# AGENDA

**WEDNESDAY, November 2, 2016**  
6:00 p.m. Meeting  
5:30 p.m. Dinner for Board Members and invited guests  
*Palomar Medical Center*  
Raymond Family Conference Room, 2nd Floor  
2185 Citracado Parkway, Escondido CA 92029

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**CALL TO ORDER**

- **Public Comments**
  - 15 minutes allowed per speaker with a cumulative total of 15 minutes per group. For further details & policy, see Request for Public Comment notices available in meeting room.

- **Information Item(s)**

  1. **Approval: Palomar Health Board of Directors Community Relations Committee Meeting Minutes- September 7, 2016**  
     (ADD A – Pp. 7-38)  
     - 2  
     - 3  
     - 6:17

  2. **Approval - Palomar Health Foundation replacement of Michael Stelman with Kirk Effinger on Palomar Health Board of Directors Community Relations Committee.**  
     (ADD B – Pp. 40)  
     - 3  
     - 4  
     - 6:20

  3. **Palomar Health Foundation – Palomar Health Foundation Activities Update – Michelle Pius, Director for Major Giving, Heidi Cramer, Director for Major Giving and Monica Heath, Director of Advancement Resources**  
     (ADD D – Pp. 42-53)  
     - 25  
     - 5  
     - 6:45

  4. **Public Comments**
     - 15

**ADJOURNMENT**

**7:00**

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### Palomar Health Board of Directors Community Relations Committee Members -- **Voting Member**

**Dara Czerwonka, MSW, Committee Chair**  
**Jerry Kaufman, PTMA**  
**Linda Greer, RN, CCP**  
**Robert Hemker, President & CEO**  
**PHF Board Member**  
**1st Alternate: Aeron D. Wickes, MD**  
**2nd Alternate: Hans C. Sison, LVN**

**Della Shaw, EVP Strategy**  
**Jean Larsen, Philanthropy Officer**  
**Fran Waller, Director Community Engagement & Volunteer Development**

**Debby Clark, Director Marketing**  
**Maria Sudak, Interim CAO & CNO PMC**  
**Jim Lyon, Patient Family Advisory Council**

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**NOTE:** If you have a disability, please notify us by calling 442-281-3287 -- 72 hours prior to the event so that we may provide reasonable accommodations.

* Asterisks indicate anticipated action. Action is not limited to those designated items.

1 5 minutes allowed per speaker with a cumulative total of 15 minutes per group. For further details & policy, see Request for Public Comment notices available in meeting room.
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TO: Palomar Health Board of Directors Community Relations Committee

MEETING DATE: Wednesday, November 2, 2016

FROM: Laurie Thompson, Assistant

BY: Della K. Shaw, Executive Vice President - Strategy

BACKGROUND: The minutes of the Board of Directors Community Relations Committee meeting held on Wednesday, September 7, 2016, are respectfully submitted for approval (Addendum A).

BUDGET IMPACT: None

STAFF RECOMMENDATION: Staff recommends approval of the Wednesday, September 7, 2016, Palomar Health Board of Directors Community Relations Committee meeting minutes.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
Approval of New Palomar Health Foundation Board Member

TO: Palomar Health Board of Directors Community Relations Committee

MEETING DATE: Wednesday, November 2, 2016

FROM: Laurie Thompson, Assistant

BY: Della K. Shaw, Executive Vice President - Strategy

BACKGROUND: The Palomar Health Foundation Board has identified Kirk Effinger as replacement for Michael Stelman on the Board Community Relations Committee.

Kirk is relatively new to the Palomar Health Foundation Board of Directors, but he is certainly not new to the area. Kirk is a longtime North County San Diego resident having lived in San Marcos with his wife, Kaye, for more than 30 years. He has an extensive background in real estate, mortgage banking/brokering, publishing and writing, and has held a variety of roles on Boards and Taskforces throughout the area. His volunteer activities now spans more than two decades.

BUDGET IMPACT: None

STAFF RECOMMENDATION: N/A

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
TO: Palomar Health Board of Directors Community Relations Committee

MEETING DATE: Wednesday, November 2, 2016

BY: Della K. Shaw, Executive Vice President - Strategy

BACKGROUND: Overview of recent activities, financial outlook/forecasting for FY2017 and plans for the immediate future.

BUDGET IMPACT: N/A

STAFF RECOMMENDATION: Informational

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
ADDENDUM A
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<td>DIRECTOR JERRY KAUFMAN, PTMA</td>
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<td>DIRECTOR LINDA GREER, RN, CCP</td>
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<td>ROBERT HEMKER, PRESIDENT AND CEO</td>
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<td>MICHAEL STELMAN, PHF BOARD MEMBER</td>
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<td>KIRK EFFINGER, PHF BOARD MEMBER</td>
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<td>1ST ALTERNATE - DIRECTOR AERON WICKE, MD</td>
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<td>2ND ALTERNATE - DIRECTOR HANS C. SISON, LVN</td>
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<td>DELLA K. SHAW, EXECUTIVE VICE PRESIDENT, STRATEGY</td>
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<td>JEAN LARSEN, PRESIDENT &amp; CHIEF PHILANTHROPIC OFFICER, PALOMAR HEALTH FOUNDATION</td>
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<td>DEBBY CLARK, DIRECTOR, MARKETING &amp; THE HEALTHSOURCE</td>
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<td>FRAN WALLER, DIRECTOR, COMMUNITY ENGAGEMENT AND VOLUNTEER DEVELOPMENT</td>
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<td>MARIA SUDAK, RN, CAO &amp; CNO PMC COMMITTEE RN REPRESENTATIVE</td>
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<td>JIM LYON, PATIENT AND FAMILY ADVISORY COUNCIL</td>
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<td>LAURIE THOMPSON – BOARD COMMITTEE ASSISTANT TAMMY CHUNG- BOARD COMMITTEE ASSISTANT</td>
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| INVITED GUESTS | SEE TEXT OF MINUTES FOR NAMES OF GUEST PRESENTERS |
## Board of Directors Community Relations Committee Meeting Minutes – Wednesday, September 7, 2016

