

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
Grossmont Hospital Corporation

Doing business as
Sharp Grossmont Hospital

Number and street (or P O box if mail is not delivered to street address) Room/suite
8695 Spectrum Center Blvd

City or town, state or province, country, and ZIP or foreign postal code
San Diego, CA 921231489

D Employer identification number
33-0449527

E Telephone number
(858) 499-5150

G Gross receipts \$ 796,611,212

F Name and address of principal officer
William S Evans
8695 Spectrum Center Blvd
San Diego, CA 921231489

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.sharp.com

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1991

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Grossmont Hospital provides inpatient and outpatient medical services to the community

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)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	4,207
6 Total number of volunteers (estimate if necessary)	629
7a Total unrelated business revenue from Part VIII, column (C), line 12	675,430
7b Net unrelated business taxable income from Form 990-T, line 34	-313,583

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	24,658,520	8,357,663
9 Program service revenue (Part VIII, line 2g)	742,266,797	754,241,257
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,279,050	13,693,194
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,086,797	2,676,922
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	783,291,164	778,969,036
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	592,683	431,865
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	359,341,398	383,110,045
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,193,042		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	383,774,666	374,234,127
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	743,708,747	757,776,037
19 Revenue less expenses Subtract line 18 from line 12	39,582,417	21,192,999
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,104,594,753	1,167,104,962
21 Total liabilities (Part X, line 26)	211,605,707	175,633,911
22 Net assets or fund balances Subtract line 21 from line 20	892,989,046	991,471,051

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: [Signature] Date: 2020-08-13

Daniel J Kindron CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Ernst & Young US LLP
Preparer's signature: [Signature] Date: [Date]

Check if self-employed PTIN: P00634378

Firm's EIN ▶ 34-6565596

Firm's address ▶ 4365 Executive Drive Suite 1600
San Diego, CA 921212101 Phone no (858) 535-7200

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

See 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 \$ 702,297,723 including grants of \$ 431,865) (Revenue \$ 754,241,257)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

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 ▶ 702,297,723

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 0	
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	

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	4,207		
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		No	
b	If "Yes," enter the name of the foreign country ▶ _____ 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		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
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?					
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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (Yes); 16b 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? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 (checked), 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: Jennifer Gardyne, 8695 Spectrum Center Blvd, San Diego, CA 92123 (858) 499-5150.

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			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		1,478,057	504,342

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 ▶ 959

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5 Yes	

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

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 ▶ 0

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	0		
	b Membership dues	1b	0		
	c Fundraising events	1c	0		
	d Related organizations	1d	4,516,119		
	e Government grants (contributions)	1e	3,727,143		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	114,401		
	g Noncash contributions included in lines 1a - 1f \$ <u>524,166</u>				
	h Total. Add lines 1a-1f		8,357,663		

Program Service Revenue			Business Code				
	2a MEDICARE/MEDICAID		900099	411,235,083	411,235,083		
	b NET PATIENT SERVICES		900099	310,496,433	310,496,433		
	c SPECIALTY PHARMACY		900099	26,217,068	26,217,068		
	d MEDICAL OFFICE LEASE		531120	3,073,730	3,073,730		
	e OTHER PHARMACY		900099	1,608,166	1,608,166		
	f All other program service revenue			1,610,777	935,347	675,430	0
	g Total. Add lines 2a-2f			754,241,257			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			12,354,157			12,354,157
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses	18,748,833	232,380				
	c Gain or (loss)	17,449,423	192,753				
	d Net gain or (loss)	1,299,410	39,627				
	e Net gain or (loss)			1,339,037			1,339,037
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a PARKING		812930	1,373,619			1,373,619	
b AUXILIARY		453220	822,936			822,936	
c CELL PHONE TOWER		517000	83,103			83,103	
d All other revenue			397,264	0	0	397,264	
e Total. Add lines 11a-11d			2,676,922				
12 Total revenue. See Instructions			778,969,036	753,565,827	675,430	16,370,116	

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	431,865	431,865		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,548,481	2,068,768	1,479,713	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	305,788,841	302,238,407	3,550,434	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,387,221	9,264,244	122,977	
9 Other employee benefits	41,973,914	41,039,411	934,503	
10 Payroll taxes	22,411,588	22,131,308	280,280	
11 Fees for services (non-employees)				
a Management	24,863,787	23,312,598	1,551,189	
b Legal	1,682,028	208,760	1,473,268	
c Accounting	8,232,908	0	8,232,908	0
d Lobbying	52,396		52,396	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	353,871		353,871	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	45,787,263	44,085,735	1,701,528	0
12 Advertising and promotion	4,585,227	84,876	4,500,351	
13 Office expenses	19,426,759	16,461,236	2,965,523	
14 Information technology	31,538,450	30,592,296	946,154	
15 Royalties				
16 Occupancy	11,913,012	8,864,121	3,048,891	
17 Travel	560,309	549,894	10,415	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,480,439	141,705	1,338,734	
20 Interest	3,301,985	3,035,000	266,985	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,974,142	31,823,204	6,150,938	
23 Insurance	2,449,470	1,919,390	530,080	
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	94,093,613	94,093,607	6	
b MEDI-CAL PROVIDER TAX	38,083,311	38,083,311		
c SYSTEM ALLOCATION	34,490,461	21,133,661	13,356,800	
d REPAIRS AND MAINTENANCE	9,422,989	8,864,780	558,209	
e All other expenses	3,941,707	1,869,546	879,119	1,193,042
25 Total functional expenses. Add lines 1 through 24e	757,776,037	702,297,723	54,285,272	1,193,042
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 <input type="checkbox"/> 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	58,885,524	1	6,723,988
	2 Savings and temporary cash investments	13,349,570	2	43,044,582
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	94,959,651	4	163,758,888
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,109,389	8	12,547,867
	9 Prepaid expenses and deferred charges	20,076,661	9	4,317,622
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 741,806,179		
	b Less accumulated depreciation	10b 321,455,414	425,807,669	10c 420,350,765
	11 Investments—publicly traded securities	446,779,842	11	479,126,139
	12 Investments—other securities See Part IV, line 11	1,088,348	12	994,010
	13 Investments—program-related See Part IV, line 11	29,978,862	13	35,582,048
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,559,237	15	659,053
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,104,594,753	16	1,167,104,962	
Liabilities	17 Accounts payable and accrued expenses	59,598,072	17	69,046,452
	18 Grants payable		18	
	19 Deferred revenue	49,063,998	19	7,497,152
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		22	0
	23 Secured mortgages and notes payable to unrelated third parties	15,500,000	23	15,500,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	87,443,637	25	83,590,307
	26 Total liabilities. Add lines 17 through 25	211,605,707	26	175,633,911
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	872,030,923	27	965,989,323
	28 Temporarily restricted net assets	19,838,720	28	24,361,325
	29 Permanently restricted net assets	1,119,403	29	1,120,403
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	892,989,046	33	991,471,051	
34 Total liabilities and net assets/fund balances	1,104,594,753	34	1,167,104,962	

Part XI Reconciliation 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	778,969,036
2	Total expenses (must equal Part IX, column (A), line 25)	2	757,776,037
3	Revenue less expenses Subtract line 2 from line 1	3	21,192,999
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	892,989,046
5	Net unrealized gains (losses) on investments	5	7,226,673
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	70,062,333
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	991,471,051

Part XII Financial Statements and Reporting

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

- 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?
 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?
 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?
 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 33-0449527

Name: Grossmont Hospital Corporation

Form 990 (2018)

Form 990, Part III, Line 4a:

Grossmont Hospital provides inpatient and outpatient services to the community. Patient days were 139,689 and outpatient visits were 302,841 for the twelve months ended 9/30/19. See Community Benefit Report on Schedule O.

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			
Michael W Murphy PRESIDENT & CEO SHC thru 3/1/2019	4 0	X	X					0	1,920,418	115,266
Christopher A Howard PRESIDENT & CEO SHC as of 1/31/2019	4 0	X	X					0	155,984	0
William S Evans CEO GHC	47 0	X	X					0	757,757	21,537
Jerry Fazio CHAIR	6 0	X	X					0	0	0
Randolph Lenac TREASURER	4 0	X	X					0	0	0
Michael Emerson Director	2 0	X	X					0	0	0
Brian Moore MD VICE CHAIR	2 0	X	X					970	0	0
Bettie Wells SECRETARY	2 0	X	X					0	0	0
John Fonseca DIRECTOR	2 0	X						0	0	0
Ali Banaie MD DIRECTOR	2 0	X						60,000	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			
Brittany Gardner DIRECTOR	2 0	X						0	0	0
Odie Goward DIRECTOR	4 0	X						0	0	0
Shakeel Kazı DIRECTOR	2 0	X						0	0	0
Diane R Keltner DIRECTOR	2 0	X						0	0	0
Ron Oberndorfer DIRECTOR	2 0	X						0	0	0
Eric Orr MD DIRECTOR	2 0	X						30,000	0	0
K Michael Peddecord DIRECTOR	2 0	X						0	0	0
Shirley Murphy DIRECTOR	2 0	X						0	0	0
Valerie Shadroff DIRECTOR	1 0	X						0	0	0
Robert Ayres DIRECTOR	2 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			
Staci L Dickerson SVP & CFO SHC	2 0 58 0			X				0	822,083	24,164
Carlisle C Lewis III SVP LEGAL	5 0 44 0			X				0	902,844	60,702
Daniel J Kindron CFO GHC	35 0 40 0			X				0	222,460	10,664
Anthony Damico COO GHC	55 0 0 0				X			0	338,044	25,673
Louise White VP PATIENT CARE GHC	40 0 0 0				X			0	296,331	29,030
Suzanne Johnson VP HOSPICE	40 0 0 0				X			0	260,205	25,123
Hoangmy Nguyen DIR PHARMACY GHC	50 0 0				X			279,307	0	18,177
Jason Broad VP PERFORMANCE EXCELLENCE	50 0 0 0				X			0	218,651	24,197
Nancy Greengold CMO GHC	50 0 0 0					X		0	450,845	22,584
Glicerio Cid Jr ADVANCED CLINICIAN	55 0 0					X		345,017	0	14,039

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			
Patrick Guo LEAD MED RAD PHYSICIST	40 0 0					X		249,321	0	16,023
Maria McCane CN WEEKEND	50 0 0					X		273,415	0	19,998
Lori Hernandez PHARMACIST	40 0 0					X		240,027	0	30,364
Kari Cornicelli FORMER OFFICER	0 0 55 0						X	0	320,503	46,801

SCHEDULE A
(Form 990 or 990-EZ)

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Grossmont Hospital Corporation

Employer identification number
33-0449527

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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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	<input type="checkbox"/> 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: 18007697

Software Version: 2018v3.1

EIN: 33-0449527

Name: Grossmont Hospital Corporation

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

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
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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 Grossmont Hospital Corporation	Employer identification number 33-0449527
--	--

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

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

- 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-
- 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)		(b)
	Yes	No	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)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
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?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		52,396
j Total. Add lines 1c through 1i			52,396
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, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Grossmont Hospital Corporation (GHC) pays annual dues to the California Hospital Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASD&IC), the California Association of Hospitals and Health Systems (CAHHS), the American Hospital Association (AHA) and the California Hospice and Palliative Care Association (CHAPCA). CHA, HASD&IC, CAHHS, AHA, and CHAPCA have determined that a portion of their membership dues are used for lobbying purposes. GHC's FY 2019 portion of annual dues calculated to have been used for lobbying was \$52,396.

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
Grossmont Hospital Corporation

Employer identification number
33-0449527

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 ▶ _____

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

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 ▶ _____

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

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 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	5,379,320	5,321,833	5,144,772	4,759,731	4,948,052
b Contributions	114,642	1,000	1,000	21,000	25,917
c Net investment earnings, gains, and losses	203,625	287,576	500,089	367,800	-87,824
d Grants or scholarships					
e Other expenditures for facilities and programs	3,038	231,089	324,028	3,759	126,414
f Administrative expenses					
g End of year balance	5,694,549	5,379,320	5,321,833	5,144,772	4,759,731

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 69 %
 - b** Permanent endowment ▶ 31 %
 - 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 | No | |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 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		581,843		581,843
b Buildings		550,516,722	219,760,560	330,756,162
c Leasehold improvements		8,854,147	3,724,339	5,129,808
d Equipment		143,343,414	87,440,607	55,902,807
e Other		38,510,053	10,529,908	27,980,145
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				420,350,765

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LONG TERM PENSION LIABILITY	8,869,674
LONG TERM WORKERS' COMPENSATION LIABILITY	441,462
INTERCOMPANY PAYABLE	8,208,791
ALLOCATED TAX EXEMPT BONDS	62,622,288
CAPITAL LEASES	2,172,556
PROGRAM RESERVES	1,275,536
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	83,590,307

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	780,958,822
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	7,226,673
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	23,114
e	Add lines 2a through 2d	2e	7,249,787
3	Subtract line 2e from line 1	3	773,709,035
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	353,871
b	Other (Describe in Part XIII)	4b	4,906,130
c	Add lines 4a and 4b	4c	5,260,001
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	778,969,036

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	756,479,352
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	23,114
e	Add lines 2a through 2d	2e	23,114
3	Subtract line 2e from line 1	3	756,456,238
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	353,871
b	Other (Describe in Part XIII)	4b	965,928
c	Add lines 4a and 4b	4c	1,319,799
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	757,776,037

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: 18007697

Software Version: 2018v3.1

EIN: 33-0449527

Name: Grossmont Hospital Corporation

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Grossmont Hospital Foundation holds 23 board designated and permanent endowments for Grossmont Hospital Corporation that are restricted for a variety of purposes, such as hospice and hospice homes, diabetes, nursing education, cancer treatment, hospital equipment and technology, and more

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>Sharp recognizes tax benefits from any uncertain tax positions 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. Sharp 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. Sharp 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. At September 30, 2019 and 2018, no such assets or liabilities were recorded.</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	FOUNDATION DONATION TO INDIVIDUALS - 23114

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	DONATIONS OF CAPITAL/DONATIONS FOR CAPITAL PURCHASED - 3964465 FUNDRAISING EXPENSES - 1193 042 MEDICAL STAFF/AUXILIARY REVENUE - 1054256 PENSION EXPENSES - -1305633

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	FOUNDATION DONATIONS TO INDIVIDUALS - 23114

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	FUNDRAISING EXPENSES - 1193042 MEDICAL STAFF/AUXILIARY EXPENSES - 1078519 PENSION EXPENSES - - 1305633

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No 1545-0047
2018
 Open to Public Inspection

▶ **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.**

Name of the organization
 Grossmont Hospital Corporation

Employer identification number
 33-0449527

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
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		No
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		No
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 eligible for free or discounted care?	5c		
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	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			7,075,826	0	7,075,826	0 93 %
b Medicaid (from Worksheet 3, column a)			269,255,276	231,877,660	37,377,616	4 92 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,372,229	1,307,701	64,528	0 01 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	277,703,331	233,185,361	44,517,970	5 86 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,227,793	0	1,227,793	0 16 %
f Health professions education (from Worksheet 5)			972,289	0	972,289	0 13 %
g Subsidized health services (from Worksheet 6)			67,012,910	49,633,861	17,379,049	2 29 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			384,411	0	384,411	0 05 %
j Total. Other Benefits	0	0	69,597,403	49,633,861	19,963,542	2 63 %
k Total. Add lines 7d and 7j	0	0	347,300,734	282,819,222	64,481,512	8 49 %

Part III 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			14,520		14,520	0 %
2 Economic development					0	0 %
3 Community support			41,537		41,537	0 01 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	56,057	0	56,057	0 01 %

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?		No
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.		
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.		
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	132,471,969
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	163,845,128
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-31,373,159
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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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 GROSSMONT IMAGING LLC	JOINT VENTURE-DIAGNOSTIC IMAGING	50 %	0 %	50 %
2				
3				
4				
5				
6				
7				
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?

1

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)
 GROSSMONT HOSPITAL CORPORATION

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): _____ 1 _____

Community Health Needs Assessment		Yes	No
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?		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		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 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
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 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	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	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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //www sharp com/about/community/community-benefits/health-needs-assessments cfm</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>http //www sharp com/about/community/health-needs-assessments cfm</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)**

GROSSMONT HOSPITAL CORPORATION

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? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>400 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> 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? 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)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

GROSSMONT HOSPITAL CORPORATION

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	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input type="checkbox"/> Made presumptive eligibility determinations			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> 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? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

GROSSMONT HOSPITAL CORPORATION

Name of hospital facility or letter of facility reporting group _____

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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? 10

Name and address	Type of Facility (describe)
1 BRIAR PATCH 9000 WAKARUSA ROAD LA MESA, CA 91942	OUTPATIENT SERVICES
2 GROSSMONT MEDICAL PLAZA 5525 GROSSMONT CENTER DRIVE SUITE L L LA MESA, CA 91942	OUTPATIENT SERVICES
3 SHARP HOSPICE CARE 8881 FLETCHER PARKWAY SUITE 336 LA MESA, CA 91942	HOSPICE
4 PMB MEDICAL OFFICE BUILDING 8860 CENTER DRIVE SUITE 100 LA MESA, CA 91942	OUTPATIENT SERVICES
5 BONITAVIEW HOSPICE HOME 3850 VALLEY VISTA ROAD BONITA, CA 91902	HOSPICE HOME
6 GROSSMONT IMAGING LLC 8881 FLETHCER PARKWAY SUITE 102 LA MESA, CA 91942	JOINT VENTURE - DIAGNOSTIC IMAGING
7 GROSSMONT IMAGING LLC 9640 MISSION GORGE ROAD SUITE H SANTEE, CA 92071	JOINT VENTURE - DIAGNOSTIC IMAGING
8 PARKVIEW HOSPICE HOME 5788 LYDEN WAY SAN DIEGO, CA 92120	HOSPICE HOME
9 LAKEVIEW HOSPICE HOME 9472 LOREN DRIVE LA MESA, CA 91942	HOSPICE HOME
10 PMB MEDICAL OFFICE BUILDING 8860 CENTER DRIVE SUITE 200 LA MESA, CA 91942	OUTPATIENT SERVICES - INFUSION

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7	Historical charity care percentages are applied to current revenues to estimate charity on a monthly basis Actual charity transactions are applied against the estimate and any increase or decrease over estimated amounts is accounted for Other Cost includes State/County programs included in the S-10 for Medicare Cost Reporting primarily for prison/in custody patient care RCC were calculated using the Medicare Cost Report from Worksheet C The Revenue and Expense tie to the general ledger with no exclusions, so worksheet C represents direct revenue and expense plus stepdown from Overhead departments The RCC by CMS line was then applied to the applicable revenue departments broken down by payer to obtain the fully weighted cost by payer

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II	Grossmont Hospital Corporation at times provides a provision for housing for vulnerable patients upon discharge from the hospital. Grossmont Hospital Corporation incurred expenses for disaster preparedness training and capital expenditures. Grossmont Hospital Corporation incurred expenses for coalition building.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3	No figure is reported on Part III, line 3 (estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy) due to all amounts attributable to patients eligible under the charity care policy being reported as charity

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III LINES 2, 3, 4	<p>FN1 Summary of Significant Accounting Policies Recently Adopted Accounting Standards In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, Revenue from Contracts with Customers (Topic 606) This ASU converged and replaced existing revenue recognition guidance, including industry-specific guidance which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services Sharp adopted ASU 2014-09 on October 1, 2018, using the full retrospective method of transition The adoption of the new standard impacted the presentation of the consolidated statement of operations, where "provision for doubtful accounts" is no longer presented as a separate line item and "patient service" revenues are presented net of estimated implicit price concession revenue deductions The presentation of "allowance for doubtful accounts" has also been removed from the presentation in the consolidated balance sheets with the adoption of the new standard</p> <p>FN3 Net Patient Service Revenues Patient Service Revenues Inpatient and outpatient services provided to patients not covered by third-party payors are paid based on Sharp's policies and the patient's ability to pay Sharp reduces the transaction price by implicit price concessions to uninsured patients and patients with uninsured balances, such as copays and deductibles The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 7	<p>The organization incurred additional Medicare shortfall that is not allowed to be reported on Parts I and III, due to the definition of Medicare shortfall as prescribed by the IRS. This additional shortfall arises from the use of the Medicare cost report data which excludes fee based services, non-billable services, and disallowed operating expenses which the organization has determined to be revenues and expenses of the Medicare program and should be included in the total shortfall. A reconciliation of what the organization classifies as Medicare shortfall is as follows: Medicare revenue received reported on Parts I and III \$182,105,830 Medicare allowable costs reported on Parts I and III \$229,924,878 Shortfall included on Parts I and III \$(47,819,048) Actual Medicare revenue received \$180,846,140 Actual Medicare cost \$233,171,814 Actual Medicare shortfall \$(52,325,673) ADDITIONAL MEDICARE SHORTFALL NOT ON PARTS I AND III - (4,506,625)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Sharp HealthCare

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	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 THE IMPLICIT PRICE CONCESSIONS INCLUDED IN ESTIMATING THE TRANSACTION PRICE REPRESENT THE DIFFERENCE BETWEEN AMOUNTS BILLED TO PATIENTS AND THE AMOUNTS SHARP EXPECTS TO COLLECT BASED ON COLLECTION HISTORY WITH EACH PORTFOLIO OF PATIENTS 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 FOR THE TAX YEAR ENDED SEPTEMBER 30, 2019, THE HOSPITAL DETERMINED \$8,272,940 AS BAD DEBT EXPENSE BAD DEBT EXPENSE IS NETTED AGAINST REVENUE AS SUCH, \$0 00 WAS BACKED OUT OF TOTAL EXPENSES FOR COLUMN (F) CALCULATION ALSO APPLIES TO SCHEDULE H, PART I, LINE 7, COLUMN F

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, Revenue from Contracts with Customers (Topic 606) This ASU converged and replaced existing revenue recognition guidance, including industry-specific guidance which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services Sharp adopted ASU 2014-09 on October 1, 2018, using the full retrospective method of transition The adoption of the new standard impacted the presentation of the consolidated statement of operations, where "provision for doubtful accounts" is no longer presented as a separate line item and "patient service" revenues are presented net of estimated implicit price concession revenue deductions The presentation of "allowance for doubtful accounts" has also been removed from the presentation in the consolidated balance sheets with the adoption of the new standard Patient Service Revenues Inpatient and outpatient services provided to patients not covered by third-party payors are paid based on Sharp's policies and the patient's ability to pay Sharp reduces the transaction price by implicit price concessions to uninsured patients and patients with uninsured balances, such as copays and deductibles The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Medicare should be included as a community benefit because participation in the Medicare program requires all patients be accepted whether through the Emergency Room or as a referral and Grossmont Hospital Corporation must accept the Medicare established rates whether they cover the cost or not. Ratio of Cost to Charges (RCC) were calculated using the Medicare Cost Report from Worksheet C. The Revenue and Expense tie to the general ledger with no exclusions, representing direct revenue and expense plus stepdown from Overhead departments. The RCC by CMS line was then applied to the applicable revenue departments broken down by payor to obtain the fully weighted cost by payer.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Sharp does not initiate collection activities on accounts known to be eligible for Financial Assistance or Charity care. It is also Sharp's policy to recall/cancel accounts assigned to a collection agency if it is determined, at any time, a patient account is eligible for Financial Assistance or Charity care.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- GROSSMONT HOSPITAL CORPORATION Line 16a URL https://www.sharp.com/patient/billing/financial-assistance.cfm ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- GROSSMONT HOSPITAL CORPORATION Line 16b URL https://www.sharp.com/patient/billing/financial-assistance.cfm ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- GROSSMONT HOSPITAL CORPORATION Line 16c URL https://www.sharp.com/patient/billing/financial-assistance.cfm ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 2 Needs assessment</p>	<p>Sharp HealthCare (Sharp) has been a long-time partner in the process of identifying and responding to the health needs of the San Diego community. This partnership has included a broad range of hospitals, health care organizations, and community agencies in order to conduct triennial Community Health Needs Assessments (CHNAs) more than 20 years. Sharp hospitals, including Sharp Grossmont Hospital (SGH), base their community benefit and community health programs on both the findings of these needs assessments and the combination of expertise in programs and services offered and the knowledge of the populations and communities served by each Sharp hospital. The complete FY2019 Community Health Needs Assessment for SGH is available online at https://www.sharp.com/about/community/community-benefits/health-needs-assessments cfm or by contacting Sharp HealthCare Community Benefit at communitybenefits@sharp.com. SGH reviewed its CHNA and used the assessment to help inform priority needs for members of the communities it serves. In identifying these priorities, SGH also considered the expertise and mission of its programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise SGH's service area and region. SGH is committed to the health and well-being of its community, and the findings of SGH's most recent (FY2019) CHNA help inform the activities and services provided by SGH to improve the health of its community members. These programs are detailed in SGH's FY20-FY23 implementation strategy, which are available online to the community at https://www.sharp.com/about/community/community-benefits/health-needs-assessments cfm. SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders. SGH also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care, as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues. However, beyond these clinical services, SGH does not have the resources to comprehensively meet the need for community education and support around the identified health need of behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC. The identified health need of obesity is not specifically targeted in education, however is addressed through general nutrition and exercise education and resources provided at SGH, as well as programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy clinics throughout SDC - including the region served by SGH - provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs. Please refer to Part V, Sections B and C, for additional details on the process, findings and strategies to address findings from the FY2019 SGH CHNA. Programs that address CHNA-identified needs are also detailed in the SGH section of Sharp HealthCare's FY2019 Community Benefit Plan and Report, available for public viewing/download at https://www.sharp.com/about/community/community-benefits/benefit-report cfm. In addition, SGH incorporates community priorities and community input into its strategic plan and develops service line-specific goals. Estimates an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels. Prepares and distributes information on community benefits programs and services through its foundation and community newsletters. Consults with representatives from a variety of departments, to discuss, plan and implement community activities.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Sharp HealthCare's financial assistance policy is in furtherance of its charitable mission. The policy identifies eligibility for, and circumstances under which, financial assistance will be extended to Sharp HealthCare's hospital patients for medically necessary services. "Charity Care" is that portion of Sharp HealthCare's charges for medically necessary patient care services provided by a hospital that a patient (either individually or through a third party payer) is unable to pay. Charity Care does not include bad debt, contractual adjustments, or un-reimbursed costs of providing care to patients eligible under government programs for health care services to low-income and medically indigent patients. "Financial Assistance," means any reduction of charges for medically necessary services as defined herein that may be made by Sharp HealthCare either for, or on behalf of, a patient who applies to Sharp HealthCare for Financial Assistance and meets Sharp HealthCare's financial eligibility requirements or criteria as described in this policy. For purposes of the policy Financial Assistance includes "charity care" which means a 100% reduction in charges for medically necessary services and "partial charity care" which means a reduction in a portion of charges for such services. All patients should be screened at the time of admission or at registration for ability to pay for services, including whether or not they are candidates for Financial Assistance. Care for patients presenting with a known or possible emergency medical condition or in active labor shall not be delayed in order to assess financial status. In order to both inform patients of the various programs they may be entitled to, and assist them in the application process, Uncompensated Care Specialists provide patient(s) with a Financial Assistance Form. The Uncompensated Care Specialists direct the patient (or their guarantor) to complete a Patient Financial Statement, include specified financial items for both the patient and spouse (if any), direct the patient to return all information within ten days and document in patient's account history notes the substance of any patient discussions and that the Patient Financial Statement was provided. Following internal processing of the Financial Assistance Form, Sharp Uncompensated Care Specialists and/or Private Pay Representatives notify patient of Financial Assistance Application results, document the decision in all approved and denied Financial Assistance Accounts and secure payment arrangements for remaining balance of partial Financial Assistance or denied Financial Assistance accounts. All follow-up and patient interaction is documented in the patient's account history notes.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>The community served by Sharp Grossmont Hospital includes the entire east region of San Diego County, including the sub-regional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire. Approximately five percent of the population lives in remote or rural areas of this region. In 2019, there were 88,400 residents ages 65 and older in SDC's east region, representing 16.6% of the total regional population. Between 2019 and 2024, it is anticipated that the east region's senior population will grow by 21.4%. For SGH's FY2019 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify communities with greater health disparity within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (U.S.) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations. According to the CNI, communities served by SGH with especially high need include, but are not limited to, Lemon Grove, Spring Valley and El Cajon. Figure 20 presents a map of the CNI scores across SDC's east region. In 2017, 13.7% of the east region population reported living below 100% of the federal poverty level (FPL). The unemployment rate in SDC's east region was 8.2%, which was higher than the rate for SDC overall (6.8%). In addition, 7.0% of households received Supplemental Security Income (SSI), also higher than SDC overall (5.0%). In addition, according to data from the San Diego Hunger Coalition, one in seven, or 14 percent of the SDC population experienced food insecurity. In 2017, 11.4% of households in the east region participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 20.6% of the population lived at or below 138% FPL and were eligible for the program. These rates were higher than SDC overall (7.2% of households participated in SNAP benefits while 19.9% of households lived at or below 138% of the FPL). In SDC's east region in 2017, 94.6% of children ages 18 and under, 83.6% of young adults ages 19 to 25, 84.9% of adults ages 26 to 44, 90.5% of adults ages 45 to 64, and 98.7% of seniors ages 65 and older had health insurance. Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100% health insurance coverage for all individuals under age 65. California Health Interview Survey data also revealed that 14.4 percent of individuals in the east region did not have a usual place to go when sick or in need of health advice.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>Sharp Grossmont Hospital has an open medical staff and a community board. Surplus funds generated by hospital operations are re-invested by the organization to fund capital improvements and acquire state of the art medical equipment with the intent of continually improving patient care. Further, as San Diego's largest private employer, Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego earth-friendly businesses to help identify best practices reduce the costs of green practices and facilitate implementation of sustainable initiatives. Through various strategies, in FY 19 SGH diverted more than 730 thousand pounds of waste, more than 15% of its generated waste. Sharp believes the promotion of healthy food choices is necessary to improve the health of patients, employees and the community. Sharp's recommitment to healthy food and sustainable nutrition practices began more than five years ago with a strategy to increase the availability of healthy food options at Sharp facilities. Since that time, Sharp, in collaboration with Sodexo - Sharp's food service partner - has been an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers to adopt healthier eating habits, combat obesity and minimize waste. Sharp's Food and Nutrition Best Health Committee supports these efforts by promoting food sustainability awareness throughout the health care system and within the greater San Diego community. For instance, since 2016, SGH and other Sharp hospitals have collaborated with the San Diego Rescue Mission and the San Diego Food Bank in an innovative food recovery program that donates food items that can no longer be used in Sharp's kitchens but are perfectly healthy and nutritious to more than 45 hunger-relief organizations in SDC. In FY 2019, Sharp donated more than 30 tons of food to these safety net organizations. In addition, in FY 2019, SGH and Sharp Chula Vista Medical Center recycled more than 16,000 lbs of used cooking oil for conversion to eco-friendly biodiesel fuel through Filta, an environmental kitchen solutions service. Further, Sharp protects the San Diego community through essential emergency and disaster planning activities and services. In FY2019, Sharp provided education to staff, community members and community health professionals, and partnered with numerous state and local organizations, to prepare for an emergency or disaster. Sharp's emergency preparedness team offered educational courses to first responders and health care providers throughout SDC. This included a standardized, on-scene federal emergency management training for hospital management titled National Incident Management System/Incident Command System/Hospital Incident Command System (HICS) as well as a training focused specifically on HICS, an incident management system that can be used by hospitals to manage threats, planned events or emergencies. In addition, a course was offered to train participants to use the WebEOC crisis information management system, which provides real-time information sharing between health care systems and outside agencies during a disaster. In FY2019, Sharp's disaster leadership - including representatives from SGH - donated their time to state and local organizations and committees, including County of San Diego Emergency Medical Care Committee, California Hospital Association Emergency Management Advisory Committee, California Department of Public Health Joint Advisory Committee, Ronald McDonald House Operations Committee, and San Diego County Civilian/Military Liaison Work Group. Sharp's disaster leadership also participates in the County of San Diego Healthcare Disaster Coalition - a multi-agency group of representatives who assist the county in improving mitigation, preparedness, response and recovery activities during emergencies and disasters. As part of this coalition, in FY2019, Sharp's disaster leadership led a subcommittee to review hospital emergency food and water supply planning and identify tools and best practices to disseminate to community health care professionals. Further, Sharp's disaster leadership continued to participate in the Statewide Medical Health Exercise Program. This work group of representatives from local, regional and state agencies - including health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more - is designed to guide local emergency planners in developing, planning and conducting emergency responses. Through participation in the U.S. Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes Sharp and other SDC hospitals, health clinics and other health care service providers. The partnership seeks to continually identify</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning and sharing resources, trainings and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC. In FY2019, the partnership assisted with training and education of non-hospital health care entities to better prepare them to develop emergency operations plans and responses. In recent years, global endemic events potentially impacted public health in the San Diego community. Sharp continues to collaborate with community agencies, County of San Diego Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This allows for the delivery of uninterrupted care to the community in the face of public health threats.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>Sharp HealthCare (Sharp) is an integrated, regional health care delivery system based in San Diego, California. The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 28 medical centers, five urgent care centers, three skilled nursing facilities (SNF), two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services. Sharp also offers individual and group Health Maintenance Organization coverage through Sharp Health Plan (SHP). Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2019, Sharp is licensed to operate 2,084 beds and has more than 2,700 Sharp-affiliated physicians and 18,000 employees. It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are provided in a caring, convenient, cost-effective and accessible manner. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and wellbeing of those it serves. In support of Sharp's organizational commitment to transform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does. In 2014, Sharp made an important decision regarding these pillars as part of its continued journey toward excellence. Each year, Sharp incorporates cycles of learning into its strategic planning process. In 2014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety and incorporating the commitment to become a High Reliability Organization (HRO) in all aspects of the organization. At the core of HROs are five key concepts: * Sensitivity to operations * A reluctance to simplify * Preoccupation with failure * Deference to expertise * Resilience. Applying high-reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could improve. It begins with a culture of safety. With this learning, Sharp is a seven-pillar organization - Quality, Safety, Service, People, Finance, Growth and Community. The foundational elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm. This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner. With 524 licensed beds, Sharp Grossmont Hospital is the largest provider of health care services in San Diego's East County, and operates one of the busiest emergency rooms in San Diego County. SGH is known for outstanding programs in heart care, orthopedics, rehabilitation, robotic surgery, stroke care and women's health. Sharp Grossmont Hospital received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence. In addition, Planetree awarded the Gold Certification for Excellence in Person-Centered Care to SGH in 2018. Planetree is a coalition of more than 80 hospitals worldwide that are committed to improving medical care from the patient's perspective.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	CA

Additional Data**Software ID:** 18007697**Software Version:** 2018v3.1**EIN:** 33-0449527**Name:** Grossmont Hospital Corporation**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? 1		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	GROSSMONT HOSPITAL CORPORATION 5555 GROSSMONT CENTER DRIVE LA MESA, CA 91942 WWW.SHARP.COM/GROSSMONT 080000006	X	X					X			

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, Section B, Line 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA

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
<p>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>Facility , 1 - GROSSMONT HOSPITAL CORPORATION Based on the results of the community health statistics scan and feedback from community partners received during the FY2019 CHNA planning process, a number of community engagement activities were conducted across SDC as part of the collaborative, countywide FY2019 CHNA - led under the auspices of the Hospital Association of San Diego & Imperial Counties (HASD&IC) through the FY2019 CHNA Committee, of which Sharp was Vice Chair. Additional community engagement activities were conducted specific to Sharp/SGH, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health and potential system and policy changes that may positively impact them. In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted. Community engagement activities of the collaborative FY2019 CHNA included focus groups (214 participants), key informant interviews (12), and an online survey (353 respondents) which targeted stakeholders from every region of SDC, all age groups, and numerous racial and ethnic groups. Collaboration with the County of San Diego Health & Human Services Agency, Public Health Services was vital to this process. Community engagement participants included county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups representing communities facing inequities. A total of 579 individuals participated in the FY2019 collaborative CHNA including 138 community residents and 441 leaders and experts. In addition to an active role in the collaborative HASD&IC FY2019 CHNA process, Sharp contracted separately with the IPH at SDSU to conduct a number of community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals. This input focused on behavioral health, cancer, diabetes, senior health (now termed aging concerns), and the needs of highly vulnerable patients and community members. These additional efforts included focus groups and key informant interviews involving 50 Sharp providers and 14 patients/community members. Further, IPH created two case studies with the intent of representing a "typical" patient experience within Sharp. These case studies focused on breast cancer and high-risk pregnancy. Data collected during the community engagement activities and from literature reviews supported development of the case study. Lastly, the SGH FY2019 CHNA community engagement process included a robust online survey conducted through the Sharp Insight Community. The Sharp Insight Community is a private online environment for Sharp patients and their families, community members, Sharp employees, and Sharp-affiliated physicians. The FY2019 CHNA Sharp Insight Community online survey sought to obtain feedback on the top health</p>

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, Section B, Line 5 Facility , 1	alth and social needs faced by SDC community members, as well as assess their awareness of community outreach programs offered by Sharp The online survey also provided participant s the opportunity to provide specific suggestions for Sharp to improve community health and well-being A total of 380 community members completed the Sharp Insight Community Survey SGH/Sharp-specific community engagement activities concluded in the spring of 2020

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, Section B, Line 6a Facility , 1	Facility , 1 - GROSSMONT HOSPITAL CORPORATION The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative FY2019 CHNA process The CHNA Committee is comprised of representatives from all seven participating hospitals and health care systems * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California San Diego Health The process and findings of the collaborative HASD&IC FY2019 CHNA significantly informed the SGH FY2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SGH (the latter is described in Question 5)

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, Section B, Line 6b Facility , 1	Facility , 1 - GROSSMONT HOSPITAL CORPORATION The Sharp Grossmont Hospital FY2019 Community Health Needs Assessment (CHNA) examines the health needs of the community members it serves in San Diego County (SDC) SGH's FY2019 CHNA process and findings are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) FY2019 Community Health Needs Assessment process and findings for SDC This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU) The process and findings of the collaborative HASD&IC FY2019 CHNA significantly informed the SGH FY2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SGH (the latter is described in Question 5)

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, Section B, Line 11 Facility , 1	<p>Facility , 1 - GROSSMONT HOSPITAL The findings of SGH's FY2019 Community Health Needs Assessment (CHNA) further dove into priority health needs impacting the communities served by SGH, particularly those community members facing inequities, as well as provided insight gathered from direct conversations with the community Through the SGH FY2019 CHNA, the fo llowing priority health needs were identified for the communities served by SGH (listed in alphabetical order) * Access to Health Care * Aging Concerns * Behavioral Health (includ ing Substance Use) * Cancer * Chronic Health Conditions (e g , Cardiovascular Disease, Dia betes and Obesity) * Community and Social Support * Economic Security * Education * Homele ssness and Housing Instability * Maternal and Prenatal Care, including High-Risk Pregnancy * Unintentional Injury and Violence SGH reviewed its FY2019 CHNA to assist in the design and implementation of programs and services provided at SGH for community members In iden tifying these priorities, SGH considered the expertise and mission of its programs and ser vices, as well as the needs of the unique, ever-changing demographics and health topics th at comprise SGH's service area and region (San Diego County's east region) SGH provides p rogramming and services that address the following identified community health needs acce ss to health care, aging concerns, behavioral health, cancer, chronic health conditions (c ardiovascular disease, diabetes, and obesity in particular), community and social support (these programs also help address access to health care, economic security and homelessness and housing instability), maternal and prenatal care, including high-risk pregnancy, edu cation and unintentional injury SGH provides behavioral health services to SDC's east reg ion through clinical programs for adults and older adults, including individuals living wi th psychosis, depression, grief, anxiety, traumatic stress and other disorders SGH also p rovides a dedicated psychiatric assessment team in the emergency department (ED) and acute care, as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues However, beyond these clinical services, SGH does no t have the resources to comprehensively meet the need for community education and support around the identified health need of behavioral health Consequently, the community educat ion and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are t he major providers of behavioral health and chemical dependency services in SDC The iden tified health need of obesity is not specifically targeted in education, however is address ed through general nutrition and exercise education and resources provided at SGH, as well as programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influe</p>

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, Section B, Line 11 Facility , 1	<p>nced by healthy weight and exercise In addition, Sharp Rees-Stealy clinics throughout SDC - including the region served by SGH - provide structured weight management and health ed ucation programs to community members, such as smoking cessation and stress management, lo ng-term support for weight management and fat loss, and personalized weight-loss programs SGH's most recent implementation strategy (FY 2020 - FY 2023), available online at https //www sharp com/about/community/community-benefits/health-needs-assessments cfm details sp ecific programs that SGH provides to address needs identified in its FY2019 CHNA, as well information on identified health needs that SGH lacks resources to comprehensively address These programs are detailed further in the SGH section of Sharp HealthCare's FY 2019 Com munity Benefit Plan and Report, available for public viewing/download at https //www shar p com/about/community/community-benefits/benefit-report cfm</p>

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, Section B, Line 20 Facility , 1	Facility , 1 - Grossmont Hospital Grossmont Hospital does not make presumptive FAP-eligibility determinations based on third-party information as defined in section 501(r)-6(c)(2) Instead, Grossmont Hospital makes reasonable efforts based on notification and processing of applications as defined in 501(r)-6(c)(3)

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Grossmont Hospital Corporation

Employer identification number 33-0449527

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Rows 1-12.

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

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 Procedures for monitoring use of grant funds	The Management team evaluates requests for contributions from outside organizations taking into account how they align with the organization's mission. No monitoring is done after grants are made.

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 33-0449527
Name: Grossmont Hospital Corporation

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 1215 K STREET SUITE 800 SACRAMENTO, CA 95814	94-1498697	501 (C) (3)	304,765				MEDI-CAL PROGRAM
GROSSMONT HOSPITAL FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	33-0124488	501 (C) (3)	100,250				SPONSORSHIP - CONTINUING MEDICAL EDUCATION, GALA, GOLF TOURNAMENT, REGATTA

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
SAN DIEGO EAST COUNTY CHAMBER 201 S MAGNOLIA AVENUE EL CAJON, CA 92020	95-1494069	501 (C) (6)	7,650				SPONSOR OF EVENTS
CITY OF LA MESA 4975 MEMORIAL DRIVE LA MESA, CA 91942	33-0856480	GOVERNMENT	6,500				SPONSOR - LA MESA PARK & REC FOUNDATION, ANNUAL LA MESA ROCKS FUNDRAISER

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
Grossmont Hospital Corporation

Employer identification number
33-0449527

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b	Yes			
<p>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?</p>	2	Yes			
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>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</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>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</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>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</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued 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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 II	Compensation was paid to Dr. Brian Moore through X-Ray Medical Group by Grossmont Hospital Corporation for past Chief of Staff services.

