IN THE HEART'S ELECTRICAL SYSTEM THAT CAN HAPPEN WITHOUT SYMPTOMS OR WA RNING SIGNS HOWEVER, THIS LIFE-THREATENING CONDITION CAN BE DETECTED WITH A CARDIAC SCREE NING EXAM SCRIPPS MERCY HOSPITAL CHULA VISTA FAMILY MEDICINE RESIDENCY, SOUTHWEST SPORTS WELLNESS FOUNDATION AND THE SWEETWATER UNION HIGH SCHOOL DISTRICT PARTNER TO PREVENT SUDDE N CARDIAC ARREST AND DEATH AMONG HIGH SCHOOL STUDENTS BY INCREASING AWARENESS OF THE IMPOR TANCE OF HEALTHY LIFESTYLES AND CARDIOVASCULAR SCREENINGS AMONG ACTIVE STUDENTS FAMILY ME DICINE RESIDENTS OFFER YEARLY CARDIAC SCREENING AND SPORTS PHYSICALS BEFORE STUDENTS PARTI CIPATE IN ORGANIZED SPORTS AND IMPLEMENT AN INJURY CLINIC DURING FOOTBALL SEASON TO EVALUA TE AND TREAT POSSIBLE CONCUSSIONS AND OTHER INJURIES SU VIDA, SU CORAZON / YOUR LIFE, YOU R HEART COMMUNITY INTERVENTION TO IMPROVE EDUCATION AND AWARENESS OF HEART DISEASE HEART D ISEASE IS ONE OF THE MOST WIDESPREAD AND COSTLY HEALTH PROBLEMS FACING OUR NATION, EVEN TH OUGH IT'S ALSO ONE OF THE MOST PREVENTABLE HEART FAILURE AND STROKE ACCOUNT FOR MORE THAN $500 BILLION IN HEALTH CARE COSTS PER YEAR HEART FAILURE IS A PROGRESSIVE DISEASE, PRIMA RILY CAUSED BY HIGH BLOOD PRESSURE, HIGH CHOLESTEROL/LIPIDS AND DAMAGE TO THE HEART MUSCLE FROM CORONARY ARTERY DISEASE SCRIPPS HEALTH OFFERS A THREE-WEEK EDUCATIONAL BASED COMMUN ITY INTERVENTION PROGRAM TO SUPPORT IMPROVED QUALITY OF LIFE FOR PATIENTS DIAGNOSED WITH H EART DISEASE TOBACCO USE, ALCOHOL ABUSE, LACK OF PHYSICAL ACTIVITY, POOR NUTRITION, STRES S AND DEPRESSION ARE SOME OF THE MAJOR CONTRIBUTING FACTORS LEADING TO HEART DISEASE, HEAR T FAILURE AND READMISSION RECENT LITERATURE SUGGESTS THAT POST DISCHARGE, SOCIAL SUPPORT AND EDUCATION ARE IMPORTANT TO PREVENT READMISSION GROUP SESSIONS PROVIDE EDUCATION AND S OCIAL SUPPORT DISCHARGE PLANNING THAT USES TRANSITIONAL COACHES HAS BEEN PROVEN TO REDUCE READMISSION RATES THE OVERALL GOAL OF YOUR LIFE, YOUR HEART IS TO DECREASE THE READMISSI ON RATES FOR HEART FAILURE PATIENTS, WHICH REDUCES MEDICAL COSTS FOR THE PATIENT AND IMPRO VES THEIR QUALITY OF LIFE A TOTAL OF 125 COMMUNITY MEMBERS HAVE PARTICIPATED IN THIS EDUC ATIONAL SERIES FOR THOSE AFFECTED BY HYPERTENSION, ANGINA, CARDIAC HEART FAILURE OR ANY OT HER HEART HEALTH CONCERNS TOPICS COVERED INCLUDE THE RISK OF HEART DISEASE, SIGNS OF HEAR T ATTACK, DIABETES, CHOLESTERO

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FORM 990, PART III, LINE 4A (CONTINUED)	L, PHYSICAL ACTIVITY, HEALTHY EATING AND MUCH MORE HEALTH ASSESSMENTS ARE REVIEWED INCLUD ING WAIST CIRCUMFERENCE, WEIGHT, HEIGHT, BMI AND BLOOD PRESSURE OVERALL, PARTICIPANTS HAV E MADE A POSITIVE IMPACT FROM THE COURSE 2019 BE THERE SAN DIEGO PREVENTING HEART ATTACKS AND STROKES SUMMIT BE THERE SAN DIEGO IS AN UNPRECEDENTED, NATIONALLY RECOGNIZED COLLABOR ATION AND COMMUNITY-WIDE ACTIVATION FOCUSED ON PREVENTING HEART ATTACKS AND STROKES IN THE SAN DIEGO REGION SCRIPPS SPONSORED THE 2019 SUMMIT AS IT IS A UNIQUE OPPORTUNITY TO BRIN G TOGETHER PHYSICIANS, COMMUNITY LEADERS, HEALTHCARE SYSTEMS, AND COMMUNITY PARTNERS TO IM PACT THE REGION'S HEALTH BY SHARING BEST PRACTICES AND DISCUSSING STRATEGIES FOR FUTURE PR OGRESS DIABETES DIABETES IS AN IMPORTANT HEALTH NEED BECAUSE OF ITS PREVALENCE, ITS IMPAC T ON MORBIDITY AND MORTALITY, AND ITS PREVENTABILITY AN ANALYSIS OF MORTALITY DATA FOR SA N DIEGO COUNTY FOUND THAT IN 2016 'DIABETES MELLITUS' WAS THE SEVENTH LEADING CAUSE OF DEA TH

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FORM 990, PART III, LINE 4A (CONTINUED)	A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF DIABETES IS DESCRIBED BELOW - THE SCRIPPS 20 19 CHNA CONTINUED TO IDENTIFY DIABETES AS A PRIORITY HEALTH ISSUE AFFECTING MEMBERS OF THE COMMUNITIES SERVED BY SCRIPPS - THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IDE NTIFY DIABETES AS THE SEVENTH LEADING CAUSE OF DEATH IN THE U S , AS WELL AS THE LEADING C AUSE OF KIDNEY FAILURE, NON-TRAUMATIC LOWER-LIMB AMPUTATIONS AND NEW CASES OF BLINDNESS AM ONG ADULTS - THE NUMBER OF ADULTS DIAGNOSED WITH DIABETES IN THE U S HAS MORE THAN TRIPL ED IN THE LAST 20 YEARS (CDC, 2017) - IN 2016, THERE WERE 734 DEATHS DUE TO DIABETES IN S AN DIEGO COUNTY OVERALL, A 3 7 PERCENT INCREASE WHEN COMPARED TO 2015 (708 DEATHS) THE AG E-ADJUSTED DEATH RATE DUE TO DIABETES WAS 20 7 PER 100,000 POPULATION - IN 2016, THERE WE RE 4,132 HOSPITALIZATIONS DUE TO DIABETES IN SAN DIEGO COUNTY THE AGE-ADJUSTED RATE OF HO SPITALIZATION WAS 120 9 PER 100,000 POPULATION IN 2016, WHICH WAS SLIGHTLY LOWER THAN THE AGE-ADJUSTED RATE IN 2015 (123 1 PER 100,000 POPULATION) - IN 2016, THERE WERE 5,168 DIAB ETES-RELATED ED DISCHARGES IN SDC, AN 8 PERCENT INCREASE FROM 2015 (4,783 ED DISCHARGES) THE AGE-ADJUSTED RATE OF DIABETES RELATED ED DISCHARGES WERE 151 9 PER 100,000 POPULATION IN 2016, WHICH WAS HIGHER THAN THE AGE-ADJUSTED RATE IN 2015 (143 5 PER 100,000 POPULATION) - ACCORDING TO 2016-2017 CHIS DATA, 8 6 PERCENT OF ADULTS LIVING IN SAN DIEGO COUNTY IN DICATED THAT THEY HAD EVER BEEN DIAGNOSED WITH DIABETES, WHICH WAS LOWER THAN THE STATE OF CALIFORNIA (9 9 PERCENT) DIABETES RATES AMONG SENIORS WERE PARTICULARLY HIGH, WITH 18 8 PERCENT OF SAN DIEGO COUNTY ADULTS OVER 65 REPORTING THAT THEY HAD EVER BEEN DIAGNOSED WIT H DIABETES - ACCORDING TO 2016-2017 CHIS DATA, 12 3 PERCENT OF SAN DIEGO COUNTY RESIDENTS HAD BEEN TOLD BY THEIR DOCTOR THAT THEY HAVE PRE OR BORDERLINE DIABETES - ACCORDING TO T HE CDC'S 2017 NATIONAL DIABETES STATISTICS REPORT, 87 5 PERCENT OF ADULTS DIAGNOSED WITH D IABETES WERE OVERWEIGHT OR OBESE TO PREVENT OR DELAY THE ONSET OF DIABETES, THE CDC RECOM MENDS LIFESTYLE CHANGES SUCH AS LOSING WEIGHT, EATING HEALTHIER, AND GETTING REGULAR PHYSI CAL ACTIVITY THE CDC ESTIMATES THAT 30 3 MILLION PEOPLE IN THE U S HAVE DIABETES OF THO SE INDIVIDUALS, 1 IN 4 IS NOT AWARE THEY HAVE THE DISEASE (CDC NATIONAL DIABETES STATISTIC S REPORT, 2017) THE PERCENTAGE OF ADULTS AGED 20 AND OLDER WHO HAVE EVER BEEN DIAGNOSED W ITH DIABETES WAS 9 4% IN 2017 IN SAN DIEGO COUNTY AND HAS BEEN STEADILY RISING SINCE 2005 ACCORDING TO THE NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION TYPE 2 DIABETES IS AN IMPORTANT TARGET FOR INTERVENTION BECAUSE HOSPITALIZATIONS DUE TO DIABET ES RELATED COMPLICATIONS ARE POTENTIALLY PREVENTABLE WITH PROPER MANAGEMENT AND A HEALTHY LIFESTYLE THERE ARE THREE MAJOR TYPES OF DIABETES TYPE 1, TYPE 2 AND GESTATIONAL ALL TH REE TYPES SHARE SIMILAR CHARACTERISTICS, THE BODY LOSES THE ABILITY TO EITHER MAKE OR USE INSULIN WITHOUT ENOUGH INSULI

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FORM 990, PART III, LINE 4A (CONTINUED)	N, GLUCOSE STAYS IN THE BLOOD, CREATING DANGEROUS BLOOD SUGAR LEVELS OVER TIME, THIS ACCU MULATION DAMAGES KIDNEYS, HEART, NERVES, EYES AND OTHER ORGANS TYPE 2 DIABETES, ONCE KNOW N AS ADULT ONSET OR NONINSULIN DEPENDENT DIABETES, IS A CHRONIC CONDITION THAT AFFECTS THE WAY YOUR BODY METABOLIZES SUGAR (GLUCOSE), WHICH IS YOUR BODY'S MAIN SOURCE OF FUEL WITH TYPE 2 DIABETES, YOUR BODY EITHER RESISTS THE EFFECTS OF INSULIN, A HORMONE THAT REGULATE S THE MOVEMENT OF SUGAR INTO YOUR CELLS OR DOESN'T PRODUCE ENOUGH INSULIN TO MAINTAIN A NO RMAL GLUCOSE LEVEL IF LEFT UNTREATED, TYPE 2 DIABETES CAN BE LIFE THREATENING CLINICAL S YMPTOMS CAN INCLUDE FREQUENT URINATION, EXCESSIVE THIRST, EXTREME HUNGER, SUDDEN VISION CH ANGES, UNEXPLAINED WEIGHT LOSS, EXTREME FATIGUE, SORES THAT ARE SLOW TO HEAL, AND INCREASE D NUMBER OF INFECTIONS TYPE 2 DIABETES HAS REACHED EPIDEMIC PROPORTIONS, AND PEOPLE OF HI SPANIC ORIGIN HAVE DRAMATICALLY HIGHER RATES OF THE DISEASE AND THE COMPLICATIONS THAT GO ALONG WITH ITS POOR MANAGEMENT, INCLUDING CARDIOVASCULAR DISEASE, EYE DISEASE AND LIMB AMP UTATION IN FACT, IT IS ESTIMATED THAT ONE OUT OF EVERY TWO HISPANIC CHILDREN BORN IN 2000 WILL DEVELOP DIABETES IN ADULTHOOD THIS IS ESPECIALLY TRUE IN THE SOUTH BAY COMMUNITIES IN SAN DIEGO SPECIFICALLY, THE CITY OF CHULA VISTA IS HOME TO 26,000 LATINOS WITH DIAGNOS ED DIABETES AND TENS OF THOUSANDS MORE WHO ARE UNDIAGNOSED, HAVE PRE- DIABETES AND ARE AT HIGH RISK OF DEVELOPING DIABETES SOME FACTS ABOUT TYPE 2 DIABETES - DIABETES IS A MAJOR CAUSE OF HEART DISEASE AND STROKE AND IS THE 7TH LEADING CAUSE OF DEATH IN THE UNITED STAT ES AND CALIFORNIA - MORE THAN 1 OUT OF 3 ADULTS HAVE PREDIABETES AND 15 TO 30% OF THOSE W ITH PREDIABETES WILL DEVELOP TYPE 2 DIABETES WITHIN 5 YEARS - NINE OUT OF 10 PEOPLE WITH PREDIABETES DON'T KNOW THEY HAVE IT SOME RISK FACTORS FOR DEVELOPING DIABETES INCLUDE - BEING OVERWEIGHT OR OBESE - HAVING A PARENT, BROTHER OR SISTER WITH DIABETES - SMOKING - HAVING BLOOD PRESSURE MEASURING 140/90 OR HIGHER - BEING PHYSICALLY INACTIVE, EXERCISING FEWER THAN THREE TIMES A WEEK - A HISTORY OF GESTATIONAL DIABETES - IF YOU ARE 65 YEARS O F AGE OR OLDER A STUDY BY THE UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA) CENTER FOR HEAL TH POLICY RESEARCH FOUND THAT 13 MILLION ADULTS IN CALIFORNIA (46 PERCENT) ARE ESTIMATED T O HAVE PREDIABETES OR UNDIAGNOSED DIABETES, WHILE ANOTHER 2 5 MILLION (9 PERCENT) HAVE ALR EADY BEEN DIAGNOSED WITH DIABETES (UCLA CENTER FOR HEALTH POLICY RESEARCH, 2016) THE COMP LICATIONS RELATED TO DIABETES ARE SERIOUS AND CAN BE REDUCED WITH PREVENTIVE PRACTICES DI ABETES IS A SERIOUS COMMUNITY HEALTH PROBLEM, LEADING TO SCHOOL AND WORK ABSENTEEISM, ELEV ATED HOSPITALIZATION RATES, FREQUENT EMERGENCY ROOM VISITS, PERMANENT PHYSICAL DISABILITIE S AND SOMETIMES DEATH DURING FISCAL YEAR 2019, SCRIPPS SPONSORED THE FOLLOWING DIABETES M ANAGEMENT INITIATIVES WOLTMAN FAMILY DIABETES CARE AND PREVENTION CENTER IN CHULA VISTA T HE WOLTMAN FAMILY DIABETES CAR

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FORM 990, PART III, LINE 4A (CONTINUED)	E AND PREVENTION CENTER IN CHULA VISTA SERVES ONE OF SAN DIEGO'S COMMUNITIES HIT HARDEST B Y THE DIABETES EPIDEMIC NEARLY 40 PERCENT OF PATIENTS ADMITTED TO SCRIPPS MEMORIAL HOSPIT AL CHULA VISTA, AND NEARLY 32 PERCENT OF PATIENTS IN THE HEART CATHETERIZATION LAB, HAVE D IABETES COUNTY STATISTICS TELL US THAT THE RATES OF DEATH, HOSPITALIZATIONS AND EMERGENCY ROOM VISITS ARE TWICE AS HIGH IN CHULA VISTA COMPARED TO ALL OF SAN DIEGO COUNTY WITH TH E GENEROUS SUPPORT OF PHILANTHROPIST RICHARD WOLTMAN, THE CENTER ADDED CRITICAL CLASSROOM SPACE IN 2017 TO MEET THE HIGH DEMAND FOR SERVICES THE CENTER OFFERS A FULL RANGE OF WELL NESS, PREVENTION, DIABETES EDUCATION AND NUTRITION SERVICES IN ENGLISH AND SPANISH PROJEC T DULCE PROJECT DULCE IS A COMPREHENSIVE, CULTURALLY SENSITIVE DIABETES MANAGEMENT PROGRAM FOR UNDERSERVED AND UNINSURED PEOPLE IN SAN DIEGO COUNTY THE PROGRAM IS TEAM BASED AND I NCORPORATES THE CHRONIC CARE MODEL PROJECT DULCE HAS BEEN ACTIVE IN COMMUNITIES ACROSS SA N DIEGO FOR THE PAST 24 YEARS, PROVIDING DIABETES CARE AND SELF-MANAGEMENT EDUCATION NURS E LED TEAMS STRIVE FOR MEASURABLE IMPROVEMENTS IN THEIR PATIENTS' HEALTH, NURSE EDUCATORS LEAD MULTIDISCIPLINARY TEAMS THAT PROVIDE CLINICAL MANAGEMENT, AND PEER EDUCATORS FROM EAC H CULTURAL GROUP, KNOWN AS PROMOTORAS, PROVIDE PUBLIC AND PATIENT EDUCATION FOR THEIR COMM UNITIES THIS INNOVATIVE PROGRAM COMBINES STATE OF THE ART CLINICAL DIABETES MANAGEMENT WI TH PROVEN EDUCATIONAL AND BEHAVIORAL INTERVENTIONS ONE OF THE PRIMARY COMPONENTS OF THE P ROGRAM IS RECRUITING PEER EDUCATORS FROM THE COMMUNITY TO WORK DIRECTLY WITH PATIENTS THE SE EDUCATORS REFLECT THE DIVERSE POPULATION AFFECTED BY DIABETES AND HELP TEACH OTHERS ABO UT CHANGING EATING HABITS, ADOPTING EXERCISE ROUTINES AND NURTURING THEIR WELLBEING TO MAN AGE THIS CHRONIC DISEASE IN FY19, PROJECT DULCE PROVIDED 650 DIABETES CARE, RETINAL SCREE NINGS AND EDUCATION VISITS FOR LOW INCOME AND UNDERSERVED INDIVIDUALS THROUGHOUT SAN DIEGO AND ENROLLED 3,075 NEW PROJECT DULCE PATIENTS MEDICAL ASSISTANT HEALTH COACHING (MAC) FO R DIABETES IN DIVERSE PRIMARY CARE SETTINGS DIABETES AFFECTS NEARLY 30 MILLION INDIVIDUALS IN THE U S , AND IF CURRENT TRENDS CONTINUE, 1 OF 3 ADULTS WILL HAVE DIABETES BY 2050 DI ABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSME) IS A CORNERSTONE OF EFFECTIVE CARE THA T IMPROVES CLINICAL CONTROL AND HEALTH OUTCOMES, HOWEVER, DSME PARTICIPATION IS LOW, PARTI CULARLY AMONG UNDERSERVED POPULATIONS, AND ONGOING SUPPORT IS OFTEN NEEDED TO MAINTAIN DSM E GAINS

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FORM 990, PART III, LINE 4A (CONTINUED)	IN 2015, THE NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIH/NIDDK) GRANTED SCRIPPS WHITTIER DIABETES INSTITUTE $2 1 MILLION TO FUND THE MAC TRIAL, WHICH IS S TUDYING AN INNOVATIVE TEAM CARE APPROACH THAT TRAINS MEDICAL ASSISTANTS (MAS) TO PROVIDE H EALTH COACHING IN THE PRIMARY CARE SETTING TO PATIENTS WITH POORLY CONTROLLED TYPE 2 DIABE TES, HELP THEM PROBLEM SOLVE, AND IMPROVE THEIR DIABETES-RELATED HEALTH OUTCOMES THE GOAL S INCLUDE IMPROVING DIABETES SELF-MANAGEMENT AND CLINICAL OUTCOMES, SUCH AS BLOOD GLUCOSE LEVELS, CHOLESTEROL AND BLOOD PRESSURE THE STUDY IS BEING CONDUCTED IN TWO DIVERSE SETTIN GS A SCRIPPS HEALTH PRIMARY CARE PRACTICE, AND A COMMUNITY HEALTH CENTER, NEIGHBORHOOD HE ALTHCARE DIABETES PREVENTION THE UCLA CENTER FOR HEALTH POLICY AND RESEARCH RECENTLY PUBL ISHED DATA THAT REVEALED NEARLY HALF OF CALIFORNIA ADULTS HAVE PREDIABETES OR DIABETES WH ILE THE SCRIPPS WHITTIER DIABETES INSTITUTE HAS BEEN PROVIDING THE BEST CARE FOR PEOPLE WI TH DIABETES FOR DECADES, THE INSTITUTE CONTINUED WITH THE SCRIPPS DIABETES PREVENTION PROG RAM (DPP), WHICH IS A YEARLONG INTERVENTION WHERE PEOPLE WITH PREDIABETES MEET WEEKLY FOR 16 WEEKS, THEN MONTHLY THEREAFTER THE DPP IS AN INTENSIVE LIFESTYLE BEHAVIOR CHANGE INTER VENTION PROGRAM THAT HAS BEEN PROVEN TO PREVENT DIABETES IN LARGE-SCALE NATIONAL STUDIES THE PRIMARY OBJECTIVE IS TO LOSE 5 TO 7% OF BODY WEIGHT THROUGH HEALTHY EATING AND PHYSICA L ACTIVITY THE DIABETES PREVENTION PROGRAM (DPP) HAS BEEN THOROUGHLY EVALUATED IN NIH SPO NSORED RANDOMIZED CONTROLLED TRIALS AND HAS BEEN FOUND TO DECREASE THE NUMBER OF NEW CASES OF DIABETES AMONG THOSE WITH PREDIABETES BY 58% AMONG PEOPLE OVER AGE 60, THERE WAS A 71 % REDUCTION IN NEW CASES IN FY19, 1,759 PATIENTS ATTENDED 31 SCRIPPS DPP ORIENTATION SESS IONS MUCH OF THE EFFORT IS FOCUSED IN THE SOUTH BAY FOR THE LATINO POPULATION, WHICH IS A T HIGHER RISK OF GETTING DIABETES THAN THEIR WHITE COUNTERPARTS DIGITAL DIABETES-ME AN A DAPTIVE MHEALTH INTERVENTION FOR UNDERSERVED HISPANICS WITH DIABETES DIABETES IS A FAST-GR OWING EPIDEMIC IN THE US, NEARLY 11% OF ADULTS WERE LIVING WITH DIAGNOSED DIABETES IN 201 7, WHICH REPRESENTED AN ANNUAL ECONOMIC BURDEN OF $327 2 BILLION, WITH AN AVERAGE ANNUAL C OST OF $13,240 PER CASE HISPANICS FACE A HIGHER RISK OF DEVELOPING THE DISEASE-13 9 PERCE NT COMPARED WITH 7 6 PERCENT FOR NON-HISPANIC WHITES THE NIH'S NATIONAL INSTITUTE OF DIAB ETES AND DIGESTIVE AND KIDNEY DISEASES AWARDED $2 9 MILLION, THE LARGEST NIH AWARD TO SCRI PPS WHITTIER DIABETES INSTITUTE TO DATE, TO STUDY AN INNOVATIVE APPROACH TO HELPING HISPAN ICS WITH DIABETES BETTER MANAGE THEIR DISEASE DULCE DIGITAL-ME PROVIDED PATIENTS WITH TOO LS TO HELP THEM MANAGE THEIR DIABETES DAY TO DAY AND IMPROVE THEIR HEALTH, INCLUDING TEXT MESSAGING, WIRELESS BLOOD GLUCOSE AND MEDICATION MONITORING, DIET AND EXERCISE ASSESSMENTS , AND PERSONALIZED FEEDBACK AND GOAL SETTING THIS STUDY WAS CONDUCTED IN COLLABORATION WI TH NEIGHBORHOOD HEALTHCARE, SA

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FORM 990, PART III, LINE 4A (CONTINUED)	N DIEGO STATE UNIVERSITY AND THE UNIVERSITY OF CALIFORNIA SAN DIEGO THE PARTICIPANTS RECE IVED HEALTH-RELATED TEXT MESSAGES EVERY DAY FOR SIX MONTHS AND THEY SAW IMPROVEMENTS IN TH EIR BLOOD SUGAR LEVELS THAT EQUALED THOSE RESULTING FROM SOME GLUCOSE-LOWERING MEDICATIONS THE DULCE DIGITAL-ME CLINICAL TRIAL REPRESENTS THE FIRST RANDOMIZED CONTROLLED STUDY TO LOOK AT THE USE OF TEXT MESSAGES TO HELP UNDERSERVED HISPANICS BETTER SELF-MANAGE THEIR DI ABETES THROUGH GLYCEMIC CONTROL THE RESULTS WERE PUBLISHED BY DIABETES CARE IN AN ONLINE PRE-PRINT VERSION OF THE STUDY, WHICH IS SCHEDULED TO BE PUBLISHED IN A FUTURE ISSUE OF TH E JOURNAL HEALTHY LIVING IN 2015, SCRIPPS BEGAN HEALTHY LIVING CLASSES WHICH ARE OPEN TO ANYONE INTERESTED IN LEARNING ABOUT THE BENEFITS OF GOOD NUTRITION, PHYSICAL ACTIVITY, AND AVOIDING TOBACCO THESE BEHAVIORS CAN HELP TO PREVENT THE FOUR CHRONIC DISEASES (LUNG DIS EASE, CANCER, TYPE 2 DIABETES AND, CARDIOVASCULAR DISEASE) THAT CONTRIBUTE TO 50 PERCENT O F ALL THE DEATHS IN THE US THE THREE-CLASS SERIES IS HELD AT LOCATIONS THROUGHOUT THE COM MUNITY ONE HUNDRED SIXTY-EIGHT PEOPLE ATTENDED HEALTHY LIVING CLASSES THAT WERE PROVIDED THROUGHOUT THE COUNTY, AGAIN WITH SPECIAL ATTENTION TO THE LATINO COMMUNITY OF THE SOUTH B AY SCRIPPS WHITTIER DIABETES INSTITUTE PROFESSIONAL EDUCATION AND TRAINING SCRIPPS WHITTI ER DIABETES INSTITUTE PROFESSIONAL EDUCATION TEAMS PROVIDE STATE OF THE ART EDUCATION AND TRAINING FOR PEOPLE WHO WISH TO INCREASE THEIR DIABETES MANAGEMENT KNOWLEDGE AND SKILLS W ITH THE RISE IN DIABETES RELATED DEVICES, THERE IS A GREAT NEED TO EQUIP CLINICIANS WITH T HE LATEST INFORMATION AND CLINICAL SKILLS THE WHITTIER'S PROFESSIONAL EDUCATION PROGRAM I S LED BY A TEAM OF EXPERTS, INCLUDING ENDOCRINOLOGISTS, NURSES, DIETICIANS, PSYCHOLOGISTS AND OTHER DIABETES SPECIALIST THESE INDIVIDUALS TRAIN PRACTICING PROFESSIONALS TO DELIVER THE BEST POSSIBLE CARE FOR THEIR DIABETES PATIENTS COURSES ARE TAILORED TO THE NEEDS OF ALLIED HEALTH PROFESSIONALS SEEKING TO UNDERSTAND NEW AND COMPLEX CLINICAL TREATMENT OPTIO NS FOR TYPE 1, TYPE 2 AND GESTATIONAL DIABETES PROFESSIONAL EDUCATION WAS PROVIDED FOR 24 9 PEOPLE ON INSULIN MANAGEMENT, INCRETIN THERAPY, AND DIABETES DIET AND DIABETES BASICS P ARTICIPANTS CAME FROM LOCAL HEALTH INSTITUTIONS AND THROUGHOUT THE UNITED STATES TO LEARN FROM THE WHITTIER INSTITUTE'S MOST EXPERIENCED DIABETES EXPERTS OVER THE LAST FISCAL YEAR , THE WHITTIER INSTITUTE'S PROFESSIONAL EDUCATION DEPARTMENT PROVIDED FOUR CME PROGRAMS FO R PHYSICIANS, NURSES, PHARMACISTS, DIETITIANS, MIDLEVEL PROVIDERS AND SOCIAL WORKERS AND M ADE NUMEROUS ACADEMIC AND RESEARCH PRESENTATIONS AT PROFESSIONAL ASSOCIATION MEETINGS RET INAL SCREENING PROGRAM IT IS ESTIMATED THAT EVERY 24 HOURS, 55 PEOPLE WILL LOSE THEIR VISI ON AS A RESULT OF DIABETIC-RELATED EYE DISEASE (DIABETIC RETINOPATHY) EVEN THOUGH 95 PERCE NT OF DIABETIC BLINDNESS COULD BE PREVENTED WITH EARLY DIAGNOSIS AND TREATMENT FOR MORE T HAN A DECADE, SCRIPPS HAS BEEN

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FORM 990, PART III, LINE 4A (CONTINUED)	SCREENING PEOPLE IN UNDERSERVED COMMUNITIES FOR DIABETIC RETINOPATHY USING A MOBILE CAMER A OUR FREE OR LOW-COST EYE EXAMS DIAGNOSE INDIVIDUALS AT HIGH RISK FOR RETINAL DAMAGE AND HELP PATIENTS GET TREATMENT AND REFERRALS TO SPECIALISTS IN FY19, 1,617 PEOPLE WERE SCRE ENED, AND 6 4 PERCENT HAD SOME DEGREE OF DIABETES-RELATED EYE DISEASE THIS PROGRAM REFERR ED 38 PEOPLE WHO HAD ADVANCED DISEASE, 2 4 PERCENT OF ALL SCREENED OR NEARLY 36 9 PERCENT OF POSITIVES, TO SPECIALISTS FOR FURTHER CARE HEALTH RELATED BEHAVIORS HEALTH RELATED BEH AVIOR IS ONE OF THE MOST IMPORTANT ELEMENTS IN PEOPLE'S HEALTH AND WELL-BEING ITS IMPORTA NCE HAS GROWN AS SANITATION HAS IMPROVED AND MEDICINE HAS ADVANCED DISEASES THAT WERE ONC E INCURABLE CAN NOW BE PREVENTED OR SUCCESSFULLY TREATED HEALTH RELATED BEHAVIORS, SUCH A S IMMUNIZATION, SMOKING CESSATION, IMPROVED NUTRITION, INCREASED PHYSICAL ACTIVITY, ORAL H EALTH AND INJURY PREVENTION, HAVE BECOME IMPORTANT COMPONENTS OF LONG-TERM LIFE

