



St. Joseph Health, St. Mary Medical Center

**Fiscal Year 2015 COMMUNITY BENEFIT REPORT
PROGRESS ON FY15 - FY17 CB PLAN/IMPLEMENTATION STRATEGY REPORT**

St. Joseph Health 
St. Mary

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¹ Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.

EXECUTIVE SUMMARY

Our Mission

To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

Our Vision

We bring people together to provide compassionate care, promote health improvement and create healthy communities.

Our Values

The four core values of St. Joseph Health -- Service, Excellence, Dignity and Justice -- are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.

INTRODUCTION

Who We Are and Why We Exist

As a ministry founded by the Sisters of St. Joseph of Orange, St. Joseph Health, St Mary lives out the tradition and vision of community engagement set out hundreds of years ago. The Sisters of St Joseph of Orange trace their roots back to 17th century France and the unique vision of a Jesuit Priest named Jean-Pierre Medaille. Father Medaille sought to organize an order of religious women who, rather than remaining cloistered in a convent, ventured out into the community to seek out “the Dear Neighbors” and minister to their needs. The congregation managed to survive the turbulence of the French Revolution and eventually expanded not only throughout France but throughout the world. In 1912, a small group of the Sisters of St. Joseph traveled to Eureka, California, at the invitation of the local Bishop, to establish a school. A few years later, the great influenza epidemic of 1918 caused the sisters to temporarily set aside their education efforts to care for the ill. They realized immediately that the small community desperately needed a hospital. Through bold faith, foresight and flexibility, in 1920 the Sisters opened the 28 bed St. Joseph Hospital Eureka and the first St. Joseph Health ministry.

St. Joseph Health, St. Mary, is a hospital founded in 1956 and located at 18300 Highway 18 in Apple Valley, CA. It became a member of St. Joseph Health in December 1994. The facility has 212 licensed beds and a campus that is approximately 32 acres in size. St. Joseph Health, St. Mary has a staff of more than 1,650 and professional relationships with more than 300 physicians. Major programs include: 24-hour emergency services, comprehensive cardiac services, outpatient surgery pavilion, pediatric care, physical, occupational and speech therapy, community clinics and mobile health services for the poor, chest pain emergency center, open heart surgery program, Level II neonatal intensive care, diagnostic imaging services, diabetes education services, physical referral services, robotic-assisted surgery program and wound care and hyperbaric medicine.

St. Joseph Health, St. Mary has been meeting the health and quality of life needs of the community for over 60 years. Serving the cities and towns of Adelanto, Apple Valley, Hesperia

and Victorville the hospital provides the most comprehensive community benefit programs targeting the health needs of the poor and broader community. Hospital leadership are planning a new campus to be built in Victorville that expands inpatient and outpatient care. In response to unmet health-related needs, St. Joseph Health, St. Mary's FY15-FY17 Community Benefit Plan addresses four priority health issues:

- Access to Care
- Diabetes Care
- Mental Health
- Obesity

Highlights of FY15 accomplishments for each priority area are outlined below:

1. *Improving Access to Care initiative* addressed marked shortages of health services including primary and specialty care across the hospital's service area. In FY15, St. Mary achieved the following:
 - Completed 29,016 community clinic encounters while serving poor and rural persons living in the High Desert region; 2,422 uninsured persons were enrolled into Covered California or Medi-Cal insurance.
2. *Expanding Diabetes Care initiative* addressed the burden of this chronic disease. St. Mary is the region's only provider of comprehensive diabetes education to the underinsured and uninsured. In FY15 the hospital's diabetes program achieved the following:
 - 1,842 clinical encounters; including counseling and education sessions on diabetes self-care. In addition, patients receiving primary care at St. Mary High Desert Medical Group and low income and uninsured persons receiving care at the hospital's Apple Valley and Adelanto fix-site clinics or through the mobile van.
3. *Improving Mental Health Services* by formation of a behavioral health collaborative with SJHH hospitals, local hospitals and county behavioral health services. The region is federally designated a Health Professional Shortage Area for behavioral health providers. In FY15 the hospital's Bridges for Families and Grief support program provided 408 clinical encounters serving low income families with education and counseling. The hospital-led behavioral health collaborative reports:
 - Award of \$3,054,094 in Mental Health Services Act grant funds to construct the region's first 16 bed adult crisis outpatient treatment facility.

4. *Decrease obesity* with weight loss programs in schools and the community. In FY15 the hospital reports:

- 110 adults and children achieved weight loss while providing 608 clinical encounters and 807 Body Mass Index measures.
- Provided 1,811 exercise encounters; facilitated two grants creating neighborhood exercise parks and supporting two inaugural Mayor Weight Loss Challenges in the communities of Apple Valley and Adelanto.

In FY15 the hospital provided a total of \$2,318,189 in total community benefit excluding \$9,701,586 in unpaid costs for Medicare.

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Mission, Vision and Values and Strategic Direction

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The four core values of St. Joseph Health -- Service, Excellence, Dignity and Justice -- are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.

St. Joseph Health, St. Mary has been meeting the health and quality of life needs of the local community for over 60 years. Serving the communities of Adelanto, Apple Valley, Hesperia and Victorville, St. Joseph Health, St. Mary is an acute care hospital that provides quality care in the areas of 24 hour emergency services, comprehensive cardiac programs, outpatient surgery pavilion, pediatric care, physical, occupational and speech therapy, senior programs, community clinics and mobile health services, chest pain emergency center, open heart surgery program, Level II neonatal intensive care, diagnostic imaging services, diabetes education services, physical referral services, robotic-assisted surgery program and wound care and hyperbaric medicine. With over 1,650 employees committed to realizing the mission, St. Joseph Health, St. Mary is one of the largest employers in the region.

Strategic Direction

As we move into the future, St. Mary is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according to its ability to pay. To make this a reality, over the next five years (FY14-18) St. Joseph Health and St. Mary are strategically focused on two key areas to which the Community Benefit (CB) Plan strongly align: population health management and network of care.

FY15 community benefit investments for St. Mary totaled \$2,318,189 million dollars (excluding Medicare). Total unpaid cost of Medicare in FY15 was \$9,701,586 million.

ORGANIZATIONAL COMMITMENT

St. Joseph Health, St. Mary dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and underserved.

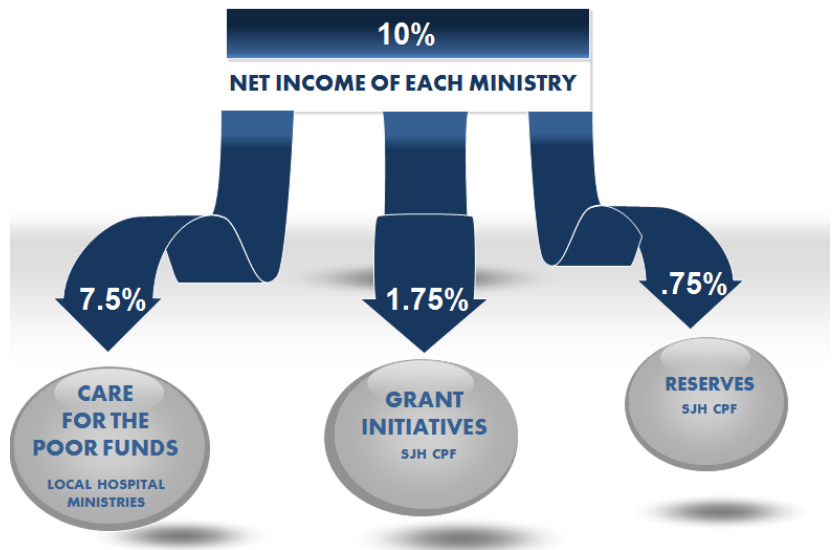
In 1986, St. Joseph Health created the St. Joseph Health Community Partnership Fund (SJH CPF) (formerly known as the St. Joseph Health System Foundation) to improve the health of low-income individuals residing in local communities served by SJH hospitals.

Each year St. Joseph Health, St. Mary allocates 10% of its net income (excluding unrealized gains and losses) to the St. Joseph Health Community Partnership Fund. (See Figure 1).

7.5% of the contributions are used to support local hospital Care for the Poor programs. 1.75% is used to support SJH Community Partnership Fund grant initiatives. The remaining .75% is designated toward reserves, which helps ensure the Fund's ability to sustain programs into the future that assist low-income and underserved populations.

Furthermore, St. Joseph Health, St. Mary will endorse local non-profit organization partners to apply for funding through the [St. Joseph Health Community Partnership Fund](#). Local non-profits that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout St. Joseph Health hospitals' service areas.