Return Reference	Explanation
Schedule J, Part II	Compensation was paid to Dr Eric Orr through Carl Eric Orr MD Inc by Grossmont Hospital Corporation for Chief of Staff services

Return Reference	Explanation
Schedule J, Part II	Compensation was paid to Dr Ali Banaie through Banaie Medical Corporation by Grossmont Hospital Corporation for Chief of Staff services

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a Non-management staff were paid superior performance awards which were grossed up so the net payment would be a specified amount based on each staff member's productive hours worked during the year. The net payments per staff member ranged from \$100 to \$350.

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	THE COMPENSATION COMMITTEE OF SHARP HEALTHCARE, THE PARENT ORGANIZATION, ESTABLISHES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER THE COMPENSATION COMMITTEE ENGAGES INDEPENDENT COMPENSATION CONSULTANTS AND THE AMOUNT IS APPROVED BY BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>Sharp HealthCare ("Company") sponsors an Executive Flexible Benefit Plan ("Plan") to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company. The Plan is administered on a Plan Year basis of January 1 to December 31. Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year. The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated. The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents. The Flexible Benefit Allowance available to each participant each plan year shall equal the sum of the following:</p> <ul style="list-style-type: none"> - A company provided base allowance equal to 18% of the participant's base salary - A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant - A company match should the participant make an elective deferral for a plan year. The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral. <p>The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance). Participants in the flexible survivor coverage/accumulation benefits plan previously could elect to apply Flexible Benefit Allowance to acquire additional survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan ("SSAB") to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003. The Company shall automatically continue whatever elective coverage and additional deposit elections that were in place for the SSAB during the 2008 plan year. No elective coverage or additional deposits were available to participants whose policies were issued on or after September 18, 2003. Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout the Plan Year, not less frequently than quarterly. If the participant separates from service during the Plan Year, the participant forfeits any unpaid Allowance. During the year ended December 31, 2018, Michael Murphy, and Carlisle Lewis III each received a distribution of \$23,224 from the plan.</p>



SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2018

▶ **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.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Grossmont Hospital Corporation

Employer identification number
33-0449527

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				
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				
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 ▶ (Heart & Vascular)	X	6	409,595	Cost
26 Other ▶ (Co-Gen)	X	1	114,401	Cost
27 Other ▶ (Supplies)	X	1	170	Cost
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** 0

	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?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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 Explanations of reporting method for number of contributions	Other - Heart & Vascular Number of Contributions Other - Co-Gen Number of Contributions Other - Supplies Number of Contributions

SCHEDULE O
(Form 990 or 990-EZ)**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.

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

Grossmont Hospital Corporation

Employer identification number

33-0449527

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1 PART III, LINE 1	To establish, maintain, conduct, and operate a hospital or hospitals related, associated and complimentary facilities and services, such as, but not limited to, skilled nursing, extended care, outpatient care, home care, and other health care programs, activities, services and facilities To carry on any educational activities related to rendering care to the sick and injured, or to the promotion of health To promote and carry on scientific research related to the care of the sick and injured, or to the promotion of health To participate in any activity designed and carried on to promote the general health of the community To operate and maintain this corporation and its assets for the benefit of the communities served by Grossmont Healthcare District, a political subdivision of the State of California, organized pursuant to Local Hospital District Law (Division 23 of the California Health & Safety Code), and which is located in San Diego County, California Generally do anything and everything necessary, expedient or incidental to the foregoing

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2019 Submitted to Office of Statewide Health Planning and Development Healthcare Information Division - Accounting and Reporting Systems Section 400 R Street, Room 250 Sacramento, CA 95811 Section 1 An Overview of Sharp HealthCare The people of San Diego County place tremendous trust in Sharp HealthCare to deliver extraordinary care in some of life's most vulnerable moments As a not-for-profit organization, we honor that trust daily and help pay it back by investing in community benefit programs that improve health outcomes for our entire region This is the commitment we've made to our community over the past six decades serving as San Diego's health care leader and the role we look forward to serving for many years to come - Chris Howard, President and Chief Executive Officer, Sharp HealthCare Sharp HealthCare (Sharp) is an integrated, regional health care delivery system based in San Diego, California The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 28 medical centers, five urgent care centers, three skilled nursing facilities (SNF), two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp also offers individual and group Health Maintenance Organization coverage through Sharp Health Plan (SHP) Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2019, Sharp is licensed to operate 2,084 beds and has more than 2,700 Sharp-affiliated physicians and 18,000 employees FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 licensed beds) The largest provider of health care services in SDC's fast-growing south region, Sharp Chula Vista Medical Center (SCVMC) operates the region's busiest emergency department (ED) and is the closest hospital to the busiest international border in the world SCVMC is home to the region's most comprehensive heart program, services for orthopedic care, cancer treatment, women's and infant's services, and the only bloodless medicine and surgery center in SDC Sharp Coronado Hospital and Healthcare Center (181 licensed beds) Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include acute, subacute and long-term care, liver care, rehabilitation therapies, orthopedics, and hospice and emergency services Sharp Grossmont Hospital (524 licensed beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's east region and has one of the busiest EDs in SDC SGH is known for outstanding programs in heart care, oncology, orthopedics, rehabilitation, stroke care and women's health Sharp Memorial Hospital (656 licensed beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in cancer treatment</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	<p>atment, orthopedics, organ transplantation, bariatric surgery, heart care and rehabilitation SMH also houses the county's largest emergency and trauma center THREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & Newborns (206 licensed beds) A freestanding women's hospital specializing in labor and delivery services, high-risk pregnancy, obstetrics, gynecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) delivers more babies than any other hospital in California Sharp Mesa Vista Hospital (158 licensed beds) As the most comprehensive behavioral health hospital in San Diego, Sharp Mesa Vista Hospital (SMV) provides services to treat anxiety, depression, substance abuse, eating disorders, bipolar disorder and more for patients of all ages Sharp McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is the only medically supervised substance abuse recovery center in SDC Offering the most comprehensive hospital-based treatment program in San Diego, SMC provides services such as addiction treatment, medically supervised detoxification and rehabilitation, day treatment, outpatient and inpatient programs, and aftercare Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH and are referred to herein as the Sharp Metropolitan Medical Campus (SMMC) The operations of Sharp Rees-Stealy Medical Centers (SRSMC) are included under the not-for-profit public benefit corporation of Sharp, the parent organization The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation The operations of Sharp HospiceCare are reported under SGH Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner Vision Sharp's vision is to become the best health system in the universe Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence Sharp will be recognized by employees, physicians, patients and families, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care Sharp will be known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health of those it serves Values * Integrity - Trustworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values * Caring - Compassionate, Communicative, Service-Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins, Embraces Diversity * Safety - Reliability</p>