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FORM 990, PART III, LINE 4A (CONTINUED)	OPIOID STEWARDSHIP PROGRAM (OSP) THE OPIOID STEWARDSHIP PROGRAM HAS SPEARHEADED MULTIPLE P ROJECTS AT SCRIPPS TO EDUCATE PATIENTS AND PROVIDERS ABOUT THE RISKS OF OPIOIDS AND THE BE NEFITS OF ALTERNATIVE MULTI-MODAL PAIN MANAGEMENT OPTIONS TO REDUCE OPIOID USE THE PROGRA M HAS ESTABLISHED PRESCRIBING STANDARDS FOR OPIOIDS, RESULTING IN A 25 PERCENT REDUCTION I N THE NUMBER OF OPIOID PILLS PER PRESCRIPTION AT SCRIPPS HOSPITALS AND OUTPATIENT CENTERS IN 2019 SCRIPPS ALSO HAS OPENED THREE DRUG TAKE-BACK KIOSKS AT ITS ON-SITE PHARMACIES, OF FERING PATIENTS YEAR-ROUND ACCESS TO DISPOSE OF UNUSED, UNNEEDED OR OUTDATED MEDICATIONS SOCIAL DETERMINANTS OF HEALTH PER SECTION 2, COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), IN ADDITION TO THE HEALTH NEEDS THAT WERE IDENTIFIED IN THE CHNA, SOCIAL DETERMINANTS OF HEAL TH (SDOH) WERE ALSO IDENTIFIED IN ALL THE COMMUNITY ENGAGEMENT ACTIVITIES APPROXIMATELY 8 0 PERCENT OF MODIFIABLE RISKS FOR DISEASES ARE ATTRIBUTABLE TO NON-MEDICAL (UPSTREAM) DETE RMINANTS OF HEALTH, SUCH AS HEALTH BEHAVIORS, SOCIOECONOMIC STATUS, AND ENVIRONMENTAL COND ITIONS TO PREVENT CHRONIC CONDITIONS AND PROMOTE HEALTH, GREATER EMPHASIS SHOULD BE PLACE D ON POPULATION HEALTH, WHICH HAS BEEN DEFINED TO FOCUS ON OUTCOMES AS WELL AS ON THE BROA DER FACTORS THAT INFLUENCE HEALTH AT A POPULATION LEVEL, INCLUDING MEDICAL CARE SYSTEMS, T HE SOCIAL ENVIRONMENT, AND THE PHYSICAL ENVIRONMENT THE CHNA IDENTIFIED ECONOMIC SECURITY AS A PRIORITY SDOH NEED IN THE SECONDARY DATA ANALYSES AND IN THE COMMUNITY ENGAGEMENT PR OCESS ECONOMIC SECURITY REFERS TO THE ABILITY TO MEET ESSENTIAL FINANCIAL NEEDS SUSTAINAB LY, INCLUDING THOSE FOR FOOD, SHELTER, CLOTHING, HYGIENE, HEALTH CARE, AND EDUCATION ECON OMIC INSECURITY IS ASSOCIATED WITH POOR MENTAL HEALTH DAYS VISITS TO THE ED FOR HEART ATTACKS ASTHMA OBESITY DIABETES STROKE CANCER SMOKING PEDESTRIAN INJURY ECO NOMIC INSECURITY MAY ALSO LEAD TO FOOD INSECURITY, WHICH IS LINKED TO - FAIR OR POOR HEAL TH, ANEMIA, AND ASTHMA IN CHILDREN - MENTAL HEALTH PROBLEMS, DIABETES, HYPERTENSION, HYPER LIPIDEMIA, AND ORAL HEALTH PROBLEMS IN ADULTS - FAIR OR POOR HEALTH, DEPRESSION, AND LIMIT ATIONS IN ACTIVITIES OF DAILY LIVING IN SENIORS ECONOMIC SECURITY IS ALSO LINKED TO WAGES - EDUCATIONAL ATTAINMENT IS DIRECTLY RELATED TO ECONOMIC INSECURITY BY WAY OF LOW WAGES A ND/OR LIMITED ACCESS TO EMPLOYMENT - IN SAN DIEGO, ADULTS WHO HAD LESS THAN A HIGH SCHOOL DIPLOMA WAS HIGHEST IN SOUTH (21 9%) AND CENTRAL (19 9%) REGIONS FOOD INSECURITY FOOD INS ECURITY IS THE INABILITY TO AFFORD ENOUGH FOOD FOR AN ACTIVE, HEALTHY LIFE THE HASD&IC 20 19 CHNA IDENTIFIED FOOD INSECURITY AND ACCESS TO HEALTHY FOOD AS A SOCIAL DETERMINANT IMPA CTING SAN DIEGO'S PRIORITY HEALTH NEEDS ACCORDING TO THE LATEST RESEARCH FROM THE SAN DIE GO HUNGER COALITION, ALMOST HALF A MILLION SAN DIEGANS,1 IN 7 RESIDENTS, OR 15 PERCENT OF THE SAN DIEGO COUNTY POPULATION ARE CONSIDERED FOOD INSECURE, AN ECONOMIC AND SOCIAL CONDI TION CHARACTERIZED BY LIMITED

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FORM 990, PART III, LINE 4A (CONTINUED)	OR UNCERTAIN ACCESS TO ADEQUATE FOOD TO PUT THE TOTAL NUMBER OF FOOD INSECURE SAN DIEGANS INTO PERSPECTIVE, IT IS ROUGHLY EQUIVALENT TO THE ENTIRE POPULATIONS OF CHULA VISTA, OCEA NSIDE, IMPERIAL BEACH, CORONADO, AND SOLANA BEACH COMBINED RATES IN IMPERIAL COUNTY ARE E VEN HIGHER, WITH 17% OF THE GENERAL POPULATION SUFFERING FOOD INSECURITY EVEN MORE ALARMI NG IS THAT THE RATE OF FOOD INSECURITY AMONG CHILDREN IN IMPERIAL COUNTY IS THE HIGHEST IN CALIFORNIA AT OVER 33% IN SAN DIEGO COUNTY - 14% OF PEOPLE EXPERIENCE FOOD INSECURITY, 1 IN 7 PEOPLE - 22% OF CHILDREN ARE IN FOOD INSECURE HOUSEHOLDS, MORE THAN 1 IN 5 CHILDREN - 9% OF SENIORS EXPERIENCE FOOD INSECURITY, 1 IN 11 SENIORS IN ADDITION, STUDIES DEMONST RATE THAT HUNGER SIGNIFICANTLY IMPACTS HEALTH LACK OF ACCESS TO HEALTHY FOOD, OFTEN DUE T O AVAILABILITY AND COST, ARE STRESSORS THAT CONTRIBUTE TO DIABETES, HEART DISEASE, OBESITY , AND OTHER BEHAVIORAL HEALTH ISSUES IN A MYRIAD OF WAYS - FOOD INSECURE ADULTS WITH DIAB ETES HAVE HIGHER AVERAGE BLOOD SUGARS - FOOD INSECURE ADULTS ARE MORE LIKELY TO BE OBESE - FOOD INSECURITY IS SIGNIFICANTLY MORE PREVALENT IN ADULTS WITH MOOD DISORDERS - FOOD I NSECURITY IS ASSOCIATED WITH INCREASED RISK OF SUICIDAL THOUGHTS AND SUBSTANCE USE IN ADOL ESCENTS - FOOD INSECURE SENIORS HAVE A SIGNIFICANTLY HIGHER LIKELIHOOD OF HEART DISEASE, DEPRESSION AND LIMITED ACTIVITIES OF DAILY LIVING - FOOD INSECURE ADULTS DELAY BUYING FOO D IN ORDER TO PURCHASE MEDICATIONS CALFRESH PROGRAM THE CALFRESH PROGRAM, FEDERALLY KNOWN AS THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), ISSUES MONTHLY ELECTRONIC BENEFI TS THAT CAN BE USED TO BUY FOOD AT PARTICIPATING MARKETS AND STORES IN SAN DIEGO COUNTY, AN ESTIMATED ADDITIONAL 185,000 PEOPLE ARE "FOOD SECURE" BUT RELY ON CALFRESH AND/OR WIC T O SUPPLEMENT THEIR FOOD BUDGET THIS REPRESENTS 96,000 ADULTS AND 89,000 CHILDREN WHO ARE AT RISK OF FOOD INSECURITY SHOULD THEY LOSE CALFRESH OR WIC BENEFITS THE TOTAL POPULATION IN SAN DIEGO COUNTY THAT IS EITHER FOOD INSECURE OR FOOD SECURE WITH CALFRESH OR WIC ASSI STANCE IS 671,000 OR 1 IN 5 PEOPLE FEDERAL REDUCED-PRICE MEALS PROGRAM (FRPM) ACCORDING T O A NEW REPORT RELEASED IN 2019 BY THE SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATIVE, WWW SDCOI ORG, THE EFFECT OF POVERTY AND FOOD INSECURITY ON STUDENTS' OVERWEIGHT AND OBESITY R ATES CAN PERHAPS MOST PROFOUNDLY BE OBSERVED WHEN LOOKING AT DISTRICTS WITH HIGH CONCENTRA TIONS OF STUDENTS ENROLLED IN THE FEDERAL REDUCED-PRICE MEALS PROGRAM (FRPM) ALL STUDENTS CAN PARTICIPATE IN SCHOOL NUTRITION PROGRAMS, HOWEVER, STUDENTS WITH FAMILY INCOMES UNDER 130% OF THE FEDERAL POVERTY LEVEL ARE ELIGIBLE FOR FREE MEALS, AND THOSE WITH INCOMES BET WEEN 130% AND 185% OF THE POVERTY LEVEL ARE ELIGIBLE FOR LOW-COST (OR "REDUCED PRICE") MEA LS STUDENTS ENROLLED IN THIS PROGRAM NOT ONLY COME FROM LOWER INCOME HOUSEHOLDS BUT ARE A LSO LIKELY TO BE FOOD INSECURE FIFTY PERCENT, OR HALF OF ALL STUDENTS IN SAN DIEGO COUNTY ARE ENROLLED IN THE FEDERAL R

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FORM 990, PART III, LINE 4A (CONTINUED)	EDUCED-PRICE MEALS PROGRAM SOURCE CALIFORNIA DEPARTMENT OF EDUCATION 2018-2019 STUDENT POVERTY FRPM DATA THE PROGRAMS HIGHLIGHTED BELOW ARE WAYS THAT SCRIPPS HEALTH IS ADDRESSI NG FOOD INSECURITY, SCREENINGS AND ELIGIBILITY BENEFITS SCRIPPS HEALTH CALFRESH SCREENING S AS HEALTH CARE DELIVERY SYSTEMS MOVES TOWARDS A POPULATION HEALTH PARADIGM THAT INCENTIV IZES KEEPING PATIENT'S HEALTHY, HOSPITALS AND CLINICS ARE RECOGNIZING THE SIGNIFICANCE OF ADDRESSING SOCIAL DETERMINANTS OF HEALTH, SUCH AS FOOD INSECURITY (FI) HOSPITALS HAVE BEE N MORE PROACTIVE IN INTERVENING AT SOME LEVEL OF CARE TO AID THE INDIVIDUALS SUFFERING FRO M FI AND THEIR ABILITY TO GAIN CONTROL OVER THEIR HEALTH ACCORDINGLY, FOOD ASSISTANCE PRO VIDED BY THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)-KNOWN AS CALFRESH IN CALIFOR NIA, SIGNIFICANTLY REDUCES THE RATE AND SEVERITY OF POVERTY THROUGHOUT THE STATE (CALIFORN IA BUDGET & POLICY CENTER, 2018) WHILE SNAP AND WOMEN'S, INFANTS, CHILDREN (WIC) HAVE BEE N SUCCESSFUL IN ASSISTING LOW-INCOME CHILDREN AND THEIR FAMILIES WITH ADDITIONAL FUNDING F OR PURCHASING HEALTHY FOODS, THERE IS EVIDENCE THAT SUGGESTS SCREENING FOR FI IN HEALTHCAR E SETTINGS IS THE BEST INDICATOR FOR PATIENTS TO ACCESS FOOD-RELATED ASSISTANCE IN A 25 PE RCENT REDUCTION IN THE NUMBER OF OPIOID PILLS PER PRESCRIPTION AT SCRIPPS HOSPITALS AND OU TPATIENT CENTERS IN 2018 SCRIPPS ALSO HAS OPENED THREE DRUG TAKE-BACK KIOSKS AT ITS ON-SI TE PHARMACIES, OFFERING PATIENTS YEAR-ROUND ACCESS TO DISPOSE OF UNUSED, UNNEEDED OR OUTDA TED MEDICATIONS

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FORM 990, PART III, LINE 4A (CONTINUED)	CALIFORNIA BRIDGE PROGRAM SCRIPPS RECEIVED MORE THAN $435,000 OF STATE GRANTS AT EACH SCRI PPS MERCY CAMPUS FROM THE CALIFORNIA BRIDGE PROGRAM AND THE CENTER AT SIERRA HEALTH FOUNDA TION TO REMOVE BARRIERS TO IDENTIFYING AND TREATING PATIENTS WITH OPIOID USE DISORDER AND PROVIDE MEDICATION-ASSISTED TREATMENT (MAT) SCRIPPS ACTIVELY PROMOTES MAT ACCESS FOR PATI ENTS IN THE FORM OF BUPRENORPHINE THE BRIDGE PROGRAM AIMS TO HELP HOSPITALS AND HEALTH CE NTERS EXPAND PATIENT ACCESS TO TREATMENT FOR OPIOID USE DISORDER, INCLUDING ON-THE-SPOT ME DICAL TREATMENT AND COORDINATED OUTPATIENT CARE AS PART OF THE GRANT, SCRIPPS NOW HAS BRI DGE COUNSELORS AT BOTH MERCY CAMPUSES TO HELP PATIENTS WITH OPIOID ADDICTION BRIDGE COUNS ELORS ARE CERTIFIED THROUGH THE CALIFORNIA CONSORTIUM OF ADDICTION PROGRAMS AND PROFESSION ALS OR THE CALIFORNIA ASSOCIATION FOR DRUG/ALCOHOL EDUCATORS THEY MEET PATIENTS IN THE EM ERGENCY DEPARTMENT AND OTHER INPATIENT AREAS OF BOTH SCRIPPS MERCY CAMPUSES TO PROVIDE RAP ID EVIDENCE-BASED MEDICATION-ASSISTED TREATMENT THEY ALSO CONNECT PATIENTS DIRECTLY TO CO NTINUED TREATMENT IN THE COMMUNITY IN THE FIRST TEN MONTHS, SCRIPPS IDENTIFIED MORE THAN 300 MAT-ELIGIBLE PATIENTS AND TREATED MORE THAN 160 PATIENTS OUT OF THE 160 PATIENTS TREA TED 210 ACCEPTED LINKAGE TO OUTPATIENT MAT SERVICES THE CALIFORNIA BRIDGE GRANT ALSO ENAB LED SCRIPPS TO HIRE SUBSTANCE USE DISORDER NURSES (SUDS) TO FACILITATE TREATMENT AND ENTRY INTO A COMMUNITY-BASED MAT PROGRAM SCRIPPS DEPLOYS SPECIALIZED NURSES CERTIFIED IN ADDIC TION TO SEE PATIENTS AT THEIR BEDSIDE AND WORK CLOSELY WITH THE PATIENT'S ENTIRE HEALTH CA RE TEAM IN FACILITATING A SAFE DETOX TREATMENT WHILE HOSPITALIZED THEY IDENTIFY PATIENTS WHO ARE AT RISK OR ARE CURRENTLY EXPERIENCING WITHDRAWAL FROM ALCOHOL AND OTHER ADDICTIVE SUBSTANCES SUBSTANCE USE DISORDER SERVICE (SUDS) NURSES EVALUATE PATIENTS WHO MEET CERTAI N CRITERIA AND WORK DIRECTLY WITH THE NURSE AND PHYSICIAN TO ENSURE THE PATIENT IS ADEQUAT ELY MEDICATED IN ORDER TO CONTROL SYMPTOMS OF WITHDRAWAL SUDS NURSES AT SCRIPPS FUNCTION IN A PROACTIVE AND REACTIVE ROLE AT ALL SCRIPPS HOSPITALS AND COLLABORATE WITH COMMUNITY R ESOURCES, INCLUDING FAMILY HEALTH CENTERS OF SAN DIEGO TO PROVIDE MAT, MCALLISTER INSTITUT E FOR DETOX BEDS AND THE BETTY FORD CENTER FOR OUTPATIENT CARE ENCINITAS STREET FAIR SCRI PPS PARTICIPATED IN THE ENCINITAS STREET FAIR AND PROVIDED CONVERSATIONS AND DEMONSTRATION S ON FALL RISKS, STOP THE BLEED, HEAD INJURY, SEAT BELT, CHILD SEAT SAFETY, AND EDUCATED T HE COMMUNITY ON THE EFFECTS AND IMPAIRMENT OF ALCOHOL AND DRUGS THROUGH DEMONSTRATIONS/SIM ULATIONS SPONDYLITIS ASSOCIATION SCRIPPS HEALTH PROVIDES MEETING SPACE TO THE SPONDYLITIS ASSOCIATION OF AMERICA (SAA) THIS IS A NON-PROFIT ORGANIZATION FOUNDED IN 1983 TO ADDRES S THE NEEDS OF PEOPLE AFFECTED BY SPONDYLARTHRITIS SINCE THAT TIME, SAA HAS BEEN AT THE F OREFRONT OF THE FIGHT TO PROMOTE MEDICAL RESEARCH, EDUCATE BOTH THE MEDICAL COMMUNITY AND GENERAL PUBLIC AND ADVOCATE ON

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FORM 990, PART III, LINE 4A (CONTINUED)	BEHALF OF THE PEOPLE THEY SERVE AGING CONCERNS IN SAN DIEGO COUNTY, THE POPULATION OF OL DER ADULTS AGED 55 AND OLDER WAS MORE THAN 820,000 IN 2015 BY 2030, THAT NUMBER IS PROJEC TED TO BE MORE THAN 1 1 MILLION IN ADDITION, THE FASTEST GROWING AGE GROUP IS THOSE OVER THE AGE OF 85 AGING CONCERNS ARE DEFINED AS THOSE CONDITIONS THAT PREDOMINANTLY AFFECT SE NIOR - PEOPLE WHO ARE 65 AND OLDER-SUCH AS ALZHEIMER'S DISEASE, PARKINSON'S, DEMENTIA, FAL LS AND LIMITED MOBILITY PER THE 2019 CHNA, CONDITIONS THAT DISPROPORTIONALLY AFFECT OLDER ADULTS WERE IDENTIFIED AS A HIGH PRIORITY HEALTH NEED THROUGH BOTH COMMUNITY ENGAGEMENT E VENTS AND THE SECONDARY ANALYSES COMMUNITY ENGAGEMENT PARTICIPANTS MOST OFTEN DESCRIBED A GING CONCERNS IN RELATION TO THE SDOH THAT AFFECT SENIORS SUCH AS - ACCESS TO FRESH FOOD - ECONOMIC INSECURITY (ESPECIALLY FOOD INSECURITY AND HOUSING UNAFFORDABILITY) - SOCIAL IS OLATION AND INADEQUATE FAMILY SUPPORT (LACK OF COMPANIONSHIP, ANXIETY, DEPRESSION, HOPELES SNESS INADEQUATE FAMILY SUPPORT OR SUPPORT AT HOME TO RECOVER, MAINTAIN ONE'S HEALTH, OR MANAGE THEIR MEDICATIONS INCLUDING ORDERING REFILLS, PICKING UP PRESCRIPTIONS, AND TAKING THE RIGHT DOSE OF MEDICATIONS AT THE RIGHT TIME, CAN BE CHALLENGING FOR OLDER ADULTS WHO D O NOT HAVE ADEQUATE SUPPORT) - TRANSPORTATION (LACK OF ACCESSIBLE OR RELIABLE TRANSPORTAT ION OPTIONS TO AND FROM APPOINTMENTS, TO GO GROCERY SHOPPING, OR JUST SOCIALIZE WITH OTHER S) IN ADDITION, ALZHEIMER'S DISEASE WAS THE THIRD LEADING CAUSE OF DEATH AND PARKINSON'S D ISEASE WAS THE 12TH LEADING CAUSE OF DEATH AMONG SAN DIEGO COUNTY RESIDENTS IN 2016 DEMEN TIA IS A CLINICAL SYNDROME OF DECLINE IN MEMORY AND OTHER THINKING ABILITIES IT IS CAUSED BY VARIOUS DISEASES AND CONDITIONS THAT RESULT IN DAMAGE TO BRAIN CELLS AND LEAD TO DISTI NCT SYMPTOM PATTERNS AND DISTINGUISHING BRAIN ABNORMALITIES ALZHEIMER'S DISEASE (AD) IS A PROGRESSIVE BRAIN DISORDER THAT GRADUALLY DESTROYS A PERSON'S MEMORY AND ABILITY TO LEARN , REASON, MAKE JUDGEMENTS, COMMUNICATE AND CARRY OUT DAILY ACTIVITIES SUCH AS BATHING AND EATING AN ESTIMATED 84,405 ADULTS AGE 55 AND OLDER ARE LIVING WITH SOME FORM OF DEMENTIA A ND THIS NUMBER IS PROJECTED TO INCREASE TO MORE THAN 115,000 BY 2030 ALZHEIMER'S DISEASE IS THE MOST EXPENSIVE DISEASE IN THE NATION, WITH ASSOCIATED COSTS HIGHER THAN THOSE OF BO TH CANCER AND HEART DISEASE RESEARCHERS ESTIMATE THAT BETWEEN INFORMAL CAREGIVING, OUT-OF -POCKET COSTS, AND MEDICAID AND MEDICARE EXPENDITURES, THE LIFETIME COST FOR A PERSON LIVI NG WITH DEMENTIA IS OVER $320,000 IN SAN DIEGO, THOUSANDS OF RESIDENTS 65+ YEARS AND OLDE R VISIT AN EMERGENCY DEPARTMENT (ED) FOR FALL-RELATED INJURIES THE FOLLOWING ARE THE HOSP ITAL DISCHARGE AND DEATH RATES FOR FALLS, AGE 65+, 2016 (RATES PER 100,000 POPULATION) - DEATH - 60 - ED DISCHARGE - 4,695 - INPATIENT DISCHARGE - 1,859

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FORM 990, PART III, LINE 4A (CONTINUED)	A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF AGING CONDITIONS ARE DESCRIBED BELOW - THE 2 019 HASD&IC AND SCRIPPS CHNA IDENTIFIED AGING CONCERN AS ONE OF THE TOP HEALTH CONDITIONS AMONG SAN DIEGO COUNTY HOSPITALS - THE 2019 HASD&IC AND SCRIPPS CHNA IDENTIFIED PHYSICAL AND NON-PHYSICAL BARRIERS TO CARE SENIORS ACCESSING HEALTH CARE CAN BE PARTICULARLY DIFFI CULT WHEN SENIORS CAN NO LONGER DRIVE, FINDING RELIABLE, AFFORDABLE TRANSPORTATION CAN BE CHALLENGING SENIORS MOST OFTEN HAVE LIMITED INCOME AND AREA CONSTANTLY SHIFTING THEIR FI NANCIAL PRIORITIES BETWEEN PAYING FOR HOUSING, FOOD, OR COSTS ASSOCIATED WITH SEEKING HEAL TH CARE HIGH COST OF MEDICATIONS, CO-PAYS AND DEDUCTIBLES WERE CITED AS CREATING FINANCIA L BARRIERS TO ACCESSING HEALTH CARE PHYSICAL BARRIERS TO CARE, SUCH AS LIMITED MOBILITY, HEARING OR VISION ISSUES MAY ALSO CREATE CHALLENGES FOR SENIORS NEEDING ADDITIONAL ASSISTA NCE FOR THOSE WHO DO NOT SPEAK ENGLISH AS A FIRST LANGUAGE, LANGUAGE CAN ALSO BE A BARRIE R TO ACCESSING CARE AFTER DISCHARGE FROM A HOSPITAL STAY, SENIORS MAY HAVE INADEQUATE SUP PORT AT HOME TO RECOVER WELL AND FOLLOW-UP CARE IS HARD FOR SENIORS TO LOCATE AND SECURE THESE NEEDS IDENTIFIED BY THE COMMUNITY OVERALL SPOKE TO THE OVERWHELMING NEED TO INCREASE AWARENESS OF COMMUNITY AND SOCIAL SUPPORT PROGRAMS AND SERVICES FOR THIS PARTICULARLY VUL NERABLE GROUP - IN 2016, ALZHEIMER'S DISEASE WAS THE 6TH LEADING CAUSE OF DEATH IN THE UN ITED STATES AND 3RD LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY - IN 2016, THE TOP 10 LEAD ING CAUSES OF DEATH AMONG ADULTS AGES 65 AND OLDER IN SAN DIEGO COUNTY WERE (IN RANK ORDER) OVERALL CANCER, ALZHEIMER'S DISEASE AND OTHER DEMENTIAS (ADOD), CORONARY HEART DISEASE (CHD), STROKE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), CHRONIC LOWER RESPIRATORY DIS EASES, OVERALL HYPERTENSIVE DISEASES, DIABETES, UNINTENTIONAL INJURIES, PARKINSON'S DISEAS E AND FALLS - IN 2016, HOSPITALIZATION RATES AMONG SENIORS WERE HIGHER THAN THE GENERAL P OPULATION DUE TO CHD, STROKE, COPD, NONFATAL UNINTENTIONAL INJURIES (INCLUDING FALLS), OVE RALL CANCER AND ARTHRITIS - THE TOP THREE CAUSES OF ED UTILIZATION AMONG SAN DIEGO COUNTY RESIDENTS AGES 65 AND OLDER IN 2016 WERE UNINTENTIONAL INJURIES, FALLS AND ARTHRITIS/OTHE R RHEUMATIC CONDITIONS - SENIORS IN SAN DIEGO COUNTY USE THE 911 SYSTEM AT HIGHER RATES T HAN ANY OTHER AGE GROUP THE MOST COMMON COMPLAINTS INCLUDE GENERAL MEDICAL, ALTERED NEURO LOGICAL STATE, RESPIRATORY DISTRESS, CARDIAC CHEST PAIN AND TRAUMA TO THE EXTREMITIES (HHS A, 2015) - ACCORDING TO THE CDC, 2 8 MILLION OLDER ADULTS, OR MORE THAN ONE IN FOUR, ARE TREATED IN THE ED FOR FALLS EVERY YEAR ONE IN FIVE FALLS CAUSES A SERIOUS INJURY, SUCH AS BROKEN BONES OR A HEAD INJURY, AND WITH EACH FALL, THE CHANCE OF FALLING AGAIN DOUBLES T HESE INJURIES MAY RESULT IN SERIOUS MOBILITY ISSUES AND DIFFICULTY WITH EVERYDAY TASKS OR LIVING INDEPENDENTLY THE DIRECT MEDICAL COSTS FOR FALL INJURIES ARE ESTIMATED AT $31 BILL ION ANNUALLY (CDC, 2018) - IN

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FORM 990, PART III, LINE 4A (CONTINUED)	2013, AN ESTIMATED 62,000 SAN DIEGANS AGES 55 AND OLDER WERE LIVING WITH ALZHEIMER'S DISE ASE AND OTHER DEMENTIAS (ADOD), WHICH ACCOUNTED FOR 8 3 PERCENT OF THIS AGE GROUP ASSUMIN G CURRENT TRENDS CONTINUE, BY 2030, NEARLY 94,000 RESIDENTS 55 YEARS AND OLDER WILL BE LIV ING WITH ADOD, WHICH IS A 51 PERCENT INCREASE FROM 2013 (ALZHEIMER'S DISEASE AND OTHER DEM ENTIAS IN SAN DIEGO COUNTY, HHSA, 2016) - IN 2016, AN ESTIMATED 71 4 PERCENT OF SAN DIEGO COUNTY RESIDENTS AGES 65 AND OLDER REPORTED THAT THEY WERE VACCINATED FOR INFLUENZA IN TH E PAST 12 MONTHS (CHIS, 2016) IN 2016, 26 OF THE 46 RECORDED INFLUENZA DEATHS IN SAN DIEG O COUNTY OCCURRED AMONG RESIDENTS AGES 65 AND OLDER THE AGE-ADJUSTED RATE OF INFLUENZA DE ATH AMONG THIS GROUP WAS 6 0 PER 100,000 (HHSA, 2016) - RESEARCH SHOWS THAT CAREGIVING CA N HAVE SERIOUS PHYSICAL AND MENTAL HEALTH CONSEQUENCES ACCORDING TO FINDINGS FROM THE STR ESS IN AMERICA SURVEY DESCRIBED IN A REPORT TITLED "VALUING THE INVALUABLE", CAREGIVERS TO OLDER RELATIVES REPORT POORER HEALTH AND HIGHER STRESS LEVELS THAN THE GENERAL POPULATION FIFTY-FIVE PERCENT OF SURVEYED CAREGIVERS REPORTED FEELING OVERWHELMED BY THE AMOUNT OF CARE THEIR FAMILY MEMBER NEEDS (AARP PUBLIC POLICY INSTITUTE, UPDATED JULY 2015) - ACCORD ING TO AARP, MORE THAN 40 MILLION PEOPLE IN THE U S ACT AS UNPAID CAREGIVERS TO PEOPLE AG ES 65 AND OLDER MORE THAN 10 MILLION OF THESE CAREGIVERS ARE MILLENNIALS WITH SEPARATE FU LL OR PART-TIME JOBS, AND ONE IN THREE EMPLOYED MILLENNIAL CAREGIVERS EARNS LESS THAN $30, 000 PER YEAR (AARP, 2018) - ACCORDING TO A REPORT FROM THE NATIONAL ALLIANCE FOR CAREGIVI NG (NAC) AND AARP TITLED CAREGIVING IN THE U S 2015, 60 PERCENT OF UNPAID CAREGIVERS ARE FEMALE, AND NEARLY 1 IN 10 CAREGIVERS ARE AGES 75 OR OLDER (AARP AND NAC, 2015) - THE UCL A CENTER FOR HEALTH POLICY RESEARCH CONDUCTED A STUDY HIGHLIGHTING THE PLIGHT OF CALIFORNI A'S "HIDDEN POOR," FINDING 772,000 SENIORS WHO LIVE IN THE GAP BETWEEN THE FPL AND THE ELD ER ECONOMIC SECURITY STANDARD THE HIGHEST PROPORTION OF SENIORS LIVING IN THIS GAP INCLUD ES RENTERS, LATINOS, WOMEN AND GRANDPARENTS RAISING GRANDCHILDREN (PADILLA-FRAUSTO & WALLA CE, 2015) DURING FISCAL YEAR 2019, SCRIPPS ENGAGED IN THE FOLLOWING PROGRAMS AND SERVICES TO MEET THE NEEDS OF THE AGING POPULATION DEMENTIA AND ALZHEIMER'S DISEASE DEMENTIA IS A CLINICAL SYNDROME OF DECLINE IN MEMORY AND OTHER THINKING ABILITIES IT IS CAUSED BY VARI OUS DISEASES AND CONDITIONS THAT RESULT IN DAMAGE TO BRAIN CELLS AND LEAD TO DISTINCT SYMP TOM PATTERNS AND DISTINGUISHING BRAIN ABNORMALITIES ALZHEIMER'S DISEASE (AD) IS A PROGRES SIVE BRAIN DISORDER THAT GRADUALLY DESTROYS A PERSON'S MEMORY AND ABILITY TO LEARN, REASON , MAKE JUDGEMENTS, COMMUNICATE AND CARRY OUT DAILY ACTIVITIES SUCH AS BATHING AND EATING

