



*ST. JOSEPH HEALTH, ST. MARY*

Fiscal Year 2018 COMMUNITY BENEFIT REPORT  
PROGRESS ON FY18 – FY20 CB PLAN/IMPLEMENTATION STRATEGY REPORT

St. Joseph Health   
St. Mary

To provide feedback about this *Community Benefit Plan/Implementation Strategy Report*, email  
Kevin Mahany at [Kevin.Mahany@stjoe.org](mailto:Kevin.Mahany@stjoe.org) or  
Sylvia Vallejo De León at [Sylvia.Vallejodeleon@stjoe.org](mailto:Sylvia.Vallejodeleon@stjoe.org)

## **TABLE OF CONTENTS**

|   |           |
|---|-----------|
| <b>EXECUTIVE SUMMARY</b>  | <b>3</b>  |
| <b>MISSION, VISION, AND VALUES</b>  | <b>10</b> |
| <b>INTRODUCTION – WHO WE ARE AND WHY WE EXIST</b>   | <b>10</b> |
| <b>ORGANIZATIONAL COMMITMENT</b>  | <b>11</b> |
| <b>Community Benefit Governance and Management Structure</b>  |           |
| <b>PLANNING FOR THE UNINSURED AND UNDERINSURED</b>  | <b>13</b> |
| <b>Financial Assistance Program</b>   |           |
| <b>Medi-Cal (Medicaid)</b>  |           |
| <b>COMMUNITY</b>  | <b>13</b> |
| <b>Definition of Community Served</b>   |           |
| <b>COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS</b>  | <b>21</b> |
| <b>Summary of Community Needs, Assets, Assessment Process, and Results</b>                                      |           |
| <b>Identification and Selection of Significant Health Needs</b>   |           |
| <b>Community Health Needs Prioritized</b>   |           |
| <b>COMMUNITY BENEFIT PLAN</b>   | <b>35</b> |
| <b>Summary of Community Benefit Planning Process</b>  |           |
| <b>Addressing the Needs of the Community: FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan</b> |           |
| <b>Other FY18 Community Benefit Programs and Evaluation Plan</b>  |           |
| <b>FY18 COMMUNITY BENEFIT INVESTMENT</b>  | <b>55</b> |
| <b>Telling Our Community Benefit Story: Non-Financial Summary of Accomplishments</b>                            |           |
| <b>Governance Approval</b>  |           |
| <b>Providence St. Joseph Health</b>   |           |

## **EXECUTIVE SUMMARY**

St. Joseph Health, St. Mary, a member of [Providence St. Joseph Health](#) (PSHJ) since 2016, 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. Most recently, St. Mary became a member of [Providence St. Joseph Health](#) in 2016 when Providence Health & Services and St. Joseph Health came together with the goal of improving the health of the communities it serves, especially those who are poor and vulnerable. St. Mary Medical Center has 212 licensed beds and a campus approximately 32 acres in size. St. Joseph Health, St. Mary has a staff of more than 1,700 caregivers with more than 300 local physicians. Major programs and services include: 24-hour emergency services, comprehensive cardiac and stroke services, outpatient surgery pavilion, pediatric care, physical, occupational and speech therapy, community clinics and mobile health services serving 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.

Community Benefit has a rich tradition throughout PSJH of serving the dear neighbor and providing much needed services to our most vulnerable communities. Our programs include, but are not limited to: financial assistance/charity care for those needing acute and emergency care as well as initiatives providing fixed and mobile clinic care, health and wellness, advocacy and community building. The hospital's programs also serve the broader community to improve health and quality of life.

### **Community Benefit Investment**

St Joseph Health, St. Mary invested \$48,379,626 in community benefit in FY 2018 (July 1, 2017 – June 30, 2018). For FY18, St. Joseph Health, St. Mary had an unpaid cost of Medicare of \$21,161,024.

### **Overview of Community Health Needs and Assets Assessment**

In response to unmet health-related needs identified from a 2017 Community Health Needs Assessment (CHNA), St. Joseph Health, St. Mary's 2018-2020 Community Benefit Plan will focus on three programs for the broader and underserved disadvantaged members of the surrounding community.

**FY 2018-2020 CB Plan Priorities/Implementation Strategies**

After completing the CHNA using a prioritization process aligned with our mission, resources and hospital strategic plan, St. Joseph Health, St. Mary will focus on the following areas for its FY18-FY20 Community Benefit efforts:

1. ***Access to Health Services and Resources*** – we will improve access to health services for residents living in low income and rural communities with the goal of providing equitable care to all persons. Services will include, but not be limited to:
  - Provide increasing levels of primary and specialty care and health promotion services promoting longer lives free of preventable disease, disability, injury and premature death. Services will be provided using fixed and mobile clinics in communities lacking health services. In addition, services will be provided at partner locations including local churches, schools, supermarkets and cities with an emphasis on preventing disease and improving health.
  - Meet a greater percentage of patients’ socio-economic needs including legal, housing, education and mental health care and, where possible, integrate these resources into clinical programs.
  - Strengthen neighborhood systems offering low-cost transportation, affordable housing, healthy and affordable foods, crime free neighborhoods and workforce and economic development. This work supports San Bernardino County’s county-wide health improvement plan and the identification of neighborhoods having significant socioeconomic barriers impacting health. The hospital will continue to support efforts improving rural health as the High Desert advocate in the Inland Empire Covered Health Initiative. This effort seeks to improve health assessments to include a more detailed look at rural communities and to promote the use of Community Health Workers serving there.
  
2. ***Mental Health and Substance Abuse*** – we will improve access to mental health services for those living in low income communities and across the region:
  - Hospital leadership will engage in county and state level system reform initiatives and the local mental health system will better address the mental health and addiction care of the community. Building partnerships to improve mental health care will continue. A set of coordinated strategies will be implemented regionally by the hospital and public health partners. The effort seeks to standardize mental health services for those needing acute care. These efforts include assessments of acute care resources including psychiatric beds, crisis clinics, and outpatient services. The hospital will continue to submit monthly

reports to San Bernardino County Department of Behavioral Health on the number of adults and youth treated for acute mental crisis in its emergency room. Additionally, the hospital will advocate other local hospitals report its 5150 data to assist the county in expanding innovative outpatient services.

- Community clinics will increase mental health services with a focus on depression and addiction care. Partnerships with mental health providers will be improved and, where possible, integrated into clinic services. Hospital partners will work to improve access by offering outpatient mental health services. Hospital partnerships will support integrating mental health care at addiction and recovery programs. The hospital will sponsor a yearly Mental Health Conference.
  - Develop support groups and education in partnership with local faith communities, mental health associations and providers. Assisted with the formation of a local National Alliance for Mental Illness (NAMI) chapter offering Peer to Peer and Family to Family classes. The hospital will support its grief and autism support groups and assist partners to expand offerings. The hospital will support Mental Health First Aid Adult and Youth trainings provided in schools and in churches. The hospital will assist the Department of Behavioral Health to expand locally programs funded under San Bernardino County’s Mental Health Services Act plan including monthly meetings to report results. Advocacy to increase trainings to African American and Latino communities will continue.
  - Efforts to address crime and gun violence will begin. Early work will identify partners and strategies including promising programs directed toward crime prevention. Efforts to influence legislation and the funding of prevention programs will occur in partnership with law enforcement, faith communities, schools, and city governments. The hospital will connect its prevention program to a similar effort be planned by San Bernardino County Public Health.
3. ***Obesity/Child Wellness*** – we will expand nutrition and fitness campaigns across the region in neighborhoods identified as having high rates of obesity. Efforts will continue treating diabetes utilizing hospital, clinic and partner programs. The hospital will continue its annual Living Well with Diabetes Expo which brings together physicians, diabetes educators and the public to learn about type 1 and type 2 diabetes care including workshops in Spanish. Finally, the hospital will engage in regional efforts lead by the Hospital Association of Southern California including “Communities Lifting Communities” and “Bridging for Health”. Each initiative plans to target obesity and diabetes and one “hot spot” has been identified in the high desert.

- Hospital partnerships with faith communities will expand a new “Faith-Health Initiative” focused on improved congregation health through nutrition education and physical activity. This work includes training faith staff to develop various health initiatives including clinical screenings, health education and physical fitness programs.
- Expansion of adult nutrition education and fitness campaigns will increase free exercise programs along with residents losing weight and self-reporting improved health status. Efforts will expand local weight loss challenges with community supporters. Residents will continue assessing targeted neighborhoods and identify strategies increasing access to healthy foods and recreation. Residents will continue advocacy engaging city leaders on the need for safer streets and neighborhoods, parks and the availability of stores selling fruits and vegetables.
- Expansion of the hospital’s “Wellness for Youth” initiative will occur at schools serving neighborhoods having high percentages of students on free and reduced lunch. A 5-year strategy will be developed with performance measures. The initiative will improve the health and wellness of 5<sup>th</sup> grade students while supporting the teaching of California Core requirements in English, Math and Science. An emphasis on fitness and movement will be tracked with SQORD wearable device as seven dimensions of student wellness are promoted.

Due to the fast pace at which the community and health care industry change, St. Joseph Health, St. Mary anticipates some implementation strategies may evolve and therefore, a flexible approach is best suited for the development of its response to the St. Joseph Health, St. Mary Community Health Needs Assessment (CHNA). On an annual basis St. Joseph Health, St. Mary evaluates its CB Plan and makes adjustments as needed to achieve its goals/outcome measures, and to adapt to changes in resource availability.

### **Community Plan Priorities/Implementation Strategies**

In FY18 the hospital implemented the following strategies addressing priorities as developed in its FY18-FY20 Community Benefit Implementation Plan.

***Expanding Access to Health Services and Resources for the Poor***

- Provided a total of 27,286 clinical encounters including 5,247 encounters using mobile medical services for primary and specialty care at communities with Disproportionate Unmet Health Needs (DUHN) in Adelanto, Apple Valley, Hesperia, Lucerne Valley and Victorville.
- Expanded weekly mobile clinic services to another low income rural community in Lucerne Valley.
- Developed referral relationships with St. Mary High Desert Medical Group enabling poor patients to receive specialty care not offered at the clinic.
- Contact uninsured Emergency Room patients to assist with health insurance enrollment and offering clinic services as their “Medical Home”.