Figure1. Fund distribution



Community Benefit Governance and Management Structure

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Each year St. Joseph Health, St. Mary allocates 10% of its net income (net realized gains and losses) to the St. Joseph Health Community Partnership Fund. 7.5% of the contributions are used to support local hospital Care For The Poor programs. 1.75% is used to support SJH Community Partnership Fund grant initiatives.

A charter approved in 2007 establishes the formulation of the Community Benefit Committee at St. Joseph Health, St. Mary. The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a Board approved charter.

The Community Benefit Committee is charged with developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment and Community Benefit Plan/Implementation Strategy Reports, and overseeing and directing the Community Benefit activities.

The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes six members of the Board of Trustees and seven community members. The hospital's Community Benefit Committee is chaired by a hospital board member and additional board members on the committee; the hospital's President and CEO and Vice President of Mission attending. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. Membership includes community leaders from Adelanto, Apple Valley, Hesperia and Victorville with a representative from the county government.

Community Benefit Committee presentations include a discussion of the financial results of hospital programs serving the poor and broader community. This includes discussions on financial assistance/charity care, and providing subsidized and community health improvement services to the poor and broader community. Additionally, hospital programs improving the health of the poor and broader community are reviewed, particularly priority programs addressing: access to care, diabetes, mental health and obesity. The Community Benefit Committee meets quarterly with additional meetings scheduled as needed.

Roles and Responsibilities

Senior Leadership

A. CEO and other senior leaders are directly accountable for CB performance.

Community Benefit Committee (CBC)

- CBC serves as an extension of trustees to provide direct oversight for all charitable program activities and ensure program alignment with Advancing the State of the Art of Community Benefit (ASACB) Five Core Principles. It includes diverse community stakeholders. Trustee members on CBC serve as 'board level champions'.
- The committee provides recommendations to the Board of Trustees regarding budget, program targeting and program continuation or revision.

Community Benefit (CB) Department

- B. Manages CB efforts and coordination between CB and Finance departments on reporting and planning.
- C. Manages data collection, program tracking tools and evaluation.
- D. Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.
- E. Coordinates with clinical departments to reduce inappropriate ER utilization.
- F. Advocates for CB to senior leadership and invests in programs to reduce health disparities.

Local Community

- Partnership to implement and sustain collaborative activities.
- G. Formal links with community partners.
- H. Provide community input to identify community health issues.
- I. Engagement of local government officials in strategic plan and advocacy on health related issues on a city, county, or regional level.

PLANNING FOR THE UNINSURED AND UNDERINSURED

Patient Financial Assistance Program

We believe that no one should delay seeking needed medical care because they lack health insurance. That is why St. Joseph Health, Mission Hospital has a **Patient Financial Assistance Program (FAP)** that provides free or discounted services to eligible patients. In FY15, St. Mary provided \$3,445,316 charity care and 9,172 encounters.

One way St. Joseph Health, St. Mary informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay his or her bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are

representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible.

Medi-Cal Program

St. Mary provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY15, St. Mary provided -\$7,644,015 in Medi-Cal shortfall. The negative balance is a result of the hospital receiving \$56,311,000 in hospital fee dollars aimed at helping SMMC improve access to care to some of California's most vulnerable persons; without it \$48,666,985 would have been the recorded Medi-Cal shortfall. For this current fiscal year 50,790 Medi-Cal encounters were recorded; a 30% increase of encounters, when compared to the previous fiscal year of 39,062 Medi-Cal encounters. It's important to note that the hospital fee can cover previous fiscal year shortfalls, not just the current fiscal year. As a comparison, \$12,640,217 Medi-Cal shortfall was recorded for Fiscal Year 2014.

COMMUNITY

Defining the Community

St. Joseph Health, St. Mary provides the Victor Valley and Barstow communities with access to comprehensive acute and outpatient health services. The facility is the only St. Joseph Health hospital operating in San Bernardino County. The hospital's service area extends from Highway 58 and the 15 freeway in the north, Highway 395 and the 15 freeway in the south, unincorporated communities including Lucerne Valley in the east and unincorporated communities of El Mirage in the west. The hospital's total service area includes the cities of Adelanto, Apple Valley, Barstow, Hesperia Oro Grande and Victorville and several smaller unincorporated communities including Helendale, Lucerne Valley, Oak Hills, Phelan, Snowline communities and Wrightwood.

The region has a population of 400,000 people as reported by 2010 U.S Census data. A copy of the hospital's CHNA can be found at www.stmaryapplevalley.com. The SJH St. Mary Community Benefit Service Area is defined as serving the Victor Valley region of San Bernardino County. The larger communities of Apple Valley, Hesperia and Victorville comprise the hospital's primary service area and the smaller communities of Adelanto, Barstow, Helendale, Lucerne Valley, Oro Grande, Phelan and Oak Hills and Wrightwood make-up the hospital's secondary service area. Community Benefit programs serve persons in both the primary and secondary service areas.

The hospital's primary and secondary service areas serve residents of three (3) of San Bernardino county's five (5) supervisory districts. The region is 90% desert and the largest nearest metropolitan area, the City of San Bernardino, is 40 miles away. The service area is noted as having significantly higher percentages of indigent and uninsured populations when

compared with both state and national levels. The hospital is the region's leading provider of acute health care services and provides over 70,000 emergency room visits. Additionally, residents suffer from chronic conditions including heart disease, diabetes, adult obesity and stroke at levels well above California and national benchmarks. Over 80% of the hospital's community benefit area has been identified as "High Need" from scoring and aggregating of socioeconomic indicators (e.g. income, race, family size) contributing to health disparities.

Zip-codes within the hospital's primary and secondary service areas are listed as Medically Underserved Areas including the community of Barstow and Adelanto. Additionally, the region is listed as a Medical Health Professional Shortage Area for mental health. With some exceptions, these health and social conditions are largely homogenous across San Bernardino County. For this reason nonprofit hospitals in San Bernardino are reporting similar challenges recruiting physicians to address the increase access issues to primary and specialty care.

Hospital Total Service Area

The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients. The Hospital Total Service Area is comprised of both the Primary Service Area (PSA) as well as the Secondary Service Area (SSA) and is established based on the following criteria:

- PSA: 70% of discharges (excluding normal newborns)
- SSA: 71%-85% of discharges (draw rates per ZIP code are considered and PSA/SSA are modified accordingly)
- Includes ZIP codes for continuity
- Natural boundaries are considered (i.e., freeways, mountain ranges, etc.)
- Cities are placed in PSA or SSA, but not both