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FORM 990, PART III, LINE 4A (CONTINUED)	A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF DEMENTIA AND ALZHEIMER'S DISEASE IS DESCRIBED BELOW - THE HASD&IC 2016 CHNA CONTINUED TO IDENTIFY ALZHEIMER'S DISEASE AS ONE OF THE TO P 15 PRIORITY HEALTH CONDITIONS AMONG SAN DIEGO COUNTY HOSPITALS - IN 2016, ALZHEIMER'S D ISEASE WAS THE 6TH LEADING CAUSE OF DEATH IN THE UNITED STATES AND 3RD LEADING CAUSE OF DE ATH IN SAN DIEGO COUNTY - IN 2016, THE TOP 10 LEADING CAUSES OF DEATH AMONG ADULTS AGES 6 5 AND OLDER IN SAN DIEGO COUNTY WERE (IN RANK ORDER) OVERALL CANCER, ALZHEIMER'S DISEASE AND OTHER DEMENTIAS (ADOD), CORONARY HEART DISEASE (CHD), STROKE, CHRONIC OBSTRUCTIVE PULM ONARY DISEASE (COPD)/CHRONIC LOWER RESPIRATORY DISEASES, OVERALL HYPERTENSIVE DISEASES, DI ABETES, UNINTENTIONAL INJURIES, PARKINSON'S DISEASE AND FALLS - IN 2016, HOSPITALIZATION RATES AMONG SENIORS WERE HIGHER THAN THE GENERAL POPULATION DUE TO CHD, STROKE, COPD, NONF ATAL UNINTENTIONAL INJURIES (INCLUDING FALLS), OVERALL CANCER AND ARTHRITIS - THE TOP THR EE CAUSES OF ED UTILIZATION AMONG SAN DIEGO COUNTY RESIDENTS AGES 65 AND OLDER IN 2016 WER E UNINTENTIONAL INJURIES, FALLS AND ARTHRITIS/OTHER RHEUMATIC CONDITIONS - SENIORS IN SAN DIEGO COUNTY USE THE 911 SYSTEM AT HIGHER RATES THAN ANY OTHER AGE GROUP THE MOST COMMON COMPLAINTS INCLUDE GENERAL MEDICAL, ALTERED NEUROLOGICAL STATE, RESPIRATORY DISTRESS, CAR DIAC CHEST PAIN AND TRAUMA TO THE EXTREMITIES (HHSA, 2015) - ACCORDING TO THE CDC, 2 8 MI LLION OLDER ADULTS, OR MORE THAN ONE IN FOUR, ARE TREATED IN THE ED FOR FALLS EVERY YEAR ONE IN FIVE FALLS CAUSES A SERIOUS INJURY, SUCH AS BROKEN BONES OR A HEAD INJURY, AND WITH EACH FALL, THE CHANCE OF FALLING AGAIN DOUBLES THESE INJURIES MAY RESULT IN SERIOUS MOBI LITY ISSUES AND DIFFICULTY WITH EVERYDAY TASKS OR LIVING INDEPENDENTLY THE DIRECT MEDICAL COSTS FOR FALL INJURIES ARE ESTIMATED AT $31 BILLION ANNUALLY (CDC, 2018) - IN 2013, AN ESTIMATED 62,000 SAN DIEGANS AGES 55 AND OLDER WERE LIVING WITH ALZHEIMER'S DISEASE AND OT HER DEMENTIAS (ADOD), WHICH ACCOUNTED FOR 8 3 PERCENT OF THIS AGE GROUP ASSUMING CURRENT TRENDS CONTINUE, BY 2030, NEARLY 94,000 RESIDENTS 55 YEARS AND OLDER WILL BE LIVING WITH A DOD, WHICH IS A 51 PERCENT INCREASE FROM 2013 (ALZHEIMER'S DISEASE AND OTHER DEMENTIAS IN SAN DIEGO COUNTY, HHSA, 2016) - IN 2016, AN ESTIMATED 71 4 PERCENT OF SAN DIEGO COUNTY RE SIDENTS AGES 65 AND OLDER REPORTED THAT THEY WERE VACCINATED FOR INFLUENZA IN THE PAST 12 MONTHS (CHIS, 2016) IN 2016, 26 OF THE 46 RECORDED INFLUENZA DEATHS IN SAN DIEGO COUNTY O CCURRED AMONG RESIDENTS AGES 65 AND OLDER THE AGE-ADJUSTED RATE OF INFLUENZA DEATH AMONG THIS GROUP WAS 6 0 PER 100,000 (HHSA, 2016) - RESEARCH SHOWS THAT CAREGIVING CAN HAVE SER IOUS PHYSICAL AND MENTAL HEALTH CONSEQUENCES ACCORDING TO FINDINGS FROM THE STRESS IN AME RICA SURVEY DESCRIBED IN A REPORT TITLED "VALUING THE INVALUABLE", CAREGIVERS TO OLDER REL ATIVES REPORT POORER HEALTH AND HIGHER STRESS LEVELS THAN THE GENERAL POPULATION FIFTY-FI VE PERCENT OF SURVEYED CAREGIV

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FORM 990, PART III, LINE 4A (CONTINUED)	ERS REPORTED FEELING OVERWHELMED BY THE AMOUNT OF CARE THEIR FAMILY MEMBER NEEDS (AARP PUB LIC POLICY INSTITUTE, UPDATED JULY 2015) - ACCORDING TO AARP, MORE THAN 40 MILLION PEOPLE IN THE U S ACT AS UNPAID CAREGIVERS TO PEOPLE AGES 65 AND OLDER MORE THAN 10 MILLION OF THESE CAREGIVERS ARE MILLENNIALS WITH SEPARATE FULL- OR PART-TIME JOBS, AND ONE IN THREE EMPLOYED MILLENNIAL CAREGIVERS EARNS LESS THAN $30,000 PER YEAR (AARP, 2018) - ACCORDING TO A REPORT FROM THE NATIONAL ALLIANCE FOR CAREGIVING (NAC) AND AARP TITLED CAREGIVING IN THE U S 2015, 60 PERCENT OF UNPAID CAREGIVERS ARE FEMALE, AND NEARLY 1 IN 10 CAREGIVERS A RE AGES 75 OR OLDER (AARP AND NAC, 2015) - THE UCLA CENTER FOR HEALTH POLICY RESEARCH CON DUCTED A STUDY HIGHLIGHTING THE PLIGHT OF CALIFORNIA'S "HIDDEN POOR," FINDING 772,000 SENI ORS WHO LIVE IN THE GAP BETWEEN THE FPL AND THE ELDER ECONOMIC SECURITY STANDARD THE HIGH EST PROPORTION OF SENIORS LIVING IN THIS GAP INCLUDES RENTERS, LATINOS, WOMEN AND GRANDPAR ENTS RAISING GRANDCHILDREN (PADILLA-FRAUSTO & WALLACE, 2015) DURING FISCAL YEAR 2019, SCR IPPS ENGAGED IN THE FOLLOWING PROGRAMS AND SERVICES TO MEET THE NEEDS OF THE AGING POPULAT ION THE ALZHEIMER'S PROJECT - SAN DIEGO UNITES FOR A CURE AND CARE THE ALZHEIMER'S PROJEC T IS A COUNTYWIDE INITIATIVE AIMED AT ACCELERATING THE SEARCH FOR A CURE AND HELPING THE E STIMATED 60,000 SAN DIEGANS WITH THE DISEASE, ALONG WITH THEIR CAREGIVERS PARTICIPANTS BE GAN MEETING IN EARLY 2016 TO CRAFT A REGIONAL ROADMAP TO ADDRESS THE DISEASE, FOCUSING ON CURE, CARE, CLINICAL, AND PUBLIC AWARENESS AND EDUCATION INITIATIVES THE BOARD OF SUPERVI SORS APPROVED THE ROADMAP IN DECEMBER 2014 AND LATER VOTED IN SUPPORT OF AN IMPLEMENTATION TIMETABLE DR MICHAEL LOBATZ FROM SCRIPPS HEALTH IS A LEADING PARTICIPANT OF THIS INITIA TIVE AS A CO-CHAIRPERSON OF THE CLINICAL ROUND TABLE AND IS A MEMBER OF THE STEERING COMMI TTEE STANDING STRONG FOR FALL ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), MORE THAN ONE THIRD OF ADULTS 65 AND OLDER FALL EACH YEAR IN THE UNITED STATES AND 20 TO 30% OF PEOPLE WHO FALL SUFFER MODERATE TO SEVERE INJURIES SCRIPPS HELD A FREE INTE RACTIVE EVENT ON FALL PREVENTION PARTICIPANTS LEARNED ABOUT IMPROVING BALANCE AND FLEXIBI LITY AND STRENGTH IT ALSO INCLUDED BALANCE AND FALL RISK SCREENING ASSESSMENT BY SCRIPPS PHYSICAL THERAPY DEPARTMENT OCCUPATIONAL THERAPY SPECIALIST SENIOR HEALTH AND WELLBEING P ROGRAMS EACH MONTH A VARIETY OF SENIOR PROGRAMS ARE HELD IN PARTNERSHIP WITH LOCAL SENIOR CENTERS, CHURCHES, AND SENIOR HOUSING THE FOLLOWING PROGRAMS ARE CONDUCTED AS PART OF SCR IPPS MERCY HOSPITAL CHULA VISTA SAN DIEGO BORDER AREA HEALTH EDUCATION CENTER AND SCRIPPS FAMILY MEDICINE RESIDENCY PROGRAM THESE SENIOR HEALTH CHATS ARE DESIGNED TO PROVIDE HEALT H EDUCATION TO THE OLDER ADULT COMMUNITY APPROXIMATELY 20-25 SENIORS ATTEND THESE MONTHLY THROUGHOUT THE YEAR THESE PRESENTATIONS INCLUDE A VARIETY OF HEALTH AND AGE-RELATED TOPI CS THAT INCLUDE NUTRITION, HEA

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FORM 990, PART III, LINE 4A (CONTINUED)	RING LOSS, DEMENTIA, ALZHEIMER'S, PAIN MANAGEMENT AND MAINTAINING A HEALTHY LIFESTYLE THE SE PRESENTATIONS ARE FACILITATED BY VARIOUS HEALTH CARE PROFESSIONS AND RESIDENTS TOPICS ARE ALL CHOSEN BY THE SENIORS THEMSELVES SO AS TO MEET THEIR LOCAL NEEDS ALSO, THE HEALTH CHATS PROVIDE AN INTERCHANGE BETWEEN THE COMMUNITY MEMBERS AND OUR MEDICAL RESIDENTS AND OTHER HEALTH CARE PROFESSIONALS TO FOSTER HEALTHY LIFESTYLES AND HEALTH PREVENTION THE PR OGRAM IS CONDUCTED IN COLLABORATION WITH NORMAN PARK CENTER, CONGREGATIONAL TOWERS SENIOR LIVING AND ST CHARLES NUTRITION CENTER FAMILY MEDICINE RESIDENTS ROTATE THROUGH THESE PRO GRAMS TO LEARN MORE ABOUT GERIATRIC MEDICINE, HEALTH AND WELLNESS AND OVERALL PUBLIC HEALT H AND COMMUNITY TRAINING OVER 264 SENIORS PARTICIPATED IN THESE PROGRAMS PARKINSON'S LSV T (LEE SILVERMAN TRAINING) BIG EXERCISE SCRIPPS PROVIDES A MAINTENANCE CLASS FOR THOSE WH O HAVE COMPLETED THE LSVT BIG EXERCISE PROTOCOL THIS CLASS IS TAUGHT BY A PHYSICAL THERAP IST AND IS DESIGNED FOR PARKINSON'S PATIENTS TO IMPROVE STRENGTH AND MOBILITY FOR A HEALTH IER LIFE FALL PREVENTION AND HOME SAFETY WORKSHOPS MANY OLDER ADULTS EXPERIENCE CONCERNS ABOUT FALLING AND RESTRICT THEIR ACTIVITIES SCRIPPS SOCIAL WORKERS AND NURSES LECTURE ON WAYS TO REDUCE FALL RISK, IMPROVE SAFETY AWARENESS AND UTILIZE AVAILABLE RESOURCES TO PROM OTE INDEPENDENCE AND OVERALL SAFETY BALANCE CLASSES ARE DESIGNED TO HELP BUILDING BALANCE , POSTURE AND COORDINATION THROUGH STRENGTHENING AND BALANCE EXERCISES THIS IMPORTANCE AS PECT TO HEALTHY LIVING FOR SENIORS PROVIDES EDUCATION ON PREVENTING FALLS THROUGH EXERCISE AND BEING PROACTIVE THROUGH SAFETY MEASURES IN THE HOME SCRIPPS PT DEPARTMENT AND PT SCH OOL VOLUNTEERS PROVIDE FALL RISK ASSESSMENTS SENIORS MAY ATTEND FROM ALL OVER THE SD COUN TY REGION A MATTER OF BALANCE MANAGING CONCERNS ABOUT FALLS SCRIPPS EDUCATES OLDER ADULT S ON PREVENTING FALLS THROUGH EXERCISE AND BEING PROACTIVE THROUGH SAFETY MEASURES IN THE HOME AN 8-WEEK PROGRAM AND LECTURE SERIES PROVIDE PRACTICAL STRATEGIES TO MANAGE FALLS, I MPROVE SAFETY AWARENESS AND UTILIZE AVAILABLE RESOURCES TO PROMOTE INDEPENDENCE AND OVERAL L SAFETY OBESITY, WEIGHT STATUS, NUTRITION, ACTIVITY AND FITNESS OBESITY IS AN IMPORTANT HEALTH NEED DUE TO ITS HIGH PREVALENCE IN THE U S AND SAN DIEGO ALTHOUGH IT IS NOT A LEA DING CAUSE OF DEATH, IT IS A SIGNIFICANT CONTRIBUTOR TO THE DEVELOPMENT OF OTHER CHRONIC C ONDITIONS

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FORM 990, PART III, LINE 4A (CONTINUED)	A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF OBESITY, WEIGHT STATUS, NUTRITION AND ACTIVIT Y & FITNESS IS DESCRIBED BELOW - THE SCRIPPS 2019 CHNA CONTINUED TO IDENTIFY OBESITY AS A PRIORITY HEALTH ISSUE AFFECTING MEMBERS OF THE COMMUNITIES SERVED BY SCRIPPS - ACCORDING TO 2017 CHIS DATA, THE SELF-REPORTED OBESITY RATE FOR ADULTS AGES 18 AND OLDER IN SAN DIE GO COUNTY WAS 22 5 PERCENT - ACCORDING TO A NEW REPORT RELEASED IN 2019 BY THE SAN DIEGO CHILDHOOD OBESITY INITIATIVE, 34%, OR NEARLY 1 OUT OF EVERY 3 CHILDREN IN SAN DIEGO COUNTY 'S SCHOOLS WERE OVERWEIGHT OR OBESE THESE RATES THESE RATES VARY BY GRADE, WITH 5TH GRADE RS HAVING THE HIGHEST RATES OF OVERWEIGHT AND OBESE CHILDREN - 36% - COMPARED TO 7TH GRADE RS (34%) AND 9TH GRADERS (33%) IN EXAMINING TRENDS ACROSS LONGER PERIODS OF TIME, OVERWEI GHT AND OBESITY PREVALENCE AMONG CHILDREN IN SAN DIEGO COUNTY APPEARS TO BE LEVELING OFF A ND EVEN DECLINING SLIGHTLY FOR EXAMPLE, A 2005 UCLA STUDY ESTIMATED 36% OF CHILDREN IN SA N DIEGO COUNTY WERE OVERWEIGHT OR OBESE, WITH THAT NUMBER DECREASING TO 35% IN 2010 BASED ON THESE DATA, CHILDHOOD OVERWEIGHT AND OBESITY PREVALENCE IN 2018 HAS DECREASED BY TWO P ERCENTAGE POINTS SINCE 2005 THIS SMALL DECREASE FROM 36% TO 34%, HOWEVER, WOULD REPRESENT APPROXIMATELY 8,600 FEWER STUDENTS ACROSS PUBLIC SCHOOL DISTRICTS WHO WERE OVERWEIGHT AND OBESE IN 2017-2018 MORE INFORMATION CAN BE FOUND AT, WWW SDCOI ORG - IN 2017, BETWEEN 2 5 AND 30 PERCENT OF ADULTS IN CALIFORNIA SELF-REPORTED BEING OBESE OBESITY LEVELS DECREAS ED AS EDUCATION LEVELS INCREASED, INDICATING A NEED FOR HEALTH EDUCATION AS A TOOL FOR RED UCING OBESITY RATES (CDC, 2017) - OBESITY HAS BEEN LINKED TO ENVIRONMENTAL FACTORS, SUCH AS ACCESSIBILITY AND AFFORDABILITY OF FRESH FOODS, PARK AVAILABILITY, SOCIAL COHESION AND NEIGHBORHOOD SAFETY (UCLA CENTER FOR HEALTH POLICY RESEARCH, 2015) - ACCORDING TO DATA FR OM THE 2016 NATIONAL STUDY OF CHILDREN'S HEALTH, NEARLY ONE-THIRD OF CHILDREN IN CALIFORNI A ARE OBESE CALIFORNIA HAS ONE OF THE HIGHEST CHILDHOOD OBESITY RATES IN WESTERN STATES (THE STATE OF OBESITY, 2018) - ACCORDING TO THE CDC, SOME OF THE LEADING CAUSES OF PREVENT ABLE DEATH INCLUDE OBESITY-RELATED CONDITIONS, SUCH AS HEART DISEASE, STROKE, TYPE 2 DIABE TES AND CERTAIN TYPES OF CANCER IN 2016, 39 8 PERCENT OF AMERICANS WERE OBESE (CDC, 2017) - OBESITY IS LARGELY CATEGORIZED AS A SECONDARY DIAGNOSIS IN HOSPITAL DISCHARGE DATA WH EN EXAMINING INPATIENT HOSPITAL DISCHARGE DATA WITH OBESITY AS A SECONDARY DIAGNOSIS, IT W AS FOUND THAT THE MOST COMMON PRIMARY DIAGNOSIS OF THOSE PATIENTS WAS NONSPECIFIC CHEST PA IN IN AGES 25-64, ABNORMAL PAIN FOR THOSE AGES 15-24, AND THOSE OVER 65 YEARS THEIR PRIMAR Y DIAGNOSIS WAS OSTEOARTHRITIS, SEPTICEMIA FOLLOWED BY CONGESTIVE HEART FAILURE - RESEARC H HAS SHOWN THAT AS WEIGHT INCREASES TO REACH THE LEVELS OF "OVERWEIGHT"OBESITY" THE RISKS FOR THE FOLLOWING CONDITIONS ALSO INCREASES - CORONARY HEART DISEASE - TYPE 2 DIABETES - CANCERS (ENDOMETRIAL, BREAST

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FORM 990, PART III, LINE 4A (CONTINUED)	AND COLON) - HYPERTENSION (HIGH BLOOD PRESSURE) - STROKE - LIVER AND GALLBLADDER DISEASE - SLEEP APNEA AND RESPIRATORY PROBLEMS - OSTEOARTHRITIS OBESITY IS ADDRESSED THROUGH GENERA L NUTRITION AND EXERCISE EDUCATION AND RESOURCES PROVIDED AT SCRIPPS AS WELL AS PROGRAMS T HAT ADDRESS A HEALTHY LIFESTYLE AS PART OF CARE FOR HEART DISEASE, CANCER, DIABETES AND OT HER HEALTH ISSUES INFLUENCED BY HEALTHY WEIGHT AND EXERCISE DURING FY19, SCRIPPS ENGAGED IN THE FOLLOWING OBESITY PREVENTION AND TREATMENT ACTIVITIES SAN DIEGO CHILDHOOD OBESITY INITIATIVE THE SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATIVE (COI) WAS ESTABLISHED IN 2006 AND IS A PRIVATE PUBLIC PARTNERSHIP WITH THE MISSION OF REDUCING AND PREVENTING CHILDHOOD OBESITY THROUGH POLICY, SYSTEMS, AND ENVIRONMENT CHANGE CORE FUNDING FOR THE INITIATIVE IS PROVIDED BY THE COUNTY OF SAN DIEGO, FIRST 5 COMMISSION OF SAN DIEGO COUNTY, THE CALIFO RNIA ENDOWMENT, AND KAISER-PERMANENTE SCRIPPS IS A STRONG PARTNER WITH CHIP AND THE OUTCO MES OF THE INITIATIVE HAVE SHOWN AN OVERALL REDUCTION IN CHILDHOOD OVERWEIGHT AND OBESITY, FROM 36% IN 2005 TO 34% IN 2015 (MANY AREAS HAVE SEEN INCREASES) A NEW STATE OF CHILDHOO D OBESITY SUPPLEMENTAL REPORT RELEASED BY THE SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATIV E RELEASED IN 2019, WWW SDCOI ORG, FINDS THAT DESPITE THE POTENTIAL IMPROVEMENTS IN SAN DI EGO COUNTY, DISPARITIES AMONG CHILDREN WHO ARE OVERWEIGHT OR OBESE PERSIST, PARTICULARLY A MONG DIVERSE RACIAL, ETHNIC, AND ECONOMIC GROUPS FOR EXAMPLE, IN 2018, 43% OF HISPANIC ST UDENTS WERE OVERWEIGHT OR OBESE COMPARED TO WHITE STUDENTS WITH AN OVERWEIGHT AND OBESITY PREVALENCE OF 24%, HISPANIC STUDENTS WERE NEARLY TWICE AS LIKELY TO BE OVERWEIGHT OR OBES E THESE FINDINGS ARE RELEVANT AS NEARLY HALF - OR 48% - OF ALL STUDENTS TESTED IN SAN DIE GO COUNTY IDENTIFIED AS HISPANIC OR LATINO, COMPARED TO 29% OF STUDENTS IDENTIFYING AS WHI TE FOR THE 2017-2018 SCHOOL YEAR 3 STUDENTS WHO IDENTIFIED AS AMERICAN INDIAN OR ALASKAN N ATIVE, OR NATIVE HAWAIIAN OR PACIFIC ISLANDER, HAD OVERWEIGHT AND OBESITY RATES OF 44% AND 49%, RESPECTIVELY FOR STUDENTS IDENTIFYING AS BLACK OR AFRICAN AMERICAN, THE STORY WAS S IMILAR WITH 37% BEING OVERWEIGHT OR OBESE ONLY STUDENTS IDENTIFYING AS ASIAN HAVE RATES L OWER THAN WHITE CHILDREN- 22% COMPARED TO 24% DURING THE 2017-2018 SCHOOL YEAR, MORE THAN HALF, OR 53% OF SAN DIEGO COUNTY STUDENTS IN BOTH PUBLIC AND CHARTER SCHOOLS, WERE IDENTIF IED AS SOCIOECONOMICALLY DISADVANTAGED SOCIOECONOMICALLY DISADVANTAGED IS DEFINED AS STUD ENTS WHO ARE MIGRANTS, IN FOSTER CARE OR HOMELESS AT ANY TIME DURING THE ACADEMIC YEAR, E LIGIBLE OR HAD DIRECT CERTIFICATION FOR THE FREE OR REDUCED-PRICED MEAL (FRPM) PROGRAM OR ARE IN A FAMILY WHERE BOTH PARENTS DID NOT RECEIVE A HIGH SCHOOL DIPLOMA AMONG THESE STUD ENTS, 42% WERE OVERWEIGHT OR OBESE COMPARED TO THEIR NON-ECONOMICALLY DISADVANTAGED PEERS , SOCIOECONOMICALLY DISADVANTAGED STUDENTS WERE ALMOST TWICE AS LIKELY TO BE OVERWEIGHT OR OBESE (42% VS 24%) OVERWEIGH

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FORM 990, PART III, LINE 4A (CONTINUED)	T AND OBESITY PREVALENCE AMONG THESE STUDENTS HAS HELD STEADY AT 42% SINCE 2014, HOWEVER, ALARMING DISPARITIES CONTINUE TO GROW ACROSS RACIAL AND ETHNIC GROUPS AMERICAN INDIAN OR ALASKAN NATIVE STUDENTS, FOR EXAMPLE, HAD A 10% INCREASE IN OVERWEIGHT AND OBESITY PREVALE NCE BETWEEN 2014 AND 2018, AND NATIVE HAWAIIAN OR PACIFIC ISLANDER STUDENTS HAD AN EVEN GR EATER INCREASE- 12%-DURING THIS TIME PERIOD DIABETES PREVENTION PROGRAM (DPP) A LARGE CLI NICAL TRIAL CONCLUDED THAT PEOPLE WITH PREDIABETES COULD REDUCE THEIR LIKELIHOOD OF DEVELO PING DIABETES BY 58-70 PERCENT IF THEY LOST JUST 5-7 PERCENT OF THEIR BODY WEIGHT THE DIA BETES PREVENTION PROGRAM IS A SCIENTIFICALLY VALIDATED LIFESTYLE INTERVENTION-BASED MODEL THE CENTERS FOR DISEASE CONTROL (CDC) AND THE NATIONAL INSTITUTES OF HEALTH (NIH) PROMOTE WIDESPREAD ADOPTION OF THE DPP DUE TO ITS DEMONSTRATED EFFECTIVENESS SCRIPPS IS RECOGNIZ ED BY THE CENTERS FOR DISEASE CONTROL AS A NATIONAL DPP PROVIDER AND ROLLED OUT THE PROGRA M TO PATIENTS AND COMMUNITY MEMBERS IN 2016 SCRIPPS AIMS TO DECREASE THE INCIDENCE OF TYP E 2 DIABETES BY MANAGING A MAJOR DIABETES RISK FACTOR, OBESITY IN THE UNDERSERVED, ETHNICA LLY DIVERSE POPULATIONS BY TESTING THE EFFECTIVENESS OF LIFESTYLE CURRICULUM THE PROGRAM USES TRAINED LIFESTYLE COACHES AND A STANDARDIZED CURRICULUM, PARTICIPANTS MEET IN GROUPS WITH A COACH FOR 16 WEEKLY SESSIONS AND SIX TO EIGHT BIMONTHLY FOLLOW-UP SESSIONS PARTICI PANTS MUST HAVE PREDIABETES AND BE OVERWEIGHT TO ENROLL NO PHYSICIAN REFERRAL IS REQUIRED , ALTHOUGH MANY PHYSICIANS DO REFER THEIR PATIENTS TO THIS VALUABLE RESOURCE ORIENTATION SESSIONS ARE HELD IN SPANISH AND ENGLISH THROUGHOUT THE COUNTY HEALTHY LIVING PROGRAM DIA BETES, HEART DISEASE, CANCER AND RESPIRATORY DISEASE ARE THE FOUR MOST PREVALENT SERIOUS C HRONIC DISEASES IN CALIFORNIA THESE DISEASES CAUSE 50 PERCENT OF ALL DEATHS IN SAN DIEGO AND THROUGHOUT THE U S , AND MANY PEOPLE HAVE MORE THAN ONE OF THESE CONDITIONS BECAUSE L IFESTYLE CAN PLAY A MAJOR ROLE IN PREVENTING THESE CHRONIC ILLNESSES, SCRIPPS INTRODUCED H EALTHY LIVING, A FREE, INTERACTIVE EDUCATION PROGRAM TO HELP THE SAN DIEGO COMMUNITY LEARN ABOUT AND ADOPT PRACTICAL WAYS TO IMPROVE THREE BEHAVIORS SMOKING, POOR DIET AND PHYSICA L INACTIVITY THAT CONTRIBUTE TO THESE FOUR DISEASES

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FORM 990, PART III, LINE 4A (CONTINUED)	PARTICIPANTS LEARN HOW TO MAKE HEALTHY FOOD CHOICES USING LOW COSTS OPTIONS, MAKE PHYSICAL ACTIVITY PART OF THEIR DAILY LIFE AND LEARN HOW TO STAY MOTIVATED AND MAINTAIN HEALTHY HA BITS SCRIPPS IMPLEMENTS A SERIES OF THREE FREE SESSIONS THAT ENCOURAGE PARTICIPANTS TO ID ENTIFY AND ADOPT PRACTICAL WAYS TO IMPROVE THEIR HEALTH HABITS SESSIONS ARE OFFERED THROU GHOUT SAN DIEGO COUNTY IN ENGLISH AND SPANISH, WITH SPECIAL EMPHASIS ON THE LATINO AND UND ERSERVED COMMUNITIES SESSIONS INCLUDE HEALTH SCREENINGS, HEALTHY COOKING TIPS, AND MINDFU L EATING PRACTICE SESSIONS PARTICIPANTS ALSO RECEIVE A PREDIABETES SCREENING, THOSE WHO S CORE HIGH ARE THEN REFERRED TO THE SCRIPPS DIABETES PREVENTION PROGRAM PROMISE NEIGHBORHO OD INITIATIVE SCRIPPS ALSO ADDRESSES CHILDHOOD OBESITY AT THE HIGH SCHOOL LEVEL IN SAN DIE GO'S SOUTH BAY COMMUNITIES THROUGH ITS PARTNERSHIP WITH THE PROMISE NEIGHBORHOOD INITIATIV E, WHICH IMPLEMENTS ACTIVITIES RELATED TO THE NATIONAL 5210 CAMPAIGN THE MESSAGE IS TO PR OMOTE A HEALTHY LIFESTYLE (5 SERVINGS OF FRUITS AND VEGETABLES, 2 HOUR SCREEN TIME LIMIT, 1 HOUR OF PHYSICAL ACTIVITY AND 0 SUGARY DRINKS) PER DAY THIS FIVE-SESSION SERIES IS DESI GNED TO INCREASE KNOWLEDGE AND BEHAVIORS REGARDING A HEALTHY LIFESTYLE THE SERIES INCLUDE S HANDS-ON ACTIVITIES AND DEMONSTRATIONS SCRIPPS PARTNERS WITH THE PROMISE NEIGHBORHOOD I NITIATIVE AND CASTLE PARK ELEMENTARY SCHOOL TO INCREASE EDUCATION AND AWARENESS ABOUT HEAL THY LIFESTYLES FOR STUDENTS, THEIR PARENTS AND SCHOOL STAFF PROMISE NEIGHBORHOOD DEVELOPE D A WELLNESS COMMITTEE COMPOSED OF THE SCHOOL PRINCIPAL, TEACHERS, PARENTS AND SCRIPPS STA FF AIMED TO IMPLEMENT ACTIVITIES THAT SUPPORT 5-2-1-0 SCHOOL ADMINISTRATORS AND STAFF ARE CLOSELY INVOLVED IN THE PROGRAM, WHICH INCLUDES FIVE EDUCATIONAL SESSIONS, A HEALTH ASSES SMENT SURVEY AND HEALTH PLAN, AND SUPPORT TO HELP THE STUDENTS PASS THEIR YEARLY PHYSICAL EDUCATION REQUIREMENTS SINCE 2013, MORE THAN 400 CHILDREN AND 200 PARENTS HAVE PARTICIPAT ED IN WELLNESS ACTIVITIES ON CAMPUS AS A RESULT OF ACTIVITIES, LESSON PLANS AND ADVOCACY FOR HEALTHY LIVING, THE AMOUNT OF PHYSICAL ACTIVITY AND CONSUMPTION OF FRUITS AND VEGETABL ES BY CHILDREN, PARENTS AND STAFF HAS INCREASED STUDENT RESPONSES VIA A POST HEALTH ASSES SMENT SURVEY SHOWED THAT THERE WAS AN 80% IMPROVEMENT RATE FOR KNOWLEDGE AFTER PARTICIPATI NG IN THE 5210 SESSIONS AND A 38% IMPROVEMENT RATE FOR BEHAVIOR AFTER PARTICIPATING IN TH E 5210 SESSIONS CITY HEIGHTS WELLNESS CENTER LA MAESTRA FAMILY CLINIC, INC JOINED THE CI TY HEIGHTS WELLNESS CENTER (CHWC) COLLABORATIVE PARTNERSHIP WITH SCRIPPS MERCY HOSPITAL AN D RADY CHILDREN'S HOSPITAL AS THE LEASE HOLDER OF THE WELLNESS CENTER STARTING SEPTEMBER 1 , 2016 SINCE ITS INCEPTION IN 2002, THE CITY HEIGHTS WELLNESS CENTER HAS BEEN A DYNAMIC, COMMUNITY-BASED PROGRAM DEVELOPED BY SCRIPPS MERCY HOSPITAL AND RADY CHILDREN'S HOSPITAL, WORKING WITH RESIDENTS TO IMPROVE THEIR LIFESTYLE BEHAVIORS AND SELF-SUFFICIENCY SKILLS M ULTIPLE NOT-FOR-PROFIT AND GOV