### Agenda Item

<table>
<thead>
<tr>
<th>Discussion</th>
<th>Conclusion/Action</th>
<th>Follow Up / Responsible Party</th>
<th>Final?</th>
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### Call to Order

The meeting – held in the Palomar Medical Center Raymond Family Conference Center, 2185 Citracado Parkway, Escondido, CA 92029 – was called to order at 6:00 p.m. by Committee Chair Dara Czerwonka.

### Establishment of Quorum

- Quorum comprised of Directors Dara Czerwonka, Linda Greer, Jerry Kaufman; and Robert Hemker, President & CEO
- Excused Absences: N/A

### Notice of Meeting

Notice of Meeting was posted at Palomar Health’s Administrative Office. The meeting notice was also posted with the full agenda packet on the Palomar Health website on Monday, August 29, 2016 which is consistent with legal requirements. Notice of that posting was also made via email to the Board of Directors and staff.

### Public Comments

There were no public comments.

### Information Items

#### 1. Minutes: Board of Directors Community Relations Committee Meeting – Wednesday, September 7, 2016

No Discussion

**MOTION:** by Director Jerry Kaufman, 2nd by Director Linda Greer carried to recommend approval of the June 1, 2016 Board of Directors Community Relations Committee meeting minutes as submitted. All in favor. None opposed.

N/A  Y
2. * Informational: Population Health (Continuum of Care) Initiative and Health Information Exchange Updates -

Utilizing the presentation distributed with the Board packet, Della Shaw, Executive Vice President Strategy provided the Board with an update of the Strategic Initiative #3 progress.  

No Action Required  

3. * Informational: 2016 Community Health Needs Assessment Summary and Results -

Elly Garner, Director Government Affairs with Nicole Delange, Administrative Fellow and Lindsey Wade, VP Hospital Associate of San Diego & Imperial Counties presented to the Board summary and results of the 2016 CHNA deeper dive into the top four health needs – behavioral health, cardiovascular disease, Type 2 diabetes and obesity – and the factors impacting health care.

No Action Required  

PUBLIC COMMENTS

There were no public comments

FINAL ADJOURNMENT

Meeting adjourned by Committee Chair Dara Czerwonka at 7:30 p.m.

SIGNATURES:

COMMITTEE CHAIR  

Dara Czerwonka, MSW

COMMITTEE SECRETARY  

Laurie Thompson
Board of Directors
Community Relations Committee

Population Health Update:
Continuum of Care (Population Health) Initiative Progress

Della K. Shaw, EVP Strategy
September 7, 2016
Palomar Health Continuum of Care

FY14 Network Components of Care
Palomar Health
Population Health Initiative Goals

Assemble a Strong Physician Network and Align with System-Wide Performance Goals

Create a Sustainable Value-Based Payment Strategy

Establish Ambitious Clinical Standards for Delivery System Redesign

Delivery System Redesign and Supporting Technology

Source: The Advisory Board Company
Audit existing physician alignment models and their effectiveness

Assess how physicians’ current engagement levels and incentive affect quality, satisfaction, and cost improvement

Ensure the physician alignment model has the necessary structure and government to support population health management and accountable payment, with clinical integration and employment as front-runners.

Identify physician leaders who can champion the changes required for delivery system.

Engage physicians in data to improve quality and reduce cost and unwarranted practice variation

Create a culture of transparency and performance improvement

Source: The Advisory Board Company
Analyze how much payers and employers benefit from various population health activities to estimate potential contracting opportunities.

Ensure employed physicians’ compensation model is aligned with value-based payment contracts that incentivize quality and cost management.

Size the impact of “demand destroying” care transformation initiatives on fee-for-service revenues.

Establish processes to monitor ongoing utilization, revenue, and cost performance.

Pursue those risk-based payment models that are projected to maximize payment and bound financial downside.

Secure selected commercial risk-based contracts to transition the health system from mostly volume-based to over 50% “value-based” and minimize demand destruction.