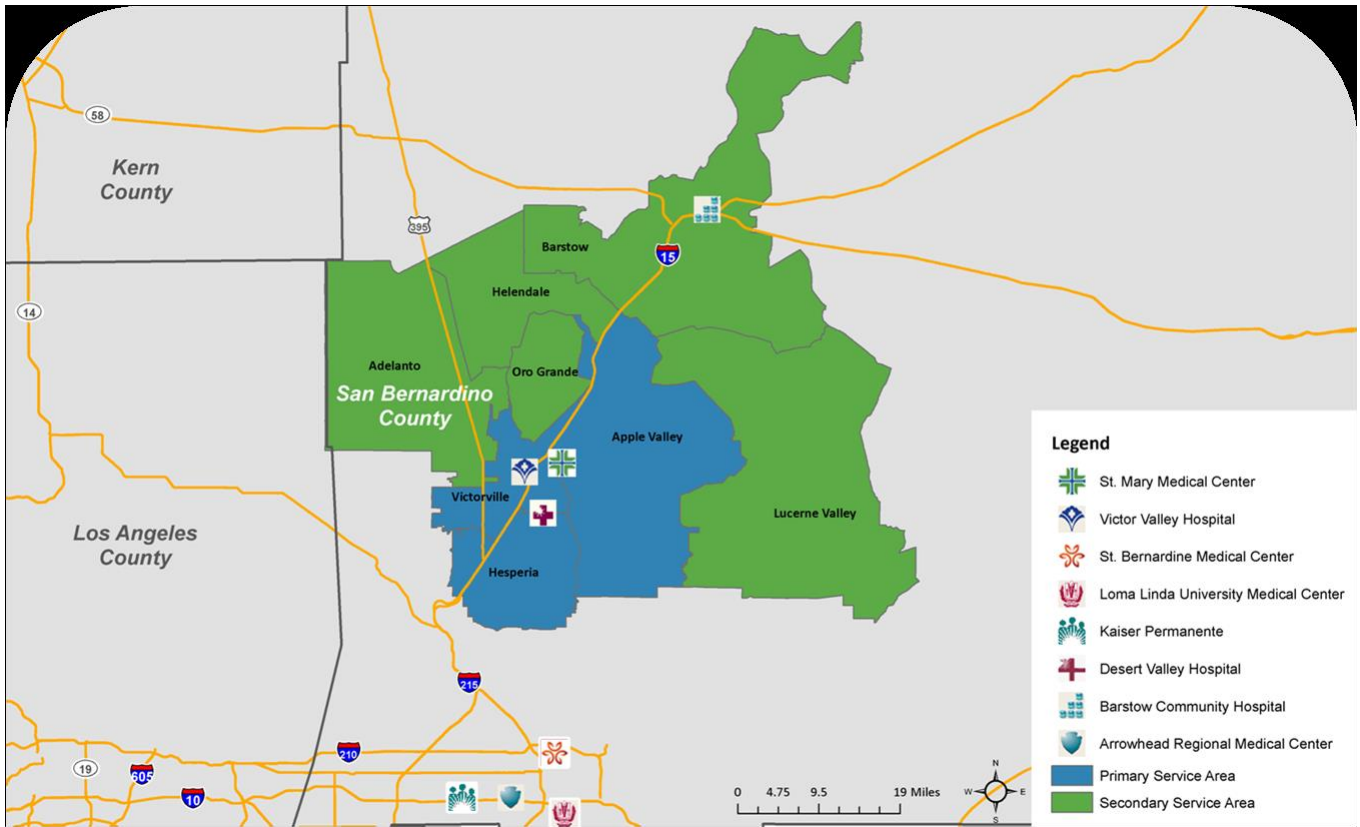
The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate. The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients resides. The PSA is comprised of Apple Valley, and portions of Hesperia and Victorville. The SSA is comprised of census tracts in Hesperia and western Victorville, the cities of Adelanto and Barstow and the unincorporated communities of Helendale, Lucerne Valley, Phelan, Pinon Hills, Snowline and Wrightwood.

Table 1. Cities and ZIP codes

Cities	ZIP codes
Adelanto	92301
Apple Valley	92307, 92308
Barstow	92311
Helendale	92342
Hesperia	92344
Lucerne Valley	92356
Oro Grande	92368
Victorville	92392, 92394, 92395

Figure 2 (below) depicts the Hospital’s PSA and SSA. It shows the location of the hospital as well as the other hospitals serving the region.

Figure 2. St. Joseph Health, St. Mary Hospital Total Service Area



Community Need Index (Zip Code Level) Based on National Need

The Community Need Index (CNI) was developed by Dignity Health (formerly known as Catholic Healthcare West (CHW)) and Truven Health Analytics. The Community Needs Index (CNI) identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.

CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers):

- Income Barriers (elder poverty, child poverty and single parent poverty);
- Culture Barriers (non-Caucasian limited English);
- Educational Barriers (% population without HS diploma);
- Insurance Barriers (insurance, unemployed and uninsured);
- Housing Barriers (housing, renting percentage).

This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a zip code with the fewest socioeconomic barriers, while a score of 5.0 represents a zip code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely

to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores. (Ref (Roth R, Barsi E., Health Prog. 2005 Jul-Aug; 86(4):32-8.)

The CNI is used to draw attention to areas that need additional investigation so that health policy and planning experts can more strategically allocate resources.

For example, ZIPCODES: 92307, 92308, 92301, 92311, 92356, 92345, 92368 and 92394 on the CNI map (depicted below) is scored Highest Need (Red color) with a CNI Range Score of 4.2 – 5.0 making it a High Need community.

Figure 3 (below) depicts the Community Need Index for the hospital's geographic service area based on national need. The map shows the location of the hospital in Apple Valley and two hospital-run community clinics located in Adelanto and Hesperia. A third community clinic operates in Apple Valley from the hospital campus. Located on the hospital campus is a Catholic Charities office serving persons in crisis.

Figure 3. St. Joseph Health, St. Mary Community Need Index (Zip Code Level)

SMMC Community Benefit Service Area Need (Zip Code Level)

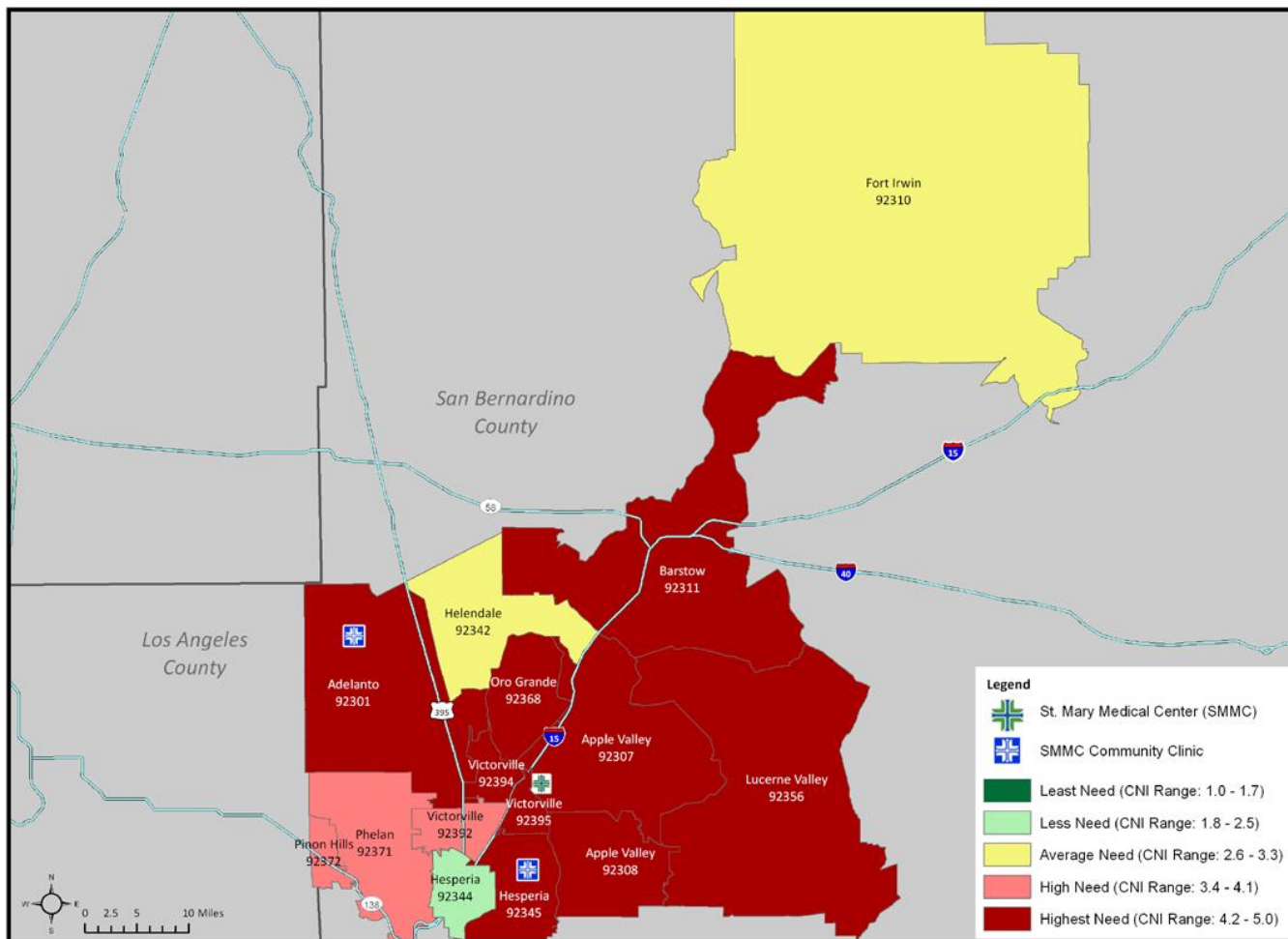
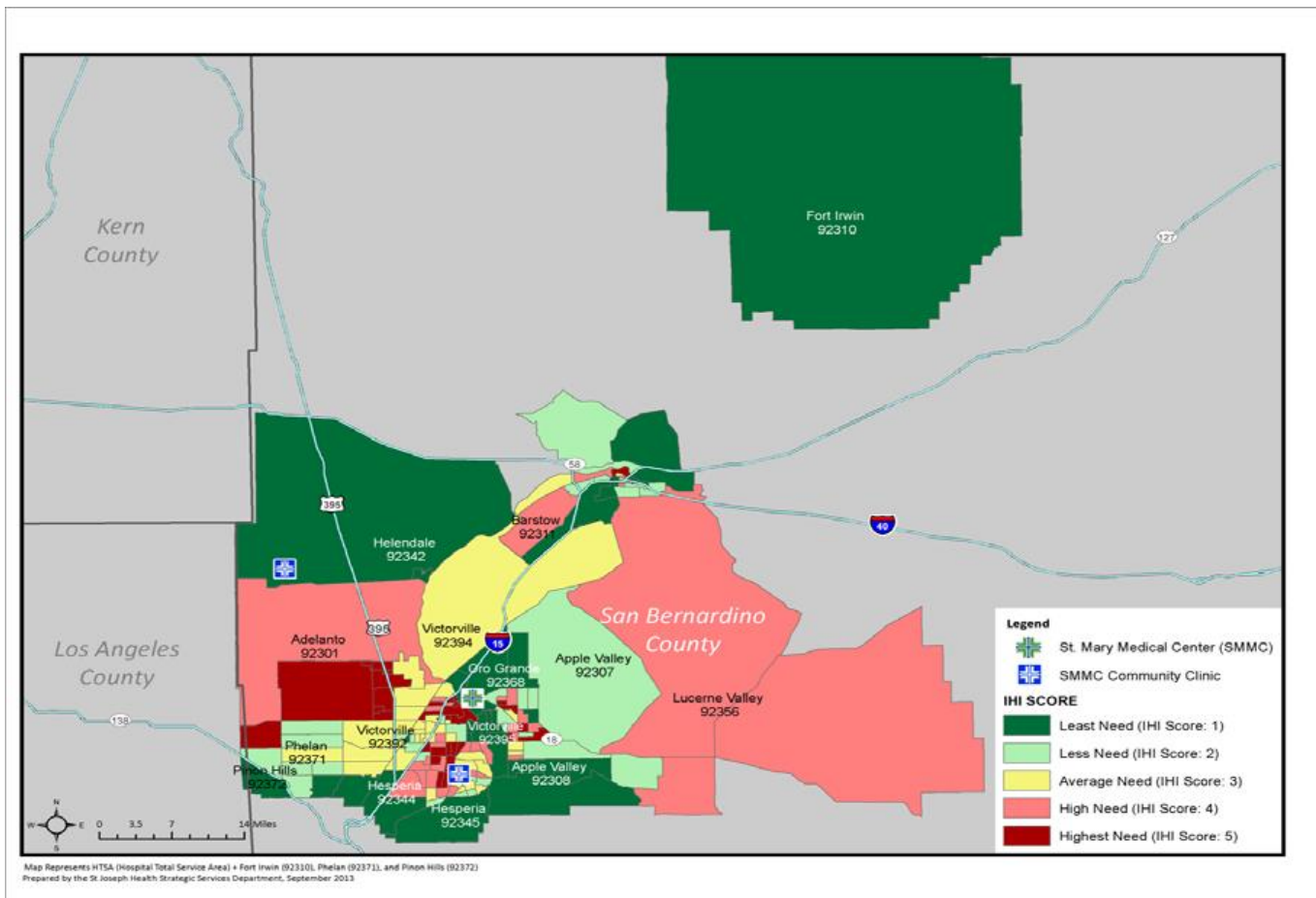