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FORM 990, PART III, LINE 4A (CONTINUED)	ERNMENTAL ORGANIZATIONS, PHILANTHROPIC FOUNDATIONS AND GRASSROOTS GROUPS HAVE JOINED THE E FFORT CONDUCTING HEALTH PROMOTION AND EDUCATIONAL ACTIVITIES FOR COMMUNITY RESIDENTS A UN IQUE ASPECT OF THE CITY HEIGHTS WELLNESS CENTER IS THE TEACHING KITCHEN THAT IS KNOWN THRO UGHOUT THE COMMUNITY AS A PLACE WHERE RESIDENTS AND PROVIDERS COME TOGETHER TO COOK, DISCO VER AND COMMUNICATE IN A SAFE AND TRUSTED ENVIRONMENT LA MAESTRA FAMILY CLINIC BRINGS A N EW PERSPECTIVE TO THE PARTNERSHIP AS A COMMUNITY HEALTH CENTER AND PRIMARY CARE PROVIDER S ERVING THE CULTURALLY DIVERSE POPULATIONS WITHIN THE CITY HEIGHTS COMMUNITY LA MAESTRA IS COMMITTED TO MAINTAINING THE COLLABORATIVE NATURE OF THE PARTNERSHIP AND CONTINUES TO WOR K WITH CURRENT CHWC AGENCIES AS WELL AS LOOK FOR OPPORTUNITIES TO EXPAND HEALTH PROMOTION SERVICES THE SCRIPPS MERCY SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC), COLLOCATED IN THE WELLNESS CENTER, CONTINUES TO PROVIDE WIC SERVICES AS ONE OF THE PROGRAMS WITHIN THE CITY HEIGHTS WELLNESS CENTER COLLABORATIVE FOR HEALTHY WEIGHT COLLAB ORATE FOR HEALTHY WEIGHT IS A PROGRAM OF THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AND THE NATIONAL INITIATIVE FOR CHILDREN'S HEALTHCARE QUALITY (NICHQ) THE SHARED V ISION IS TO CREATE PARTNERSHIPS BETWEEN PRIMARY CARE, PUBLIC HEALTH, AND COMMUNITY ORGANIZ ATIONS TO DISCOVER SUSTAINABLE WAYS TO PROMOTE HEALTHY WEIGHT AND ELIMINATE HEALTH DISPARI TIES IN COMMUNITIES ACROSS THE UNITED STATES COLLABORATE FOR HEALTHY WEIGHT MEETS MONTHLY AND ALL THREE SECTORS COLLABORATE, USING EVIDENCE-BASED APPROACHES, TO REVERSE THE OBESIT Y EPIDEMIC AND IMPROVE THE HEALTH OF OUR COMMUNITIES THIS PROGRAM WILL CONTINUE IN 2019 A ND SEVERAL MANUSCRIPTS ARE UNDER DEVELOPMENT FOOD ADDICTS ANONYMOUS SCRIPPS HEALTH PROVID ES FOOD ADDICTS ANONYMOUS MEETING SPACE TO MEET FOOD ADDICTS ANONYMOUS IS AN INTERNATIONA L FELLOWSHIP OF MEN AND WOMEN WHO HAVE EXPERIENCED DIFFICULTIES IN LIFE AS A RESULT OF THE WAY THEY EAT TAKE OFF POUNDS SENSIBLY (TOPS) MEETING SCRIPPS HEALTH PROVIDES MEETING SPA CE TO TAKE OFF POUNDS SENSIBLY (TOPS) TOPS (TAKE OFF POUNDS SENSIBLY) IS THE SHORT NAME F OR TOPS CLUB, INC , THE ORIGINAL NON-PROFIT, NON-COMMERCIAL NETWORK OF WEIGHT-LOSS SUPPORT GROUPS AND WELLNESS EDUCATION ORGANIZATION OVEREATERS ANONYMOUS - SPANISH SCRIPPS HEALTH PROVIDES MEETING SPACE FOR OVEREATERS ANONYMOUS THIS IS A SUPPORT GROUP THAT PROVIDES DI ETARY EDUCATION FOR INDIVIDUALS WHO DESIRE TO LOSE WEIGHT THE GROUPS ARE HELD IN SPANISH GREATER LA JOLLA MEALS ON WHEELS GREATER LA JOLLA MEALS ON WHEELS IS A NON-PROFIT SENIOR SERVICE ORGANIZATION IT PROVIDES NUTRITIOUS MEALS TO SENIORS, THE HOMEBOUND AND THE DISAB LED RESIDING IN THE COMMUNITIES OF LA JOLLA AND UNIVERSITY CITY SCRIPPS LA JOLLA PROVIDES OFFICE SPACE TO THE LA JOLLA CHAPTER OF MEALS ON WHEELS THIS ALLOWS MEALS ON WHEELS TO C ONDUCT BUSINESS AND INTERACT WITH VOLUNTEERS FROM A CENTRAL, ESTABLISHED LOCATION FOOD HA NDLERS TRAINING COURSE SCRIPPS

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FORM 990, PART III, LINE 4A (CONTINUED)	HEALTH PROVIDES THE USE OF A CLASSROOM TO FULL SPECTRUM NUTRITION SERVICES TO PROVIDE A T HREE-HOUR COURSE WHICH PROVIDES CERTIFICATION FOR FOOD HANDLERS AND MEETS REQUIREMENTS OF THE SAN DIEGO COUNTY FOOD HANDLERS ORDINANCE MATERNAL CHILD HEALTH & HIGH-RISK PREGNANCY MOTHERS, INFANTS AND CHILDREN MAKEUP A LARGE SEGMENT OF THE U S POPULATION AND THEIR WELL -BEING IS A HEALTH PREDICTOR FOR THE NEXT GENERATION THERE IS TREMENDOUS FOCUS ON MATERNA L ILLNESS AND DEATH, AND INFANT HEALTH AND SURVIVAL, INCLUDING INFANT MORTALITY RATES, PER INATAL AND OTHER INFANT DEATHS ACCORDING TO A NEW YORK TIMES ARTICLE, "HUGE RACIAL DISPAR ITIES FOUND IN DEATHS LINKED TO PREGNANCY, MAY 2019, AFRICAN AMERICAN, NATIVE AMERICAN AND ALASKA NATIVE WOMEN ARE ABOUT THREE TIMES MORE LIKELY TO DIE FROM CAUSES RELATED TO PREGN ANCY, COMPARED TO WHITE WOMEN IN THE UNITED STATES MATERNAL AND INFANT HEALTH ISSUES INCL UDE - ALCOHOL, TOBACCO AND ILLEGAL SUBSTANCES DURING PREGNANCY, WHICH ARE MAJOR RISK FACT ORS FOR LOW BIRTH WEIGHT AND OTHER POOR OUTCOMES - VERY LOW BIRTH WEIGHT ASSOCIATED WITH PRETERM BIRTH, SPONTANEOUS ABORTION, LOW PRE-PREGNANCY WEIGHT AND SMOKING - INFANT DEATH RATES ARE HIGHEST AMONG INFANTS BORN TO YOUNG TEENAGERS AND MOTHERS 44 YEARS AND OLDER BE ING PREGNANT, OR TRYING TO BECOME PREGNANT, IS ONLY A SMALL PORTION OF A WOMAN'S LIFE UNI NTENDED PREGNANCY, EITHER MISTIMED OR UNWANTED AT THE TIME OF CONCEPTION, ACCOUNTS FOR AN ESTIMATED 49 PERCENT OF PREGNANCIES IN THE U S THESE PREGNANCIES ARE ASSOCIATED WITH INCR EASED MORBIDITY, AS WELL AS BEHAVIORS LINKED TO ADVERSE HEALTH WOMEN WHO CAN PLAN THE NUM BER AND TIMING OF THEIR CHILDREN EXPERIENCE IMPROVED HEALTH, FEWER UNPLANNED PREGNANCIES A ND BIRTHS, AND LOWER ABORTION RATES HIGH RISK PREGNANCY HIGH RISK PREGNANCY CAN BE THE RE SULT OF A MEDICAL CONDITION PRESENT BEFORE PREGNANCY OR A MEDICAL CONDITION THAT DEVELOPS DURING PREGNANCY FOR EITHER MOM OR BABY AND CAUSES THE PREGNANCY TO BECOME HIGH RISK A HI GH-RISK PREGNANCY CAN POSE PROBLEMS BEFORE, DURING OR AFTER DELIVERY AND MIGHT REQUIRE SPE CIAL MONITORING THROUGHOUT THE PREGNANCY RISK FACTORS - ADVANCED MATERNAL AGE INCREASED RISK FOR MOTHER'S 35 YEARS AND OLDER - LIFESTYLE CHOICES SMOKING, ALCOHOL CONSUMPTION, USE OF ILLEGAL DRUGS - MEDICAL HISTORY PRIOR HIGH-RISK PREGNANCIES OR DELIVERIES, FETAL GENETIC CONDITIONS, FAMILY HISTORY OF GENETIC CONDITIONS - UNDERLYING CONDITIONS DIABETE S, HIGH BLOOD PRESSURE AND EPILEPSY - MULTIPLE PREGNANCY - OBESITY DURING PREGNANCY

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FORM 990, PART III, LINE 4A (CONTINUED)	A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF MATERNAL AND CHILD HEALTH & HIGH-RISK PREGNAN CIES ARE DESCRIBED BELOW - IN 2016, THERE WERE 42,654 LIVE BIRTHS IN SDC OVERALL THE 201 6 FETAL MORTALITY RATE WAS 3 2 INFANT DEATHS PER 1,000 LIVE BIRTHS IN THE NORTH INLAND REG ION, 3 4 IN THE NORTH COASTAL REGION, 3 7 IN THE EAST REGION AND SDC OVERALL, 3 8 IN THE C ENTRAL REGION, 3 9 IN THE NORTH CENTRAL REGION, AND 4 3 IN THE SOUTH REGION - IN 2016, 15 9 INFANTS DIED BEFORE THEIR FIRST BIRTHDAY IN SDC INFANT MORTALITY WAS HIGHER AMONG MALE INFANTS (93 DEATHS) THAN FEMALE INFANTS (66 DEATHS) AFRICAN AMERICAN/BLACK INFANTS HAD TH E HIGHEST MORTALITY RATE (10 7 INFANT DEATHS PER 1,000 LIVE BIRTHS) WHEN COMPARED TO INFAN TS OF ALL OTHER RACES AND ETHNICITIES HISPANIC INFANTS HAD THE SECOND HIGHEST MORTALITY R ATE OF 4 5 DEATHS PER 1,000 LIVE BIRTHS IN ADDITION, THERE WERE 3,628 PRETERM BIRTHS (LES S THAN 37 WEEKS GESTATION) IN SDC DURING 2016 COMPARED TO ALL OTHER RACES AND ETHNICITIES , HISPANIC MOTHERS HAD THE HIGHEST TOTAL NUMBER OF BIRTHS (16,978), 8 2 PERCENT OF WHICH W ERE PRETERM DESPITE HAVING FEWER TOTAL BIRTHS THAN HISPANIC MOTHERS (1,781), 11 6 PERCENT OF BIRTHS BY AFRICAN AMERICAN/BLACK MOTHERS WERE PRETERM SIMILARLY, ALTHOUGH WOMEN AGES 25 TO 39 HAD THE HIGHEST TOTAL NUMBER OF BIRTHS COMPARED TO OTHER AGE GROUPS, MOTHERS AGE 40 AND ABOVE WERE MORE LIKELY TO GIVE BIRTH PRETERM COMPARED TO YOUNGER AGE GROUPS (45 8 P ERCENT PRETERM BIRTHS AMONG MOTHERS AGE 40 AND ABOVE COMPARED TO 15 4 PERCENT PRETERM BIRT HS AMONG MOTHERS AGES 25 TO 39) - IN 2016, ALL SDC REGIONS MET THE HP2020 NATIONAL TARGET S FOR PRENATAL CARE, PRETERM BIRTHS, LOW BIRTH WEIGHT (LBW) INFANTS, VERY LOW BIRTH WEIGHT (VLBW) INFANTS AND INFANT MORTALITY SEE TABLE 2 FOR A SUMMARY OF MATERNAL AND INFANT HEA LTH INDICATORS IN SAN DIEGO COUNTY IN 2016 AND TABLE 3 FOR A SUMMARY OF MATERNAL AND INFAN T HEALTH INDICATORS BY REGION SCRIPPS HEALTH CONTINUED TO ENHANCE PRENATAL EDUCATION FOR LOW INCOME WOMEN IN SAN DIEGO COUNTY IN FISCAL YEAR 2019 THE FOLLOWING ARE SOME EXAMPLES COMMUNITY BENEFIT SERVICES - OFFERED MORE THAN 1,200 MATERNAL CHILD HEALTH CLASSES THROUG HOUT SAN DIEGO COUNTY TO ENHANCE PARENTING SKILLS LOW INCOME WOMEN IN SAN DIEGO WHO WERE ELIGIBLE ATTENDED CLASSES AT NO CHARGE OR ON A SLIDING FEE SCHEDULE - MAINTAINED EXISTING PRENATAL EDUCATION SERVICES IN ALL REGIONS OF THE COUNTY, ENSURING THAT PROGRAMS CONTINUE D TO DEMONSTRATE A SATISFACTION RATING ABOVE 90 PERCENT - PROVIDED AND SUPPORTED WEEKLY B REASTFEEDING SUPPORT GROUPS AT SIX LOCATIONS THROUGHOUT SAN DIEGO COUNTY, INCLUDING THREE WITH BILINGUAL SERVICES - OFFERED MATERNAL CHILD HEALTH CLASSES THROUGHOUT THE COMMUNITY, SUCH AS GETTING READY FOR THE BABY AND GRAND PARENTING TODAY - OFFERED THE DOGS AND BABI ES PROGRAMS QUARTERLY, WITH MORE THAN 40 ATTENDEES - OFFERED CLASSES IN PELVIC FLOOR AND POSTPARTUM CHANGES FOR NEW MOTHERS THROUGHOUT THE COMMUNITY FIRST 5 PARENTING EDUCATION P ARENTING CLASSES ARE OFFERED A

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FORM 990, PART III, LINE 4A (CONTINUED)	T SCRIPPS MERCY HOSPITAL CHULA VISTA WELL-BEING CENTER FOR PARENTS WITH INFANTS, TODDLERS AND PRESCHOOLERS A WIDE VARIETY OF TOPICS ARE COVERED INCLUDING ISSUES RELATED TO HEALTH, LEARNING/DEVELOPMENT, FAMILY/SAFETY, ADVOCACY AS WELL AS PARENTING TIPS DEVELOPMENTAL AS SESSMENTS ARE CONDUCTED BY RADY CHILDREN'S HOSPITAL MORE THAN 400 SERVICES WERE RECEIVED FOR FIRST TIME MOTHERS INCLUDING HOME VISITS, REFERRALS RECEIVED, DATA ENTRY, FOLLOW UP P HONE CALLS, PARENTING CLASSES AND OTHER SUPPORT SERVICES A TOTAL OF 240 UNDUPLICATED PARE NTS PARTICIPATED IN PARENTING EDUCATION WORKSHOP SERIES AND 150 SESSIONS WERE PROVIDED MA TERNAL CHILD HEALTH NURSING STUDENTS SCRIPPS PERINATAL EDUCATION PROGRAM SUPPORTS LOCAL NU RSING STUDENTS WITH THE OPPORTUNITY TO OBSERVE PRENATAL EDUCATIONAL CLASSES THIS CRITICAL ASPECT OF THE NURSING EDUCATION ALLOWS THE HOURS AND INFORMATION TO MEET THEIR CLINICAL R OTATION REQUIREMENTS IN MATERNAL CHILD HEALTH SCRIPPS MERCY'S SUPPLEMENTAL NUTRITION PROG RAM FOR WOMEN, INFANTS AND CHILDREN (WIC) THE SPECIAL SUPPLEMENT NUTRITION PROGRAM FOR WOM EN, INFANTS AND CHILDREN (WIC) WAS ESTABLISHED AS A PERMANENT PROGRAM IN 1974 TO SAFEGUARD THE HEALTH OF LOW-INCOME WOMEN, INFANTS AND CHILDREN UP TO AGE 5 WHO ARE AT NUTRITIONAL R ISK SCRIPPS MERCY HOSPITAL IS ONE OF FIVE REGIONAL ORGANIZATIONS THAT ADMINISTER THE STAT E FUNDED WIC PROGRAM THE PROGRAM SERVES SIX LOCATIONS CONVENIENTLY SITUATED NEAR COMMUNIT Y CLINICS AND/OR HOSPITALS IN THE CENTRAL SAN DIEGO AREA WIC TARGETS LOW INCOME PREGNANT AND POSTPARTUM WOMEN, INFANTS AND CHILDREN (AGES 0 TO 5 YEARS) SCRIPPS MERCY WIC SERVES A PPROXIMATELY 6,500 WOMEN AND CHILDREN ANNUALLY, 44 PERCENT IN THE CITY HEIGHTS COMMUNITY IN CITY HEIGHTS CLIENTS ARE 91 PERCENT HISPANIC AND INCLUDE PREGNANT AND POSTPARTUM WOMEN (24%), INFANTS (20%) AND CHILDREN (56%) IN FY19, THE PROGRAM PROVIDED NUTRITION SERVICES, COUNSELING AND FOOD VOUCHERS FOR 67,625 WOMEN AND CHILDREN IN SOUTH AND CENTRAL SAN DIEGO THE SCRIPPS MERCY WIC PROGRAM PLAYS A KEY ROLE IN MATERNITY CARE BY REACHING LOW INCOME WOMEN TO PROMOTE PRENATAL CARE, GOOD NUTRITION AND BREASTFEEDING DURING PREGNANCY AND OFFE R LACTATION SUPPORT (ONE ON ONE AND GROUP), AS WELL AS BREAST PUMPS, PADS, AND OTHER SUPPL IES DURING THE POSTPARTUM PERIOD CENTERING PREGNANCY, SCRIPPS FAMILY MEDICINE RESIDENCY R AISING HEALTHY FAMILIES AND CARING FOR THE NEXT GENERATION OF SAN DIEGANS BEFORE THEY'RE B ORN HELP CREATE A HEALTHIER COMMUNITY FOR YEARS TO COME THE SCRIPPS FAMILY MEDICINE PROGR AM AT SCRIPPS MERCY HOSPITAL CHULA VISTA IS PROVIDING ACCESS, EDUCATION AND CLINICAL SERVI CES TO NEARLY 200 PREGNANT WOMEN IN SOUTH SAN DIEGO COUNTY THE GOAL OF THE PROGRAM, "IMPR OVING PERINATAL CARE FOR UNDERSERVED LATINA WOMEN - HEALTHY WOMEN, HEALTHY BABIES", IS TO PROVIDE ACCESS TO PERINATAL CARE FOR UNDERSERVED LATINA WOMEN IN ORDER TO IMPROVE BIRTH OU TCOMES THE PROGRAM APPLIES THE PRINCIPLES OF THE CENTER HEALTH CARE INSTITUTE AND FOCUSES ON CHANGING THE WAY PATIENTS

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FORM 990, PART III, LINE 4A (CONTINUED)	EXPERIENCE THEIR CARE THROUGH ASSESSMENT, EDUCATION AND GROUP SUPPORT CENTERING PREGNANCY IS THE INSTITUTE'S MODEL DEVOTED SPECIFICALLY TO IMPROVING MATERNAL AND CHILD HEALTH AND HAS BEEN SHOWN TO RESULT IN INCREASED PRENATAL VISITS, GREATER LEVELS OF BREASTFEEDING AND STRONGER RELATIONSHIPS BETWEEN MOTHERS AND THEIR HEALTHCARE PROVIDERS BEFORE, DURING AND AFTER PREGNANCY WOMEN WHO GAVE BIRTH REPORTED AN ENHANCED PRENATAL EXPERIENCE, GAINED LES S WEIGHT THROUGHOUT THEIR PREGNANCY AND SHOWED IMPROVED HEALTHCARE KNOWLEDGE SERVICES INC LUDE HOME VISITS, REFERRALS, DATA ENTRY, FOLLOW UP PHONE CALLS, AND OTHER SUPPORT SERVICES HOME VISITING IS OFFERED TOGETHER WITH FAMILY MEDICINE RESIDENCY AND PARENTING EDUCATION MIRACLE BABIES SCRIPPS HEALTH PARTNERED WITH MIRACLES BABIES ON THEIR 5K WALK/RUN ON MAY 5, 2019 THE MISSION IS TO UNITE FAMILIES WITH THEIR SICK NEWBORNS THROUGH FINANCIAL ASSI STANCE AND SUPPORTIVE SERVICES TO REDUCE PREGNANCY COMPLICATIONS THROUGH PREVENTION, EDUCA TION AND RESEARCH SCRIPPS PROVIDED INFORMATION ON BREASTFEEDING AND A DIAPER CHANGING STA TION FOR PARENTS TO USE UNINTENTIONAL INJURY AND VIOLENCE PER THE HEALTHY PEOPLE 2020, "U NINTENTIONAL INJURIES AND VIOLENCE-RELATED INJURIES CAN BE CAUSED BY A NUMBER OF EVENTS, S UCH AS MOTOR VEHICLE CRASHES AND PHYSICAL ASSAULT CAN OCCUR VIRTUALLY ANYWHERE " UNINTENTI ONAL INJURY AND VIOLENCE WERE IDENTIFIED AS A PRIORITY HEALTH NEED IN THE COMMUNITY ENGAGE MENT PROCESS OF THE 2019 CHNA EXPOSURE TO VIOLENCE AND NEIGHBORHOOD SAFETY WERE CITED AS PRIORITY HEALTH NEEDS FOR SAN DIEGANS NEIGHBORHOOD SAFETY WAS DISCUSSED AS INFLUENCING RE SIDENTS' ABILITY TO MAINTAIN GOOD HEALTH, WHILE EXPOSURE TO VIOLENCE WAS DESCRIBED AS TRAU MATIC AND IMPACTFUL ON MENTAL HEALTH IN 2016, ACCIDENTS (UNINTENTIONAL INJURIES) WERE THE FIFTH LEADING CAUSE OF DEATH FOR SAN DIEGO COUNTY OVERALL THE DEATHS ASSOCIATED WITH UNI NTENTIONAL INJURIES ARE SIGNIFICANT, YET REPRESENT ONLY A SMALL PART OF A MUCH LARGER PUBL IC HEALTH PROBLEM HOSPITALIZATION DATA IS A BETTER MEASURE OF THE INJURY PROBLEM THAN THE DEATH DATA ALONE UNINTENTIONAL INJURIES, MOTOR VEHICLE ACCIDENTS, FALLS, PEDESTRIAN RELA TED, FIREARMS, FIRE/BURNS, DROWNING, EXPLOSION, POISONING (INCLUDING DRUGS AND ALCOHOL, GA S, CLEANERS AND CAUSTIC SUBSTANCES) CHOKING/SUFFOCATION, CUT/PIERCE, EXPOSURE TO ELECTRIC CURRENT/RADIATION/FIRE/SMOKE, NATURAL DISASTERS AND INJURIES AT WORK, ARE ONE OF THE LEADI NG CAUSES OF DEATH FOR SAN DIEGO COUNTY RESIDENTS OF ALL AGES, REGARDLESS OF GENDER, RACE OR REGION

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FORM 990, PART III, LINE 4A (CONTINUED)	MOST EVENTS RESULTING IN INJURY, DISABILITY OR DEATH ARE PREDICTABLE AND PREVENTABLE THER E ARE MANY RISK FACTORS FOR UNINTENTIONAL INJURY AND VIOLENCE, INCLUDING INDIVIDUAL BEHAVI ORS AND CHOICES, SUCH AS ALCOHOL USE OR RISK TAKING, THE PHYSICAL ENVIRONMENT BOTH AT HOME AND IN THE COMMUNITY, ACCESS TO HEALTH SERVICES AND SYSTEMS CREATED FOR INJURY RELATED CA RE, THE SOCIAL ENVIRONMENT, INCLUDING INDIVIDUAL SOCIAL EXPERIENCES A SUMMARY OF THE MAGN ITUDE AND PREVALENCE OF UNINTENTIONAL INJURY AND VIOLENCE IS DESCRIBED BELOW DRUGS, ALCOH OL, VEHICLES, FALLS, GUNS AND SUICIDE CONTINUE TO BE LEADING CAUSES OF DEATHS INVESTIGATED BY THE SAN DIEGO COUNTY MEDICAL EXAMINER'S OFFICE UNDER LAW, THE COUNTY MEDICAL EXAMINER 'S OFFICE INVESTIGATES ALL "UNNATURAL" DEATHS, SUCH AS SUSPECTED HOMICIDES, SUICIDES, ACCI DENTS, AND NATURAL DEATHS THAT ARE SUDDEN AND UNEXPECTED ACCORDING TO A 2018 ANNUAL REPOR T, SUICIDES INCREASED FROM 458 IN 2017 TO 465, CONTINUING A TREND THAT HAS SEEN SUICIDE NU MBERS INCREASE 13% OVER THE PAST 10 YEARS, TAKING POPULATION GROWTH INTO ACCOUNT HOMICIDE S DECREASED FROM 106 TO 104 AND ACCIDENTAL DEATHS, WHICH INCLUDE FATALITIES FROM DRUGS, A LCOHOL, FALLS, TRAFFIC, DROWNING, CHOKING, ASPHYXIATION AND OTHER CAUSES, INCREASED FROM 1 ,522 IN 2017 TO 1,583 SOME OF THE 2018 ANNUAL REPORT'S FINDINGS INCLUDED - THE THREE LEA DING CAUSES OF ACCIDENTAL AND SUDDEN, UNEXPECTED DEATHS -ACCOUNTING FOR 88% OF ALL ACCIDEN TAL DEATHS-WERE DRUGS, FALLS, AND BEING KILLED IN OR BY VEHICLES - 577 DEATHS WERE CAUSED BY OVERDOSES FROM ILLEGAL DRUGS, FROM MISUSED OR ILLEGALLY OBTAINED PRESCRIPTION DRUGS, AND ALCOHOL OF THOSE, FENTANYL DEATHS CONTINUED TO RISE, FROM 33 IN 2016, TO 84 IN 2017 A ND 92 IN 2018 METHAMPHETAMINE DEATHS ALSO INCREASED BY 21% IN 2018 - 488 PEOPLE WERE KIL LED BY FALLS, MAINLY IN THE HOME, BUT ALSO AT JOBS, OUTDOORS IN RURAL AND URBAN AREAS, FRO M BRIDGES, MOUNTAINS AND BEACH CLIFFS - 316 PEOPLE-24 MORE THAN 2017-WERE KILLED BY BEING HIT BY VEHICLES, OR IN VEHICLE ACCIDENTS THAT INCLUDED 107 PEDESTRIANS, AN INCREASE OF S IX OVER 2017, WHICH WAS ALREADY THE HIGHEST NUMBER OF PEDESTRIAN DEATHS IN SAN DIEGO COUNT Y IN 24 YEARS - MOTORCYCLE WRECKS KILLED 48 PEOPLE, A 51% DECREASE - ACCIDENTAL DROWNING S IN BATHTUBS AND SPAS INCREASED SIGNIFICANTLY, FROM EIGHT TO 18 IN BATHTUBS AND FROM THRE E TO 10 IN SPAS - FIREARMS KILLED 235 PEOPLE 61 IN HOMICIDES AND 174 IN SUICIDES - MEN MADE UP 68% OF ALL THE DEATHS THE MEDICAL EXAMINER'S OFFICE FULLY INVESTIGATED 2,196 MEN TO 1,034 WOMEN - THE HASD&IC 2019 CHNA CONTINUED TO IDENTIFY UNINTENTIONAL INJURY AND VIO LENCE AS ONE OF THE TOP PRIORITY HEALTH CONDITIONS AMONG SAN DIEGO COUNTY HOSPITALS - IN 2016, THERE WERE 1,071 DEATHS DUE TO UNINTENTIONAL INJURY IN SAN DIEGO COUNTY THE COUNTY' S AGE-ADJUSTED DEATH RATE DUE TO UNINTENTIONAL INJURY WAS 31 1 DEATHS PER 100,000 POPULATI ON IN 2016, UNINTENTIONAL INJURY ACCOUNTED FOR 5 1 PERCENT OF TOTAL DEATHS IN SAN DIEGO C OUNTY - IN 2016, THERE WERE 2

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FORM 990, PART III, LINE 4A (CONTINUED)	0,247 HOSPITALIZATIONS RELATED TO UNINTENTIONAL INJURY IN SAN DIEGO COUNTY THE AGE-ADJUST ED RATE OF HOSPITALIZATIONS DUE TO UNINTENTIONAL INJURY WAS 589 4 PER 100,000 POPULATION - IN 2016, THERE WERE 169,017 ED DISCHARGES RELATED TO UNINTENTIONAL INJURY IN SDC THE AG E-ADJUSTED RATE OF DISCHARGES DUE TO UNINTENTIONAL INJURY WAS 5,160 3 PER 100,000 POPULATI ON - CDPH INJURY DATA REPORTS THAT IN 2016, UNINTENTIONAL INJURIES CAUSED OVER 13,000 DEA THS, 200,000 NON-FATAL HOSPITALIZATIONS, AND 2 3 MILLION NON-FATAL ED VISITS (CDPH, SAFE A ND ACTIVE COMMUNITIES BRANCH, 2016) - IN 2016, UNINTENTIONAL INJURY WAS THE THIRD LEADING CAUSE OF DEATH ACROSS ALL AGE GROUPS IN THE U S , ACCOUNTING FOR OVER 160,000 DEATHS UNI NTENTIONAL INJURY WAS THE LEADING CAUSE OF DEATH IN THE U S FOR PEOPLE AGES 1 TO 44, AND THE SEVENTH LEADING CAUSE OF DEATH FOR THOSE OVER AGE 65 (CDC, 2018) - ACCORDING TO DATA FROM NCHS, IN 2016, OVER 130,000 DEATHS IN THE U S WERE ATTRIBUTED TO THREE CAUSES POISO NING (26 PERCENT), MOTOR VEHICLE TRAFFIC ACCIDENTS (16 9 PERCENT), AND FALLS (16 5 PERCENT) - UNINTENTIONAL INJURIES ARE THE LEADING CAUSE OF DEATH AMONG CHILDREN IN THE U S , WHI LE NONFATAL UNINTENTIONAL INJURIES CAN RESULT IN CHILDREN HAVING LONG-TERM DISABILITIES (L WSD REPORT CARD ON CHILDREN, FAMILIES, AND COMMUNITY, 2017) - TRAUMATIC INJURY IS THE LEA DING CAUSE OF DEATH AMONG CHILDREN, WITH MANY SURVIVORS ENDURING THE CONSEQUENCES OF BRAIN AND SPINAL CORD INJURIES THE PHYSICAL, EMOTIONAL, PSYCHOLOGICAL AND LEARNING PROBLEMS TH AT AFFECT INJURED CHILDREN, ALONG WITH THE ASSOCIATED COSTS, MAKE REDUCING TRAUMATIC INJUR IES A HIGH PRIORITY FOR HEALTH AND SAFETY ADVOCATES THROUGHOUT THE NATION EDUCATIONAL PRO GRAMS FROM THE THINKFIRST NATIONAL INJURY PREVENTION FOUNDATION INCREASE KNOWLEDGE AND AWA RENESS OF THE CAUSES AND RISK FACTORS OF BRAIN AND SCI, INJURY PREVENTION MEASURES, AND TH E USE OF SAFETY HABITS AT AN EARLY AGE, WWW THINKFIRST ORG/KIDS - SAN DIEGO COUNTY HAS MA DE STRIDES TO DECREASE DEATHS FROM UNINTENTIONAL INJURIES AS WELL AS NON-FATAL UNINTENTION AL INJURY RATES, THOUGH NON-FATAL UNINTENTIONAL INJURY RATES CONTINUE TO EXCEED STATE AND FEDERAL RATES SDC HAS FOCUSED INJURY PREVENTION EFFORTS ON THE MOST VULNERABLE POPULATION S, INCLUDING CHILDREN OF ALL AGES (ESPECIALLY OLDER CHILDREN), NATIVE AMERICAN AND RURAL C HILDREN SUCCESSFUL INTERVENTIONS INCLUDE SAFETY CAMPAIGNS, EDUCATIONAL STRATEGIES AND CHA NGES IN PARENTING PRACTICES (LWSD REPORT CARD ON CHILDREN, FAMILIES, AND COMMUNITY, 2017) - ACCORDING TO HP2020, MOST EVENTS RESULTING IN INJURY, DISABILITY OR DEATH ARE PREDICTAB LE AND PREVENTABLE THERE ARE MANY RISK FACTORS FOR UNINTENTIONAL INJURY AND VIOLENCE, INC LUDING INDIVIDUAL BEHAVIORS AND CHOICES, SUCH AS ALCOHOL USE OR RISK-TAKING, PHYSICAL ENVI RONMENT BOTH AT HOME AND IN THE COMMUNITY, ACCESS TO HEALTH SERVICES AND SYSTEMS FOR INJUR Y-RELATED CARE, AND SOCIAL ENVIRONMENT, INCLUDING INDIVIDUAL SOCIAL EXPERIENCES (E G , SOC IAL NORMS, EDUCATION AND VICTI