Source: The Advisory Board Company
Palomar Health
Population Health Initiative Goals

**Identity** ambulatory-sensitive, preventable medical admissions, readmissions, and ER visits by analyzing cross-continuum utilization data for all patients and all settings

**Pinpoint** employed physicians’ compensation model is aligned with value-based payment contracts that incentivize quality and cost management

**Transform** primary care to ensure prevention and improve care coordination; prioritize top-of-license practice from entire team; make providers accountable for encouraging self-directed patient care

**Optimize** hospitalizations by reducing preventable readmissions and complications, streamlining episode of care, and reducing per case costs

**Establish** care transition programs to home, post-acute care, and emergency room diversion through primary care and urgent care access, hospitalist triaging of potential ED admissions

**Design** chronic disease management and wellness care programs; employ care managers to fulfill patient needs and reduce preventative admissions

Source: The Advisory Board Company
Palomar Health Population Health Initiative

Delivery **System Redesign** and Supporting **Technology**

<table>
<thead>
<tr>
<th>FY14 Tactics</th>
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<tr>
<td>Establish an interdisciplinary team to identify the care components and touch points across all transitions of care.</td>
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<td>Develop the vision of Palomar Health’s transitions of care across the continuum.</td>
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<td>Obtain input and approval for the vision from appropriate leadership and stakeholders.</td>
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<td>Develop value-based metrics to be used with the future implementation of the care continuum.</td>
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<td>Perform gap analysis of services needed to meet the vision and metrics.</td>
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<td>Develop framework which supports coordination of system care components, addresses deficiencies as identified in the gap analysis, and supports the agreed upon vision and value metrics.</td>
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<td>Develop plan for phased implementation of transitions of care model for agreed upon disease conditions for FY15 and beyond.</td>
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Source: Palomar Health Strategic Plan, Strategic Initiative #3
## Palomar Health Population Health Initiative

**Delivery** System Redesign and Supporting **Technology**

<table>
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<th>FY15 Tactics</th>
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<td>Define comprehensive set of metrics used to evaluate continuum of care redesign efforts.</td>
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<td>Develop prioritized list of transition pathway needs across the continuum of care.</td>
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<td>Complete Case Management (CM) model assessment; obtain Steering Committee approval of case management model.</td>
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<td>Develop and implement data aggregation process for “10,000 lives”.</td>
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<td>Implement new structure to engage post-acute providers.</td>
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<td>Develop a communication plan to ensure comprehensive understanding and use of existing information technology tools that support the work of all users across the continuum (acute and post acute).</td>
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<td>Steering Committee conducted comprehensive evaluation of Interoperability Platforms to support Population Health strategy and selected Cerner. Steering Committee approved 3-year Technology roadmap.</td>
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Source: Palomar Health Strategic Plan, Strategic Initiative #3
## Palomar Health Population Health Initiative

### Delivery **System Redesign** and Supporting **Technology**

<table>
<thead>
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<th>FY16 Tactics</th>
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<td>Complete due diligence around required legal framework for a Clinically Integrated Network (CIN) that includes Palomar Health and community providers.</td>
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<td>Select consultant and outside legal counsel to support Palomar Health’s development of the governance framework and legal structure of the Clinically Integrated Network.</td>
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<td>Develop formal governance structure for Clinically Integrated Network legal.</td>
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<td>Implement the San Diego Health Connect (SDHC) Health Information Exchange (HIE) IT platform.</td>
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<td>Develop and execute Palomar Health’s HIE ‘Opt Out’ campaign</td>
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<td>Build analytic capabilities to support Population Management across care settings by implementing the chosen Population Health IT solution.</td>
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Source: Palomar Health Strategic Plan, Strategic Initiative #3
FY17 Tactics

- Complete due diligence around required legal framework for a Clinically Integrated Network (CIN) that includes Palomar Health and community providers.

- Implement Crimson Continuum of Care quality and value reporting IT platform.

- Develop governance and legal structure for Palomar Health Clinically Integrated Network (CIN).

- Develop and implement legal agreements for participants in the CIN.

- Develop Hospital Efficiency Improvement Program (HEIP) as part of the CIN.

- Select year-one CIN participants based on Palomar Health strategic priorities.

- Finalize legal agreements for year one participants in the CIN and HEIP.

Source: Palomar Health Strategic Plan, Strategic Initiative #3
Palomar Health Population Health Initiative
Delivery **System Redesign** and Supporting **Technology**

**FY17 Tactics**

- Implement and Operationalize Public Health Information Exchange (HIE) in conjunction with Strategic Partners.

- Stand up the Population Health Technical Platform with Palomar Health/Foundational data sources.

- Finalize additional Data Sources based on Clinically Integrated Network (CIN) requirements.

- Implement Risk Stratification tools utilizing Palomar Health foundational data sources.

- Select year-one high risk registries for target populations.

- Implement e-MPI with strategic partners as precursor for longitudinal record.

- Continue to evaluate and implement telehealth technology to improve patient access. (CSU, EMS pilot, next day ED follow up for high risk patients)

Source: Palomar Health Strategic Plan, Strategic Initiative #3
2016 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND RESULTS

MAY 2015 – MAY 2016

Elly Garner
Director, Government Affairs

Nicole Delange
Administrative Fellow

Lindsey Wade
VP Hospital Assoc. of San Diego & Imperial Counties
Regional Hospital Collaborative

[Diagram showing logos of various hospital networks and associations]
Background

87% of respondents agreed the 2013 CHNA identified the top health needs of San Diego County Residents

78% agreed the 2016 CHNA should include a deeper dive of the top 4 health needs

Analysis of data confirmed regional significance of the top health needs

Scan of Recent Data

2013 Phase 2 Feedback

Deeper dive into the top 4 health needs

The 2016 CHNA methodology focused on greater outreach to diverse populations related to the following needs:

1. Behavioral Health
2. Cardiovascular Disease
3. Type 2 Diabetes
4. Obesity
2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP

Community Engagement Activities

Behavioral Health Discussions
Behavioral health providers, case managers, community advocates, psychiatrists and health plans

Community Partner Discussions
Care coordinators, wellness coordinators, school nurses and behavioral health workers

Health Access & Navigation Survey
Residents and community leaders

Key Informant Interviews
Community leaders with condition-specific, age-specific and/or population-specific expertise

San Diego County Health & Human Services Agency Survey & Meetings
Stakeholders and community organizations

2013 CHNA FINDINGS

Identification & Prioritization of Needs

2016 CHNA PHASE I REPORT

Data Collection & Analysis

Demographics
Sex, age and race/ethnicity

Hospital & Clinic Utilization
ED discharges, hospitalizations, and community clinic visits

Morbidity & Mortality
Disease prevalence and leading causes of death

Regional Programs
Childhood obesity trends and community resource referral patterns

Social Determinants of Health & Health Behaviors
Education, income, insurance, physical environment, physical activity, diet and substance use
North Inland Region Demographics

**Race/Ethnicity**
Primarily White (53.3%), Hispanic (30.4%) and Asian/Pacific Islander (10.9%)

- Variation across the region
- Escondido: 47.2% Hispanic
- Poway: 12.9% Hispanic and 16.1% Asian/Pacific Islander
- Asian/Pacific Islander community in North Inland is largely Filipino, Chinese, Vietnamese, and Indian

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**Top Languages Spoken at Home**
English Only (66.7%), Bilingual (16.1%) and Spanish Only (12.1%)

- Areas with highest levels of ‘Spanish only’ are Escondido (21.3%) and San Marcos (19.1%)

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**Educational Attainment**
14.5% of individuals age 25 years and older did not graduate from high school

- Escondido had the highest percentage of those who identified as not a high school graduate at 25.2%

* Based on 2014 American Community Survey data
Extensive Community Engagement

235 Community Resident Surveys

87 Discussion Participants

21 Key Informants
2016 CHNA Surveys

Resident Leadership Academy – Health Access and Navigation Survey

- Developed in partnership with RLA staff and council members
- Goal to assess areas where residents struggle when they are using the health system

San Diego County HHSA Community Health Assessment Survey

- Presented 2013 CHNA findings to Regional Leadership Teams
- Collaborated with HHSA to add 2016 CHNA focused questions to County CHA survey
## Five Most Troublesome Barriers to Accessing Health Care

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<th>Resident Responses</th>
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<td>1. Understanding health insurance</td>
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<td>2. Getting health insurance</td>
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<td>3. Using health insurance</td>
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<td>4. Knowing where to go for care</td>
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<td>5. Follow-up care and/or appointment</td>
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## 2016 CHNA Findings

### Top Health Need: Behavioral Health

<table>
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<tr>
<th>Data</th>
<th>Behavioral Health Rank</th>
<th>Cardiovascular Disease Rank</th>
<th>Diabetes Rank</th>
<th>Obesity Rank</th>
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<tbody>
<tr>
<td>1. Magnitude or prevalence</td>
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<td>4.0</td>
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<td>2. Severity</td>
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<td>3. Health Disparities</td>
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<td>Total Ranking Among 5 Criteria</td>
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<td><strong>2.1</strong></td>
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2016 CHNA Findings

2016 CHNA Top Health Needs

- Behavioral Health: Alzheimer's disease, Anxiety, Drug & Alcohol Issues, Mood Disorders
- Cardiovascular Disease: Hypertension
- Type 2 Diabetes: Uncontrolled diabetes
- Obesity: Co-occurrence with other chronic disease

Social Determinants of Health

- Food Insecurity & Access to Healthy Food
- Access to Care or Services
- Homeless/Housing issues
- Physical Activity
- Education/Knowledge
- Cultural Competency
- Transportation
- Insurance Issues
- Stigma
- Poverty
2016 Recommendations

Strategies to address the top health needs fell into four major categories:

- Knowledge/education
- Community and cultural competency
- Early identification and prevention
- Care integration and coordination

Resources that must be developed or increased to address the top health needs are:

- Community and cultural competency
- Behavioral health services
- Integration health/social services/behavioral health systems
- After hours urgent care
- Worksite wellness

System, policies and environmental changes required to support better health outcomes:

- Data sharing
- Increased awareness of available services
- Increased number of psychiatrists and nurse practitioners
- Reimbursement for social and supportive services & care management

Collaborations that could improve community health outcomes:

- Warm hand-offs and information sharing between health providers & community based organizations
- Increased internship and workforce training programs with local educational institutions
- Partnerships with community collaboratives & Intergenerational Partnerships
- External support for providers through the use of technology
- Collaboration between provider and community
Community Need Index (CNI)
San Diego County Map

Community Need Index*, San Diego County**, 2013

Hospitals
1. Kaiser Permanente
2. Palomar Health
3. Rady Children's
4. Scripps Health
5. Sharp HealthCare
6. Tri-City
7. UCSD
H Hospital

CNI by Zip Code*
- Very Low
- Low
- Moderate
- High
- Very High

Data Source: *Dignity Health; **SanGIS; Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.
CNI Map – Cardiovascular Disease