Figure 4 below depicts highest need communities at the block group levels identifying census tracks in Adelanto, Apple Valley, Hesperia and Victorville. These highest need block groups are identified in red and have been scored a 5 for highest need.

Figure 4. St. Joseph Health, St. Mary Community Need Index (Block Group Level)

SMMC Service Area Community Need by Block Group



Intercity Hardship Index (Block group level) Based Geographic Need

The Intercity Hardship Index (IHI) was developed in 1976 by the Urban and Metropolitan Studies Program of the Nelson A. Rockefeller Institute of Government to reflect the economic condition of cities and allow comparison across cities and across time. The IHI ranges from 0-100, with a higher number indicating greater hardship. The IHI was used by St. Joseph Health to identify block groups with the greatest need.

The IHI combines six key social determinants that are often associated with health outcomes:

- 1) Unemployment (the percent of the population over age 16 that is unemployed)
- 2) Dependency (the percent of the population under the age of 18 or over the age of 64)
- 3) Education (the percent of the population over age 25 who have less than a high school education)
- 4) Income level (per capita income)
- 5) Crowded housing (percent of households with seven or more people)
- 6) Poverty (the percent of people living below the federal poverty level)

Based on the IHI, each block group was assigned a score from 1 (lowest IHI, lowest level of hardship/need) to 5 (highest IHI, highest level of hardship/need). The IHI is based on **relative need within a geographic area**, allowing for comparison across areas. Similar to what is seen with the Community Need Index; the highest need areas are in the cities of Adelanto and Victorville. What follows is a list of eight highest need block groups in the hospital’s service area by community served.

Table 2 (below) depicts the Intercity Hardship Index (IHI) for the hospital’s geographic service area for eight block groups demonstrates relative need. Additionally, maps of each highest need neighborhood in Adelanto, Apple Valley, Hesperia and Victorville are provided on the following page.

Table 2 St. Joseph Health, St. Mary Intercity Hardship Index (for eight block groups)

Zip Code	Block Group	City	Total Population	Intercity Hardship Index (IHI) Score	SMMC Total Service Area Position Based on IHI Score	IHI Need by Block Group	Indicators					
							% of Housing Units with 7+ People	% of Households Living Below Federal Poverty Level	% of Those Over the Age of 25 with Less than a High School Education	% of the Population Under the Age of 18 or Over the Age of 64	Per Capita Income	% of the Unemployed Civilian Population Over the Age of 16
92301	060710091161	Adelanto	1,065	76.89	1	5.00	71.06	96.18	74.06	53.28	100.00	66.73
92301	060710091171	Adelanto	6,430	70.75	2	5.00	100.00	72.31	83.37	39.76	73.06	56.01
92301	060710091163	Adelanto	2,099	69.10	3	5.00	66.06	78.10	74.01	62.63	91.19	42.60
92345	060710100143	Hesperia	2,077	68.28	4	5.00	69.44	54.13	85.56	57.29	89.23	54.02
92395	060710098002	Victorville	1,037	65.31	5	5.00	61.75	65.43	59.65	52.70	87.78	64.56
92395	060710098003	Victorville	1,519	64.83	6	5.00	80.96	44.65	93.35	56.28	81.02	32.70
92395	060710098001	Victorville	1,174	64.25	7	5.00	58.34	100.00	57.04	49.50	84.35	36.25
92308	060710097121	Apple Valley	1,093	57.62	15	5.00	27.41	62.63	71.94	56.66	78.63	48.44

Provided below are maps for each of the eight block groups, with Adelanto and Hesperia maps also showing location of hospital clinics. In FY15 staffing issues prevented the Hesperia community clinic from remaining operational.

Figure 5. City of Adelanto’s three highest need block groups with hospital clinic location