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FORM 990, PART III, LINE 4A (CONTINUED)	MIZATION HISTORY), SOCIAL RELATIONSHIPS (E G , PARENTAL MONITORING AND SUPERVISION OF YOUT H, PEER GROUP ASSOCIATIONS AND FAMILY INTERACTIONS), COMMUNITY ENVIRONMENT (E G , COHESION IN SCHOOLS, NEIGHBORHOODS AND COMMUNITIES) AND SOCIETAL FACTORS (E G , CULTURAL BELIEFS, ATTITUDES, INCENTIVES AND DISINCENTIVES, LAWS AND REGULATIONS) SCRIPPS HEALTH CONTINUES T O ADDRESS UNINTENTIONAL INJURY AND VIOLENCE IN FY19 THE FOLLOWING ARE SOME EXAMPLES CAR SEAT PROGRAM SCRIPPS MEMORIAL HOSPITAL LA JOLLA EMERGENCY DEPARTMENT PROVIDES CAR SEATS TO PATIENTS WHO HAVE BEEN IN AN AUTOMOBILE ACCIDENT AND THEIR CHILD'S CAR SEAT HAS BEEN REND ERED UNSAFE TO USE THE SERVICE PROVIDES THE EASE OF MIND FOR THE PATIENT IN THEIR ABILITY TO TRANSPORT THEIR CHILD HOME SAFELY SAN DIEGO BRAIN INJURY FOUNDATION SCRIPPS HEALTH PR OVIDES MEETING SPACE TO THE SAN DIEGO BRAIN INJURY FOUNDATION THE ORGANIZATION PROVIDES Q UALITY OF LIFE IMPROVEMENTS FOR BRAIN INJURY SURVIVORS AND SUPPORT TO FAMILY MEMBERS BRAI NMASTERS BRAINMASTERS IS A SUPPORTIVE COMMUNICATION GROUP FOR ADULTS COPING WITH ACQUIRED BRAIN INJURY IT IS OFFERED AS A COMMUNITY BENEFIT THROUGH THE REHABILITATION CENTER AT SC RIPPS MEMORIAL HOSPITAL ENCINITAS THE MAIN GOAL OF BRAINMASTERS IS TO HELP BRAIN INJURY S URVIVORS TO BUILD CONFIDENCE BY PRACTICING THINKING ON THEIR FEET THIS HELPS TO ALLEVIATE CHALLENGES WITH COMMUNICATION AND SOCIAL ISOLATION THAT SO MANY BRAIN INJURY SURVIVORS EX PERIENCE EVERY 15 MINUTES ALCOHOL CAN BE ATTRIBUTED TO MORE THAN 100,000 DEATHS IN THE U S ANNUALLY, INCLUDING 41% OF ALL TRAFFIC FATALITIES EVERY 15 MINUTES PROGRAM IS A TWO-DA Y IMMERSION EXPERIENCE FOR TEENS ON THE REALISTIC CONSEQUENCES OF DRINKING AND DRIVING, WH ICH INVOLVES THE SCHOOLS, LAW ENFORCEMENT, COURTS, EMERGENCY SERVICE PROVIDERS, AND THE MO RTUARY THE "INJURED" STUDENTS ARE TAKEN TO SCRIPPS MERCY TRAUMA CENTER THIS PROGRAM IS S PONSORED JOINTLY BY LOCAL HIGH SCHOOLS, COUNTY POLICE AND SHERIFF'S DEPARTMENTS, AMBULANCE SERVICES, AND EMERGENCY DEPARTMENTS BEACH AREA COMMUNITY COURT PROGRAM THE PROGRAM IS AN EDUCATIONAL PROGRAM FOR FIRST TIME OFFENDERS FOR QUALITY OF LIFE CRIMES THIS IS A COLLAB ORATION WITH THE SAN DIEGO POLICE DEPARTMENT, PARKS AND RECREATION, DISTRICT ATTORNEY'S OF FICE AND DISCOVER PACIFIC BEACH EDUCATION IS PROVIDED TO THE PARTICIPANTS REGARDING THESE QUALITY OF LIFE CRIMES AND THEIR EFFECTS ON THE COMMUNITY, THE EFFECTS OF SMOKING AND ALC OHOL CONSUMPTION AND THE RULES AND REGULATIONS FOR THE BEACH COMMUNITY

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FORM 990, PART III, LINE 4A (CONTINUED)	SAN DIEGO COUNTY LIFEGUARD EDUCATION CONFERENCE IN FY19, THE SCRIPPS MEMORIAL HOSPITAL LA JOLLA TRAUMA DEPARTMENT AT SCRIPPS LA JOLLA HOSTED THE SECOND SAN DIEGO COUNTY LIFEGUARD E DUCATION CONFERENCE MORE THAN 157 LIFEGUARDS REPRESENTING ALL 11 SAN DIEGO COUNTY LIFEGUA RD AGENCIES ATTENDED THE EVENT INFORMATION WAS SHARED ON SEVERAL TOPICS CRITICAL FOR LIFE GUARDS, INCLUDING DOWNING RESUSCITATION, SNORKELER DROWNING AND SHALLOW WATER BLACKOUT, HU MAN FACTORS IN LIFEGUARDING REDUCING DISTRACTIONS AND IMPROVING SURVEILLANCE, MARINE MAMM AL UPDATE SHARKS AND STING RAYS AND SKIN CANCER PREVENTION THE TRAUMA DEPARTMENT PLANS T O CONTINUE THIS PARTNERSHIP WITH THE COUNTY LIFEGUARDS TO PROVIDE EDUCATION AND HELP THEM FURTHER IDENTIFY OPPORTUNITIES FOR COMMUNITY OUTREACH AND INJURY PREVENTION SAN DIEGO HUM AN TRAFFICKING TASK FORCE AND PROJECT LIFE SCRIPPS HAS PARTNERED WITH THE SAN DIEGO HUMAN TRAFFICKING TASK FORCE AND PROJECT LIFE TO OFFER "SOFT ROOMS" AT ALL SCRIPPS HOSPITAL FACI LITIES EXCEPT SCRIPPS GREEN HOSPITAL THESE SOFT ROOMS WILL BE AVAILABLE TO PROJECT LIFE O N A MOMENT'S NOTICE TO SERVE AS A SAFE, CONFIDENTIAL ENVIRONMENT FOR LAW ENFORCEMENT TO IN TERVIEW VICTIMS OF HUMAN TRAFFICKING AND FOR SERVICE PROVIDERS TO CONNECT WITH THE VICTIMS WITH EMERGENCY SHELTER AND COMMUNITY RESOURCES THE SAN DIEGO HUMAN TRAFFICKING TASK FORC E RECEIVES 3,000 TO 8,000 HUMAN TRAFFICKING VICTIMS EVERY YEAR IN SAN DIEGO COUNTY APPROX IMATELY 80 PERCENT ARE BORN IN THE UNITED STATES SAVING LIVES THROUGH STOP THE BLEED CAMP AIGN WHETHER FROM A BULLET WOUND OR OTHER TRAUMATIC INJURY, SEVERE BLOOD LOSS CAN KILL IN JUST FIVE MINUTES HOWEVER, ONE-FIFTH OF TRAUMA DEATHS, THE LEADING CAUSE OF DEATH FOR AME RICANS UNDER AGE 46, COULD BE PREVENTED BY STAUNCHING THE BLEEDING SCRIPPS DOCTORS ARE GE TTING BEHIND THE NATIONAL STOP THE BLEED CAMPAIGN SUPPORTED BY THE AMERICAN COLLEGE OF SU RGEONS, THE DEPARTMENT OF HOMELAND SECURITY AND NUMEROUS POLICE DEPARTMENTS, IT AIMS TO TE ACH BYSTANDERS HOW TO PROPERLY PLACE PRESSURE ON A WOUND OR APPLY A TOURNIQUET IN AN EMERG ENCY SCRIPPS PROVIDERS PARTICIPATE IN THIS PROGRAM BY TEACHING NONMEDICAL AUDIENCES TO CO NTROL LIFE-THREATENING BLEEDING UNTIL PROFESSIONAL MEDICAL HELP ARRIVES THE 90-MINUTE COU RSE INCLUDES A PRESENTATION AND PRACTICE ON APPLYING DIRECT PRESSURE, WOUND PACKING AND US ING A TOURNIQUET TRAUMA AWARENESS CONFERENCE SCRIPPS PARTICIPATES WITH LOCAL AGENCIES GIV ING ATTENDEES THE OPPORTUNITY TO LEARN MORE ABOUT TRAUMA SERVICES EDUCATION WAS PROVIDED ON INJURY PREVENTION AND THE LATEST TRAUMA RESEARCH PARTICIPANTS HAD THE OPPORTUNITY TO M EET SAN DIEGO'S FIRST RESPONDERS, EXPLORE EQUIPMENT, AND LEARN ABOUT CAREERS FROM SAN DIEG O FIRE, SAWT, SDPD CANINE UNIT, CAL FIRE, AMBULANCE, AND RESCUE HELICOPTERS INTERACTIVE B OOTHS EDUCATED FAMILIES ON IMPORTANT ISSUES LIKE THE DANGERS OF DISTRACTED/IMPAIRED DRIVIN G, DROWNING PREVENTION, FALL PREVENTION, AND HELMET SAFETY DISASTER PREPAREDNESS EXPO SCR IPPS MERCY HOSPITAL HELD A DIS

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FORM 990, PART III, LINE 4A (CONTINUED)	ASTER PREPAREDNESS EXPO ON MARCH 23, 2019 THE EVENT INCLUDED A SIDEWALK CPR, STOP THE BLE ED WHICH INCLUDE LEARNING BASIC TECHNIQUES OF BLEEDING CONTROL, LEARNING THE SIGNS AND SYM PTOMS OF STROKE AND MEETING THE MEMBERS OF THE TRAUMA TEAM AT SCRIPPS MERCY HOSPITAL CRIM E STOPPERS SAN DIEGO COUNTY CRIME STOPPERS IS A CITIZEN-RUN, CHARITABLE ORGANIZATION THAT PARTNERS WITH THE COMMUNITY, THE MEDIA AND LAW ENFORCEMENT AGENCIES TO SOLVE CRIME OVER T HE PAST 35 YEARS, CRIME STOPPERS HAS HELPED LOCAL LAW ENFORCEMENT SOLVE MORE THAN 6,100 CR IMES INCLUDING 146 HOMICIDES CRIME STOPPERS EXISTS THROUGH THE SUPPORT OF RESPONSIBLE COM PANIES AND COMMUNITY MEMBERS WHO ENVISION A SAFE SAN DIEGO FUNDS RECEIVED FROM MEMBERSHIP S AND EVENTS GO DIRECTLY INTO OUR FELONY REWARD FUND AND STUDENTS SPEAKING OUT PROGRAMS S CRIPPS WAS A SPONSOR OF THE ENOUGH IS ENOUGH FUNDRAISING LUNCHEON HELD ON APRIL 23, 2019 CHULA VISTA POLICE FOUNDATION - EVENING WITH HEROES SCRIPPS HEALTH SPONSORED THE CHULA VIS TA POLICE FOUNDATION EVENING WITH HEROES' EVENT THE CHULA VISTA POLICE FOUNDATION IS A 50 1(C)(3) ORGANIZATION WHOSE MISSION IS TO SUPPORT A VARIETY OF PROGRAMS WHICH INCLUDE COMMU NITY RELATIONS EVENTS, TECHNOLOGY INITIATIVES AND THOSE WHICH SUPPORT ADVANCING STATE-OF-T HE-ART SAFETY EQUIPMENT TO FURTHER THE PUBLIC SAFETY GOALS OF THE CHULA VISTA POLICE DEPAR TMENT THE CHULA VISTA POLICE FOUNDATION WAS ESTABLISHED IN 2003 AND HAS RAISED $1 6 MILLI ON DOLLARS OVER THE LAST 15 YEARS, WHICH WAS USED TO DIRECTLY SUPPORT LINE-LEVEL OFFICERS AND THE POLICE SERVICE NEEDS TO RESIDENTS AND BUSINESSES OF CHULA VISTA SAN DIEGO POLICE FOUNDATION SCRIPPS HEALTH SPONSORED THE TRUE-BLUE LUNCHEON WHICH RAISED OVER $150,000 TO S UPPORT THOSE WHO PROTECT AND SERVE THE SAN DIEGO POLICE FOUNDATION RAISES MUCH-NEEDED FUN DS FOR THE SAN DIEGO POLICE DEPARTMENT THE FOUNDATION FUNDRAISES FOR EQUIPMENT, TRAINING AND OUTREACH PROGRAMS FOR THE POLICE DEPARTMENT IN ORDER TO FIGHT CRIME 645 SQUAD CLUB - LAW ENFORCEMENT MEMORIAL FOUNDATION SCRIPPS HEALTH SPONSORED THE SAN DIEGO COUNTY LAW ENFO RCEMENT MEMORIAL FOUNDATION THE SAN DIEGO COUNTY LAW ENFORCEMENT MEMORIAL FOUNDATION HONO RS THOSE LAW ENFORCEMENT MEMBERS WHO HAVE GIVEN THE ULTIMATE SACRIFICE TO ENSURE PUBLIC SA FETY BEHAVIORAL HEALTH BEHAVIORAL HEALTH ENCOMPASSES MANY DIFFERENT AREAS INCLUDING MENTA L HEALTH AND SUBSTANCE ABUSE BECAUSE OF THE BROADNESS OF THIS HEALTH ISSUE, IT IS OFTEN D IFFICULT TO CAPTURE THE NEED FOR BEHAVIORAL HEALTH SERVICES WITH A SINGLE MEASURE MENTAL HEALTH CAN BE DEFINED AS "A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING, AND NOT MERELY THE ABSENCE OF DISEASE" MENTAL ILLNESS IS DEFINED AS "COLLECTIVELY ALL DIAGNOS ABLE MENTAL DISORDERS"HEALTH CONDITIONS THAT ARE CHARACTERIZED BY ALTERATIONS IN THINKING, MOOD, OR BEHAVIOR (OR SOME COMBINATION THEREOF) ASSOCIATED WITH DISTRESS AND/OR IMPAIRED FUNCTIONING" BEHAVIORAL HEALTH IS AN IMPORTANT HEALTH NEED BECAUSE IT IMPACTS AN INDIVIDU AL'S OVERALL HEALTH STATUS AND

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FORM 990, PART III, LINE 4A (CONTINUED)	IS A COMORBIDITY OFTEN ASSOCIATED WITH MULTIPLE CHRONIC CONDITIONS, SUCH AS DIABETES, OBE SITY AND ASTHMA AN ANALYSIS OF MORTALITY DATA IN SAN DIEGO COUNTY FOUND THAT IN 2016, INT ENTIONAL SELF-HARM (SUICIDE) WAS THE NINTH LEADING CAUSE OF DEATH IN 2016, THE AGE-ADJUST ED SUICIDE RATE IN SAN DIEGO WAS 11 9 PER 100,000 RATES WERE HIGHEST AMONG WHITES (18 7), FOLLOWED BY BLACKS (11 5), ASIAN PACIFIC ISLANDERS (8 2) AND HISPANICS (5 3) WHILE THE R ATE OF SUICIDE DECREASED SLIGHTLY (1 3%) FROM 2014-2016, THE RATES OF SUICIDE FOR PEOPLE W HO IDENTIFY AS ASIAN/PACIFIC ISLANDER, BLACK, AND "OTHER," INCREASED IN THOSE SAME YEARS B Y 13 3%, 47 2%, AND 93 0% RESPECTIVELY

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FORM 990, PART III, LINE 4A (CONTINUED)	A SUMMARY OF THE MAGNITUDE AND PREVALENCE OF BEHAVIORAL HEALTH IS DESCRIBED BELOW - THE S CRIPPS 2019 CHNA CONTINUED TO IDENTIFY BEHAVIORAL HEALTH AS A PRIORITY HEALTH ISSUE AFFECT ING MEMBERS OF THE COMMUNITIES SERVED BY SCRIPPS - THE HASD&IC 2019 CHNA IDENTIFIED BEHAV IORAL HEALTH A TOP PRIORITY HEALTH ISSUE BOTH IN THE SECONDARY DATA ANALYSES AND IN THE CO MMUNITY ENGAGEMENT EVENTS - HASD&IC 2019 CHNA CONDUCTED A COMMUNITY ENGAGEMENT ANALYSIS A ND ACROSS ALL TYPES OF COMMUNITY ENGAGEMENT-FOCUS GROUPS, KEY INFORMANT INTERVIEWS, AND TH E ONLINE SURVEY BEHAVIORAL HEALTH ISSUES WERE IDENTIFIED AS BOTH PREVALENT AND DEBILITATI NG IN THE COMMUNITY IN THE ONLINE SURVEY, BEHAVIORAL HEALTH WAS RANKED AS THE HEALTH COND ITION HAVING THE GREATEST IMPACT ON THE HEALTH AND WELL-BEING OF SAN DIEGO COUNTY RESIDENT S AND AS THE SECOND MOST IMPACTFUL CONDITION WHEN HEALTH CONDITIONS AND SOCIAL DETERMINANT S OF HEALTH WERE COMBINED (ONLY ACCESS TO CARE RANKED HIGHER) IN ADDITION, 63% OF SURVEY RESPONDENTS INDICATED THAT THEY BELIEVE BEHAVIORAL HEALTH IS WORSENING IN SAN DIEGO COUNTY RESPONDENTS WERE ALSO ASKED TO RANK SPECIFIC BEHAVIORAL HEALTH CONDITIONS HAVING THE GRE ATEST IMPACT IN SAN DIEGO THE TOP SEVEN CONDITIONS IDENTIFIED WERE AS FOLLOWS 1 ALCOHOL USE DISORDER 2 MOOD DISORDERS 3 SUBSTANCE USE DISORDER 4 ANXIETY 5 OPIOID USE 6 SUIC IDE AND SUICIDE THOUGHTS/IDEATION 7 SELF-HARM OR SELF-INJURY - THE COMMUNITY ENGAGEMENT E VENTS CONDUCTED IN THE 2019 CHNA, IDENTIFIED THAT WHILE SAN DIEGO HAS INNOVATIVE PROGRAMS TO ADDRESS MENTAL HEALTH, RESIDENTS FACE CHALLENGES IN ACCESSING TIMELY, CONSISTENT MENTAL HEALTH CARE CARE WAS DESCRIBED AS ESPECIALLY DIFFICULT TO OBTAIN WHEN THE MENTAL HEALTH ISSUE WAS NOT CONSIDERED AN EMERGENCY - MENTAL HEALTH ISSUES AFFECT NEARLY 1 IN 5 PEOPLE, AND WHEN LEFT UNTREATED, ARE A LEADING CAUSE OF DISABILITY, ARE ASSOCIATED WITH CHRONIC D ISEASE, AND MAY LEAD TO PREMATURE MORTALITY IN SAN DIEGO COUNTY, 12 4 PEOPLE PER EVERY 10 0,000 DIE FROM SUICIDE ANNUALLY, AND APPROXIMATELY 10% OF ALL ADULTS SERIOUSLY CONSIDER CO MMITTING SUICIDE WHILE THE RATE OF SUICIDE DECREASED SLIGHTLY (1 3%) FROM 2014-2016, THE RATES OF SUICIDE FOR PEOPLE WHO IDENTIFY AS ASIAN/PACIFIC ISLANDER, BLACK, AND "OTHER," IN CREASED IN THOSE SAME YEARS (13 3%, 47 2%, 93 0%) IN ADDITION, MORE PEOPLE ARE BEING DISC HARGED EMERGENCY DEPARTMENTS FOR ANXIETY THAN IN THE PAST, RATES INCREASED BY 4 3% BETWEEN 2014-2016, WHILE RATES OF INPATIENT DISCHARGES FOR ANXIETY DECREASED BY 7 9% DURING THE S AME TIME PERIOD PEOPLE WHO IDENTIFY AS "OTHER RACEBLACK/AFRICAN AMERICAN HAD THE HIGHEST RATES OF ED AND HOSPITAL DISCHARGE FOR ANXIETY - AN ANALYSIS OF 2016 MORTALITY DATA FOR S AN DIEGO COUNTY REVEALED ALZHEIMER'S DISEASE AND SUICIDE AS THE THIRD AND NINTH LEADING CA USES OF DEATH FOR SAN DIEGO COUNTY, RESPECTIVELY - RATES OF DISCHARGE FROM EMERGENCY DEPA RTMENTS DUE TO ANXIETY INCREASED BY 4 3% BETWEEN 2014-2016, WHILE RATES OF INPATIENT DISCH ARGES FOR ANXIETY DECREASED BY

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FORM 990, PART III, LINE 4A (CONTINUED)	7 9% DURING THE SAME TIME PERIOD PEOPLE WHO IDENTIFY AS "OTHER RACEBLACK/AFRICAN AMERICA N HAD THE HIGHEST RATES OF ED AND INPATIENT DISCHARGE FOR ANXIETY - ED DISCHARGES FOR MOO D DISORDERS ALSO INCREASED (5 9%) FROM 2014-2016, WHILE INPATIENT DISCHARGES FOR MOOD DISO RDERS DECREASED BY 2 9% DISCHARGE RATES FOR MOOD DISORDERS WERE HIGHER FOR PEOPLE WHO IDE NTIFY THEIR RACE AS BLACK/AFRICAN AMERICAN THAN FOR ANY OTHER RACE - ACCORDING TO 2017 DA TA FROM THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD), ANXIETY DISORDERS WERE THE TOP PRIMARY DIAGNOSIS FOR BEHAVIORAL HEALTH-RELATED ED DISCHARGES AMONG THOSE AG ES FIVE TO 44 AND AGES 65 AND OLDER FOR THOSE AGES 45 TO 64, THE TOP ED DISCHARGE FOR BEH AVIORAL HEALTH WAS ALCOHOL-RELATED DISORDERS, FOLLOWED BY ANXIETY AND MOOD DISORDERS - AC CORDING TO 2017 CHIS DATA, 11 8 PERCENT OF ADULTS IN SDC HAVE EVER SERIOUSLY THOUGHT ABOUT COMMITTING SUICIDE, A 40 5 PERCENT INCREASE SINCE 2013 (8 4 PERCENT) - IN 2016, THERE WE RE 1,080 HOSPITALIZATIONS DUE TO OVERDOSE/POISONING IN SDC THE AGE-ADJUSTED RATE OF HOSPI TALIZATIONS DUE TO OVERDOSE/POISONING WAS 31 2 PER 100,000 POPULATION - IN 2016, THE AGE- ADJUSTED RATE OF OVERDOSE/POISONING-RELATED ED DISCHARGES IN SDC WAS 162 3 PER 100,000 POP ULATION AGE-ADJUSTED RATES FOR OVERDOSE/POISONING-RELATED ED DISCHARGES WERE HIGHER AMONG MALES, BLACKS AND INDIVIDUALS AGES 15 TO 24 YEARS IN COMPARISON AMONG GROUPS - WHILE ED DISCHARGES FOR ACUTE SUBSTANCE USE ROSE BY 51 0% FROM 2014-2016, INPATIENT DISCHARGES DROP PED BY 18 5% THE HIGHEST DISCHARGE RATES OF BOTH TYPES WERE AMONG BLACK/AFRICAN AMERICANS STEEP INCREASES IN BOTH TYPES OF DISCHARGE OCCURRED FOR CHRONIC SUBSTANCE USE, ED DISCHA RGE RATES INCREASED BY 559 3%, AND INPATIENT DISCHARGE RATES INCREASED BY 195 1% ED DISCH ARGE RATES WERE HIGHEST AMONG WHITES (36 7, PER 100,000), WHILE INPATIENT DISCHARGES WERE HIGHEST AMONG THOSE WHO IDENTIFY AS "OTHER" RACE ACROSS AGE GROUPS, RATES OF ED DISCHARGE FOR CHRONIC SUBSTANCE ABUSE INCREASED THE MOST FOR THOSE OVER 65 YEARS BY 714% IN ADDITI ON, NEARLY 20% OF ADULTS AGES 18 AND OLDER SELF-REPORT EXCESSIVE ALCOHOL USE - HEAVY ALCO HOL CONSUMPTION IS ALSO PROBLEM IN SAN DIEGO COUNTY NEARLY 20% OF ADULTS AGES 18 AND OLDE R SELF-REPORT EXCESSIVE ALCOHOL USE PARTICIPANTS IN THE COMMUNITY ENGAGEMENT PROCESS DISC USSED THE LINK BETWEEN MENTAL HEALTH AND SUBSTANCE MISUSE, ARGUING THAT THE FAILURE TO PRO VIDE PREVENTIVE AND ACUTE MENTAL HEALTH SERVICES OFTEN LEADS TO SELF-MEDICATING WITH DRUGS AND ALCOHOL THEY ALSO AN INSUFFICIENT SUPPLY OF SUBSTANCE USE DISORDER OUTPATIENT AND IN -PATIENT DRUG TREATMENT PROGRAMS AS A CRITICAL NEED IN SAN DIEGO COUNTY - ED DISCHARGES F OR OPIOID MISUSE INCREASED BY 267 2% FROM 2014-2016, WHILE INPATIENT DISCHARGES INCREASED BY 239 3% THE STEEPEST INCREASES IN BOTH DISCHARGE RATES WERE AMONG PEOPLE 65+, WHO EXPER IENCED A 1,734 4% INCREASE IN ED DISCHARGES AND AN 863 1% INCREASE IN HOSPITAL DISCHARGES - 11 8% OF ADULTS IN SAN DIEG

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FORM 990, PART III, LINE 4A (CONTINUED)	O SERIOUSLY CONSIDERED COMMITTING SUICIDE IN 2017 IN 2016, THE AGE-ADJUSTED SUICIDE RATE IN SAN DIEGO WAS 11 9 PER 100,000 RATES WERE HIGHEST AMONG WHITES (18 7), FOLLOWED BY BLA CKS (11 5), ASIAN PACIFIC ISLANDERS (8 2) AND HISPANICS (5 3) WHILE THE RATE OF SUICIDE D ECREASED SLIGHTLY (1 3%) FROM 2014-2016, THE RATES OF SUICIDE FOR PEOPLE WHO IDENTIFY AS A SIAN/PACIFIC ISLANDER, BLACK, AND "OTHER," INCREASED IN THOSE SAME YEARS BY 13 3%, 47 2%, AND 93 0% RESPECTIVELY SUICIDE AND SUICIDE ATTEMPTS SUICIDE IS A MAJOR COMPLICATION OF DE PRESSION AND A LEADING CAUSE OF NON-NATURAL DEATH FOR ALL AGES IN SAN DIEGO COUNTY, SECOND ONLY TO MOTOR VEHICLE ACCIDENTS ACCORDING TO A SAN DIEGO COUNTY SUICIDE PREVENTION COUNC IL'S 2019 REPORT THE NUMBER AND RATE OF PEOPLE WHO DIED BY SUICIDE IN SAN DIEGO COUNTY ROS E SLIGHTLY THERE WERE 465 DEATHS BY SUICIDE IN 2018, UP FROM 458 REPORTED IN 2017 THE AN NUAL REPORT PROVIDES A COMPREHENSIVE LOOK AT SUICIDE IN THE REGION AND BRINGS TOGETHER DAT A FROM MULTIPLE SOURCES FOR THE YEARS 2014 THROUGH 2017

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FORM 990, PART III, LINE 4A (CONTINUED)	AMONG THE REPORT'S FINDINGS - TOTAL NUMBER OF SUICIDES 465 COMPARED TO 458 IN 2017 - SU ICIDE RATE (PER 100,000 POPULATION) 13 9 COMPARED TO 13 8 IN 2017 - EMERGENCY DEPARTMENT DISCHARGES DUE TO SELF-INFLICTED INJURY DOWN SLIGHTLY TO 3,091 IN 2017 (MOST RECENT YEAR AVAILABLE) COMPARED TO 3,098 IN 2016 - THE PERCENTAGE OF SUICIDE CRISIS CALLS, AS OPPOSE D TO CALLS ABOUT OTHER MENTAL HEALTH ISSUES, TO THE COUNTY'S ACCESS AND CRISIS LINE SAW A SHARP 52 PERCENT INCREASE TO 47 6 PERCENT OF CALLS COMPARED TO 31 4 PERCENT IN 2017 - FIR EARMS HAVE BEEN THE PRIMARY MEANS USED IN SUICIDE DEATHS IN SAN DIEGO COUNTY AND HAVE BEEN INCREASING OVER THE LAST THREE YEARS FIREARMS ACCOUNT FOR 37 PERCENT OF THE DEATHS BY SU ICIDE, FOLLOWED BY HANGING AND SUFFOCATION AT 33 PERCENT IN 2010, THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA) LAUNCHED A SUICIDE PREVENTION PLANNING PROCESS, W HICH WAS FORMED BY THE NATIONAL STRATEGY FOR SUICIDE PREVENTION AND THE CALIFORNIA STRATEG IC PLAN ON SUICIDE PREVENTION SCRIPPS IS A MEMBER OF THE COMMUNITY HEALTH IMPROVEMENT PAR TNERS (CHIP), WHICH COLLABORATES WITH THE COUNTY ON THIS INITIATIVE FOR MORE INFORMATION ON THE STATUS OF SUICIDE AND SUICIDE PREVENTION IN SAN DIEGO COUNTY 2019 REPORT CARD htt p //www sdchip org/wp-content/uploads/2019/09/2018-San-Diego-County-Sui cide pdf THE REPOR T CARD BRINGS TOGETHER THE MOST RECENT DATA AVAILABLE FROM MULTIPLE SOURCES (FOR THE YEARS 2014 THROUGH 2018) TO PRESENT A PROFILE OF SUICIDES FOR ALL AGES IN SAN DIEGO COUNTY INF ORMATION FROM THE COUNTY MEDICAL EXAMINER, THE ACCESS & CRISIS LINE, HOSPITAL EMERGENCY DE PARTMENTS, STUDENT SELF-REPORTS, SUICIDE PREVENTION AWARENESS CAMPAIGNS AND SUICIDE PREVEN TION TRAINING PROGRAMS ARE PRESENTED TO PROVIDE A MORE COMPLETE UNDERSTANDING OF THE STATU S OF SUICIDE AND EFFORTS TO PREVENT THEM IN SAN DIEGO COUNTY THE BEHAVIORAL HEALTH PROGRA M AT SCRIPPS MERCY ALSO SUPPORTS COMMUNITY PROGRAMS TO REDUCE THE STIGMA OF MENTAL ILLNESS AND HELP AFFECTED INDIVIDUALS LIVE AND WORK IN THE COMMUNITY SCRIPPS HEALTH BEHAVIORAL H EALTH INPATIENT PROGRAMS INDIVIDUALS SUFFERING FROM ACUTE PSYCHIATRIC DISORDERS ARE SOMETI MES UNABLE TO LIVE INDEPENDENTLY OR MAY EVEN POSE A DANGER TO THEMSELVES OR OTHERS IN SUC H CASES, HOSPITALIZATION MAY BE THE MOST APPROPRIATE ALTERNATIVE THE BEHAVIORAL HEALTH IN PATIENT PROGRAM AT SCRIPPS MERCY HOSPITAL HELPS PATIENTS AND THEIR LOVED ONES WORK THROUGH SHORT-TERM CRISES, MANAGE MENTAL ILLNESS AND RESUME THEIR DAILY LIVES CHALLENGES - LIKE MANY BEHAVIORAL HEALTH PROGRAMS ACROSS THE COUNTRY, FUNDING IS DIFFICULT, AS PAYMENT RATES HAVE NOT KEPT PACE WITH THE COST TO PROVIDE CARE - IN FY19, THE SCRIPPS MERCY BEHAVIORAL HEALTH PROGRAM EXPERIENCED A $4 1 MILLION LOSS IN TOTAL OPERATIONS, HOWEVER 3 4 MILLION O F THIS IS CAPTURED IN MEDI-CAL/CMS AND CHARITY CARE - IN FY19, 1 8 PERCENT OF PATIENTS IN THE INPATIENT UNIT WERE UNINSURED BEHAVIORAL HEALTH OUTPATIENT PROGRAMS SCRIPPS BEHAVIOR AL HEALTH ENTERED INTO AN AGRE