Community Need Index*, San Diego County, North Inland Region**, Cardiovascular Disease Discharge Rates Per 1,000 Population, 2013***

Hospitals
1. Kaiser Permanente
2. Palomar Health
3. Rady Children’s
4. Scripps Health
5. Sharp HealthCare
6. Tri-City
7. UCSD

Cardiovascular Discharges/1000***
- 8 and below
- 9 - 11
- 12 - 16
- 17 - 23
- 24 and above

CNI by Zip Code*
- Very Low
- Low
- Moderate
- High
- Very High

Data Source: *Dignity Health; **SanGIS; ***OSHPD, SpeedTrack, Inc. Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.
CNI Map - Diabetes

Community Need Index*, San Diego County, North Inland Region**, Diabetes Mellitus Discharge Rates Per 1,000 Population, 2013***

Hospitals
1. Kaiser Permanente
2. Palomar Health
3. Rady Children’s
4. Scripps Health
5. Sharp HealthCare
6. Tri-City
7. UCSD
H Hospital

Diabetes Discharges/1000***
- 1 - 2
- 3 - 4
- 5 - 6
- 7 - 8

CNI by Zip Code*
- Very Low
- Low
- Moderate
- High
- Very High

Data Source: *Dignity Health; **SanGIS; ***OSHPD, SpeedTrack, Inc.
Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.
*Community Need Index*

Universe: Total Population of San Diego County

Data Source: Truven Health Analytics

Data Year: 2013

Data Level: ZIP code

***Behavioral Health Discharge Rate***

Description: 2013 hospital discharge rate (Inpatient/ED) was determined where Behavioral Health was the condition established to be the principal diagnosis, per 1,000 people (population stats: United States Census 2010 population). The following ICD-9 codes were used to identify a discharge as Behavioral Health: V40.0-V41.0, 290-292, 293.81-293.84, 295-301, 303-305.0, 305.2-305.9, 307.0, 307.2, 307.3, 307.6, 307.7, 307.9, 308, 309.21, 309.81, 311, 312.00-312.23, 312.3, 312.4, 312.8, 312.9, 313.00-313.23, 313.3, 313.81, 313.83-313.84, 313.89, 313.9-315, 317, 319, 331, 980.0.

***Cardiovascular Disease Discharge Rate***

Description: 2013 hospital discharge rate (Inpatient/ED) was determined where Cardiovascular Disease was the condition established to be the principal diagnosis, per 1,000 people (population stats: United States Census 2010 population). The following ICD-9 codes were used to identify a discharge as Cardiovascular Disease: 401-405, 410-414, 427.31, 428, 429.2, 430-438, 440.

***Type 2 Diabetes Discharge Rate***

Description: 2013 hospital discharge rate (Inpatient/ED) was determined where Type 2 Diabetes was the condition established to be the principal diagnosis, per 1,000 people (population stats: United States Census 2010 population). The following ICD-9 codes were used to identify a discharge as Type 2 Diabetes: 249-250, 648.00-648.04, 648.80-648.84.

Universe: Total Population of San Diego County

Data Source: California Office of Statewide Health Planning and Development, accessed through SpeedTrack®, Inc.

Data Year: 2013

Data Level: ZIP code

Description of Community Need Index (CNI): Identifies and compares community need across every ZIP code in the United States based on the following five barriers:

1. Income Barrier
2. Culture Barrier
3. Educational Barrier
4. Insurance Barrier
5. Housing Barrier

Recommendation of
Palomar Health Foundation Board Member
Kirk Effinger

BACKGROUND: The Palomar Health Foundation Board has identified Kirk Effinger as replacement for Michael Stelman on the Board Community Relations Committee.

Kirk is relatively new to the Palomar Health Foundation Board of Directors, but he is certainly not new to the area. Kirk is a longtime North County San Diego resident having lived in San Marcos with his wife, Kaye, for more than 30 years. He has an extensive background in real estate, mortgage banking/brokering, publishing and writing, and has held a variety of roles on Boards and Taskforces throughout the area. His volunteer activities now spans more than two decades.
ADDENDUM C
Palomar Health Foundation Activities Update
November 2, 2016

Presented by:
Michelle Pius, Director for Major Giving
Heidi Cramer, Director for Major Giving
Monica Heath, Director of Advancement Resources
FY2015/2016 Fundraising Focus

- **Unrestricted:**
  
  *Highest and most urgent needs*

- **Programs and Centers of Excellence:**
  
  *Behavioral Health, Heart/Cardiovascular, Bariatric, Spine, Neuro, Ortho, Rehab, Stroke, CAP/SART, Jean McLaughlin Women’s Center*

- **Campus Expansion and Improvements:**
  
  - PMC Emergency Department Pod D, Operating Room, Conference Center. *Future possibilities of collaboration with Rady Children’s for new NICU.*
  - POM Emergency Department Observation Pod, Surgery Center (POP building), Pharmacy, general campus upgrades/renovation

- **Specific Donor Interest and Capital Items**

- **Endowments**
The 2015/2016 Plan Outcomes

1. **Build Foundation Board Membership to 20 - 22 Members**
   Outcome: Steady state at 16 (added two, but lost two due to unexpected retirements)

2. **Develop philanthropic, fundraising focused based Board and Committee Structure**
   Outcome: Created new Philanthropy Committee with its sub-committee, Physicians Council. Added an ad hoc committee, President’s Council.