***Improving Mental Health in the High Desert***

- Provided a total of 3,875 clinical encounters providing mental health care through Community Clinic and partner’s efforts.
- Provided 1,441 counseling visits in the Community Clinic’s Bridges for Families Program.
- Grant funded performing counseling for Depression and Post Traumatic Stress Disorder in the community’s only 90-day addiction recovery program, St. John of God Healthcare, a local non-profit partner.
- Grant funded Family Assistance Program, a community non-profit partner, who provided 714 counseling encounters to at-risk/runaway youth and their parents/guardians.
- Community Clinic organized a Mental Health Conference on May 9, 2018 (National Mental Health Month) “2018 High Desert Mental Health Summit – Building Pathways to Hope.”
- County of San Bernardino, Department of Behavioral Health opened the High Desert’s first Crisis Residential Treatment Center - Desert Hill Center, a 16 bed voluntary residential treatment facility.
- Forming a National Alliance Mental Illness (N.A.M.I.) with monthly trainings and support groups.
- Forming an Autism support group with monthly meetings.
- Advocacy to increase education to African American and Latino residents.
- Support campus expansion of St. John of God substance use recovery programs with three hospital staff serving on its board.
- The Community Clinic was awarded a 2018 Well Being Trust Grant to integrate mental health and substance abuse expertise in clinical setting, including launching a Care Access Call Center and a Community Health Worker (Promotora) to do Home Visitations.

***Expanding Diabetes Care for the Poor***

- St. Joseph Health - St. Mary remains the only American Diabetes Association certified provider in the region providing comprehensive diabetes education to the underinsured and uninsured.
- Teaching the Center for Disease Control and Prevention (CDC) Curriculum, “Diabetes Prevention Program” to select areas of the High Desert.
- Community Clinics organized and facilitated 148 Diabetes Support Group encounters.
- Provided a total of 1,333 total clinical encounters for diabetes care.

***Decreasing Obesity/Creating Healthier Communities***

- “Wellness for Youth” Program, taught the “7 Dimensions of Wellness” (a Common Core Curriculum developed by our hospital with input from teachers) at 18 classrooms in six schools reaching five school districts. Fifth grade students were targeted because data demonstrates physical activity declines at the ages of 10 to 11. The lesson plans taught on the topics of academic, emotional, environmental, occupational, physical, social and spiritual well-being. The schools were chosen because on 70% or greater of students use free or reduced lunch service.
- Nutrition health education was taught at seven faith based organizations: Gate Church, High Desert Church, Life Church, New Hope, St. Joan of Arc Catholic Church, United in Christ and Victory Christian Center. A five week curriculum, teaching adults on the topics of sodium reduction, increased physical activity, My Plate, and healthy beverages. This aims to curb unhealthy diets which are high in calories and low in nutritional value and consumption of sugary drinks.
- Physical activates, consisting of 1 hour high impact physical activities conducted in a gym-like setting, continue in low income communities in North Adelanto and Old Town Victorville. Added in this fiscal year were physical activities in Apple Valley and Hesperia and efforts to increase “Healthy Food banking” with weekly donations of free fruits and vegetables serving the poor.
- All activities related to the “Wellness for Youth” Program, nutrition education and physical activity produced a total of 15,734 encounters, encompassing the cities of Adelanto, Apple Valley, Hesperia, Phelan, Piñon Hills, and Victorville.



## PROVIDENCE ST. JOSEPH HEALTH

Providence St. Joseph Health (PSJH) strives and commits to improve the health of the communities it serves, especially those who are poor and vulnerable.

Together, our 111,000 caregivers (all employees) serve in 51 hospitals, 829 clinics and a comprehensive range of services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. The PSJH family includes: Providence Health & Services, St. Joseph Health, Covenant Health in West Texas, Facey Medical Foundation in Los Angeles, Hoag Memorial Presbyterian in Orange County, Calif., Kadlec in Southeast Washington, Pacific Medical Centers in Seattle, and Swedish Health Services in Seattle

All ministries share a common mission, increasing access to health care and bringing quality, compassionate care to those we serve, with a focus on those most in need. PSJH has the potential to seek greater affordability, achieve outstanding and reliable clinical care, improve the patient experience and introduce new services where they are needed most.

### *It begins with heritage*

The founders of both organizations were courageous women ahead of their time. The Sisters of Providence and the Sisters of St. Joseph of Orange brought health care and other social services to the American West. Now, as we face a different landscape – a changing health care environment – we draw on their spirit of faith, flexibility and fortitude to guide us through these transformative times.

### **Providence Health & Services**

In 1856, Mother Joseph and four Sisters of Providence established hospitals, schools and orphanages across the Northwest. Over the years, other Catholic sisters transferred sponsorship of their ministries to Providence, including the Little Company of Mary, Dominicans and Charity of Leavenworth. Swedish Health Services, Kadlec Regional Medical Center and Pacific Medical Centers have joined Providence as secular partners with a common commitment to serving all members of the community. Today, Providence serves Alaska, California, Montana, Oregon and Washington.

### **St. Joseph Health**

In 1912, a small group of Sisters of St. Joseph landed on the rugged shores of Eureka, Calif., to provide education and health care. The ministry later established roots in Orange, Calif., and expanded to serve Southern California, the California High Desert, Northern California and Texas. The health system established many key partnerships, including a merger between Lubbock Methodist Hospital System and St. Mary Hospital to form Covenant Health in Lubbock Texas. Recently, an affiliation was established with Hoag Health to increase access to services in Orange County, Calif.

## MISSION, VISION, AND VALUES

### ***Our Mission***

*As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.*

### ***Our Vision***

*Health for a Better World.*

### ***Our Values***

*Compassion*

*Dignity*

*Justice*

*Excellence*

*Integrity*

## INTRODUCTION – WHO WE ARE AND WHY WE EXIST

St. Joseph Health, St. Mary, a member of Providence St. Joseph Health. [Providence St. Joseph Health](#) was created by Providence Health & Services and St. Joseph Health with the goal of improving the health of the communities it serves, especially those who are poor and vulnerable.

Together, our 111,000 caregivers (all employees) serve in 50 hospitals, 829 clinics and a comprehensive range of services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. The Providence St. Joseph Health family includes: Providence Health & Services, St. Joseph Health, Covenant Health in West Texas, Facey Medical Foundation in Los Angeles, Hoag Memorial Presbyterian in Orange County, Calif., Kadlec in Southeast Washington, Pacific Medical Centers in Seattle, and Swedish Health Services in Seattle

Bringing these organizations together is a reflection of each of our unique missions, increasing access to health care and bringing quality, compassionate care to those we serve, with a focus on those most in need. By coming together, Providence St. Joseph Health has the potential to seek greater affordability, achieve outstanding and reliable clinical care, improve the patient experience and introduce new services where they are needed most.

## COMMUNITY BENEFIT INVESTMENT

St Joseph Health, St. Mary invested **\$48,379,626** in community benefit in FY 2018. For FY18, St. Joseph Health, St. Mary had an unpaid cost of Medicare of **\$21,161,024**.

## **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 lives of low-income individuals residing in local communities served by SJH Hospitals.

Each year St. Joseph Health, St. Mary allocates 10 percent of its net income (net unrealized gains and losses) to the St. Joseph Health Community Partnership Fund. 75 percent of these contributions are used to support local hospital Care for the Poor programs. 17.5 percent is used to support SJH Community Partnership Fund grant initiatives. The remaining 7.5 percent 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.

### **Community Benefit Governance and Management Structure**

St. Joseph Health, St. Mary further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Vice President of Mission Integration and Director of Community Services are responsible for coordinating implementation of California Senate Bill 697 provisions and Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

The Community Benefit (CB) Management Team provides orientation for all new hospital employees on Community Benefit programs and activities, including opportunities for community participation.

A charter approved in 2007 establishes the formulation of the St. Joseph Health, St. Mary Community Benefit Committee. 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 four members of the Board of Trustees and three community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Benefit Committee generally meets quarterly.

### ***Roles and Responsibilities***

#### ***Senior Leadership***

- Alan Garrett, CEO and Judy Wagner, VP of Mission 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.
- Members are as follows:
  - Paul Gostanian, Chair, Pastor, High Desert Church
  - Sister Paulette Deters, St. Joseph Health System
  - Regina Weatherspoon-Bell, Representative, 1<sup>st</sup> District Supervisor’s Office
  - Jovy Yankaskas, Hesperia Unified School District
  - Orlando Acevedo, Town of Apple Valley
  - Marcos Clark, Principal, Yucca Loma Elementary School
  - Margaret Cooker, Community Member
  - John Perring-Mulligan, Community Member, former SMMC Vice President of Mission Integration

#### ***Community Benefit (CB) Department***

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

#### ***Local Community***

- Partnership to implement and sustain collaborative activities.
- Formal links with community partners.

- Provide community input to identify community health issues.
- Engagement of local government officials in strategic planning and advocacy on health related issues on a city, county, or regional level.

## **PLANNING FOR THE UNINSURED AND UNDERINSURED**

### **Patient Financial Assistance Program**

The St. Joseph Health (SJH) Financial Assistance Program helps to make our health care services available to everyone in our community needing emergent or medically necessary care. This includes people who do not have health insurance and are unable to pay their hospital bill, as well as patients who have insurance but are unable to pay the portion of their bill that insurance does not cover. In some cases, eligible patients will not be required to pay for services; in others, they may be asked to make partial payment. At St. Joseph Health, St. Mary, our commitment is to provide quality care to all our patients, regardless of their ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance or are worried about their ability to pay for their care. In FY18, St. Joseph Health, St. Mary ministry, provided \$3,773,079 in free and discounted care for those who met the guidelines, a policy providing assistance to patients earning up to 500% of the federal poverty level. This resulted in 12,902 patients receiving free or discounted care.

For information on our Financial Assistance Program click:

<http://www.stmaryapplevalley.com/Patients-Visitors/For-Patients/Billing-and-Payment/Patient-FinancialAssistance.aspx>

### **Medi-Cal (Medicaid)**

St. Joseph Health, St. Mary provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY18, St. Joseph Health, St. Mary ministry, provided \$38,202,118 in Medicaid shortfall.

## **COMMUNITY**

### **Definition of Community Served**

St. Joseph Health, St. Mary provides San Bernardino County's Victor Valley communities with access to advanced care and advanced caring. The hospital's service area extends from Apple Valley in the north, Hesperia in the south, Lucerne Valley in the east and Adelanto in the west. Our Hospital Total Service Area includes the cities of Adelanto, Apple Valley, Hesperia and Victorville along with the rural communities of Lucerne Valley and Phelan. This includes a population of approximately 372,642 people, an increase of 13% from the prior assessment.