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FORM 990, PART III, LINE 4A (CONTINUED)	EMENT IN MAY 2016 TO TRANSITION THE INTENSIVE BEHAVIORAL HEALTH OUTPATIENT PROGRAM TO THE FAMILY HEALTH CENTERS OF SAN DIEGO AND EXPAND OUTPATIENT BEHAVIORAL HEALTH OFFERINGS TO TH E POPULATION SERVED SCRIPPS MERCY AND FAMILY HEALTH CENTERS BEHAVIORAL HEALTH PARTNERSHIP SCRIPPS MERCY HAS ESTABLISHED AN INITIATIVE WITH FAMILY HEALTH CENTERS OF SAN DIEGO (FHCS D) TO CREATE A MORE ROBUST BEHAVIORAL HEALTH CARE SYSTEM FOR MEDI-CAL PATIENTS THAT RECEIV E CARE AT SMH THE GOAL IS TO STRENGTHEN THE CONTINUUM OF INTEGRATED PRIMARY AND MENTAL HE ALTH SERVICES FOR PATIENTS DISCHARGED FROM VARIOUS HOSPITAL SETTINGS (MEDICAL AND BEHAVIOR AL HEALTH INPATIENT AND EMERGENCY CARE) THROUGH A VARIETY OF TIMELY PATIENT ENGAGEMENT STR ATEGIES INCLUDING THE EXPANSION OF COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES ADJACENT TO THE HOSPITAL THE ULTIMATE GOAL IS TO INVOLVE PATIENTS IN APPROPRIATE OUTPATIENT CARE BEFO RE THEIR BEHAVIORAL HEALTH ISSUES BECOME ACUTE, PREVENTING RETURNS TO THE EMERGENCY DEPART MENT MENTAL HEALTH OUTREACH SERVICES, A-VISONS VOCATIONAL TRAINING PROGRAM BEHAVIORAL HEA LTH SERVICES AT SCRIPPS MERCY HOSPITAL, IN PARTNERSHIP WITH THE SAN DIEGO CHAPTER OF MENTA L HEALTH OF AMERICA ESTABLISHED THE A-VISONS VOCATIONAL TRAINING PROGRAM (SOCIAL REHABILIT ATION AND PREVOCATIONAL SERVICES FOR PEOPLE LIVING WITH MENTAL ILLNESS) TO HELP DECREASE T HE STIGMA OF MENTAL ILLNESS AND OFFER VOLUNTEER AND EMPLOYMENT OPPORTUNITIES TO PERSONS WI TH MENTAL ILLNESS THIS SUPPORTIVE EMPLOYMENT PROGRAM PROVIDES VOCATIONAL TRAINING FOR PEO PLE RECEIVING MENTAL HEALTH TREATMENT, POTENTIALLY LEADING TO GREATER INDEPENDENCE THIS Y EAR, BEHAVIORAL HEALTH SERVICES CONTINUED PARTICIPATING IN THE A-VISIONS PROGRAM SINCE IT S INCEPTION, 611 INQUIRIES HAVE COME IN, 165 OF THESE RESULTED IN QUALIFIED CANDIDATES WIT H 100 VOLUNTEERS AND 54 EMPLOYEES THUS FAR CURRENTLY, THERE ARE A TOTAL OF 23 ACTIVE CAND IDATES 22 EMPLOYEES AND ONE VOLUNTEER WHO PARTICIPATE IN THIS SUPPORTIVE EMPLOYMENT PROGR AM THE AVERAGE LENGTH OF EMPLOYMENT FOR THE 54 EMPLOYEES IS 5 6 YEARS, WITH A RANGE OF 2 MONTHS TO 14 7 YEARS THE CURRENT PAID EMPLOYEES HAVE BEEN EMPLOYED BETWEEN 1 9 YEARS TO 1 2 6 YEARS, WITH THE AVERAGE LENGTH OF EMPLOYMENT BEING 7 YEARS A-VISIONS PARTICIPANTS HAV E BEEN EMPLOYED ON A CASUAL/PER DIEM BASIS BY SCRIPPS ENVIRONMENTAL SERVICES, FOOD SERVICE S AND CLERICAL SUPPORT FOR HEALTH AND INFORMATION SERVICES, EMERGENCY SERVICES, NURSING RE SEARCH, HUMAN RESOURCES, ACCESS, BEHAVIORAL HEALTH, CREDENTIALING, LABOR AND DELIVERY, LAB ORATORY, MEDICAL STAFFING, PERFORMANCE IMPROVEMENT, SPIRITUAL CARE AND PALLIATIVE CARE SER VICES PAID A-VISIONS CANDIDATES TYPICALLY LIMIT THEIR WORK TO EIGHT HOURS PER WEEK, WHICH ALLOWS THEM TO MAINTAIN ELIGIBILITY FOR THE DISABILITY BENEFITS, MEDICATIONS AND ONGOING BEHAVIORAL HEALTHCARE THAT SUPPORTS THEIR WORK INCREASING AWARENESS OF MENTAL HEALTH ISSU ES IN FY19, SCRIPPS BEHAVIORAL HEALTH SERVICES IMPROVED AWARENESS OF MENTAL HEALTH ISSUES BY PROVIDING INFORMATION AND S

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FORM 990, PART III, LINE 4A (CONTINUED)	UPPORTIVE SERVICES FOR MORE THAN 900 PEOPLE AT COMMUNITY EVENTS COMMUNITY HEALTH IMPROVEM ENT PARTNERS (CHIP) AND THE SUICIDE PREVENTION COUNCIL THE SAN DIEGO COUNTY SUICIDE PREVEN TION COUNCIL (SPC) IS A COLLABORATIVE COMMUNITY-WIDE EFFORT FOCUSED ON REALIZING A VISION OF ZERO SUICIDES IN SAN DIEGO COUNTY ITS GOAL IS TO PREVENT SUICIDE AND ITS DEVASTATING C ONSEQUENCES IN SAN DIEGO COUNTY SINCE 2010, WITH SUPPORT FROM THE COUNTY OF SAN DIEGO BEH AVIORAL HEALTH SERVICES, CHIP PROVIDES DIRECT OVERSIGHT AND GUIDANCE TOWARD THE IMPLEMENTA TION OF THE SUICIDE PREVENTION ACTION PLAN THE CORE STRATEGIES OF THE SUICIDE PREVENTION COUNCIL ARE - ENHANCING COLLABORATIONS TO PROMOTE A SUICIDE-FREE COMMUNITY - CONDUCTING N EEDS ASSESSMENTS TO IDENTIFY GAPS IN SUICIDE PREVENTION SERVICES AND SUPPORTS - DISSEMINAT ING VITAL INFORMATION ON THE SIGNS OF SUICIDE AND EFFECTIVE HELP-SEEKING - PROVIDING RESOU RCES TO THOSE AFFECTED BY SUICIDE AND SUICIDAL BEHAVIOR - ADVANCING POLICIES AND PRACTICES THAT CONTRIBUTE TO THE PREVENTION OF SUICIDE PSYCHIATRIC LIAISON TEAM (PLT) THE PSYCHIATR IC LIAISON TEAM IS A MOBILE PSYCHIATRIC ASSESSMENT TEAM CLINICIANS PROVIDE MENTAL HEALTH EVALUATION AND TRIAGE SERVICES TO ACCURATELY ASSESS PATIENTS AND PROVIDE THEM WITH THE BES T AND SAFEST COMMUNITY RESOURCES TO PROMOTE ONGOING CARE THE TEAM AIMS TO HELP PEOPLE ADH ERE TO TREATMENT PLANS, REDUCE HOSPITAL READMISSION RATES, RELIEVE SYMPTOMS AND ULTIMATELY ENSURE THE LONG-TERM STABILIZATION OF THE PATIENT'S MENTAL HEALTH SCRIPPS WILL CONTINUE TO PROVIDE A DEDICATED PSYCHIATRIC LIAISON TEAM AT ALL SCRIPPS HOSPITALS EMERGENCY DEPARTM ENTS AND URGENT CARE SETTINGS (RANCHO BERNARDO AND TORREY PINES) MI PUENTE "MY BRIDGE" T O BETTER CARDIOMETABOLIC HEALTH AND WELL BEING SCRIPPS WHITTIER DIABETES INSTITUTE RECEIVE D A $2 4 MILLION STUDY GRANT FROM THE NIH'S NATIONAL INSTITUTE OF NURSING RESEARCH IN 2015 TO EVALUATE MI PUENTE, A PROGRAM AT SCRIPPS MERCY CHULA VISTA HOSPITAL THAT USES A "NURSE + VOLUNTEER" TEAM APPROACH TO HELP HOSPITALIZED HISPANIC PATIENTS WITH MULTIPLE CHRONIC D ISEASES REDUCE THEIR HOSPITALIZATIONS AND IMPROVE THEIR DAY-TO-DAY HEALTH AND QUALITY OF L IFE INDIVIDUALS OF LOW SOCIOECONOMIC (SES) AND ETHNIC MINORITY STATUS, INCLUDING HISPANIC S, THE LARGEST U S ETHNIC MINORITY GROUP ARE DISPROPORTIONATELY BURDENED BY CHRONIC CARDI OVASCULAR AND METABOLIC CONDITIONS ("CARDIOMETABOLIC" E G OBESITY, DIABETES, HYPERTENSION , HEART DISEASE) HIGH LEVELS OF UNMET BEHAVIORAL HEALTH IN THIS POPULATION CONTRIBUTE TO STRIKING DISPARITIES IN DISEASE PREVALENCE AND OUTCOMES

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FORM 990, PART III, LINE 4A (CONTINUED)	A BEHAVIORAL HEALTH NURSE PROVIDES IN-HOSPITAL COACHING TO PATIENTS, WHO ARE THEN FOLLOWED POST DISCHARGE BY A VOLUNTEER COMMUNITY PEER MENTOR TO ASSIST THEM IN OVERCOMING BARRIERS THAT MAY INTERFERE WITH ACHIEVING AND MAINTAINING GOOD HEALTH MI PUENTE AIMS TO IMPROVE CONTINUITY OF CARE AND ADDRESS THE (PHYSICAL AND BEHAVIORAL) HEALTH NEEDS OF THE AT-RISK H ISPANIC POPULATION THIS PROGRAM HOLDS PROMISE FOR IMPACTFUL EXPANSION TO OTHER CONDITIONS AND UNDERSERVED POPULATIONS BEHAVIORAL HEALTH INTEGRATION PROGRAM (BHIP) IN DIABETES MAN Y PEOPLE FIND THAT THE DAY-TO-DAY TASKS ASSOCIATED WITH HAVING DIABETES TESTING ONE'S BLOO D SUGAR, PLANNING MEALS, GETTING ENOUGH PHYSICAL ACTIVITY AND REMEMBERING TO TAKE MEDICATI ONS CAN BE STRESSFUL A COMMON CONDITION KNOWN AS "DIABETES DISTRESS" CAN BE THE RESULT OF FEELING LIKE IT'S ALL TOO MUCH SCRIPPS DIABETES CARE AND PREVENTION HAS A DIABETES BEHAV IORAL SPECIALIST ON STAFF TO HELP PEOPLE MANAGE THEIR DIABETES WITHOUT BEING OVERWHELMED O R UNDULY DISTRESSED THE BEHAVIORAL HEALTH INTEGRATION PROGRAM (BHIP) IN DIABETES IS AN IN TEGRATED, INTERDISCIPLINARY APPROACH TO MANAGING THE EMOTIONAL AND BEHAVIORAL NEEDS THAT O FTEN LEADS TO BURNOUT OF INDIVIDUALS WITH TYPE 1 AND TYPE 2 DIABETES THE COLLOCATION OF M EDICAL AND BEHAVIORAL HEALTH SERVICES IN THE SAME FACILITY ALLOW FOR A CONVENIENT, WARM HA ND-OFF FROM PHYSICIAN TO BEHAVIORAL HEALTH SPECIALIST IT ALSO AFFORDS OPPORTUNITIES FOR P HYSICIANS, DIABETES EDUCATORS AND OTHERS TO RECEIVE CONSULTATION ON BEHAVIORAL HEALTH CONC ERNS, AND IN TURN, MORE COMPREHENSIVELY ADDRESS THE MULTI-FACETED NEEDS OF THEIR PATIENTS WITH DIABETES GUIDING VETERAN'S TO MENTAL HEALTH SERVICES SAN DIEGO IS HOME TO MORE THAN 250,000 VETERANS A SUBSTANTIAL NUMBER OF OUR SERVICE MEMBERS HAVE SUFFERED OR ARE STRUGGL ING WITH POST-TRAUMATIC STRESS DISORDER (PTSD), DEPRESSION, ANXIETY AND OTHER PSYCHOLOGICA L CONDITIONS RELATED TO MILITARY SERVICE AND REPEATED DEPLOYMENTS PARTNERING WITH COMMUNI TY-BASED ORGANIZATIONS, SCRIPPS IS ACTIVELY WORKING TO ASSIST THESE VETERANS THROUGH INFOR MATIONAL SESSIONS DESIGNED TO IMPROVE KNOWLEDGE OF VETERAN'S MENTAL HEALTH ISSUES AND ACCE SS TO COMMUNITY-BASED SERVICES SCRIPPS IS WORKING WITH SAN DIEGO STATE UNIVERSITY TO IMPL EMENT A VETERAN'S MENTAL HEALTH COURSE IN THE SOCIAL WORK DEPARTMENT MENTAL HEALTH SUPPOR T SERVICES AT LOCAL SCHOOL-BASED CLINICS SCRIPPS FAMILY MEDICINE RESIDENCY AND SCRIPPS MER CY HOSPITAL CHULA VISTA WELL-BEING CENTER HAVE PARTNERED TO OFFER CLINICAL TRAINING OPPORT UNITIES FOR MASTER SOCIAL WORK STUDENTS IN TRAINING FROM SAN DIEGO STATE UNIVERSITY AT SOU THWEST AND PALOMAR HIGH SCHOOLS THESE STUDENTS WORK WITH LOCAL PROVIDERS THAT ADDRESS THE MENTAL HEALTH NEEDS OF VULNERABLE ADOLESCENTS A VARIETY OF MENTAL HEALTH ISSUES ARE PRES ENT FOR LOCAL HIGH SCHOOL STUDENTS MANY OF THESE ISSUES INCLUDE DEPRESSION, ANXIETY AND S UICIDE RELATED CONCERNS THE PROGRAM WORKS TO IMPROVE OVERALL MENTAL HEALTH CARE FOR LOCAL STUDENTS THROUGH A SCHOOL-BAS

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FORM 990, PART III, LINE 4A (CONTINUED)	ED CLINIC APPROXIMATELY 240 HOURS WERE SPENT IN THE SCHOOL-BASED CLINICS OFFERING SERVICE S FOR ADOLESCENTS TO AN AVERAGE OF 12 STUDENTS PER WEEK PATIENT COMMUNITY SERVICES PATIEN TS ARE REFERRED FROM SCRIPPS MERCY HOSPITAL CHULA VISTA, FOR ASSISTANCE WITH A WIDE VARIET Y OF BEHAVIORAL HEALTH NEEDS INCLUDING ADDICTION, LOSS, ANXIETY AND OTHER MENTAL HEALTH IS SUES THE WELL-BEING CENTER OFFERS WEEKLY COUNSELING AND/OR REFER PATIENTS TO LOCAL MENTAL HEALTH COUNSELING SERVICES ALCOHOLIC ANONYMOUS SCRIPPS HEALTH PROVIDES MEETING SPACE FOR MEMBERS OF ALCOHOLIC ANONYMOUS A FELLOWSHIP OF MEN AND WOMEN WHO SHARE THEIR EXPERIENCE, STRENGTH AND SUPPORT OF EACH OTHER GRIEF RECOVERY AFTER A SUBSTANCE PASSING (GRASP) SCRI PPS HEALTH PROVIDES MEETING SPACE FOR MEMBERS OF GRASP GRASP WAS FOUNDED TO HELP PROVIDE SOURCES OF HELP, COMPASSION AND MOST OF ALL, UNDERSTANDING, FOR FAMILIES OR INDIVIDUALS WH O HAVE HAD A LOVED ONE DIE AS A RESULT OF SUBSTANCE USE OR ADDICTION NATIONAL ALLIANCE OF MENTAL ILLNESS (NAMI) SIBLINGS SUPPORT SCRIPPS HEALTH PROVIDES MEETING SPACE FOR MEMBERS OF NAMI SIBLING SUPPORT THIS IS A CONFIDENTIAL SUPPORT GROUP FOR SIBLINGS OF PERSON WITH MENTAL ILLNESS AND ADULT CHILDREN OF PARENTS WITH MENTAL ILLNESS SURVIVORS OF SUICIDE LOS S - SAN DIEGO CHAPTER SCRIPPS HEALTH PROVIDES MEETING SPACE FOR MEMBERS OF THE SURVIVORS O F SUICIDE LOSS - SAN DIEGO CHAPTER THE ORGANIZATION REACHES OUT TO AND SUPPORTS PEOPLE WH O HAVE LOST A LOVED ONE TO SUICIDE THE GOAL IS TO GIVE SURVIVORS A PLACE WHERE THEY CAN B E COMFORTABLE EXPRESSING THEMSELVES, A PLACE TO FIND SUPPORT, COMFORT, RESOURCES AND HOPE IN A JUDGMENT-FREE ENVIRONMENT TRANSITIONS OF CARE INITIATIVE (TOC) FAMILY HEALTH CENTER OF SAN DIEGO (FHCSD) RECEIVED FUNDING FROM BLUE SHIELD PROMISE TO HIRE TWO SOCIAL WORK STA FF POSITIONS THAT ARE EMBEDDED INTO OPERATIONS AT SCRIPPS MERCY HOSPITAL FOR THE GOAL OF C ONNECTING PATIENTS TO FHCSD FOR NEEDED SERVICES THE TOC INITIATIVE IS DESIGNED TO HELP PA TIENTS AT ALL LEVELS OF CARE WITHIN THE HOSPITAL, WITH ESPECIALLY THOSE WITH MENTAL HEALTH AND DRUG AND ALCOHOL PROBLEMS TO CONNECT WITH APPROPRIATE FHCSD RESOURCES THE GOAL IS TO CONNECT PATIENTS WITH AN ARRAY OF OUTPATIENT HEALTH AND SOCIAL SERVICE RESOURCES TO PREVE NT READMISSIONS SCRIPPS DRUG AND ALCOHOL RESOURCES THERE ARE IN EXCESS OF 25 MILLION ILLI CIT DRUG USERS IN THE US THERE ARE AN ESTIMATED 136 9 MILLION CURRENT DRINKERS OF ALCOHOL IC BEVERAGES AND OF THOSE, APPROXIMATELY 23 PERCENT BINGE DRANK IN THE LAST 30 DAYS AND 6 3 PERCENT ARE CONSIDERED HEAVY DRINKERS IT IS ESTIMATED THERE ARE 8 7 MILLION UNDER-AGE D RINKERS SUBSTANCE USE, PARTICULARLY OPIOID MISUSE, IS A HEALTH CRISIS THAT HAS REACHED EP IDEMIC PROPORTIONS BOTH NATIONALLY AND LOCALLY IN SAN DIEGO, THE RATE OF DISCHARGE FROM E MERGENCY DEPARTMENTS FOR CHRONIC SUBSTANCE USE INCREASED BY 559% FROM 2014-2016, RATES FOR THOSE 65 YEARS AND OLDER INCREASED THE MOST-BY 714% THE RATE OF DISCHARGE FOR OPIOID MIS USE FOR THIS AGE GROUP WAS EVE

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FORM 990, PART III, LINE 4A (CONTINUED)	N MORE STARTLING-IT ROSE BY 1 734% OVER THIS TWO-YEAR PERIOD RATES OF DISCHARGE FROM EMER GENCY DEPARTMENTS FOR ACUTE SUBSTANCE USE ALSO ROSE RATES INCREASED FOR PEOPLE OF ALL RAC IAL AND ETHNIC BACKGROUNDS, HOWEVER, THE MOST SUBSTANTIAL INCREASES (177%) WAS FOR BLACKS HEAVY ALCOHOL CONSUMPTION IS ALSO A PROBLEM IN SAN DIEGO NEARLY 20% OF ALL ADULTS AGES 1 8 AND OLDER SELF-REPORT EXCESSIVE ALCOHOL USE SCRIPPS SUBSTANCE USE DISORDER SERVICE (SUD S) NURSES AWARE OF THE IMPACT DRUGS AND ALCOHOL CAN HAVE ON OUR COMMUNITY, SCRIPPS HAS DEV ELOPED INNOVATIVE WAYS TO TREATING THIS DESTRUCTIVE DISEASE SCRIPPS HAS DEPLOYED SPECIALI ZED NURSES CERTIFIED IN ADDICTION, THEY SEE PATIENTS AT THEIR BEDSIDE AND WORK CLOSELY WIT H THE PATIENT'S ENTIRE HEALTH CARE TEAM TO HELP FACILITATE A SAFE DETOX WHILE HOSPITALIZED THE SUBSTANCE USE DISORDER SERVICE (SUDS) NURSES ACT IN A PROACTIVE AND REACTIVE ROLE IN ALL SCRIPPS HOSPITALS, HELPING TO IDENTIFY PATIENTS WHO ARE AT RISK, OR ARE CURRENTLY EXP ERIENCING WITHDRAWAL FROM ADDICTIVE SUBSTANCES THIS MOBILE GROUP OF SPECIALLY TRAINED DRU G AND ALCOHOL RESOURCE NURSES PROVIDE EDUCATION, INTERVENTIONS AND DISCHARGE PLACEMENT ASS ISTANCE TO PATIENTS IN THE SCRIPPS HOSPITALS THE RESOURCE NURSES WORK DIRECTLY WITH THE N URSING STAFF AT EACH OF THE HOSPITALS IN SEARCH OF PATIENTS WHO MAY BE AT RISK FOR ALCOHOL /DRUG WITHDRAWAL AND ASSIST WITH IMPLEMENTING A STANDARDIZED PROTOCOL WITHDRAWAL PROCESS SCRIPPS HAS CHANGED THE WAY WE DELIVER DRUG AND ALCOHOL TREATMENT BY COLLABORATING WITH OT HERS TO DELIVER A CONTINUUM OF CARE THAT IMPROVES THE HEALTH OF OUR COMMUNITY WHEN PATIEN TS NEED ADDITIONAL CARE, SCRIPPS HAS LINKED ITSELF TO TWO SEPARATE TREATMENT PROGRAMS DESI GNED TO MEET THE COMMUNITY NEEDS BETTY FORD CENTER IN 2016, SCRIPPS PARTNERED WITH THE BE TTY FORD CENTER, WHICH EXPANDED ITS DRUG AND ALCOHOL TREATMENT PROGRAMMING INTO SAN DIEGO THIS TREATMENT CENTER BRINGS WORLD-RENOWNED ALCOHOL AND DRUG REHAB TO MORE PEOPLE THROUGH WEEKDAY AND WEEKNIGHT OUTPATIENT SERVICES FAMILY HEALTH CENTERS OF SAN DIEGO FAMILY HEAL TH CENTERS OF SAN DIEGO PROVIDES AN ARRAY OF SERVICES, INCLUDING OUTPATIENT DRUG AND ALCOH OL TREATMENT ALONG WITH MEDICATION-ASSISTED TREATMENT AND HARM REDUCTION PROGRAMS THEIR S ERVICES ALSO INCLUDE INDIVIDUAL COUNSELING AND ONE-ON-ONE SUPPORT, EDUCATIONAL SESSIONS, H IV RESTING, HEPATITIS B & C TESTING AND TREATMENT

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FORM 990, PART III, LINE 4A (CONTINUED)	OPIOID STEWARDSHIP PROGRAM (OSP) THE OPIOID STEWARDSHIP PROGRAM HAS SPEARHEADED MULTIPLE P ROJECTS AT SCRIPPS TO EDUCATE PATIENTS AND PROVIDERS ABOUT THE RISKS OF OPIOIDS AND THE BE NEFITS OF ALTERNATIVE MULTI-MODAL PAIN MANAGEMENT OPTIONS TO REDUCE OPIOID USE THE PROGRA M HAS ESTABLISHED PRESCRIBING STANDARDS FOR OPIOIDS, RESULTING IN A 25 PERCENT REDUCTION I N THE NUMBER OF OPIOID PILLS PER PRESCRIPTION AT SCRIPPS HOSPITALS AND OUTPATIENT CENTERS IN 2019 SCRIPPS ALSO HAS OPENED THREE DRUG TAKE-BACK KIOSKS AT ITS ON-SITE PHARMACIES, OF FERING PATIENTS YEAR-ROUND ACCESS TO DISPOSE OF UNUSED, UNNEEDED OR OUTDATED MEDICATIONS SOCIAL DETERMINANTS OF HEALTH PER SECTION 2, COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), IN ADDITION TO THE HEALTH NEEDS THAT WERE IDENTIFIED IN THE CHNA, SOCIAL DETERMINANTS OF HEAL TH (SDOH) WERE ALSO IDENTIFIED IN ALL THE COMMUNITY ENGAGEMENT ACTIVITIES APPROXIMATELY 8 0 PERCENT OF MODIFIABLE RISKS FOR DISEASES ARE ATTRIBUTABLE TO NON-MEDICAL (UPSTREAM) DETE RMINANTS OF HEALTH, SUCH AS HEALTH BEHAVIORS, SOCIOECONOMIC STATUS, AND ENVIRONMENTAL COND ITIONS TO PREVENT CHRONIC CONDITIONS AND PROMOTE HEALTH, GREATER EMPHASIS SHOULD BE PLACE D ON POPULATION HEALTH, WHICH HAS BEEN DEFINED TO FOCUS ON OUTCOMES AS WELL AS ON THE BROA DER FACTORS THAT INFLUENCE HEALTH AT A POPULATION LEVEL, INCLUDING MEDICAL CARE SYSTEMS, T HE SOCIAL ENVIRONMENT, AND THE PHYSICAL ENVIRONMENT THE CHNA IDENTIFIED ECONOMIC SECURITY AS A PRIORITY SDOH NEED IN THE SECONDARY DATA ANALYSES AND IN THE COMMUNITY ENGAGEMENT PR OCESS ECONOMIC SECURITY REFERS TO THE ABILITY TO MEET ESSENTIAL FINANCIAL NEEDS SUSTAINAB LY, INCLUDING THOSE FOR FOOD, SHELTER, CLOTHING, HYGIENE, HEALTH CARE, AND EDUCATION ECON OMIC INSECURITY IS ASSOCIATED WITH - POOR MENTAL HEALTH DAYS - VISITS TO THE ED FOR HEART ATTACKS - ASTHMA - OBESITY - DIABETES - STROKE - CANCER - SMOKING - PEDESTRIAN INJURY ECO NOMIC INSECURITY MAY ALSO LEAD TO FOOD INSECURITY, WHICH IS LINKED TO - FAIR OR POOR HEAL TH, ANEMIA, AND ASTHMA IN CHILDREN - MENTAL HEALTH PROBLEMS, DIABETES, HYPERTENSION, HYPER LIPIDEMIA, AND ORAL HEALTH PROBLEMS IN ADULTS - FAIR OR POOR HEALTH, DEPRESSION, AND LIMIT ATIONS IN ACTIVITIES OF DAILY LIVING IN SENIORS ECONOMIC SECURITY IS ALSO LINKED TO WAGES - EDUCATIONAL ATTAINMENT IS DIRECTLY RELATED TO ECONOMIC INSECURITY BY WAY OF LOW WAGES A ND/OR LIMITED ACCESS TO EMPLOYMENT - IN SAN DIEGO, ADULTS WHO HAD LESS THAN A HIGH SCHOOL DIPLOMA WAS HIGHEST IN SOUTH (21 9%) AND CENTRAL (19 9%) REGIONS FOOD INSECURITY FOOD INS ECURITY IS THE INABILITY TO AFFORD ENOUGH FOOD FOR AN ACTIVE, HEALTHY LIFE THE HASD&IC 20 19 CHNA IDENTIFIED FOOD INSECURITY AND ACCESS TO HEALTHY FOOD AS A SOCIAL DETERMINANT IMPA CTING SAN DIEGO'S PRIORITY HEALTH NEEDS ACCORDING TO THE LATEST RESEARCH FROM THE SAN DIE GO HUNGER COALITION, ALMOST HALF A MILLION SAN DIEGANS, 1 IN 7 RESIDENTS, OR 15 PERCENT OF THE SAN DIEGO COUNTY POPULATION ARE CONSIDERED FOOD INSECURE, AN ECONOMIC AND SOCIAL COND ITION CHARACTERIZED BY LIMITED