3. **Develop and Expand Staff:**
   Outcomes:
   - Annual Giving Manager (done!)
   - Sr. Director of Operations/Finance (pending)
   - 3rd Major Giving Officer (done!)
   - Part-Time Planned Giving Officer (pending)
   - Part-Time Grants Officer (adjusted staffing to add F/T Grants Manager)

4. **Set achievable and measurable goals and develop budget to accomplish:**
   - Threshold $3.6 million
   - Target $4.2 million
   - Stretch $5.8 million
   Outcome to be discussed in next slides....
Donor Pyramid

75 – 80% come from Annual Support Programs from long-time donors who believe and trust in your organization.

**Legacy and/or Transformational Principle Gifts**

Loyal and frequent giving to program of choice, and/or specific campaign project

Major Gifts

Includes: Board gifts, restricted program and/or capital gifts, elevated annual gifts

Annual Support

Includes: occasional givers, event participants, direct mail, online donors, employees, volunteers, and “Try it Out” prospects

$1,000,000

$999,000

$100,000

$99,000

$1,000

$999

$1
2015/2016 Prospect Pyramid

- $4.2M
  - 5,000 @ $1+

- $600K
  - 62 @ $10,000+

- $600K
  - 21 @ $100,000+

- $2.0M
  - 4 @ $1,000,000+

- $1.0M
  - 46
4-Year Trend Comparison Dashboard
FY2013 to FY2016 plus FY2017 to-date

<table>
<thead>
<tr>
<th></th>
<th>FY 2013</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FYTD 9-20-16</th>
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</thead>
<tbody>
<tr>
<td>Cash Gifts</td>
<td>$519,121</td>
<td>$552,700</td>
<td>$1,614,990</td>
<td>$486,205</td>
<td>$86,007</td>
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<tr>
<td>Pledges</td>
<td>$1,564,444</td>
<td>$1,626,979</td>
<td>$448,553</td>
<td>$757,234</td>
<td>$2,254,768</td>
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<td>Planned Gifts</td>
<td>$0</td>
<td>$1,100,000.00</td>
<td>$0</td>
<td>$56,000</td>
<td>$60,000</td>
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<tr>
<td>Gift-in-Kind</td>
<td>$5,650</td>
<td>$45,571.00</td>
<td>$61,827</td>
<td>$121,988</td>
<td>$10,301</td>
</tr>
<tr>
<td><strong>Total New Gifts</strong></td>
<td><strong>$2,089,215</strong></td>
<td><strong>$3,325,250</strong></td>
<td><strong>$2,125,370</strong></td>
<td><strong>$1,421,427</strong></td>
<td><strong>$2,411,076</strong></td>
</tr>
<tr>
<td>Pledge Payments</td>
<td>$1,282,520</td>
<td>$1,233,173.00</td>
<td>$1,352,571</td>
<td>$867,094</td>
<td>$184,315</td>
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<tr>
<td><strong>Total Activity</strong></td>
<td><strong>$3,371,735</strong></td>
<td><strong>$4,558,423</strong></td>
<td><strong>$3,477,941</strong></td>
<td><strong>$2,288,521</strong></td>
<td><strong>$2,595,391</strong></td>
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## Five Year Trend CP$R

<table>
<thead>
<tr>
<th></th>
<th>2013 Actual</th>
<th>2014 Actual</th>
<th>2015** Actual</th>
<th>2016** Actual</th>
<th>2017 Estimate</th>
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<tbody>
<tr>
<td>Fundraising/New Gifts</td>
<td>$2,089,215</td>
<td>$3,325,250</td>
<td>$2,125,370</td>
<td>$1,421,427</td>
<td>$4,945,000</td>
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<tr>
<td>Expenses</td>
<td>$1,962,000</td>
<td>$1,861,000</td>
<td>$1,527,000</td>
<td>$1,856,000</td>
<td>$2,394,000</td>
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<tr>
<td>Cost Per Dollar Raised</td>
<td>.94</td>
<td>.56</td>
<td>.72</td>
<td>1.30</td>
<td>.48</td>
</tr>
</tbody>
</table>

** Unaudited
FY2016/2017 Fundraising Focus

- **Unrestricted:**
  
  Highest and most urgent needs

- **Programs and Centers of Excellence:**
  
  Behavioral Health/Crisis Stabilization Unit, Heart/Cardiovascular, Bariatric, Spine, Neuro, Ortho, Rehab, Stroke, FHS (CAP/SART), Jean McLaughlin Women’s Center

- **Campus Expansion and Improvements:**
  
  - PMC Emergency Department Pod D, Conference Center(s), future collaboration with Rady Children’s for new NICU.
  