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Return Reference	Explanation
<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>e, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Maker * Innovation - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self , Willing to Accept New Ideas and Change * Excellence - Quality-Focused, Compelled by Operational and Service Excellence, Cost Effective, Accountable Culture The Sharp Experience For nearly two decades, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff Through a sweeping organization-wide performance-and-experience-improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purposeful, worthwhile work and creating the kind of health care people want and deserve This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation the people Supported by its extraordinary culture , Sharp is transforming the health care experience in San Diego by striving to be * The best place to work Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe " * The best place to practice medicine Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader * The best place to receive care Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient - treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate Through this transformation, Sharp continues to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population This is something Sharp has been doing for more than 60 years Pillars of Excellence In support of Sharp's organizational commitment to transform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does In 2014, Sharp made an important decision regarding these pillars as part of its continued journey toward excellence</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Each year, Sharp incorporates cycles of learning into its strategic planning process. In 2014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety and incorporating the commitment to become a High Reliability Organization (HRO) in all aspects of the organization. At the core of HROs are five key concepts: * Sensitivity to operations * A reluctance to simplify * Preoccupation with failure * Deference to expertise * Resilience. Applying high-reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could improve. It begins with a culture of safety. With this learning, Sharp is a seven-pillar organization - Quality, Safety, Service, People, Finance, Growth and Community. The foundational elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm. This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner. The seven pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas:</p> <ul style="list-style-type: none"> Quality - Demonstrate and improve clinical excellence and exceed customer expectations. Safety - Keep patients, employees and physicians safe and free from harm. Service - Create exceptional experiences at every touch point for patients and families, enrollees, physicians, partners and team members. People - Create a values-driven culture that attracts, retains and promotes the best people who are committed to Sharp's mission and vision. Finance - Achieve financial results to ensure Sharp's ability to deliver on its mission and vision. Growth - Enhance market position and drive innovative development. Community - Be an exemplary public citizen by improving the health of our community and environment. <p>Awards Below please find a selection of recognitions Sharp has received in recent years. In 2013, 2014, 2016 and 2017, Sharp was recognized as one of the "World's Most Ethical (WME) Companies" by the Ethisphere Institute, the leading business ethics think tank. WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, forcing peers to follow suit or fall behind. Sharp was ranked No. 31 on Forbes' 2019 listing of Best Employers in California, as well as No. 58 on its list of Best Employers for Women and No. 201 on its list of Best Employers for Diversity. Becker's Hospital Review recognized Sharp as one of "150 Top Places to Work in Healthcare" in 2017 and 2018. The list recognizes hospitals, health systems and organizations committed to fulfilling missions, creating outstanding cultures and offering competitive benefits to their employees. In 2019, Sharp ranked No. 33 in the large employer category as</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>one of the "Best Places to Work" for information technology (IT) professionals by the International Data Group's Computerworld survey Sharp was also ranked in the top 10 on this list from 2013 to 2018 The list is compiled by evaluating a company's benefits, training, retention, career development, average salary increases, employee surveys, workplace morale and more In 2019, SMH and SCVMC were recognized on Newsweek's first ever list of the top 1,000 hospitals worldwide Among all United States (U S) hospitals included in the ranking, SMH was ranked No 89 and SCVMC was ranked No 137 In 2015 and 2017 to 2019, Sharp was ranked "San Diego's Best Hospital Group" in the annual San Diego Union-Tribune Readers Poll In 2017 and 2019, SMH was ranked "San Diego's Best Hospital," and in 2018, Sharp's Weight Management Programs ranked first for "Best Weight Loss Clinic/Counseling " Sharp Rees-Stealy Medical Group (SRSMG) was ranked "Best Hearing Aid Store" in 2019 for the third year in a row, as well as "Best Medical Group," "Best Laser Eye Center," "Best In-Home Care (Medical)," and "Best Pharmacy " Sharp Community Medical Group (SCMG) was ranked "San Diego's Best Medical Group" from 2015 to 2018 In 2016, 2017 and 2019, SMBHWN was named to The Leapfrog Group's Top Hospitals list, which recognizes facilities that meet the highest standards of patient safety, care quality and efficiency In 2016, SMH was also recognized as a Top Hospital SGH, SMH and SMBHWN have received MAGNET(r) recognition by the American Nurses Credentialing Center (ANCC) The MAGNET Recognition Program(r) is the highest level of honor bestowed by the ANCC and is recognized nationally as the gold standard in nursing excellence SGH first received the designation in 2006, and was most recently re-designated in 2017 SMBHWN received its current designation in 2015 SMH was first designated in 2008, and received its most recent re-designation in 2018 Sharp was named one of the nation's "Most Wired" health care systems from 2012 to 2019 by the College of Healthcare Information Management Executives' annual Most Wired Survey and Benchmark Study "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff Planetree is a coalition of more than 80 hospitals worldwide that are committed to improving medical care from the patient's perspective SCHHC became a Designated Planetree Person-Centered Hospital in 2007, and was re-designated in 2017 for the fourth consecutive time SMH became a Planetree Person-Centered Hospital in 2012 and was re-designated in 2015 SCVMC joined SCHHC and SMH as a Designated Planetree Person-Centered Hospital in 2014, and was re-designated in 2018 Also in 2014, SCHHC and SMH each achieved Planetree Designation with Distinction for demonstrating leadership and innovation in patient-centered care In addition, Planetree awarded the Gold Certification for Excellence in Person-Centered Care to SGH in 2018 and S</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>MH in 2019 In 2019, SMBHWN became one of only 40 institutions in North America to receive a Center of Excellence designation from the Society for Obstetric Anesthesia and Perinatology The designation honors hospitals that demonstrate excellence and safety in obstetric anesthesiology and achieve a high level of clinical care SCHHC and SCVMC received Energy Star (ES) designation from the U S Environmental Protection Agency (EPA) for outstanding energy efficiency Buildings that receive ES certification use an average of 40% less energy than other buildings and release 35% less carbon dioxide (CO2) into the atmosphere SC HHC first earned ES certification in 2007, and was re-certified for the eighth time in 2019 SCVMC was first certified in 2009 and was most recently re-certified in 2018 San Diego Gas & Electric (SDG&E) named Sharp the 2017 Grand Energy Champion at its annual Energy Showcase Awards Sharp was recognized for making tremendous strides in reducing its consumption of electricity and natural gas, and in promoting energy-saving techniques to the community Sharp received the Environmental Stewardship Award in the large business category from the Better Business Bureau (BBB), serving San Diego, Orange and Imperial counties, as part of BBB's 2017 Torch Awards The award recognizes businesses that increase efforts toward a more sustainable footprint and green initiatives Sharp was named the 2017 Outstanding Recycling Program by California Resource Recovery Association (CRRA) - California's statewide recycling association - for its innovative waste-minimization initiatives As the oldest and one of the largest nonprofit recycling organizations in the country, CRRA is dedicated to achieving environmental sustainability in and beyond California through zero waste strategies, including product stewardship, waste prevention, reuse, recycling and composting Sharp was one of nine awardees in San Diego to receive a 2018 EMIES UnWasted Food award by the San Diego Food System Alliance for its collaboration as an innovator and early adopter with upstream "unusual but usable" procurement, soup stock program, organic gardens, animal feed and composting Sharp was also recognized in 2016 for developing best practices in waste prevention, composting, recycling, food donation and source reduction efforts in partnership with the Sodexo Food and Nutrition team SRSMG was recognized by the Centers for Disease Control and Prevention as a 2017 Million Hearts Hypertension Control Champion for achieving blood pressure control for at least 70% of its adult patients with hypertension</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>From 2013 to 2019, the Press Ganey organization recognized multiple Sharp entities with Guardian of Excellence Awards(r) Based on one year of data, this designation recognizes recipients that reach the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality Awarded Sharp entities in the Employee Engagement category included SCVMC, SCHHC, SGH, SMBHWN, SMH, Sharp Memorial Outpatient Pavilion (OPP), SMV, Sharp HospiceCare, SRSMG, SCMG and Sharp Home Health, while SCHHC, SMH, OPP and SMBHWN have been awarded for Patient Experience and SCHHC, SMBHWN and SMV have received awards for Physician Engagement Press Ganey also recognized multiple Sharp entities with the Pinnacle of Excellence Award(r) (formerly named the Beacon of Excellence Award) This award recognizes the top three performing health care organizations that have maintained consistently high levels of excellence over three years in the categories of Patient Experience, Employee Engagement, Physician Engagement and Clinical Quality Performance Between 2013 and 2019, Press Ganey recognized SMH five times for Patient Experience From 2013 to 2015, Sharp was recognized for Employee Engagement In 2013, SCHHC and SMV were recognized for Physician Engagement SHP has maintained a National Committee for Quality Assurance's (NCQA) Private Health Insurance Plan Rating of 4.5 out of 5 each year since 2016, making it one of the highest-rated health plans in the nation SHP also maintained the NCQA's highest level "Excellent" Accreditation status for service and clinical quality each year from 2013 to 2018 The NCQA awards accreditation status based on compliance with rigorous requirements and performance on Healthcare Effectiveness Data and Information Set and Consumer Assessment of Healthcare Providers and Systems measures Covered California is California's official health insurance marketplace, offering individuals and small businesses the ability to purchase health coverage at federally subsidized rates SHP earned a four out of five-star rating in Covered California's 2020 Coverage Year Quality Ratings in the categories of "Summary Quality Rating," "Getting the Right Care" and "Plan Services for Members " America's Physician Groups (APG) is a professional association, representing over 300 medical groups, independent practice associations, and integrated health care systems across the nation APG has awarded its highest level of distinction - "Elite Status" - to SCMG and SRSMG each year from 2010 to 2019 The Women's Choice Award(r) is a symbol of excellence in customer experience awarded by the collective voice of women In 2019, SGH received the Women's Choice Award(r) as one of America's Best Hospitals for Heart Care The Women's Choice Award(r) also recognized SMH (including SMBHWN) in 2019 among America's Best Hospitals for Obstetrics and Patient Experience, as well as among America's Best Stroke Centers The Douglas and Nancy Barnha</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>a powerful example of how Sharp takes its commitment to improve the health of those it serves beyond the walls of health care. Health Professions Training Students and recent health care graduates are a valuable asset to the community. Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships and career pipeline programs. In FY 2019, more than 3,600 student interns dedicated over 579,900 hours within the Sharp system. Sharp provided education and training for students in a variety of disciplines, including multiple areas of nursing (e.g., critical care, medical/surgical, behavioral health, women's services, cardiac services and hospice), midlevel practitioner positions (nurse practitioner and physician assistant) and allied health (ancillary) professions such as rehabilitation therapies (speech, physical and occupational therapy), lactation care, pharmacy, respiratory therapy, imaging, cardiovascular, dietetics, laboratory, surgical technology, paramedic, social work, psychology, business and public health. Students came from local community colleges, such as Grossmont College, San Diego City College, San Diego Mesa College and Southwestern College (SWC), local and national universities such as California State University San Marcos (CSUSM), Point Loma Nazarene University (PLNU), San Diego State University (SDSU), University of California (UC) San Diego, University of San Diego (USD), and University of St. Augustine for Health Sciences, and vocational schools such as Concorde Career College. Table 1 presents the total number of students and student hours at each Sharp entity in FY 2019.</p> <p>Table 1 Sharp HealthCare Internships - FY 2019</p> <p>Sharp Chula Vista Medical Center Nursing Students - 702 Group Hours - 68,475 Precepted Hours - 18,731 Midlevel Practitioner Students - 3 Hours - 294 Ancillary Students - 141 Hours - 44,015 Total Students - 846 Hours - 131,515</p> <p>Sharp Coronado Hospital and Healthcare Center Nursing Students - 334 Group Hours - 30,741 Precepted Hours - 4,652 Midlevel Practitioner Students - 0 Hours - 0 Ancillary Students - 39 Hours - 10,125 Total Students - 373 Hours - 45,518</p> <p>Sharp Grossmont Hospital Nursing Students - 580 Group Hours - 45,885 Precepted Hours - 17,104 Midlevel Practitioner Students - 6 Hours - 82.8 Ancillary Students - 225 Hours - 63,572 Total Students - 811 Hours - 127,389</p> <p>Sharp Mary Birch Hospital for Women & Newborns Nursing Students - 173 Group Hours - 12,511 Precepted Hours - 4,876 Midlevel Practitioner Students - 0 Hours - 0 Ancillary Students - 7 Hours - 1,912 Total Students - 180 Hours - 19,299</p> <p>Sharp Memorial Hospital Nursing Students - 329 Group Hours - 31,060 Precepted Hours - 13,582 Midlevel Practitioner Students - 9 Hours - 1,284 Ancillary Students - 238 Hours - 66,927 Total Students - 576 Hours - 112,853</p> <p>Sharp Mesa Vista Hospital Nursing Students - 335 Group Hours - 24,796 Precepted Hours - 2,582 Midlevel Practitioner</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>, 56 online CME modules were made available in FY 2019 - a 68% increase in modules from FY 2018. Additionally, CME partnered with Sharp's Lean Six Sigma team as well as Sharp-affiliated physicians to complete 15 performance improvement projects. Each year, Sharp's CME Department identifies and addresses a public health priority in compliance with its Accreditation with Commendation. In FY 2019, the CME Department continued to collaborate with the Community Benefit team to address the FY 2018 identified public health issue: food insecurity. Together, CME and Community Benefit educated and engaged Sharp-affiliated physicians, pharmacists and employees on the impact of food insecurity on health, as well as assessed patients for food insecurity and referred them to community resources. Four online educational modules were developed in collaboration with the San Diego Hunger Coalition and are actively viewed by community providers. The CME and Community Benefit food insecurity initiative has helped change how Sharp cares for its community, as well as delivered positive patient outcomes. To address the FY 2019 public health priority of dementia, the CME Department developed a comprehensive needs assessment demonstrating the need for dementia training aimed at primary care providers. The CME Department collaborated with community organizations, including Champions for Health and the Alzheimer's Project Clinical Roundtable, to develop education and clinical guidelines focused on addressing dementia in SDC. This concerted effort reached over 300 clinicians, as well as led to countless additional non-CME educational strategy meetings with internal and external stakeholders, and important conversations regarding dementia patients at Sharp. In addition, the Alzheimer's Project Clinical Roundtable Physician Guidelines were converted into an online CME activity. In further support of this project, the department provided four hours of live and online CME activities for San Diego health care providers, as well as more than 50 hours of planning and development with providers. This included grand rounds at both SGH and SCHHC, and a panel discussion at SCMG's Annual CME Conference, where the Alzheimer's Project Clinical Roundtable exhibited and promoted its clinical guidelines. In addition, SRSMG's Clinical Guidelines committee utilized the Alzheimer's Project Clinical Roundtable's clinical guidelines to update their dementia guidelines. Results from post-evaluation surveys collected from these CME-accredited events showed markedly increased confidence in treating patients with Alzheimer's disease and other related dementias. Participants also stated an intent to change their professional behavior, and the belief that this education would positively impact their patients. Research Sharp Center for Research</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Sharp is dedicated to expanding scientific knowledge for the broader health and research communities. The Sharp Center for Research promotes high-quality research initiatives that help advance patient care and outcomes throughout the world. The Sharp Center for Research includes the Human Research Protection Program (HRPP), the Institutional Review Board (IRB) and the Outcomes Research Institute (ORI). Human Research Protection Program The Sharp Center for Research's HRPP is responsible for the ethical and regulatory compliant oversight of research conducted at Sharp. In March 2016, Sharp received accreditation from the Association for the Accreditation of Human Research Protection Programs (AAHRPP) and in December 2018, was re-accredited for an additional five years. This accreditation acts as a public affirmation of the HRPP's commitment to following rigorous standards for ethics, quality and protection for human research. To date, Sharp is the only health system in SDC to receive accreditation from the AAHRPP. Institutional Review Board As one of the key components of the HRPP, the IRB seeks to promote a culture of safety and respect for those participating in research for the greater good of the community. All proposed entity research studies with human participants must be reviewed by the IRB in order to protect participant safety and maintain responsible research conduct. In FY 2019, a dedicated IRB committee of 17 - including physicians, nurses, pharmacists, individuals with expertise and training in non-scientific areas, and members of the community - devoted hundreds of hours to the review and analysis of both new and ongoing research studies. Research at Sharp is conducted on all clinical phases of drug and device development, and the populations studied span the life cycle - from newborns to older adults. These clinical trials increase scientific knowledge and enable health care providers to assess the safety and effectiveness of new treatments. At any given time, Sharp participates in approximately 250 clinical trials encompassing many therapeutic areas, including behavioral health, emergency care, infectious disease, newborn care, heart and vascular, kidney, liver, neurology, gastroenterology, orthopedics and oncology - the latter of which comprises the largest share of Sharp's clinical trials. The HRPP educates and supports researchers across Sharp as well as the broader San Diego health and research communities regarding the protection of human research participants. As part of its mission, the Sharp Center for Research hosts quarterly research meetings on relevant educational topics for community physicians, psychologists, research nurses, study coordinators and students throughout SDC. In FY 2019, meetings included the following presentations: Research Community Outreach, Health Insurance Portability and Accountability Act and Research, Protecting Vulnerable Subjects, Deviations Identification, Responses and Solutions, and the R</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>vised Common Rule Education was also provided during the quarterly research meetings on the external IRB review process, short form consenting, and protection of human subjects Additionally, Sharp researchers presented their current studies during the meetings As pa rt of National Clinical Trials Day in May, the Sharp Center for Research held its inaugura l Clinical Trials Day event to showcase Sharp's latest clinical research to the San Diego community The event was featured on two local news channels and drew nearly 200 attendees , including community researchers, drug and device manufacturers, Sharp physicians, donors and the general public Outcomes Research Institute Since its inception in 2010, Sharp's ORI has sought to measure the long-term results of care to continue to develop and promote best practices in health care delivery The ORI enables Sharp to develop and disseminate new knowledge to the larger health care community and help improve the quality of care del ivery across SDC The ORI collaborates with Sharp team members to aid in the design of pat ient-centered outcomes research projects, assist with study protocol development, data col lection and analysis, explore funding mechanisms for research projects, and facilitate IRB application submissions The ORI seeks guidance and expertise from the local and national academic community on how to effectively conduct outcomes research to improve patient and community health This networking has resulted in collaborative research partnerships wit h investigators at SDSU and NU The ORI shares its research studies with other community h ealth and research professionals In FY 2019, this included a study titled Detecting Atria l Fibrillation in the Emergency Department in Patients with Cardiac Implantable Electronic Devices, published in The Journal of Emergency Medicine, as well as a presentation titled Prediction of Acute Care Utilization for Patients with Hematologic Malignancies, provided at the American Society of Clinical Oncology Quality Care Symposium in San Diego Since S eptember 2016, the ORI has expanded its contributions to research, education and clinical service through SMH's Integrated Behavioral Health/Cardiac program - an initiative that in tegrates psychological services for patients of SMH's Heart Transplant and Mechanical Circ ulatory Support units, including pre-surgical psychological candidacy assessments as well as psychological testing, consultation, and ongoing treatment The program provides opport unities for ongoing outcomes research, including the contribution of publications and pres entations to support the broader health and research communities in the psychosocial manag ement of heart failure patients These research opportunities are extended to advanced gra duate students in clinical psychology through yearlong practicum training experiences In FY 2019, this innovative program fostered the continued implementation of three ongoing he art failure studies, and as of</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>October 2019, has enabled the creation and funding of a new full-time psychologist staff position Evidence-Based Practice Institute Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows and mentors to change and improve clinical practice and patient care through identifying a care problem, developing a plan to solve it and incorporating this new knowledge into practice The EBPI is part of the Consortium for Nursing Excellence, San Diego, which promotes the use of evidence-based practices in the nursing community The consortium is a partnership between Sharp, Rady Children's Hospital - San Diego, UC San Diego Health, U S Department of Veterans Affairs (VA) San Diego Healthcare System, Kaiser Permanente, Elizabeth Hospice, PLNU, SDSU, APU and US D Sharp actively supports the EBPI by providing instructors and mentors as well as administrative coordination The EBPI includes six full-day class sessions featuring group activities, self-directed learning programs outside of the classroom, and structured mentorship throughout the program EBPI fellows and mentors partner with one another through a variety of learning strategies Mentors facilitate and support fellows as they navigate the hospital system and implement the processes of evidence-based practice change Mentors also assist fellows in working collaboratively with key hospital leadership personnel In FY 2019, the nine-month program culminated with a community conference and graduation ceremony in November, during which the EBPI fellows and mentors shared their project results Twenty-seven project teams, comprised of mentors and fellows, graduated from the program Projects addressed issues in clinical practice and patient care including spinal cord injury protocols to improve discharge preparedness, patient communication boards as a bedside handoff tool, music therapy to reduce anxiety in breastfeeding mothers, changes in checking gas tric residuals in tube fed babies for quicker full feeds, immunization protocols in liver pre-transplant patients, and development and education on a new evidence-based program for increased patient mobility Volunteer Service Sharp Lends a Hand In FY 2019, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH) Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way, rely solely on Sharp for volunteer labor, and support existing nonprofit initiatives, community activities or other programs that serve SDC</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>SLAH selected 21 volunteer projects for FY 2019: San Diego Food Bank (Food Bank), Feeding San Diego (FSD), Mama's Kitchen, San Diego Wreaths Across America, USS Midway Foreign Object Damage (FOD) Walk-down, American Diabetes Association (ADA) Tour de Cure, Promises2Kids, Ssubi is Hope Greening for Good Project, Special Olympics Annual Spring Games, Habitat for Humanity ReStore, Stand Down for Homeless Veterans, Life Rolls On - They Will Surf Again, Surfrider Foundation's Beach Cleanup, I Love a Clean San Diego's Coastal Cleanup, Creek to Bay Cleanup, Storm Drain Stenciling Day, and Morning After Mess Cleanup, the San Diego River Park Foundation's Point Loma Native Plant Garden, San Diego River Garden and Coastal I Habitat Restoration, and River Kids Discovery Days - a joint effort between I Love a Clean San Diego and the San Diego River Park Foundation. More than 3,000 Sharp employees, family members and friends volunteered nearly 6,000 hours in support of these projects. The Food Bank feeds San Diegans in need, advocates for the hungry, and educates the public about hunger-related issues. Each month, the Food Bank serves nearly 2 million meals to approximately 350,000 San Diegans. Backpacks filled with a weekend's supply of food are provided to chronically hungry elementary school children throughout SDC, while Food Bank distribution sites provide boxes of groceries and staple food items to low-income seniors. At eight events between December 2018 and August 2019, 50 SLAH volunteers gathered at the Food Bank warehouse to help inspect, clean, sort and package donated food as well as assist with assembling boxes and cleaning the facility. As a member of the Feeding America network, FSD partners with food donors throughout SDC - including grocery stores, restaurants and retailers - to distribute healthy food to more than 63,000 local children, families, seniors and military members each week. FSD relies on the generous support of individuals, corporations, foundations and community groups to sustain critical hunger-relief and nutrition programs throughout the region. At 10 events throughout FY 2019, nearly 150 SLAH volunteers sorted food, prepared bags for distribution, and cleaned produce for FSD. Established in 1990, Mama's Kitchen is a community-driven organization that enlists volunteers to help prepare and deliver nutritious meals to community members affected by acquired immunodeficiency syndrome (AIDS) or cancer who are unable to shop or cook for themselves. Mama's Kitchen strives to help its clients stay healthy, preserve their dignity, and keep their families together by providing free, culturally appropriate, home-delivered meals, pantry services and nutrition education. In January, April, June and July, more than 50 SLAH volunteers helped Mama's Kitchen serve meals to the community by preparing and packaging snack and vegetable items for delivery. In December 2018, SLAH participated in Wreaths Across America, a national event dedicated to</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>honoring veterans, remembering fallen heroes, and teaching children about the sacrifices made by veterans and their families. At three local cemeteries - Fort Rosecrans National Cemetery, Miramar National Cemetery and Greenwood Memorial Park - approximately 500 SLAH volunteers honored veterans by placing donated wreaths on their gravesites. The USS Midway is a retired aircraft carrier that serves as a museum and memorial to the 225,000 Navy sailors who served on board between 1943 and 1992. To help keep the deck of the Midway museum clean, SLAH volunteers participated in an FOD walk-down, a routine activity on active aircraft carriers that helps prevent debris from damaging aircraft engines. At four events in February, April, June and August, more than 120 SLAH volunteers mimicked a real FOD walk-down, using hand tools and vacuums to clear the decks of debris. SLAH volunteers participated in the ADA Tour de Cure 2019 to support the one in three San Diegans living with diabetes or prediabetes and raise critical funds for the ADA's diabetes research, education and advocacy. In March, five SLAH volunteers assisted with pre-event packet pick-up, day-of event registration, T-shirt distribution, rest stop support and first aid. Promises2Kids provides current and former foster youth in SDC with the tools, opportunities and guidance they need to grow into healthy, happy and successful adults. In November and December, nearly 30 SLAH volunteers supported the organization's annual Holiday Gift Drive by wrapping gift collection bins, assisting with inventory, and sorting and preparing gifts to distribute to foster youth. The Ssubi is Hope Greening for Good project collects discarded but safe and usable supplies from U.S. hospitals and distributes them to clinics around the world that have little or no medical resources. In addition to providing life-changing and life-saving services to people in underserved countries, the project has protected the environment by keeping more than one million pounds (lbs) of medical surplus out of local landfills. At two events in July and August, more than 15 SLAH volunteers joined the Greening for Good project to evaluate, sort, label and prepare medical materials for shipment. The Special Olympics Southern California - San Diego County program offers free, year-round sports training and competition for children and adults with intellectual disabilities. In May, 20 SLAH volunteers supported the 2019 Annual Spring Games at Carlsbad High School. Volunteers served as timers and scorekeepers during the bocce competition, cheered on the athletes and participated in the awards ceremonies. In addition to building homes in partnership with local people in need, San Diego Habitat for Humanity operates three ReStore retail centers with a wide variety of new or gently used building materials and home furnishings for public purchase. The ReStore centers provide affordable merchandise to customers while helping fund the construction of</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>f Habitat for Humanity homes throughout SDC At eight events in November, January, March and May, 35 volunteers organized donated items and took inventory of stock for the Kearny Mesa and National City ReStore retail centers SLAH participated in Stand Down for Homeless Veterans, an event sponsored by the Veterans Village of San Diego, to provide community-based social services to veterans without a permanent residence During eight days in May and June, approximately 60 volunteers sorted and organized clothing donations as well as set up and worked in the event's clothing tent In addition, pharmaceutical services were provided by six Sharp-affiliated pharmacists and licensed pharmacy technicians More than 750 veterans were served through the 2019 Stand Down for Homeless Veterans events The Life Rolls On Foundation is dedicated to improving the quality of life for people living with various disabilities Through the organization's award-winning program, They Will Surf Again, paraplegic and quadriplegic community members can experience mobility through surfing with support from adaptive equipment and volunteers In September, more than 85 SLAH volunteers assisted They Will Surf Again with event set-up and breakdown, registration, equipment distribution, lunch service and helping surfers on land and in shallow water The Surfrider Foundation is dedicated to the protection and enjoyment of the world's oceans, waves and beaches through a powerful activist network Since 2017, the Surfrider Foundation has helped remove more than 31,000 lbs of trash from local beaches Data collected at these events is used to determine the primary local sources of pollution, and create education and policies to prevent trash from ever reaching the beach In August, 20 SLAH volunteers participated in a beach cleanup event at Belmont Park in Mission Bay where they helped pick up trash and complete data sheets detailing what they collected</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>In November 2018, nearly 15 SLAH volunteers joined I Love a Clean San Diego for Storm Drain Stenciling Day. Volunteers met at Mountain View Community Center to stencil a pollution prevention message above neighborhood storm drains educating the public that no pollutants or trash should go down the drain and into the ocean. SLAH also partnered with I Love a Clean San Diego for the 17th annual Creek to Bay Cleanup in April, in celebration of Earth Day. Approximately 60 SLAH volunteers participated in this countywide effort to beautify beaches, bays, trails, canyons and parks at locations around SDC, including Torrey Pines State Beach, Crown Point Shores in Mission Bay, San Diego River - Mission Valley South, Ocean Beach Veterans Plaza, Coronado Central Beach, Marina View Park in Chula Vista, Lake Miramar and Santee Lakes. In July, SLAH volunteers participated in I Love a Clean San Diego's Morning After Mess Cleanup by helping clear garbage and debris from Mission Beach Park following the Fourth of July holiday. In September, nearly 30 volunteers supported I Love a Clean San Diego's California Coastal Cleanup Day to ensure a clean, safe and healthy community by removing litter from open spaces throughout SDC, including Ocean Beach Dog Beach, Chula Vista Bayside Park, Tierrasanta North Shepard Canyon, Embarcadero Marina Park North, Harry Griffen Park in La Mesa, Coronado South Beach and Torrey Pines State Beach. Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River. Nearly 50 SLAH volunteers joined the San Diego River Park Foundation to care for California native plants and trees at the Point Loma Native Plant Garden in November, December, February, May, and June, and at the San Diego River Garden in Mission Valley in April and August. Activities included trail maintenance, watering, pruning and other light gardening projects. In January, July and September, nearly 35 SLAH volunteers joined the San Diego River Park Foundation's Coastal Habitat Restoration events in Ocean Beach. The team worked to save and restore one of the last remaining coastal dune and wetland habitats in San Diego by removing invasive plants and litter, watering and caring for recent plantings and native plants, and providing trail maintenance. In March, I Love a Clean San Diego and the San Diego River Park Foundation partnered to provide the fifth annual River Kids Discovery Days. Five SLAH volunteers participated in the free event, which provides river education and service events to teach more than 600 children and families about protecting the Earth's natural resources. In addition to these projects, the SLAH program continued to coordinate and promote Sharp's year-round blood donation effort to provide needed blood to local organizations serving the community. In FY 2019, Sharp committed to collecting a minimum of 1,300 units of blood for</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>om Sharp employees, family and friends Throughout the year, Sharp hosted 64 blood drives at 12 Sharp locations to benefit the San Diego Blood Bank, including two systemwide drives held at Sharp's corporate office location These latter two drives were designed as community events, and featured prize giveaways, Arts for Healing, therapy dogs and meet-and-greets with executive leadership In addition, SLAH encouraged Sharp employees to donate blood at local Red Cross locations Through these efforts, SLAH helped Sharp collect approximately 1,670 units of blood, surpassing its goal by more than 360 units Sharp Humanitarian Service Program The Sharp Humanitarian Service Program provides paid leave time for Sharp employees to volunteer for programs that provide health care or other supportive services to underserved or adversely affected populations In FY 2019, the program funded more than 40 employees on humanitarian trips to the Dominican Republic, the Philippines, Ecuador, Guatemala, Jamaica and other locations throughout the world For nearly two weeks in November, the Woolsey and Hill Fires burned nearly 100,000 acres of land in Los Angeles and Ventura counties, destroying more than 1,600 structures and forcing almost 300,000 evacuations A response effort by the American Red Cross drew volunteers and other local organizations to bring meals, shelter, supplies and health care to affected community members One Sharp volunteer worked more than 160 hours as the only nurse at an American Red Cross shelter in Malibu In December, a Sharp nurse participated in a medical mission to Santo Domingo, Dominican Republic through CardioStart International - a global volunteer organization that brings specialized cardiac care teams to underserved regions The team, which consisted of cardiac surgeons, cardiologists, perfusionists (health care professionals who operate heart-lung machines during surgery), nurses, respiratory therapists and a specialized ultrasound technician, performed surgery on five children with congenital heart defects as well as provided advanced cardiac education to help local medical teams improve surgical outcomes and patient care Venture to Heal Medical Missions is a local nonprofit organization founded by a Sharp nurse that coordinates trips to Vietnam and the Philippines to provide health care, supplies and education to thousands of people in underserved, rural communities For two weeks in January, the nurse and a fellow Sharp pharmacist as well as other San Diego nurses, physician assistants, emergency medical technicians and lay volunteers convened at a rural clinic in the Philippines that had recently been impacted by a typhoon The team provided acute management of skin, soft tissue and upper respiratory tract infections, as well as treatment for metabolic disorders such as diabetes and hypertension, to more than 1,300 people In March, a Sharp nurse volunteered in Quito, Ecuador as part of a medical mission trip with Timmy</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Global Health, a nonprofit organization that expands access to health care by directly supporting community-based project sites. More than 470 local patients were served by the medical team which included one doctor, three nurses and 19 students. The medical team treated and assisted patients with parasitic infections, general pain, vision loss, hypertension, dry or irritated eyes and gastritis - an inflammation of the protective lining of the stomach. Also in March, a Sharp employee accompanied a team of students, nurses, physical therapists, occupational therapists and doctors on a medical mission to Ecuador sponsored by Franciscan University of Steubenville. With a mission to care for the whole person, the team provided medical treatment for acute diseases, as well as education on how to care for and prevent future complications. In April 2019, a Sharp nurse participated in a surgical service trip facilitated by Helps International, a community of volunteers dedicated to bringing agricultural and community development, education and health care to rural Guatemala. The Sharp nurse spent 10 days working on the eye surgery team alongside various other medical professionals to perform oculoplastic (reconstructive procedures involving the orbit, eyelids, tear ducts and face), strabismus (crossed eyes) and cataract surgeries. Another Sharp nurse accompanied a team of 25 medical professionals to the impoverished, indigenous community of Patzun, Guatemala through Friends With Purpose - a nonprofit organization dedicated to providing medical care and community development in underserved communities around the world. The team consisted of surgeons, physician's assistants, operating room technicians, nurses and autoclave technicians. For eight days in May, the volunteers provided surgical services to patients, many of whom had never received medical care. In July 2019, Next Generation Mission partnered with Legacy Church San Diego and a Jamaican youth organization to provide help, entertainment and hope on a mission serving underprivileged residents of Montego Bay, Jamaica. A Sharp nurse accompanied a team consisting of church members, construction specialists, college students and musicians, who assisted with multiple projects, including construction of a small house, repairs at an orphanage, provision of music and entertainment at homes for underprivileged children, elderly, orphans and disabled people, and participation in a youth sports day.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Community Walks Heart disease is the leading cause of death in the U S Sharp proudly supports the American Heart Association's (AHA) annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of CVD and stroke In FY 2019, more than 115 teams from across the Sharp system helped raise nearly \$234,000 for the walk, through activities such as auctions, prize drawings and a karaoke competition In September , more than 1,000 employees, family members and friends represented Sharp during the walk at Balboa Park For the past 23 years, Sharp has maintained its position as the first-place fundraising team in San Diego and, in 2019, was the third-place team in the AHA Western States Affiliate To date, Sharp's fundraising efforts have raised more than \$3.5 million in support of the San Diego community through the AHA's Heart & Stroke Walk Sharp Volunteers Volunteers are a critical component of Sharp's dedication to the San Diego community and help make a difference in the lives of others Sharp provides many volunteer opportunities for individuals of all ages and skill levels to assist with a wide variety of programs , events and initiatives across the Sharp system This includes devoting time and compassion to patients within Sharp's hospitals, assisting with community events for the general public, and support for annual golf tournaments, galas and other events to benefit Sharp's various foundations, including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation On average, approximately 1,770 individuals actively volunteered at Sharp each month in FY 2019 This included more than 1,830 auxiliary members, thousands of individual volunteers from the San Diego community, and volunteers for Sharp's foundations Throughout the year, volunteers contributed nearly 241,300 hours of service to Sharp and its initiatives More than 20,170 of these hours were dedicated to activities in the community such as delivering meals to homebound seniors and assisting with health fairs and events Table 2 details the average number of active volunteers per month as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient and community support Table 2 Sharp HealthCare Volunteers and Volunteer Hours - FY 2019 Average Active Volunteers per Month Sharp Chula Vista Medical Center - 369 Sharp Coronado Hospital and Healthcare Center - 74 Sharp Grossmont Hospital - 629 Sharp HospiceCare - 65 Sharp Metropolitan Medical Campus - 600 TOTAL - 1,737 Total Volunteer Hours Sharp Chula Vista Medical Center - 52,849 Sharp Coronado Hospital and Healthcare Center - 9,684 Sharp Grossmont Hospital - 94,763 Sharp HospiceCare - 10,164 Sharp Metropolitan Medical Campus - 71,241 TOTAL - 238,701 Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers T</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>he program requires a high grade point average and a long-term commitment of at least 100 hours. The Junior Volunteer Program supports workforce development by introducing students to careers in health care, including clinical and ancillary support services. The junior volunteers enhance patient-centered care through hospitality, such as greeting and escorting patients and families, answering questions, and creating a welcoming and relaxing environment for guests. Through volunteering in the gift shops and thrift store, students learn about merchandising, fundraising and retail sales. At the inpatient units, they are exposed to clinical experiences that provide a glimpse into potential future careers. Junior volunteers also have the opportunity to help raise funds for hospital programs and provide clerical support to hospital departments. In FY 2019, nearly 530 high school students contributed more than 54,800 hours to the Junior Volunteer Program. This included 90 junior volunteers who provided more than 5,660 hours of service at SMH and SMBHWN, more than 270 junior volunteers who dedicated more than 17,620 hours of service at SCVMC, and nearly 280 junior volunteers who contributed more than 33,700 hours of service at SGH. In addition, Sharp's various entity boards include volunteers who provide program oversight, administration and decision-making regarding the organization's financial resources. In FY 2019, more than 120 volunteers contributed time to Sharp's boards. Sharp employees also donate time as volunteers for the Sharp organization, including service on the Board of Directors of San Diego Imaging - Chula Vista, Sharp and Children's MRI, Grossmont Imaging LLC Board, and Sharp and UC San Diego Health's Joint Venture, which oversees the operations of their joint Liver Transplantation and Bone Marrow Transplant Programs. Lastly, in September, SGH presented on the successful impact of volunteer-led events on employee engagement to volunteer program managers and leaders, community partners, and hospital professionals at the AHA's Association for Health Care Volunteer Resources Professionals Annual Conference & Exposition. Held at the Hyatt Regency in Dallas, Texas, the conference theme was Educate, Empower and Inspire, which included education on the principles of volunteer administration in a health care institution, volunteer recruitment, volunteer programs and service, the effects of health care service delivery system redesign on the volunteer sector, and retail operations. At the same conference, the SGH Volunteer Auxiliary's Thrift Korral Resale Boutique received the Retail Excellence Program Award - recognition of a retail shop in a health care setting that has achieved exemplary results, and has demonstrated substantial benefit to the recipients, the health care organization, the community and the volunteers providing the service. The following section describes the achievements of various Sharp volunteer programs in FY 2019. Sharp H</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>HospiceCare Volunteer Programs Sharp HospiceCare provides a variety of volunteer training opportunities that offer valuable knowledge and experience to volunteers who are often working towards a career in the medical field. Volunteers are essential to the hospice team - they provide significant relief to those near the end of life and their families and caregivers, as well as valuable clerical and community support activities for the hospice organization. Sharp HospiceCare trained 36 new volunteers in FY 2019. Volunteers completed an extensive 24-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities. Volunteers provided a variety of non-medical services at patient homes, SNF and hospitals, and Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes. This included caregiver relief, companionship, light housekeeping, errands and participation in patient outings. In addition, volunteers provided administrative support and assistance with special-event planning and community outreach for Sharp HospiceCare. Four teenagers participated in Sharp HospiceCare's Teen Volunteer program in FY 2019. Through this program, teens completed special projects in Sharp HospiceCare administration, as well as performed activities at Sharp HospiceCare's hospice homes, including patient grooming and hygiene tasks, as well as simply sitting with patients, listening to their stories and holding their hand. Additionally, 13 premedical students from SDSU, UC San Diego and CSUSM volunteered their time by supporting family caregivers in private homes. Sharp HospiceCare continued to provide the 11th Hour program to ensure that no patient died alone. Through the program, volunteers accompanied patients who were in their final moments of life but did not have family members present. This included holding the patient's hand, reading softly to them and remaining by their side. Volunteers also comforted families who were present while their loved one passed away. Twelve volunteers were trained through the 11th Hour program in FY 2019. In FY 2019, Sharp HospiceCare trained four volunteers in integrative therapies to promote relaxation and restful sleep and enhance the quality of life of Sharp HospiceCare patients and their caregivers. Integrative therapies included Healing Touch, a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain, Reiki, a Japanese energy healing therapy in which practitioners use their hands on or above the patient's body to facilitate the healing process, aromatherapy, and hand massage.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Nine volunteers also supported Sharp HospiceCare's partnership with We Honor Veterans (WHV) WHV is a national program developed by the National Hospice and Palliative Care Organization in collaboration with the VA to empower hospice professionals to meet the unique end -of-life needs of veterans and their families As a WHV partner, Sharp HospiceCare is equipped to provide education and training that qualifies its volunteers to identify and support veteran patients and their caregivers This includes the Vet-to-Vet Volunteer program, which pairs volunteers who have military experience with veteran patients receiving hospice or home-based palliative care The program also honors veteran patients through special pinning ceremonies, during which volunteers present veterans with a WHV pin and a certificate of appreciation for their service In FY 2019, Sharp HospiceCare held pinning ceremonies for more than 90 Sharp HospiceCare veteran patients and pinned 40 veteran community members during various community events Sharp HospiceCare continued to offer the Memory Bear program to support community members who have lost a loved one Volunteers created teddy bears out of the garments of those who have passed on, which served as special keepsakes and permanent reminders of the grieving individual's loved one In FY 2019, volunteers dedicated nearly 3,000 hours to sewing more than 740 bears for approximately 250 families Sharp HospiceCare recognizes the valuable impact that volunteers have on its patients and their family and caregivers In light of this recognition, Sharp HospiceCare offered a monthly continuing education support group to enhance volunteers' skills In addition, Sharp HospiceCare honored its volunteers during National Volunteer Week in April and National Hospice and Palliative Care Month in November through special award and pinning celebrations Sharp Metropolitan Medical Campus (SMH, SMBHWN, SMV, SMC) Volunteer Programs Through the Community Care Partner (CCP) program at SMH, hospital volunteers are hand-selected and trained to serve and comfort patients without family or friends present during their hospital stay Activities may include reading to patients, writing letters, taking walks, playing games, or simply engaging in conversation In addition, CCP volunteers look out for patients' safety and notify medical staff when needs arise - a task that is usually performed by a family member or friend but often overlooked when patients lack a companion In FY 2019, 6 CCP volunteers devoted more than 500 hours to approximately 115 patient visits The Cushman Wellness Center Community Health Library and SMH Volunteer Department continued to offer the Health Information Ambassador program in FY 2019 Serving SMH, the SMH Rehabilitation Center and SMBHWN's perinatal special care unit, the program brings the library's services directly to patients and family members, which both helps to improve their health literacy and empower them to become</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>e involved in their own health care Through the program, hospital volunteers are specially trained to become Health Information Ambassadors who are responsible for bringing diagnosis-related resources to patients and family members upon request The consumer health librarian receives these requests, then uses reputable health websites to gather consumer-oriented information for the Health Information Ambassadors to return to the patient or their family members Following their hospital stay, patients and families are invited to access an online database of reliable health information as well as to keep in touch with the library to ensure ongoing receipt of quality health information at home Throughout the year, the Health Information Ambassadors visited more than 2,400 patient rooms and filled nearly 875 information requests In addition, to address the vast number of Americans demonstrating basic or below health literacy, the consumer health librarian continued to provide a pamphlet titled Health Literacy 101 as a resource for the Health Information Ambassadors as they communicate with patients about their diagnosis The pamphlet emphasizes the importance of verbally explaining a patient's diagnosis to them and describes a protocol to help improve their understanding of their medical information Established in 2007, the Arts for Healing program at SMMC uses art and music to reduce feelings of fear, stress, pain and isolation among patients facing significant medical challenges and their loved ones The program brings a variety of activities to patients at their bedside - including painting, beading, creative writing, card-making, seasonal crafts, scrapbooking, quilting, music and drumming - to improve emotional and spiritual health and promote a faster recovery The program also engages visitors and members of the community during hospital and community events Funded completely by donations, Arts for Healing is led by Sharp's Spiritual Care and Education Department and is implemented with help from licensed music and art therapists as well as a team of trained volunteers At SMH, Arts for Healing typically serves patients who are receiving cancer treatment, recovering from surgery or stroke, awaiting organ transplantation, receiving palliative care, or facing life with newly acquired disabilities following catastrophic events At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who are susceptible to stress and loneliness during extended hospital stays prior to childbirth Music therapy is also provided in SMBHWN's NICU to promote the development of premature babies At SMV and SMC, Arts for Healing offers several art and music therapy groups, including those for adolescents and adults receiving treatment for substance use, mood and anxiety disorders, as well as older adults receiving treatment for dementia or depression In collaboration with SMMC's social workers and palliative care nurses, in FY 2019, Arts for Healing</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>facilitated the donation of 50 handcrafted blankets and quilts for patients receiving end-of-life care at SMH Throughout the year, Arts for Healing led art and music activities for hundreds of patients and community members in recognition of various holidays and Sharp events, including Saturday with Santa, a public event hosted each December by the SMH Auxiliary, Valentine's Day, National Hospital Week in May, Cancer Awareness activities in October and June, two Sharp blood drives, and Sharp's annual Disaster Preparedness Expo In FY 2019, Arts for Healing cultivated a partnership with the San Diego Symphony resulting in a brass ensemble performance for patients at SMH and the Sharp Allison deRose Rehabilitation Center in September In FY 2019, Arts for Healing received a grant from the Music Man Foundation to support its efforts to promote and provide the healing power of music at SMMC With this grant, SMMC expanded Arts for Healing by 24 hours per week, nearly doubling its music therapy services, as well as launched an evidence-based practice project to measure the impact of music therapy on patients In FY 2019, 50 volunteers and five staff members facilitated art and music activities for approximately 39,000 patients, visitors and staff through the Arts for Healing program Since its inception, the time and talent of the program's dedicated volunteers, licensed therapists and staff have reached more than 178,000 individuals Other Sharp Community Efforts In FY 2019, Sharp engaged in a variety of community service projects to improve the well-being of community members throughout San Diego The following are just a few examples of these efforts</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>According to the January 2019 WeAllCount Annual Report, there are more than 8,100 individuals experiencing homelessness in SDC, of whom more than 4,470 are unsheltered. For the second year in a row, the number of individuals experiencing homelessness in the region has decreased by nearly 6%. Since 2011, Sharp has sponsored the Downtown San Diego Partnership's Family Reunification Program, which serves to reduce the number of unsheltered individuals on the streets of downtown San Diego. Through the program, homeless outreach coordinators from the Downtown San Diego Partnership's Clean & Safe Program identify unsheltered individuals who would be best served by traveling back home to loved ones. Family and friends are contacted to ensure that the individuals have a place to stay and the support they need to get back on their feet. Once confirmed, the outreach team provides the transportation needed to reconnect with their support system. With Sharp's help, the Family Reunification Program has reunited more than 1,700 individuals in Downtown San Diego with friends and family across the nation. In addition, in 2019 Sharp provided funding that helped secure two new buses to support the Family Reunification Program. Through the Giving Tree program at the Downtown Sharp Senior Health Center, community members and staff donate gift cards to make the holidays brighter for seniors in need. In December 2018, nearly 60 patients who visited the Downtown Sharp Senior Health Center left with a gift bag and a gift card to a local drug store, grocery store or restaurant. In addition, in December, SCVMC partnered with a Chula Vista chapter of Optimist International for a holiday bike giveaway. Optimist International is a worldwide volunteer organization that helps children develop to their fullest potential. In FY 2019, the holiday bike giveaway provided bicycles as holiday gifts to eight children of the hospital's cancer patients. The SGH Engineering Department led a variety of volunteer initiatives in FY 2019. For the past nine years, the SGH Engineering Department's landscaping team and the hospital's Auxiliary have collaborated with local businesses to bring The Shirt Off Our Backs Program to community members in need during the holidays. Through the The Shirt Off Our Backs Program, volunteers collect and donate a variety of items to help meet the basic needs of homeless or low-income children and adults. In FY 2019, volunteers filled three trucks with donated food and other essential items, including 80 hygiene kits (shampoo, soap, wipes, toothbrushes, etc.), 200 handmade sandwiches and 150 water bottles as well as clothing, socks, shoes, toys, towels, blankets, pet food and other household items. The SGH Engineering Department continued to provide This Bud's for You, a special program that delivers hand-picked flowers from the campus' abundant gardens to unsuspecting visitors, patients and staff. Through the program, the landscaping team grows, cuts, bundles</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>and delivers colorful bouquets to patient rooms as well as offers single-stem roses in a small bud vase to passers-by. Each week during FY 2019, the team delivered three vases of flowers along with an inspirational quote, as well as at least six vases during peak flower season and upon additional requests. In addition, nearly 40 vases of flowers were delivered to new mothers staying in the hospital on Mother's Day. This Bud's for You also supports the SGH Senior Resource Center and Meals on Wheels partnership by providing floral centerpieces for fundraising events benefitting seniors in SDC's east region, as well as offering roses for SGH's annual patient remembrance service. Now in its ninth year, the program has become a natural part of the landscape team's day - an act that is simply part of what they do to enhance the experience of hospital visitors and community members. The SGH Engineering Department further extends the spirit of caring through the creation of Cheers Bouquets for patients or visitors who appear to need encouragement, cheer or get well wishes, as well as to recognize patient birthdays, anniversaries and other special moments. The engineers quickly assemble and deliver a bouquet of balloons, ribbon, a Sodexo stuffed bear or football, and a chocolate pastry created by SGH and Sodexo chefs. In FY 2019, the team assembled up to four Cheers Bouquets per month, including bouquets for more than 40 new fathers on Father's Day weekend. In collaboration with Christie's Place - a nonprofit organization that supports women, children and families affected by human immunodeficiency virus or AIDS - since 2014, SGH nurses have engaged employees throughout the hospital in an annual backpack drive to prepare children and teens for academic success. Team members from a variety of departments help assemble backpacks with school supplies and personal notes wishing the students all the best for the coming school year. Each year, the team distributes more than 160 backpacks to youth during a back-to-school party at Balboa Park. For more than 30 years, SGH has held its annual Santa's Korner giving event to provide for those in need during the holidays. Through this effort, various hospital departments adopt a family that has been vetted and referred by local service agencies. Using primarily their personal resources, as well as support from occasional fundraisers, hospital staff purchase special holiday gifts for the families, including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys and a holiday meal. During the 2018 holiday season, Santa's Korner served more than 120 individuals from 36 families. All Ways Green Initiative Sharp has a long-standing dedication to minimizing adverse environmental impacts by creating and promoting healthy, green practices for employees, physicians and patients. Through education, outreach and collaboration with San Diego's earth-friendly businesses, Sharp works to</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>identify best practices in sustainability, and implement and reduce the costs of these initiatives Sharp's Environmental Policy guides the identification and implementation of green practices within the health care system, while its All Ways Green initiative fosters a culture of environmental responsibility throughout the organization and the San Diego community Sharp's systemwide All Ways Green Committee spearheads the organization's sustainability efforts Sharp's environmental initiatives are concentrated in five domains (1) energy efficiency, (2) water conservation, (3) waste minimization, (4) sustainable food practices and (5) commuter solutions Specialized committees are responsible for each of these domains (see Table 3), while Green Teams at each Sharp entity are responsible for sustaining the existing initiatives and developing new programs to educate and motivate employees to conserve natural resources Table 3 All Ways Green Committees/Domains Natural Resource Subcommittee/Energy efficiency and water conservation Waste Minimization Committee/Waste minimization Food and Nutrition Best Health Committee/Sustainable food practices Commuter Solutions Subcommittee/Commuter solutions To monitor progress and measure tangible results , All Ways Green utilizes a Sharp-developed report card which trends each domain's annual performance against a baseline The report card shows where Sharp has achieved desired results as well as identifies opportunities for improvement in order to strategically plan initiatives that engage team members in reducing the organization's carbon footprint Sharp's accomplishments and goals within each All Ways Green committee/subcommittee and domain are highlighted in the following pages Natural Resource Conservation According to the EPA, health care organizations spend over \$6.5 billion on energy each year Health care organizations rank as the country's second most energy intensive industry, with hospitals using roughly three times the amount of energy as a typical office building In the U.S., hospital water use constitutes 7% of the total water used in commercial and institutional buildings Sharp's goal is to optimize the use of electricity, gas and water across its facilities, identify and evaluate opportunities for improvement, implement initiatives in the most cost-effective manner and track progress</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>A 2017 World Health Organization report encouraged hospitals to proactively address the environmental footprint of the health care sector by reducing power consumption and utilizing alternative sources of energy generation. Sharp's Natural Resource Subcommittee has addressed this call by implementing numerous conservation initiatives, including infrastructure changes as well as adopting best practices to ensure its facilities are optimally operated while monitoring and measuring energy and water consumption. Sharp's Natural Resource Subcommittee also educates employees about the energy-conscious behaviors that can be practiced in the workplace and at home to promote continuous energy and water savings. During California's recent five-year drought, Sharp adopted a focused water conservation program at all sites. Although the drought restrictions were officially lifted in 2017, Sharp remains dedicated to using water wisely. To align with this commitment, Sharp partners with Emerald Textiles for its laundry and linen services. The company operates a state-of-the-art plant that is efficiently designed to reduce utility consumption and preserve natural resources. Each year, Emerald Textiles saves an estimated 40 million gallons of water through its water filtration system, more than 71,000 kilowatt-hours (kWh) of electricity through the use of energy-efficient lighting, and over 700,000 therms of gas by using energy-efficient laundry equipment. Sharp was one of the first health care organizations in the country to commit to environmental best practices in IT. In 2013, Sharp became the first health care system in SDC to implement a computer management program that places computers and monitors into a low-power sleep mode after a one-hour period of inactivity. The program has been installed on all Sharp computers resulting in annual energy savings in excess of 1.6 million kWh. In 2015, Sharp implemented the TSO Logic software program, which identifies inefficient, energy-consuming hardware for replacement or elimination. Sharp's hardware electrical consumption has decreased by more than 5% each year following implementation. Since 2016, the SGH campus has been operating essentially off the electrical grid due to the Brady Family CoGen, its state-of-the-art Central Energy Plant (CEP). The CEP includes a 52-ton, 4.4-megawatt combustion turbine generator that produces enough electricity to meet up to 95% of the hospital's needs while reducing greenhouse gases by up to 90%. In addition to providing electrical power, the CEP converts heat to steam to operate medical equipment, space heating, and air conditioning as well as provides hot and cold water to the hospital. The CEP is fully compliant with state and local air emissions standards. In 2017, Sharp installed new software on 10 air conditioning units in the data center at its corporate office, resulting in more efficient cooling and a 16% decrease in power usage. In addition, new virtual environments rep</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>placed more than 150 devices in the data center, further reducing power and cooling needs for the building. In 2018, Sharp opened the new Copley building which houses administrative space for SRSMG, as well as the complex, consolidated Sharp HealthCare Laboratory that services the entire Sharp system. To reduce the Copley building's CO2 emissions, Sharp restored the original fuel cell that came with the building upon purchase, making it the first Sharp location to use fuel cell energy. A fuel cell uses the chemical energy of hydrogen or another fuel to produce clean and efficient electricity, which could help reduce the Copley building's CO2 emissions by more than 90% while self-generating over 3 million kWh of electricity per year. In 2019, fluorescent light bulbs were replaced with high-performance light-emitting diode (LED) bulbs at multiple Sharp sites as part of a systemwide LED lighting retrofit project. The new LED lighting is projected to decrease energy usage by 55%. It is also rated to meet and exceed the requirements established by California's Title 24 Building Energy Efficiency Standards and the federal Occupational Safety and Health Administration. Since implementation, retrofits have been completed at SRSMC, SCVMC, SMMC, SCHHC and Sharp's system offices. Also in 2019, a set-point temperature (an agreed upon temperature that a building will meet) project was completed throughout Sharp's facilities in order to standardize, optimize, maintain, and enforce temperature and lighting schedules during occupied and unoccupied hours. Research indicates that increasing cooling temperature set-points and decreasing heating temperature set-points by two degrees Fahrenheit decrease energy use by approximately 1% and 5%, respectively. In January 2020, Sharp will open the new Ocean View Tower on the SCVMC campus which has been designed to meet the organization's sustainability goals. The Ocean View Tower will be approximately 12% more efficient than Cal-Green requirements (California's mandatory green building standards code) and is projected to reduce annual CO2 emissions by nearly 250,000 lbs compared to buildings of similar square footage. This will be achieved through the installation of high-efficiency boilers, the use of more efficient heating, ventilation and air-conditioning systems (HVAC) in non-patient care areas, and the use of LED lighting during the approximately three-year construction process. In addition, the installation of a cool roof (a roof designed to reflect more sunlight and absorb less heat than a standard roof) on the Ocean View Tower will further reduce energy consumption. All Sharp hospitals engage in the EPA's ES database and monitor their ES scores on a monthly basis, thus following an international standard for energy efficiency created by the EPA. Buildings that are certified by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75% of similar</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>r buildings nationwide without sacrifices in comfort or quality According to the EPA, buildings that qualify for ES certification typically use 35% or less energy than buildings of similar size and function As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC and SCVMC earned the ES certification in 2019 SCHHC previously earned ES certification in 2007, each year from 2010 to 2013, and in 2017 and 2018 SCVMC previously earned ES certification from 2009 to 2011, as well as in 2013 and from 2015 to 2018 In addition, the SRSMC Downtown office building meets Leadership in Energy and Environmental Design (LEED) silver certification specifications, making it one of the first medical office buildings of its kind in SDC SMMC participates in the San Diego Higher Opportunity Projects and Programs Retrocommissioning Program (HOPPs RCx), which is funded by California utility customers and administered by SDG&E Through HOPPs RCx, qualified facilities receive a free building analysis to identify energy-saving opportunities, financial incentives to implement energy-saving measures and staff training on post-installation maintenance HOPPs RCx projects typically reduce building energy costs by 5 to 20% with financial returns on investment averaging less than two years In 2017, Sharp received the Environmental Stewardship Award in the large business category from the BBB serving San Diego, Orange and Imperial Counties The award recognizes businesses that increase efforts toward a more sustainable footprint and green initiatives Also in 2017, Sharp was named San Diego's Grand Energy Champion by SDG&E in recognition of its continuous commitment to energy efficiency The award specifically noted the particular challenges faced by health care organizations trying to conserve energy, given the need to maintain a comfortable, clean and safe environment for patients, visitors and staff 24 hours a day, seven days a week See Table 4 for a listing of Sharp's natural resource conservation efforts Table 4 Natural Resource Projects by Sharp HealthCare Entity Establish Energy and Water Use Baseline SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG ES Participation SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC Air Handler Projects SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC SRSMG Cogeneration Plant SGH Drip Irrigation/Landscape Water Reduction Systems SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Drought-Tolerant Landscaping SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Electric Vehicle Charging Stations SCVMC System Offices SMH/ SMBHWN SRSMG Electronic/Low-flow Faucets SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Energy-efficient Kitchen/Cafe Appliances SCHHC SCVMC SGH SMH/ SMBHWN</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Energy-efficient Chillers/ Motors SCHHC SCVMC SGH System Offices SMH/ SMBHWN Faucets and Toilet Retrofits SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG HVAC Projects SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Lighting Retrofits to LEDs SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Occupancy Sensors SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Mist Eliminators SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Plumbing Projects to Address Water Leaks SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Thermostat Control Software & Temperature Set-Point Projects SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Filtered Water Dispensers to Replace Plastic Water Bottles SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Water-efficient Dishwashing/Equipment Washing/Chemical Dispensing System SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Waste Minimization SCHHC SCVMC SGH SMH/ SMBHWN</p> <p>Every day, U S hospitals generate an average of 26 lbs of waste per staffed bed, of which approximately 15% is considered hazardous material Sharp is committed to significantly reducing waste at each entry and extending the lifespan of local landfills In FY 2019, Sharp's waste minimization initiatives - including recycling, donating, composting, reprocessing and reusing programs - have helped divert more than 2,170 tons of waste See Table 5 for Sharp's waste diversion rates in FY 2019 Sharp's Waste Minimization Committee provides oversight of systemwide waste minimization initiatives See Table 6 for specific waste minimization efforts occurring across the organization In addition, Sharp achieved the following in waste minimization in FY 2019 * Sharp's single-waste stream recycling program diverted more than 2.5 million lbs of trash from the landfill, including non-confidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers * Sharp collected, reprocessed and sterilized 106,000 lbs of surgical instruments for further use * Sharp donated more than 146,000 lbs of computer equipment in place of utilizing e-waste disposal * Sharp diverted more than 84,000 lbs of plastic and cardboard from the landfill through the use of reusable sharps containers * Sharp has significantly reduced paper waste through electronic bill pay, cloud-based document storage, and office supply reuse and repurpose programs * SRSMC Sorrento Mesa and Mira Mesa locations stopped purchasing cups and paper goods for breakrooms and encourages staff to bring their own reusable containers to minimize waste * Sharp continued to participate in San Diego County's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC Sharp was named the 2017 Outstanding Recycling Program by CRRRA for its innovative waste minimization initiatives In addition, the City of San Diego'</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>s Environmental Services Department named Sharp as one of the Recyclers of the Year in its 2016 Waste Reduction and Recycling Awards Program Table 5 Sharp HealthCare Waste Divers ion - FY 2019 Sharp HealthCare Entity Total Waste Per Year (lbs) Diverted Waste Per Year (lbs) Percent Diverted Sharp Chula Vista Medical Center 2,704,702 613,897 22 7% Sharp Cor onado Hospital and Healthcare Center 1,550,841 348,539 22 5% Sharp Grossmont Hospital 4,64 4,954 731,831 15 8% Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newb orns 6,327,171 1,477,862 23 4% Sharp Mesa Vista Hospital 613,948 177,186 28 9% Sharp Rees- Stealy Medical Centers 1,838,897 333,916 18 2% System Offices 1,840,544 658,632 35 8% Total Sharp HealthCare 19,521,057 4,341,863 22 2% Table 6 Waste Minimization Efforts by Sharp HealthCare Entity Waste Minimization Project Establish Waste Diversion Baseline SCHHC SC VMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Single-stream Recycling SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Recycled Paper SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Blue Wrap Recycling SCHHC SCVMC SGH SMH/ SMBHWN Co mposting SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC Construction - Debris Recycling SCHHC SCVM C SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Electronic Cafe Menus SCHHC SCVMC SGH System Offices SMH/ SMBHWN SMV/ SMC Electronic Patient Bills and Paperless Payroll SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Electronic and Pharmaceutical Was te Recycling Events SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Organic Waste Recycling (Green Waste) SCVMC SGH Recycle Bins Distribution SCHHC SCVMC SGH Syste m Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Repurposing of Unused Medical Supplies and Equipm ent SCHHC SCVMC SGH System Offices SMH/ SMBHWN SRSMG Reusables Containers SCHHC SC VMC SGH SMH/ SMBHWN Waste Minimization Project SCHHC SCVMC SGH System Offices SHP SMH/ SM BHWN SMV/ SMC SRSMG Single-serve Paper Napkins and Plastic Cutlery Dispensers SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Surgical Instrument Reprocessing SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC Replacement of Bottled Water with Spa Water SCHHC SCVMC S GH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Sustainable Food Practices Sharp's commit ment to sustainable food practices began more than eight years ago with a strategy to incr ease the selection of nutritious, organic and sustainable food items at each of its facili ties In collaboration with Sodexo - its food service partner - Sharp remains an innovator and early adopter of a variety of sustainable and healthy food practices that enhance the health of patients, employees, the community and the environment Sharp's Food and Nutrit ion Best Health Committee supports these efforts by promoting food sustainability awarenes s throughout the health care system and within the greater San Diego community Sharp's Mi ndful food program is a key co</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Component of the organization's effort to increase the consumption of healthy foods in its cafeterias while reducing its carbon footprint. The Mindful food program includes the following elements: reduced meat consumption through the promotion of Meatless Mondays, increased purchases of beef and poultry raised without the routine use of antibiotics, menus that highlight wellness options, increased use of locally sourced, fresh, organic and sustainable food, food composting, increased recycling activities, the promotion of sugarless beverages, the use of post-consumer recycled packaging solutions, and participation in Community Supported Agriculture (CSA) - a community of individuals who pledge support to a farm operation in order for it to become, either legally or spiritually, the community's farm. Up to 40% of the food produced in the U.S. is never eaten and instead goes to waste. Sodexo teams at SCMVC and SMH use Leanpath food waste prevention technology to combat food waste and facilitate compliance with new composting and recycling laws. Leanpath provides an advanced food waste tracking software system to help kitchen teams measure food prior to discarding or donating in order to prevent pre-consumer food waste (waste generated in the kitchen) as well as post-consumer food waste (food the consumer throws away) from entering the landfill. In addition, the use of self-audit checklists help kitchen teams reduce waste between food preparation and cleanup. Since 2016, SMH, SMV, and SGH have collaborated with the San Diego Rescue Mission and the Food Bank on an innovative food recovery program that donates food items that can no longer be used in Sharp's kitchens but are perfectly healthy and nutritious to more than 45 hunger relief organizations in SDC. In addition, SCVMC's partnership with FSD and SCHHC's partnership with the Food Bank makes Sharp the first health care system in the county to donate food to San Diegans at such a wide-scale level. Food recovery efforts benefit the local community in two ways: one, by increasing availability of nutritious meals to people with barriers to healthy food access, and two, by enabling Sharp to save on waste disposal costs and keep food out of landfills. In 2019, Sharp donated more than 30 tons of food to these safety-net organizations.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>All Sharp hospitals participate in food waste composting. In 2012, SMMC became the first hospital campus to participate in the City of San Diego's food scraps composting program. In 2017, SCVMC began composting in partnership with the City of Chula Vista. That same year, SGH collaborated with Resource Management Group recycling center to begin a composting program, which expanded to SCHHC in September 2018. Through these programs, food waste at these Sharp locations is processed into a rich compost product, which is provided to residents at no charge for volumes of up to two cubic yards. The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water and helping the environment by recycling valuable organic materials. In FY 2019, Sharp's composting programs diverted nearly 500,000 lbs of waste from landfills. Further, in FY 2019, Sharp's use of imperfect produce in its kitchens - produce that is aesthetically less-than-perfect yet still nutritious and usable - prevented the waste of more than 1,600 lbs of food. SCHHC, SMH and SMV also continued to operate the first county-approved hospital-based organic gardens, produce from which is used in meals served at the hospitals' cafes. Sharp is in the process of eliminating oil fryers in its kitchens, with healthier methods of food preparation already in use at SCHHC and SMMC. In addition, in FY 2019, SGH and SCVMC recycled more than 16,000 lbs of used cooking oil for conversion to eco-friendly biodiesel fuel through Filta, an environmental kitchen solutions service. Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team. The group of more than a dozen SDC hospitals and health care systems collaborates to ensure that all food and beverages served by the county's hospitals are healthy, fresh, affordable, and produced in a manner that supports the local economy, environment and community. In addition, Sharp continues to participate in Practice Greenhealth's Healthier Food Challenge. Through the program, Sharp commits to reducing its purchase of animal protein and increasing its purchase of locally grown food and sustainable animal proteins (grass-fed, antibiotic- and hormone-free beef and cage-free chicken). In FY 2019, Sharp reduced animal protein purchases by almost 32%, and increased sustainable animal protein purchases by more than 60%, compared to FY 2014. As a recipient of the 2018 EMIES UnWasted Food award, Sharp was recognized by the San Diego Food System Alliance for its collaboration as an innovator and early adopter of food waste prevention and recovery programs. The award is designed to honor the 1996 Federal Bill Emerson Good Samaritan Food Donation Act, which encourages food donation to nonprofit organizations by protecting donors from liability. Sharp previously earned this award in 2016. Sharp and Sodexo remain committed to food sustaina</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>bility efforts that improve both individual and environmental health Sharp's sustainable food initiatives are outlined in Table 7 Table 7 Sustainable Food Projects by Sharp Heal thCare Entity Sustainable Food Project Report Card and Indicators Tracking SCHHC SCVMC SG H System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Food Recovery SCHHC SGH SMH/ SMBHWN SMV/ SMC Imperfect Produce SCVMC SMV/ SMC Composting SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC Oil Recycling SCVMC SGH Fryers Eliminated SCHHC SMH/ SMBHWN SMV/ SMC Commuter Solutions Sha rp supports ride sharing, public transit programs and other transportation efforts to redu ce CO2 emissions generated by the organization and its employees Sharp's Commuter Solutio ns Subcommittee develops innovative and accessible programs and marketing campaigns to edu cate employees on the benefits of ride sharing and other environmentally friendly modes of transportation Sharp's ongoing efforts to promote alternative commuter choices in the wo rkplace have led to its recognition as a SANDAG iCommute Diamond Award recipient consisten tly between 2001 and 2010, and again from 2013 to 2019 Sharp replaced high fuel-consuming cargo vans with economy Ford transit vehicles, which save approximately five miles per ga llon In addition, Sharp's employee parking lots offer carpool and motorcycle parking spac es Sharp was the first health care system in San Diego to offer electric vehicle chargers (EVCs), helping to reduce carbon emissions and dependence on petroleum by supporting the creation of a national EVC infrastructure As part of the nationwide Electric Vehicle Proj ect, Sharp has installed EVCs at its corporate office location, Copley building, SCVMC, SM MC and some SRSMC sites Sharp will continue to expand EVCs at its other entities Sharp e ncourages employees to participate in alternative commuting methods such as public transit , carpooling, vanpooling, biking, walking and telecommuting Employees are encouraged to p articipate in SANDAG's iCommute program, which provides ride-sharing matches based on a co mmuter's work schedule, departure location and destination In addition, Sharp has enrolle d in SANDAG's Guaranteed Ride Home program which provides commuters who carpool, vanpool, take an express bus, ride the Coaster, or bike to work three or more times a week with a t axi or a rental car in case of an emergency or becoming stranded at work Sharp employees can also purchase discounted monthly bus passes Employees can monitor the cost and carbon savings from their alternative commuting methods by logging their miles in an internal tr acking tool on Sharp's intranet site Sharp provides bike racks at its entities as well as offers a bicycle commuter benefit which gives employees who bike to work up to \$20 per mo nth to use toward qualified costs associated with bicycle purchase, improvement, repair an d storage In addition, Sharp participates in SANDAG's annual Bike to Work Day event each May In 2019, Sharp employees</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>were among nearly 10,000 San Diegans who opted to ride their bike to work. During the event, Sharp hosted several pit stops at various sites throughout SDC where they offered bikers free food and beverages to fuel their ride. In FY 2019, Sharp recognized National Rideshare Week during the first week of October by encouraging employees to replace their solo drive with a greener commuting choice. The annual effort is instrumental in helping reduce traffic congestion and greenhouse gas emissions throughout SDC. Furthering its commitment to improving commuting options for its employees, Sharp supplies and supports the hardware and software for more than 700 employees who are able to efficiently and effectively telecommute to work. These employees work in areas that do not require an on-site presence, such as IT, transcription and human resources. Sharp also offers compressed work schedules to eligible full-time employees, which enables them to complete the standard eighty-hour bi-weekly work requirement in less than 10 workdays. Telecommuting and compressed work schedule options can help Sharp to reduce CO2 emissions, lower commuting costs and enhance employee morale.</p> <p>Community Education and Outreach Sharp actively educates employees and the community about its sustainability efforts. In addition to the following activities, Sharp's ongoing community education and outreach efforts are highlighted in Table 8. In April, Sharp held its annual systemwide All Ways Green Earth Week celebration, including Earth Fairs at each Sharp hospital and system office. Employees learned how to decrease their water, energy and resource consumption, divert waste through recycling, and reduce their carbon footprint through alternative commuting methods. Many of Sharp's key vendors participated in the fairs to help raise awareness of green initiatives and how Sharp is involved in these programs. In addition, Sharp publishes e-newsletters that highlight the organization's environmental accomplishments and remind employees about proper workplace recycling, carpooling, and energy and water conservation. In October and April, Sharp held community recycling events that included free e-waste recycling and confidential document destruction. The event also included the U.S. Drug Enforcement Agency's Drug Take Back Program, which provides a safe, convenient, and responsible method of drug disposal and educates the general public about the potential for prescription medication abuse.</p> <p>Table 8 Environmental Community Education and Outreach by Sharp HealthCare Entity Community Outreach Project America Recycles Day SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Bike to Work Day SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Earth Week Activities SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Envir onmental Policy SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Green Team SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG No Smoking Policy SCHHC SC VMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Organic Farmer's Market SCHHC SCVMC SGH System Offices SMH/ SMBHWN SMV/ SMC Organic Gardens SCHHC SMH/ SMBHWN Recycling Educ ation SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Ride Share Promotion SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Emergency and Disaster Prep aredness SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Sharp contributes to the health and safety of the San Diego community through essential emergency and disast er planning activities and services In FY 2019, Sharp provided disaster preparedness educ ation to staff, community members and community health professionals, as well as collabora ted with numerous state and local organizations to prepare the community for a potential e mergency or disaster Sharp's disaster preparedness team offered several training programs to first responders and community health care providers throughout SDC This included a s tandardized, on-scene federal emergency management training for hospital leaders titled Na tional Incident Management System/Incident Command System/Hospital Incident Command System (HICS) as well as a training focused specifically on HICS, an incident management system that can be used by hospitals to manage threats, planned events or emergencies A training course was also offered on the WebEOC (Web Emergency Operations Center) crisis informatio n management system, which provides real-time information sharing between health care syst ems and outside agencies during a disaster In addition, in June Sharp's disaster leadersh ip provided education about personal disaster preparedness at the County of San Diego's Vi tal Aging 2019 event at the San Diego Convention Center In FY 2019, Sharp's disaster lead ership donated their time to state and local organizations and committees, including Count y of San Diego Emergency Medical Care Committee, California Hospital Association Emergency Management Advisory Committee, California Department of Public Health Joint Advisory Comm ittee, Ronald McDonald House Operations Committee, and San Diego County Civilian/Military Liaison Work Group Sharp's disaster leadership also participates in the County of San Die go Healthcare Disaster Coalition - a multi-agency group of representatives who assist the county in improving mitigation, preparedness, response and recovery activities during emer gencies and disasters As part of this coalition, in FY 2019, Sharp's disaster leadership led a subcommittee to review hospital emergency food and water supply planning and identif y tools and best practices to disseminate to community health care professionals Further, Sharp's disaster leadership c</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>continued to participate in the Statewide Medical Health Exercise Program. This work group of representatives from local, regional and state agencies - including health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more - is designed to guide local emergency planners in developing, planning and conducting emergency responses. Through participation in the DHHS Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes Sharp as well as SDC hospitals, health clinics and other health providers. The partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. In FY 2019, the Sharp HealthCare HPP Disaster Preparedness Partnership continued to network as well as provide resources, trainings and information to prepare non-hospital entities in SDC for a collaborative response to an emergency or disaster. Sharp supports the safety efforts of California and the City of San Diego through maintenance and storage of a county decontamination trailer at SGH to be used in response to an event requiring mass decontamination. Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that will last up to 96 hours in the event of an interruption to the system's normal water supply. At any time, global endemic events have the potential to impact public health in SDC. Sharp continues to collaborate with community agencies, County of San Diego Public Health Services and first responders to deliver uninterrupted care to the community in the face of public health threats.</p> <p>Sharp Equality Alliance Sharp recognizes the power of bringing individual differences, cultures and backgrounds together to create a stronger whole. Working as a diverse team of people strengthens Sharp's ability to become the best place to work, practice medicine and receive care. In 2014, a network of Sharp employees formed the Sharp Equality Alliance (SEA) to serve as a catalyst for Sharp's dedication to embracing diversity and celebrating equality. The SEA works to increase awareness of diverse cultures within Sharp's workforce, focus on the influence of employees' individual backgrounds and strengths, and partner across the Sharp system and with the San Diego community to achieve equality for all. The SEA accomplishes these goals by engaging Sharp's workforce in education and dialogue around diversity and equality, as well as through participation in community events that promote inclusivity and acceptance. The SEA encourages diversity awareness among Sharp employees through the communication of educational articles and resources that emphasize the importance of mutual respect in the workplace and app</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>reciation for each team member's unique talents and perspectives. In addition, the SEA promotes the dignified and sensitive treatment of each Sharp patient in a manner that responds to individual cultural health beliefs, preferences and communication needs to ensure health equity. The SEA also provides resources and recommendations to Sharp leadership to engage them in the process of ensuring inclusive values within the organization. In 2017, the SEA hosted its first Quarterly Breakfast Forum, which welcomed all Sharp employees and Sharp-affiliated physicians to learn and engage in meaningful conversations about current and relevant topics regarding diversity and inclusion. Since then, the SEA has organized eight Quarterly Breakfast Forums addressing the following subjects: Celebrating Human Rights Day - Promoting Equality, Justice and Human Dignity, Chaldean Life Experience in America, Hunger and Health - The Intersection of Food Insecurity, Health and Health Care Utilization, Transgender-Affirming Health Care, Disparities in Cardiovascular Disease - Where Are We Now and What Can We Do?, Mental Health Challenges for Adolescents and Young Adults Addressing Stigma and Increasing Access, Seniors and Mental Health, and Weight Bias and the Stigma of Obesity. In addition, the SEA identifies and creates opportunities to publicly demonstrate Sharp's commitment to diversity and inclusiveness. Since its inception, the SEA has represented Sharp at numerous community events that support equality and acceptance for a variety of populations. Events have included the National Alliance on Mental Illness' (NAMI's) 2018 NAMIWalks/Runs San Diego County, as well as both the 2018 and 2019 Dr. Martin Luther King Jr. Parades and San Diego Pride Parades. The SEA looks forward to expanding its reach across the Sharp system, as well as its presence in the San Diego community. In FY 2020, the SEA plans to integrate diversity training into Sharp's workforce education and compliance programs in order to continue strengthening cultural competency, inclusive thinking and workplace sensitivity among team members. In addition, the SEA will host presentations that engage the public - including community members, academic and health care institutions, and other interested community groups - in collaborative discussion and idea-sharing surrounding various diversity issues. The SEA will also continue to promote Sharp's commitment to diversity and equality at community events, including NAMIWalks/Runs San Diego County, the Dr. Martin Luther King Jr. Parade, the Dr. Martin Luther King Jr. Human Dignity Award Breakfast and the San Diego Pride Parade.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Employee Wellness Sharp Best Health Sharp recognizes that improving the health of its team members benefits the health of the broader community Since 2010, the Sharp Best Health employee wellness program has created initiatives to improve the overall health, safety, happiness and productivity of Sharp's workforce Each Sharp hospital, SRSMG site and system office location has a dedicated Best Health committee that works to motivate team members to incorporate healthy habits into their lifestyles and support them on their journey to attain their personal health goals Team members are encouraged to participate in a variety of workplace health initiatives ranging from fitness challenges and weight management programs to health education and events Sharp Best Health also offers an interactive, web-based health portal where employees can create a wellness plan and track their progress Since 2013, Sharp Best Health has offered annual employee health screenings to raise individual awareness of important biometric health measures, educate team members on reducing the risk of related health issues, and encourage employees to track changes in their metrics over time In FY 2019, nearly 9,000 employees received health screenings for blood pressure, cholesterol, body mass index, blood sugar and tobacco use Post-screening resources and tools are available for Sharp employees and their family members This includes free access to a health coach as well as classes on a variety of health topics, including smoking cessation, healthy food choices, physical activity, stress management and managing the challenges of living with a chronic condition, such as diabetes, high blood pressure, asthma or arthritis The AHA recommends walking 10,000 steps a day to promote overall health To align with this goal, in FY 2019, Sharp Best Health introduced a new app-based program called Move More Rewards, which encourages team members to use digital activity monitors to track their steps, distance, calories burned, sleep patterns and more By syncing statistics to computers or smartphones, these devices help inspire team members to achieve their personal fitness goals Throughout the year, Sharp Best Health held both entity-specific and systemwide activity challenges to encourage team members to set personal goals and compete for prizes During FY 2019, more than 2,300 participants across the Sharp system participated in Move More Rewards, walking an average of 8,900 steps per day In addition, Sharp's acceptable footwear policy permits employees to wear walking shoes each day of the week at Sharp system offices to promote safety along with increased physical activity Sharp Best Health participated in community health events throughout the year, including American Heart Month, Breast Cancer Awareness Month, National Nutrition Month, National Health and Fitness Month, National Fresh Fruits & Vegetables Month, National Safety Month, National Stress Management Month and Nat</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>onal Walking Month In addition, Sharp Best Health encouraged employees to hold walking meetings as a heart-healthy alternative to standard meetings Sharp Best Health also partnered with the San Diego Humane Society to provide free animal-based stress relief events at select Sharp locations The events provided valuable human interaction for sheltered dogs and puppies, while promoting stress relief and physical activity for Sharp employees Sharp Best Health provided on-site health and fitness classes and workshops for employees throughout FY 2019 This included workshops led by registered dietitians (RDs) on topics such as engaging in and sustaining healthy eating habits, strategies for managing cravings, intuitive eating, calorie counting, and the impact of sleep, stress and aging on health Sharp Best Health also offered recipe demonstrations to encourage healthy meal preparation at home Educational programs also included classes on cultivating compassion for the self and others, sound therapy, lifestyle habits to preserve and gain energy, stress management techniques and the importance of taking micro-breaks Fitness offerings included softball, yoga, Zumba, weight and kettlebell training, mat Pilates and aquatics classes In addition, Sharp Best Health encouraged employees to stay active outside of work by offering discounted membership to fitness centers in San Diego and nationwide through the new Active&Fit Direct program, as well as discounted access to a subscription-based online fitness program called Studio SWEAT onDemand Throughout FY 2019, Sharp Best Health offered a variety of integrative therapies to employees to help promote self-care practices In partnership with the Sharp Coronado Hospital Sewall Healthy Living Center, all Sharp employees were offered free or low-cost wellness services, including auricular acupressure, chair massage, and healing touch - an energy therapy in which practitioners consciously use their hands in a heart-centered, intentional way to support and facilitate physical, emotional, mental and spiritual health Sharp Best Health also facilitated several Relax & Refresh events throughout the year The events provided distraction-free, calming environments, including soft music, aromatherapy and other activities, to increase employees' sense of calm and balance In addition, Sharp Best Health offered employee wellness fairs throughout the year, featuring health screenings, educational booths, wellness workshops, healthy living strategies, mindfulness drop-in sessions and integrative therapies Sharp Best Health offered employees a new wellness initiative in FY 2019 called the Better YOU Series The four-week, on-line-based learning series focused on multiple areas of well-being such as mindfulness, organization, gratitude, sleep, habit formation and resilience Topics included the Better Habits Project, which provides effective, evidence-based techniques to build and sustain good habits, the Better Balance</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Project, which emphasizes making small, yet powerful lifestyle adjustments to achieve a better sense of well-being, the Better Sleep Project, which focuses on identifying sleep-related challenges and practical strategies for improvement, and the Better Resilience Project, which provides healthy strategies to cope with stressful situations and avoid burnout or fatigue. Sharp Best Health also continued to produce a weekly podcast called "Coffee Break with Sharp Best Health," which features group discussions and interviews with health and wellness experts on a variety of health topics. In FY 2019, Sharp Best Health continued to focus beyond nutrition and physical fitness to support the overall health and happiness of employees by offering a digital mindfulness and yoga training platform from the vendor Whil. Through more than 1,200 mindfulness and yoga sessions of various length and skill level, Whil helps employees manage stress and improve their well-being while moving at their own pace and setting their own goals. Whil has also been used during staff meetings, department huddles and shift changes throughout the Sharp system. Since Whil's launch, more than 2,500 employees have become active users. In addition, Sharp Best Health has collaborated with certified mindfulness facilitators to provide on-site mindfulness programming at six Sharp locations, including both series and drop-in classes, mindfulness clubs, and mindful lunching events. Throughout FY 2019, Sharp Best Health continued to provide Wellness on Wheels to help Sharp employees access health resources and programs during work hours. Wellness on Wheels involves a Sharp Best Health committee member rounding in staff lounges, hospital units and nursing stations to promote a new and relevant health-related subject each month. Each session includes an educational component, an interactive activity and a call to action. Wellness on Wheels gives employees access to quick and relevant wellness resources where they work, accommodating their unique schedules and dedication to patient care. During FY 2019, Wellness on Wheels topics included flu knowledge, self-care for stress relief and relaxation, employee wellness offerings, essential oils, mindful eating, yoga poses for relaxation, heart health, nutritious snacks, promoting physical activity and common workplace safety hazards, including safe handling of sharp objects.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>In 2019, Sharp continued its partnership with Farm Fresh to You to give Sharp employees discounted access to customizable boxes of organic, locally grown produce. This CSA service offers a convenient method for employees and their families to incorporate more fruits and vegetables into their diet while supporting local farmers. In FY 2019, Sharp Best Health partnered with First Class Vending to provide "micro markets" for Sharp sites experiencing challenges with access to healthy food, such as locations without cafe or cafeteria services, and those that lack healthy options for night shift staff. The new micro markets have increased the availability of healthy food, beverage and snack items for clinical teams regardless of where and when they work. WW (formerly Weight Watchers(r)) offers weight-loss services and products founded on a scientifically based approach to weight management that encourages healthy eating, increased physical activity and other healthy lifestyle behaviors. Sharp Best Health continued its partnership with WW to offer employees a subsidized membership rate to any WW program. With program availability at work, in the community and online, this partnership has offered Sharp team members a variety of healthy eating and physical activity options that can be tailored to different lifestyles and schedules. At any given time during FY 2019, approximately 510 Sharp employees were actively using WW. Since the program's inception in 2016, participating employees have lost an estimated 4,800 lbs. In addition to providing WW at work, during FY 2019, Sharp Best Health continued to partner with the Sharp Rees-Stealy Center for Health Management to offer free in-person and online nutrition classes to Sharp employees through the New Weigh program. New Weigh is an eight-week weight loss program that emphasizes nutrition education and healthy lifestyle development. Program participants create a semi-structured food plan and have access to a skilled health coach or RD to ensure continued support and accountability. During FY 2019, 147 Sharp employees completed the New Weigh program. Nearly 1 in 6 community members face the threat of hunger every day in SDC. Each month, the Food Bank distributes food to approximately 350,000 children and families, active-duty military and fixed-income seniors living in poverty. For more than a decade, Sharp has used holiday food drives to support the Food Bank's tremendous efforts, and in recent years, Sharp Best Health has transformed these events into superfood drives. Throughout the 2018 holiday season, Sharp team members were encouraged to donate nutritious and sustaining superfoods, helping to ensure the accessibility of healthy food to San Diegans in need. Through the six-week holiday superfood drive, locations throughout the Sharp system collected more than 3,900 lbs. of nutritious food for the Food Bank. In addition, Sharp team members donated nearly \$3,200 through a Sharp Virtual Food Drive specific</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ly benefiting the Food Bank Combined, these donations and funds provided nearly 16,000 healthy meals for San Diegans in need of assistance with putting food on the table during the holidays Section 2 Executive Summary Being an exceptional community citizen means being an ambassador for fellow community members and our environment It's about making a difference in the lives of others and for further generations to come - Alison Fleury, Senior Vice President of Business Development, Sharp HealthCare This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Plan and Report, and a summary of community benefit programs and services provided by Sharp in fiscal year (FY) 2019 (October 1, 2018, through September 30, 2019) In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in Senate Bill 697 (SB 697), for the following entities * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women & Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Health Plan Community Benefit Planning at Sharp HealthCare Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital For details on Sharp's CHNA process, please see Section 3 Community Benefit Planning Process Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 2019 The following community needs are addressed by one or more Sharp hospitals in this Community Benefit Report * Access to care for individuals without a medical provider and support for high-risk, underserved and underfunded patients * Education, screening and support programs for various health needs, such as heart and vascular disease, stroke, cancer, diabetes, obesity, preterm delivery, unintentional injuries, behavioral health and substance use * Health education, support and screening activities for seniors * Welfare of seniors and disabled people * Special support services for hospice patients and their loved ones and for the community * Support of community nonprofit health organizations * Education and training for community health care professionals * Student and intern supervision and support * Collaboration with local schools to promote interest in health care careers * Cancer patient navigation services and participation in clinical trials * Women's and prenatal/postnatal health services, support and education * Behavioral health and substance use education, screening and support for the community - including seniors and transitional age youth Highlights of Community Benefit Provided by Sharp in FY 2019 The following are examples of community ben</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>efit programs and services provided by Sharp hospitals and entities in FY 2019 * Medical Care Services included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, County Medical Services (CMS), Civilian Health and Medical Program of the United States Department of Veterans Affairs (CHAMPVA), and TRICARE - the regionally managed health care program for active-duty, National Guard and Reserve members, retirees, their loved ones and survivors, and unreimbursed costs of workers' compensation programs * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, flu vaccinations, telephone reassurance calls, education, support and other programs for seniors, financial and other support to community clinics to assist in providing and improving access to health services, Project HELP, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans, the San Diego Food Bank and Feeding San Diego, financial and other support to the Sharp Humanitarian Service Program, support services for patients experiencing homelessness and other assistance for vulnerable community members, including participation in 2-1-1 San Diego's Community Information Exchange * Other Benefits for the Broader Community included health education and information provided both on-site and in partnership with community-based organization, participation in community health fairs and events addressing the unique needs of the community as well as providing flu vaccinations, health screenings and support groups to the community Sharp collaborated with local schools to promote interest in health care careers and made its facilities available for use by community groups at no charge Sharp executive leadership and staff also actively participated in numerous community organizations, committees and coalitions to improve the health of the community See Appendix A for a listing of Sharp's involvement in community organizations In addition, the category included costs associated with planning and operating community benefit programs, such as CHNA development and administration * Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care students and professionals, as well as supervision and support for students and interns Time was also devoted to generalizable health-related research projects that were made available to the broader health care community</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Economic Value of Community Benefit Provided in FY 2019 (Note 1) In FY 2019, Sharp provide d a total of \$462,155,993 in community benefit programs and services that were unreimburse d Table 9 displays a summary of unreimbursed costs based on the categories specifically i dentified in SB 697 These financial figures represent unreimbursed community benefit cost s after the impact of the Medi-Cal Hospital Fee Program Table 9 Sharp HealthCare Total C ommunity Benefit - FY 2019 - Estimated FY 2019 Unreimbursed Costs by SB 697 Category and b y Programs and Services Included in SB 697 Medical Care Services Shortfall in Medi-Cal (N ote 2) - \$114,640,309 Shortfall in Medicare (Note 2) - \$287,489,453 Shortfall in CMS (Note 2) - \$7,847,426 Shortfall in CHAMPVA/TRICARE (Note 2) - \$10,680,124 Shortfall in Workers' Compensation - \$34,161 Charity Care (Note 3) - \$23,858,025 Bad Debt (Note 3) - \$6,515,480 Other Benefits for Vulnerable Populations (Note 4) Patient transportation and other assi stance for the vulnerable - \$3,430,960 Other Benefits for the Broader Community Health ed ucation and information, support groups, health fairs, meeting room space, donations of ti me to community organizations and cost of fundraising for community events (Note 5) - \$1,8 44,731 Health Research, Education and Training Programs Education and training programs fo r students, interns and health care professionals (Note 5) - \$5,815,324 TOTAL - \$462,155,9 93 TABLE NOTES Note 1 - Methodology for calculating shortfalls in public programs is base d on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost account ing system, offset by the actual payments received Costs for patients paid through the Me dicare program on a prospective basis also include payments to third parties related to th e specific population Note 2 - Charity care and bad debt reflect the unreimbursed costs o f providing services to patients without the ability to pay for services at the time the s ervices were rendered Note 3 - Charity care and bad debt reflect the unreimbursed costs o f providing services to patients without the ability to pay for services at the time the s ervices were rendered Note 4 - "Vulnerable populations" means any population that is expo sed to medical or financial risk by virtue of being uninsured, underinsured, or eligible f or Medi-Cal, Medicare, California Children's Services Program, or county indigent programs https://oshpd.ca.gov/ml/v1/resources/document?rs_path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf N ote 5 - Unreimbursed costs may include an hourly rate for labor and benefits plus costs fo r supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimburs ed costs were estimated by each department responsible for providing the program or servic e In FY 2018, the State of Cal</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2017, through June 30, 2019. This resulted in recognition of supplemental revenues totaling \$189.8 million and quality assurance fees and pledges totaling \$100.8 million in FY 2019. The net FY 2019 impact of the program totaling \$89.0 million reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2019 understate the true unreimbursed medical care services performed for the past fiscal year. Table 10 illustrates the impact of the Medi-Cal Hospital Fee Program on Sharp's unreimbursed medical care services in FY 2019. Table 10 Sharp HealthCare Unreimbursed Medical Care Services Medi-Cal Hospital Fee Program Impact - FY 2019 Unreimbursed Medical Care Services Before Provider Fee Medicare & Medicare HMO - \$166,539,797 Medicare Capitated - \$120,949,656 Medi-Cal, Medi-Cal, HMO & CMS - \$205,690,156 CHAMPVA & Workers' Comp - \$10,714,285 Bad Debt - \$6,515,480 Charity Care - \$23,858,025 Total - \$534,267,399 Provider Fee Medi-Cal, Medi-Cal, HMO & CMS - \$(83,202,421) Net Unreimbursed Medical Care Services After Provider Fee Medicare & Medicare HMO - \$166,539,797 Medicare Capitated - \$120,949,656 Medi-Cal, Medi-Cal, HMO & CMS - \$122,487,735 CHAMPVA & Workers' Comp - \$10,714,285 Bad Debt - \$6,515,480 Charity Care - \$23,858,025 Total - \$451,064,978 Table 11 lists community benefit costs provided by each Sharp entity. Table 11 Total Economic Value of Community Benefit Provided By Sharp HealthCare Entities - FY 2019 - Estimated FY 2019 Unreimbursed Costs Sharp Chula Vista Medical Center - \$91,017,600 Sharp Coronado Hospital and Healthcare Center - \$22,137,976 Sharp Grossmont Hospital - \$146,439,047 Sharp Mary Birch Hospital for Women & Newborns - \$5,877,166 Sharp Memorial Hospital - \$173,689,097 Sharp Mesa Vista Hospital and Sharp McDonald Center - \$22,926,238 Sharp Health Plan - \$68,869 TOTAL FOR ALL ENTITIES - \$462,155,993 Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697. For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2019, see tables presented in Sections 4 through 11. Table 12 Detailed Economic Value of SB 697 Categories - FY 2019 Sharp Chula Vista Medical Center Medical Care Services - \$88,759,708 Other Benefits for Vulnerable Populations - \$503,023 Other Benefits for the Broader Community - \$242,611 Health Research, Education and Training Programs - \$1,512,258 Total Estimated FY 2019 Unreimbursed Costs - \$91,017,600 Sharp Coronado Hospital and Healthcare Center Medical Care Services - \$21,305,087 Other Benefits for Vulnerable Populations - \$81,575 Other Benefits for the Broader Community - \$62,863 Health Research, Education</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p> ion and Training Programs - \$688,451 Total Estimated FY 2019 Unreimbursed Costs - \$22,137, 976 Sharp Grossmont Hospital Medical Care Services - \$143,131,253 Other Benefits for Vulnerable Populations - \$1,204,662 Other Benefits for the Broader Community - \$584,960 Health Research, Education and Training Programs - \$1,518,172 Total Estimated FY 2019 Unreimbursed Costs - \$146,439,047 Sharp Mary Birch Hospital for Women & Newborns Medical Care Services - \$5,382,929 Other Benefits for Vulnerable Populations - \$39,444 Other Benefits for the Broader Community - \$213,681 Health Research, Education and Training Programs - \$241,112 Total Estimated FY 2019 Unreimbursed Costs - \$5,877,166 Sharp Memorial Hospital Medical Care Services - \$170,309,757 Other Benefits for Vulnerable Populations - \$1,119,056 Other Benefits for the Broader Community - \$586,135 Health Research, Education and Training Programs - \$1,674,149 Total Estimated FY 2019 Unreimbursed Costs - \$173,689,097 Sharp Mesa Vista Hospital and Sharp McDonald Center Medical Care Services - \$22,176,244 Other Benefits for Vulnerable Populations - \$451,050 Other Benefits for the Broader Community - \$119,155 Health Research, Education and Training Programs - \$179,789 Total Estimated FY 2019 Unreimbursed Costs - \$22,926,238 Sharp Health Plan Medical Care Services - \$0 Other Benefits for Vulnerable Populations - \$32,150 Other Benefits for the Broader Community - \$35,326 Health Research, Education and Training Programs - \$1,393 Total Estimated FY 2019 Unreimbursed Costs - \$68,869 ALL ENTITIES Medical Care Services - \$451,064,978 Other Benefits for Vulnerable Populations - \$3,430,960 Other Benefits for the Broader Community - \$1,844,731 Health Research, Education and Training Programs - \$5,815,324 Total Estimated FY 2019 Unreimbursed Costs - \$462,155,993 </p> <p> Section 3 Community Benefit Planning Process One of the more recent ways in which Sharp is assisting the community through its community benefit is providing real data about health in the community Community organizations can use this easily accessed, local data to augment their ability to buttress their applications for funding and otherwise help them fulfill their missions Through this type of mutual reinforcement, efforts to improve the health of our community multiply exponentially - Sara Steinhoffer, Vice President of Government Relations, Sharp HealthCare </p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>For more than 20 years, Sharp HealthCare (Sharp) has based its community benefit planning on findings from its triennial Community Health Needs Assessment (CHNA) process. Sharp utilizes its CHNA findings in combination with the expertise in programs and services of each Sharp hospital, as well as knowledge of the populations and communities served by those hospitals, to provide a foundation for community benefit program planning and implementation. This section describes Sharp's most recent CHNA process and findings, which were completed in September 2019. Sharp HealthCare 2019 Community Health Needs Assessments. Sharp has been a longtime partner in the process of identifying and responding to the health needs of the San Diego community. Since 1995, Sharp has participated in a countywide collaborative that includes a broad range of hospitals, health care organizations and community agencies to conduct a triennial CHNA that identifies and prioritizes health needs for San Diego County (SDC). In addition, to address the requirements for not-for-profit hospitals under the Patient Protection and Affordable Care Act, Sharp has developed CHNAs for each of its individually licensed hospitals since 2013. This process gathers both hospital data and the perspectives of community health leaders and residents in order to identify and prioritize health needs for residents across the county, with a special focus on community members facing inequities. Further, the process seeks to highlight community health needs that Sharp hospitals could impact through programs, services and collaboration. For the 2019 CHNA process, Sharp actively participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&IC) and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU). The complete HASD&IC 2019 CHNA is available for public viewing and download at https://hasdic.org/2019-chna/. The methodology and findings of the collaborative HASD&IC 2019 CHNA significantly informed the process and findings of Sharp's individual hospital CHNAs, thus, both CHNA processes are described throughout this section. The HASD&IC 2019 CHNA was implemented and managed by a standing CHNA Committee comprised of representatives from seven hospitals and health systems: * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * UC San Diego Health. To develop its individual hospital CHNAs, Sharp analyzed its own hospital-specific data and contracted separately with IPH to conduct community engagement activities expressly for the patients, providers and community members served by Sharp. In accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2019 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns, as the two hospitals shar</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>...e a license, and report all utilization and financial data as a single entity to California's Office of Statewide Health Planning and Development (OSHPD) As such, the SMH 2019 CHN A summarizes the processes and findings for communities served by both hospital entities The 2019 CHNAs for each Sharp hospital help inform current and future community benefit programs, services and partnerships, particularly for community members who face inequities This section describes the general methodology employed for Sharp's 2019 CHNAs, including applicable elements of the HASD&IC 2019 CHNA 2019 CHNA Objectives The 2019 CHNA processes (HASD&IC and Sharp) were designed to build off the findings from and community feedback on the 2016 CHNA processes With thoughtful application of the knowledge and community insights gained from the 2016 CHNAs, the CHNA Committee developed the following objectives for the 2019 CHNA processes</p> <ul style="list-style-type: none"> * Identify, understand and prioritize the health-related needs of SDC residents, particularly those community members served by Sharp * Provide a deeper understanding of barriers to health improvement in SDC, as well as inform and guide local hospitals in the development of their programs and strategies that address identified community health needs * Build on and strengthen community partnerships established through the 2016 CHNA processes * Obtain deeper feedback from and about specific populations in San Diego who face inequities * Align with national best practices around CHNA development and implementation, including the integration of health conditions with social determinants of health (SDOH) Community Defined <p>For the purposes of the collaborative HASD&IC 2019 CHNA as well as Sharp's 2019 CHNAs, the study area is the entire County of San Diego More than three million people live in socially and ethnically diverse SDC Information on key demographics, socioeconomic factors, access to care, health behaviors and the physical environment can be found in the full HASD&IC 2019 CHNA report at https://hasdic.org/2019-ch-na/ Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, Sharp's 2019 CHNA process utilized the Dignity Health Community Need Index (CNI) to identify communities with the highest level of health disparities and needs The CNI generates a score for every ZIP code based on data about barriers to socioeconomic security The five barriers used to determine CNI scores are</p> <ol style="list-style-type: none"> 1 Income Barriers 2 Cultural Barriers 3 Educational Barriers 4 Insurance Barriers 5 Housing Barriers <p>The CNI provides a score for every populated ZIP code in the United States on a scale of 1 0 to 5 0 A score of 1 0 indicates a ZIP code with the least need, while a score of 5 0 represents a ZIP code with the most need For a detailed description of the CNI please visit the interactive website at http://cni.chw-interactive.org/ Methodology Again, the HASD&IC 2 019 CHNA process and findings</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>provided the foundation for the Sharp 2019 CHNA process and as such are described as applicable throughout this report. For complete details on the HASD&IC 2019 CHNA process, please visit the HASD&IC website at www.hasdic.org/2019-chna/ or contact Lindsey Wade at lwade@hasdic.org. For the HASD&IC 2019 CHNA, quantitative analyses of publicly available data provided an overview of critical health issues across SDC, while qualitative analyses of community feedback provided improved understanding of the experiences and needs of 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 SDC.</p> <p>Quantitative/Secondary Data</p> <p>The 2019 CHNA process began with a comprehensive scan of recent community health statistics from several public sources to support both the HASD&IC and Sharp 2019 CHNAs. Data from the Dignity Health CNI and the Public Health Alliance of Southern California's Healthy Places Index were used to identify geographic communities in SDC that were more likely to experience health inequities. This knowledge guided the selection of communities/individuals for community engagement activities, as well as the development of community engagement questions. Hospital discharge data exported from SpeedTrack's California Universal Patient Information Discovery application were used to identify current and three-year trends in primary diagnosis discharge categories and were stratified by age and race. This allowed for the identification of health disparities and the conditions having the greatest impact on hospitals and health systems in SDC. Data from national and state-wide data sets were analyzed including SDC mortality and morbidity data, and data related to SDOH. In addition, Kaiser Permanente consolidated data from several national and state-wide data sets related to a variety of health conditions and SDOH in SDC, and conducted a comprehensive statistical analysis to identify those SDOH that were most predictive 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. In addition, Sharp inpatient and emergency department data, as well as Sharp Cancer Registry Data were analyzed for Sharp's 2019 CHNAs into the Sharp 2019 CHNA analyses.</p> <p>Community Engagement</p> <p>HASD&IC 2019 CHNA community engagement activities included focus groups, key informant interviews, and an online survey designed for stakeholders from every region of SDC, all age groups, and numerous racial 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 participated in the 2019 CHNA: 138 community residents and 441 leaders and experts.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>In addition, Sharp contracted separately with the IPH at SDSU to conduct multiple community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals. This input focused on behavioral health, cancer, diabetes, maternal and prenatal care, aging concerns (formerly termed senior health), and the needs of patients and community members facing inequities. These additional efforts included focus groups and key informant interviews involving 50 Sharp providers and 14 patients/community members. Further, IPH created case studies with the intent of representing a "typical" patient experience within Sharp. The case studies focused specifically on breast cancer and high-risk pregnancy. Lastly, the Sharp 2019 CHNA community engagement process included a robust online survey conducted through the Sharp Insight Community. The Sharp Insight Community is a private, online environment for Sharp patients and their families, community members, Sharp employees and Sharp-affiliated physicians. The 2019 CHNA Sharp Insight Community online survey sought to obtain feedback on the top health and social needs faced by SDC community members, as well as assess their awareness of community outreach programs offered by Sharp. The online survey also gave participants the opportunity to provide specific suggestions for Sharp to improve community health and well-being. A total of 380 community members completed the online survey.</p> <p>Prioritization The CHNA Committee collectively reviewed the quantitative and qualitative data and findings. Several criteria were applied to the data to determine which health conditions were of the highest priority in SDC. 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 SDOH that met the largest number of criteria were then selected as top priority community health needs. As the HASD&IC 2019 CHNA process included robust representation from the communities served by Sharp, this prioritization process was replicated for Sharp's 2019 CHNAs.</p> <p>Findings In addition, an underlying theme of stigma and the barriers it creates arose across 2019 CHNA community engagement activities. For instance, stigma impacts the way in which people access needed services that address SDOH, which consequentially impacts their ability to maintain and manage health conditions. These same findings were supported through both the quantitative analyses and community engagement activities conducted specifically as part of Sharp's 2019 CHNA process. In addition, Maternal and Prenatal Care, including High-Risk Pregnancy, was also identified as a community health need during Sharp's 2019 CHNA process.</p> <p>Community Assets and Recommendations The 2019 CHNAs identified many community assets in SDC, including social service organizations, government departments and agencies, hospital and clinic pa</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Partners, and other community members and organizations engaged in addressing many of the needs prioritized by the 2019 CHNAs. In addition, 2-1-1 San Diego (2-1-1) is an important community resource and information hub that facilitates access to services. Through its 24/7 phone service and online database, as well as a host of innovative navigation and support programs, 2-1-1 helps connect individuals with community, health and disaster services. 2-1-1 researched their database using relevant search terms for each identified need. The number of resources located for each need are listed below: * Aging Concerns 91 * Access to Care 260 * Behavioral Health 703 * Cancer 129 * Cardiovascular Disease 161 * Diabetes 144 * Maternal and Prenatal Care, including High-Risk Pregnancy 251 * Obesity 298 * SDOH 5,836 (e.g., transportation, food access, etc.) In addition to community input on health conditions and SDOH, a wealth of ideas emerged from community engagement participants about how hospitals and health systems could support additional resources and partner with organizations to help meet San Diego's community health needs. Further, to increase awareness of Sharp's CHNA process and community programs, the Sharp CHNA Community Guide was developed and made publicly available on Sharp's website at https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm. The Sharp CHNA Community Guide seeks to provide community members with a user-friendly resource to learn about Sharp's CHNA process and findings, as well as the identified health and SDOH needs addressed through Sharp programs. The Sharp CHNA Community Guide also provides a direct link for community members to provide feedback on Sharp's CHNA processes. An updated Sharp CHNA Community Guide will be available on sharp.com in early- to mid-2020. Next Steps for the CHNA: Sharp is committed to the health and well-being of its community, and the findings of Sharp's 2019 CHNAs will help inform the activities and services provided by Sharp to improve the health of its community members. These programs are detailed in Sharp hospitals' FY 2020 - FY 2023 Implementation Strategies, which are publicly available online at http://www.sharp.com/about/community/health-needs-assessments.cfm. Sharp will continue to work with HASD&IC and IPH as part of the CHNA Committee to develop and implement Phase 2 of the 2019 CHNA. Phase 2 will focus on continued engagement of community partners to analyze and improve the CHNA process, as well as refine hospital implementation strategies. Thus, the CHNA process will evolve to meet the needs of San Diegans and support the work of our community partners who also address identified community health needs. This will include a deeper dive into the impact of stigma on health and exploration of how hospitals may address this impact. The health needs and SDOH identified in the 2019 CHNA process will not be resolved with a quick fix. Rather, they will req</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ure time, persistence, collaboration and innovation The entire Sharp system is devoted t o this journey, and remains steadfastly dedicated to the care and improvement of health an d well-being for all San Diegans Further, Sharp is committed to providing a CHNA that is valuable to all our community partners, and we look forward to strengthening that value an d those community partnerships in the years to come The findings of Sharp's 2019 CHNAs he lp inform and guide the programs and services provided to improve the health of its commun ity members and are a critical component of Sharp's community benefit report process, outl ined below Steps Completed to Prepare Sharp's Community Benefit Plan and Report On an ann ual basis, each Sharp hospital performs the following steps in the preparation of its Comm unity Benefit Plan and Report</p> <ul style="list-style-type: none"> * Establishes and/or reviews hospital-specific objectives, taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community * Verifies the necessity for an ongoing focus on identified community needs and/or adds newly identified community needs * Reports on activities conducted in the prior fiscal year (FY) - FY 2019 Report of Activities * De velops a plan for the upcoming FY, including specific steps to be undertaken - FY 2020 Pla n * Reports and categorizes the economic value of community benefit provided in FY 2019, a ccording to the framework specifically identified in Senate Bill 697 * Reviews and approve s a community benefit plan * Distributes the Community Benefit Plan and Report Executive S ummary to members of the Sharp Board of Directors and each of the Sharp hospital boards of directors * Share the Community Benefit Plan and Report process and findings through pres entations across Sharp, including to management, entity boards and committees, and others upon request * Implement community benefit activities identified for the upcoming FY <p>Ongoig Commitment to Collaboration Underscoring Sharp's ongoing commitment to collaboration in order to address community health priorities and improve the health of San Diegans, Sharp executive leadership, operational experts and other staff are actively engaged in the nat ional American Hospital Association, Association for Community Health Improvement, statewi de California Hospital Association, HASD&IC, and a variety of local collaboratives includi ng but not limited to the San Diego Hunger Coalition, the San Diego Regional Chamber of Co mmerce, 2-1-1 and the Community Information Exchange at 2-1-1 Section 4 Sharp Grossmont Ho spital You can change the community by being fully present and engaged in it The communit y are its people and therefore it reflects the collective value of the group Influence po sitively and shape the future - Scott Evans, Chief Executive Officer, Sharp Grossmont Hos pital</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Fiscal Year (FY) 2019 Community Benefit Program Highlights Sharp Grossmont Hospital (SGH) provided \$146,439,047 in community benefit in FY 2019 See Table 25 for a summary of unreimbursed costs based on the categories identified in Senate Bill (SB 697), for the distribution of SGH's community benefit among those categories Table 25 Economic Value of Community Benefit Provided Sharp Grossmont Hospital - FY 2019 by SB 697 Category, Estimated FY 2019 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal, financial support for onsite workers to process Medi-Cal eligibility forms (Note 1) - \$38,094,768 Shortfall in Medicare (Note 1) - \$94,592,468 Shortfall in County Medical Services (CMS) (Note 1) - \$105,704 Shortfall in CHAMPVA/TRICARE (Note 1) - \$2,322,983 Charity Care (Note 2) - \$7,075,826 Bad Debt (Note 2) - \$939,504 Other Benefits for Vulnerable (Note 3) Populations Patient transportation, Project HELP and other assistance for the vulnerable (Note 4) - \$1,204,662 Other Benefits for the Broader Community Health education and information, health screenings, health fairs, flu vaccinations, support groups, meeting room space, donation of time to community organizations and cost of fundraising for community events (Note 4) - \$584,960 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals (Note 4) - \$1,518,172 TOTAL - \$146,439,047 NOTES Note 1 - Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Note 2 - Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Note 3 - "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs https://oshpd.ca.gov/ml/v1/resources/document?rs_path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf Note 4 - Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Key highlights * Medical Care Services included uncompensated care for patients who were unable to pay for services and the unreimbursed costs of public programs such as Medi-Cal, Medicare, CMS and CHAMPVA/TRICARE In FY 2018, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>ital Association of San Diego and Imperial Counties (HASD&IC), La Mesa Parks and Recreation, Lantern Crest Senior Living Advisory Board, Meals on Wheels San Diego County East County Advisory Board, Partnership for Smoke-Free Families, San Diego Adolescent Pregnancy and Parenting Program, San Diego Association of Directors of Volunteer Services, San Diego East County Chamber of Commerce, and Santee-Lakeside Rotary Club See Appendix A for a listing of Sharp HealthCare's (Sharp's) community involvement The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation * Health Research, Education and Training Programs included time devoted to education and training for health care professionals, student and intern supervision, and time devoted to generalizable, health-related research projects that were made available to the broader health care community Definition of Community SGH is located at 5555 Grossmont Center Drive in La Mesa, ZIP code 91942 The community served by SGH includes the entire east region of San Diego County (SDC), including the subregional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire Approximately 5% of the population lives in remote or rural areas of this region See Appendix B for a map of community and region boundaries in SDC For SGH's 2019 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify communities with greater health disparity within the county The CNI identifies the severity of health disparity for every ZIP code in the United States (U S) based on specific barriers to health care access including education, income, culture/language, insurance and housing As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations According to the CNI, communities served by SGH with especially high need include, but are not limited to, Lemon Grove, Spring Valley and El Cajon Description of Community Health In 2019, there were 88,400 residents ages 65 and older in SDC's east region, representing 16.6% of the total regional population Between 2019 and 2024, it is anticipated that the east region's senior population will grow by 21.4% In 2017, 13.7% of the east region population reported living below 100% of the federal poverty level (FPL) The unemployment rate in SDC's east region was 8.2%, which was higher than the rate for SDC overall (6.8%) In addition, 7.0% of households received Supplemental Security Income (SSI), also higher than SDC overall (5.0%)</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>According to data from the San Diego Hunger Coalition, 1 in 7, or 14% of the SDC population experienced food insecurity⁶³ in 2017. An additional 1 in 5 San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget.⁶⁴ In 2017, 11.4% of households in the east region participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 20.6% of the population lived at or below 138% FPL and were eligible for the program. These rates were higher than SDC overall (7.2% of households participated in SNAP benefits while 19.9% of households lived at or below 138% of the FPL).⁶² Please refer to Table 26 for SNAP participation and eligibility in the east region. Table 26 Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC's East Region, 2017 Food Stamps/SNAP Benefits Households - 11.4% Families with Children - 10.5% Eligibility by FPL Population =130% FPL - 19.2% Population =138% FPL - 20.6% Population 139% - 350% FPL - 33.6% In SDC's east region in 2017, 94.6% of children ages 18 and under, 83.6% of young adults ages 19 to 25, 84.9% of adults ages 26 to 44, 90.5% of adults ages 45 to 64, and 98.7% of seniors ages 65 and older had health insurance. Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100% health insurance coverage for all individuals under age 65. See Table 27 for health insurance coverage in SDC's east region in 2017. Table 27 Health Insurance Coverage in SDC's East Region, 2017 Children 0 to 18 years Rate - 94.6% HP2020 Target - 100% Young adults 19 to 25 years Rate - 83.6% HP2020 Target - 100% Adults 26 to 44 years Rate - 84.9% HP2020 Target - 100% Adults 45 to 64 years Rate - 90.5% HP2020 Target - 100% Seniors 65+ years Rate - 98.7% HP2020 Target - 100%. According to the California Health Interview Survey (CHIS), in 2018, 32.1% of the east region population was covered by Medi-Cal. See Table 28 for details. Table 28 Medi-Cal (Medicaid) Coverage in SDC's East Region, 2018 Covered by Medi-Cal - 32.1% Not covered by Medi-Cal - 67.9%. CHIS data also revealed that 14.4% of individuals in the east region did not have a usual place to go when sick or in need of health advice (see Table 29). Table 29 Regular Source of Medical Care in SDC's East Region, 2016-2018 Has a usual source of care Rate - 85.6% HP2020 Target - 100% Has no usual source of care Rate - 14.4% HP2020 Target - 0%. Cancer and diseases of the heart were the top two leading causes of death in SDC's east region in 2017. See Table 30 for a summary of leading causes of death in the east region. For additional demographic and health data for communities served by SGH, please refer to the SGH 2019 CHNA at http://www.sharp.com/about/community/community-health-needs-assessments cfm. Table 30 Leading Causes of Death in SDC's East Region, 2017 Malignant Neoplasms (Overall Cancer) Number of Deaths - 922 Percent of Total Deaths - 23.7% Diseases o</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>of the Heart Number of Deaths - 858 Percent of Total Deaths - 22.1% Cerebrovascular Diseases Number of Deaths - 226 Percent of Total Deaths - 5.8% Alzheimer's Disease Number of Deaths - 211 Percent of Total Deaths - 5.4% Accidents/Unintentional Injuries Number of Deaths - 210 Percent of Total Deaths - 5.4% Chronic Lower Respiratory Diseases Number of Deaths - 195 Percent of Total Deaths - 5.0% Diabetes Mellitus Number of Deaths - 158 Percent of Total Deaths - 4.1% Essential Hypertension and Hypertensive Renal Disease Number of Deaths - 96 Percent of Total Deaths - 2.5% Intentional Self-Harm (Suicide) Number of Deaths - 82 Percent of Total Deaths - 2.1% Chronic Liver Disease and Cirrhosis Number of Deaths - 69 Percent of Total Deaths - 1.8% All Other Causes Number of Deaths - 862 Percent of Total Deaths - 22.2% Total Deaths Number of Deaths - 3,889 Percent of Total Deaths - 100.0%</p> <p>Community Benefit Planning Process In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, SGH * Incorporates community priorities and community input into its strategic plan and develops service line-specific goals * Estimates an annual budget for community programs and services based on community needs, previous years' experience and current funding levels * Prepares and distributes a monthly report of community activities to its board of directors, describing community benefit programs provided, such as education, screenings and flu vaccinations * Prepares and distributes information on community benefit programs and services through its foundation and community newsletters * Consults with representatives from a variety of departments to discuss, plan and implement community activities</p> <p>Priority Community Needs Addressed in Community Benefit Report - SGH 2019 CHNA SGH completed its most recent CHNA in September 2019 SGH's 2019 CHNA was significantly influenced by the collaborative HASD&IC 2019 CHNA process and findings Please refer to Section 3 Community Benefit Planning Process for a detailed description of Sharp's 2019 CHNA process and findings In addition, this year SGH completed its most current implementation strategy - a description of SGH programs designed to address the priority health needs identified in the 2019 CHNA The most recent CHNA and implementation strategy for SGH are available at http://www.sharp.com/about/community/health-needs-assessments.cfm Through the SGH 2019 CHNA, the following priority health needs were identified for the communities served by SGH (listed in alphabetical order) * Access to Health Care * Aging Concerns * Behavioral Health (including Substance Use) * Cancer * Chronic Health Conditions (e.g., Cardiovascular Disease (CVD), Diabetes and Obesity) * Community and Social Support * Economic Security * Education * Homelessness and Housing Instability * Maternal and Prenatal Care, including High-Risk Pregnancy * Unintentional Injury and Violence</p> <p>The following</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>g pages detail SGH programs, activities and services that specifically address aging concerns, cancer, chronic health conditions, community and social support (these programs also help address access to health care, economic security and homelessness and housing), education, maternal and prenatal care, including high-risk pregnancy, and unintentional injury Please refer to Section 1 (Overview) Patient Access to Care Programs for additional entity and systemwide programs designed to address access to health care SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders SGH also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues Beyond these clinical services, SGH lacks the resources to comprehensively meet the need for community education and support in behavioral health (including substance use) Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and substance use services in SDC Please refer to Section 11 of this report for details on those programs Obesity is addressed through general nutrition and exercise education and resources provided at SGH There are also programs that address a healthy lifestyle as part of care for CVD, diabetes and other health issues influenced by healthy weight and exercise In addition, Sharp Rees-Stealy Medical Group clinics throughout SDC - including SDC's east region - provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs For additional details on SGH programs that specifically address the needs identified in the 2019 CHNA, please refer to SGH's implementation strategy available at http://www.sharp.com/about/community/health-needs-assessments.cfm For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2019 Report of Activities conducted in support of the objective(s), and FY 2020 Plan</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Identified Community Need Education, Support and Screening for Stroke Rationale reference s the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&IC and SGH 2019 CHNAs identified chronic conditions (including CVD and cerebrovascular diseases/stroke) as one of the priority health needs affecting members of the communities served by SGH * According to data presented in the HASD&IC 2019 CHNA, rates of ED visits for stroke in SDC increased 11 0% from 2014 to 2016, with the most significant increases in individuals ages 27 to 44 (20 0%) and those identified as "other" race (28 9%) * Focus groups and key informant interviews conducted as part of the HASD&IC and SGH 2019 CHNA identified numerous barriers to care for chronic conditions, including limited access to healthy food, lack of transportation, physical limitations or limited mobility, high health care costs, economic insecurity, low health literacy, poor health behaviors, such as unhealthy diet or lack of physical activity, medication management, unsafe neighborhoods, and unstable or complete lack of housing * Participants in the Sharp Case Management Leadership focus group conducted as part of the Sharp 2019 CHNAs identified the following hospital discharge challenges and barriers for patients, including those with chronic conditions transportation support, a shortage of recuperative or respite care options, a lack of short-term caregivers and in-home support services, and a need for a streamlined process from the hospital to the County of San Diego Health and Human Services Agency (HHSA) for those who qualify for wraparound support * In 2017, cerebrovascular diseases (including stroke) were the third leading cause of death for SDC's east region * In 2017, there were 226 deaths due to stroke in SDC's east region The region's age-adjusted death rate due to stroke was 40 0 per 100,000 population This rate was the second highest among all SDC regions and was higher than the HP2020 target of 34 8 deaths per 100,000 * In 2017, there were 1,150 hospitalizations due to stroke in SDC's east region The region's age-adjusted rate of hospitalizations for stroke was 199 0 per 100,000 population - the second highest among all SDC regions * In 2017, there were 448 stroke-related ED visits in SDC's east region, a 14 9% increase from 2016 The age-adjusted rate of ED visits was 78 3 per 100,000 population * According to 2018 CHIS data, an estimated 30 4% of east region adults were obese, 14 5% were current smokers, 12 1% reported that they were not physically active at all, and 20 0% reported that fresh fruits and vegetables were only sometimes affordable in their neighborhood The rates for each of these activities were higher in the east region than SDC overall * According to the Centers for Disease Control and Prevention (CDC), more than 795,000 people in the U S have a stroke each year, and stro</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>kes are responsible for approximately one out of every 20 deaths (CDC, 2017) * The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25% of people who recover from their first stroke will have another stroke within five years (NINDS, 2019) * The CDC estimates that up to 80% of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors Behaviors that can mitigate the risk of stroke include choosing a healthy diet full of fruits and vegetables, maintaining a healthy weight, engaging in at least 2.5 hours of moderate-intensity aerobic physical activity each week, refraining from or quitting smoking, and limiting alcohol intake (CDC, 2018) Objective * Provide stroke education, support and screening services for the east region of SDC FY 2019 Report of Activities The Joint Commission and American Heart Association (AHA)/American Stroke Association (ASA) has certified SGH's Stroke Center as a Primary Stroke Center (recertified in June 2016) The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate SGH is a recipient of the AHA/ASA's Get With The Guidelines(r) (GWTG) - Stroke Gold Plus Quality Achievement Award for excellence in stroke care as well as the Target Stroke Elite Honor Roll designation The AHA/ASA's GWTG is a national effort focused on ensuring the use of evidence-based therapies to improve outcomes for stroke patients The AHA/ASA's Target Stroke Elite Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients In FY 2019, the SGH Stroke Center provided stroke education and screenings to more than 750 community members at 11 community events in SDC's east region Education included stroke risk factors, warning signs and appropriate interventions, including arrival at the hospital within early onset of symptoms The SGH Stroke Center also provided nearly 200 attendees with blood pressure checks or stroke screenings, during which the team identified risk factors, provided education and advised behavior modification, including smoking cessation, weight loss and stress reduction Community events and locations included San Ysidro Health's Chaldean & Middle-Eastern Social Services' Family Health and Wellness Fair at Crystal Ballroom in El Cajon, the 2019 Love Your Heart event - an annual event in which organizations from across the U.S. and Mexico join together to provide free blood pressure screenings - at San Diego Oasis, Spring into Healthy Living senior health and technology fair at McGrath Family YMCA, ECSSP's annual East County Senior Health Fair at the La Mesa Community Center, the annual La Mesa Safety Fair hosted by the La Mesa Police Department and Hearland Fire and Rescue Department, the San Diego East County Chamber of Commerce's Health Fair Saturday events at Grossmo</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>nt Center and Parkway Plaza, and the annual Lakeside Firefighters Open House. In April, the SGH Stroke Center provided stroke education and risk factor screenings with pulse checks to more than 100 attendees at the Sharp Women's Health Conference held at the Sheraton San Diego Hotel & Marina. Educational topics included types of strokes, how to identify risk factors, strategies for risk reduction and recognizing symptoms of stroke. In addition, the SGH Stroke Center provided education to nearly 30 certified nursing assistant students at San Diego City College. Education focused on stroke codes, general stroke information, and B E F A S T (Balance, Eyes, Face, Arms, Speech, Time) - an easy technique to detect and enhance responsiveness to a stroke.</p> <p>During Stroke Awareness Month in May, Sharp's systemwide stroke program participated in Stroke Awareness Day at the Padres, held at Petco Park. This annual event is organized by the San Diego County Stroke Consortium, the County of San Diego HHS, the San Diego Padres and other key partners to promote stroke prevention, awareness and recovery, as well as celebrate stroke survivors. During the baseball game, Sharp offered stroke and blood pressure screenings, education about the warning signs of stroke and how to respond using B E F A S T. Giveaways were provided throughout the evening, while stroke education was displayed on the Jumbotron to the entire stadium of nearly 30,000 community members. The SGH Outpatient Rehabilitation Department continued to offer a weekly Stroke Communication Support Group for stroke survivors and their family members with a focus on stroke and brain injury survivors with aphasia or other speech or language difficulties. Topics included games to improve visual skills, language stimulation, listening activities and social interaction. The support group is sponsored by Young Enthusiastic Stroke Survivors, a community network that offers social, recreational and support group activities to stroke survivors and their families and caregivers. An average of six community members attended each session in FY 2019. In addition, SGH actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort with other SDC hospitals to improve stroke care and discuss issues impacting stroke care in SDC. SGH also continued its 14-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>FY 2020 Plan SGH Stroke Center will do the following * Provide stroke screening and education at events in the east region of SDC * Provide education for individuals with identified stroke risk factors * Continue to participate in Stroke Awareness Day at the Padres * Provide stroke education and screenings at the Sharp Women's Health Conference * Participate in Sharp's partnership with the City of San Diego to provide stroke education and resources to residents in the city's nine districts * Offer a stroke support group in conjunction with the hospital's Outpatient Rehabilitation Department * Continue to participate in the San Diego County Stroke Consortium * Continue to provide data to the SDC stroke registry * Provide community members with at least one physician speaking event on stroke care and prevention Identified Community Need Heart and Vascular Disease Education and Screening Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&IC and SGH 2019 CHNAs identified chronic conditions, including CVD, as one of the priority health needs affecting members of the communities served by SGH * Data analysis in the SGH 2019 CHNA revealed a higher volume of hospital discharges due to CVD in communities facing greater socioeconomic challenges within SDC's east region, such as El Cajon and Spring Valley * According to data presented in the HASD&IC 2019 CHNA, rates of ED visits for coronary heart disease (CHD) in SDC increased 35.3% from 2014 to 2016, with the most significant increases in individuals ages 45 to 64 (41.9%) and those identified as Asian/Pacific Islander (55.1%) In addition, heart disease was the second leading cause of death in SDC in 2016 * According to data presented in the SGH 2019 CHNA, in 2017, the top three inpatient CVD diagnoses at SGH were classified as hypertension, coronary artery disease (CAD), and heart failure, while the top three CVD diagnoses for ED visits were classified as hypertension, CAD, and undiagnosed prior heart attack * Focus groups and key informant interviews conducted as part of the HASD&IC and SGH 2019 CHNAs identified numerous barriers to care for chronic conditions such as CVD, including lack of access to healthy food, transportation, physical limitations or limited mobility, high healthcare costs, economic insecurity, low health literacy, poor health behaviors, such as unhealthy diet or minimal physical activity, medication management, unsafe neighborhoods, and unstable or complete lack of housing * Participants in the Sharp Case Management Leadership focus group conducted as part of the Sharp 2019 CHNAs identified the following hospital discharge challenges and barriers for patients, including those with chronic conditions transportation support, a shortage of recuperative or respite care options, a lack of short-term caregivers and in-home support services, and a need for a s</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>streamlined process from the hospital to the County of San Diego Department of Health and Human Services for those who qualify for wraparound support * According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 56.0% of respondents ranked CHD among the top five health conditions with the greatest impact on overall community health in SDC * In 2017, there were 858 deaths due to diseases of the heart in SDC's east region The region's age-adjusted death rate due to heart disease was 144.0 per 100,000 population This was higher than the age-adjusted death rate for SDC overall (126.2 deaths per 100,000 population) and the HP2020 target (103.4 deaths per 100,000 population) * In 2017, there were 1,016 hospitalizations for CHD in SDC's east region The age-adjusted rate of hospitalization for CHD was 176.1 per 100,000 population, which is higher than the age-adjusted rate for SDC overall (157.6 per 100,000 population) * In 2017, there were 253 ED visits for CHD in SDC's east region The age-adjusted rate of ED visits was 44.7 per 100,000 population, the highest among all county regions and higher than the age-adjusted rate for SDC overall (35.3 per 100,000 population) * According to 2017-2018 CHIS data, 8.7% of adults living in SDC's east region indicated that they were ever diagnosed with heart disease, which is higher than SDC overall (6.5%) * Data from the 2017-2018 CHIS indicated that 31.9% of adults living in SDC's east region had ever been diagnosed with high blood pressure, higher than SDC overall (27.5%) and the state of California (29.4%) * According to the CDC, heart disease (including CHD, hypertension and stroke) is the leading cause of death for both men and women, and kills approximately 630,000 people each year (CDC, 2017) * Heart disease is the leading cause of death for people of most racial/ethnic groups in the U.S. including African Americans, Hispanics, and whites For Asian Americans/Pacific Islanders and American Indians or Alaska Natives, heart disease is second only to cancer (CDC, 2017) * In 2018, the AHA reported that CHD is responsible for 1 in 7 deaths in the U.S., killing nearly 370,000 people each year Death rates and actual numbers of deaths from CHD decreased significantly between 2005 and 2015, but disease burden and risk factors remain high According to blood pressure guidelines championed by the AHA and the American College of Cardiology, 45.6% of U.S. adults now have hypertension (AHA, 2018) * According to the AHA, it may be possible to prevent heart disease, stroke, and CVD by not smoking, engaging in daily physical activity, maintaining a healthy diet and body weight, and controlling cholesterol, blood pressure, and blood sugar (AHA, 2018) Objectives * Provide heart and vascular education and screening services for the community, with an emphasis on adults, women and seniors * Share expertise in cardiovascular care with community health care professionals through</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>h participation in professional conferences and collaboratives * Participate in programs to improve the care and outcomes of individuals with heart and vascular disease FY 2019 Report of Activities In FY 2019, SGH's Cardiac Rehabilitation Department provided education and support to patients and community members impacted by congestive heart failure (CHF) A free, monthly CHF class and support group provided nearly 100 individuals with a supportive environment to discuss various topics about living well with CHF A free Heart and Vascular Risk Factors Education class was offered twice a month to individuals who were hospitalized within the last six months due to select heart conditions, reaching more than 310 individuals In addition, SGH's Cardiac Rehabilitation Department provided two community lectures about risk factors for heart disease as well as information about exercise to approximately 25 attendees from the Better Breathers Club and SGH Senior Resource Center SGH's Cardiac Training Center and Cardiac Rehabilitation Departments participated in a variety of community events throughout San Diego in FY 2019 Together, they offered community members free blood pressure screenings, cardiopulmonary resuscitation (CPR) demonstrations, and cardiac health education and resources, including prevention, symptom recognition, evaluation and treatment Events included Celebrando Latinas, AHA San Diego Heart & Stroke Walk and Health Fair Saturday at Grossmont Center Throughout the year, SGH provided expert speakers on heart disease and heart failure at professional conferences and events This included SGH's 10th annual Heart and Vascular Conference in October, a two-day event at the U S Grant Hotel where more than 350 health care professionals - including physicians, nurses and allied health workers caring for patients with CVD - received education on advances in cardiovascular care In November and May, SGH participated in the 14th and 15th semiannual meetings of Southern California VOICE (Vascular Outcomes Improvement Collaborative), which included more than 30 regional vascular physicians, nurses, epidemiologists, scientists and research personnel working together to collect and analyze vascular data in an effort to improve patient care SGH shared its expertise on the use of data processes to improve outcomes, compliance to clinical standards, and care</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>SGH continued to participate in programs to improve the care and outcomes of individuals with heart and vascular disease. To help improve care for acutely ill patients in SDC, SGH provided data on STEMI (ST-elevation myocardial infarction or acute heart attack) to the County of San Diego EMS and participated in the quarterly County of San Diego Cardiac Advisory Committee for STEMI. Additionally, SGH provided its Peripheral Vascular Disease Rehabilitation Program to provide education and coaching on exercise, diet and medication to keep patients - particularly low-income patients - at the highest functional level. The program is partially funded by donations to the Grossmont Hospital Foundation to help defray the cost for patients with limited resources.</p> <p>Throughout FY 2019, SGH-affiliated cardiologists and an electrophysiologist shared heart-related information with local news outlets, including KUSI News, Bustle, an online women's magazine, Mic, a digital media company, and The East County Californian. Topics included the elevated risk of heart attack on Christmas Eve, heart rhythm problems and treatments, heart disease, and the impact of coffee on arterial health. SGH's cardiac team is committed to supporting future health care leaders through active participation in student training and internship programs. In FY 2019, the team spent more than 500 hours mentoring more than 35 students from Azusa Pacific University (APU), Pima Medical Institute, San Diego State University (SDSU), University of California (UC) San Diego, Grossmont College, National University (NU) and Western University of Health Sciences, including students with an interest in a career as a nurse, cardiovascular technologist or x-ray technologist. New in FY 2019, SGH's Cardiac Rehabilitation Department began offering an internship program for exercise physiology and kinesiology students. The program provides students with comprehensive, hands-on practical and technical experience in delivering care to cardiac rehabilitation patients. Upon completion, students are proficient in obtaining vitals, prescribing exercise, providing patient education and modifying patient risk factors. The internship is approximately 8 to 12 weeks in length but may be adjusted to meet school requirements. Through the program, SGH's Cardiac Rehabilitation Department dedicated approximately 185 hours to two Exercise Physiology Master's program students from Point Loma Nazarene University (PLNU).</p> <p>FY 2020 Plan SGH will do the following:</p> <ul style="list-style-type: none"> * Provide a free monthly CHF class and support group * Provide free bimonthly Heart and Vascular Risk Factor Education classes * Provide cardiac and vascular risk factor education and screening at community events * Provide one cardiac health lecture and a Cardiovascular Expo for community members * Pursue additional research opportunities to benefit patients and community members * As invited, offer educational speakers to the professional community on topics such as perf