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FORM 990, PART III, LINE 4A (CONTINUED)	OR UNCERTAIN ACCESS TO ADEQUATE FOOD TO PUT THE TOTAL NUMBER OF FOOD INSECURE SAN DIEGAN S INTO PERSPECTIVE, IT IS ROUGHLY EQUIVALENT TO THE ENTIRE POPULATIONS OF CHULA VISTA, OCE ANSIDE, IMPERIAL BEACH, CORONADO, AND SOLANA BEACH COMBINED RATES IN IMPERIAL COUNTY ARE EVEN HIGHER, WITH 17% OF THE GENERAL POPULATION SUFFERING FOOD INSECURITY EVEN MORE ALARM ING IS THAT THE RATE OF FOOD INSECURITY AMONG CHILDREN IN IMPERIAL COUNTY IS THE HIGHEST I N CALIFORNIA AT OVER 33% IN SAN DIEGO COUNTY - 14% OF PEOPLE EXPERIENCE FOOD INSECURITY, 1 IN 7 PEOPLE - 22% OF CHILDREN ARE IN FOOD INSECURE HOUSEHOLDS, MORE THAN 1 IN 5 CHILDRE N - 9% OF SENIORS EXPERIENCE FOOD INSECURITY, 1 IN 11 SENIORS IN ADDITION, STUDIES DEMONS TRATE THAT HUNGER SIGNIFICANTLY IMPACTS HEALTH LACK OF ACCESS TO HEALTHY FOOD, OFTEN DUE TO AVAILABILITY AND COST, ARE STRESSORS THAT CONTRIBUTE TO DIABETES, HEART DISEASE, OBESIT Y, AND OTHER BEHAVIORAL HEALTH ISSUES IN A MYRIAD OF WAYS - FOOD INSECURE ADULTS WITH DIA BETES HAVE HIGHER AVERAGE BLOOD SUGARS - FOOD INSECURE ADULTS ARE MORE LIKELY TO BE OBESE - FOOD INSECURITY IS SIGNIFICANTLY MORE PREVALENT IN ADULTS WITH MOOD DISORDERS - FOOD INSECURITY IS ASSOCIATED WITH INCREASED RISK OF SUICIDAL THOUGHTS AND SUBSTANCE USE IN ADO LESCENTS - FOOD INSECURE SENIORS HAVE A SIGNIFICANTLY HIGHER LIKELIHOOD OF HEART DISEASE, DEPRESSION AND LIMITED ACTIVITIES OF DAILY LIVING - FOOD INSECURE ADULTS DELAY BUYING FO OD IN ORDER TO PURCHASE MEDICATIONS CALFRESH PROGRAM THE CALFRESH PROGRAM, FEDERALLY KNOW N AS THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), ISSUES MONTHLY ELECTRONIC BENEF ITS THAT CAN BE USED TO BUY FOOD AT PARTICIPATING MARKETS AND STORES IN SAN DIEGO COUNTY, AN ESTIMATED ADDITIONAL 185,000 PEOPLE ARE "FOOD SECURE" BUT RELY ON CALFRESH AND/OR WIC TO SUPPLEMENT THEIR FOOD BUDGET THIS REPRESENTS 96,000 ADULTS AND 89,000 CHILDREN WHO ARE AT RISK OF FOOD INSECURITY SHOULD THEY LOSE CALFRESH OR WIC BENEFITS THE TOTAL POPULATIO N IN SAN DIEGO COUNTY THAT IS EITHER FOOD INSECURE OR FOOD SECURE WITH CALFRESH OR WIC ASS ISTANCE IS 671,000 OR 1 IN 5 PEOPLE FEDERAL REDUCED-PRICE MEALS PROGRAM (FRPM) ACCORDING TO A NEW REPORT RELEASED IN 2019 BY THE SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATIVE, WWW SDCOI ORG, THE EFFECT OF POVERTY AND FOOD INSECURITY ON STUDENTS' OVERWEIGHT AND OBESITY RATES CAN PERHAPS MOST PROFOUNDLY BE OBSERVED WHEN LOOKING AT DISTRICTS WITH HIGH CONCENTR ATIONS OF STUDENTS ENROLLED IN THE FEDERAL REDUCED-PRICE MEALS PROGRAM (FRPM) ALL STUDENT S CAN PARTICIPATE IN SCHOOL NUTRITION PROGRAMS, HOWEVER, STUDENTS WITH FAMILY INCOMES UNDE R 130% OF THE FEDERAL POVERTY LEVEL ARE ELIGIBLE FOR FREE MEALS, AND THOSE WITH INCOMES BE TWEEN 130% AND 185% OF THE POVERTY LEVEL ARE ELIGIBLE FOR LOW-COST (OR "REDUCED PRICE") ME ALS STUDENTS ENROLLED IN THIS PROGRAM NOT ONLY COME FROM LOWER INCOME HOUSEHOLDS BUT ARE ALSO LIKELY TO BE FOOD INSECURE FIFTY PERCENT, OR HALF OF ALL STUDENTS IN SAN DIEGO COUNT Y ARE ENROLLED IN THE FEDERAL

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FORM 990, PART III, LINE 4A (CONTINUED)	REDUCED-PRICE MEALS PROGRAM SOURCE CALIFORNIA DEPARTMENT OF EDUCATION 2018-2019 STUDENT POVERTY FRPM DATA THE PROGRAMS HIGHLIGHTED BELOW ARE WAYS THAT SCRIPPS HEALTH IS ADDRESS ING FOOD INSECURITY, SCREENINGS AND ELIGIBILITY BENEFITS SCRIPPS HEALTH CALFRESH SCREENIN GS AS HEALTH CARE DELIVERY SYSTEMS MOVES TOWARDS A POPULATION HEALTH PARADIGM THAT INCENTI VIZES KEEPING PATIENT'S HEALTHY, HOSPITALS AND CLINICS ARE RECOGNIZING THE SIGNIFICANCE OF ADDRESSING SOCIAL DETERMINANTS OF HEALTH, SUCH AS FOOD INSECURITY (FI) HOSPITALS HAVE BE EN MORE PROACTIVE IN INTERVENING AT SOME LEVEL OF CARE TO AID THE INDIVIDUALS SUFFERING FR OM FI AND THEIR ABILITY TO GAIN CONTROL OVER THEIR HEALTH ACCORDINGLY, FOOD ASSISTANCE PR OVIDED BY THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)-KNOWN AS CALFRESH IN CALIFO RNIA, SIGNIFICANTLY REDUCES THE RATE AND SEVERITY OF POVERTY THROUGHOUT THE STATE (CALIFOR NIA BUDGET & POLICY CENTER, 2018) WHILE SNAP AND WOMEN'S, INFANTS, CHILDREN (WIC) HAVE BE EN SUCCESSFUL IN ASSISTING LOW-INCOME CHILDREN AND THEIR FAMILIES WITH ADDITIONAL FUNDING FOR PURCHASING HEALTHY FOODS, THERE IS EVIDENCE THAT SUGGESTS SCREENING FOR FI IN HEALTHCA RE SETTINGS IS THE BEST INDICATOR FOR PATIENTS TO ACCESS FOOD-RELATED ASSISTANCE

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FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS HEALTH BEGAN SCREENING FOR CALFRESH IN JUNE 2017 THROUGH THE SUPPORT OF THE PUBLIC RESOURCE SPECIALIST (PRS) TEAM THE PRS ARE EXPERIENCED STAFF WITH STRONG KNOWLEDGE OF TH E COUNTY PROGRAMS THEY SCREEN ALL UNINSURED PATIENTS WHO HAVE RECEIVED SERVICES AT ANY OF THE FIVE SCRIPPS HOSPITAL FACILITIES THE IN-HOUSE APPLICATION PROCESS CAN TAKE UP TO 45 MINUTES AS THEY ARE SCREENING FOR MULTIPLE PROGRAMS CONCURRENTLY ONCE AN APPLICATION HAS BEEN COMPLETED, THE PRS STAFF SUBMITS IT TO THE COUNTY VIA THE HOSPITAL OUTSTATION POINT O F ENTRY (HOPE) PROGRAM ONCE SUBMITTED, A COUNTY HOPE WORKER IS ASSIGNED AND THE PRS TEAM TRACKS THE APPLICATION, ADVOCATING FOR THE PATIENTS THROUGHOUT THE PROCESS THAT CAN TAKE U P TO 45 DAYS TO RECEIVE AN ELIGIBILITY RESPONSE IN SOME INSTANCES, HAVING TO GO THROUGH T HE APPEAL PROCESS THAT MAY ADD AN ADDITIONAL 30 DAYS IN DOING SO, THE PRS TEAM HELPS PATI ENT'S MANEUVER A COMPLEX APPLICATION PROCESS THAT OTHERWISE MAY DETER THEM FROM SEEKING MU CH NEEDED ACUTE AND PREVENTATIVE CARE THE TEAM HAS BEEN SUCCESSFUL IN HAVING THE IMPORTAN T CONVERSATION ABOUT FOOD INSECURITY WITH 46% OF THE PATIENTS THEY HAVE SCREENED IN THIS P AST FISCAL YEAR THE CITY HEIGHTS WELLNESS CENTER (CHWC) SCRIPPS MERCY HOSPITAL HAS ESTABL ISHED A PARTNERSHIP AT THE CITY HEIGHTS WELLNESS CENTER (CHWC) WITH LA MAESTRA FAMILY CLIN IC AND RADY CHILDREN'S HOSPITAL TO ADDRESS SOME OF THE ATTRIBUTING FACTORS TO POOR HEALTH STATUS FOR RESIDENTS WITH LA MAESTRA SERVING AS THE LEAD AGENCY, SCRIPPS MERCY AND RADY C HILDREN'S HOSPITALS ARE CONTRIBUTING RESOURCES TO SUPPORT OPERATIONAL COSTS OF THE CENTER IN ORDER TO PROVIDE CAPACITY FOR NEEDED COMMUNITY LINKAGES ELIGIBILITY WORKERS FROM LA MA ESTRA FAMILY CLINIC ARE AVAILABLE TO COUNSEL PEOPLE AND ASSIST FILLING OUT APPLICATIONS FO R FOOD STAMP ASSISTANCE CHWC NOT ONLY PROVIDES THE NEEDED SPACE FOR THE ACTIVITY, BUT ALS O ACTIVELY PARTICIPATES BY DEVELOPING OUTREACH FLYERS, SCHEDULING COMMUNITY RESIDENTS, AND OVERALL COORDINATION FOR THE CLASS APPLICATIONS AND ASSISTANCE FOR CALFRESH TO SUPPLEMEN T FOOD BUDGET AND ALLOW FAMILIES/INDIVIDUALS TO BUY NUTRITIOUS FOOD SCRIPPS MERCY WIC PRO GRAM THE CITY HEIGHTS WELLNESS CENTER IS HOME TO THE SCRIPPS MERCY HOSPITAL-WIC PROGRAM TH AT PROVIDES NUTRITION EDUCATION AND COUNSELING, BREASTFEEDING EDUCATION AND SUPPORT AND FO OD VOUCHERS TO PREGNANT AND PARENTING WOMEN, AND CHILDREN 0-5 YEARS OF AGE FOOD FINDERS - RESCUING FOOD, REDUCING HUNGER SCRIPPS CORPORATE FOOD SERVICE PARTNERED WITH FOOD FINDERS , A MULTI-REGIONAL FOOD BANK AND FOOD RESCUE PROGRAM THAT CONNECTS BUSINESSES TO CHARITABL E INSTITUTIONS IN NEED OF DONATIONS FOOD FINDERS CONNECTED SCRIPPS WITH INTERFAITH COMMUN ITY SERVICES IN ESCONDIDO, WHICH DISTRIBUTES FOOD TO PEOPLE IN NEED ALL LEFTOVER FOOD FRO M SCRIPPS CORPORATE FACILITIES IS PACKAGED, PICKED UP EACH DAY AND TRANSFERRED TO THE SCRI PPS 4S RANCH FOOD AND NUTRITION SERVICES FREEZER FOR STORAGE THE COST IS MINIMAL, AS SCRI PPS USES THE SAME AMOUNT OF LA

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FORM 990, PART III, LINE 4A (CONTINUED)	BOR TO PACKAGE THE FOOD AS IT WOULD TO DISPOSE OF IT, AND UNSOLD "GRAB AND GO" ITEMS ARE A LREADY PACKAGED INTERFAITH COMMUNITY SERVICES PICKS UP THE FROZEN FOOD TWICE PER WEEK AND TRANSPORTS IT TO ONE OF THEIR FACILITIES TO HELP FEED THE COMMUNITY BETWEEN FOOD DONATED BY SCRIPPS AND OTHERS, INTERFAITH DISTRIBUTES AN AVERAGE OF 126,000 HOT MEALS AND PACKED LUNCHES AND 23,000 EMERGENCY MEALS, FEEDING APPROXIMATELY 17,000 PEOPLE EVERY YEAR COOKIN G FOR HEALTH SCRIPPS CENTER FOR INTEGRATIVE MEDICINE AND BASTYR UNIVERSITY'S MASTER OF SCI ENCE IN NUTRITION FOR WELLNESS PROGRAM COLLABORATE ON OFFERING FREE CLASSES THAT TEACH IND IVIDUALS HOW TO MAKE VEGETARIAN AND VEGAN MEALS THAT ARE DELICIOUS AND EASY TO PREPARE PA RTICIPANTS LEARN HOW TO COOK HEALTHY MEALS AND ARE EDUCATED ON WHY INGREDIENTS ARE CHOSEN AND THE HEALTH BENEFITS THESE COOKING CLASSES FOCUS ON DISEASE PREVENTION, REDUCING OBESI TY AND IMPROVING CHRONIC HEALTH ISSUES FOSTERING VOLUNTEERISM SCRIPPS BELIEVES THAT HEALT H IMPROVEMENT BEGINS WHEN PEOPLE TAKE AN ACTIVE ROLE IN MAKING A POSITIVE IMPACT ON THEIR COMMUNITY FOR THIS REASON, SCRIPPS SUPPORTS VOLUNTEER PROGRAMS FOR SCRIPPS EMPLOYEES AND AFFILIATED PHYSICIANS WHO WANT TO MAKE AN EVEN LARGER IMPACT ON THEIR COMMUNITY SCRIPPS M ATCHES THE TALENTS AND INTERESTS OF EMPLOYEES AND PHYSICIANS WITH COMMUNITY NEEDS, SUCH AS MENTORING PARTNERSHIPS WITH LOCAL SCHOOLS AND PROVIDING FREE MEDICAL AND SURGICAL CARE FO R PATIENTS IN NEED IN ADDITION TO THE FINANCIAL COMMUNITY BENEFIT CONTRIBUTIONS MADE DURI NG FY19, SCRIPPS EMPLOYEES AND AFFILIATED PHYSICIANS DONATED A SIGNIFICANT PORTION OF THEI R PERSONAL TIME VOLUNTEERING TO SUPPORT SCRIPPS SPONSORED COMMUNITY BENEFIT PROGRAMS WITH CLOSE TO 10,191 HOURS, THE ESTIMATED DOLLAR VALUE OF THIS VOLUNTEER LABOR IS $507,887 44* , WHICH IS NOT INCLUDED IN THE SCRIPPS FY19 COMMUNITY BENEFIT PROGRAMS AND SERVICES TOTALS (*CALCULATION BASED UPON AN AVERAGE HOURLY WAGE FOR THE SCRIPPS HEALTH SYSTEM PLUS BENEF ITS) UNCOMPENSATED HEALTH CARE SCRIPPS CONTRIBUTES SIGNIFICANT RESOURCES TO PROVIDE LOW A ND NO-COST HEALTH CARE FOR OUR PATIENTS IN NEED DURING FY19, SCRIPPS CONTRIBUTED $404,234 ,464 IN UNCOMPENSATED HEALTH CARE, INCLUDING $14,767,038 IN CHARITY CARE, $377,559,072 IN MEDI- CAL AND MEDICARE SHORTFALL, AND $11,908,354 IN BAD DEBT SCRIPPS PROVIDES HOSPITAL S ERVICES FOR ONE-QUARTER OF THE COUNTY'S UNINSURED PATIENTS SCRIPPS MERCY HOSPITAL, SAN DI EGO AND SCRIPPS MERCY HOSPITAL, CHULA VISTA PROVIDE 65 PERCENT OF SCRIPPS' CHARITY CARE T HE HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY IS HIGHLY DEPENDENT UPON HOSPITALS AND COMMU NITY HEALTH CLINICS TO CARE FOR UNINSURED AND MEDICALLY UNDERSERVED COMMUNITIES FINDING M ORE EFFECTIVE WAYS TO COORDINATE AND ENHANCE THE SAFETY NET IS A CRITICAL POLICY CHALLENGE WHILE PUBLIC SUBSIDIES (E G , COUNTY MEDICAL SERVICES) HELP FINANCE SERVICES FOR SAN DIE GO COUNTY'S UNINSURED POPULATIONS, THESE SUBSIDIES DO NOT COVER THE FULL COST OF CARE COM BINED WITH MEDI-CAL AND MEDICA

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FORM 990, PART III, LINE 4A (CONTINUED)	RE FUNDING SHORTFALLS, SCRIPPS AND OTHER LOCAL HOSPITALS ABSORB THE COST OF CARING FOR UNI NSURED PATIENTS IN THEIR OPERATING BUDGETS THIS PLACES A SIGNIFICANT FINANCIAL BURDEN ON HOSPITALS AND PHYSICIANS DEMOGRAPHIC PROFILE OF SAN DIEGO COUNTY CURRENT POPULATION DEMOG RAPHICS AND CHANGES IN DEMOGRAPHIC COMPOSITION OVER TIME PLAY A DETERMINING ROLE IN THE TY PES OF HEALTH AND SOCIAL SERVICES NEEDED BY COMMUNITIES POPULATION SIZE, CHANGE IN POPULA TION, RACE AND ETHNICITY, AND AGE OF A POPULATION ARE ALL IMPORTANT IN UNDERSTANDING COMMU NITIES AND ITS RESIDENTS SAN DIEGO IS THE SECOND MOST POPULOUS COUNTY IN CALIFORNIA AND F IFTH MOST POPULOUS IN THE UNITED STATES SAN DIEGO HAS - CLOSE TO 3 3 MILLION RESIDENTS - MAJORITY MINORITY POPULATION - BUSIEST LAND BORDER CROSSING IN THE WORLD - 1 OF EVERY 13 PEOPLE WHO ENTER THE US COME THROUGH SAN YSIDRO - 70 MILES OF COASTLINE - 16 NAVAL AND MI LITARY INSTALLATIONS - 18 FEDERALLY QUALIFIED RECOGNIZED INDIAN RESERVATIONS - A TOTAL OF 4,526 SQUARE MILES, LARGER THAN RHODE ISLAND AND DELAWARE COMBINED POPULATION OVER THREE MILLION PEOPLE (3,337,685) LIVE IN THE 4,526 SQUARE MILE AREA OF SAN DIEGO COUNTY (SDC) A CCORDING TO THE U S CENSUS BUREAU AMERICAN COMMUNITY SURVEY 2009-13, 5-YEAR ESTIMATES TH E POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 746 PERSONS PER SQUARE MILE, IS GREATER T HAN THE NATIONAL AVERAGE POPULATION DENSITY OF APPROXIMATELY 88 PERSONS PER SQUARE MILE A PPROXIMATELY 96 7% OF THE POPULATION LIVES IN AN URBAN AREA COMPARED TO JUST 3 3% LIVING I N RURAL AREAS POPULATION CHANGE ACCORDING TO THE U S CENSUS BUREAU DECENNIAL CENSUS, BE TWEEN 2000 AND 2010 THE POPULATION IN SDC GREW BY 281,480 PERSONS, A CHANGE OF 10 0% THIS IS SIMILAR TO THE PERCENTAGE POPULATION CHANGE SEEN DURING THE SAME TIME PERIOD IN CALIFO RNIA (10 0%) AND THE UNITED STATES (9 7%) A SIGNIFICANT SHIFT IN TOTAL POPULATION OVER TI ME IMPACTS THE DEMAND FOR HEALTH CARE PROVIDERS AND THE UTILIZATION OF COMMUNITY RESOURCES RACE/ETHNICITY IN THE AMERICAN COMMUNITY SURVEY, DATA FOR RACE AND ETHNICITY ARE COLLEC TED SEPARATELY OF THOSE WHO IDENTIFIED AS NON-HISPANIC (67 7%) IN SDC, THE MAJORITY IDENT IFIED THEIR RACE AS WHITE (70 9%), FOLLOWED BY ASIAN (16 1%), BLACK (7 1%), MULTIPLE RACES (4 5%), NATIVE HAWAIIAN/PACIFIC ISLANDER (0 6%), AND AMERICAN INDIAN/ALASKAN NATIVE (0 5%) OF THOSE WHO IDENTIFIED AS HISPANIC OR LATINO (32 4%) IN SDC, THE MAJORITY ALSO IDENTIF IED THEIR RACE AS WHITE (72 4%), FOLLOWED BY OTHER (19 9%), MULTIPLE RACES (5 1%), AMERICA N INDIAN/ALASKAN NATIVE (1 1%), BLACK (0 8%), ASIAN (0 6%), AND NATIVE HAWAIIAN/PACIFIC IS LANDER (0 1%)

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FORM 990, PART III, LINE 4A (CONTINUED)	SAN DIEGO'S UNINSURED THE LACK OF HEALTH INSURANCE IS A SIGNIFICANT BARRIER TO ACCESSING N EEDED HEALTH CARE AND TO MAINTAINING FINANCIAL SECURITY BETWEEN 2010 AND 2013 UNINSURED R ATE WAS RELATIVELY STABLE IN THE UNITED STATES, CALIFORNIA AND IN SAN DIEGO COUNTY IN THE PAST, GAPS IN THE PUBLIC INSURANCE SYSTEM AND LACK OF ACCESS TO AFFORDABLE PRIVATE COVERA GE LEFT MILLIONS WITHOUT HEALTH INSURANCE, AND THE NUMBER OF UNINSURED AMERICANS GREW OVER TIME, PARTICULARLY DURING ECONOMIC DOWNTURNS BY 2013, THE YEAR BEFORE THE MAJOR COVERAGE PROVISIONS OF THE AFFORDABLE CARE ACT (ACA) WENT INTO EFFECT, MORE THAN 44 MILLION NONELD ERLY INDIVIDUALS LACKED COVERAGE UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (AC A), MILLIONS OF CALIFORNIANS HAVE GAINED HEALTH COVERAGE THESE GAINS HAVE COME EITHER THR OUGH THE EXPANSION OF MEDICAID (CALLED MEDI-CAL IN CALIFORNIA) TO LOW INCOME ADULTS EARNIN G UP TO 138% OF THE FEDERAL POVERTY GUIDELINE (FPG), OR THROUGH COVERED CALIFORNIA, THE ST ATE'S ACA HEALTH INSURANCE MARKETPLACE, WHERE PEOPLE EARNING UP TO 400% FPG CAN PURCHASE S UBSIDIZED INSURANCE COVERAGE THE MAJOR COVERAGE EXPANSIONS OF THE ACA WERE IMPLEMENTED ST ARTING IN 2014, AND BY 2016 THE UNINURED RATE AMONG NONELDERLY CALIFORNIANS HAD FALLEN FRO M 15 5% TO A HISTORIC LOW OF 8 5% (THIS PERCENTAGE INCLUDES CHILDREN) KEY FINDINGS SINCE 2010, GENERALLY ALL AGE GROUPS EXPERIENCED A DECLINE IN THE PERCENT UNINSURED FOR BOTH TH E COUNTY AND STATE THE 18-64 YEAR AGE GROUP EXPERIENCED THE GREATEST DECLINE IN NUMBER OF PEOPLE UNINSURED UNDER THE ACA FINANCIAL ASSISTANCE ASSISTING LOW-INCOME, UNINSURED PATI ENTS ASSISTING LOW-INCOME, UNINSURED PATIENTS THE SCRIPPS FINANCIAL ASSISTANCE POLICY IS C ONSISTENT WITH THE LANGUAGE OF BOTH STATE (AB774) CALIFORNIA HOSPITAL FAIR PRICING POLICY LEGISLATION AND THE INTERNAL REVENUE CODE (IRC) 501(R) REGULATIONS THESE PRACTICES REFLEC T OUR COMMITMENT TO ASSISTING LOW-INCOME AND UNINSURED PATIENTS WITH DISCOUNTED HOSPITAL C HARGES, CHARITY CARE AND FLEXIBLE BILLING AND DEBT COLLECTION PRACTICES THESE PROGRAMS AR E AVAILABLE TO EVERYONE IN NEED, REGARDLESS OF THEIR RACE, ETHNICITY, GENDER, RELIGION OR NATIONAL ORIGIN SCRIPPS MAKES EVERY EFFORT TO IDENTIFY PATIENTS WHO MAY BENEFIT FROM FINA NCIAL ASSISTANCE AS SOON AS POSSIBLE AND PROVIDE COUNSELING AND LANGUAGE INTERPRETATION WH EN NEEDED IN ADDITION, SCRIPPS DOES NOT APPLY WAGE GARNISHMENT OR LIENS ON PRIMARY RESIDE NCES AS A WAY OF COLLECTING UNPAID HOSPITAL BILLS ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON FAMILY INCOME AND EXPENSES FOR LOW-INCOME, UNINSURED PATIENTS WHO EARN LESS THA N TWICE THE FEDERAL POVERTY LEVEL (FPL), SCRIPPS FORGIVES THE ENTIRE BILL FOR THOSE PATIE NTS WHO EARN BETWEEN TWO AND FOUR TIMES THE FPL, A PORTION OF THE BILL IS FORGIVEN PATIEN TS WHO QUALIFY FOR FINANCIAL ASSISTANCE ARE NOT CHARGED MORE THAN SCRIPPS' DISCOUNTED FINA NCIAL ASSISTANCE AMOUNT FOR 2020, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES DEFINED A F AMILY OF FOUR AT 200 PERCENT F

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FORM 990, PART III, LINE 4A (CONTINUED)	EDERAL POVERTY LEVEL AS $52,400 PROFESSIONAL EDUCATION & HEALTH RESEARCH QUALITY HEALTH C ARE IS HIGHLY DEPENDENT UPON HEALTH EDUCATION SYSTEMS AND MEDICAL RESEARCH PROGRAMS WITHO UT THE ABILITY TO TRAIN AND INSPIRE A NEW GENERATION OF HEALTH CARE PROVIDERS, OR TO OFFER CONTINUING EDUCATION TO EXISTING HEALTH CARE PROFESSIONALS, THE QUALITY OF HEALTH CARE WI LL BE GREATLY DIMINISHED MEDICAL RESEARCH ALSO PLAYS AN IMPORTANT ROLE IN IMPROVING THE C OMMUNITY'S OVERALL HEALTH BY DEVELOPING NEW AND INNOVATIVE TREATMENTS EACH YEAR, SCRIPPS ALLOCATES RESOURCES TO ADVANCE HEALTH CARE SERVICES THROUGH CLINICAL RESEARCH, MEDICAL EDU CATION AND HEALTH PROFESSIONAL EDUCATION DURING FISCAL YEAR 2019 (OCTOBER 2018 TO SEPTEMB ER 2019), SCRIPPS INVESTED $27,907,934 IN PROFESSIONAL TRAINING PROGRAMS AND CLINICAL RESE ARCH TO ENHANCE SERVICE DELIVERY AND TREATMENT PRACTICES IN SAN DIEGO COUNTY THIS SECTION HIGHLIGHTS SOME OF OUR PROFESSIONAL EDUCATION AND HEALTH RESEARCH ACTIVITIES HEALTH PROF ESSIONS TRAINING STUDENT EXPERIENCES WITHIN SCRIPPS SCRIPPS COMMITMENT TO ONGOING LEARNING AND HEALTH CARE EXCELLENCE EXTENDS BEYOND OUR ORGANIZATION OUR STUDENT PROGRAMS HELP PRO MOTE HEALTH CARE CAREERS TO A NEW GENERATION, SHAPE THE FUTURE WORKFORCE AND DEVELOP FUTUR E LEADERS IN OUR COMMUNITY INTERACTING WITH HEALTH CARE PROFESSIONALS IN THE FIELD EXPAND S EDUCATION OUTSIDE THE CLASSROOM SCRIPPS EMPLOYEES PLAY AN IMPORTANT ROLE AS PRECEPTORS BY INVESTING THEIR TIME TO CREATE A VALUABLE EXPERIENCE FOR THE COMMUNITY IN FY19, SCRIPP S HOSTED 1,758 STUDENTS WITHIN OUR SYSTEM AND PROVIDED 266,020 DEVELOPMENT HOURS SPANNING NURSING AND ALLIED HEALTH SETTINGS COLLEGE AND UNIVERSITY AFFILIATIONS SCRIPPS COLLABORAT ES WITH LOCAL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES TO HELP STUDENTS EXPLORE HEALTH CARE ROLES AND GAIN FIRSTHAND EXPERIENCE AS THEY WORK WITH SCRIPPS PROFESSIONALS SCRIPPS IS A FFILIATED WITH MORE THAN 110 SCHOOLS AND PROGRAMS, INCLUDING CLINICAL AND NONCLINICAL PART NERSHIPS LOCAL SCHOOLS INCLUDE, BUT ARE NOT LIMITED TO, POINT LOMA NAZARENE UNIVERSITY (P LNU), UNIVERSITY OF CALIFORNIA SAN DIEGO (UCSD), CALIFORNIA STATE UNIVERSITY SAN MARCOS (C SUSM), SAN DIEGO STATE UNIVERSITY (SDSU), UNIVERSITY OF SAN DIEGO (USD), MESA COLLEGE, SAN DIEGO CITY COLLEGE, GROSSMONT COLLEGE, PALOMAR COLLEGE AND MIRA COSTA COLLEGE SCRIPPS IS REGULARLY ACCEPTING NEW PARTNERSHIPS, BASED ON COMMUNITY AND WORKFORCE NEEDS, AND MAINTAI NS AN AFFILIATION AGREEMENT COMMITTEE TO REVIEW ALL REQUESTS AND PROVIDE A SYSTEMWIDE APPR OACH TO SECURING NEW STUDENTS PLACEMENTS THIS INTERDISCIPLINARY COMMITTEE REPRESENTS EDUC ATION AND DEPARTMENT LEADERSHIP ACROSS THE SCRIPPS SYSTEM ENSURING A PROACTIVE APPROACH TO BUILDING A CAREER PIPELINE FOR TOP TALENT TO ENSURE STUDENTS FROM HEALTH CARE PROFESSION S PROGRAMS HAVE ACCESS TO APPROPRIATE EDUCATIONAL EXPERIENCES AT SCRIPPS AND FOSTER A SMOO TH, EFFICIENT PROCESS FOR STUDENT PLACEMENT REQUESTS RECEIPT AND MANAGEMENT, SCRIPPS IS A MEMBER OF THE SAN DIEGO NURSIN

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FORM 990, PART III, LINE 4A (CONTINUED)	G AND ALLIED HEALTH SERVICE EDUCATION CONSORTIUM AND AMERICAN DATABANK'S COMPLIO ONLINE CO MPLIANCE TRACKING SYSTEM RESEARCH STUDENTS SCRIPPS SUPPORTS GRADUATE RESEARCH FOR MASTERS AND DOCTORAL STUDENT AT UNIVERSITIES WITH AFFILIATION AGREEMENTS SCRIPPS TALENT DEVELOPM ENT OVERSEES THE STUDENT'S PLACEMENT PROCESS NON-PHYSICIAN STUDENTS WHO CONDUCT RESEARCH AT SCRIPPS REPRESENT A VARIETY OF HEALTH CARE DISCIPLINES, INCLUDING PUBLIC HEALTH, PHYSIC AL THERAPY, PHARMACY AND NURSING IN FY19, SCRIPPS RESEARCH INCLUDED STUDENTS FROM USD, WE STERN GOVERNORS UNIVERSITY, SDSU, PLNU, LOMA LINDA UNIVERSITY AND POSTDOCTORAL PHARMACY RE SIDENCY PROGRAMS, INCLUDING THE PGY1 PHARMACY RESIDENCY PROGRAM HIGH SCHOOL PROGRAMS SCRI PPS IS DEDICATED TO PROMOTING HEALTH CARE AS A REWARDING CAREER, COLLABORATING WITH SEVERA L HIGH SCHOOLS TO OFFER STUDENT'S OPPORTUNITIES TO EXPLORE A ROLE IN HEALTH CARE AND GAIN FIRSTHAND EXPERIENCE WORKING WITH SCRIPPS HEALTH CARE PROFESSIONALS BELOW IS A SUMMARY OF THE HIGH SCHOOL PROGRAMS SCRIPPS MADE AVAILABLE TO THE COMMUNITY SCRIPPS HIGH SCHOOL EXP LORATION PROGRAM-HEALTH AND SCIENCE PIPELINE INITIATIVE (HASPI) THIS PROGRAM REACHES OUT T O SAN DIEGO HIGH SCHOOL STUDENTS INTERESTED IN EXPLORING A CAREER IN HEALTH CARE IN FY19, 25 STUDENTS PARTICIPATED IN THE PROGRAM DURING THEIR FIVE-WEEK ROTATION, THE STUDENTS VI SITED SCRIPPS MERCY CHULA VISTA, SCRIPPS MERCY SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL LA JOL LA, ENCINITAS AND GREEN HOSPITAL THE STUDENTS WERE ABLE TO VIEW SURGERIES AND SHADOWING H EALTHCARE PROFESSIONALS IN THE EMERGENCY DEPARTMENT, ICU, PHARMACY, URGENT CARE, INTERNAL MEDICINE, PHARMACY, DEFINITIVE OBSERVATION UNIT, AMBULATORY SERVICES, REHAB THERAPY, PATIE NT LOGISTICS, LAB AND TRAUMA