  - POM Renovations and Upgrades

- **Specific Donor Interest and Capital Equipment Items**

- **Endowments**
<table>
<thead>
<tr>
<th>Requesting Department</th>
<th>Reimbursement Request Description</th>
<th>Request Amount</th>
<th>Approved</th>
<th>Fund Name/Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larry LaBossiere</td>
<td>7 Club Sleeper Chairs for POM Birth Center</td>
<td>18,788.12</td>
<td>42,565.00</td>
<td>Pom Gen</td>
</tr>
<tr>
<td>Jacqueline Saucier</td>
<td>8 Task Chairs - Black with Mesh Back and Arms, for POM ED</td>
<td>3,315.69</td>
<td>42,565.00</td>
<td>Pom ED</td>
</tr>
<tr>
<td>Tim Nguyen</td>
<td>Revenue Cycle Excellence Award - July 2016</td>
<td>100.00</td>
<td>42,567.00</td>
<td>Rev CSA</td>
</tr>
<tr>
<td>Larry LaBossiere</td>
<td>POM ED Waiting Room Furniture</td>
<td>30,670.34</td>
<td>42,557.00</td>
<td>Pom Gen</td>
</tr>
<tr>
<td>Larry LaBossiere</td>
<td>Furniture for POM OR Waiting Room</td>
<td>17,175.75</td>
<td>42,557.00</td>
<td>Pom Gen</td>
</tr>
<tr>
<td>Larry LaBossiere</td>
<td>Pomerado - Inpatient patient chairs</td>
<td>42,607.10</td>
<td>42,548.00</td>
<td>Pom Gen</td>
</tr>
<tr>
<td>Valerie Martinez</td>
<td>Attendance to a Certified Professional Healthcare Quality conference</td>
<td>626.88</td>
<td>42,548.00</td>
<td>Infect Cntrl</td>
</tr>
<tr>
<td>Marcos Fierro</td>
<td>Boiler Operator Training for Facilities Staff</td>
<td>4,375.00</td>
<td>42,513.00</td>
<td>PH Fac Hosp/PMC Fac Oper</td>
</tr>
<tr>
<td>Joel Alberto</td>
<td>Low Air-Loss Mattresses and Ventilators for Villa Pomerado</td>
<td>75,410.52</td>
<td>42,550.00</td>
<td>Villa POM/Pom Gen</td>
</tr>
<tr>
<td>Beth Remsburg-Bell</td>
<td>4 Club Sleeper Chair for POM Birth Center</td>
<td>9,984.80</td>
<td>42,557.00</td>
<td>Pom OB</td>
</tr>
<tr>
<td><strong>July 2016 Total Request</strong></td>
<td></td>
<td><strong>203,054.20</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dana Rubano</td>
<td>Reimbursement of the AACN Essentials Critical Care Orientation Seats for New Grads</td>
<td>12,250.00</td>
<td>42,605.00</td>
<td>Nur Edu</td>
</tr>
<tr>
<td>Valerie Martinez</td>
<td>Reimbursement for attendance to American Association of Diabetes Educators Annual Meeting and Exhibition</td>
<td>445.00</td>
<td>42,606.00</td>
<td>Infec Cntrl</td>
</tr>
<tr>
<td>Jennifer Paull</td>
<td>Supplies for the Music &amp; Memory Program at Villa Pomerado - iTunes Gift Cards, Headphones, Portable Speakers, and Replacement Headphone Pads</td>
<td>213.24</td>
<td>42,611.00</td>
<td>Music</td>
</tr>
<tr>
<td>Maria Sudak</td>
<td>Purchase of 288 Exam Stools at PMC, to provide additional seating in patient room for RN/MD Rounding</td>
<td>31,231.06</td>
<td>42,502.00</td>
<td>PMC Gen</td>
</tr>
<tr>
<td><strong>August 2016 Total Request</strong></td>
<td></td>
<td><strong>44,139.30</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valerie Martinez</td>
<td>Reimbursement for attendance to American Association of Diabetes Educators annual meeting and exhibition. She requires this education in her role as diabetes CNS for the system</td>
<td>445.00</td>
<td>42,619.00</td>
<td>Nur Edu</td>
</tr>
<tr>
<td>Dana Rubano</td>
<td>Oncology Nursing Society Chemo Certification Vouchers</td>
<td>2,620.35</td>
<td>42,633.00</td>
<td>Nur Edu</td>
</tr>
<tr>
<td>Rosa Lugo</td>
<td>10 Bedside Chairs for Patient Rooms at PMC</td>
<td>16,269.30</td>
<td>42,633.00</td>
<td>PMC Gen</td>
</tr>
<tr>
<td>Larry LaBossiere</td>
<td>3 Wireless Fetal Monitors at POM L&amp;D</td>
<td>17,886.50</td>
<td>42,626.00</td>
<td>Pom Gen</td>
</tr>
<tr>
<td><strong>September 2016 Total Request</strong></td>
<td></td>
<td><strong>37,221.15</strong></td>
<td></td>
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<tr>
<td><strong>FY2017 Total Request</strong></td>
<td></td>
<td><strong>284,414.65</strong></td>
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<td></td>
</tr>
</tbody>
</table>

Total amount transferred since January 1, 2015 to date: $2,576,849.88
Process Improvement:

- Monthly Reporting of available amounts in restricted funds to EVPs
- PHF added to Intranet “Departments” with information, guidelines and forms to request monies after senior leadership has reviewed and approved.