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>ormance improvements in CHF and acute myocardial infarction, and cardiovascular treatment options * Provide a conference on heart and vascular disease for community physicians and other health care professionals * Continue to provide student learning opportunities, including an internship module for exercise physiology and kinesiology students * Continue to provide data on STEMI to the County of San Diego EMS and participate in the County of San Diego Cardiac Advisory Committee * Continue to provide the Peripheral Vascular Disease Rehabilitation Program * Conduct three live, low sodium cooking demonstrations and provide recipes for patients and community members affected by CHF Identified Community Need Diabetes Education, Prevention and Support Rationale references the findings of the SGH 2019 CHN A, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&IC and SGH 2019 CHNAs identified chronic conditions, including diabetes, as one of the priority health needs affecting members of the communities served by SGH * Data analysis in the SGH 2019 CHNA revealed a higher volume of hospital disc harges due to Type 2 diabetes in communities within SDC's east region facing greater socio economic challenges, such as El Cajon and Spring Valley 70 * According to data presented in the HASD&IC 2019 CHNA, rates of ED visits for diabetes in SDC increased 7.2% from 2014 to 2016, with the most significant increases in individuals ages 27 to 44 (13.9%) and those identified as black/African American (15.1%) * According to data presented in the SGH 2019 CHNA, in 2017, the top three ED and inpatient Type 2 diabetes diagnoses at SGH included Type 2 diabetes (uncomplicated), Type 2 diabetes with chronic kidney disease, and Type 2 diabetes with hyperglycemia (high blood sugar) * According to the results of the Sharp In sight Community survey conducted during Sharp's 2019 CHNAs, 51.0% of respondents ranked diabetes (Types 1 and 2) among the top five health conditions with the greatest impact on overall community health in SDC * Focus groups and key informant interviews conducted as part of the HASD&IC and SGH 2019 CHNAs identified numerous barriers to care for chronic conditions such as diabetes, including lack of access to healthy food, lack of transportation, physical limitations or limited mobility, high health care costs, economic insecurity, low health literacy, poor health behaviors, such as unhealthy diet or lack of physical activity, medication management, unsafe neighborhoods, and unstable or complete lack of housing * Participants in the Sharp diabetes educator focus group conducted as part of the SGH 2019 CHNA process identified several barriers to effective diabetes management, including challenges associated with pharmacies, insurance policies and finances (including co-pays, loss of income due to time off work and the cost of transportation to medical appointments), fear related to job loss</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>or immigration status, and lack of knowledge or cultural beliefs about food and illness * The Sharp diabetes educator focus group also identified the following barriers associated with diabetes management isolation and loneliness, stigma, particularly when it is reinforced by physicians, lack of support from family members, and difficulty managing co-morbidities including cardiovascular issues, kidney issues, neuropathy, and vision issues * In 2017, diabetes was the seventh leading cause of death in SDC's east region * In 2017, there were 158 deaths due to diabetes in SDC's east region The region's age-adjusted death rate due to diabetes was 26.4 per 100,000 population, higher than the overall SDC age-adjusted rate (21.5 deaths per 100,000 population) 69 * In 2017, there were 982 hospitalizations due to diabetes in SDC's east region The age-adjusted rate of hospitalizations for diabetes was 189.6 per 100,000 population This rate was the highest among all SDC regions and higher than the age-adjusted rate of hospitalization for SDC overall (122.9 per 100,000 population) * In 2017, there were 1,050 diabetes-related ED visits in SDC's east region The age-adjusted rate of diabetes-related ED visits was 202.2 per 100,000 population This was the third highest rate among all SDC regions and was higher than the age-adjusted rate for SDC overall (165.0 per 100,000 population) * According to 2018 CHIS data, 11.7% of adults living in SDC's east region indicated that they had ever been diagnosed with diabetes, which was slightly higher than SDC overall (9.8%) and the state of California (10.1%) Diabetes rates among seniors were particularly high, with 25.0% of east region adults over 65 reporting that they had ever been diagnosed with diabetes * According to 2018 CHIS data, 17.6% of residents in the east region had been told by their doctor that they have pre- or borderline diabetes, slightly higher than residents in SDC overall (17.3%) * A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research estimated that 13 million adults in California (46%) have prediabetes or undiagnosed diabetes, while another 2.5 million (9%) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016) * Data presented by the United Health Foundation (UHF) indicates that, in 2017, diabetes prevalence in California was highest among American Indian/Alaska Natives (24.8%), followed by individuals of other race (16.4%), non-Hispanic blacks (14.8%) and Hispanics (12.1%) (UHF, 2018) * According to the CDC, diabetes is the seventh leading cause of death in the U.S. In addition, the number of adults diagnosed with diabetes in the U.S. has more than tripled in the last 20 years (CDC, 2019)</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* According to the CDC's 2017 National Diabetes Statistics Report, 87.5% of adults diagnosed with diabetes were overweight or obese. To prevent or delay the onset of diabetes, the CDC recommends lifestyle changes such as losing weight, eating healthier and getting regular physical activity. * The CDC estimates that 30.3 million people in the U.S. have diabetes. Of those individuals, 1 in 4 is not aware they have the disease (CDC, National Diabetes Statistics Report, 2017). * The CDC identifies diabetes as the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults (CDC, 2017). Objectives: * Provide diabetes education, prevention and support in the east region of SDC. * Collaborate with community organizations and projects to provide diabetes education to SDC's vulnerable populations. * Participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community. FY 2019 Report of Activities: The SGH Diabetes Education Program is recognized by the American Diabetes Association (ADA) for meeting national standards for excellence and quality in diabetes education covering blood sugar monitoring, medication and nutritional counseling as well as insulin pump and other device training. The program is led by certified diabetes educators, who provide individuals and their support systems with the skills needed to successfully self-manage various conditions, including prediabetes, gestational diabetes (diabetes developed during pregnancy), and Type 1 and Type 2 diabetes. Small group and one-on-one education options are offered in English and Spanish. In FY 2019, the Sharp Diabetes Education Program (Sharp's systemwide diabetes program) offered diabetes education and support to approximately 1,000 attendees at the Sharp Women's Health Conference. This included diabetes risk assessments using the ADA's Diabetes Risk Test questionnaire as well as resources on the different types of diabetes, diabetes prevention, signs, symptoms and complications of diabetes, the connection between diabetes and CVD, nutrition and reading food labels, exercise, medication and diabetes self-management. Also during the conference, a Sharp diabetes expert presented on the prevention and management of Type 2 diabetes, including helpful diets, physical activity and the power of lifestyle change. In addition, the Sharp Diabetes Education Program provided fundraising and team participation for the San Diego Heart & Stroke Walk at Balboa Park in September. The Sharp Diabetes Education Program provided education to various community groups throughout the year. In collaboration with the SGH Senior Resource Center in November, the program provided a lecture on diabetes and the power of lifestyle change to more than 10 senior community members at the GHD's James G. Stieringer Conference Center. The SGH Diabetes Education Program also provided a Heart Healthy Cook.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ing event for approximately 15 community members at Temple Emanu-El in February. Lecture topics included food choices, reading food labels, snack ideas, sodium intake, and understanding and decreasing fat in one's diet. In addition, in June the SGH Diabetes Education Program provided a lecture on diabetes and nutrition to approximately 100 community members at the Grossmont Center Health Fair. The Sharp Diabetes Education Program continued to collaborate with Family Health Centers of San Diego (FHCS D) to provide education to patients with diabetes at multiple FHCS D sites. The program is similar to NICU navigators in next section on vulnerable population, including those in the east region, through the organization's Diabetes Management Care Coordination Project (DMCCP). Through DMCCP, Sharp's diabetes educators provide weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes and one-on-one support from a nurse practitioner to the clinics' diabetes patients. In addition, project "graduates" offer peer support and education to current enrollees in both English and Spanish. The project monitors participants' physical activity as well as their A1C and blood glucose levels, which it has proven to successfully maintain and lower. At FHCS D's Lemon Grove, Grossmont Spring Valley and El Cajon sites, Sharp diabetes educators provided 14 lectures to more than 170 community members. Topics included creating an active lifestyle, nutrition, including the effect of food groups and serving sizes on blood sugar levels, healthy eating, and diabetes risk factors, symptoms, treatment, self-management and goal setting. In 2019, 32.5% of those enrolled in DMCCP saw a decrease in their overall A1C results. The Sharp Diabetes Education Program is an affiliate of the California Diabetes and Pregnancy Program's Sweet Success Program, which provides comprehensive technical support and education to medical personnel and community liaisons to promote improved outcomes for high-risk pregnant women with diabetes. As an affiliate, the Sharp Diabetes Education Program teaches underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes how to manage their blood sugar levels. In collaboration with community clinics, in FY 2019, the team provided these patients with a variety of education and resources to support a healthy pregnancy. Topics covered gestational diabetes statistics, new diagnostic criteria, treatment and management of blood glucose levels, goals for blood sugar levels before and after a meal, insulin requirements, self-care practices, nutrition and meal planning, exercise and weight management, monitoring fetal movement, and the risks and complications of uncontrolled diabetes. Clinic patients also received logbooks to track and manage their blood sugar levels. In addition, the Sharp Diabetes Education Program evaluated patients' management of their blood sugar levels and col</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>laborated with community clinics' obstetrician-gynecologists to prevent complications. At SGH, the Sharp Diabetes Education Program provided services and education to more than 400 underserved pregnant and breastfeeding women with diabetes. Throughout the year, the Sharp Diabetes Education Program continued to provide services and resources to meet the needs of culturally diverse populations within SDC. For the east region, this included particular attention to the needs of the newly immigrated Iraqi Chaldean population. Educational resources included How to Live Healthy With Diabetes, What You Need to Know About Diabetes, All About Blood Glucose for People With Type 2 Diabetes, All About Carbohydrate Counting, Getting the Very Best Care for Your Diabetes, All About Insulin Resistance, All About Physical Activity With Diabetes, Gestational Diabetes Mellitus Seven-Day Menu Plan, Food Groups and Arabic language materials about pregnancy. Resources were provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and food diaries and logbooks were distributed for community members to track their blood sugar levels. Live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application, and the program facilitated translation and other resources specifically addressing Chaldean cultural needs. Additionally, Sharp team members received education regarding the different cultural needs of diverse communities to improve the delivery of inclusive and culturally competent care. In FY 2019, the Sharp Diabetes Education Program supported the professional health care community through participation in various conferences and meetings. At the Liberty Station Conference Center in May, team members presented Obesity, Diabetes and Cardiovascular Disease to approximately 250 health professionals during Sharp's Obesity Crisis Conference. The Sharp Diabetes Education Program's presentation covered multiple topics, including the history and prevalence of diabetes and prediabetes in the U.S., testing for diabetes, the link between diabetes, CVD and obesity, decreasing risks and weight management. In June, the Sharp Diabetes Education Program attended the ADA's 79th Scientific Sessions conference in San Francisco, California. The conference shared research advances to improve the lives of people with and affected by diabetes with more than 15,000 international attendees. In addition, in August, the Sharp Diabetes Education Program presented on the Use of Outcomes Data and Marketing Strategies to Sustain Diabetes Programs to approximately 200 health professionals at the American Association of Diabetes Educators' 2019 Annual Conference in Houston, Texas.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>In November, the Sharp Diabetes Education Program hosted a diabetes conference for physicians, nurses, pharmacists, laboratorians, clinical and managerial leaders and other community health professionals interested in optimizing inpatient diabetes care. The conference provided 150 participants with specific tools and strategies for creating a culture that supports and encourages emerging therapeutic trends in glycemic management in a hospital setting. Topics included treating patients with Type 2 diabetes, cardiovascular risk for patients with Type 1 or Type 2 diabetes, new insulin products and their potential benefits, metabolism and weight loss in those using insulin, automated insulin infusion algorithms, and insulin pumps and continuous glucose monitoring. In addition, in FY 2019 the Sharp Diabetes Education Program provided diabetes education - including the different types of diabetes, diagnoses, current technology and medication, and careers in diabetes education - to more than 20 nurse practitioner students at SDSU, as well as mentored two dietetic interns from the San Diego Women, Infants, and Children (WIC) program. Lastly, the Sharp Diabetes Education Program presented on diabetes and exercise to approximately 10 students at PLNU School of Nursing's Health Promotion Center at the Church of the Nazarene in Mid-City, as well as provided diabetes education to approximately 10 APU nursing students. FY 2020 Plan The SGH and Sharp Diabetes Education Programs will do the following:</p> <ul style="list-style-type: none"> * Provide community members with prediabetes and diabetes information at various community venues in SDC's east region * Explore collaborations to assist and educate food insecure community members * Participate in Sharp's partnership with the City of San Diego to provide diabetes education and resources to residents in the city's nine districts * Explore collaboration with community organizations to provide diabetes education for community members, including seniors and caregivers * Continue to collaborate with FHCSO to provide education and resources to their patients with diabetes * Continue to provide gestational diabetes services and resources to underserved pregnant and breastfeeding women, both at the hospital and in collaboration with community clinics * Participate in Tour de Cure - the ADA's signature fundraising event to fight diabetes - as well as the San Diego Heart & Stroke Walk * Maintain up-to-date resources to support community members with diabetes treatment and prevention, particularly foreign language and culturally appropriate resources for diverse populations * Continue to participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community * Conduct educational symposiums for health care professionals focused on improving outpatient and inpatient diabetes care * Continue to host a diabetes conference for health care professionals * Explore collaborations with