### **Community Profile**

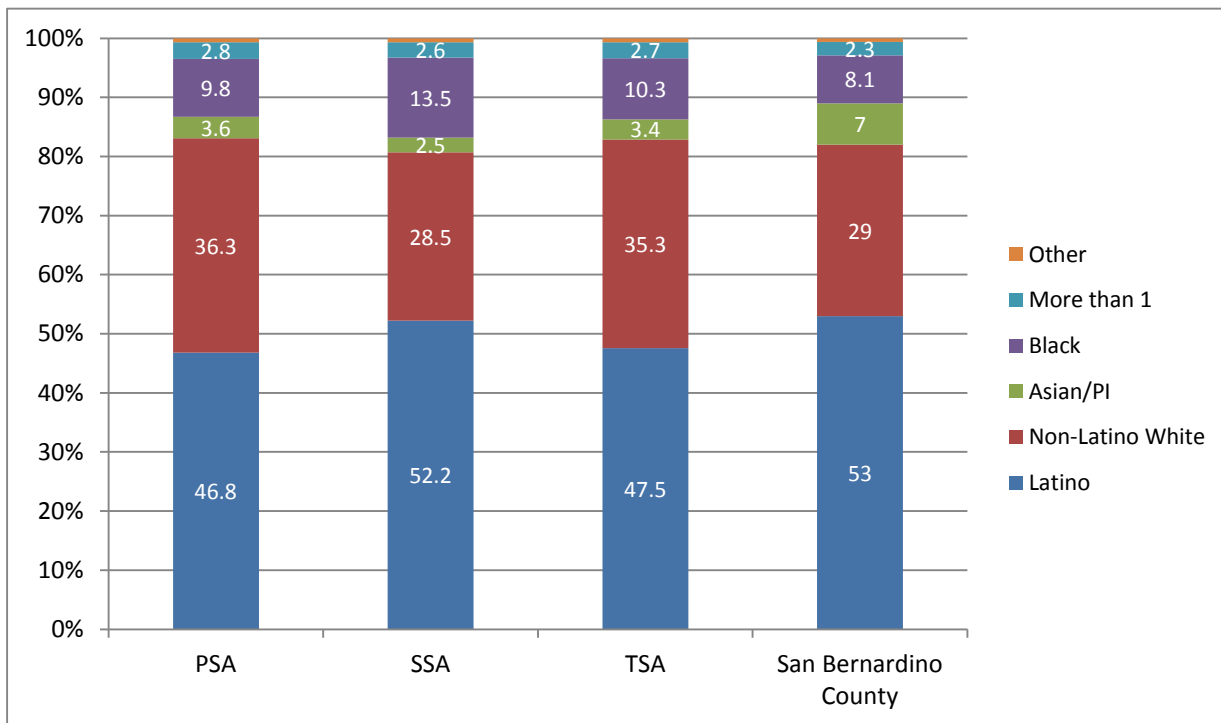
The table and graph below provide basic demographic and socioeconomic information about the St. Joseph Health, St. Mary Medical Center Service Area and how it compares to San

Bernardino County and the state of California. The Total Service Area (TSA) of St. Mary Medical Center has almost 375,000 people, with a median household income of approximately \$50,000. Compared to California, the service area has more Latinos and African-Americans and fewer Asian/Asian-Americans. Compared to the county and, particularly, the state, the service area is less prosperous, with lower median incomes and greater poverty.

**Service Area Demographic Overview**

| Indicator                          | PSA      | SSA      | TSA      | San Bernardino County | California |
|------------------------------------|----------|----------|----------|-----------------------|------------|
| Total Population                   | 323,674  | 48,968   | 372,642  | 2,118,866             | 38,986,171 |
| Under Age 18                       | 28.1%    | 30.2%    | 28.4%    | 27.0%                 | 23.6%      |
| Age 65+                            | 12.1%    | 10.5%    | 11.8%    | 10.5%                 | 13.2%      |
| Speak only English at home         | 71.9%    | 64.0%    | 70.9%    | 58.9%                 | 56.2%      |
| Do not speak English “very well”   | 9.7%     | 14.1%    | 10.3%    | 16.2%                 | 19.1%      |
| Median Household Income            | \$51,555 | \$41,253 | \$50,500 | \$55,726              | \$62,554   |
| Households below 100% of FPL       | 18.3%    | 27.8%    | 19.4%    | 15.3%                 | 12.3%      |
| Households below 200% FPL          | 39.5%    | 51.3%    | 40.9%    | 36.0%                 | 29.8%      |
| Children living below 100% FPL     | 30.7%    | 44.1%    | 32.5%    | 26.4%                 | 22.7%      |
| Older adults living below 100% FPL | 12.0%    | 13.9%    | 12.2%    | 11.5%                 | 10.2%      |

**Race/Ethnicity**



Race/Ethnicity data is based on self-reported responses in accordance with US Census categories.

**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, Hesperia and Victorville. The SSA is comprised of the city of Adelanto, and rural communities including Helendale, Lucerne Valley and Oro Grande.

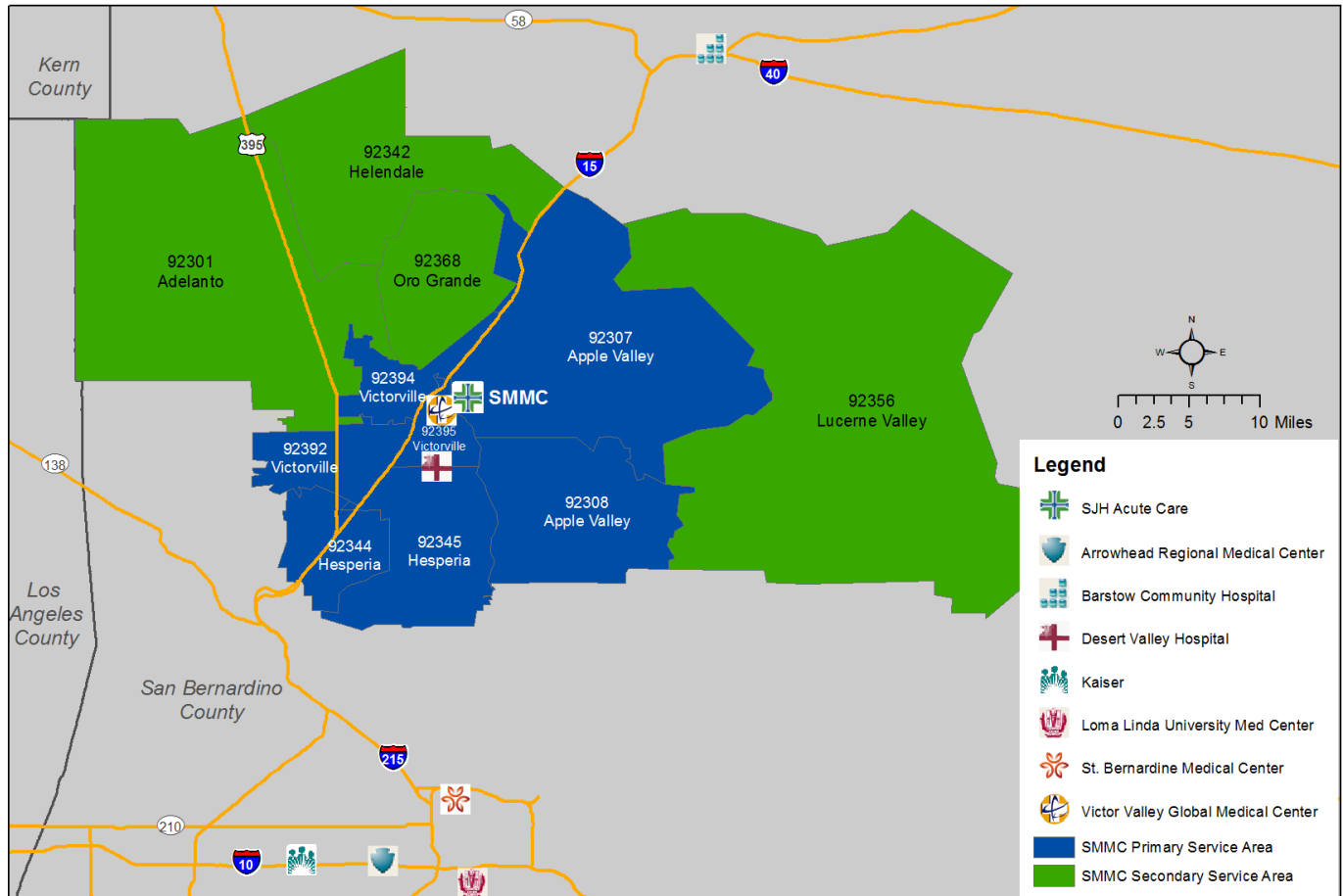
**Table 1. Cities and ZIP codes**

| Cities/ Communities | ZIP Codes           | PSA or SSA |
|---------------------|---------------------|------------|
| Adelanto            | 92301               | SSA        |
| Apple Valley        | 93307, 92308        | PSA        |
| Helendale           | 92342               | SSA        |
| Hesperia            | 92344, 92345        | PSA        |
| Lucerne Valley      | 92356               | SSA        |
| Oro Grande          | 92368               | SSA        |
| Victorville         | 92392, 92394, 92395 | PSA        |

Figure 1 (below) depicts the Hospital’s PSA and SSA. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.

**Figure 1. Hospital Total Service Area**

**St. Mary Medical Center (SMMC) Hospital Total Service Area**



Map represents Hospital Total Service Area (HTSA). The Primary Service Area (PSA) comprises 70% of total discharges (excluding normal newborns). The Secondary Service Area (SSA) comprises 71% - 85% of total discharges (excluding normal newborns). The HTSA combines the PSA and the SSA. Includes zip codes for continuity. Cities are placed in either PSA or SSA, but not both.  
 Prepared by the St. Joseph Health Strategic Services Department, April 2016.