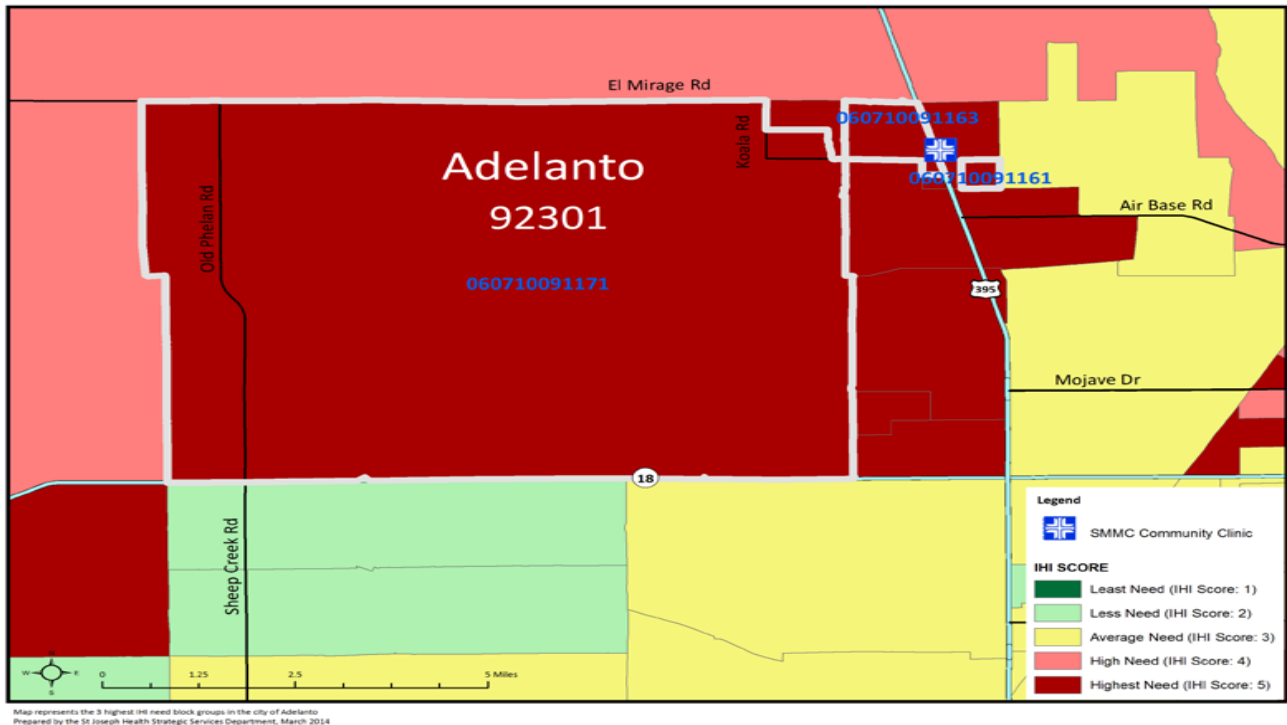


Figure 6. Town of Apple Valley’s highest need block group

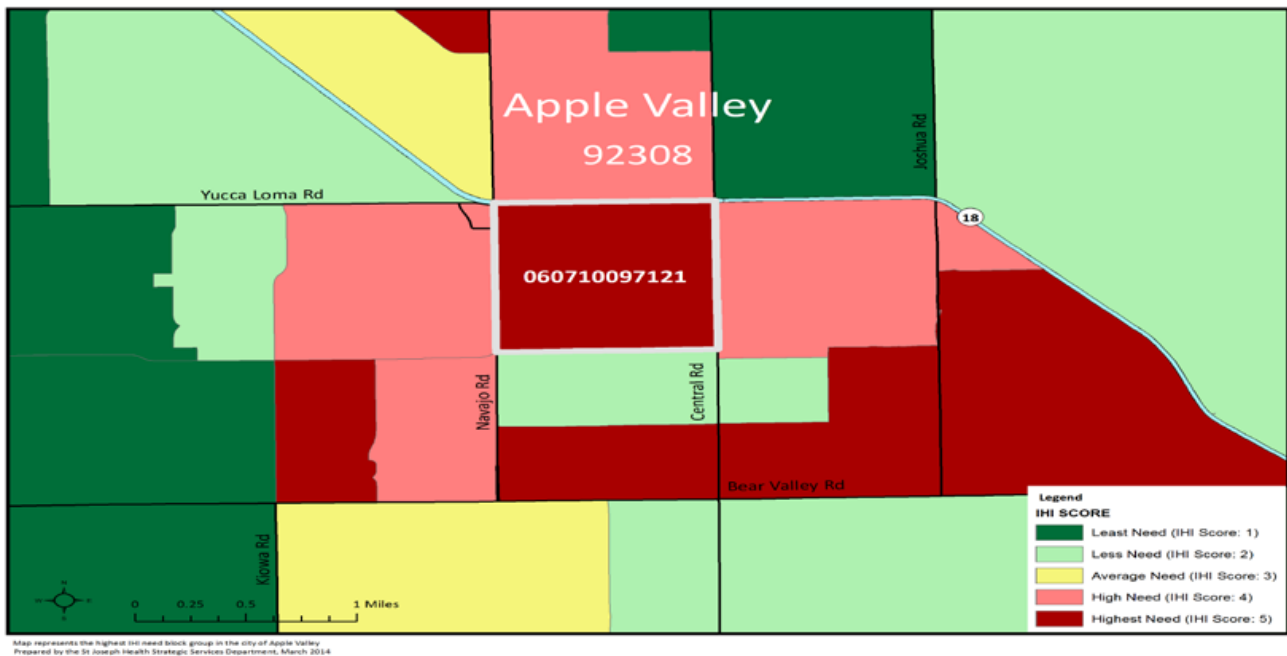


Figure 7. City of Hesperia’s highest need block group with hospital clinic location

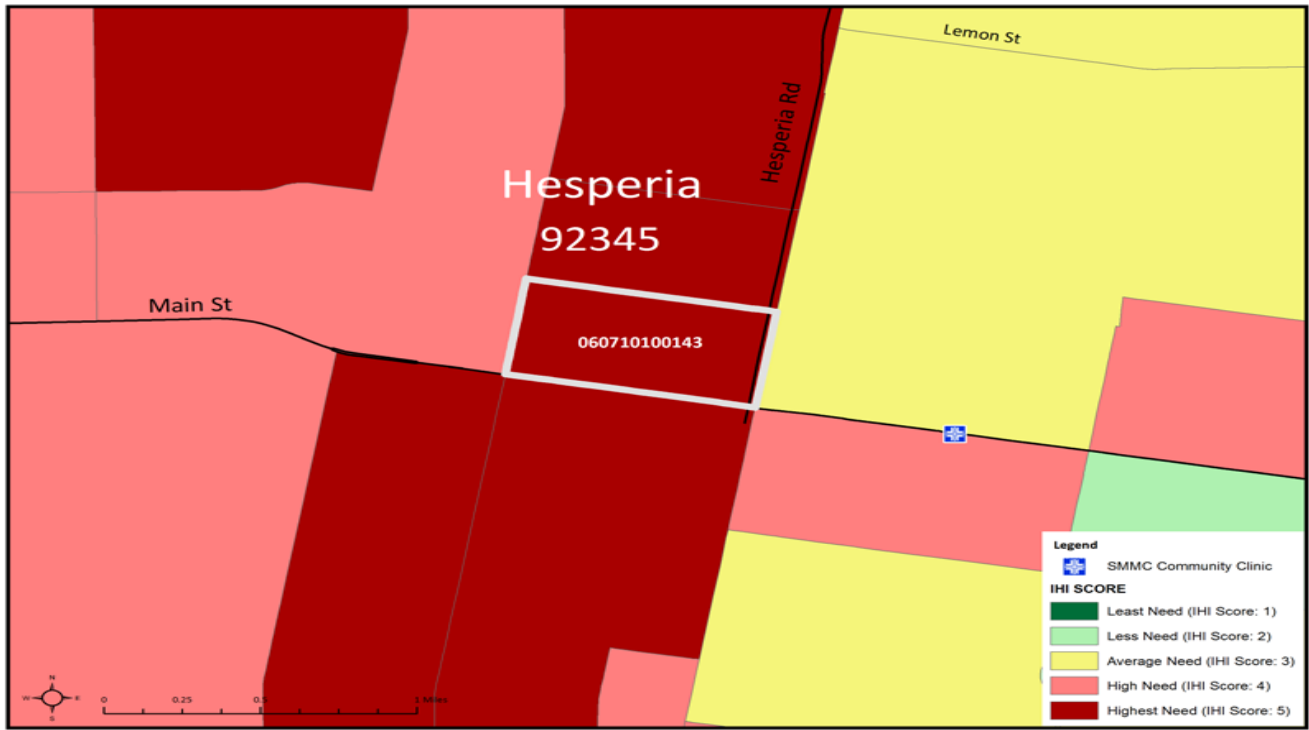
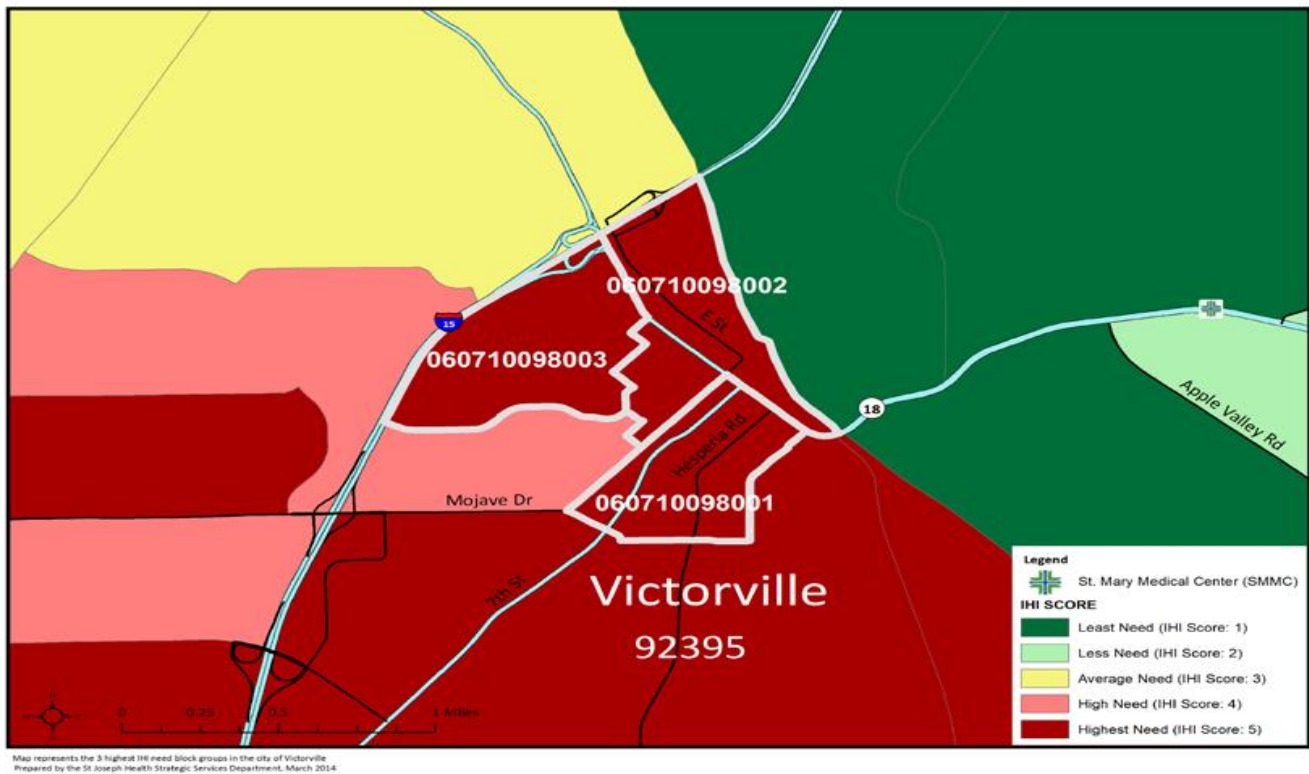