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>th community service organizations that focus on diabetes prevention and care * Partner with community physicians to help them improve patient outcomes using technology, including insulin pumps and blood glucose monitors Identified Community Need Health Education, Screening and Support for Aging Concerns Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&IC and SGH 2019 CHNAs identified aging concerns as one of the priority health needs affecting members of the communities served by SGH Aging concerns are defined as those conditions that predominantly affect seniors - people who are 65 and older - such as Alzheimer's disease, Parkinson's disease, dementia, falls and limited mobility * According to data presented in the HASD&IC 2019 CHNA, rates of inpatient discharge in SDC increased for Alzheimer's disease (35.1%) and dementia (16.3%) from 2014 to 2016 * According to data presented in the SGH 2019 CHNA, in 2017, seniors represented 59.4% of inpatient discharges for unintentional injury at SGH, with fall-related injuries occurring in 81.5% of those discharges * Data analyzed as part of the SGH 2019 CHNA indicated that seniors admitted to SGH with a behavioral health diagnosis were more likely to have dementia (42.5%) when compared to all behavioral health inpatient discharges (18.5%) * Focus groups conducted as part of the HASD&IC and SGH 2019 CHNAs identified the following health conditions that impact older adults Alzheimer's and Parkinson's diseases, dementia, arthritis, loss of mobility, opioid misuse, diabetes, heart disease, anxiety, depression, lung disease, obesity, and poor oral health * In addition, the focus groups identified the following social determinants of health (SDOH) that impact seniors lack of accessible or reliable transportation options, difficulty accessing fresh food, social isolation and inadequate family support, economic insecurity and environmental pollutants * According to the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 83% of respondents ages 65 and older ranked aging concerns among the top five conditions with the greatest impact on overall community health in SDC * As part of the SGH 2019 CHNA, focus groups comprised of Sharp Senior Health Center staff and patients, as well as community members identified the following SDOH that impact seniors few transportation options, lack of access to fresh food, social isolation and inadequate family support, economic insecurity, housing issues, and environmental pollutants, including sound Participants indicated that these issues contribute to a loss of independence, leading to increased stress, isolation, loneliness and poor mental health * Sharp senior health focus group participants suggested the following strategies for increasing health care access for seniors establishing a centralized communication database so</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>that patient information can be shared across health care systems, creating and promoting programs to assist seniors with transportation to medical appointments and grocery stores , expanding meal delivery services, expanding behavioral health care options for Medi-Cal and Medicare patients, and increasing the availability of translators * In 2017, Alzheimer's disease was the fourth leading cause of death in SDC's east region for all age groups * In 2017, the top 10 leading causes of death among adults ages 65 and older in SDC's east region were (in rank order) diseases of the heart, cancer, Alzheimer's disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases, diabetes, essential hypertension and hypertensive renal disease, accidents/unintentional injuries, Parkinson's disease, and flu/pneumonia * In 2017, hospitalization rates among seniors in SDC's east region were higher than the east region's general population for all major causes, including cancer, hypertensive diseases, diseases of the heart, asthma, osteoarthritis, unintentional injuries, falls, stroke, diabetes and flu/pneumonia * The top three causes of ED utilization among SDC's east region residents ages 65 and older in 2017 were unintentional injuries, falls and Chronic Obstructive Pulmonary Disease/Chronic Lower Respiratory Diseases * According to the CDC, 2.8 million older adults 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 each fall doubles the chance of falling again. These 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 billion annually (CDC, 2018) * In 2015, more than 84,400 San Diegans ages 55 and over were living with Alzheimer's disease and related dementias (ADRD), one quarter of whom lived in the east region. Between 2015 and 2030, the number of east region residents living with ADRD is projected to increase by 27.4% (Alzheimer's Disease and Related Dementias in San Diego County, County of San Diego HHS, 2018) * In 2017, 67.7% of the influenza hospitalizations and nine of the 14 influenza deaths in the east region occurred among residents ages 65 and older. The age-adjusted rate of influenza death among this group was 12.2 per 100,000, lower than the rate for seniors in SDC overall (16.2 per 100,000) * According to the California Department of Aging (CDA), in 2019, 11.1% of SDC residents ages 60 and older were considered low-income, and 17.1% were eligible for Medi-Cal coverage. In addition, 17.5% of SDC seniors were identified as living alone (CDA, 2019)</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* According to research published in Health Affairs, an estimated 15 million family caregivers in the U S provide unpaid care for a loved one with dementia Caregiver burden and fatigue can result in increased use of hospital and emergency services for dementia patients (Slaboda et al, 2018) * The same study identified the following as the biggest challenges facing family caregivers of individuals with dementia dealing with memory loss and the disease's impact, handling the stress and emotional toll, having patience with their loved one, handling mood swings or behavior changes, and managing daily activities, including bathing, bathroom, dressing and meals (Slaboda et al, 2018) * According to the American Association of Retired Persons (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 1 in 3 employed Millennial caregivers earns less than \$30,000 per year (AARP, 2018) Objectives * Provide a variety of senior health education and screening programs * Produce and mail quarterly activity calendars to community members * Provide daily telephone reassurance/safety check calls to ensure the safety of homebound seniors and disabled adults in SDC's east region * In collaboration with community partners, offer seasonal flu vaccination clinics at convenient locations for seniors and vulnerable adults in the community * Serve as a referral resource to additional support services in the community for senior residents in SDC's east region * Provide education and community resources to caregivers * Maintain and grow partnerships with community organizations to expand community outreach and provide seniors and caregivers with updated information on available services and resources FY 2019 Report of Activities Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them to a variety of free and low-cost programs and services through email, phone and in-person consultations The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals and caregiver resources In FY 2019, the SGH Senior Resource Center developed and mailed quarterly calendars of its programs and services to more than 6,700 households in SDC's east region In addition, the SGH Senior Resource Center distributed more than 3,500 Vials of Life, which are small vinyl sleeves that can be magnetically placed on a refrigerator to provide emergency personnel with critical medical information for seniors and people with disabilities The SGH Senior Resource Center provides a telephone reassurance and safety check program for isolated or homebound seniors and disabled community members living in SDC's east region Through the program, SGH Senior Resource Center staff and volunteers provide</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>place computerized phone calls to participants daily at regularly scheduled times. In the event that staff members do not connect with participants, a phone call is placed to family members or friends to ensure the individual's safety. In FY 2019, staff placed more than 4,900 phone calls to 22 seniors and community members with disabilities, as well as approximately 15 follow-up phone calls to family and friends. In FY 2019, the SGH Senior Resource Center reached more than 600 community members through 30 free health education programs provided at locations in SDC's east region including the SGH campus, La Mesa Community Center, GHD's James G. Stieringer Conference Center, and San Diego Oasis - an organization that promotes healthy aging through lifelong learning, active lifestyles and volunteer engagement. Programs were presented by experts from community organizations as well as Sharp professionals with expertise in physical therapy, rehabilitation, diabetes, bereavement, finance, health insurance, nutrition, nursing and advance care planning (ACP). Educational topics included the latest in Alzheimer's research, ACP, respite care services, audiology, tools and resources for caregivers, caregiving at home, diabetes, Medicare, safety at home, memory care, transportation options, brain health, bereavement and coping with grief, heart health and fitness, the benefits of exercise for Parkinson's disease, bone health and preventing fractures, traditional diets, healthy eating in the new year, wills and trusts, estate planning and gift annuities, maintaining a healthy voice, senior programs and finding reliable health information. Also in FY 2019, nearly 130 seniors and their caregivers were reached through clinical lectures provided by an audiologist, psychologist and dermatologist. Topics included audiology, mental health and finding joy in aging. Lectures were held at the GHD's James G. Stieringer Conference Center and San Diego Oasis. Further, the SGH Senior Resource Center presented to more than 530 community members on senior services, Vials of Life, fall prevention, resources and tools for caregivers, introduction to smart phones and talking to a health care provider. Presentations were held at various locations throughout SDC, including but not limited to El Cajon, La Mesa and Santee. Through Sharp's partnership with the City of San Diego, the SGH Senior Resource Center delivered three lectures on Senior Resources in San Diego to approximately 50 community members at College-Rolando Library, Point Loma/Hervey Branch Library and Rancho Bernardo Branch Library. Throughout the year, the SGH Senior Resource Center provided eight health screening events at various sites in SDC's east region, reaching more than 130 members of the senior community. Screenings included balance and fall prevention, hand (checking for increased swelling, redness or deformity in elbows, wrists or fingers, as well as decreased grip strength), and depression. In addition,</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>in FY 2019, the SGH Senior Resource Center provided free blood pressure screenings to more than 670 individuals at approximately 50 community events. Screenings were provided at the SGH campus, Dr. William C. Herrick Community Health Care Library, La Mesa Adult Enrichment Center, Jewish Family Service of San Diego (JFS) College Avenue Center and McGrath Family YMCA, as well as at community health fairs and special events, and to the Grossmont Mall Walkers. As a result of these blood pressure screenings, five seniors were referred to physicians for follow-up care. The SGH Senior Resource Center continued to sponsor the Grossmont Mall Walkers, a free fitness program to increase physical activity, improve balance and strength, and encourage a healthy lifestyle among community adults and seniors. Every Saturday, participants gathered at Grossmont Center to walk around the mall and perform gentle exercises led by an instructor from the SGH Senior Resource Center. On average, more than 130 community members participated in the Grossmont Mall Walkers program each month. In FY 2019, at The San Diego Union-Tribune's CaregiverSD community expo at Liberty Station in April, the SGH Senior Resource Center provided Vials of Life, senior resources and information about its services to approximately 500 community members. The SGH Senior Resource Center also offered Vials of Life, caregiver and community resources, and information about its services to more than 1,700 seniors at the County of San Diego's AIS Vital Aging 2019 Live Well to Age Well conference held at the San Diego Convention Center. The event covered a variety of subjects including brain health, caregiver well-being, nutrition, physical activity, health and independence, and other topics to help empower older adults to live healthy, safe and thriving lives. In April, Sharp Senior Resource Centers' collaborated with Sharp HospiceCare to host the Health and Wellness in Aging Know Your Options conference. Held at the La Mesa Community Center, the free conference provided more than 110 attendees with educational presentations on staying healthy, improving emotional wellness, end-of-life options and estate planning tips, as well as provided valuable resources to help manage and promote healthy aging.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Throughout the year, the SGH Senior Resource Center both hosted and participated in health fairs and events throughout SDC's east region. This included the provision of blood pressure screenings and educational resources to nearly 1,500 community seniors and caregivers at the El Cajon Heartland Fire Open House at an El Cajon fire station, Oasis San Diego's Technology Fair, Taste of Oasis Annual Open House at San Diego Oasis, ECSSP's Senior Health Fair at the La Mesa Community Center, Senior Transportation and Housing Expo at the La Mesa Community Center, JFS College Avenue Center's annual health fair, Parkway Plaza Health Fair at Parkway Plaza Mall in El Cajon, Spring Into Healthy Living event at the McGrath Family YMCA in Rancho San Diego and In-Home Supportive Services' Provider Appreciation Day (for caregivers) at Balboa Park. The SGH Senior Resource Center continued to provide seasonal flu vaccines in selected community settings. In FY 2019, 390 vaccinations were provided at nine community sites, including the Lemon Grove Senior Center, JFS College Avenue Center, La Mesa Community Center, Lakeside Community Center, Santee Public Library, George L. Stevens Senior Center, Salvation Army of El Cajon, Journey Community Church and SGH. In addition to providing flu vaccinations at these sites, the SGH Senior Resource Center offered activity calendars detailing upcoming blood pressure and flu clinics, health screenings and community senior programs as well as provided Vials of Life and information regarding telephone reassurance calls. Further, seniors, caregivers, individuals who are homeless or at risk of homelessness, individuals with chronic illnesses, and vulnerable adults with limited access to care, including those without transportation, were notified about flu vaccine events through activity calendars, collaborative outreach conducted by the flu clinic site, sharp.com, and paper and electronic newspaper notices. Throughout the year, the SGH Senior Resource Center maintained active relationships with organizations that enhance professional networking and provide quality programming for seniors in SDC's east region. Organizations included the Caregiver Coalition's Caregiver Education Committee, ECSSP, ECAN, AIS Health Promotion Committee, East County Elder Abuse Council, St. Paul's PACE, and Meals on Wheels San Diego County East County Advisory Board. Further, in order to avoid unnecessary visits to the emergency room and the potential risks of hospitalization, SGH works alongside the GHD, Alzheimer's San Diego and Live Well San Diego (LWSD) as part of the Alzheimer's Response Team (ART) in the east region. Launched in July by the County of San Diego, ART links medical first-responders, social workers, Sheriff's deputies and other professionals to individuals living with dementia to ensure they receive the most appropriate services during an emergency. The team also provides ongoing support to families to help prevent future crises. The ART is</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>s an outgrowth of The Alzheimer's Project, the county-led initiative to find a cure for Al zheimer's and help families struggling with the disease FY 2020 Plan SGH Senior Resource Center will do the following * Provide resources and support to address relevant concerns of community seniors and caregivers through in-person and phone consultations * Provide c ommunity health information and resources through educational programs, monthly blood pres sure clinics and health screening events * Collaborate with Sharp experts and community pa rtners to provide approximately 30 seminars focused on issues of concern to seniors * Part icipate in community health fairs and events targeting seniors * Collaborate with an east region YMCA, AIS and ECAN to provide a healthy living conference for seniors * In collabor ation with the Caregiver Coalition, coordinate a conference dedicated to family caregiver issues * In collaboration with Sharp HospiceCare, host an aging conference for seniors * P rovide telephone reassurance calls to seniors and disabled adults in SDC's east region * P rovide approximately 4,000 Vials of Life to senior community members * Produce and distrib ute quarterly calendars highlighting events of interest to seniors and family caregivers * Collaborate with community organizations to provide seasonal flu vaccinations to communit y members facing barriers to accessing care, including individuals who are homeless or at risk of homelessness * Maintain and grow active relationships with organizations that serv e seniors in SDC's east region * In partnership with San Diego Oasis and SGH clinical expe rts and affiliated physicians, provide a monthly educational program on health and wellnes s topics for seniors (e g , vascular disease, fall prevention, stroke, etc) * Continue to participate in ART in SDC's east region Identified Community Need Cancer Education and S upport, and Participation in Clinical Trials Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless oth erwise indicated Rationale * The HASD&IC and SGH 2019 CHNAs identified cancer as one of t he priority health needs affecting members of the communities served by SGH * According t o data presented in the HASD&IC 2019 CHNA, cancer was the leading cause of death in SDC in 2016 * Focus groups conducted as part of the HASD&IC 2019 CHNA identified cancer as a co ndition that many members of the community fear, particularly brain, colon and breast canc ers Participants also described barriers to receiving cancer screenings and treatment, in cluding stigma surrounding a cancer diagnosis, fear about immigration status, particularl y for asylum seekers, financial burdens, even for those with health insurance, and practic al issues such as transportation to medical appointments * According to the results of th e Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 67% of respondents r anked cancer among the top fiv</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>e health conditions with the greatest impact on overall community health in SDC * As part of the SGH 2019 CHNA, focus groups comprised of Sharp cancer patient navigators and clinical social workers identified the following health conditions and SDOH related to cancer chronic diseases such as asthma or heart disease, which are often connected to stress, care challenges associated with behavioral health and substance use, barriers to care (cost, delays in receiving care and fear related to diagnosis or immigration status, frustration navigating health insurance, screening avoidance, logistics such as transportation or childcare, and language barriers), and fear of stigma due to cancer diagnosis * Sharp cancer patient navigator and clinical social worker focus group participants also described the following hospital discharge barriers and support needs lack of patient or family support and education (particularly for caregivers), homelessness, insurance issues, lack of follow-up care or access to medication, and a need for a "one-stop shop" incorporating financial navigators and legal support, as well as other resources like pain management or wigs * The most frequently observed cancers at SGH in 2018 were (in rank order) breast, lung, brain, colorectal and prostate In total, there were 1,286 new cases of cancer at SGH in 2018 * According to 2018 Sharp oncology data, 46% of the 518 SGH cancer patients who received the cancer psychosocial distress screening scored at a range of moderate to severe distress and were referred to internal or external resources, such as social workers or community cancer resources * In 2017, cancer was the leading cause of death in SDC's east region * There were 922 deaths due to cancer (all types) in SDC's east region in 2017 The region's age-adjusted rate of death due to cancer was 157.4 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 136.7 per 100,000 population and the HP2020 target of 161.4 deaths per 100,000 population 69 * In 2017, the east region's age-adjusted death rates were higher than the rates for SDC for the following cancers bladder, brain, colorectal, female breast and reproductive, kidney, leukemia, lung, non-Hodgkin's lymphoma, pancreatic, prostate and skin * In 2017, 21.0% of all cancer deaths in SDC's east region were due to lung cancer, 7.4% to female reproductive cancer, 7.4% to female breast cancer, 7.3% to colorectal cancer, 6.7% to pancreatic cancer, and 6.2% to prostate cancer</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* According to the American Cancer Society (ACS) 2017 California Cancer Facts & Figures report, 72.4% of breast cancer cases among non-Hispanic white women in SDC were diagnosed at an early stage, compared to 69.3% of African American cases, 68.1% of Hispanic cases and 70.4% of Asian/Pacific Islander cases. Data suggests that early breast cancer detection resources are needed in minority communities. * According to findings from the ACS Cancer Facts & Figures 2019 report, the 40% decrease in the female breast cancer death rate between 1989 and 2016 is attributed to improvements in early detection, namely screening and increased awareness. The rates of new cancer cases and cancer deaths vary significantly among racial and ethnic groups, with rates generally highest among African Americans and lowest for Asian Americans (ACS, 2019). * A recent study by the ACS found that 42% of newly diagnosed cancer cases in the U.S. are potentially avoidable. Many of the known causes of cancer - and other noncommunicable diseases - are attributable to behavioral factors including tobacco use as well as excess body weight due to poor dietary habits and lack of physical activity (ACS, 2018). * The Journal of Oncology Navigation & Sponsorship (JONS) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. The navigator works with the patient across the care continuum, and often makes suggestions to help manage a patient from a holistic perspective (JONS, 2019). * According to the National Institutes of Health (NIH), clinical trials, a part of clinical research, are at the heart of all medical advances. Greater clinical trial enrollment benefits medical research and increases the health of future generations as well as improves disease outcomes, quality of life and health of trial participants (NIH, 2017). Objectives * Provide cancer education and support to patients and community members * Provide cancer resources and education at community events * Provide cancer patient navigation and support services to the community * Provide genetic testing and counseling * Participate in cancer clinical trials, including screening and enrolling patients. FY 2019 Report of Activities. SGH is accredited by the National Accreditation Program for Breast Centers, indicating the highest standard of care for patients with diseases of the breast. The Cancer Centers of Sharp HealthCare (Cancer Centers of Sharp), which includes SGH, Sharp Memorial Hospital (SMH) and Sharp Chula Vista Medical Center, are also accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program, demonstrating its commitment to meet rigorous standards and improve the quality of care for patients with cancer. In FY 2019, the David and Donna Long Center for Cancer Treatment at SGH (David and Donna Long Cancer Center) provided education on cancer, breast self-examination dem</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>onstrations, breast cancer awareness, and resources from the ACS and National Cancer Institute to more than 400 individuals at community events, including the Spring into Healthy Living event at the McGrath Family YMCA and Health Fair Saturday at Grossmont Center. At Sharp's annual Women's Health Conference in May, the David and Donna Long Cancer Center offered approximately 1,000 community members cancer education, health screening recommendations for various age groups, breast self-exam demonstrations and breast self-exam waterproof reference cards, information about skin checks and melanoma, information about the David and Donna Long Cancer Center programs, and literature on cancer care and prevention including risk reduction through lifestyle changes. Additionally, David and Donna Long Cancer Center staff walked alongside cancer patients and families in the ACS Making Strides Against Breast Cancer Walk in October. In honor of Breast Cancer Awareness Month, SGH provided cancer resources to nearly 40 individuals at an event titled Mind, Body and Spirit: A Holistic Approach to Patient Care. The October event was held at the Sharp Memorial Outpatient Pavilion and educated community members on how taking a holistic approach to caring for one self or a loved one can help with healing. Community members also learned about breast health, spiritual care, and strategies to lower the risk of breast cancer including integrative therapies, coaching, diet and exercise, and breast self-exam techniques. Attendees also had the opportunity to speak with Sharp-affiliated physicians and support staff who specialize in breast cancer. In FY 2019, the David and Donna Long Cancer Center provided a variety of free support groups for approximately 125 community members impacted by cancer. Offered twice monthly, the breast cancer support group allowed women in all stages of breast cancer - from recent diagnosis, to treatment and survivorship - to share experiences and discover coping strategies. A general cancer support group was offered monthly to meet the educational and emotional needs of people living with any kind of cancer. This group provided encouragement and hope in a safe environment as well as an opportunity to share experiences and coping strategies during any phase of treatment. The weekly Art and Chat support group offered cancer patients, survivors and their loved ones a combination of conversation and relaxing drawing methods to increase focus, creativity, self-confidence and personal well-being. The David and Donna Long Cancer Center also offered a monthly Man Cave support group for men with cancer, which provided a safe and comfortable setting to explore important issues that can arise when coping with any type of cancer, including work, relationships, family and regaining control over life. Furthering its support for those with cancer, the David and Donna Long Cancer Center continued to provide the Wall of Hope and Inspiration - a special art installat</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ion created in 2015 for patients and visitors to write words of wisdom, advice and encouragement to those with cancer. In addition, in FY 2019, SGH Cancer patients participated in the Swallows project in which more than 35 patients and loved ones painted unique aluminum birds that represent what healing looks like to them. The birds were assembled into a flight of swallows over the entrance to the oncology areas as a symbol of hope and a successful journey. New in July 2019, the David and Donna Long Cancer Center offered a special healing arts program open to any person living with cancer entitled Finding Your Silver Lining. Fourteen participants created a collage reflecting on their cancer journey and the silver linings they may have found. Participants also had opportunities to share and connect with other cancer patients and survivors. In August, the David and Donna Long Cancer Center held a six-week Women's Writing Circle Expressive Writing Program where nearly 10 women, who were either still in treatment or had recently finished treatment, came together to write and share about health and their journey. The David and Donna Long Cancer Center continued to host educational classes at no cost for patients and community members facing cancer. Through the monthly Lunch and Learn Cancer Education series, community members, patients and families were invited to hear local experts speak about a unique cancer-related topic each month, such as managing anxiety, leaving a legacy, making healthy habits stick, mindful eating, the importance of exercise, cancer prevention lifestyle habits and strategies for successful survivorship. Attendees were also invited to participate in a question-and-answer session while enjoying a complimentary lunch. The series was held at the GHD's Dr. William C. Herrick Community Health Library and reached approximately 20 individuals per session in FY 2019.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Throughout the year, the David and Donna Long Cancer Center offered free workshops for patients and community members. This included free monthly ACP workshops provided in collaboration with Sharp's ACP program. Led by a trained ACP facilitator, the workshops provided nearly 20 community members with an overview of the ACP process, basic tools to help define their personal health care choices, communication tips to begin the conversation with loved ones and guidance on completing an advance health care directive. The David and Donna Long Cancer Center also offered three rotating monthly workshops including a Relaxation and Quieting the Mind workshop to help cancer patients and their loved ones manage the stress, anxiety and difficult emotions that may accompany a cancer diagnosis, a Chemo Brain Workshop Improving Memory and Concentration for patients experiencing memory problems related to chemotherapy and other cancer treatments, and a Scanxiety Managing the Fear of Cancer Recurrence workshop to assist patients in understanding and managing anxiety related to tests and scans. The workshops assisted more than 50 community members in FY 2019. To help guide and support patients and their families before, during and after the course of treatment, the David and Donna Long Cancer Center team offered a licensed clinical social worker (LCSW), a dietitian, genetics counselors and cancer patient navigators, including a certified breast health navigator. The LCSW offers psychosocial services (assessments, crisis intervention, counseling, bereavement, cognitive behavioral therapy and stress management), support group leadership, and advocacy and resources for transportation, palliative care and hospice, food and financial assistance. In FY 2019, this included improving patient and family connections to community services, such as the ACS, San Diego Brain Tumor Foundation, Leukemia and Lymphoma Society, Lung Cancer Alliance, Mama's Kitchen, 2-1-1 San Diego (2-1-1), JFS' Breast Cancer Case Management program and food pantry, as well as other food and financial assistance programs. The LCSW served more than 370 patients and family members in FY 2019, while approximately 110 community members contacted the LCSW for consultation regarding support groups and other David and Donna Long Cancer Center services and community resources. The breast health navigator is a registered nurse (RN) certified in breast health who personally assists breast cancer patients and their families with navigating the health care system. The breast health navigator offers support, guidance, education, financial assistance referrals and recommendations for community resources. Through collaboration with community clinics - including FHCS, Neighborhood Healthcare and Borrego Health - the breast health navigator identifies patients who may financially benefit from referrals to the Medi-Cal office for assessment of eligibility or the Breast and Cervical Cancer Treatment Program (BCCTP).</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Offered through the California Department of Health Care Services, the BCCTP provides urgently needed cancer treatment coverage for unfunded or underfunded low-income patients who do not qualify for Medi-Cal, but whose income may meet its eligibility guidelines. Patients with psychosocial support needs are referred to the David and Donna Long Cancer Center's LCSW or various local or national resources including JFS' Breast Cancer Case Management program. The breast health navigator also plays an active role in providing community education at health fairs, including literature about early detection of breast cancer and mammography guidelines, at no charge to the community. In FY 2019, the breast health navigator provided navigation assistance to more than 180 breast cancer patients in need, including many with late-stage cancer diagnoses. Since 2014, a cancer patient navigator has been designated for patients with cancers other than breast, including patients with head and neck cancers, lung cancer, and esophageal cancers as well as any cancer patient with complex care needs. The cancer patient navigator supports patients and their family members through care coordination and connection to needed resources, including transportation, translation needs, financial assistance, speech therapy, nutritional support, feeding tube support, social work services and more. In addition, the cancer patient navigator offers psychosocial support and education about the side effects of radiation therapy. Since the inception of SGH's navigator program, the cancer patient navigator has assisted approximately 600 patients and their families. Three genetic counselors assist patients and family members at the Cancer Centers of Sharp through risk assessment, counseling, genetic testing for personal and family history of cancer, and referrals for vulnerable patients. The David and Donna Long Cancer Center's dietitian assists patients receiving radiation therapy or combined radiation and chemotherapy who are at high risk for malnutrition. This most often includes patients with head and neck, esophageal, lung, pancreatic and pelvic cancers - including some cervical and rectal. The dietitian provided one-on-one nutrition assessments, education and follow-up to 350 patients in FY 2019. Throughout FY 2019, SGH helped raise community awareness of cancer through television interviews on KUSI News as well as through printed articles in El Latino San Diego and The East County Californian. Hospital physicians from a variety of specialties, including oncology, dermatology, hematology and urology, shared cancer information through these outlets. Topics included breast cancer insights and screening, curing small breast cancer tumors without chemotherapy, skin cancer prevention, lung cancer prevention, shedding light on bladder cancer, and a new breast cancer gene that puts younger women at risk. The Cancer Centers of Sharp conduct oncology clinical trials to support the discovery</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>of new and improved treatments to help individuals overcome cancer and to enhance scientific knowledge for the larger health and research communities In FY 2019, the Cancer Centers of Sharp approached and evaluated 480 patients for participation in oncology clinical trials As a result, 111 patients were enrolled in cancer research studies In FY 2019, clinical trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, melanoma, ovarian, prostate and spinal cord FY 2020 Plan The David and Donna Long Cancer Center will do the following * Provide cancer education, resources and breast self-exam demonstrations at community health fairs and events, as well as through social media * Continue to provide a free biweekly breast cancer support group * Provide free community support groups, including an art-themed group as well as groups for men with cancer and those with advanced cancer and their caregivers * Provide monthly workshops on managing anxiety, relaxation and chemotherapy brain as well as a multi-session couples communication workshop for newly diagnosed cancer patients * Continue to host a free monthly Lunch and Learn educational series for cancer patients, survivors and their loved ones * Continue to provide ongoing personalized education, information, support and guidance to cancer patients and their loved ones * Provide education and resources to the community by patient navigators for brain, breast, colorectal, lung, and head and neck cancers, as well as cancer patients with complex care needs * Connect individuals to community resources to help them manage their illness * In collaboration with the Sharp ACP program, continue to provide an ACP workshop for patients and community members with cancer and their loved ones * Provide legacy planning workshops on various topics, including creating memory boxes, scrapbooks, writing a life story and ethical wills * Screen and enroll cancer patients in clinical trials * Provide education on cancer and available treatments through community residents and physician lectures * Provide internships to NU radiation therapy students * Provide a free seminar to educate community members about lifestyle choices for reducing breast cancer risk * Continue to partner with community clinics to share best practices in the care of cancer patients and to help patients establish medical services Identified Community Need Women's, Prenatal and Postpartum Health Services and Education Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SGH 2019 CHNA identified maternal and prenatal care, including high-risk pregnancy, as one of the priority health needs affecting members of the communities served by SGH</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* According to data presented in the SGH 2019 CHNA, among women admitted to SGH in 2017 with a high-risk pregnancy, the top three diagnoses were classified as pregnancy in a mother over the age of 35 (40.9%), pregnancy with insufficient prenatal care (26.0%) and pregnancy with a history of preterm labor (12.3%) * This data analysis also indicated that, while babies identified as black or African American represented 8.1% of all inpatient discharges for infants (under one year) at SGH in 2017, they accounted for 19.6% of low birth weight (LBW) discharges * In addition, in 2017, 39.0% of inpatient discharges at SGH related to a premature birth were financially covered by Medi-Cal * As part of Sharp's 2019 CHNA s, facilitated discussions with Sharp Mary Birch Hospital for Women & Newborns case managers, social workers and a nurse educator identified the following health conditions that impact Sharp's maternal and prenatal patients: diabetes, preterm pregnancies, short interval pregnancies, substance use, and mood disorders, including postpartum depression and anxiety. Discussions also identified the following SDOH affecting their patients: limited access to behavioral health services, even for the insured, lack of access to transportation, and economic stress related to childcare and maternity leave * Participants also identified the following strategies to improve women's health: build awareness of the importance of preconception and prenatal care, establish more options for home health care for postpartum women, increase lactation consulting and services, increase availability of translation services, create an interdisciplinary care team, provide inpatient and outpatient behavioral health services, and improve communication between physicians and pharmacists * In 2017, SDC's east region had 396 LBW births, which accounted for 6.1% of total births for the region. When compared to all other racial groups, the proportion of LBW births in the east region was highest among Asian/Pacific Islander (10.7%) and African American/black infants (10.5%) * There were 4,629 hospitalizations due to maternal complications in SDC's east region in 2017, a 2.7% increase from 2016. The region's age-adjusted rate was 2,125.7 per 100,000 population, higher than the rate for SDC overall (1,843.0 per 100,000 population) * In 2017, 5,321 live births received early prenatal care in SDC's east region, which translates to 82.4% of all live births in the region. This was lower than the percentage of live births receiving early prenatal care in SDC overall (85.6%), and the second lowest among all SDC regions * Proven strategies to increase the use of prenatal care include affordable health coverage, expedited health coverage for pregnant women, insurance coverage that includes health education and risk counseling, outreach and assistance with health coverage enrollment and accessing affordable prenatal services, use of safety net health providers, culturally and linguistically</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>tically appropriate prenatal services, home visits for high-risk pregnant women, coaching and support from trained and certified doulas and community health workers, group care approaches to reduce costs and enhance care, and transportation assistance (Children's Initiative, 2017) * In 2017, SDC ranked 18th out of 50 California counties for in-hospital exclusive breastfeeding at 78.9% (California WIC Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, San Diego County 2017 Data, 2019) * According to the 2017 San Diego County Report Card on Children and Families, breastfeeding enhances immunity to disease, decreases the rate and severity of infections in children, is associated with improved development and decreased risk of childhood obesity, and reduces lifelong risks for chronic health problems. Mothers who breastfed may have a reduced risk of breast, ovarian, and uterine cancers, quicker postpartum recovery time, and less work missed due to child illness (Children's Initiative, 2017) * According to 2018 CHIS data, 32.8% of women ages 18 to 65 years in SDC's east region were obese (Body Mass Index (BMI) > 30), higher than SDC overall (24.7%) * According to the CDC, being overweight increases the risk of complications during pregnancy, including preeclampsia, gestational diabetes, stillbirth and cesarean delivery (CDC, 2018) * Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco use, substance abuse, stress, prior preterm births, carrying more than one baby, and infection (CDC, 2019) * Findings from the California Department of Public Health's (CDPH's) 2018 Maternal and Infant Health Assessment indicated that in 2015, 20.5% of California mothers experienced depressive symptoms during pregnancy or postpartum. Black and Latina women, women with low socioeconomic status, and Medi-Cal insured women are all at higher risk for depressive symptoms during pregnancy and the postpartum period (CDPH, 2018) * Maternal depression is the most common pregnancy complication, occurring more frequently than gestational diabetes and preeclampsia combined (California Task Force on Status of Maternal Mental Health Care, 2017) * According to the National Center on Substance Abuse and Child Welfare, an estimated 15% of infants are affected by prenatal alcohol or illicit drug exposure each year. Substance use during pregnancy increases the risk of negative health outcomes, such as stillbirth, miscarriage, LBW, preterm birth, birth deformities, behavioral impairments and withdrawal syndrome (Substance Abuse and Mental Health Services Administration, 2017) Objectives * Conduct outreach and education activities for women on a variety of health topics, including prenatal care and parenting skills * Demonstrate best practices in breastfeeding and maternity care, and provide education and support to help new mothers meet their personal breastfeeding goals</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* Collaborate with community organizations to help raise awareness of women's health issues and services, as well as provide critical prenatal services to low-income and underserved women in SDC's east region * Participate in professional associations and disseminate research related to women's services and prenatal health FY 2019 Report of Activities In FY 2019, the SGH Women's Health Center provided education, outreach and support to help meet the unique needs of women, mothers and newborns throughout SDC's east region The SGH Women's Health Center includes the SGH Prenatal Clinic, which provides services and resources specifically to SGH's underinsured patients The SGH Prenatal Clinic offers comprehensive obstetric services, postpartum assessments, and individualized care plans to determine and address patients' strengths, risks, needs and goals Free support groups helped women and families adapt to caring for their newborn Offered twice per week, the breastfeeding support group provided a comfortable environment to assist mothers experiencing breastfeeding challenges, as well as an opportunity to weigh their babies to assess weight gain after feeding Facilitated by RN lactation consultants, the group served nearly 20 attendees per session in FY 2019, including fathers who were welcome to attend The weekly postpartum support group, led by social workers, supported nearly 30 mothers per session in FY 2019 Through the support group, mothers with babies up to 12 months of age who are experiencing symptoms of the "baby blues," depression and/or anxiety can share their experiences, learn coping strategies and receive professional referrals A variety of educational classes were provided to prepare mothers and families for their baby's arrival Through the breastfeeding class, mothers-to-be learned about the advantages of breastfeeding and basic breastfeeding tips, such as positioning and the use of breast pumps Designed for first-time parents, the Baby Care Basics class provided education on infant care, including car-seat safety, signs and symptoms of illness, infant nutrition and bathing, as well as provided hands-on practice with diapering, dressing and swaddling Other offerings by the SGH Women's Health Center in FY 2019 included classes on caesarean delivery preparation, labor comfort measures and relaxation skills, childbirth preparation, infant and child CPR, and preparing new siblings and grandparents</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>The SGH Women's Health Center continued to host its annual neonatal intensive care unit (NICU) reunion for patients and families whose babies have spent time in the NICU to celebrate their care long after they leave the hospital. The event reached more than 200 former NICU patients and their families and included a variety of activities such as face painting, a photo booth (including framed pictures for the families), games, and arts and crafts. During World Breastfeeding Week in August, SGH's breastfeeding support group hosted an annual celebratory event for more than 20 families that included raffles and prizes, massages for mothers and refreshments. The event also recognized mothers who provided a year's worth of breastmilk to the Mother's Milk Bank. The SGH Women's Health Center has implemented several critical process improvements to increase breastfeeding rates among new mothers and continues to explore and participate in opportunities to share these best practices with the broader health care community. Following the implementation of the 10 Steps to Successful Breastfeeding initiative in 2012, the SGH Women's Health Center has pursued various quality strategies to promote exclusive breastfeeding and exclusive breastmilk in the NICU. In addition, educational resources provided at community clinics and in the hospital's childbirth education classes have been updated to reflect best practices in breastfeeding for mothers and their families. NICU nurses also continued to encourage mothers to use a pump log to document and increase accountability of their 24-hour breastmilk volumes. In addition, staff worked with mothers of NICU babies to incorporate early intervention strategies that promote the establishment of a sufficient breastmilk supply in the weeks following a premature birth. The SGH Women's Health Center also continued to track mothers of premature infants (28 to 34 weeks gestation) who had established breastmilk supply at two weeks. As a result of these comprehensive efforts, the SGH Women's Health Center increased the exclusive newborn breastfeeding rate at discharge (for all newborns) from 49% in 2011 to 57% in 2019. In addition, in 2015, the SGH Prenatal Clinic joined the Breastfeeding-Friendly Community Health Centers project (BFCHC) - an initiative of LWSD and funded through a grant from the First 5 Commission of San Diego. Through the BFCHC collaboration, the SGH Prenatal Clinic was selected out of six participating clinics as the pilot location to help establish Baby-Friendly USA guidelines around breastfeeding education and support during the prenatal period and after discharge, and to support other prenatal clinics in achieving Baby-Friendly USA standards. The pilot program ended in 2016, however SGH maintains its collaboration in the BFCHC to ensure sustainability of the model. The SGH Prenatal Clinic offers a variety of prenatal support for underserved and vulnerable women in SDC. Throughout FY 2019, SGH Prenatal Clinic m</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Midwives provided in-kind help at Neighborhood Healthcare in El Cajon to support the underserved population in SDC's east region. This included approximately 1,050 hours of care for pregnant women, with midwife coverage five days per week. The SGH Prenatal Clinic also continued to participate in the CDPH Comprehensive Perinatal Services Program to offer comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits. Services included health education, nutritional guidance, and psychological and social issue support as well as language translation services. Nutrition classes were offered to help reduce the number of women who meet the criteria for gestational diabetes and improve the quality of food choices to support healthy weight management. Women with a current diabetes diagnosis were referred to the SGH Diabetes Education Program, while those with nutrition issues were either referred to an SGH registered dietitian (RD) or the SGH Diabetes Education Program as appropriate. Women with elevated BMIs received education and glucometers in order to measure their blood sugar and prevent the development of gestational diabetes. Further, in FY 2019, the SGH Prenatal Clinic provided education on gestational diabetes to expecting patients at Neighborhood Healthcare in El Cajon. The SGH Women's Health Center continued its partnership with Vista Hill ParentCare to assist women with substance use, psychological or social issues during pregnancy. The SGH Prenatal Clinic screened women for high-risk concerns including mood disorders, domestic violence, homelessness, trauma, legal problems, substance use, sexual abuse and the acculturation process for refugees and immigrants. If concerns are identified, a treatment plan is developed with follow-up from an SGH Prenatal Clinic social worker throughout the remainder of the pregnancy and up to 10 weeks postpartum. These approaches have been shown to reduce both LBW rates and health care costs for women and infants. The SGH Women's Health Center also provided women with referrals to a variety of community resources, including, but not limited to California Teratogen Information Service (CTIS), WIC, and the County of San Diego Public Health Nursing. In FY 2019, the SGH Women's Health Center participated in and partnered with several community organizations and advisory boards for maternal and child health, including San Diego Adolescent Pregnancy and Parenting Program, California School-Age Families Education, WIC, CTIS, Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, Beacon Council's Patient Safety Collaborative, ACNL, the regional Perinatal Care Network, the local chapter of AWHONN, California Maternal Quality Care Collaborative, California Perinatal Quality Care Collaborative, American Association of Critical-Care Nurses - Clinical Scene Investigator Academy and the County of San Diego Public Health Nursing Advisory Board.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>FY 2020 Plan SGH will do the following * Provide free breastfeeding, postpartum and new parent support groups * Provide parenting education classes * Participate in wellness events for women with a focus on lifestyle tips to enhance overall health * Share evidence-based maternity care practices through presentations at professional conferences * Provide prenatal clinical and social services as well as education to vulnerable community clinic patients through the SGH Prenatal Clinic * Provide a NICU graduate reunion for former NICU patients and their family members Identified Community Need Health Education and Wellness Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&IC and SGH 2019 CHNAs identified access to health care, aging concerns, behavioral health, cancer, chronic conditions, community and social support, economic security, education, homelessness and housing instability, and unintentional injury and violence as the priority health issues affecting members of the communities served by SGH In addition, maternal and prenatal care, including high-risk pregnancy was identified in the SGH 2019 CHNA as a priority health need * HASD&IC focus group participants also identified health literacy as a barrier to care, and recommended several strategies to address this issue, including culturally sensitive education about preventive care, including immunizations and health screenings, education about lifestyle choices that promote health, such as smoking cessation, nutrition and exercise, and assistance understanding and navigating the health care and insurance systems, particularly for those who have received a serious health diagnosis * As part of the SGH 2019 CHNA, a focus group comprised of members of Sharp's Patient Family Advisory Council described lack of health education and health literacy, particularly surrounding preventive care (including immunizations), illness and disease as barriers to health care Participants also noted that many patients and community members do not understand how to navigate the health care system, especially identifying the appropriate sites of care to meet their needs * Participants in the Sharp Insight Community survey conducted as part of Sharp's 2019 CHNAs identified the following as being in the top five most important health conditions for east region residents aging concerns (73%), obesity (69%), cancer (67%), behavioral/mental health issues (63%), and heart disease (59%) In addition, the SDOH most frequently identified as having the greatest impact on east region residents were health insurance issues (80%), access to care (70%), economic security (60%), health behaviors (58%), and homelessness (44%)</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* Data analysis in Sharp's 2019 CHNAs revealed a higher volume of hospital discharges due to CVD and Type 2 diabetes communities facing greater socioeconomic challenges within SDC's east region, such as El Cajon and Spring Valley * In 2017, heart disease was the second leading cause of death for SDC's east region * According to 2018 CHIS data, the self-reported obesity rate for adults ages 18 and older in SDC's east region was 30.4%, higher than the self-reported obesity rate for SDC overall (26.3%) * In 2018, between 25% and 30% of California adults self-reported being obese. Obesity levels decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates (CDC, 2019) * According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and certain types of cancer. In 2016, 39.8% of Americans were obese (CDC, 2018) * According to an article titled Social and Environmental Factors Influencing Obesity, obesity prevalence is significantly associated with sex, racial or ethnic identity, and socioeconomic status. Higher odds of obesity are attributed to multiple factors, including environments experiencing deprivation, disorder, or high crime, proliferation of high calorie, energy dense food options that are perceived as more affordable, and reductions in occupational and transportation-related physical activity. Both objective and subjective measures of social status and inequality are associated with increased energy intake and decreased energy expenditure, which could place individuals of low social status at greater risk of developing obesity (Lee, Cardel & Donahoo, 2019) * In 2018, 20.0% of adults in SDC's east region reported that fresh fruits and vegetables were only sometimes affordable in their neighborhood (CHIS, 2018) Objectives * Provide a variety of health and wellness education and services at events and sites throughout the community * Offer health and wellness education to the community through various media outlets FY 2019 Report of Activities Throughout FY 2019, SGH participated in community events, offered presentations at neighborhood sites and partnered with local media sources to educate community members about a variety of health and wellness topics. In May, staff from a range of hospital departments participated in Sharp's annual Women's Health Conference held at the Sheraton San Diego Hotel & Marina, where they offered wellness education and services to approximately 1,000 attendees. This included the provision of nutrition education, handouts, recipes and healthy food samples as well as answering nutrition-related questions from the SGH Clinical Nutrition Department. Also at the conference, the Sharp Ortho-Neuro Service Line, including staff from SGH, provided osteoporosis heel scans - a quick and painless method to measure the risk of low bone mass, orthopedic education and mater</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>ials on calcium and vitamin D requirements, and exercise tips for osteoporosis treatment and prevention to approximately 100 attendees Furthermore, SGH conducted six blood drives throughout FY 2019 where approximately 200 SGH team members donated nearly 190 pints of blood SGH provided education and resources at multiple community events in FY 2019 In February, team members provided a nutrition booth for more than 50 attendees of GHD's Kid's Care Fest, an event that offered free health screenings as well as medical and wellness resources for children and families In April, SGH offered behavioral health resources to approximately 500 community members at the National Alliance on Mental Illness' (NAMI's) annual NAMI Walks/Runs San Diego County event to raise awareness and reduce stigma around behavioral health Also in April, SGH provided various health resources at Crisis House's Project Homeless Connect - East County, a resource fair that provides individuals and families experiencing homelessness with immediate access to necessary services in one location The event seeks to end chronic homelessness, and provides attendees with connections to housing, employment, haircuts, hygiene kits, State of California Department of Motor Vehicles services including identification cards, legal aid, clothing, a mobile medical clinic, behavioral health counseling, pastoral care, substance use treatment, access to showers, pet sitting and more At Parkway Plaza's Health Fair Saturday - hosted by the San Diego East County Chamber of Commerce, GHD, SGH and Grossmont Center in September - SGH provided a nutrition booth, newborn screenings to identify genetic disorders, and resources on diabetes, hospice, palliative care, behavioral health, pharmacy, pulmonary care, senior resources, and cardiac care to nearly 80 community members In January, an SGH RD presented on eating well in the new year to more than 20 seniors at GHD's Dr William C Herrick Community Health Care Library In September, SGH provided education on suicide prevention, including identifying the warning signs of suicide, how to talk with an individual believed to be at risk, and how to seek help through appropriate resources to approximately 20 community members at Rancho Penasquitos Branch Library SGH helped increase awareness about current news and trends impacting the health and safety of community members through television, printed news, digital news and various radio outlets Television interviews were given to KUSI News, KPBS, FOX 5 San Diego, ABC 10 News San Diego, and NBC 7 San Diego Printed articles appeared in The San Diego Union-Tribune, The Coronado Times, The East County Californian, Times of San Diego and El Latino San Diego Digital content included websites such as Good Housekeeping, Bustle digital magazine, Mic - a millennial-focused news website, Reader's Digest, and Better digital magazine Information was shared through these outlets by physical therapists, a recreational</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>therapist, an RD and a nurse, as well as hospital physicians from a variety of specialties, including dermatology, sleep medicine, neurology, cardiology, gastroenterology and oncology Topics included, but were not limited to breast cancer insights and encouragement for screening, curing small breast cancer tumors without chemotherapy, heart rhythm problems, shedding light on bladder cancer, coping with the loss of a loved one during the holidays, best shampoos for dry scalp, elevated risk of heart attack on Christmas Eve, sleep teas for relaxation, sleep medicine physician insights on over-the-counter sleep aids, heart attacks occurring in younger individuals and individuals who are obese, foods to avoid eating at buffets, stroke risk factors, new breast cancer gene that puts younger women at risk, exercise-based treatment for osteoporosis, easing the mental shift into retirement, living longer with Sharp's Care Transitions Program (provides care, support and resources for vulnerable patients to transition home safely), facts and myths about sunscreen, coffee and arterial heart health, encouragement to enroll local children in swim lessons, choosing sunscreen that is safe for both skin and sea life and helping older dog owners avoid injury Throughout FY 2019, staff at SGH regularly led or attended various health boards, committees, and advisory or work groups Community and professional groups included AHA, Angel's Foster Family Network, Association of Fundraising Professionals - San Diego Chapter, CAHHS, California Academy of Nutrition and Dietetics - San Diego District, California Hospital Association (CHA) Workforce Committee, CHA San Diego Association of Directors of Volunteer Services, California Society for Clinical Social Work Professionals, Cameron Family YMC A, Committee on Volunteer Services and Directors' Coordinating Council, County of San Diego EMCC, County Service Area - 69 Advisory Board, Emergency Nurses Association - San Diego Chapter, Grossmont College Occupational Therapy Assistant Advisory Board, GHD's Community Grants and Sponsorships Committee and Independent Citizens' Bond Oversight Committee, Health Sciences High and Middle College (HSHMC) Board, HASD&IC, La Mesa Parks and Recreation, Lantern Crest Senior Living Advisory Board, National Association of Orthopedic Nurses, San Diego East County Chamber of Commerce, San Diego Freedom Ranch, San Diego-Imperial County Council of Hospital Volunteers, and Santee-Lakeside Rotary Club, FY 2020 Plan SGH will do the following * Continue to provide health and wellness education and services to community members at a variety of community events and sites * Continue to provide health and wellness education through local news sources Identified Community Need Prevention of Unintentional Injuries Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Rationale * The HASD&IC and SGH 2019 CHNAs identified unintentional injury and violence as one of the priority health needs affecting members of the communities served by SGH * According to data presented in the HASD&IC 2019 CHNA, rates of ED visits for motor vehicle injuries in SDC increased 9.3% from 2014 to 2016, while deaths due to motor vehicle injuries increased 1.1% * According to data presented in the SGH 2019 CHNA, in 2017, 66.2% of inpatient injury discharges at SGH were due to a fall, 21.2% were due to natural or environmental causes and 5.4% were due to motor vehicle traffic * Focus groups conducted as part of the HASD&IC 2019 CHNA emphasized the importance of a safe environment as a contributor to good health Lack of a safe environment may encourage physical inactivity, which contributes to chronic health conditions In addition, focus group participants described homeless individuals and refugees as two groups at increased risk of exposure to violence * In 2017, accidents (unintentional injuries) were the fifth leading cause of death for SDC's east region Unintentional injuries (i.e., motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, explosions, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electrical current/radiation/fire/smoke, natural disasters and workplace injuries) are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region * In 2017, there were 210 deaths due to unintentional injury in SDC's east region The region's age-adjusted death rate due to unintentional injury was 39.9 deaths per 100,000 population, the highest of all regions in SDC 69 * In 2017, there were 7,052 hospitalizations related to unintentional injury in SDC's east region The age-adjusted rate of hospitalizations was 1,299.4 per 100,000 population, which was the highest of all SDC regions and above the county age-adjusted rate of 1,003.7 per 100,000 population * In 2017, there were 32,358 ED visits related to unintentional injury in SDC's east region, an 11.6% increase over 2016 The age-adjusted rate for the east region was 6,683.3 per 100,000 population, which was the second highest of all regions and above the SDC age-adjusted rate of 5,606.3 ED visits per 100,000 population * According to a report from the County of San Diego Department of the Medical Examiner, in 2018, 49% of sudden and unexpected deaths in SDC were attributed to accidental causes, including poisoning, falls, traffic or train related injuries, drowning, asphyxiation or environmental exposure * CDPH and Office of Statewide Health Planning and Development (OSHPD) injury data indicates that, in 2017, unintentional injuries caused more than 13,600 deaths, 2.5 million ED visits, and 260,000 hospitalizations in California (CDPH, Safe and Active Communities Branch, 2017, SpeedTrack, Inc., 2017) * In 2016, the CDC recorded ap</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>proximately 29.2 million ED visits in the U.S. for unintentional injuries (CDC, 2016) * In 2017, unintentional injury was the third leading cause of death across all age groups in the U.S., accounting for nearly 170,000 deaths. Unintentional injury was the leading cause of death in the U.S. for people ages one to 44, the third leading cause of death for ages 45 to 64, and the seventh leading cause of death for those over the age of 65 (CDC, 2018-2019) * According to data from National Center for Health Statistics, in 2017, nearly 140,000 deaths in the U.S. were attributed to three causes: poisoning (46.3%), motor vehicle traffic accidents (22.7%), and falls (21.4%) * According to LWSD's 2017 Report Card on Children, Families, and Community, SDC has focused its injury prevention efforts on the most vulnerable populations, including children of all ages (especially older children) as well as Native American and rural children. Successful interventions include safety campaigns, educational strategies and changes in parenting practices (LWSD, 2017) * According to HP2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking, physical environment both at home and in the community, access to health services and systems for injury-related care, and social environment, including individual social experiences (e.g., social norms, education and victimization history), social relationships (e.g., parental monitoring and supervision of youth, 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) * Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord injuries (SCIs). The physical, emotional, psychological and learning problems that affect injured children, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation. Educational programs like ThinkFirst increase knowledge and awareness of the causes and risk factors of brain and SCI, injury prevention measures, and the use of safety habits at an early age (www.thinkfirst.org/kids, 2019) Objectives * Offer an injury and violence prevention program for children, adolescents and young adults in SDC's east region * Provide presentations and opportunities to Health and Science Pipeline Initiative (HASPI) high school students around injury and violence prevention and health care career readiness FY 2019 Report of Activities Sharp's ThinkFirst/Sharp on Survival program is a chapter of the ThinkFirst National Injury Prevention Foundation, a nonprofit organization dedicated to preventing brain, spinal</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>cord and other traumatic injuries through education, research and advocacy In FY 2019, ThinkFirst/Sharp on Survival provided injury prevention education to approximately 1,900 east region residents in a variety of settings More than 1,300 of these community members were students in grades nine through 12 who are part of the HASPI program HASPI is a network of educators, community organizations and health care industry representatives who collaborate to increase awareness of health and medical career opportunities, improve science proficiency in schools and prepare students for future health care careers Through the partnership and financial support from HASPI, in FY 2019, the ThinkFirst/Sharp on Survival program offered a variety of services to schools in the east region, including classroom presentations, assemblies and off-site learning expos HASPI school-site programs consisted of one- to two-hour classes on topics such as the modes of injury (i.e., automobile accidents, violence and sports/recreation), disability awareness, and the anatomy and physiology of the brain and spinal cord These programs were enhanced by powerful personal testimonies from individuals with traumatic brain injury (TBI) or SCI, known as Voices for Injury Prevention (VIPs) Also through the HASPI program, in FY 2019, 24 students from El Capitan High School and Granite Hills High School with an interest in pursuing careers in physical rehabilitation participated in a half-day, interactive tour of the SMH Rehabilitation Center Students rotated through three stations that provided hands-on practice in adaptive dressing techniques, wheelchair mobility, and various memory and problem-solving activities used in therapy The experience provided students with a better understanding of physical rehabilitation and the challenges that patients might face following an injury ThinkFirst /Sharp on Survival provided additional outreach to east region schools through presentations to approximately 100 students at Avocado Elementary School Offered during two school assemblies, these presentations focused on TBI, SCI, disability awareness, and the permanence of certain injuries In addition, a group of fourth grade students received education on booster seat safety Following the presentations, students engaged in hands-on learning and disability education through the exploration of wheelchair accessible vans The goal of this activity was to show students that individuals are more alike than different, regardless of physical ability In October, ThinkFirst/Sharp on Survival provided injury prevention education to approximately 300 youth and their parents at the GHD's annual Kids Care Fest at the Lemon Grove Recreation Center Education included proper helmet fitting, booster seat use, TBI, SCI, and state safety laws</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>In April, ThinkFirst/Sharp on Survival provided planning support and guest speakers for the 2019 ThinkFirst Conference on Injury Prevention at the Wyndham San Diego Bayside hotel. Attended by ThinkFirst professionals from across the nation, the annual conference aims to reduce injury among all age groups by improving knowledge of the impact of injury and the need for prevention education, increasing awareness of injury prevention programs, and disseminating information to injury prevention specialists through presentations, networking and the sharing of program methodologies. Sharp Rehabilitation Services provided presentations during the conference, including Mindfulness in Rehabilitation and Vestibular Therapy for Improving Balance. On the day preceding the conference, ThinkFirst/Sharp on Survival assisted in the fitting and dissemination of one hundred bicycle helmets for community children, teens and adults at the San Diego Waterfront Park. The event concluded a day of training for eight new ThinkFirst Chapter Directors, extending their education to include how to fit a helmet and how to conduct an impromptu helmet fitting event in their own communities. FY 2020 Plan ThinkFirst/Sharp on Survival will do the following:</p> <ul style="list-style-type: none"> * With grant funding, provide and expand educational program offerings to schools and organizations, including but not limited to SDC's east region and Imperial County * With grant funding, increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation in community health fairs and events * As part of the HASPI partnership, continue to evolve program curricula to meet the needs of health career pathway classes * Expand HASPI education within the east region through presentations for students at Mountain Empire High School * With grant funding from GHD, collaborate with the San Diego Brain Injury Foundation to recruit and train a VIP speaker with a TBI to speak at east region schools * Grow partnership with HASPI through participation in conferences, round table events and collaboration on letters of support for various funding opportunities * Continue to provide booster seat education to elementary school children and their parents with funding support from grants * Explore further opportunities to provide education to health care professionals and college students interested in health care careers * With grant funding, continue to link injury prevention with career readiness and career paths Identified Community Need Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers <p>Rationale references the findings of the SGH 2019 CHNA, HASD &IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale * The HASD&IC and SGH 2019 CHNAs identified education as one of 10 priority health conditions and SDOH affecting members of the communities served by SGH * According to the results of the Sharp In</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>sight Community survey conducted during Sharp's 2019 CHNAs, 31% of respondents ranked education, including access, health literacy, workforce development and economic mobility, among the top five SDOH with the greatest impact on their community * According to participants in a focus group conducted during the HASD&IC 2019 CHNA, when residents are unable to attain higher levels of educational achievement, individual and community health are impacted in the following ways limited or low wage employment opportunities for those with low educational attainment, constant stress related to housing or food among families who are not economically secure, which contributes to poor health, and limited career mobility in low-wage jobs, creating little potential for promotions or higher wages * The San Diego Workforce Partnership (SDWP) reported that, in 2018, there were 157,756 people employed in the health care sector in SDC, accounting for 9% of all jobs countywide (SDWP, 2019) * According to a 2017 report from the SDWP titled San Diego's Priority Sectors An Update on Labor Force and Training Needs, the health care industry in SDC experienced net employment growth of 40.4% between 2006 and 2016 - considerably higher than the growth rate in the state of California (27%) and the nation (21%) (SDWP, 2017) * The report also found that health care employers identified RNs, physicians and surgeons, and health technologists and technicians as the most difficult positions to fill The most frequently cited reasons for hiring difficulties were lack of experience, small applicant pools and insufficient non-technical skills (SDWP, 2017) * According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified In addition, the health care industry is facing significant changes due to uncertainty related to legislation and technology, as well as the growing demand for services to support California's aging population (SDWP, 2017) * Total employment in California is projected to grow 10.7% between 2016 and 2026, reflecting an increase of 1.9 million jobs statewide over the decade The health care and social assistance sector is expected to be the fastest growing industry in California, with 24.9% growth anticipated (California Employment Development Department (EDD), 2018) * In its Employment Projections - 2018-2028 report, the U S Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/technical occupations will contribute about 30% of all new jobs and account for 18 of the 30 fastest growing occupations Increased demand for health care services for an aging population and people with chronic conditions will drive much of the expected employment growth (BLS, 2019) * As of 2018, SDC was one of 28 counties in California designated as a Registered Nurse Shortage Area</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>by the California Healthcare Workforce Policy Commission (OSHPD Registered Nurse Shortage Areas Update, 2019) * The U S Department of Health and Human Services Bureau of Health Workforce (BHW) projects that the demand for RNs in California will increase 71% by 2030 if current levels of health care are maintained The report projects that California will need to hire an additional 26,270 nurses to meet the demand (BHW, 2018) * According to forecasting performed by the Healthforce Center at University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12% to 17% by 2030 These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention , maximize the existing workforce and leverage workforce data (UCSF, 2017-2018) * According to a report from the California Health Care Foundation (CHCF) titled California Physician Supply Headed for a Drought?, the total supply of active patient care physicians in California declined slightly between 2013 and 2015, a trend that appears to be driven by the aging of the physician workforce In SDC, nearly a quarter of practicing physicians were ages 60 and older in 2015 (CHCF, 2018) * The same report found that 32% of California's active patient care physicians were primary care physicians In SDC, there were 112.3 specialty physicians practicing per 100,000 residents in 2015, compared to 49.8 primary care physicians per 100,000 residents (CHCF, 2018) * According to a report from PolicyLink, a national research institute dedicated to advancing economic and social equity, building a diverse health care workforce in California - one that reflects the state's racial, ethnic and linguistic diversity - is a critical strategy for increasing access to culturally and linguistically appropriate services, eliminating racial and ethnic health inequities, improving the quality of care and reducing preventable costs (Building an Inclusive Health Workforce in California A Statewide Policy Agenda, 2018) * A report by the California Future Health Workforce Commission (CFHWC) titled Meeting the Demand for Health identified several strategies to recruit and maintain California's health care workforce, including but not limited to offer health career pipeline programs for students from low-income backgrounds, provide academic, advising and health career development support to underrepresented college students, expand educational programs that train students to provide health care in underserved communities, and provide scholarships for low-income students (CFHWC, 2019)</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Objectives * Collaborate with local middle and high schools to provide opportunities for students to explore health care professions * Collaborate with colleges and universities to provide internships and other professional development opportunities to students * Offer professional development opportunities for community health professionals FY 2019 Report of Activities Throughout the academic year, SGH provided more than 800 students from colleges and universities throughout San Diego with various placement and professional development opportunities. Approximately 580 nursing students spent nearly 63,000 hours at SGH, including time spent both in clinical rotations and individual preceptor training, while more than 220 ancillary students spent more than 63,500 hours on the SGH campus. Academic partners included APU, AT Still University, California State University (CSU) Chico, California State University San Marcos, Capella University, Chapman University, Concorde Career College, CSU Fresno, CSU Long Beach, CSU Northridge, EMSTA College, Frontier Nursing University, Grand Canyon University, Grossmont College, Grossmont Health Occupations Center, Kerk Graduate Institute, Loma Linda University, Mount Saint Mary College, NU, Northern Arizona University, Palomar College, Pamlico Community College, Pima Medical Institute, PLNU, San Diego City College, San Diego Fire Department, San Diego Mesa College, San Jose State University, SDSU, South University, Southwestern College, Texas Woman's University, Touro University, UC San Diego, University of Puget Sound, University of Redlands, University of San Diego (USD), University of Southern California, University of St. Augustine, University of the Pacific, University of Utah, University of Wisconsin - Eau Claire, West Coast University - Los Angeles campus, Western Governors University, and Western University. Further, the SGH Cancer Center provided internships to two NU radiation therapy students. SGH continued to collaborate with the Grossmont Union High School District (GUHSD) in the Health Care Exploration Summer Institute (HESI), providing high school students with opportunities for classroom instruction, job shadowing, observations and select hands-on experiences. In FY 2019, 19 students shadowed staff for two weeks in a variety of hospital specialties, including women's health, laboratory, pulmonary, interventional radiology, pre- and post-operative surgery, the progressive care unit, radiology and diagnostic imaging, pharmacy, supply chain/distribution, nutrition, infection control, the surgical waiting area/concierge, occupational and physical therapy, and the catheterization and hyperbaric laboratories. At the conclusion of the program, students presented their experiences as case studies to family members, educators and hospital staff. Those completing the program received high school credits for an elective course. SGH also continued its participation in the HSHMC program in FY 2019, providing e</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Early professional development for approximately 96 students in ninth through 12th grades. Students spent more than 26,350 hours shadowing staff in various areas throughout the hospital, including but not limited to progressive care units, ED, food and nutritional services, behavioral health, acute care medical-surgical nursing, sterile processing, engineering, occupational and physical rehabilitation, endoscopy, women's health, cardiology, pharmacy, medical intensive care unit, surgical intensive care unit, and the hand clinic. In addition, SGH staff provided students with instruction on educational requirements, career ladder development and job requirements. At the end of the academic year, SGH staff provided the students, their family members, community leaders and hospital mentors with a symposium that showcased the lessons learned throughout the program. SGH continued to provide HealthCare Towne in FY 2019, an early outreach program for middle and junior high school students designed to build the health care workforce of tomorrow through a field trip to the SGH campus. This unique event encouraged students to connect what they learn in the classroom to real-life career opportunities in health care. HealthCare Towne has four major components that include World of Work, the Puzzle Room, Scenario Tour and In-the-Round Activity. The first component, World of Work, empowered students to develop self-awareness by exploring their strengths, interests and values. Students were divided into three groups to solve three different scenarios. In the Puzzle Room, students collaborated to diagnose a hypothetical patient before the patient arrived at the hospital by interpreting clues to find the answer and reveal the next piece. In the Scenario Room, students learned about and walked through clinical areas where the patient would receive care, including the ambulance bay, ED, operating room, catheterization laboratory, imaging and intensive care unit. During the final component, In-the-Round Activity, students applied clues, lab results and what they learned throughout the day to help fully diagnose the patient with several conditions. From April to August 2019, more than 100 middle school students from three local schools participated in HealthCare Towne. In FY 2019, SGH sponsored Ethics in Business, a program of the San Diego East County Chamber of Commerce and the GUHSD Career Technical Education Department. The program is designed to train high school students to become principled leaders through curriculum and case studies focusing on good ethical behavior. The program is the result of a cooperative effort by a group of business, education and community leaders. SGH staff were on-site to assist during the event, which was attended by approximately 120 high school students. To help address projected shortages in the health care workforce, SGH continued to offer Inspire, a weeklong program that encourages high school students from underrepresented bac</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>kgrounds to consider careers in health care The program provides students the opportunity to learn about nursing directly from those in the field To qualify for the program, stud ents must be in good academic standing and enter their senior year within SDC's east regio n Applicants must also have permanent resident status or U S citizenship, and speak flue nt English in addition to either Arabic, Farsi, Kurdish, Turkish or Dari SGH partnered wi th License to Freedom, a local nonprofit that advocates for and empowers immigrants and re fugees in SDC, to recruit participants Students shadowed nurses in outpatient, acute and critical care, women's health and surgical services, and administrative settings In addit ion, daily meet-and-greet luncheons with representatives from local colleges and universit ies including PLNU, NU, USD and others exposed students to a wide variety of nursing progr ams and degrees, as well as the processes for pursuing each educational track Lastly, stu dents created community-based education projects on topics chosen from the most recent SGH CHNA In small groups, the students performed research and created poster presentations a nd handouts on obesity, behavioral health, diabetes and heart health and shared these proj ects at both SGH and a community health fair in El Cajon In FY 2019, 21 students particip ated in the I Inspire program FY 2020 Plan SGH will do the following * In collaboration with GUHSD, participate in HESI * Continue to participate in the HSHMC program * Continue to provide internship and professional development opportunities to college and university students throughout SDC * Continue to collaborate with local universities to provide prof essional development lectures for students * Continue to offer HealthCare Towne to middle and junior high school students * Continue to offer the I Inspire program Identified Commu nity Need Access to Health Care and Community and Social Support Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&IC and SGH 2019 CHNAs identi fied community and social support, economic security, and homelessness and housing instabili ty among the priority health needs affecting members of the communities served by SGH, par ticularly underserved and underfunded patients who face inequities * Focus groups and key informant interviews conducted as part of the HASD&IC 2019 CHNA identified five primary b arriers to accessing health care in San Diego (1) lack of insurance, (2) economic insecur ity, (3) transportation, (4) fear related to immigration status and (5) lack of culturally competent/linguistically appropriate care options</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 72% of respondents identified access to care, 60% identified economic security, and 35% identified care management, including disease management and community social service linkage, among the top five SDOH with the greatest impact on their community * Participants in the Sharp Case Management Leadership focus group conducted as part of the SGH 2019 CHNA identified a lack of family support, caregiver upon discharge, and childcare assistance as priority SDOH related to community and social support that influence the health and well-being of their patients * Sharp Case Management Leadership focus group participants also identified economic security as a significant barrier to care. In particular, the cost of housing, taking time off work for medical appointments, the cost of medication and food insecurity were highlighted * Further, Sharp Case Management Leadership focus group participants identified the following hospital discharge challenges and barriers for patients: transportation support, a shortage of recuperative or respite care options, a lack of short-term caregivers and in-home support services, and a need for a streamlined process from the hospital to the County of San Diego HHSA for those who qualify for wraparound support * Participants in Sharp's 2019 CHNA community engagement activities identified the following strategies to address economic security in patients: prioritizing the hiring and training of social workers, offering free post-surgery visits, providing follow-up phone calls to patients following discharge, making in-home care more accessible, ensuring access to 2-1-1 Community Information Exchange (CIE) and other community resources at all Sharp facilities, establishing more patient-centered initiatives, and creating on-site resources to assist patients in finding and applying for affordable housing * According to the San Diego Hunger Coalition, 1 in 7 San Diegans experienced food insecurity in 2017. Half of adults experiencing food insecurity are living with a disability (San Diego Hunger Coalition, 2019) * As of October 2019, the average unemployment rate in the east region cities of El Cajon, La Mesa, Lakeside, Lemon Grove, Santee and Spring Valley was 3.2%. This is slightly higher than the rate for SDC overall (2.8%), but lower than the state average (3.9%) (Labor Market Information, California EDD, 2019) * The Regional Taskforce on the Homeless' January 2019 WeAllCount campaign estimated that there were 8,102 homeless individuals in SDC, roughly 55% of whom were unsheltered * In 2019, 13% of SDC's homeless population resided in the east region * A 2016 report by the County of San Diego HHSA titled Identifying Health Disparities to Achieve Health Equity in San Diego County Socioeconomic Status found that low-income communities in the county are disproportionately affected by numerous health issues, including</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>injury, chronic and communicable diseases, poor maternal and child health outcomes, and behavioral health outcomes Four such low-income communities - El Cajon, La Mesa, Lemon Grove and Mountain Empire - are located in SDC's east region * According to a report from the CHCF titled Mental Health in California For Too Many, Care Not There, the prevalence of serious mental illness varies by income level, with lower-income individuals experiencing higher rates of mental illness Although the number of adults with mental health coverage in California increased nearly 50% between 2012 and 2015 because of Medi-Cal expansion, in 2015, approximately two-thirds of Californian adults with mental illness and adolescents who experienced major depressive episodes did not receive treatment (CHCF, 2018) * According to the same report, ED visits resulting in inpatient psychiatric admissions increased 30% from 2010 to 2015 More robust community behavioral health services for low-income and uninsured patients may decrease unnecessary ED use (CHCF, 2018) Objectives * Connect vulnerable, underfunded patients and community members to local resources and organizations for low-cost medical equipment, housing options and follow-up care * Assist economically disadvantaged individuals through transportation and financial assistance for pharmaceuticals * Collaborate with community organizations to provide services to people experiencing chronic homelessness * Through the CTI program, provide vulnerable, under- and unfunded patients with health coaching, support and resources to address SDOH and ensure a safe transition home and continued health and safety FY 2019 Report of Activities In FY 2019, SGH continued to provide post-acute care facilitation for vulnerable patients, including individuals who experience homelessness or lack a safe home environment Individuals received referrals to and assistance from a variety of local resources and organizations These groups provided support with transportation, placement (medical home, housing, etc), medical equipment, medications, outpatient dialysis and nursing home stays SGH referred vulnerable patients, families and community members to churches, shelters and other community resources for food, safe shelter and other resources SGH is committed to providing medically necessary DME to vulnerable patients upon discharge This included standard or bariatric wheelchairs, front wheel walkers or canes, cardiac life vests, a car key replacement, and car to wing services for under- and uninsured patients, or for those who simply cannot afford the expense of DME due to a fixed income SGH RN case managers and social workers actively seek DME donations from the community and SGH Volunteer Services, providing more than 200 DME items in FY 2019 at a cost of more than \$25,000 In addition, SGH covered the costs for more than 15 patients to receive continued short-term rehabilitative care in a skilled nursing facility (SNF) to improve</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>patient mobility and stability To assist economically disadvantaged individuals, SGH provided more than \$214,000 in free medication, transportation, lodging and financial assistance through its Project HELP funds These funds assisted more than 9,100 individuals in FY 2019 Further, Sharp's Patient Access Services team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals, including SGH Please refer to Section 1 (Overview) Patient Access to Care Programs for more information on these programs and services SGH continued to collaborate with community organizations to provide services to patients experiencing chronic homelessness Through its collaboration with the San Diego Rescue Mission (SDRM), SGH discharged these patients or patients who have exhausted other community housing resources to the SDRM's Recuperative Care Unit (RCU) This program allowed these patients to convalesce and receive home health care services through SGH in a safe and secure space The RCU provided behavioral health care, including psychiatric services and substance use counseling, and guidance from SDRM's programs to help patients recuperate and get back on their feet The SDRM assists patients with FSD and CalFresh applications, connects patients to community resources, including St Paul's PACE and JFS, assists with permanent housing, provides programs that support continued sobriety and residential treatment, and collaborates with St Vincent de Paul Villa ge to assist with the SSI application process through HOPE (Homeless Outreach Programs for Entitlement) San Diego - an effort to increase access to SSI for people who are homeless or at risk of homelessness In January 2019, SDRM closed their RCU, thus ending this partnership Further, in collaboration with Sharp Global Patient Services, SGH transferred four homeless patients, with their consent, to their native countries to continue medical treatment and reunite them with family and friends Two of the patients were in hospice and were able to pass away surrounded by loved ones</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Beginning in 2014, SGH piloted the CTI program for its vulnerable populations, including Medi-Cal, Medi-Cal pending/presumptive, self-pay, no-pay, refugee populations, homeless and Medicare A or B only patients. The CTI program is modeled after the countywide Community-based Care Transitions Program (CCTP) established by CMS to serve the Medicare fee-for-service patient population at risk for readmission. CCTP concluded several years ago, but its success inspired the development of SGH's CTI program. The CTI program uses a comprehensive risk assessment tool to identify vulnerable patients, who are offered 30 days of coaching by an RN or medical social worker at no cost. The assessment tool evaluates patients for multiple factors including isolation, co-occurring health issues, food insecurity, behavioral health issues and other conditions that impact their health and safety. The CTI program utilizes a collaborative team of SGH and other Sharp professionals, including nurses, case managers, social workers and disease specialists, as well as team members from community benefit, Patient Financial Services (PFS), the SGH Senior Resource Center and others. CTI health coaches include an RN and a medical social worker who devote hundreds of hours directly to CTI patients. The team ensures that vulnerable patients are connected with the community resources and support they need to safely transition home and remain safe and healthy in the community. Partnerships with community organizations connect these patients to critical social services upon discharge, and have included FSD, Food Bank, 2-1-1, FHCS, various churches, and refugee and other social support organizations. This outreach is critical for sustaining the health and well-being of vulnerable patients and empowering them to manage their care outside the hospital. Food insecurity is a key factor in the health status of CTI patients. Since its inception, hundreds of CTI patients were identified as food insecure and provided a direct referral to 2-1-1. 2-1-1 then conducted proactive phone calls to CTI patients in order to connect them to resources such as federal assistance food commodity programs (through the Food Bank), free food distribution sites throughout San Diego, and assistance with CalFresh enrollment. In addition, the CTI program worked closely with SGH's PFS to evaluate patients for CalFresh benefits prior to hospital discharge, which dramatically increased the likelihood that patients completed CalFresh applications and received benefits. Since 2016, more than 720 Sharp patients have been granted CalFresh benefits. Further, the CTI program provides medically tailored emergency food bags for CTI patients without sufficient food in their homes. The food bags are supported by funding from the Grossmont Hospital Foundation and include nutritious items specifically designed with guidance from an SGH dietitian for the complex health conditions and nutritional needs of CTI patients, in order to</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>o sustain their health until they are connected to food assistance. The food bags provide CTI patients with nonperishable, nutritionally dense foods during the first few days of discharge, when proper nutrition is critical. The coaches provide food bags during their home visit and combine this delivery with a review of the patient's hospitalization and a plan for self-management. Since inception, the CTI program has provided hundreds of food bags to CTI patients in SDC's east region. In addition, a significant number of CTI patients have diabetes and are challenged with adherence to their care plan because they cannot afford diabetes equipment. To address this barrier, the CTI program works with Sharp Diabetes Educators who assemble and provide "diabetes kits" - including a three-month supply of strips, lancets, glucose monitors, etc. These kits help to keep CTI patients safe and managed until their insurance is activated. In addition, CTI patients were provided with other supplies, including blood pressure cuffs and batteries, pill boxes and can openers. The CTI pilot has demonstrated a powerful impact over the past several years. To date, the CTI team has approached more than 3,300 patients and succeeded in enrolling more than 2,500 individuals in the program. Since its inception in May 2014, the average readmission rate for CTI-enrolled patients is less than 11%, compared to an average readmission rate of 27% among individuals who refused CTI coaching services. In FY 2019, the average readmission rate for CTI patients was 10%. It is the focus on both coordinated care management and SDOH that contributes to the success of the CTI program. The CTI program's partnership with 2-1-1's Health Navigation Program has proven to be one of its most innovative and impactful collaborations, and a best practice in delivering care to vulnerable community members. 2-1-1's Health Navigation Program provides in-depth care coordination to better connect, empower, educate and advocate for clients with health needs. 2-1-1 Health Navigators work with community members experiencing issues in accessing care, managing chronic conditions, and those who are under- or uninsured. The navigators assess specific needs, which are unique to the individual's health condition and situation, refer and educate them about options and community resources, and advocate on their behalf when needed. Further, the navigators ensure access and utilization of the services that community members are referred to and then conduct follow-up communication with them over time. Through the partnership between SGH and 2-1-1, select CTI patients are referred to the 2-1-1 Health Navigation Program to address health and social needs and leverage 2-1-1's enrollment services, housing coordination and advocacy. SGH health coaches determine the need for referral to the 2-1-1 Health Navigation Program during the course of their assessment and discussion with CTI patients. At intake and again at completion.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>New in FY 2019, SGH joined Sharp's systemwide pilot partnership with 2-1-1's CIE to better understand and address the SDOH that influence the health and well-being of their patients. Research continues to underscore that SDOH - the conditions where people live, learn, work and play - have a significant impact on the ability for community members to access care and maintain their health. SGH joined the CIE pilot partnership in order to provide more informed, holistic care to patients with SDOH needs, and to connect them directly to community resources specifically for those needs. More than 70 CIE community partners - including health care, food banks, housing and other social service agencies - use an integrated technology platform to support proactive, holistic, person-centered care. Shared community member records enable CIE partners to evaluate an individual's SDOH needs and current use of community programs and services, and to make direct referrals to critical, community-based resources. Beginning in summer 2019, SGH case managers and social workers received training on CIE as a tool to serve vulnerable patients in the acute care setting, including those patients experiencing food insecurity and homelessness. Metrics of this partnership, including demographic and utilization data, as well as volume and successful community referrals, are currently being collected and will help to assess the impact and value of the partnership at the end of its pilot year in early summer 2020.</p> <p>FY 2020 Plan SGH will do the following:</p> <ul style="list-style-type: none"> * Continue to provide post-acute care facilitation to vulnerable patients * Continue to provide and expand the DME donations project to improve access to necessary medical equipment for vulnerable patients who cannot afford DME * Continue to administer Project HELP funds to those in need * Continue to collaborate with community organizations to provide medical care, financial assistance, and psychiatric and social services to chronically homeless patients * Continue to provide vulnerable, Medi-Cal and unfunded patients with care transitions support, including connection to health care services and resources that address SDOH * Maintain and strengthen partnerships with FSD and 2-1-1 to strengthen the services of the CTI program and support expansion of the program * Continue to work with 2-1-1 to expand and implement 2-1-1's CIE * Evaluate the impact of the pilot year of the Sharp-CIE partnership to inform next steps in collaboration with community organizations to address SDOH * Explore opportunities to improve communication with community clinics * Continue to work with SGH Volunteer Services to provide weather-appropriate clothing and shoes to homeless patients upon discharge SGH Program and Service Highlights * 24-hour emergency room and critical care center, with heliport and paramedic base station - designated STEMI Center * Acute care * Breast Imaging Center, including mammography * Cardiac Training Center * Care Clinic for