**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):

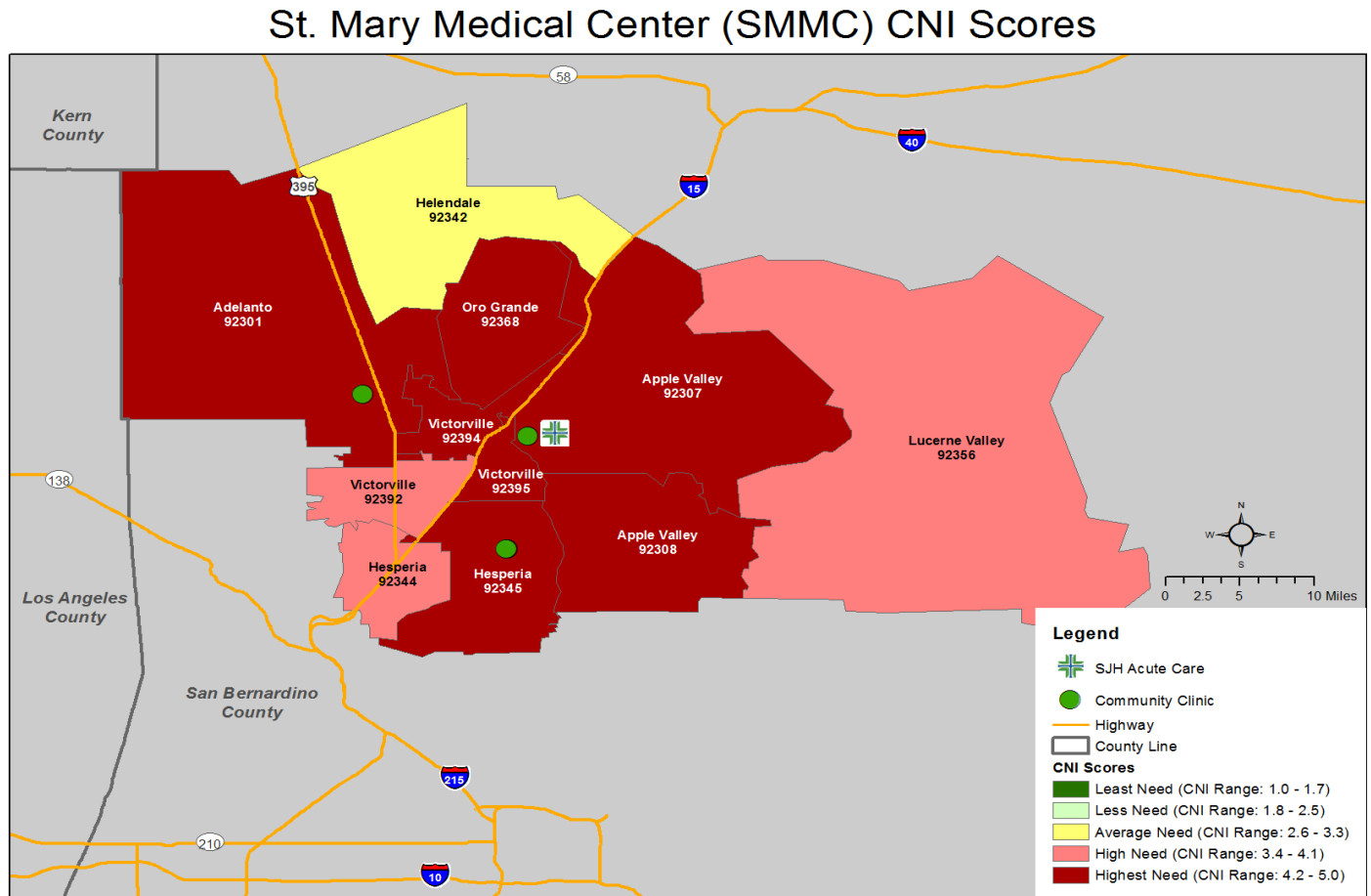
- Income Barriers (Elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English)
- Educational Barriers (% population without High School diploma)
- Insurance Barriers (Insurance, unemployed and uninsured)
- Housing Barriers (Housing, renting percentage)

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, the ZIP code 92301 on the CNI map is scored 5.0, making it a High Need community.

Figure 2 (next page) depicts the Community Need Index for the *hospital's geographic service area based on national need*. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.

Figure 2. St. Joseph Health, St. Mary Community Need Index (Zip Code Level)

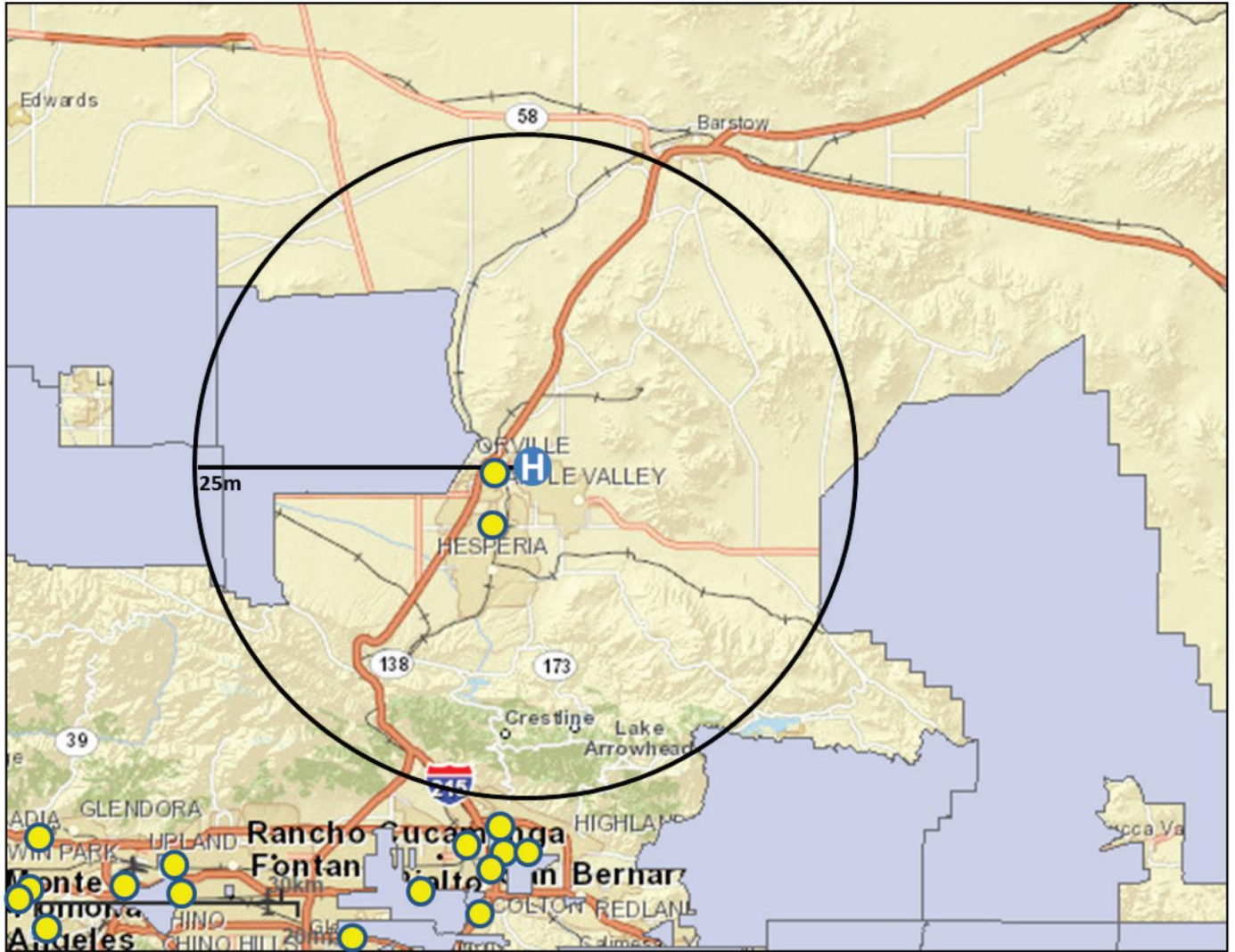


Source: Dignity Health Community Need Index (cni.chw-interactive.org), 2015; Accessed March 2016.  
 Prepared by the St. Joseph Health Strategic Services Department, April 2016.

### Medically Underserved Areas (MUA) and Health Professions Shortage Areas – Mental, Dental, Other

The Federal Health Resources and Services Administration designate Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSA) as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). The area west of the hospital including portions of Victorville and Adelanto are designed as MUAs and HPSA Populations. The entire service area of St. Joseph Health, St. Mary is located in a HPSA with large portions of the service area needing increased access to primary care and mental health.

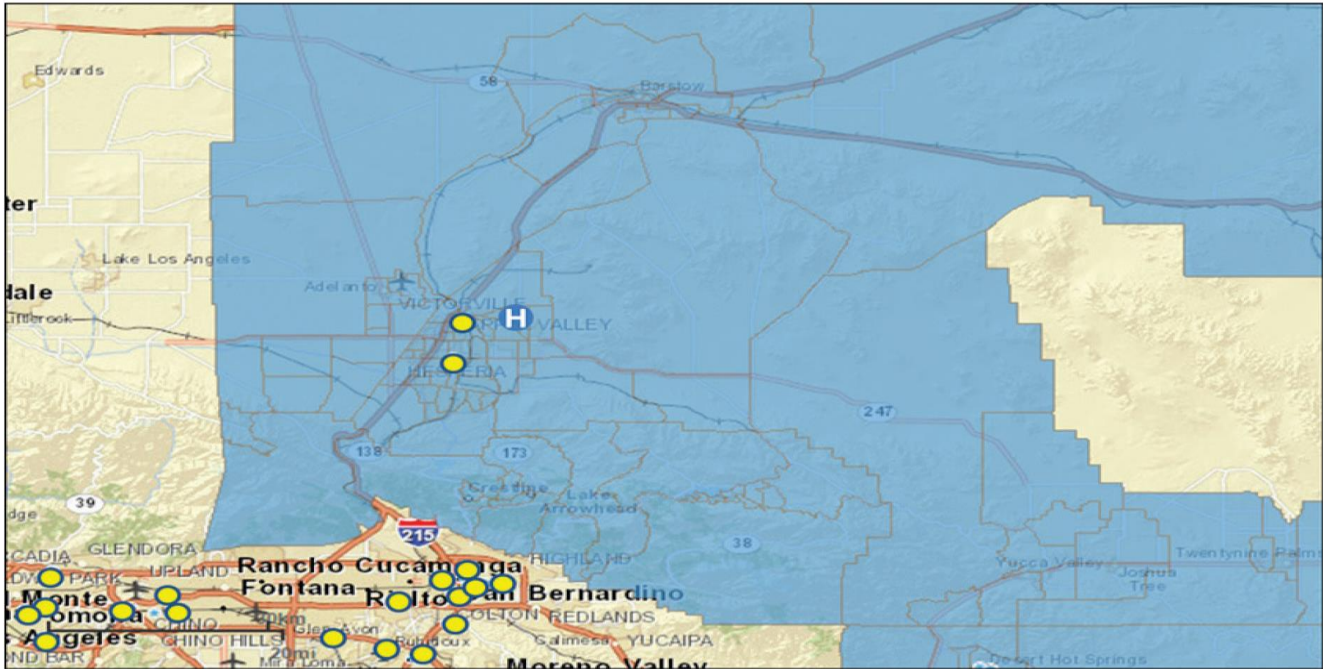
Medically Underserved Areas/Medically Underserved Populations