Figure 8. City of Victorville’s three highest need block groups



COMMUNITY NEEDS & ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

The hospital's FY15-17 CB Plan was developed in response to findings from the FY14 Community Health Needs Assessment (CHNA) and guided by the following principles:

- Disproportionate Unmet Health-Related Needs: Seek to accommodate the needs of communities with disproportionate unmet health-related needs.
- Primary Prevention: Address the underlying causes of persistent health problems.
- Seamless Continuum of Care: Emphasis on evidence-based approaches including integration of clinical services and community health improvement activities.
- Build Community Capacity: Target charitable resources to mobilize and build the capacity of existing community assets.
- Collaborative Governance: Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

The hospital's community benefit committee prioritized health issues to address in a FY15-FY17 Community Benefit Plan after reviewing feedback obtained from the community. The hospital used health findings identified by a national consulting who implemented a 146 comprehensive health survey (based on CDC's Behavioral Risk Factor Surveillance System (BRFSS) reaching 700 households in the hospital's service area with results compared to health benchmarks at the county, state and national level (Healthy People 2020).

Health assessment results were shared with county public health who, in turn, formed a regional public health collaborative to measurably improve the mortality and morbidity of residents over the next ten years. Hospital programs addressing obesity, diabetes, heart disease align with this new county plan. Additionally, the hospital conducted Geographic Information System (GIS) mapping to identify neighborhoods with the highest health and social needs. The hospital uses these maps to target community benefit programs and health community initiatives addressing disparities in care.

Community input was obtained from focus groups conducted with county health leaders, leaders of local non-profit programs and residents. Community feedback included resident-led rankings of identified health issues based on the prevalence of diseases impacting them; resident concerns about availability and affordability of care and ideas on partnering to both treatment and prevention.

The hospital's Community Benefit committee assessed community input and by application of an eleven point criteria, developed a final rank order of four health conditions from 16 initially identified. The hospital's selection was based on factors including hospital resources and the availability of community partners addressing identified health and social conditions including asthma care, public transportation, health insurance enrollment, dental care, substance abuse,

homelessness, and problems accessing grocery stores and addressing hypertension, high cholesterol and heart disease. In addition to the four health priorities, the hospital continued its clinical expertise expanding its heart, vascular and stroke education programs through community education and support groups.

St. Mary anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the St. Mary CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by St. Mary in the enclosed CB Plan/Implementation Strategy.

Identification and Selection of DUHN Communities

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within our ministry service area. On the following pages DUHN communities have been identified that the hospital is targeting with community benefit programs including clinic and healthy city campaigns. The hospital continues seeking partners to assist these with neighborhoods with economic development, education and poverty programs.

DUHN Group and Key Community Needs and Assets Summary Table - Adelanto

DUHN Population Group or Community	Key Community Needs	Key Community Assets
<p>Adelanto 3 block groups 9,594 persons 82% poverty 68% of housing units with 7 + people 76% of persons over the age of 25 without high school education</p> <p>Refer to Figure 5 (page 17)</p>	<p><i>Healthcare including dental, mental health and urgent care</i> <i>Local college courses</i> <i>Economic Development</i> <i>Employers</i> <i>Stable City Budget</i> <i>Park and Recreation</i> <i>Retail Development</i> <i>Grocery Store (north end)</i> <i>Improved Public Transit</i> <i>Street Safety</i> <i>After school activities youth</i></p>	<p><i>Adelanto City Government</i> <i>Adelanto School District</i> <i>Adelanto Chamber and members</i> <i>Victor Transportation Authority</i> <i>Adelanto Rotary</i> <i>GEO Group</i> <i>High Desert Outreach</i> <i>County Public Health</i> <i>County Government</i> <i>Healthy Adelanto Campaign</i> <i>Resident leaders of Cx3</i> <i>Churches & Catholic Charities</i> <i>Molina Health Clinic</i> <i>Community Health Action Network</i> <i>Southern California Logistics Airbase</i> <i>St. Mary Community Clinic</i></p>

DUHN Group and Key Community Needs and Assets Summary Table – Apple Valley

DUHN Population Group or Community	Key Community Needs	Key Community Assets
<p>Apple Valley 1 block group 1,093 persons 62% poverty 27% of housing units with 7 + people 71% of persons over the age of 25 without high school education</p> <p style="text-align: center;">Refer to Figure 6 (page 17)</p>	<p><i>Economic development</i> <i>Employers and jobs</i> <i>health services</i> <i>GED, ESL programs</i> <i>College education programs</i> <i>Mental health providers</i> <i>Substance recovery</i> <i>Safe streets</i> <i>After school activities youth</i></p>	<p><i>Town of Apple Valley</i> <i>Jess Ranch/Solara</i> <i>Apple Valley Rotary and Kiwanis</i> <i>Apple Valley Chamber and members</i> <i>Apple Valley School District</i> <i>Academy for Academic Excellence</i> <i>Heritage Health</i> <i>St. Mary High Desert Medical Group</i> <i>St. Joseph Health, St. Mary Hospital, fixed clinic and mobile programs</i> <i>Healthy Apple Valley</i> <i>Paul Swick Family Center</i> <i>County Government</i> <i>CX3 resident leaders</i> <i>Phoenix School Resource Center</i> <i>Apple Valley Police Activity League</i> <i>Apple Valley Head Start</i> <i>Churches & Catholic Charities</i></p>

DUHN Group and Key Community Needs and Assets Summary Table – Hesperia

DUHN Population Group or Community	Key Community Needs	Key Community Assets
<p>Hesperia 1 block group 2,077 persons 54% poverty 85% of persons over age 25 with less than a high school education</p> <p style="text-align: center;">Refer to Figure 7 (page 18)</p>	<p><i>Economic Development</i> <i>Employers</i> <i>Improved Access to health and social services</i> <i>Health Services</i> <i>College Education</i> <i>Jobs skills training</i></p>	<p><i>City of Hesperia</i> <i>Community Health Action Network</i> <i>Hesperia Chamber and members</i> <i>County Public Health Clinic</i> <i>St. Mary High Desert Medical Group</i> <i>St. Mary Community Clinic</i> <i>Hesperia Unified School District</i> <i>Local churches</i> <i>Hesperia Park and Recreation District</i> <i>Healthy Hesperia</i> <i>Victor Valley Transport Authority</i></p>