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>nd advanced illness management (AIM) support for seniors, families, caregivers and veterans throughout SDC, such as education, support groups and outreach at community health fairs and events Sharp HospiceCare staff actively participated in community boards, committees and civic organizations, including San Diego County Coalition for Improving End-of-Life Care (SDCCEOLC), Caregiver Coalition of San Diego (Caregiver Coalition), San Diego County Hospice Veteran Partnership (San Diego County HVP), California Hospice and Palliative Care Association (CHAPCA), National Hospice and Palliative Care Organization (NHPCO), San Diego Regional Home Care Council, East County Senior Service Providers (ECSSP), San Diego Chapter of the Hospice and Palliative Nurses Association, San Diego Coalition for Compassionate Care (SDCCC)/San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition, California Health Care Foundation's (CHCF's) California POLST eRegistry Evaluation Team, San Diego Health Connect POLST e-registry workgroup, and San Diego County Medical Society Bioethics Commission See Appendix A for a listing of Sharp's involvement in community organizations in FY 2019 The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation * Health Research, Education and Training Programs included time devoted to education and training for health care professionals and student and intern supervision Definition of Community Sharp HospiceCare is located at 8881 Fletcher Parkway in La Mesa, ZIP code 91942 Sharp HospiceCare provides comprehensive end-of-life hospice care , specialized palliative care and compassionate support to patients and families throughout SDC See Appendix B for a map of community and region boundaries in SDC For Sharp's 2019 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify communities with greater health disparity within the county The CNI identifies the severity of health disparity for every ZIP code in the United States (U S) based on specific barriers to health care access, including education, income, culture/language, insurance and housing As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations According to the CNI, communities served by Sharp HospiceCare with especially high need include, but are not limited to, East San Diego, City Heights, Linda Vista, the College Area and Downtown San Diego Description of Community Health In 2019, there were 504,267 residents ages 65 and older in SDC, representing 15.1% of the population Between 2019 and 2024, it is anticipated that SDC's senior population will grow by 22.4%</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>In 2017, 13.3% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 6.8% and 5.0% of households received Supplemental Security Income. According to data from the San Diego Hunger Coalition, 1 in 7, or 14% of the SDC population experienced food insecurity in 2017. An additional 1 in 5 San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget. In 2017, 7.2% of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.9% of the population lived at or below 138% FPL and were eligible for the program. Please refer to Table 31 for SNAP participation and eligibility in SDC. Table 31 Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2017 Food Stamps/SNAP Benefits Households - 7.2% Families with Children - 6.9% Eligibility by FPL Population =130% FPL - 18.5% Population =138% FPL - 19.9% Population 139% - 350% FPL - 32.2% In SDC in 2017, 94.6% of children ages 18 and under, 82.7% of young adults ages 19 to 25, 84.0% of adults ages 26 to 44, 89.1% of adults ages 45 to 64, and 98.5% of seniors ages 65 and older had health insurance. 79% Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100% health insurance coverage for all individuals under age 65. 82% See Table 32 for health insurance coverage in SDC in 2017. Table 32 Health Insurance Coverage in SDC, 2017 Children 0 to 18 years Rate - 94.6% HP2020 Target - 100% Young adults 19 to 25 years Rate - 82.7% HP2020 Target - 100% Adults 26 to 44 years Rate - 84.0% HP2020 Target - 100% Adults 45 to 64 years Rate - 89.1% HP2020 Target - 100% Seniors 65+ years Rate - 98.5% HP2020 Target - 100%. According to the California Health Interview Survey (CHIS), in 2018, 28.9% of SDC's population was covered by Medi-Cal. 83% See Table 33 for details. Table 33 Medi-Cal (Medicaid) Coverage in SDC, 2018 Covered by Medi-Cal - 28.9% Not covered by Medi-Cal - 71.1%. CHIS data also revealed that 10.3% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see Table 34). 83% Table 34 Regular Source of Medical Care in SDC, 2018 Has a usual source of care Rate - 89.7% HP2020 Target - 100% Has no usual source of care Rate - 10.3% HP2020 Target - 0%. Cancer and diseases of the heart were the top two leading causes of death in SDC in 2017. 84% See Table 35 for a summary of leading causes of death in SDC. For additional demographic and health data for communities served by Sharp HospiceCare, please refer to the Sharp Memorial Hospital (SMH) 2019 CHNA at http://www.sharp.com/about/community/community-health-needs-assessments.cfm, which includes data for the primary communities served by Sharp HospiceCare. Table 35 Leading Causes of Death in SDC, 2017 Malignant Neoplasms (Overall Cancer) Number of Deaths - 5,033 Percent of Total Deaths - 23.2% Diseases of the H</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Part Number of Deaths - 4,764 Percent of Total Deaths - 21.9% Alzheimer's Disease Number of Deaths - 1,450 Percent of Total Deaths - 6.7% Cerebrovascular Diseases Number of Deaths - 1,376 Percent of Total Deaths - 6.3% Accidents/Unintentional Injuries Number of Deaths - 1,188 Percent of Total Deaths - 5.5% Chronic Lower Respiratory Diseases Number of Deaths - 1,025 Percent of Total Deaths - 4.7% Diabetes Mellitus Number of Deaths - 799 Percent of Total Deaths - 3.7% Essential Hypertension and Hypertensive Renal Disease Number of Deaths - 469 Percent of Total Deaths - 2.2% Intentional Self-Harm (Suicide) Number of Deaths - 428 Percent of Total Deaths - 2.0% Influenza and Pneumonia Number of Deaths - 393 Percent of Total Deaths - 1.8% All Other Causes Number of Deaths - 4,807 Percent of Total Deaths - 22.1% Total Deaths Number of Deaths - 21,732 Percent of Total Deaths - 100.0%</p> <p>Community Benefit Planning Process In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, Sharp HospiceCare * Consults with representatives from a variety of internal departments and other community organizations to discuss, plan and implement community activities * Participates in programs and workgroups to review and implement services that improve palliative and end-of-life care for the San Diego community * Incorporates end-of-life community needs into its goal development Priority Community Needs Addressed by Sharp HospiceCare Sharp HospiceCare provides hospice and palliative care services across the Sharp care continuum Each Sharp acute care hospital, including Sharp Chula Vista Medical Center (SCVMC), Sharp Coronado Hospital and Healthcare Center, SGH and SMH, completed their most recent CHNA in September 2019 Sharp's 2019 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2019 CHNA process and findings Please refer to Section 3 Community Benefit Planning Process for a detailed description of Sharp's 2019 CHNA process and findings In addition, this year, each hospital completed its most current implementation strategy - a description of programs designed to address the priority health needs identified in the 2019 CHNAs The most recent CHNA and implementation strategies are available at http://www.sharp.com/about/community/health-needs-assessments cfm Through the Sharp 2019 CHNA process, the following priority health needs were identified for the communities served by Sharp HospiceCare (listed in alphabetical order) * Access to Health Care * Aging Concerns * Behavioral Health (including Substance Use) * Cancer * Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity) * Community and Social Support * Economic Security * Education * Homelessness and Housing Instability * Maternal and Prenatal Care, including High-Risk Pregnancy * Unintentional Injury and Violence The following pages detail Sharp H</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ospiceCare programs, activities and services that specifically address aging concerns, chronic health conditions, community and social support (these programs also help address access to health care, economic security and homelessness and housing instability) and education Please refer to Section 1 (Overview) Patient Access to Care Programs for additional entity and systemwide programs designed to address access to health care Sharp HospiceCare's community programs and services feature a special focus on aging concerns, including provision of</p> <ul style="list-style-type: none"> * End-of-life and AIM education for community members * Advance care planning (ACP) education and outreach for community members, students and health care professionals * Hospice and palliative care education and training programs for students and health care professionals * Bereavement counseling and support <p>For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2019 Report of Activities conducted in support of the objective(s) and FY 2020 Plan Identified Community Need End-of-Life and AIM Education for Community Members Rationale references the findings of Sharp's 2019 CHNAs, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale</p> <ul style="list-style-type: none"> * The HASD &IC and Sharp 2019 CHNAs identified aging concerns as one of the priority health needs affecting members of the communities served by Sharp Aging concerns are defined as those conditions that predominantly affect seniors - people who are 65 and older - such as Alzheimer's disease, Parkinson's disease, dementia, falls and limited mobility * Focus groups conducted as part of the HASD&IC and Sharp 2019 CHNAs identified the following health conditions that impact older adults Alzheimer's and Parkinson's diseases, dementia, arthritis, loss of mobility, opioid abuse, diabetes, heart disease, anxiety, depression, lung disease, obesity, and poor oral health * According to the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 83% of respondents ages 65 and older ranked aging concerns among the top five conditions with the greatest impact on overall community health in SDC