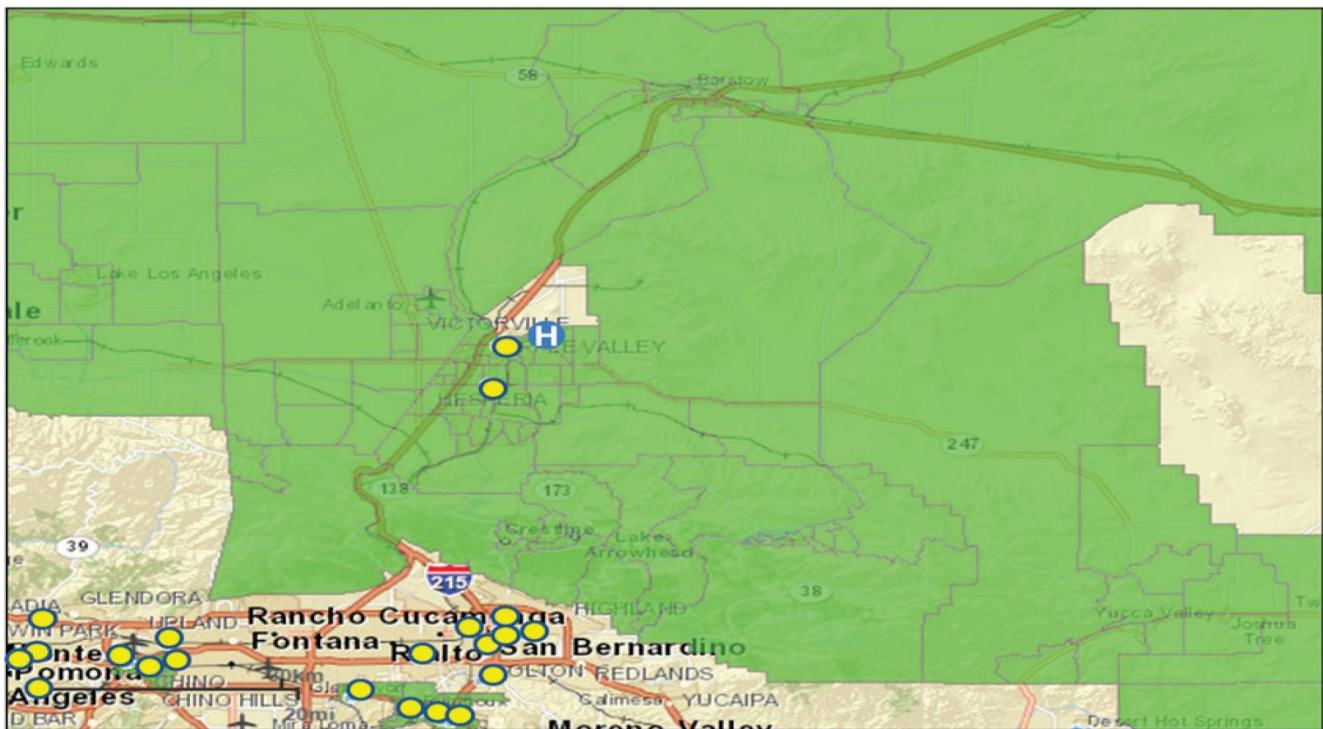
- H** = St. Mary Medical Center
- = Federally Qualified Health Center

**■** = MUA/MUP Designation

Health Professional Shortage Areas



-  = St. Mary Medical Center
-  = Federally Qualified Health Center
-  = HPSA: Mental Care



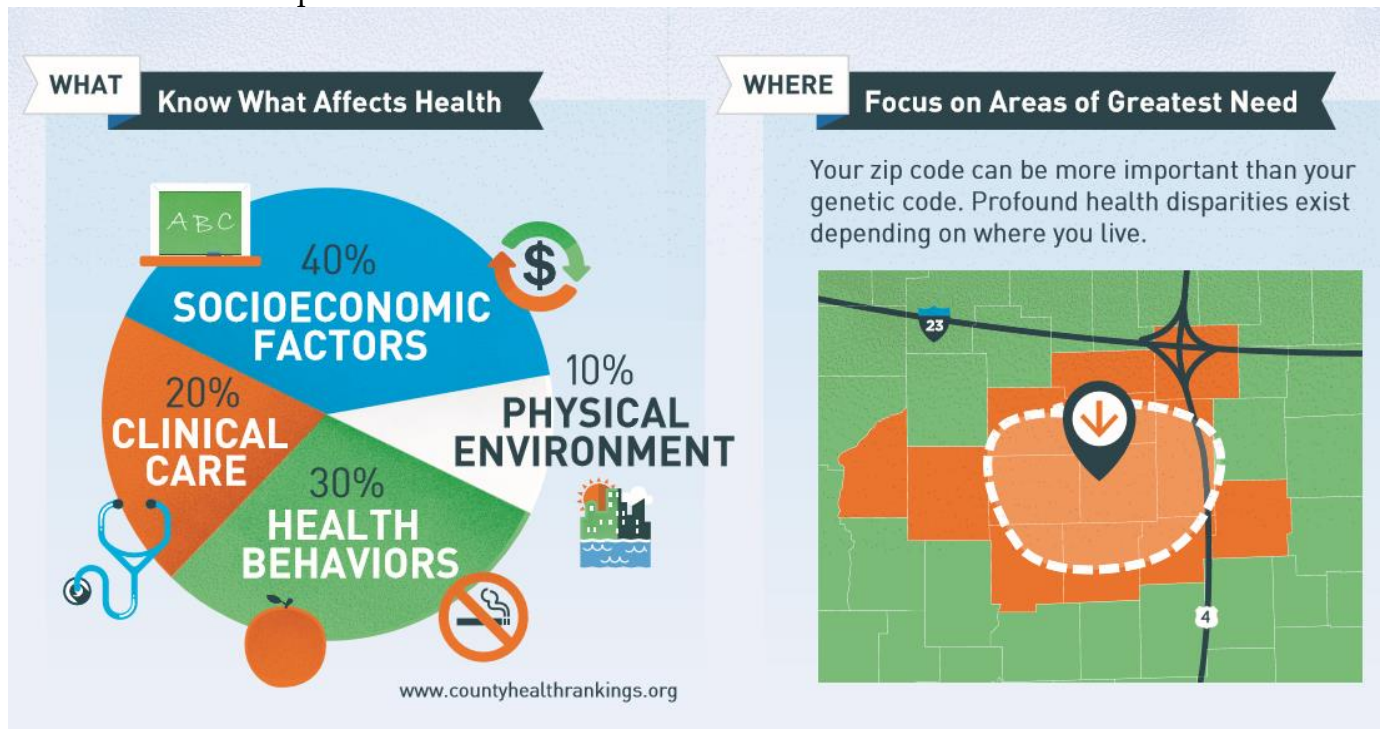
-  = St. Mary Medical Center
-  = Federally Qualified Health Center
-  = HPSA: Primary Care

## COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

### Summary of Community Needs, Assets, Assessment Process and Results

The CHNA process was guided by the fundamental understanding that much of a person and community's health is determined by the conditions in which they "live, work, play and pray." In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, health behaviors, and the availability of clinical care. This framework, depicted in the graphic below from County Health Rankings and Roadmaps, focuses attention on the social determinants of health to learn more about opportunities for intervention that will help people become and stay healthy within their community.

In addition, we recognized that where people live tells us a lot about their health and health needs, and that there can be pockets within counties and cities where the conditions for supporting health are substantially worse. When data was publicly available, it was collected at the zip code level to show the disparities in health and the social determinants of health that occur within the hospital service area.



Examples of the types of information that was gathered, by health factor, are:

**Socioeconomic Factors** – income, poverty, education, and food insecurity

**Physical Environment** – crowded living situations, cost of rent relative to incomes, long commutes, and pollution burden

**Health Behaviors** – obesity<sup>1</sup>, sugary drink consumption, physical exercise, smoking, and substance abuse

**Clinical Care** – uninsured, prenatal care, and the number of people per physician or mental health worker

In addition to these determinants of health, we also looked at the health outcomes of the people living in the service area, by zip code whenever possible. The health conditions that were examined included:

**Health Outcomes** – overall health condition, asthma, diabetes, heart disease, cancer, and mental health

## **METHODOLOGY**

### **Collaborative Partners**

**The Olin Group** is a socially conscious consulting firm working across nonprofit, public, private, and philanthropic sectors to bring about community transformation. Based in Santa Ana, California, The Olin Group has 15 years of experience working on evaluation, planning, assessment, fundraising, communication, and other services for nonprofit organizations, and had previously supported the CHNA process of multiple hospitals in the St. Joseph Health system. The Olin Group served as the lead consultant in the CHNA process, coordinating the quantitative and qualitative data collection processes and assisting in the prioritization and selection of health needs.

Other Collaborative Partners:

1. St. Joseph Health Community Partnerships Department and Strategic Services
2. Academy Go – strengthening non-profits to serve community need
3. Another Level for Women - helping women in crisis in Adelanto
4. Apple Valley Unified School District, Phoenix Academy Family Resource Center
5. Community Health Action Network- health education
6. San Bernardino County Department of Public Health
7. San Bernardino County Department of Behavioral Health
8. Stars Behavioral Health – crisis mental health services
9. United Way 211 – 24 hr. crisis call in center
10. Community Action Partnership of San Bernardino County – poverty programs
11. Faith Advisory Council for Community Transformation

---

<sup>1</sup> Per County Health Rankings obesity is listed under the health behavior category of diet and exercise.  
<http://www.countyhealthrankings.org/our-approach/health-factors/diet-and-exercise>

12. City of Victorville – Helathy Victorville, old town redevelopment
13. Hesperia Unified School District, Hesperia Family Resource Center
14. Broken Hearts Ministry – food and faith to the poor
15. St. John of God Healthcare Services – addiction recovery programs
16. Adelanto Sheriff Department – crime and street safety
17. San Bernardino County Workforce development
18. Family Assist – domestic abuse and human trafficking
19. Congressman Paul Cook’s office – federal advocacy
20. Victorville Lutheran Church – food and health outreach
21. Victor Community College – career programs, youth in poverty assistance

### **Community Partners**

St. Mary Medical Center partnered with the following community groups to recruit for and host the Focus Groups and Forums.

*Academy for Grassroots Organizations, Victorville.* Academy GO works to improve the quality of life in the High Desert Region by supporting and strengthening the social service sector. They provide a variety of resources and nonprofit learning opportunities throughout the region and serve a network of more than 1,000 nonprofit professionals and volunteers. Academy GO supported and hosted the stakeholder focus group held in Apple Valley.

*Another Level for Women, Adelanto.* Another Level for Women is a faith-based nonprofit organization dedicated to providing financial, emotional, and educational support services for women in the High Desert community, particularly extremely low-income women with children. Another Level for Women recruited for and hosted a resident focus group conducted in Spanish in Adelanto.

*Hesperia Unified School District Family Resource Center, Hesperia.* The Family Resource Center (FRC) serves families in Hesperia and beyond with such services as educational classes, a lending library, a technology center, and emergency food and clothing resources. The FRC recruited for and hosted a resident focus group.

*Phoenix Academy, Apple Valley.* Part of the Apple Valley Unified School District, Phoenix Academy serves approximately 1,500 Kindergarten through 8<sup>th</sup> grade students. Phoenix Academy recruited for and hosted a resident focus group for the Vista Loma and Yucca Loma neighborhoods of Apple Valley.