DUHN Group and Key Community Needs and Assets Summary Table – Victorville

DUHN Population Group or Community	Key Community Needs	Key Community Assets
<p>Victorville <i>Victorville (old-town)</i> 3 block groups 3,730 persons 69% poverty 50-90% of persons over age 25 with less than a high school education</p> <p style="text-align: center;">Refer to Figure 8 (page 18)</p>	<p><i>Economic Redevelopment</i> <i>Employment</i> <i>Coordinated Health Services</i> <i>Coordinated</i> <i>College Education</i> <i>Health Insurance</i> <i>Mental Health</i> <i>Substance Abuse</i> <i>Job Training</i></p>	<p><i>Azusa Pacific University</i> <i>City Government</i> <i>Victor Global Medical Center</i> <i>Community Health Action Network</i> <i>Heritage Health</i> <i>Choice Medical</i> <i>Victor Global Medical Center</i> <i>Desert Valley Hospital</i> <i>Victor School Districts</i> <i>Victor Valley Chamber and members</i> <i>Victorville Rotary</i> <i>Victor Valley College</i> <i>County Public Health</i> <i>County Government</i> <i>Mission City Clinic</i> <i>Lords Table</i> <i>SCLA</i> <i>Geo Group</i> <i>Victor Rescue Mission</i> <i>Healthy Victorville</i></p>

PRIORITY COMMUNITY HEALTH NEEDS

The 400,000 residents of the Victor valley are served by community benefit programs operated locally by SJH. St. Mary. Additionally, Kaiser Permanente awards grant funds to High Desert entities and San Bernardino County public health has been expanding health programs at two Federally Qualified Health Centers in Adelanto and Hesperia respectively. Finally, St. Mary works regionally with community benefit staff at four Orange County hospitals. This regional work includes the sharing of resources and best practices including addressing **disparities and programs including access to care and behavioral health.**

The table below lists the four health priorities selected by SJH. St. Mary. The Victor valley region is located in the secondary service area of Kaiser’s Fontana CA hospital. A ranking of health need by that hospital has been provided.

Priority Issues in St. Joseph Health, St. Mary FY15-FY17 Community Benefit Plan

Significant Health Issue	2012 % increase over 2007 baseline within Hospital's service area	Ranking by SJH, St. Mary CHNA	Ranking By Kaiser Fontana CHNA
Obesity	6.6% increase to 35%	1*	7
Diabetes	3.9% increase to 15.3%	2*	4
Mental Health	3.9% increase to 16.4%	3 **	2
Access to Care	3.1% increase of self-report, problems accessing care	4	3***

Notes:

- * Addresses heart disease, hypertension and high cholesterol which also increased from 2007 levels
- ** Addresses depression and community requests for more mental health providers
- *** Kaiser Permanente Fontana, CA CHNA ranked economic instability as 1 and Health Access 3.

COMMUNITY BENEFIT PLANNING PROCESS

Summary of Community Benefit Planning Process

The hospital's FY15-FY17 CB Plan was developed in response to findings from the FY14 Community Health Needs Assessment (CHNA) and is guided by the following five core principles:

- **Disproportionate Unmet Health-Related Needs:** Seek to accommodate the needs to communities with disproportionate unmet health-related needs.
- **Primary Prevention:** Address the underlying causes of persistent health problem.
- **Seamless Continuum of Care:** Emphasis evidence-based approaches by establishing operational between clinical services and community health improvement activities.
- **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance:** Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

The St. Mary Community Benefit Committee held special sessions to review, and prioritize results of the CHNA. Results of the CHNA for the hospital's service area were provided in addition to health results for the region. Committee members selected a key list of health issues that were discussed with community stakeholders including, but not limited to: public health and behavioral health, residents living in DUHN communities; leaders of local non-profit organizations and community benefit staff from other non-profit hospitals. Community feedback was provided to the committee during its meeting to prioritize the seven health issues to four. To facilitate the committee reviewing and prioritizing health conditions, an 11 point

matrix was used. The matrix criteria included: scope and seriousness of the problem, effectiveness of interventions, time commitment, implications for not proceeding and economic feasibility and likelihood of sustainability. Initial strategies were developed for each of the four initiatives. A target of clinical encounters to uninsured and underinsured is established as a Tracker goal and reported quarterly to the region. This goal of caring for the poor is listed among other key goals including finance, quality and patient satisfaction.

St. Joseph Health, St. Mary

FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan

FY15 Accomplishments

Initiative: FY14 St. Mary CHNA reports 41.5% of residents of High Desert report barriers accessing medical care

Goal: Increase number of low income and uninsured patients receiving appropriate medical care

Outcome Measure	Baseline	FY15 Target	FY15 Result
Increase number of clinical encounters provided to uninsured and underinsured patients	32,000 clinical encounters	33,280	41,811

Strategy(ies)	Strategy Measure	Baseline	FY15 Target	FY15 Result
Improve clinic efficiency caring for patients	Implement new Electronic Medical Record and Billing system in clinics	None	Implement new electronic system	New system implemented
Conduct Covered California enrollment campaigns at hospital, in community	Enroll uninsured seeking care at hospital, in clinics and out in community.	1,679	1,800	2,422
Follow-up care for poor & homeless patients	Improve tracking of care from Case Management department; provide health services to homeless.	None	150	142

Key Community Partners: Armstrong Insurance, Catholic Diocese, Diversified Health Services, Hesperia Unified School District, Inland Empire Health Covered Health Initiative, Kaiser Kids, Silo Insurance, San Bernardino County Community Clinic Association, High Desert United Way, St. Mary High Desert Medical Group, St. Joan of Arc Catholic Church, High Desert Homeless Shelter, HOPE program, Azusa Pacific University Nursing program.

FY15 Accomplishments: Surpassed clinical encounter goal assisting uninsured and underinsured. Surpassed health insurance enrollment targets for year. Case workers recognized at county homeless conference for excellence screening homeless patients.

St. Joseph Health, St. Mary

FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan

FY15 Accomplishments

Initiative: FY14 St. Mary CHNA reports a marked increase in diabetes prevalence to a reported 15.3%

Goal: Increase the number of low income persons receiving diabetes screenings, comprehensive self-care education and physician care

Outcome Measure	Baseline	FY15 Target	FY15 Result
The number of diabetic patients whose HbA1c levels are: less than 7%, less than 8%, less than or equal to 9% or greater than 9%	84 patients	90 patients	62 patients

Strategy(ies)	Strategy Measure	Baseline	FY15 Target	FY15 Result
Increase screening and diabetes education with patients seeking care	Conduct diabetes screening campaigns at clinic and community health events	1,110 persons	1,200 persons	1,842 persons
Provide diabetes care self-care to uninsured patients	Diabetes education and counseling provided at clinics	143 patients	150 patients	755 patients
Develop referral options uninsured for retinopathy	Referral options for diabetic patients needing specialty care	1	1	2

Key Community Partners: St. Mary High Desert Medical Group, Community Health Action Network, Adelanto School District, High Desert Outreach,

FY15 Accomplishments: Expanded program to include patients from St. Mary High Desert Medical Group.

Hospital dietitians' assisted a partner, Community Health Action Network, to educate diabetic persons living in poor neighborhoods identified as having Disproportionate Unmet Health Needs (DUHN). The partner works with 86 low income residents on self-care and health promotion by working in churches, schools and a homeless shelter.

In 2015 residents at one school expanded community gardens; and the hospital funded Squash4Friends (a community partner) that provided 15,000 pounds of fresh produce to senior parks, food kitchens and church food ministries serving the poor. The garden is the area's largest and the only focusing on increasing daily consumption of fruits and vegetables for the poor and homeless.