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Form 990, Part III, Line 4a Community Benefit Report	<p>* In 2017, the top 10 leading causes of death among adults ages 65 and older in SDC were (in rank order) diseases of the heart, cancer, Alzheimer's disease, cerebrovascular diseases, including stroke, chronic lower respiratory diseases, diabetes, accidents or unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson's disease and influenza or pneumonia</p> <p>* In 2017, hospitalization rates among seniors were higher than the general population due to coronary heart disease, stroke, chronic obstructive pulmonary disease, nonfatal unintentional injuries (including falls), overall cancer and arthritis</p> <p>* According to the San Diego Hunger Coalition, 1 in 7 San Diegans experienced food insecurity in 2017 Half of adults experiencing food insecurity are living with a disability (San Diego Hunger Coalition, 2019)</p> <p>* While chronic diseases place significant burdens on individuals and health care systems, community-taught self-management of symptoms is possible Managing symptoms of chronic diseases can improve quality of life and reduce health care costs (National Council on Aging, 2018)</p> <p>* According to a 2018 report from the California Task Force on Family Caregiving, there are 4.5 million Californians providing unpaid care to individuals ages 18 and older Informal caregivers face many challenges in this role, including balancing employment with caregiving, accessing culturally relevant and competent services, paying for supportive services, and attending to their own health and well-being (California Task Force on Family Caregiving, 2018)</p> <p>* According to AARP, more than 40 million people in the U.S. currently act as unpaid caregivers to people ages 65 and older More than 10 million of these caregivers are millennials with separate part- or full-time jobs, and one in three employed millennial caregivers earns less than \$30,000 per year (AARP, 2018)</p> <p>* According to AARP's report titled Home Alone Revisited, nearly one-third of caregivers (30.9%) take their family member home from the hospital without home health support, and almost half of family caregivers provide intense and complex care, including performing medical/nursing tasks and managing multiple health conditions often accompanied by pain In addition, nearly half of caregivers who perform medical/nursing tasks reported feeling down, depressed or hopeless, compared to a third of caregivers who do not perform those tasks (AARP, 2019)</p> <p>* According to research published in Health Affairs, an estimated 15 million family caregivers in the U.S. provide unpaid care for a loved one with dementia Caregiver burden and fatigue can result in increased use of hospital and emergency services for dementia patients (Slaboda et al, 2018)</p> <p>* The same study identified the following as the biggest challenges facing family caregivers of individuals with dementia: dealing with memory loss and the disease's impact, handling the stress and emotional toll, having patience with their loved one</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>ne, handling mood swings or behavior changes, and managing daily activities, including bathing, bathroom, dressing and meals (Slaboda et al, 2018) * According to the Let's Get Healthy California Task Force - an initiative developed to advance a 10-year plan to make California the healthiest state in the nation - hospice patients receive better symptom control, are less likely to receive aggressive care at the end of life, and their families are more likely to be satisfied with the care they receive (Let's Get Healthy California Task Force, 2018) * Data presented by the Let's Get Healthy California Task Force indicated that at 48.5% of SDC decedents utilized hospice services in 2014. This was higher than the rate for the state of California overall (43.3%) but fell short of the group's 2022 target (54%). Among all demographic groups in SDC, the Asian population had the lowest rate of hospice utilization (27.6%) (Let's Get Healthy California Task Force, 2018) * Research from the CHCF shows that in 2014, just 25% to 50% of palliative care needs were being met statewide. By 2017, capacity across the state had increased for both inpatient palliative care (43% to 66% of needs met) and community-based care (33% to 51%) (CHCF, 2018) * In January 2018, California became the first state to provide community-based palliative care services as part of Medicaid coverage, expanding the availability of palliative care into every county in the state. Despite this expansion, barriers to use of this new Medi-Cal benefit exist, including lack of education for patients and referring physicians, the absence of standardization in billing practices, care delivery models and quality assessment methods, and a need to understand and accommodate the variation in needs seen across geographic areas and patient populations (CHCF, 2018) * According to an article published in Palliative Care Research and Treatment, many people living with a chronic life-threatening illness either do not receive any palliative care service or receive services only in the last phase of their illness. Research has shown that palliative care programs can improve outcomes for both patients and caregivers, and demonstrate cost effectiveness by transferring care from acute settings to patients' preferred locations. Current barriers to effective end-of-life care include lack of professionals with specialized training, clinician ignorance and lack of awareness of resources, physician reluctance to refer patients, patient and family reluctance to accept referrals, and restrictive program eligibility requirements (Hawley, 2017) Objectives * Provide education and outreach to the San Diego community concerning AIM and end-of-life care * Collaborate with community organizations to provide education and outreach to community members, caregivers and loved ones * Support the unique AIM and end-of-life care needs of military veterans and their families * Provide resources to improve access to care and support</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>t for AIM and end-of-life patients and community members FY 2019 Report of Activities Sharp HospiceCare supports the San Diego community in the areas of end-of-life care, aging and caregiving through collaboration with a variety of local organizations, including the San Diego Community Action Network (SanDi-CAN), Southern Caregiver Resource Center (SCRC), San Diego County HVP, Caregiver Coalition and ECSSP. In partnership with these and other community organizations, in FY 2019, Sharp HospiceCare provided education and outreach on a variety of end-of-life and AIM topics - including hospice, palliative care and caregiving - to more than 1,600 San Diegans at community health fairs, conferences and other events. Locations included churches, libraries, senior living centers, and community health agencies and organizations throughout SDC. Sharp HospiceCare partnered with the Sharp Senior Resource Centers to provide three aging conferences for community seniors, family members and caregivers in FY 2019. Titled Health and Wellness in Aging: Know Your Options, the free conferences were held at the Point Loma Community Presbyterian Church and the La Mesa Community Center in April, and at the Elks Lodge in Chula Vista in August. The conferences provided approximately 300 community members with education and resources to promote healthy aging, including staying healthy in an aging world, improving emotional wellness through aging, the End of Life Options Act (EOLOA) and estate planning. In FY 2019, Sharp HospiceCare shared resources on palliative care, end-of-life care and ACP with approximately 225 caregivers and families at several free community conferences. This included SanDi-CAN's annual conference titled Planning for Your Future held at the Balboa Park Club in October, which focused on helping seniors and families cope with life changes and navigate their end-of-life options, the SCRC's The Economics of Caregiving Conference held at First United Methodist Church of San Diego in November, which addressed a variety of financial planning topics to support community caregivers, and the Caregiver Coalition's The Pathway to Mindful Caregiving conference held at the Chinese Community Church in Tierrasanta in May to help answer questions and provide resources to help ease the stress of caregiving.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Sharp HospiceCare provided planning support as well as end-of-life and AIM education and resources to more than 1,100 community members at a variety of health fairs and events throughout the year. Senior and caregiver audiences included members of the San Diego Oasis of older adult wellness program at Grossmont Center and community members at St. Paul's Programs of All-Inclusive Care for the Elderly (PACE) in El Cajon, as well as attendees of Spring Into Healthy Living at the McGrath Family YMCA, ECSSP's East County Senior Health and Information Fair, SGH and the San Diego Association of Government's Senior Transportation and Housing Expo at the La Mesa Community Center, Jewish Family Service of San Diego College Avenue Center's annual health fair, Sharp Senior Resource Centers' Senior Health & Information Fair at the Point Loma Community Presbyterian Church and St. Paul's Senior Services Spring Open House at St. Paul's Villa. Outreach at additional community events took place at the annual Sharp Women's Health Conference, the Grossmont Healthcare District (GHD) Dr. William C. Herrick Community Health Care Library's Wellness Wednesday monthly educational series, and San Diego Gas & Electric's bi-annual employee health fairs. Sharp HospiceCare supports the needs of military veterans and their families through collaboration with local and national organizations that advocate for quality end-of-life care for veterans as well as through participation in veteran-oriented community events. As a partner in We Honor Veterans (WHV) - a national program developed by the NHPCO in collaboration with the U.S. Department of Veterans Affairs (VA) to empower hospice professionals to meet the unique end-of-life needs of veterans and their families - hospice organizations can achieve up to five levels of commitment. Sharp HospiceCare has achieved WHV Partner Levels I, II and III. Through Level I, Sharp HospiceCare is equipped to provide veteran-centric education to staff, volunteers and community professionals, including training them to identify patients with military experience. Level II indicates that Sharp HospiceCare has built the organizational capacity needed to provide quality care for veterans and their families. With Level III, Sharp HospiceCare has developed and strengthened relationships with VA medical centers and other veteran organizations. Sharp HospiceCare is currently working towards becoming a WHV Level IV Partner, which focuses on improving access to and quality of care for community veterans. As part of its WHV commitment, Sharp HospiceCare conducted a variety of veteran recognition activities in FY 2019. Team members held special pinning ceremonies throughout the year during which Sharp HospiceCare volunteers presented veterans with a WHV pin and a certificate of appreciation for their service. More than 90 Sharp HospiceCare veteran patients were recognized through these pinning ceremonies in FY 2019, in addition to 40 veteran community members.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>In early summer 2020 FY 2020 Plan Sharp HospiceCare will do the following * Continue to collaborate with a variety of local community organizations to provide end-of-life and AIM education and resources to community members * Collaborate with the Sharp Senior Resource Centers and SCVMC to host a free aging conference in La Mesa, Point Loma and Chula Vista, reaching 100 community members per conference * Continue to support the needs of military veterans and their families through the provision of education and resources at veteran-oriented community events and collaboration with local and national organizations advocating for quality end-of-life care for veterans * Achieve WHV Partner Level IV to improve access to and quality of care for community veterans * Continue to provide a wig donation program * Evaluate the impact of the pilot year of the Sharp-CIE partnership to inform next steps in collaboration with community organizations to address SDOH Identified Community Need ACP Education and Outreach to Community Members and Health Care Professionals Rationale references the findings of Sharp's 2019 CHNAs, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&IC and Sharp 2019 CHNAs identified aging concerns as one of the priority health needs affecting members of the communities served by Sharp Aging concerns are defined as those conditions that predominantly affect seniors - people who are 65 and older - such as Alzheimer's disease, Parkinson's disease, dementia, falls, limited mobility, isolation and other challenges * The Sharp 2016 CHNA process identified care at the end of life as a critical issue for the senior population End-of-life conversations with oncology patients were specifically identified as a significant challenge to quality care * According to the Centers for Disease Control and Prevention (CDC), Americans now experience mortality at a much later age and largely due to chronic disease Planning for end-of-life care increases individual autonomy, ensures individuals feel their voices are heard and relieves stress for those surrounding elderly individuals In 2017, only 30% of Americans had advance care plans With the largest generation of Americans now aging, education on end-of-life care is a public health issue (CDC, 2017) * A 2017 systematic review published in Health Affairs found that 36.7% of Americans had completed an advance health care directive (advance directive), and 29.3% had living wills Factors contributing to low ACP completion include tedious legal formalities in executing an advance directive, lack of clinician support for advance directives, and the lack of depth and tailoring of documents to fully represent patients' preferences (Kuldeep et al , 2017)</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* Research suggests that barriers to engaging patients in ACP exist at the patient, provider and system levels. Barriers identified by physicians included insufficient time, inability to electronically transfer documentation across care settings, decreased interaction with patients near the end of life resulting from transfer of care, and patients' difficulty understanding limitations and complications of treatment options. Other health professionals additionally identified their own lack of knowledge and difficulty accessing the physician as barriers. Themes identified as enablers of ACP included greater public engagement, clinician attitudes, creating capacity for clinicians, integrating ACP into practice, and system and policy supports (Howard et al, 2018). * Despite evidence that ACP can improve the quality of the end of life, it is most likely to be completed by white, socially integrated, higher income adults compared to other demographic groups. Advance directive completion rates are two to three times higher among whites when compared to blacks and Latinos, underscoring a need to expand public awareness and access to ACP (Gerontological Society of America, 2017). * While 92% of Americans say it is important to discuss their wishes for end-of-life care, only 32% have had this conversation. In addition, 95% of Americans say they would be willing to talk about their wishes, and 53% even say they would be relieved to discuss it (The Conversation Project National Survey, 2018). * According to a study published in the Journal of Palliative Medicine, 1 in 8 bereaved family members reported that care in the last month of life was not consistent with the decedent's wishes. Decedents whose care was described as inconsistent with their preferences were more likely to have died in a hospital setting, while those who received care consistent with their wishes were more likely to have died at home (Khandelwal et al, 2017). * Advance directives should be completed while people are healthy, which gives them time to think about the end-of-life care they would choose if they were unable to communicate their own wishes. It also allows time to discuss these wishes with loved ones (NHPCO, 2015). * As the end of life approaches for people with serious, chronic or progressive illnesses, it is important for health systems and health care workers to provide support and guidance to patients and families on the role of ACP, palliative care and hospice. Open communication between patient and provider, as well as between the patient and loved ones, can help ensure that all parties are aware of the patient's preferences (The Five Trajectories Supporting Patients During Serious Illness, California State University (CSU) Institute for Palliative Care, 2018). * According to Health Affairs, creating and utilizing a conversation guide for health care providers and community leaders can raise awareness and educate patients and their loved ones about the importance of ACP.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>(Peters, Kim & Udow-Phillips, 2016) * The Aspen Institute Health Strategy Group suggests five changes to improve the quality of end-of-life care build the development and updating of an advance care plan into the fabric of life, redefine Medicare coverage in a way that meets the complex needs of people with serious illness, develop a set of quality metrics related to end-of-life care that can be used for accountability, transparency improvement and payment, increase the number and types of health professionals who can meet the growing needs of an aging population, and support model communities that embrace fundamental change in the design and delivery of care for people with advanced illness (Improving Care at the End of Life, 2016) Objectives * Provide education, engagement and consultation for community members on ACP and POLST * Educate community health care professionals on ACP and POLST * Empower community members to make informed health care decisions FY 2019 Report of Activities Sharp offers a free and confidential ACP program to support community members as they consider their future health care options Facilitated by Sharp HospiceCare, the ACP program empowers adults of any age and health status to explore and document their beliefs, values and goals as they relate to health care The program consists of three stages Stage one, community engagement, focuses on bringing awareness to healthy community members about the importance of ACP This stage includes basic education and resources, identification of an appropriate health care agent, and completion of an advance directive Stage two, disease-specific outreach, focuses on education for community members with a progressive chronic illness, including decline in functional status, co-morbidities, potential for hospitalization and caregiver issues With a goal of anticipating future needs as health declines, this stage focuses on developing a written plan that identifies goals of care and involves the health care agent and loved ones The third stage, late-life illness outreach, targets those with a disease prognosis of one year or less Under these circumstances, individuals must make specific or urgent decisions, and these decisions require conversion to medical orders that will guide the health care provider's actions and remain consistent with goals of care The focus of this stage is to assist the individual or appointed health care agent with navigating complex medical decisions related to immediate life-sustaining or prolonging measures Such measures include completion of the POLST form, a medical order designed for individuals with advanced progressive or terminal illness that identifies the appropriate informed substitute decision maker as well as describes preferences for care and treatment when important health care decisions must be made Since 2014, Sharp has offered its own Advance Health Care Directive to guide the public in outlining their health care decisions The d</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>document is publicly available on sharp.com in both English and Spanish and uses easy-to-read language to describe what an advance directive is and how and why to complete one. The form allows individuals to put their health care wishes into writing and appropriately sign the advance directive. With this witnessed signature, the advance directive becomes a legal document that identifies the appropriate informed substitute decision maker and serves as a tool for health care decision-making. Additional contact information is provided for community members who are interested in speaking with a Sharp ACP facilitator. Throughout the year, the Sharp ACP team provided more than 140 phone and in-person consultations to community members seeking guidance with identifying their personal goals of care and health care preferences, appointing an appropriate health care agent, and completing an advance directive. In FY 2019, the team engaged more than 770 community members in education on ACP, POLST and the EOLOA. In honor of National Healthcare Decisions Day (NHDD) - a nationwide initiative celebrated every April to educate adults of all ages about the importance of ACP - Sharp HospiceCare provided presentations to seniors at Fredericka Manor Retirement Community and Country Hills Health Care Center, as well as during Sharp Senior Resource Centers' and Sharp HospiceCare's Health and Wellness in Aging Know Your Options conferences at the La Mesa Community Center and the Point Loma Community Presbyterian Church. Education provided throughout the year to seniors and caregivers took place at Silvercrest Senior Residence, Casa de Manana La Jolla retirement community, La Costa Glen retirement community, and the San Diego Lesbian, Gay, Bisexual and Transgender (LGBT) Community Center. Education for the general community occurred at the Descanso Branch Library, the Live and Let Live Alamo Club (LGBT sober clubhouse), the North Park Lions Club, Salvation Army offices in Downtown San Diego and Escondido, the Sharp Women's Health Conference, and during a community presentation at Balboa Park through Sharp's wellness partnership with the City of San Diego.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Sharp's ACP team reached an additional 65 community members through free, monthly ACP work shops held in collaboration with the David and Donna Long Center for Cancer Treatment at S GH, the Barnhart Cancer Center at SCVMC, and the Laurel Amtower Cancer Institute at SMH D uring the workshops, individuals impacted by cancer received guidance on identifying their personal health care choices, communicating their wishes to loved ones and developing the ir advance directive In addition, in August, the ACP team participated in SCVMC's free Ad vance Health Care Directive Seminar, which educated approximately 40 community members abo ut the importance of completing an advance directive and available community resources to support the ACP process Sharp HospiceCare provided resources, presentations and trainings on the EOLOA, POLST and ACP to approximately 175 local community health professionals thr oughout the year Audiences included members of the Caregiver Coalition, social workers at St Paul's PACE El Cajon, staff at Stanford Court Skilled Nursing & Rehab Center, the Cou nty of San Diego Aging and Independence Services (AIS) Long-Term Care Ombudsman Program, a nd long-term care professionals at the Cultural and Ethical Challenges in Long-Term Care A dvance Care Planning seminar In FY 2019, Sharp's ACP team continued to partner with San D iego Health Connect, County of San Diego AIS, Health Services Advisory Group (HSAG), Count y of San Diego Emergency Medical Services, and various health care providers in SDC to ens ure that community providers have access to POLST forms through the San Diego Healthcare I nformation Exchange, a countywide program that securely connects health care providers and patients to private health information exchanges The Sharp HospiceCare ACP team partici pates in this initiative - funded by the CHCF and supported by the Coalition for Compassion ate Care of California (CCCC) and California Emergency Medical Services Authority (EMSA) - to create an electronic POLST registry (POLST eRegistry) When a paper POLST form is not readily available during an emergency, the patient's care may be hindered or conflict with their wishes The POLST eRegistry will improve access to critical information through a c loud-based registry for completed POLST forms to be securely submitted and retrieved Shar p demonstrates community leadership in the effort to establish quick and safe provider acc ess to patient medical orders In March 2018, Sharp became the first health care system in SDC to begin electronic uploads of patient POLST forms to the POLST eRegistry As of Dece mber 2019, more than 40,800 POLST forms faxed by Sharp hospitals, Sharp Rees-Stealy Medica l Group, Sharp HospiceCare and other patient care departments have been uploaded to the PO LST eRegistry FY 2020 Plan Sharp HospiceCare will do the following * Provide free ACP an d POLST education and outreach to community members through phone and in-person consultati ons * Collaborate with communi</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>ty organizations to provide educational classes and events to raise community awareness of ACP * Both independently and in collaboration with SDCCC and SDCCEOLC, provide community events to promote the importance of ACP in honor of NHDD * Continue to provide ACP education and outreach to local, state and national health care professionals * Serve as a community resource regarding the EOLOA * In collaboration with the CSU Institute for Palliative Care at California State University San Marcos (CSUSM), explore strategies to bring advance directives to the county's homeless community * Continue to collaborate with community partners to provide community members with access to advance directive and POLST forms through the San Diego Healthcare Information Exchange * Continue to participate in the CHCF's POLST eRegistry initiative with CCC and EMSA * As participants in Sharp's ACP Work Group, update Sharp's Advance Health Care Directive to include simplified language and new interactive and video-based components Identified Community Need Health Professions and Student Education and Training Rationale references the findings of Sharp's 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&IC and Sharp 2019 CHNAs identified education as one of 10 priority health conditions and SDOH affecting members of the communities served by Sharp * According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 31% of respondents ranked education, including access, health literacy, workforce development and mobility, among the top five SDOH with the greatest impact on their community * According to participants in a focus group conducted during the HASD&IC 2019 CHNA, when residents are unable to achieve higher levels of education, individual and community health are impacted in the following ways limited or low-wage employment opportunities for those with low educational attainment, constant stress related to housing or food among families who are not economically secure, which contributes to poor health, and limited career mobility in low-wage jobs, creating little potential for promotions or higher wages * According to a 2017 report from the San Diego Workforce Partnership (SDWP) titled San Diego's Priority Sectors An Update on Labor Force and Training Needs, the health care industry in SD C experienced net employment growth of 40.4% between 2006 and 2016 - considerably higher than the growth rate in the state of California (27%) and the nation (21%) (SDWP, 2017) * Total employment in California is projected to grow 10.7% between 2016 and 2026, reflecting an increase of 1.9 million jobs statewide over the decade The health care and social assistance sector is expected to be the fastest growing industry in California, with 24.9% growth anticipated (California Employment Development Department, 2018) * In its Employment Projections - 2018-2028 repo</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>rt, the U S Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about 30% of all new jobs and account for 18 of the 30 fastest growing occupations Increased demand for health care services from an aging population and people with chronic conditions will drive much of the expected employment growth (BLS, 2019) * As of 2018, SDC was one of 28 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (California Office of Statewide Health Planning and Development (OSHPD) Registered Nurse Shortage Areas Update, 2019) * According to a report from PolicyLink, a national research institute dedicated to advancing economic and social equity, building a diverse health care workforce in California - one that reflects the state's racial, ethnic and linguistic diversity - is a critical strategy for increasing access to culturally and linguistically appropriate services, eliminating racial and ethnic health inequities, improving the quality of care and reducing preventable costs (Building an Inclusive Health Workforce in California A Statewide Policy Agenda, 2018) * According to a report from the Elder Workforce Alliance (EWA) titled Building a State Eldercare Workforce Coalition, the number of Americans reaching retirement will double by 2030, representing an 8% increase in the population requiring a wide range of professional health, home care and social services By 2030, an estimated 3.5 million additional health care professionals and direct-care workers will be needed to care for older adults (EWA, 2018) * According to research published in the Journal of American Geriatrics Society, the demand for geriatricians is projected to increase 45% by 2025 with a projected national shortage of almost 27,000 geriatricians (Flaherty & Bartels, 2019) * In addition, almost half of U S physicians experience burnout, which has been connected to lower patient satisfaction, overuse of resources, higher costs of care, increased chance of prescribing the wrong medications, lower levels of empathy, and reduced patient outcome and safety (Flaherty & Bartels, 2019) * The American Academy of Hospice and Palliative Medicine (AAHPM) states that high-quality palliative and hospice care improve quality of life as well as patient and family satisfaction, and may prolong survival at a lower cost than typical medical care (AAHPM, 2018)</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* AAHPM notes that lack of provider training and knowledge of palliative care results in many patients with serious illness receiving painful or ineffective treatments that do not prolong or enhance their lives. Expanding hospice and palliative care training opportunities can help ensure clinicians across disciplines and specialties who care for people with serious illness are competent in "basic palliative care," including communication skills, interprofessional collaboration and symptom management (AAHPM, 2018). * According to AAHPM, in 2015, just 44% of hospital palliative care programs met national staffing standards set by the Joint Commission. Current training capacity for hospice and palliative medicine physicians is insufficient to provide hospital-based care and keep pace with growth in the population of adults over 65 years old. If the rate of physicians entering and leaving hospice and palliative medicine maintains, there will be no more than 1% absolute growth in this physician workforce in 20 years, by which time the number of persons eligible for palliative care will grow by over 20% (AAHPM, 2018). * Analysis published in Health Affairs estimates that there is currently one palliative care physician for every 808 eligible patients. To meet current demand for patient evaluation, each physician would need to perform 10 patient visits per day over 48 weeks per year. Assuming no policy changes, by 2038 it is estimated that each physician would need to perform 23 patient visits per day to meet demand, highlighting the need to increase the use of interdisciplinary palliative care team members in the assessment and management of patient and caregiver distress (Kamal et al, 2019). Objectives * Provide education and training opportunities around end-of-life care and ACP for students and interns * Through education, training and outreach, guide local, state and national health care organizations in the development and implementation of appropriate services for the needs of the aging population, including individuals in need of AIM * Maintain active relationships and leadership roles with local and national organizations. FY 2019 Report of Activities In FY 2019, Sharp HospiceCare provided training opportunities for five students studying nursing and ancillary disciplines. Academic institution partners included CSUSM, San Diego State University (SDSU), and University of California San Diego. Students dedicated more than 530 hours to shadowing nurses and providers during their workday, including at Sharp HospiceCare's three hospice homes. Sharp HospiceCare supports San Diego's future health care workforce through classroom-based lectures designed to enhance students' understanding of hospice and palliative care. In FY 2019, education was provided to more than 300 nursing students from Azusa Pacific University, SDSU and CSUSM, as well as to more than 30 social work students from SDSU. Topics included ACP, goals of care, hospice, bioethics and bereavement.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>avement In February, Sharp HospiceCare hosted its 2019 Resource and Education Expo at the San Diego Performing Arts Center Themed #Compassion Being Human in a High Tech World, the event provided approximately 100 community health care professionals - including nurses , social workers, physicians and spiritual care providers - with tools to balance modern-d ay technology and the provision of compassionate patient care The expo aimed to help atte ndees achieve the following educational objectives understand therapeutic communication s strategies to support difficult end-of-life conversations, discuss how technological advanc es have changed palliative and end-of-life care, and analyze the role of technology in cha nging provider-patient interactions in health care Sharp HospiceCare provided education a nd training on end-of-life topics, including bioethics at the end of life, spiritual care in hospice, palliative care and WHV, to approximately 425 local community health professio nals throughout the year Audiences included attendees of the SGH Heart and Vascular Confe rence, members of the Caregiver Coalition and members of the Professional Chaplains Educat ion group In addition, team members provided planning support for the CSU Institute for P alliative Care at CSUSM and SDCCC's Fourth Annual Professional Palliative Care Conference, as well as continued to participate in the HSAG/Sharp Grossmont Care Coordination Collabo rative - a group of community nursing homes, skilled nursing facilities and home health ag encies that convene to develop strategies to reduce hospital readmissions and improve pati ent care coordination In addition, Sharp HospiceCare partnered with fire departments in S DC's south and east regions to train approximately 70 community first responders how to mo re effectively respond to emergency calls involving end-of-life patients Oftentimes, end- of-life patients are taken to the hospital where they receive care that might conflict wit h the treatment plan established with their hospice team Sharp HospiceCare teaches first responders to determine whether an end-of-life care patient should receive medical attentio n, or if it is more appropriate for the patient's hospice team to intervene Sharp Hospic eCare leadership provided education, training and outreach to nearly 3,700 state and natio nal health professionals throughout the year These efforts sought to guide industry profe ssionals in achieving person-centered, coordinated care through the advancement of innovat ive hospice and palliative care initiatives Audiences included the 19th annual Population Health Colloquium, The Doris A Howell Foundation for Women's Health Research, Center to Advance Palliative Care (CAPC) National Seminar, CPAC members, NHPCO, Coalition to Transfo rm Advanced Care National Summit, Geriatrics and Pain Management for Primary Care Conferen ce, AAHPM, Los Robles Regional Medical Center, American Hospital Association, and Baylor S cott & White Health Presentat</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>ion topics included palliative care, prognostication and innovative approaches in advanced illness care Sharp HospiceCare leadership also continued to serve on the board of directors for NHPCO and CHAPCA in FY 2019 FY 2020 Plan Sharp HospiceCare will do the following * Continue to provide education and training opportunities for nursing and ancillary students * Provide students with an end-of-life learning environment in community-based hospice homes * Continue to partner with fire departments in SDC to educate first responders about appropriate responses to emergency calls involving end-of-life patients * Continue to provide education, training and outreach to local, state and national organizations to support the development and implementation of specialized services to meet the needs of the aging population * Maintain active relationships and leadership roles with local and national organizations Identified Community Need Bereavement Counseling and Support Rationale references the findings of Sharp's 2019 CHNAs, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * A study on the end-of-life priorities of terminally ill older adults and their caregivers identified seven major themes quality of life as a priority, maintaining a sense of control, how to manage putting life on hold during a loved one's life-limiting illness, challenges in navigating the health system, preference for remaining at home as long as possible, a need for open and honest discussions about death, and the importance of a consultative, patient-centered care approach by health professionals (Health Expectations, 2019) * Bereavement care is one of the core services provided by hospice Under Centers for Medicare and Medicaid Services regulations, hospices must provide support to family members for 13 months following the death of a loved one These services can take a variety of forms, including telephone calls, visits, written materials about grieving and support groups (NHPCO, 2018) * According to the NHPCO, grief may be experienced in response to physical losses, such as death, or in response to symbolic or social losses, such as divorce or loss of a job The grief experience can be affected by one's history and support system Engaging in self-care practices and accessing counseling and support services can be a guide through some of the challenges of grieving as a person adjusts to his or her loss (NHPCO, 2018) * According to research presented by the National Cancer Institute (NCI), the following variables were associated with complicated grief - a state of persistent and pervasive grief causing distress and disability age younger than 60 years, lack of perceived available social support, history of depression and current depression, lower income, pessimistic thinking and severity of stressful life events (NCI, 2019)</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* According to the Journal of Psychosocial Oncology Research & Practice, care and death at home contribute to family members' perceptions of a "good death," leading to less bereavement-related distress. However, some features of a palliative care death may be uniquely traumatizing for vulnerable individuals, with the potential to impact bereavement. Family caregivers need access to flexible services to support care and death at home, together with ongoing assessment of their needs (Lobb et al, 2019). *</p> <p>Unpaid caregivers contribute \$45.0 billion of health care labor each year, often in addition to full- or part-time employment. Over half (55%) of caregivers report feeling overwhelmed by the demands of caregiving, and many experience intense feelings of loneliness and social isolation. In the aftermath of a care recipient's death, many caregivers report feeling guilt, depression, lack of purpose and loneliness (Crossroads Hospice Charitable Foundation, 2016). *</p> <p>A 2016 study published in the Biomedical Care Journal of Palliative Care identified two core bereavement issues for family caregivers: the consequences of traumatic deathbed experiences on caregiver grief and feelings of guilt, and a 'void' effect caused by withdrawal of professional support immediately after death. These core issues have implications for clinical practice, emphasizing a need for improved communication between health care professionals and families, including education on broader aspects of the physical dying process as well as more effective engagement and discussion with families on end-of-life care planning and decisions. In addition, health providers must strengthen bereavement support resources for caregivers prior to death, and provide more effective follow-up approaches following the care recipient's death (Harrop et al, 2016). *</p> <p>According to a study published in the Journal of Pain and Symptom Management, caregivers who receive support and resources from health professionals prior to the death of their loved one may report a more positive death experience for the care recipient, as well as greater satisfaction with the clinical care team. Pre-bereavement interventions may also affect caregivers' level of grief as well as physical and mental health following their loved one's death (Aoun et al, 2018). Objective *</p> <p>Provide bereavement education, resources, counseling, support and referrals for community members who have lost loved ones. FY 2019 Report of Activities Sharp HospiceCare offers a variety of bereavement services to help grieving community members cope with the loss of a loved one. Services include professional bereavement counseling for individuals and families as well as free community education, support groups and monthly newsletter mailings. In FY 2019, Sharp HospiceCare's licensed clinical therapists with specific training in grief and loss devoted nearly 2,400 hours to home-, office- and phone-based bereavement counseling with people who have lost loved on.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>es Referrals to community counselors, mental health services, bereavement support services and other community resources were also provided as needed Sharp HospiceCare continued to offer its eight-week Healing After Loss support group series, which addressed the concerns of adults who were grieving the loss of a loved one and reached approximately 220 attendees in FY 2019 This included Sharp HospiceCare's traditional quarterly support group held at Sharp's corporate office in Kearny Mesa, as well as a new group offered during the fall and winter quarters at the John D Spreckels Center and Bowling Green in Coronado Support groups focused on the following themes Introduction to the Grief Process, Communicating with Family and Friends, Strategies for Coping with Grief, Mind-body Tools for Grief, Dealing with Challenging Emotions in Grief, Guilt, Regret and Forgiveness, Use of Ceremony and Ritual to Promote Healing and Who Am I Now?/What Does Healing Look Like? Sharp HospiceCare also continued to offer The Widow's and Widower's support group, which addressed the concerns of men and women who lost their spouse and served approximately 130 attendees in FY 2019 Participants had the opportunity to share their emotional challenges and learn coping skills from group members facing similar life situations In recognition of Mother's Day and Father's Day, Sharp HospiceCare hosted two Remembering Our Parents classes for adults who have lost a parent Held at the Point Loma/Hervey Branch Library in April and the GHD in May, the classes focused on the unique aspects of parental loss, as well as strategies to cope with grief and discover a sense of hope during these holidays Nearly 30 community members attended the Remembering Our Parents classes in FY 2019 Sharp HospiceCare supported approximately 90 community members grieving the loss of a loved one during the 2018 holiday season In November, Sharp HospiceCare held its annual Healing Through the Holidays event at Sharp's corporate office, which included presentations focused on helping community members cope with grief during the holiday season That same month, two similar events titled Coping with Grief During the Holiday Season were offered at the Point Loma Community Presbyterian Church and the GHD These events provided practical suggestions for community members to manage the painful feelings of loss that often arise during the holidays Sharp HospiceCare also continued to mail its monthly bereavement support newsletter, Healing Through Grief, to community members for 13 months following the loss of their loved one More than 1,300 newsletters were mailed each month during FY 2019 FY 2020 Plan Sharp HospiceCare will do the following * Continue to offer individual and family bereavement counseling for community members who have lost a loved one * Continue to provide referrals to community services * Continue to provide a variety of free bereavement support groups * Continue to provide events</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>and support services for individuals grieving the loss of a loved one during the holiday season * Continue to mail monthly bereavement support newsletters to loved ones of patients who have passed Sharp HospiceCare Program and Service Highlights * ACP * Bereavement care services * Caregiver and family support * Classes, events and physician referral through 1-800-82-SHARP * Homes for Hospice program, including BonitaView, LakeView and ParkView hospice homes * Hospice aides * Hospice nursing services * Integrative therapies * Management for various hospice patient conditions, including * Alzheimer's disease * Cancer * Debility * Dementia * Heart disease * Human Immunodeficiency Virus * Kidney disease * Liver disease * Pulmonary disease * Stroke * Music therapy * Social services support * Spiritual care services * Volunteer program * WHV program Appendix A Sharp HealthCare Involvement in Community Organizations The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2019 Community organizations are listed alphabetically * 2-1-1 San Diego Board * 2-1-1 Community Information Exchange * A New PATH (Parents for Addiction, Treatment and Healing) * Adult Protective Services * Alliance for African Assistance * Altrusa International Club of San Diego * Alzheimer's San Diego * Alzheimer's San Diego Client Advisory Board * American Association of Critical-Care Nurses * American Cancer Society * American Case Management Association * American College of Healthcare Executives * American College of Surgeons - San Diego Chapter * American Diabetes Association American Foundation for Suicide Prevention * American Heart Association * American Hospital Association * American Hospital Association American Organization of Nurse Executives * American Hospital Association Committee on Clinical Leadership * American Hospital Association Health Research & Educational Trust Board of Trustees * American Hospital Association Regional Policy Board * American Liver Foundation * American Lung Association * America's Physician Groups (APG) Board of Directors * APG California Policy Committee * APG Executive Committee * American Psychiatric Nurses Association * American Red Cross * Angels Foster Family Network * ArtWalk * Asian Business Association of San Diego * Association for Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Education * Association for Community Health Improvement * Association for Contextual Behavioral Science - Aging Special Interest Group * Association of Black Psychologists * Association of California Nurse Leaders * Association of Fundraising Professionals - San Diego Chapter * Association of Women's Health, Obstetric and Neonatal Nurses * Azusa Pacific University * Balboa Institute of Transplantation</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* Barney & Barney Foundation * Bayside Community Center * Beacon Council's Patient Safety Collaborative * Behavioral Health Recognition Dinner Planning Team * Borrego Health * Boys and Girls Club of South County * Cabrillo Credit Union Sharp Division Board * Cabrillo Credit Union Supervisory Committee * Cal Hospital Compare Board of Directors * Cal Hospital Compare Safe Opioid Hospital Work Group * California Academy of Nutrition and Dietetics - San Diego District * California Association of Health Plans * California Association of Hospitals and Health Systems (CAHHS) * CAHHS Committee on Volunteer Services and Directors' Coordinating Council * California Association of Marriage and Family Therapists San Diego Chapter * California Association of Physician Groups * California Board of Behavioral Health Sciences * California Department of Public Health (CDPH) * CDPH Clinical Laboratory Technology Advisory Committee * CDPH Healthcare Associated Infections/Antimicrobial Stewardship Program subcommittee * CDPH Healthcare Associated Infection Advisory Committee * CDPH Joint Advisory Committee * California Emergency Medical Services Authority * California Health Care Foundation (CHCF) California Health Information Association * CHCF California POL ST eRegistry Evaluation Team * California Hospice and Palliative Care Association * California Hospital Association (CHA) * CHA Emergency Management Advisory Committee * CHA Hospital Quality Institute Regional Quality Leaders Network * CHA Managed Care Committee * CHA San Diego Association of Directors of Volunteer Services * CHA Workforce Committee * California Immunization Coalition * California Library Association * California Maternal Quality Care Collaborative * California Nursing Students' Association * California Perinatal Quality Care Collaborative * California School-Age Families Education * California Society of Health-System Pharmacists * California Society for Clinical Social Work Professionals * California State University San Marcos * California Teratogen Information Service * Cameron Family YMCA * Caregiver Coalition of San Diego * Case Management Society of America * Celebrando Latinas * Center for Community Solutions * Central San Diego Black Chamber of Commerce * Champions for Health * Chicano Federation of San Diego County * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * Chula Vista Police Foundation * City of Chula Vista * City of San Diego * City of San Diego Park & Recreation * Clairemont Lutheran Church * Coalition for Compassionate Care of California * Commission on Collegiate Nursing Education * Community Center for the Blind and Visually Impaired * Community Health Improvement Partners (CHIP) Behavioral Health Work Team * CHIP ILA Work Team * CHIP Suicide Prevention Council * Consortium for Nursing Excellence, San Diego * Coronado Chamber of Commerce * Coronado Public Library * Coronado SAFE (Student and Family Enrichment) * Coronado Senior Center Planning Comm</p>