*Trinity Lutheran Church, Victorville.* Trinity Lutheran Church, part of the Evangelical Lutheran Church in America, serves the spiritual needs of the Victorville area and beyond. The Church hosted and supported the Community Forum located in the old town section of Victorville.

### **Secondary Data/Publicly Available Data**

Within the guiding health framework for the CHNA, publicly-available data was sought that would provide information about the communities (at the city and zip code level when available) and people within our service area. In addition, comparison data was gathered to show how the service area communities are faring compared to the county or state. Indicators were chosen if they were widely accepted as valid and appropriate measures<sup>2</sup> and would readily communicate the health needs of the service area.

Preference was given to data that was obtained in the last 5 years and was available at the zip code level. The data sources used are highly regarded as reliable sources of data (e.g., ESRI Business Analyst Online, US Census Bureau American FactFinder, and California Health Interview Survey Neighborhood Edition). In total, 81 indicators were selected to describe the health needs in the hospital's service area.

If an indicator had zip code level data available, data was pooled to develop indicator values for the Total Service Area (TSA), Primary Service Area (PSA), and Secondary Service Area (SSA) of the hospital. This enabled comparisons of zip code level data to the hospital service area and comparisons of the hospital service area to county and state measures.

After the data was gathered, the zip code level data was compared to the Total Service area values and color coded light pink to dark red depending on how much worse a zip code area was compared to the TSA value. This made it easier to visualize the geographic areas with greater health needs.

### **Community Input**

The process of collecting qualitative community input took three main forms: Community Resident Focus Groups, a Nonprofit and Government Stakeholder Focus Group, and a Community Forum. Each group was designed to capture the collected knowledge and opinions of people who live and work in the communities served by St. Mary Medical Center. We developed a protocol for each group to ensure consistency across individual focus groups, although the facilitators had some discretion on asking follow-up questions or probes as they saw fit. Invitation and recruitment procedures varied for each type of group.

### **Resident Focus Groups**

For Community Resident Groups, Community Benefit staff, in collaboration with their committees and the system office, identified geographic areas where data suggested there were significant health, physical environment, and socioeconomic concerns. This process also identified the language needs of the community, which determined the language in which each focus group was conducted. Community Benefit staff then partnered with community-based

---

<sup>2</sup> [https://wwwn.cdc.gov/CommunityHealth/PDF/Final\\_CHAforPHI\\_508.pdf](https://wwwn.cdc.gov/CommunityHealth/PDF/Final_CHAforPHI_508.pdf)



organizations that serve those areas to recruit for and host the focus groups. The community-based organization developed an invitation list using their contacts and knowledge of the area. Participants received a \$25 gift card for their time. Two consultants staffed each focus group, serving as facilitators and note takers. These consultants were not directly affiliated with the ministry to ensure candor from the participants.

### **Nonprofit and Government Stakeholder Focus Group**

For the Nonprofit and Government Stakeholder Focus Group, Community Benefit staff developed a list of leaders from organizations that serve diverse constituencies within the hospital's service area. Ministry staff sought to invite organizations with which they had existing relationships, but also used the focus group as an opportunity to build new relationships with stakeholders. Participants were not given a monetary incentive for attendance. As with the resident focus groups, this group was facilitated by outside consultants without a direct link to St. Joseph Health.

### **Resident Community Forum**

Recruitment for the Community Resident Forum was much broader to encourage as many people as possible to attend the session. Community Benefit staff publicized the event through flyers and emails using their existing outreach networks, and also asked their partner organizations to invite and recruit participants. No formal invitation list was used for the forums and anyone who wished to attend was welcomed. The forum was conducted by an outside consultant in English, with simultaneous Spanish language translation for anyone who requested it.

While the focus groups followed a similar protocol to each other in which five to six questions were asked of the group, the forum followed a different process. The lead facilitator shared the health needs that had emerged from the CHNA process so far and asked the participants to comment on them and add any other concerns. Once the discussion was complete, the participants engaged in a cumulative voting process using dots to indicate their greatest concerns. Through this process, the forum served as something of a "capstone" to the community input process.

### **Process for gathering comments on previous CHNA**

St. Joseph Health, St. Mary shared community health data and community feedback with San Bernardino County Public Health's Community Vital Signs and Healthy Communities programs. Information was requested to assist in developing a 2015-2020 San Bernardino County Transformation Plan focused in four (4) areas: Economy, Education, Health and Wellness and Safety. The hospital is also a member of a health planning workgroup attempting to expand access to care county-wide. Finally, the hospital shared CHNA findings with local non-profit partners (to assist in grant writing) and regionally with member hospitals of a Community Benefit workgroup led by the Hospital Association of Southern California – Inland

Empire region. In addition, on the St. Mary Medical Center website, the contact information of the SMMC Community Benefit Lead was provided to enable the public to comment on the prior FY14 CHNA and FY15-FY17 CB Plan/Implementation Strategy Reports.

### Identification and Selection of Significant Health Needs

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes where there is a higher prevalence or severity for a particular health concern than the general population within St. Joseph Health, St. Mary Service Area.

Communities with DUHN generally meet one of two criteria: *either* there is a high prevalence or severity for a particular health concern to be addressed by a program activity, or there is evidence that community residents are faced with multiple health problems and have limited access to timely, high quality health care.

The following table lists the DUHN communities/groups and identified significant health needs and community resources/assets.

| Significant Health Need | Target Population  | Geographic Area (City, Zip Code, County of San Bernardino)   | Community Resources (Name of Organization(s))  |
|-------------------------|--|--|--|
| Access to Resources     | Low income persons and broader community; residents of rural communities | <ul style="list-style-type: none"> <li>• Adelanto, 92301</li> <li>• Lucerne Valley, 92356</li> <li>• Oro Grande, 92368</li> <li>• Old-Town Victorville, 92395</li> <li>• Phelan, 92371</li> </ul>  | <ul style="list-style-type: none"> <li>• Local school districts</li> <li>• San Bernardino County Public Health Dept.</li> <li>• San Bernardino County Department of Behavioral Health</li> <li>• Victor Valley Transit Authority</li> </ul>  |
| Mental Health           | Low income and broader community   | <ul style="list-style-type: none"> <li>• Adelanto, 92301</li> <li>• Apple Valley, 92307 &amp; 92308</li> <li>• Lucerne Valley, 92356</li> <li>• Oro Grande, 92368</li> <li>• Old-Town Victorville, 92395</li> <li>• Phelan, 92371</li> </ul> | <ul style="list-style-type: none"> <li>• Family Service Agency of San Bernardino</li> <li>• Mission Community Clinic</li> <li>• National Alliance for Mental Health, (NAMI)</li> <li>• San Bernardino County Department of Behavioral Health</li> <li>• Special Education counseling services (SELPA)</li> <li>• Stars Behavioral Health Walk-in Center</li> <li>• Sunset Hills Children’s Foundation</li> </ul> |
| Obesity                 | Low income persons and broader   | <ul style="list-style-type: none"> <li>• Adelanto, 92301</li> <li>• Apple Valley, 92307 &amp; 92308</li> </ul>   | <ul style="list-style-type: none"> <li>• Healthy City campaigns of Adelanto, Apple Valley, Hesperia, Snowline and Victorville</li> </ul>   |

*St. Joseph Health, St. Mary  
FY18 Community Benefit Report*

|                    |  |   |  |
|--------------------|--|---|--|
|                    | community                                | <ul style="list-style-type: none"> <li>• Hesperia, 92344 &amp; 92345</li> <li>• Lucerne Valley, 92356</li> <li>• Old-Town Victorville, 92395</li> <li>• Oro Grande, 92368</li> <li>• Phelan, 92371</li> </ul>   | <ul style="list-style-type: none"> <li>•Heritage Victor Valley Medical Group</li> <li>•San Bernardino County’s Vision2Be Active and Nutrition Department’s Communities of Excellence, Health &amp; Soul and Retail programs</li> <li>•Summer Meals Program</li> </ul>  |
| Diabetes           | Low income persons and broader community | <ul style="list-style-type: none"> <li>• Adelanto, 92301</li> <li>• Apple Valley, 92307&amp;92308</li> <li>• Hesperia, 92344&amp;92345</li> <li>• Lucerne Valley, 92356</li> <li>• Old-Town Victorville, 92395</li> <li>• Oro Grande, 92368</li> <li>• Phelan, 92371</li> </ul>   | <ul style="list-style-type: none"> <li>•Heritage Victor Valley Medical Group</li> <li>•St. Mary High Desert Medical Group</li> </ul>   |
| Food and Nutrition | Low income persons and broader community | <ul style="list-style-type: none"> <li>• Adelanto, 92301</li> <li>• Apple Valley, 92307&amp; 92308</li> <li>• Hesperia, 92344&amp; 92345</li> <li>• Lucerne Valley, 92356</li> <li>• Old-Town Victorville, 92395</li> <li>• Oro Grande, 92368</li> <li>• Phelan, 92371</li> </ul> | <ul style="list-style-type: none"> <li>•Another Level for Women</li> <li>•Broken Hearts Ministry</li> <li>•Community Action Partnership</li> <li>•Community Health Action Network</li> <li>•Food Forward</li> <li>• High Desert Food Collaborative</li> <li>•High Desert Outreach Center</li> <li>•Lords Table</li> <li>•Squash4Friends</li> <li>•Summer Meals program and schools hosting</li> <li>•Victor Valley Rescue Mission</li> </ul> |
| Substance Abuse    | Low income persons                       | <ul style="list-style-type: none"> <li>• Adelanto, 92301</li> <li>• Lucerne Valley, 92356</li> <li>• Oro Grande, 92368</li> <li>• Old-Town Victorville, 92395</li> <li>• Phelan, 92371</li> </ul>   | <ul style="list-style-type: none"> <li>•AEGIS</li> <li>•Family Service Agency of San Bernardino County</li> <li>•Mission City Clinic</li> <li>•No Drugs America</li> <li>•San Bernardino County Department of Behavioral Health</li> <li>•St. John of God Healthcare Services</li> <li>•Stars Health Walk-in Center</li> </ul>   |
| Lack of Exercise   | Low income persons and broader community | <ul style="list-style-type: none"> <li>• Adelanto, 92301</li> <li>• Lucerne Valley, 92356</li> <li>• Oro Grande, 92368</li> <li>• Old-Town Victorville, 92395</li> <li>• Phelan, 92371</li> </ul>   | <ul style="list-style-type: none"> <li>•Adelanto School District</li> <li>•City of Adelanto</li> <li>•City of Victorville and Town of Apple Valley</li> <li>•Free Zumba® initiatives in</li> </ul>   |