St. Joseph Health, St. Mary

FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan

FY15 Accomplishments

Initiative: FY14 St. Mary CHNA reports 3.9% increase in poor mental health and depression to 18.4%

Goal: Improve clinical outcomes for patients with mental health conditions at community clinics and physician offices

Outcome Measure	Baseline	FY15 Target	FY15 Result
The number of system and program changes resulting in increased access to mental health services	none	St. Joseph Hoag Health establishes regional advocacy and community care collaborative. St. Mary forms local advocacy and community care collaborative.	Regional and local collaborative operating; tele-psychiatry services being assessed; hospital provides 280 clinical encounters

Strategy(ies)	Strategy Measure	Baseline	FY15 Target	FY15 Result
Partner with mental health providers to assess opportunities for improving services and advocacy action	# of partners providing care and advocacy	none	3 partners	5 partners; county to open region’s first outpatient emergency facility
Partner on regional services in with SJH health ministries	Form regional collaborative developing plan	Collaborative operational	6 workgroups formed	Attend workgroup meetings
Develop and implement a mental health advocacy plan	Plan developed	none	Initiative plan at local, state and federal levels	Advocacy plan being implemented

Key Community Partners: St. Joseph Hoag Health (SJHH) Behavioral Health Collaborative; San Bernardino County Departments of Public and Behavioral Health; local behavioral health collaborative; Mission City Community Clinic, and St. John of God Healthcare.

FY15 Accomplishments: Development of regional behavioral health assessment/plan by St. Joseph Health Hoag (SJHH) with the support from the California Hospital Association and Hospital Association of Southern California. Addressing gaps in acute care through workgroups formed to address issues including emergency room care, recruitment of behavioral health professionals and advocacy. State advocacy directed to uniform regulation and enforcement of section 5150 of the Lanterman-Petris-Short Act (addressing involuntary psychiatric holds) is ongoing.

San Bernardino County was awarded a \$3,054,094 Mental Health Services Act grant to construct region's first 16 bed psychiatric care center. San Bernardino County Public Health also reports integrating counseling and psychiatry care at its Hesperia Federally Qualified Health Center.

Implementation and planning of tele-psychiatry services by Desert Valley Hospital, one local hospital ER, and SJH St. Mary for improved ER care.

Advocacy to a hospital partner, Mission City Community Clinic, providing psychiatry and primary care serving low income patients. The hospital's role helped establish relationships with partners providing drug and alcohol recovery and the need for psychiatry and medication management. In FY15 the clinic reports providing 4,680 psychotherapy encounters; in late 2015 a counseling service using tele-health will start.

408 clinical encounters serving low income families with education and counseling through two hospital run programs – Bridges for Families and Grief support program.

St. Joseph Health, St. Mary

FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan

FY15 Accomplishments

Initiative: FY14 St. Mary CHNA reports 6.6% increase in adult obesity to 35%

Goal: Body Mass Index improvements in adults and children

Outcome Measure	Baseline	FY15 Target	FY15 Result
Improved Body Mass Index in adults and children	13 (children only)	50	121(children and adults)

Strategy(ies)	Strategy Measure	Baseline	FY15 Target	FY15 Result
Partnering with schools to identify obese children	# of classrooms as referral source	9 schools	13 schools	13 schools
Counseling sessions provided to referrals from schools and physicians	# of referrals for counseling	871 counseling sessions	900 counseling sessions	678 counseling sessions
Community changes to increase access to healthy foods, exercise, safe streets	# of physical improvements	1 change	3 changes	2 changes

Key Community Partners: St. Mary High Desert Medical Group, Community Health Action Network, Adelanto School District, High Desert Outreach, Hesperia Unified School District, High Desert Pediatrics, Town of Apple Valley, City of Adelanto, Apple Valley Unified School District, San Bernardino County Woman, Infant and Children’s (WIC) program, First 5 of San Bernardino County, Kaiser Permanente, Squash For Friends.

FY15 Accomplishments: Two outside adult weight loss campaign successful – Adelanto & Apple Valley. Headstart School partner takes over child obesity program.

Supported passage of a healthy food policy at Hesperia School District’s preschool program, eliminating high calorie foods served at parent meetings.

Community Benefit Plan/Implementation Strategies and Evaluation Plan

Initiative (community need being addressed):	Program(s)	Description	FY15 Accomplishments and Evaluation
Access to Care (shortage of Medical Professionals)	Health Career Academy	Mentor college students at hospital	Hospital hosted nine colleges with 297 students in the health disciplines of: nursing, respiratory, physical therapy, and radiology.
Cardiac and Stroke education and support group	Mended Hearts A Better You	Women’s Heart Health	Hospital provided 164 patients in cardiac and stroke support groups. Course materials will be translated into Spanish and offered in community in FY16.
Access to Care (transportation)	Patient Transport	Transportation for continuum of care	The hospital transported 1,254 patients to their home, to skilled nursing facilities and to other health services. Hospital working with local transit authority to discuss how to improve transportation needs of indigent patients.

FY15 Community Benefit Investment

In FY15 St. Joseph Health, St. Mary invested a total Care for the Poor dollars of \$796,000 in key community benefit programs. The hospital provided \$2,318,189 in net benefit with another \$9,701,586 in unpaid costs in Medicare. The table below itemizes health services provided to persons living in poverty, to the broader community and expenses for health professions, education and training.

FY15 COMMUNITY BENEFIT INVESTMENT
St. Joseph Health, St. Mary
(ending June 30, 2015)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services ²	Net Benefit
Medical Care Services for Vulnerable³ Populations	Financial Assistance Program (FAP) (Traditional Charity Care-at cost)	\$3,445,316
	Unpaid cost of Medicaid ⁴	(\$7,644,015)
	Unpaid cost of other means-tested government programs	\$0
	Total Community Benefit for the Vulnerable	
Other benefits for Vulnerable Populations	Community Benefit Operations	\$0
	Community Health Improvements Services	\$446,105
	Cash and in-kind contributions for community benefit	\$643,114
	Community Building	\$8,362
	Subsidized Health Services	\$4,461,330
Total Community Benefit for the Broader Community		\$957,977
Other benefits for the Broader Community	Community Benefit Operations	\$220,835
	Community Health Improvements Services	\$213,330
	Cash and in-kind contributions for community benefit	\$40,916
	Community Building	\$53,717
	Subsidized Health Services	\$0
Health Professions Education, Training and Health Research	Health Professions Education, Training & Health Research	\$429,179
	Total Community Benefit for the Broader Community	
TOTAL COMMUNITY BENEFIT (excluding Medicare)		\$2,318,189
Medical Care Services for the Broader Community	Unpaid cost to Medicare ⁵ <i>(not included in CB total)</i>	\$9,701,586

² Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

³ CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medicaid (referred to as Medi-Cal in California), Medicare, California Children's Services Program, or county indigent programs. For SJH, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

⁴ Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.

⁵ Unpaid cost of Medicare is calculated using our cost accounting system. In Schedule H, we use the Medicare cost report.

Telling Our Community Benefit Story: Non-Financial⁶ Summary of Accomplishments

The hospital started a Faith and Wellness initiative bringing together 13 churches to begin partnering to meet health and social needs. The hospital hosts quarterly meetings and faith leaders have prioritized addressing chronic disease including mental health, working to address homelessness and food insecurity. The hospital developed a Faith and Wellness resource site available over the internet. This resource is in response to faith leaders requesting a local resource list of programs serving the poor and those needing low cost health services. Current listings include hospital sponsored health programs on heart, stroke, diabetes and grief counseling. Over time this internet site will include church resources as a collaborative effort addressing community need.

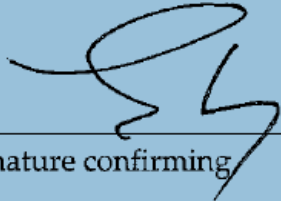
A hospital representative assisted San Bernardino County in developing its county-wide 2015-2020 Community Transformation Plan with health as one of four priority areas. The new plan includes long-term goals (7 -10 years), short-term goals (3-5 years) and short term strategies (1-2 years) to improve resident access to health and wellness. The health element of the plan aligns with health findings from the hospital's Community Health Needs Assessment and lessons from implementing its programs. As a result, the county plan includes improving access to care, and addressing chronic disease including diabetes, obesity and behavioral health. Also included are healthy community strategies including expanding access to healthy foods and recreation and reducing access to drugs and alcohol.

Hospital executives support multiple local boards of community organizations including the region's largest homeless shelter, a domestic violence program and food pantries serving the poor and the provider of drug and alcohol recovery services. The hospital partnered with the county department of homeless services and a Catholic church and held the region's only homeless care event. The hospital is a partner with local school districts working to educate youth on health careers and health education. Hospital staff served as speakers at local nursing education programs to teach on urban health, addressing disparities in care and cultural competence.

⁶ Non-financial summary of accomplishments are referred to in CA Senate Bill 697 as non-quantifiable benefits.

Governance Approval

This FY15 Community Benefit Report was approved at the September 22, 2015 meeting of the St. Joseph Health, St. Mary Community Benefit Committee of the Board of Trustees.



Chair's Signature confirming

9/22/15

Date