<table>
<thead>
<tr>
<th>Contact</th>
<th>Position</th>
<th>Phone</th>
<th>Description</th>
<th>Department</th>
<th>Status</th>
<th>Informational</th>
<th>Notes</th>
<th>8-31-16 Balance, less Pending Sept RFR’s</th>
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</thead>
<tbody>
<tr>
<td>Hemker, Bob</td>
<td>CEO</td>
<td>(760) 740-6395</td>
<td>Steve Tanaka Innovation Award</td>
<td>Endowment</td>
<td>Permanently Restricted</td>
<td>Specific</td>
<td>Supports an annual lectureship for employees; provides speaker stipends and related expenses. CEO to determine the guest speaker and topic.</td>
<td>$11,555.53</td>
</tr>
<tr>
<td>Beirne, Frank</td>
<td>EVP Operations</td>
<td>(760) 740-6300</td>
<td>Nurses Appreciation</td>
<td>Administration</td>
<td>Temp Restricted Fund</td>
<td>General</td>
<td>Supports all Nursing Appreciation programs and events.</td>
<td>$13,126.94</td>
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<tr>
<td>Beirne, Frank</td>
<td>EVP Operations</td>
<td>(760) 740-6300</td>
<td>Education for Nursing and Clinical</td>
<td>Education</td>
<td>Temp Restricted Fund</td>
<td>Specific</td>
<td>Supports educational needs of nurses, nursing students and other</td>
<td>$20,283.97</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Employees</td>
<td></td>
<td></td>
<td></td>
<td>clinical staff at all PH facilities. ($1,240 to be used for a Trauma Nurse Scholarship (per J. Larsen and Dr. Steele, Dec 2015)</td>
<td></td>
</tr>
<tr>
<td>Beirne, Frank</td>
<td>EVP Operations</td>
<td>(760) 740-6300</td>
<td>Jean McLaughlin Nursing</td>
<td>Education</td>
<td>Temp Restricted Fund</td>
<td>Specific</td>
<td>Supports educational opportunities for PH Facilities Operations staff.</td>
<td>$13,932.14</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Scholarships Fund</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Beirne, Frank</td>
<td>EVP Operations</td>
<td>(760) 740-6300</td>
<td>PH Facilities/Hospitality Education</td>
<td>Education</td>
<td>Temp Restricted Fund</td>
<td>Specific</td>
<td>Supports job-related educational opportunities for PH Facilities</td>
<td>$15,762.03</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>programs and education.</td>
<td></td>
</tr>
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<td>Beirne, Frank</td>
<td>EVP Operations</td>
<td>(760) 740-6300</td>
<td>PMC Facilities Operations</td>
<td>Education</td>
<td>Temp Restricted Fund</td>
<td>Specific</td>
<td>Supports job-related educational opportunities for PMC Facilities</td>
<td>$0.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td>Operations staff.</td>
<td></td>
</tr>
<tr>
<td>Beirne, Frank</td>
<td>EVP Operations</td>
<td>(760) 740-6300</td>
<td>PMC Critical Care Unit</td>
<td>Emergency</td>
<td>Temp Restricted Fund</td>
<td>General</td>
<td>Supports PMC CCU/ICU.</td>
<td>$321.08</td>
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<tr>
<td>Beirne, Frank</td>
<td>EVP Operations</td>
<td>(760) 740-6300</td>
<td>PMC ED</td>
<td>Emergency</td>
<td>Temp Restricted Fund</td>
<td>General</td>
<td>Supports the ED and Trauma Services departments at PMC, including</td>
<td>$93,346.59</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>POD D.</td>
<td></td>
</tr>
<tr>
<td>Beirne, Frank</td>
<td>EVP Operations</td>
<td>(760) 740-6300</td>
<td>Christilynn Narez Nursing Scholarship</td>
<td>Endowment</td>
<td>Permanently Restricted</td>
<td>Specific</td>
<td>Supports an annual nursing scholarship in honor of Christilynn</td>
<td>$94,446.18</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Narez.</td>
<td></td>
</tr>
<tr>
<td>Beirne, Frank</td>
<td>EVP Operations</td>
<td>(760) 740-6300</td>
<td>Diabetes Health</td>
<td>General</td>
<td>Temp Restricted Fund</td>
<td>General</td>
<td>Support for Diabetes Health programs and education.</td>
<td>$415.00</td>
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<tr>
<td>Beirne, Frank</td>
<td>EVP Operations</td>
<td>(760) 740-6300</td>
<td>Lifeline Program</td>
<td>General</td>
<td>Temp Restricted Fund</td>
<td>Specific</td>
<td>Funds to be used for individuals who cannot afford the program.</td>
<td>$11,600.50</td>
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<td>Beirne, Frank</td>
<td>EVP Operations</td>
<td>(760) 740-6300</td>
<td>PMC General</td>
<td>General</td>
<td>Temp Restricted Fund</td>
<td>General</td>
<td>For any/all Highest and Greatest Needs at PMC only.</td>
<td>$180,285.32</td>
</tr>
</tbody>
</table>
Donor Stewardship and Accountability!
How philanthropic support makes a difference.

Acknowledgement Process:
1. Immediate gift receipt with hand written note.
2. Within one week, formal letters from Jean, Bob and Tom as well as notes/letters from Restricted Fund Managers when gifts are for specific capital, equipment and/or program support.
3. Tax letters every January, again thanking donors and providing calendar year totals.
4. Honor rolls, donor digital recognition and personalized thank you phone calls.

Continue to sustain top ratings!
Questions & Answers