*St. Joseph Health, St. Mary  
FY18 Community Benefit Report*

|                     |  |  |  |
|---------------------|--|--|--|
|                     |  |  | <p>Adelanto and old-town Victorville</p> <ul style="list-style-type: none"> <li>•Healthy City recreation programs</li> <li>•Town of Apple Valley’s “Vantastic” mobile play program</li> </ul>  |
| Education           | Low income persons and Broader Communities   | <ul style="list-style-type: none"> <li>• Adelanto, 92301</li> <li>• Lucerne Valley, 92356</li> <li>• Old-Town Victorville, 92395</li> <li>• Phelan, 92371</li> </ul>   | <ul style="list-style-type: none"> <li>•Adelanto School District</li> <li>•Alliance For Education</li> <li>•California State University, San Bernardino</li> <li>•Don Ferrarese Charitable Foundation</li> <li>•Lucerne Valley School District</li> <li>•SELPA education programs</li> <li>•Millionaire Mind Kids</li> <li>•Snowline School District</li> <li>•Victor Community College</li> </ul> |
| Economic Insecurity | Low income persons and Broader Communities   | <ul style="list-style-type: none"> <li>• Adelanto,92301</li> <li>• Apple Valley, 92307&amp;92308</li> <li>• Hesperia, 923444&amp;92345</li> <li>• Lucerne Valley, 92356</li> <li>• Phelan, 92371</li> <li>• Old-Town Victorville, 92395</li> </ul> | <ul style="list-style-type: none"> <li>•Local city Economic Development Departments</li> <li>•San Bernardino County Department of Economic Development</li> <li>•Workforce Development</li> </ul>  |
| Walkability         | Low income persons and Broader Communities   | Parts of Primary Service Area (PSA) and Secondary Service Area (SSA)   | <ul style="list-style-type: none"> <li>•City planning and economic development departments</li> <li>•Southern California Association of Governments,</li> <li>•Mojave Air Quality Management District</li> </ul>   |
| Homelessness        | Chronically ill homeless (e.g., severe brain disease, substance abuse, criminal record, pedophilia), families in crisis (without housing), runaway youth, foster | <ul style="list-style-type: none"> <li>• Old-Town Victorville, 92395</li> </ul>  | <ul style="list-style-type: none"> <li>•Azusa Pacific Nursing Program</li> <li>•City of Victorville</li> <li>•High Desert Homeless Services</li> <li>•Orinda Foundation</li> <li>•San Bernardino County Sheriff (HOPE program)</li> <li>•San Bernardino County Department of Behavioral Health (office of homeless services)</li> <li>•Step Up</li> </ul>  |

*St. Joseph Health, St. Mary  
FY18 Community Benefit Report*

|                            |  |   |   |
|----------------------------|--|---|---|
|                            | youth                                      |   |   |
| Insurance and Cost of Care | Low income persons                         | <ul style="list-style-type: none"> <li>• Adelanto, 92301</li> <li>• Apple Valley, 92307&amp;92308</li> <li>• Hesperia, 92344&amp;92345</li> <li>• Lucerne Valley, 92356</li> <li>• Old-Town Victorville, 923495</li> <li>• Phelan, 92371</li> </ul> | <ul style="list-style-type: none"> <li>• Azusa Pacific University Nursing Program</li> <li>• Clínica Médica Familiar</li> <li>• Covered California</li> <li>• Inland Empire Health Plan (IEHP)</li> <li>• Mission City Clinic</li> <li>• Molina Healthcare</li> <li>• San Bernardino County Community Clinic Association</li> <li>• San Bernardino County Public Health and Department of Behavioral Health</li> <li>• St. John of God Healthcare Services</li> </ul> |
| Housing Concerns           | Low income persons and Broader Communities | <ul style="list-style-type: none"> <li>• Adelanto, 92301</li> <li>• Apple Valley, 92307&amp;92308</li> <li>• Hesperia, 92344&amp;92345</li> <li>• Lucerne Valley, 92356</li> <li>• Phelan, 92371</li> <li>• Old-Town Victorville, 92395</li> </ul>  | <ul style="list-style-type: none"> <li>• Housing Authority of San Bernardino County and Transitional Assistance Department</li> <li>• Housing Partners Inc.</li> <li>• Low income housing stabilization programs of Adelanto, Apple Valley, Hesperia and Victorville</li> </ul>   |
| Pollution and Air Quality  | Low income persons and Broader Communities | <ul style="list-style-type: none"> <li>• Adelanto, 92301</li> <li>• Old-Town Victorville, 92395</li> </ul>  | <ul style="list-style-type: none"> <li>• Community Action Partnership (lead paint abatement of residential housing)</li> <li>• Mojave Air Quality Management District,</li> <li>• San Bernardino County Department of Environmental Health</li> </ul>   |
| Crime and Safety           | Low income persons and Broader Communities | <ul style="list-style-type: none"> <li>• North Adelanto, 92301</li> <li>• Old-Town Hesperia, 92345</li> <li>• Old-Town Victorville, 92395</li> <li>• Vista Loma and Yucca Loma neighborhoods of Apple Valley, 92307&amp; 92308</li> </ul>           | <ul style="list-style-type: none"> <li>• Local school districts of Adelanto, Apple Valley, Hesperia and Victorville.</li> <li>• Sheriff departments of Adelanto, Apple Valley, Hesperia and Victorville</li> </ul>  |

## Community Health Needs Prioritized

### List of Priority Health Needs

*St. Joseph Health, St. Mary  
FY18 Community Benefit Report*

The matrix below shows the 15 health needs identified through the selection process, and their final prioritized scores. The check marks indicate each source of input and whether this issue was identified as a need by that input process.

| Significant Health Need    | Health Category      | Total Rank Score | Community Data | Resident Focus Groups (FG) | Non-profit/ Govt. Stakeholder FG | Community Forum |
|----------------------------|----------------------|------------------|----------------|----------------------------|----------------------------------|-----------------|
| Access to Resources        | Clinical Care        | 42.2             | ✓              | ✓                          | ✓                                | ✓               |
| Mental Health              | Health Outcome       | 41.8             | ✓              | ✓                          | ✓                                | ✓               |
| Obesity                    | Health Behavior      | 41.4             | ✓              | ✓                          | ✓                                |                 |
| Diabetes                   | Health Outcome       | 38.8             | ✓              |                            |                                  |                 |
| Food and Nutrition         | Health Behavior      | 38.5             | ✓              | ✓                          | ✓                                |                 |
| Substance Abuse            | Health Behavior      | 38.0             | ✓              | ✓                          | ✓                                |                 |
| Lack of Exercise           | Health Behavior      | 37.4             | ✓              | ✓                          | ✓                                | ✓               |
| Education                  | Socioeconomic        | 37.0             | ✓              | ✓                          |                                  | ✓               |
| Economic Insecurity        | Socioeconomic        | 35.1             | ✓              | ✓                          | ✓                                | ✓               |
| Walkability                | Physical Environment | 33.6             | ✓              | ✓                          | ✓                                | ✓               |
| Homelessness               | Socioeconomic        | 32.9             |                | ✓                          | ✓                                | ✓               |
| Insurance and Cost of Care | Clinical Care        | 32.6             | ✓              | ✓                          | ✓                                | ✓               |
| Housing Concerns           | Physical Environment | 30.8             | ✓              |                            | ✓                                |                 |
| Pollution and Air Quality  | Physical Environment | 29.6             | ✓              |                            |                                  |                 |
| Crime and Safety           | Physical Environment | 29.1             | ✓              | ✓                          | ✓                                |                 |

Based on the combined results of the assessment process, St. Joseph Health, St. Mary will address the following priority areas as part of its FY18-FY20 CB Plan/Implementation Strategy Report:

- Access to Resources (clinical care)
- Mental Health and Substance Abuse (health outcome)
- Obesity (health behavior)

**Access to Resources** emerged as a consistent priority throughout the CHNA process. It was a major discussion point in every focus group and received substantial support in the community forum. The indicator data shows that the county has relatively few physicians and dentists compared to California averages. The issue was identified as a top priority through steps 1 and 2 of the prioritization process, and was endorsed by the Community Benefit Committee. The

committee discussed how the hospital was in a unique position to expand services having made progress over the past three years expanding programs and clinic visits to the poor.

**Mental Health and Substance Abuse** were originally considered as separate issues but combined by the Community Benefit Committee. Committee members also discussed that mental health will be a priority focus of Providence St. Joseph Health over the next ten years. Mental Health was a frequent theme in the focus groups and forum, particularly focusing on the stresses caused by economic insecurity, the challenges faced by children and teens, and the lack of providers. The lack of providers is supported by county-wide data. It was the second highest priority through the first steps of the prioritization process. Substance Abuse was the sixth highest priority, and was also a strong theme across all focus groups.

**Obesity** was an issue initially highlighted by the indicator data, which shows an obesity rate in adults of 37%, compared to a state rate of 26%. In teens, the rate for the service area is 38%, compared to 33% for the state. Obesity was frequently discussed in the focus groups, particularly in conjunction with root causes such as nutrition and lack of exercise. Food and Nutrition was a major theme in all focus groups, and Lack of Exercise also emerged as an issue in the community process. Challenges with Walkability also were frequent themes in the process. Indicator data shows that only 28% of adults in the service area walk regularly, compared to 33% for California. Obesity was identified as the third highest priority after steps 1 and 2 of the process. The committee discussed the progress it has made with nutrition and exercise campaigns including efforts expanding student nutrition and fitness campaigns in local schools.

### **Needs Beyond the Hospital's Service Program**

No hospital facility can address all of the health needs present in its community. We are committed to continue our Mission through Community Benefit Programs and by funding other non-profits through our Care for the Poor program managed by St. Joseph Health, St. Mary.

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. Organizations that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout St. Joseph Health, St. Mary's service areas.

The following community health needs identified in the ministry CHNA will not be addressed and an explanation is provided below:

**Diabetes:** Specifically focused on the health condition of diabetes, and awareness and prevention of it. This 2017 Community Health Needs Assessment ranked diabetes 4<sup>th</sup> in need

the expertise addressing this health outcome high. St. Joseph Health, St. Mary's Diabetes Program remains the only American Diabetes Association certified program in the hospital's Total Service Area. The program expands nutritional and certified diabetes trained staff from hospital-based diabetes and child obesity programs. Program staff began participating in a SJH regional diabetes workgroup sharing best practices. A referral relationship was established from physicians of St. Mary High Desert Medical Group. The targeting of diabetes education in neighborhoods with poor and uninsured persons and populations has increased through introduction to residents of Communities of Excellence program nutrition and physical activity campaign. Efforts to discuss diabetes screening during food pantry giveaways started. In addition, the hospital's Diabetes program is starting to implement a CDC Curriculum, "Diabetes Prevention Program," throughout the High Desert.