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FORM 990, PART III, LINE 4A (CONTINUED)	UNIVERSITY CITY HIGH SCHOOL COLLABORATION UC HIGH SCHOOL AND SCRIPPS PARTNERED TO PROVIDE A REAL-LIFE CONTEXT TO THE SCHOOL'S HEALTH CARE ESSENTIALS COURSE FOR FY19, 16 STUDENTS W ERE SELECTED TO ROTATE THROUGH FIVE DIFFERENT SCRIPPS LOCATIONS, DURING THE SPRING SEMESTE R, TO INCREASE THEIR AWARENESS OF HEALTH CARE CAREERS UC HIGH STUDENTS WERE EXPOSED TO DI FFERENT DEPARTMENTS, EXPLORING CAREER OPTIONS AND LEARNING VALUABLE LIFE LESSON ABOUT HEAL TH AND HEALING YOUNG LEADERS IN HEALTH CARE AN OUTREACH PROGRAM AT SCRIPPS HOSPITAL ENCIN ITAS, YOUNG LEADERS IN HEALTH CARE TARGETS LOCAL HIGH SCHOOLS' STUDENTS INTERESTED IN EXPL ORING HEALTH CARE CAREERS STUDENTS IN GRADES 9-12 PARTICIPATE IN THE PROGRAM, WHICH PROVI DES A FORUM FOR HIGH SCHOOL STUDENTS TO LEARN ABOUT THE HEALTH CARE SYSTEM AND ITS CAREER OPPORTUNITIES THE MISSION OF THE YOUNG LEADERS IN HEALTH CARE IS - TO PROVIDE A FORUM FO R HIGH SCHOOL'S STUDENTS TO LEARN ABOUT THE HEALTH CARE SYSTEM AND ITS BREADTH OF CAREER O PPORTUNITIES - MENTOR STUDENTS IN THE ACT OF LEADERSHIP GIVING THEM TOOLS TO USE IN THEIR DAILY LIFE CHALLENGES - PROVIDE A SERVICE PROJECT TO SATISFY HIGH SCHOOL REQUIREMENTS AN D MAKE A POSITIVE IMPACT ON THE COMMUNITY - PROVIDE A VENUE FOR A STUDENT-RUN COMPETITION WHERE EACH SCHOOL PRESENTS A TOPIC IN LINE WITH THE YEAR'S GOAL THIS COMBINED EXPERIENCE INCLUDES WEEKLY MEETINGS AT LOCAL SCHOOLS FACILITATED BY TEACHERS AND ADVISORS, AS WELL A S MONTHLY MEETINGS AT SCRIPPS HOSPITAL ENCINITAS THE PROGRAM MENTORS' STUDENTS ON LEADERS HIP AND PROVIDES TOOLS FOR DAILY CHALLENGES EACH YEAR THE STUDENTS WORK TOWARD A FINAL PR ESENTATION BASED ON THEIR COMMUNITY SERVICE PROJECTS RELATED TO HEALTH CARE AND WELLNESS THE 2019 CLASS TOUCHED A VARIETY OF TOPICS FROM MENTAL ILLNESS TO THE OPIOID CRISIS MORE THAN 100 STUDENTS, COMMUNITY MEMBERS AND HEALTH CARE SPECIALISTS ATTENDED THE YOUNG LEADER IN HEALTH CARE FINAL MEETING, CULMINATING WITH STUDENT PRESENTATIONS ON TYPES OF CANCER A ND TREATMENTS STUDENTS THAT PARTICIPATE IN THE PROGRAM ARE ELIGIBLE TO APPLY TO THE HIGH SCHOOL EXPLORER SUMMER INTERNSHIP PROGRAM THIS YEAR'S 2019 YLHC SERVICE PROJECT PRESENTAT ION AWARDS WERE GIVEN TO - 1ST PLACE MISSION VISTA HIGH SCHOOL FOR THEIR PRESENTATION ON EATING DISORDERS - 1ST PLACE FRANCIS PARKER HIGH SCHOOL FOR THEIR PRESENTATION ON HOLLYW OOD AND MENTAL ILLNESS - 2ND PLACE CANYON CREST ACADEMY FOR THEIR PRESENTATION ON LEUKEMI A YOUTH EDUCATIONAL PROGRAM ACTIVITIES SCRIPPS IS ALSO DEDICATED TO PROMOTING HEALTH CARE AS A REWARDING CAREER TO POTENTIAL FUTURE CAREGIVERS THROUGHOUT OUR COMMUNITY THROUGH SEV ERAL INTERNSHIPS AND OTHER EDUCATIONAL PROGRAMS, SCRIPPS COLLABORATES WITH HIGH SCHOOLS TO OFFER STUDENTS OPPORTUNITIES TO EXPLORE A ROLE IN HEALTH CARE AND GAIN FIRSTHAND EXPERIEN CE WORKING WITH SCRIPPS HEALTH CARE PROFESSIONALS OUR NURSES AND OTHER CLINICAL AND NON-C LINICAL EMPLOYEES PLAY IMPORTANT ROLES IN THESE EDUCATIONAL EXPERIENCES, AS THE STUDENTS A RE INTERACTING WITH THEM DAILY

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FORM 990, PART III, LINE 4A (CONTINUED)	THROUGH THE PROGRAMS SCRIPPS CHULA VISTA COMMUNITY BENEFITS SERVICES IMPLEMENTED A WIDE VARIETY OF YOUTH IN HEALTH CAREER ACTIVITIES INCLUDING CAMP SCRIPPS, MENTORING PROGRAMS, HOSPITAL TOURS, IN-CLASSROOM PRESENTATIONS AND SURGERY VIEWINGS SCRIPPS FAMILY MEDICINE R ESIDENTS ALSO PROVIDE FOOTBALL GAME COVERAGE, SPORT INJURY CLINICS AND PHYSICALS A TOTAL OF 2,281 YOUTH PARTICIPATED IN THESE PROGRAMS CAMP SCRIPPS DESIGNED TO INTRODUCE YOUTH TO HEALTH CAREERS, THIS PROGRAM IS A THREE-WEEK CAMP EXPERIENCE TO EDUCATE YOUTH PARTICIPANT S ON THE DUTIES PERFORMED BY HEALTH CARE PROFESSIONALS IN VARIOUS MEDICAL FIELDS PARTICIP ANTS RECEIVE OPPORTUNITIES FOR INTERACTIONS WITH THE HEALTH PROFESSIONALS CAMP ACTIVITIES INCLUDE TOURS OF HOSPITAL DEPARTMENTS, HANDS-ON ACTIVITIES WITH HEALTH CARE PROFESSIONALS AND PRESENTATIONS ON SPECIFIC HEALTH CAREERS AND/OR HEALTH-RELATED ISSUES EXAMPLES OF AC TIVITIES INCLUDE VISITS TO THE LABORATORY, RADIOLOGY, NURSING UNITS AND THE CATH LAB FAMI LY MEDICINE RESIDENTS PROVIDE A VARIETY OF PRESENTATIONS AND INTERACTION ACTIVITIES FOR TH E YOUTH SOME OF THESE INCLUDE "DOC 101VISITS TO SPECIFIC HOSPITAL DEPARTMENTS MENTORING PROGRAM DESIGNED TO HELP HIGH SCHOOL STUDENTS SET A COURSE FOR A SUCCESSFUL CAREER IN HEAL TH CARE, PARTICIPANTS ARE PAIRED WITH VARIOUS HEALTH AND SOCIAL SERVICE PROFESSIONALS FOR HOURLY SESSIONS TWICE A WEEK FOR FIVE WEEKS IN THE HOSPITAL SETTING STUDENTS ARE EXPOSED TO A VARIETY OF DUTIES AND ROLES AND VARIOUS DEPARTMENTS STUDENTS LEARN FIRST-HAND FROM T HEIR MENTORS ABOUT THE PARTICULARS OF THAT DEPARTMENT AND POSITION INCLUDING THE PATH THEY NEED TO TAKE IN ORDER TO ACHIEVE A CAREER GOAL STUDENTS ALSO RECEIVE PRESENTATIONS ON VA RIOUS HEALTH CAREERS AND JOB READINESS FAMILY MEDICINE RESIDENTS ARE MENTORS FOR THIS PRO GRAM AND MEET WITH THE STUDENTS EACH WEEK STUDENTS WILL SHADOW RESIDENTS DURING ROUNDS AN D THROUGHOUT THE EXPERIENCE HEALTH PROFESSIONALS IN THE CLASSROOM HEALTH CARE PROFESSIONA LS, SUCH AS MEDICAL RESIDENTS, DIETICIANS, NURSES AND DOCTORS, ENLIGHTEN STUDENTS ON HEALT H CARE CAREERS AND HEALTH RELATED TOPICS THESE ARE INTERACTIVE SESSIONS ON NURSING 101, D OC 101, HEALTH AND NUTRITION, STROKE PREVENTION, BREAST HEALTH, TEEN PREGNANCY, SUBSTANCE USE, STDS, HEALTH PROFESSIONS 101 AND MENTAL HEALTH ISSUES THAT IMPACT HIGH SCHOOL STUDENT S STUDENTS RECEIVE HEALTH CAREER TOOLS/BROCHURES THAT INCLUDE INFORMATION ON EDUCATION RE QUIREMENTS, SCHOLARSHIPS AND WAY TO PAY FOR COLLEGE FAMILY MEDICINE RESIDENTS THROUGHOUT THE YEAR WILL PRESENT IN THE CLASSROOM SURGERY VIEWING INTERESTED STUDENTS HAVE AN OPPORT UNITY TO OBSERVE ELECTIVE SURGERIES SUCH AS TOTAL KNEE AND HIP REPLACEMENTS STUDENTS ARE ABLE TO INTERACT AND TO ASK ON THE SPOT QUESTIONS WITH THE SURGEONS AND OTHER OPERATING RO OM STAFF MEMBERS SCHOOL BASED CLINICS THREE HEALTH CLINICS AT PALOMAR, SOUTHWEST HIGH SCH OOL AND HOOVER HIGH SCHOOL ARE ESTABLISHED FOR MEDICAL RESIDENTS TO GAIN ADDITIONAL SKILLS IN ADOLESCENT MEDICINE AND FO

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FORM 990, PART III, LINE 4A (CONTINUED)	R YOUTH TO GAIN THE KNOWLEDGE, ATTITUDES, AND SKILLS NECESSARY TO PURSUE HEALTH CAREERS D ESIGNED BY STUDENTS, FAMILY MEDICINE RESIDENTS AND FACULTY BASED ON YOUTH NEEDS ASSESSMENT SURVEYS, RESIDENTS AND STUDENTS INTERACT TWICE PER WEEK AT THE CLINIC PROVIDING ADOLESCEN T MEDICINE HEALTH CAREERS PROMOTION AND CONTINUING EDUCATION, SAN DIEGO BORDER AREA HEALT H EDUCATION CENTER (SAN DIEGO BORDER AHEC) THE PRIMARY MISSION OF THE SAN DIEGO BORDER AHE C PROGRAM IS TO BUILD AND SUPPORT A DIVERSE, CULTURALLY COMPETENT PRIMARY HEALTH CARE WORK FORCE IN SAN DIEGO'S MEDICALLY UNDERSERVED COMMUNITIES DURING THE 2018-2019 FISCAL YEAR T HE PROGRAM CONTINUED TO IMPROVE HEALTH CARE ACCESS, EDUCATION, JOB TRAINING AND PLACEMENT FOR YOUTH AND ADULTS IN SOUTHERN SAN DIEGO COUNTY A PRIMARY FOCUS IS IMPLEMENTING SCHOOL TO HEALTH CAREER ACTIVITIES, INCLUDING MENTORING, CAMPS, JOB SHADOWING, HEALTH EDUCATION C LASSES, HEALTH CHATS, SUPPORT GROUPS, HEALTH FAIRS AND OTHERS SCRIPPS WHITTIER DIABETES I NSTITUTE AND SCRIPPS HUB ACADEMIC RESEARCH CORE (SHARC) THE SCRIPPS HUB ACADEMIC RESEARCH CORE (SHARC) TEAM IS A PARTNERSHIP BETWEEN THE SCRIPPS RESEARCH TRANSLATIONAL INSTITUTE AN D SCRIPPS HEALTH (HOUSED IN THE SCRIPPS WHITTER DIABETES INSTITUTE) THE SCRIPPS HUB IS ON E OF 60 SITES AROUND THE COUNTRY THAT ARE SUPPORTED BY THE NIH'S CLINICAL AND TRANSLATIONA L SCIENCE AWARD (CTSA), WITH A FOCUS ON IMPROVING THE PROCESS OF TRANSLATING RESEARCH FROM BENCH-SIDE TO PRACTICE WITHIN THIS HUB, THE SHARC TEAM AIMS TO SUPPORT TRANSLATIONAL RES EARCH AT SCRIPPS HEALTH AND THE SCRIPPS RESEARCH TRANSLATIONAL INSTITUTE IN THE FOLLOWING WAYS - RESEARCH NAVIGATION - PROVIDE ASSISTANCE THROUGH THE GRANT PROCESS (FROM PRE- TO P OST-AWARD) AND WITH RESEARCH IMPLEMENTATION, ESPECIALLY FOR JUNIOR OR NEW INVESTIGATORS - STATISTICAL SUPPORT - PROVIDE STATISTICAL SUPPORT FOR DESIGNING THE STUDY, FROM SAMPLE SI ZE AND POWER CALCULATIONS THROUGH DATA ANALYSIS AND PRESENTATION - COMMUNITY ENGAGEMENT - ENCOURAGE BIDIRECTIONAL COMMUNICATION BETWEEN COMMUNITIES AND RESEARCHERS TO FOSTER PARTI CIPATION IN RESEARCH, SHARING AND DISCUSSION OF RESEARCH QUESTIONS AND FINDINGS, AND IMPRO VE COMMUNITY HEALTH

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FORM 990, PART III, LINE 4A (CONTINUED)	SCRIPPS HEALTH GRADUATE MEDICAL EDUCATION A KEY COMPONENT OF SCRIPPS' MISSION IS TO ADVANCE THE EDUCATION OF PHYSICIANS AND HEALTH CARE PROFESSIONALS AND SPONSOR GRADUATE MEDICAL EDUCATION BY INVESTING IN THESE AREAS, WE HELP SECURE QUALITY CARE FOR OUR COMMUNITY SCRIPPS HAS BEEN TRAINING FUTURE PHYSICIANS LONGER THAN ANY OTHER INSTITUTION IN SAN DIEGO FOR MORE THAN 70 YEARS PHYSICIANS IN SCRIPPS GRADUATE MEDICAL EDUCATION PROGRAMS HAVE HELPED CARE FOR UNDERSERVED POPULATIONS THROUGHOUT THE REGION SCRIPPS HAS A COMPREHENSIVE RANGE OF GRADUATE MEDICAL EDUCATION PROGRAMS AT SCRIPPS MERCY HOSPITAL, SCRIPPS FAMILY PRACTICE RESIDENCY PROGRAM AND SCRIPPS GREEN HOSPITAL SCRIPPS GRADUATE MEDICAL EDUCATION PROGRAMS ARE WELL-KNOWN FOR EXCELLENCE, PROVIDE A HANDS-ON CURRICULUM THAT FOCUSES ON PATIENT-CENTERED CARE AND OFFER RESIDENCIES IN A VARIETY OF PRACTICES, INCLUDING INTERNAL MEDICINE, FAMILY MEDICINE, PODIATRY, PHARMACY AND PALLIATIVE CARE IN FY19, SCRIPPS HAD A TOTAL OF 143 RESIDENTS AND 43 FELLOWS ENROLLED THROUGHOUT THE SCRIPPS HEALTH SYSTEM MORE DETAILS ON THESE PROGRAMS ARE INCLUDED IN SECTION EIGHT AND NINE OF THE COMMUNITY BENEFIT REPORT IN ADDITION, SCRIPPS HAS A PHARMACY RESIDENCY PROGRAM WHICH TRAIN RESIDENTS WITH DOCTOR OF PHARMACY DEGREES UCSD/SCRIPPS HEALTH HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAM THE UCSD/SCRIPPS HEALTH HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP PROGRAM IS A ONE-YEAR PROGRAM DESIGNED FOR PHYSICIANS WHO WISH TO BECOME SUB-SPECIALISTS AND HAVE A LONG-TERM CAREER IN HOSPICE AND PALLIATIVE MEDICINE THIS IS A UNIQUE PARTNERSHIP IN WHICH UCSD AND SCRIPPS HEALTH SHARE RESPONSIBILITY FOR THE FELLOWS, WITH TRAINEES SPENDING EQUAL TIME IN BOTH INSTITUTIONS WITH ALL THE BENEFITS OF BOTH INSTITUTIONS THE FELLOWSHIP PREPARES TRAINEES TO WORK IN A VARIETY OF ROLES, INCLUDING LEADERSHIP POSITIONS IN THE FIELD GRADUATES HAVE SUCCESSFULLY BECOME HOSPICE MEDICAL DIRECTORS AND PALLIATIVE MEDICINE CONSULTANTS IN OUTPATIENT AND INPATIENT SETTINGS ACROSS THE UNITED STATES FELLOWS WHO COMPLETE THE UCSD/SCRIPPS HEALTH PROGRAM ARE WELL EQUIPPED TO PRACTICE IN DIVERSE SETTINGS, INCLUDING ACUTE PALLIATIVE CARE UNITS, INPATIENT CONSULTATION, OUTPATIENT CONSULTATION, PATIENTS' HOMES, AND LONG-TERM CARE FACILITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11	990 REVIEW PROCESS WITH THE GOVERNING BODY THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM WITH THE SUPPORT OF THE CORPORATE FINANCE TEAM WITH INPUT FROM HUMAN RESOURCES, FOUNDATION, AND LEGAL OFFICE THE FORM 990 WAS REVIEWED BY THE PRESIDENT, LEGAL COUNSEL, CHIEF FINANCIAL OFFICER, AUDIT COMMITTEE, HUMAN RESOURCES AND COMPENSATION COMMITTEE PRIOR TO FILING IN ADDITION, A FULL COPY OF THE 990 WAS PROVIDED TO THE BOARD OF TRUSTEES VIA EMAIL IN ADVANCE OF FILING FORM 990 WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	COMPLIANCE POLICY MONITORING WITHIN 60 DAYS OF HIRE AND ANNUALLY THEREAFTER ALL SUPERVISORS AND ABOVE, ALL EMPLOYEES IN THE SUPPLY CHAIN MANAGEMENT DEPARTMENT, AUDIT & COMPLIANCE SERVICES DEPARTMENT, AND CASE MANAGEMENT DEPARTMENT OR FUNCTION, AND ANY OTHER EMPLOYEE WHO IS IN A POSITION TO REFER PATIENTS THAT ARE FEDERALLY FUNDED HEALTHCARE BENEFICIARIES TO OTHER PROVIDERS AND SERVICES, AND OTHERS AS DETERMINED BY THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE WILL BE REQUIRED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST COMMITMENT DISCLOSURE FORM IT IS THE RESPONSIBILITY OF ANY EMPLOYEE WHO HAS A CHANGE IN OUTSIDE PROFESSIONAL ACTIVITIES, SIGNIFICANT FINANCIAL INTERESTS, OR POTENTIAL OR ACTUAL CONFLICT OF INTEREST, OR COMMITMENT SITUATIONS THAT ARISE DURING THE YEAR TO DISCLOSE THE INFORMATION TO THEIR SUPERVISORS AS SOON AS THE EMPLOYEE BECOMES AWARE OF THE POTENTIAL OR ACTUAL SITUATION CREATING A POSSIBLE CONFLICT OF INTEREST OR CONFLICT COMMITMENT SUPERVISORS WILL ASSESS THE SITUATION AND REFER TO THEIR BUSINESS UNIT MANAGEMENT AND/OR THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE, AS APPROPRIATE IN ADDITION, EACH PERSON ENTRUSTED WITH A POSITION OF RESPONSIBILITY IN THE GOVERNANCE AND MANAGEMENT IS REQUIRED TO COMPLETE AND SUBMIT DISCLOSURE STATEMENTS AS FOLLOWS 1 INITIAL CONFLICT OF INTEREST AND 990 TAX RETURN DISCLOSURE STATEMENT (INITIAL DISCLOSURES) 2 ANNUAL CONFLICT OF INTEREST AND 990 TAX RETURN DISCLOSURE STATEMENT 3 SUBSEQUENT OCCURRENCES REPORTING UPON THE OCCURRENCE OF ANY NEW POTENTIAL CONFLICT OF INTEREST ACTUAL OR POTENTIAL CONFLICT DISCLOSURES REGARDING EMPLOYEES ARE REVIEWED BY THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE DISCLOSURES REQUIRING MITIGATION ARE DISCUSSED WITH THE BUSINESS UNIT CHIEF EXECUTIVE AND EMPLOYEE'S SUPERVISOR LEGAL COUNSEL REVIEWS EACH BOARD OF TRUSTEES MEETING AGENDA PRIOR TO THE MEETING AND POTENTIAL CONFLICTS OF INTERESTS ARE IDENTIFIED, CONSIDERED AND AN APPROPRIATE COURSE OF ACTION IS DETERMINED BY THE MEMBER AND LEGAL COUNSEL WITH THE INVOLVEMENT OF THE PRESIDENT AND BOARD CHAIR, WHERE APPROPRIATE COURSE OF ACTION MAY INCLUDE THE CONFLICTED BOARD MEMBER RECUSING THEMSELVES, ABSTAINING FROM VOTING AND/OR READING A STATEMENT INTO THE BOARD MINUTES REGARDING SUCH CONFLICT AS IT RELATES TO BOARD OF TRUSTEES, WHEN A DETERMINATION IS THAT AN ACTUAL CONFLICT OF INTEREST EXISTS AND A COVERED INDIVIDUAL IS AN "INTERESTED PERSON" UNDER CALIFORNIA LAW, THE TRANSACTION BEING CONSIDERED WILL COMPLY WITH APPLICABLE STATUTORY REQUIREMENTS TO AVOID PARTICIPATION IN THE DECISION MAKING PROCESS BY THE COVERED INDIVIDUAL THE MINUTES OF BOARD MEETINGS SHALL DOCUMENT ALL RECUSALS FROM DISCUSSION AND VOTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN PURSUANT TO PROCEDURES REQUIRED BY TAX EQUITY AND FISCAL RESPONSIBILITY ACT OF 1983 (TEFRA), SCRIPPS HEALTH'S PROCEDURES ARE AS FOLLOWS THE BOARD OF TRUSTEES REVIEWS EXECUTIVE COMPENSATION FOR OFFICERS AND ALL KEY EMPLOYEES ON AN ANNUAL BASIS UTILIZING COMPARABILITY DATA OBTAINED BY AN EXTERNAL CONSULTANT IT IS THE PHILOSOPHY OF THE SCRIPPS BOARD OF TRUSTEES TO COMPENSATE THE CORPORATION'S EXECUTIVES FAIRLY RELATIVE TO THE MEDIAN COMPENSATION OF PEER ORGANIZATIONS, CONSIDERING AND MAKING APPROPRIATE ADJUSTMENTS FOR THE COST OF LIVING IN SAN DIEGO, CALIFORNIA AND OTHER RELEVANT FACTORS TO ACCOMPLISH THIS, THE BOARD HAS ADOPTED A PHILOSOPHY OF TARGETING EXECUTIVE SALARIES AT APPROXIMATELY THE 65TH PERCENTILE OF A NATIONAL PEER GROUP OF ORGANIZATIONS AS DETERMINED THROUGH AN INDEPENDENT OUTSIDE CONSULTANT ENGAGED BY THE BOARD AND WILL RELY ON THEIR RECOMMENDATIONS USING A DATABASE OF INDEPENDENTLY COLLECTED DATA THE PHILOSOPHY STATES -FOR PURPOSES OF EXECUTIVE COMPENSATION COMPARISONS, SCRIPPS WILL USE A NATIONAL PEER GROUP OF MEDICAL DELIVERY SYSTEMS OF SIMILAR REVENUE SIZE AND COMPLEXITY THE PEER GROUP WILL BE REVIEWED AND APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE - SALARIES ARE TARGETED AT APPROXIMATELY THE 65TH PERCENTILE OF THE PEER GROUP AND WILL REFLECT THE PERFORMANCE OF THE INDIVIDUAL - TOTAL CASH COMPENSATION IS POSITIONED AT APPROXIMATELY THE 75TH PERCENTILE OF THE PEER GROUP WHEN MAXIMUM LEVEL INCENTIVES ARE PAID FOR ACHIEVEMENT OF MAXIMUM LEVEL OF PREDETERMINED OBJECTIVES AGREED UPON BY THE BOARD - THE BOARD SELECTS THE 65TH PERCENTILE FOR BASE COMPENSATION OF PEER GROUP ADJUSTED FOR COST OF LIVING OF URBAN WEST COAST MARKET AT THE 50TH PERCENTILE (I E THE 50TH PERCENTILE OF CALIFORNIA MARKET IS THE 65TH PERCENTILE OF NATIONAL PEER MARKET AS OUR EXECUTIVE RECRUITMENT MARKET IS NATIONAL) - ANNUALLY, TOTAL CASH COMPENSATION FOR EACH POSITION WILL NOT EXCEED THE BASE SALARY ESTABLISHED FOR THE PERIOD PLUS THE MAXIMUM INCENTIVE PERCENTAGE PAYOUT ALLOWABLE AS DETERMINED BY THE SCRIPPS MANAGEMENT INCENTIVE PLAN APPROVED BY THE BOARD OF TRUSTEES FOR THE RESPECTIVE POSITION THE REPORT FROM THE EXTERNAL CONSULTANT ENGAGED TO REVIEW EXECUTIVE COMPENSATION IS PRESENTED TO THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ON AN ANNUAL BASIS AND THE MOST RECENT REPORT WAS REVIEWED ON JANUARY 30, 2019 AND MARCH 27, 2019 REVIEW AND DISCUSSION OF SUCH REPORT IS DOCUMENTED IN THE MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 16	JOINT VENTURES SCRIPPS HEALTH HAS MAINTAINED A LONG STANDING PRACTICE OF REVIEWING ALL POTENTIAL JOINT VENTURE OR SIMILAR ARRANGEMENTS TO ENSURE THAT CONTRACT TERMS ARE CONSISTENT WITH THE PROTECTION OF ITS TAX-EXEMPT STATUS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF DOCUMENTS TO THE GENERAL PUBLIC FINANCIAL STATEMENTS ARE POSTED QUARTERLY ON THE DAC (DIGITAL ASSURANCE CERTIFICATION) WEBSITE AND THE MUNICIPAL SECURITIES RULEMAKING BOARD'S (MSRB) ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) WEBSITE IN SATISFACTION OF CONTINUING DISCLOSURE REQUIREMENTS RELATING TO THE ORGANIZATION'S TAX-EXEMPT DEBT ISSUANCES THE AUDITED FINANCIAL STATEMENTS ARE ALSO ATTACHED TO THIS FORM 990, IN ACCORDANCE WITH THE IRS INSTRUCTIONS SCRIPPS HEALTH'S CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS JOINT VENTURES DISTRIBUTION 1,680,869 OTHER CHANGES IN NET ASSETS 365,281 CHANGE IN VALUE IN DEFERRED GIFTS (904,940) ROUNDING (34,524) ---------- TOTAL 1,106,686

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYS FEES-PROVIDER SVS AGRMENT TOTAL FEES 457440850

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SVS - NON MED TOTAL FEES 83811926

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 58284827

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PUCHASED MEDICAL SERVICES TOTAL FEES 29464851

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ALL OTHER FEES FOR SERVICES TOTAL FEES 29503755

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SCRIPPS HEALTH

Employer identification number
95-1684089

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Horizon Hospice 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 33-0220777	Hospice Care	CA	501(c)(3)	10	SCRIPPS HLTH	Yes	
(2)MERCY HOSPITAL FOUNDATION 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 94-2958094	FUNDRAISING	CA	501(c)(3)	12A	SCRIPPS HLTH	Yes	
(3)SCRIPPS HEALTH PLAN SERVICES INC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 33-0782099	HLTHCARE SVCS	CA	501(c)(3)	12A	SCRIPPS HLTH	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SCRIPPS ENCINITAS SURGERY Ctr 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 20-5942958	AMBUL SURGERY	CA	SCRIPPS HEALTH	Related	4,843,045	1,528,546		No	0		No	55 600 %
(2) SCRIPPS MEMORIAL XIMED MED CTR 9850 GENESEE AVE STE 900 LA JOLLA, CA 92037 33-0475481	REAL ESTATE	CA	SCRIPPS HEALTH	Related	776,549	3,629,270		No	0	Yes		15 300 %
(3) Scripps Mercy Ambulary Surg Center 10140 Campus Point Drive San Diego, CA 92121 45-0503246	AMBUL SURGERY	CA	Scripps Health	Related	498,522	4,247,143		No	0	Yes		73 500 %
(4) ScrippsUSP Surgery Center 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75001 20-5942911	AMBUL SURGERY	CA	NA	Related	383,967	1,145,108		No	0		No	50 000 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Charitable Lead Trust (3) 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 33-0796247	Hospital Support	CA	NA	Trust					
(2)CHARITABLE REMAINDER TRUST (42) 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 20-5156965	HOSPITAL SUPPORT	CA	NA	Trust					

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART III	RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIPS SCRIPPS ENCINITAS SURGERY CENTER, LLC EIN 20-5942958 ADDRESS 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001 SCRIPPS MEMORIAL - XIMED MEDICAL CENTER, LP EIN 33-0475481 ADDRESS 9850 GENESEE AVE, STE 900, LA JOLLA, CA 92037 SCRIPPS MERCY AMBULATORY SURGERY CENTER, LLC EIN 45-0503246 ADDRESS 10140 CAMPUS POINT DRIVE, SAN DIEGO, CA 92121 SCRIPPS/USP SURGERY CENTERS, LLC EIN 20-5942911 ADDRESS 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: SCRIPPS HEALTH

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) IHS HOLDING COMPANY LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 47-3437677	HLTHCR ADMIN	CA	0	35,779,242	SCRIPPS HLTH
(1) IMAGING HEALTHCARE SPECIALISTS LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 20-3872122	MED IMAGING	CA	44,508,685	32,582,482	SCRIPPS HLTH
(2) Maxwell H & Muriel Gluck Child Care Ctr 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 83-1953045	Childcare	CA	1,834,077	1,537,247	SCRIPPS HLTH
(3) Scripps Accountable Care Organization 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 36-4837441	HLTHCR ADMIN	CA	569,317	6,266,901	SCRIPPS HLTH
(4) Scripps ASC Management LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 83-1187975	HLTHCR ADMIN	CA	0	0	IHS HOLDING
(5) Scripps Behavioral Health Venture LLC 10140 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 83-4326624	HLTHCR ADMIN	CA	0	0	SCRIPPS HLTH
(6) Scripps Cardio&Thoracic Surgery Billing 10140 Campus Point Drive San Diego, CA 92121 27-0620996	HLTHCR ADMIN	CA	6,100,951	0	SCRIPPS HLTH
(7) Scripps Clinic Billing LLC 10140 Campus Point Drive San Diego, CA 92121 87-0797749	HLTHCR ADMIN	CA	369,347,001	0	SCRIPPS HLTH
(8) Scripps Home Health & Hospice Venture 10140 Campus Point Drive San Diego, CA 92121 84-1894278	HLTHCR ADMIN	CA	0	0	IHS HOLDING
(9) Scripps Hospital Billing Services LLC 10140 Campus Point Drive San Diego, CA 92121 61-1677183	HLTHCR ADMIN	CA	7,179,158	0	SCRIPPS HLTH
(10) Scripps Mercy Billing LLC 10140 Campus Point Drive San Diego, CA 92121 87-0737748	HLTHCR ADMIN	CA	55,517,230	0	SCRIPPS HLTH

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	m	153,097,223	ACCRUAL
(1)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	q	20,261,318	ACCRUAL
(2)	SCRIPPS ENCINITAS SURGERY CENTER	a(iv)	362,124	ACCRUAL
(3)	SCRIPPS MERCY AMBULATORY SURGERY CENTER	a(iv)	564,803	ACCRUAL
(4)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	b	1,500,000	ACCRUAL
(5)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	j	442,084	ACCRUAL
(6)	SCRIPPS HEALTH PLAN SERVICES (SHPS)	l	334,217,858	ACCRUAL