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Form 990, Part III, Line 4a Community Benefit Report	ittee * Council of Women's and Infants' Specialty Hospitals * County of San Diego Aging and Independence Services * County Service Area - 69 Advisory Board * Downtown San Diego Partnership * Downtown San Diego Silvercrest Residence * East County Action Network * East County Elder Abuse Council * East County Senior Service Providers * Emergency Nurses Association - San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Family Health Centers of San Diego * Father Joe's Villages * Feeding San Diego * Friends of Scott Foundation * Gary and Mary West Senior Wellness Center * Gender Odyssey * George G. Glenner Alzheimer's Family Centers, Inc. * Girl Scouts San Diego * Girls Inc. of San Diego County * Grossmont-Cuyamaca Community College District * Grossmont College Occupational Therapy Assistant Advisory Board * Grossmont College Respiratory Advisory Committee * Grossmont Healthcare District (GHD) Community Grants and Sponsorships Committee * GHD Independent Citizens' Bond Oversight Committee * Grossmont Imaging LLC Board * Grossmont Union High School District * Hands United for Children * Health and Science Pipeline Initiative * Health Care Communicators Board * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHMC) * Health Services Advisory Group * Healthcare Information and Management Systems Society Nursing Informatics Work Group * Healthy Chula Vista Advisory Commission * Home Start, Inc. * Hospice and Palliative Nurses Association - San Diego Chapter * Hospital Association of San Diego and Imperial Counties (HASD&IC) * HASD&IC Board of Directors * HASD&IC Community Health Needs Assessment Advisory Group * HASD&IC Contracts Committee * HSHMC Board * Hunger Advocacy Network * I Love a Clean San Diego * Institute for Public Health, San Diego State University * Integrated Healthcare Association * Integrative Therapies Collaborative * International Association of Eating Disorders Professionals * International Bipolar Foundation * Jacobs & Cushman San Diego Food Bank * Japanese American Citizens League * Jewish Family Service of San Diego (JFS) * JFS Behavioral Health Committee * JFS Public Affairs Committee * John Brockington Foundation * Kiwanis Club of Bonita * La Maestra Community Health Centers * La Mesa Lion's Club * La Mesa Parks and Recreation Foundation * Lantern Crest Senior Living Advisory Board * Las Damas de San Diego International Nonprofit Organization * Las Patronas * Las Primeras * Life Rolls On * Lions Tigers & Bears * Living it Up LLC * Live Well San Diego Check Your Mood Committee * Live Well San Diego - South Region * Lightbridge Hospice * Logan Heights Community Development Corporation * MANA de San Diego * Mama's Kitchen * March of Dimes * Meals on Wheels San Diego County * Meals on Wheels San Diego County East County Advisory Board * Mental Health America * Metro San Diego Community Development Corporation * Miracle Babies * MRI Joint Venture Board * Natio

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Form 990, Part III, Line 4a Community Benefit Report	<p>nal Active and Retired Federal Employees Association * National Alliance on Mental Illness * National Association of Catholic Chaplains * National Association of Hispanic Nurses, S an Diego Chapter * National Association of Orthopedic Nurses * National Association of Neonatal Nurses * National Association of Perinatal Social Workers * National Eating Disorders Association * National Hospice and Palliative Care Organization * National Hospice Foundation * National Institute for Children's Health Quality (NICHQ) * National Hospice and Palliative Care Organization * National Hospice Foundation * National Institute for Children's Health Quality (NICHQ) * NICHQ Best Fed Beginnings Learning Collaborative * National University * Neighborhood Healthcare * Neighborhood House Association * North San Diego Business Chamber * Pacific Arts Movement * Palomar Community College * Paradise Village * Partnership for Smoke-Free Families * Peninsula Family YMCA * Peninsula Shepherd Senior Center * Perinatal Safety Collaborative * Perinatal Social Work Cluster * Philippine Nurses Association of San Diego County, Inc * Planetree Board of Directors * Point Loma/Hervey Library * Point Loma Nazarene University * Practice Greenhealth * Press Ganey * Promises2Kids * Psychiatric Emergency Response Team * Public Health Emergency Hospital Preparedness Program * Regional Care Committee * Regional Perinatal System * Ronald McDonald House Operations Committee * Rotary Club of Chula Vista * Rotary Club of Coronado * San Diegans for Healthcare Coverage * San Diego Adolescent Pregnancy and Parenting Program * San Diego Association of Diabetes Educators * San Diego Association of Governments * San Diego Association of Health Underwriters * San Diego Black Nurses Association, Inc * San Diego Blood Bank * San Diego Blood Bank Board of Directors * San Diego Brain Injury Foundation Board of Directors * San Diego Coalition for Compassionate Care/San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition * San Diego Coalition for Mental Health * San Diego Committee on Employment for People with DISABILITIES * San Diego Community Action Network * San Diego Community College District * San Diego Council on Literacy * San Diego County * San Diego County Breastfeeding Coalition * San Diego County Civilian/Military Liaison Work Group * San Diego County Coalition for Improving End-of-Life Care * San Diego County Community Emergency Response Team * San Diego County Council on Aging (SDCCOA) * San Diego County Emergency Medical Care Committee * San Diego County Hospice Veteran Partnership * San Diego County Medical Society Bioethics Commission * San Diego County Older Adult Behavioral Health System of Care Council</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* San Diego County Public Health Nursing Advisory Board * San Diego County Regional Human Trafficking And Commercial Sexual Exploitation of Children Advisory Council * San Diego Co unty Stroke Consortium * San Diego Dementia Consortium * San Diego East County Chamber of Commerce * San Diego Eye Bank Nurses' Advisory Board * San Diego Family Care * San Diego Fire-Rescue Department * San Diego Food System Alliance * San Diego Freedom Ranch * San Diego Habitat for Humanity * San Diego Health Connect * San Diego Health Connect POLST e-regi stry workgroup * San Diego Health Information Association * San Diego Housing Commission * San Diego Human Dignity Foundation * San Diego Humane Society * San Diego Hunger Coalitio n * San Diego Imaging - Chula Vista * San Diego Immunization Coalition * San Diego-Imperia l County Council of Hospital Volunteers * San Diego-Imperial County Firefighters Advisory Council * San Diego LGBT Pride * San Diego Magazine * San Diego Mental Health Coalition * San Diego Military Family Collaborative (SDMFC) * San Diego National Association of Hispan ic Nurses * San Diego North Chamber of Commerce * San Diego Organization of Healthcare Lea ders * San Diego Psychological Association Supervision Committee * San Diego Regional Cham ber of Commerce * San Diego Regional Home Care Council * San Diego Regional Human Traffick ing and Commercial Sexual Exploitation of Children Advisory Council * San Diego Rescue Mis sion * San Diego River Park Foundation * San Diego Second Chance * San Diego Silvercrest R esidence * San Diego Square * San Diego State University * San Diego Unified School Distri ct * San Diego Workforce Partnership (SDWP) * San Ysidro Health * Santee-Lakeside Rotary C lub * SAY San Diego * Sepsis Alliance * Serra Mesa Planning Group Board * Serving Seniors * Sharp and Children's MRI Board * Sharp and UC San Diego Health's Joint Venture * Soropti mist International of Coronado * South Bay Community Services * Southern Caregiver Resourc e Center * Southwestern College * Special Needs Trust Foundation * Special Olympics * Ssub i is Hope * St Paul's PACE * St Paul's Retirement Home Foundation * St Peter's by the S ea Lutheran Church * Statewide Medical Health Exercise Program * Suicide Prevention Council Media Subcommittee * Susan G Komen(r) San Diego * Surfri der Foundation * Survivors of S uicide Loss * The Academy * The Arc of San Diego * The Salvation Army Ray & Joan Kroc Corp s Community Center Advisory Council * Transitional Age Youth Behavioral Health Services Co uncil * Trauma Center Association of America Board of Directors * UC San Diego * Union of Pan Asian Communities * University of San Diego * University of Southern California * Univ ersity of St Augustine for Health Sciences * USS Midway Museum * VA San Diego Healthcare System * VA San Diego Mental Health Council * Veterans Home of California - Chula Vista * Veterans Village of San Diego * Vista Hill Foundation * Vista Hill ParentCare * We Honor V eterans * Westminster Manor *</p>

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Form 990, Part III, Line 4a Community Benefit Report	Women, Infants and Children Program * Wreaths Across America - San Diego * YMCA of San Diego County * YWCA Becky's House(r) * YWCA Board of Directors * YWCA In the Company of Women Event

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Return Reference	Explanation
Form 990, Part IV, Line 24a PART IV, LINE 24A	Tax Exempt Bonds are issued for the Sharp HealthCare Obligated Group As a result, the tax exempt bond balances are reported on the Sharp HealthCare return (EIN 95-6077327) This organization's allocated portion is included in Part X, Line 25

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Form 990, Part V, Line 1a	Independent contractors are paid under Sharp HealthCare's tax identification number (95-6077327) and are reported on Sharp HealthCare's tax return

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Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	WILLIAM S EVANS, DANIEL KINDRON, AND ANTHONY DAMICO WERE ALL DIRECTORS ON THE GOVERNING BOARD OF THE GROSSMONT IMAGING JOINT VENTURE - Business relationship

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Form 990, Part VI, Line 6 Classes of members or stockholders	Sharp HealthCare (FEIN 95-6077327) is the sole member of Grossmont Hospital Corporation

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Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Sharp HealthCare, as the sole member of the corporation, has the right to elect and remove most board members

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Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Sharp HealthCare, as the sole member of the corporation, has the right to elect and remove most board members. Sharp HealthCare also retains the approval rights afforded members for certain significant transactions (e.g., dissolution or sale or transfer of all or substantially all of the assets.)

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Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The final Form 990 is placed on the organization's intranet, prior to the filing date, where it is viewable for comment from all members of the governing body. The board members are notified that the Form 990 is available on the intranet. The review process includes multiple levels of review including key corporate and entity finance department personnel comprised of the Accounting Manager, Director of Accounting & Tax, Vice President of Finance, Senior Vice President and Chief Financial Officer, and entity Chief Financial Officer. Additionally, the organization contracts with Ernst & Young, and an independent accounting firm, for review of the Form 990.

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Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>Grossmont Hospital has a written conflict of interest policy which has been reviewed and approved by the Grossmont Hospital governing board. Grossmont Hospital is committed to preventing any Participant of the Corporation from gaining any personal benefit from information received or from any transaction of Sharp. One component of the written conflict of interest policy requires that Board Members, Corporate Officers, Senior Vice Presidents and Chief Executive Officer(s) submit a conflict of interest statement annually to Legal Services/Senior Vice President of Legal Services who will review all statements. In addition, all Vice Presidents and any employees in the Purchasing/Supply Chain, Audit and Compliance, and Case Management/Discharge Planning departments are required to complete an online conflict of interest questionnaire annually that is reviewed by the Conflict Review Committee comprised of employees from Sharp's Legal, Compliance, and Internal Audit departments. In connection with any transaction or arrangement, which may create an actual or possible conflict of interest, the person shall disclose in writing the existence and nature of his/her financial interest and all material facts. Board Members, Corporate Officers, Senior Vice Presidents, and the Chief Executive Officer(s) shall make such disclosures directly to the Chairman of the Board, and to the members of the committee with the board designated powers considering the proposed transaction or arrangement. Upon disclosure of the financial interest and all material facts, the Board Member, Corporate Officer, Senior Vice President or the Chief Executive Officer(s) making such disclosures shall leave the board or the committee meeting while the financial interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. In certain instances, such as if someone takes a board seat on a competitor's board of directors or has a role with an organization whereby the information that they may obtain from Sharp would put them in a consistent conflict with their two roles, the conflict could call for the individual's removal from the board. The bylaws for the organization provide for the ability to remove directors in accordance with Section 5222 of the California Corporations Code. This can generally be done on a "for cause" or a "no cause" basis by the action of the member.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>The Compensation Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Compensation Committee of the Board of Directors by the independent consultant. The Compensation Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization. The Compensation Committee creates and approves the organization's Executive Compensation Philosophies and Strategies statement and as part of this approves the total compensation for the President/Chief Executive Officer and reviews and approves the total compensation recommendations for the remaining executive team. The Compensation Committee presents its decision to the Board of Directors. The Compensation Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in November 2019.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	<p>The Compensation Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Compensation Committee of the Board of Directors by the independent consultant. The Compensation Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization. The Compensation Committee creates and approves the organization's Executive Compensation Philosophies and Strategies statement and as part of this approves the total compensation for the President/Chief Executive Officer and reviews and approves the total compensation recommendations for the remaining executive team. The Compensation Committee presents its decision to the Board of Directors. The Compensation Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in November 2019.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	<p>The organization does not make its governing documents available to the general public. Policies are considered proprietary information, however in Sharp HealthCare's publicly available Code of Conduct, Sharp outlines its Conflict of Interest policies in a user friendly manner. The annual audited financial statements of the consolidated group are published on the dacbond.com website (www.dacbond.com), are attached to the Form 990 filed for each of the Sharp hospitals, and are available upon request. The annual audited financial statements include combining schedules which disclose the financial results (Balance Sheet, Statement of Operations, Statement of Changes in Net Assets) for each entity of the consolidated group. Quarterly financial statements of Sharp's obligated group are published on the dacbond.com website (www.dacbond.com).</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A PART VII, SECTION A	Sharp Grossmont Hospital executives' salaries and wages are paid under Sharp HealthCare's tax ID number (EIN 95-6077327), and as such are also reported on Sharp HealthCare's Form 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section B, Line 1	Independent contractors are paid under Sharp HealthCare's tax identification number (95-6077327) and are reported on Sharp HealthCare's tax return

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue 1610777, Related or Exempt Function Revenue 935347, Unrelated Business Revenue 675430, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	- Total Revenue 397264, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 397264,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part X, Line 25 PART X, LINE 25	Tax Exempt Bonds are issued for the Sharp HealthCare Obligated Group As a result, the tax exempt bond balances are reported on the Sharp HealthCare return (EIN 95-6077327) and this organization has reported zero on Form 990, Part X, Line 20 and has reported the allocated balance on Line 25

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN MINIMUM PENSION LIABILITY - -13718918, BENEFICIAL INTEREST IN GROSSMONT HOSPITAL FOUNDATION - 5603186, PRIOR PERIOD RESTATEMENT OF MEDICAL HOSPITAL FEE PROGRAM DUE TO ADOPTION OF ASC 606 - 78178065,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 5471 Form 5471	Form 5471 has been filed on behalf of Grossmont Hospital Corporation by Sharp HealthCare (FEIN 95-6077327)

**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
Grossmont Hospital Corporation

Employer identification number
33-0449527

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

(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	No
(1) SHARP HEALTHCARE (SHC) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(c)(3)	3	NA		No
(2) SHARP MEMORIAL HOSPITAL (SMH) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(3) SHARP CHULA VISTA MEDICAL CENTER (SCVMC) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(4) SHARP HEALTHCARE FOUNDATION (SHF) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	SHARP HEALTHCARE	Yes	
(5) GROSSMONT HOSPITAL FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0124488	HOSPITAL FOUNDATION	CA	501(c)(3)	7	GROSSMONT HOSPITAL CORPORATION	Yes	
(6) SHARP HEALTH PLAN (SHP) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0519730	HEALTH PLAN	CA	501(c)(4)		SHARP HEALTHCARE	Yes	
(7) SHARP CORONADO HOSPITAL AND HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	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?		(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	
(1) GROSSMONT IMAGING LLC 7777 ALVARADO ROAD SUITE 108 LA MESA, CA 91941 20-2655131	DIAGNOSTIC IMAGING	CA	NA	Related	208,153	1,414,462		No		Yes		50 %
(2) SHARP HEALTHCARE ACO-II LLC 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 81-2645189	Offices of Physicians	CA	NA	N/A								

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	No
(1) CONTINUOUS QUALITY INSURANCE SPC	CAPTIVE INSURANCE COMPANY	CJ	NA	C Corporation					No

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 organization 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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	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 VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 33-0449527
Name: Grossmont Hospital Corporation

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) Sharp Memorial Hospital	L	4,217,262	Accrual
(1) Sharp Memorial Hospital	M	2,400,824	Accrual
(2) Sharp Memorial Hospital	P	203,887	Accrual
(3) Sharp Memorial Hospital	Q	255,286	Accrual
(4) Sharp Memorial Hospital	S	2,121,824	Accrual
(5) Sharp Chula Vista Medical Center	L	4,170,934	Accrual
(6) Sharp Chula Vista Medical Center	M	949,449	Accrual
(7) Sharp Chula Vista Medical Center	R	610,821	Accrual
(8) Sharp Coronado Hospital And Healthcare Center	M	778,510	Accrual
(9) Grossmont Hospital Foundation	Q	925,620	Accrual
(10) Grossmont Hospital Foundation	C	4,499,392	Accrual
(11) Grossmont Hospital Foundation	B	1,281,775	Accrual
(12) Grossmont Hospital Foundation	N	70,650	Accrual
(13) Sharp Health Plan	L	1,719,918	Accrual
(14) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	L	418,070	Accrual