**Food and Nutrition:** Concerns about healthy eating habits, nutrition knowledge, and challenges of cost and availability of healthy options. An integrated approach to address issues of being a food desert are being tackled through a regional approach – the Community Action Partnership – High Desert Food Collaborative. Outside non-profits are being approached, for example, Food Forward. This Los Angeles based non-profit was recruited to provide donations of fresh fruits and vegetables to local food pantries operated in Adelanto, Apple Valley, Phelan and Victorville. The majority of food pantries are operated by churches: Broken Hearts Ministry, The Lord's Table, Another Level for Women, Victor Valley Rescue Mission. Other non-profits working around this need are the High Desert Outreach Center, Squash4Friends, and schools that are hosting Summer Meal Programs. Community Action Partnership received a planning grant to begin developing a timeline for opening a local High Desert office that would include a small food bank.

**Substance Abuse:** Pertains to the misuse of all drugs, including alcohol, marijuana, opiates, prescription medication, and other legal or illegal substances. It does not encompass cigarette smoking, which was considered separately and not identified as a significant health need. Our hospital's lack of expertise in this matter has placed us in contact with other non-profits. We gave, and foresee continuing giving, Care for the Poor restricted funds, to provide counseling for participants of St. John of God's Healthcare Services' 90-day drug and alcohol center. Prior to this grant, this extra level of service was not offered, and now participants on this substance abuse program can explore the underlying reasons behind their substance abuse, address that trauma, and can devise a plan to cope without the use of drugs and liquor.

**Lack of Exercise:** In addition to the behavior itself, it also includes issues around access to places to exercise and people not having enough time to exercise. This issue is tied very closely to Obesity (which was identified as a priority) and will be addressed through St. Joseph Health, St. Mary's Communities of Excellence work, with the Adelanto Senior Center and the Victorville Parks and Recreation Department, both host free weekly physical activity classes. We are actively seeking new faith based organizations and other Parks and Recreation Departments to



host free physical activity classes in low income neighborhoods. Also, through the healthy cities initiatives in Adelanto, Apple Valley, Hesperia and Victorville, we constantly advocate city leaders to create bike pathways, more parks and safety measures so that more families can enjoy the parks and their surrounding neighborhoods.

**Economic Insecurity:** Identified as a root cause of other health issues, this issue covers the effects of poverty and economic concerns as well as difficulties around finding jobs that pay livable salaries. St. Joseph Health, St. Mary will collaborate with local city Economic Development Departments, and the Workforce Development Force that address aforementioned community needs.

**Education:** Includes both formal education goals and attainment, including job training, and community-based education around issues such as exercise, nutrition, health access, and finances. Health education is tied very closely to Obesity (which was identified as a priority) and will be addressed through St. Joseph Health, St. Mary's Communities of Excellence work, which take place in Adelanto, Apple Valley, Hesperia, Piñon Hills and Victorville. In addition, our facility has formal understandings with several universities and colleges to provide "Health professions education" that result in a degree, certificate, or training necessary to be licensed to practice as a health professional, as required by state law, or continuing education necessary to retain state license or certification by a board in the individual's health profession specialty.

**Walkability:** The lack of walkable areas and streets, including the lack of sidewalks, crosswalks, street lights, as well as the long distances necessary to go places and the prevalence of high-speed busy streets. This issue is tied very closely to Obesity (which was identified as a priority) and will be addressed through St. Joseph Health, St. Mary's Communities of Excellence work. In November of 2017 city leaders from Adelanto, Apple Valley, Hesperia, Piñon Hills and Victorville received a "report card" on the state of walkability in low income neighborhoods, as well as the lack of access of affordable fresh produce for residents living in these neighborhoods. We will train residents to advocate for this issue through their elected officials, by voicing their concerns in City Planning and City Council Meetings.

**Homelessness:** Primarily focused on the condition of homelessness, including helping homeless individuals, prevention of homelessness, and mitigating its impact on communities. According to the 2017 San Bernardino County Homeless Count and Survey, the city of Victorville has the third highest homeless population in the County of San Bernardino. The First District Supervisor's office has focused on rapid re-housing, and the City of Victorville's Sheriff's office has the Homeless Outreach Proactive Enforcement (H.O.P.E.) Program aimed at addressing needs of the homeless population.

In addition, we have the Homeless Services Shelter, Victor Valley Rescue Mission and St. John of God providing housing to homeless individuals and families. There are also two Domestic Violence Shelters; Family Assistance Program and A Better Way.

**Insurance and Cost of Care:** Encompasses both those who do not have health insurance, but also those for whom the cost of services is a barrier even though they have insurance. Providence St. Joseph Health - St. Mary offers primary care services and chronic disease management through our Bright Futures Mobile Van for those that are uninsured in the communities of Adelanto, Apple Valley, Hesperia, Lucerne Valley and Victorville. We also partner with Covered California in insurance enrollment campaigns and are continue advocacy supporting Federally Qualified Health Clinics (FQHC) expansion. Three FQHC operators support the region: Borrego Health (Barstow and Adelanto) Mission City (Barstow and Victorville) and San Bernardino County Public Health (Adelanto and Hesperia).

**Housing Concerns:** Includes affordability, availability, overcrowding, and quality of housing. St. Joseph Health, St. Mary recognizes that other organizations have a greater expertise in this matter. Low income housing stabilization programs of Adelanto, Apple Valley, Hesperia and Victorville as well as the Housing Authority of San Bernardino County and Transitional Assistance Department, and Housing Partners I Inc., all address this relatively low priority issue.

**Pollution and Air Quality:** Includes industrial pollution but also vermin, trash, and dust due to dryness and a lack of paved roads. This issue was second to lowest priority issue identified through the 2017 Community Health Needs Assessment. Organizations working on this need are the Mojave Air Quality Management District, San Bernardino County Department of Environmental Health and the Community Action Partnership through their Lead paint abatement of residential housing.

**Crime and Safety:** Encompasses the incidence of crime and violence as well as the fear of it, which prevents people from using open space or enjoying their community. This issue finished last, with the lowest priority. By working with local law enforcement offices, school districts, and elected officials, our hope is that crime will go down and the image of the High Desert region will improve, attracting new employers to this region.

## **COMMUNITY BENEFIT PLANNING PROCESS**

### **Summary of Community Benefit Planning Process**

As the only non-profit hospital serving the high desert St. Mary has partnered with San Bernardino County Department of Public Health to assist in developing and implementing a Community Transformation Plan 2015-2020 encompassing a health improvement plan named "Access to Health & Wellness". The county looks to the hospital's expertise working in local communities to identify partners helping expand county health programs offering clinical and wellness programs.

Hospital staff joined formal county-led workgroups established to develop strategies and long-term and short-term targets in key health areas. The following county-wide strategies align with the hospital's 2018-2020 implementation plan:

- Improve the network of healthcare services available in the region
- Increase the number of adults with mental health or substance abuse disorders who receive treatment
- Begin a community wide effort addressing crime and its impact on mental health
- Increase the proportion of adults and youth who are at a healthy weight
- Begin research and advocacy improving the readiness of young children entering kindergarden

Source: <http://communityvitalsigns.org/>

Locally, the hospital continues obtaining input about improving access to health and social services. Operators of community clinics seek ways to increase public visibility to improve patient volume. Low income residents continue advocating that providers of health and social services offer culturally competent care with evening and weekend services. Finally, the poor continue advocacy to improve access to low cost services including transportation, medication and healthy foods, access to jobs and programs for youth.

**Addressing the Needs of the Community: Access to Resources**  
**FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan**  
**FY18 Accomplishments**

**1. Initiative/Community Need being Addressed: Access to Resources/Health Care**

**Goal (anticipated impact):** Improve access to health services and socioeconomic resources to persons living in targeted communities throughout the High Desert.

| Outcome Measure  | Strategy Measure                                       | FY17 Baseline   | FY18 Target | FY18 Results  |
|--|--|---|-------------|---|
| Improve the network of health care services in the High Desert | # of new services provided by hospital and/or partners | # of new services provided by hospital and/or partners<br><br>3<br><br>(1) Telepsychiatry<br>(ER based psychiatric care)<br><br>(2) TEST Program<br>(ER based mental health navigator)<br><br>(3) St. Mary Urgent Care<br>(new Apple Valley office) | 6           | <b>Target Met</b><br>“FY17 Baseline”<br>partners plus:<br><br>(4) Center for Oral Health (mobile dental Early Smiles services to Medi-Cal patients with 10 referring dentists)<br><br>(5) Physician Health Collaborative Corp. (Free nutrition and diabetes education in Adelanto and Victorville)<br><br>(6) Borrego Health (health programs in Adelanto as a Federally Qualified Health Center) |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  | (7) Lucerne Valley Clinic<br>(Mobile Primary Care) |
|--|--|--|--|--|

**Addressing the Needs of the Community: Access to Resources  
FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan  
FY18 Accomplishments**

**1. Initiative/Community Need being Addressed: Access to Resources/Health Care (continued)**

**Goal (anticipated impact):** Improve access to health services and socioeconomic resources to persons living in targeted communities throughout the High Desert.

| Strategy(ies)  | Strategy Measure                                   | FY17 Baseline                          | FY18 Target                            | FY18 Result  |
|--|--|--|--|--|
| Increase the # of locations and clinic days available for care                             | # of clinic locations<br><br># of clinics per week | 7 locations<br><br>19 clinics per week | 8 locations<br><br>21 clinics per week | <b><u>Unmet Target</u></b><br>7 clinic locations:<br><ol style="list-style-type: none"> <li>1. Adelanto Clinic</li> <li>2. Apple Valley Clinic</li> <li>3. Hesperia Clinic</li> <li>4. JamesWoody Center</li> <li>5. Lucerne Valley</li> <li>6. Phoenix Academy School</li> <li>7. St. Joan of Arc Church</li> </ol> 15 clinics per week – not met due to lack of providers. |
| Provide primary care home for uninsured (self pay) patients utilizing hospital ER for care | # of uninsured patients establishing               | 0                                      | 4 Emergency Room Patients              | <b><u>Target Met</u></b><br>Patients using community clinic for care as opposed  |

*St. Joseph Health, St. Mary  
FY18 Community Benefit Report*

|  |  |   |                         |   |
|--|--|---|-------------------------|---|
|  | community clinic as medical home   |   |                         | to Emergency Room. Started contacting uninsured E.R. patients in FY18.  |
| Increase the number of unique patients utilizing cilinics for care   | # unique patient encounters served by Community Clinic<br># of returning patients<br># of total encounters | 1,668   | 10% improvement = 1,835 | <b>Target Met</b><br>1,956  |
| Engage Faith Communities in health care ministries for their members | # of faith partners with health care ministry  | 2<br><br>(1) United in Christ Baptist Church<br><br>(2) St. Joan of Arc | 3                       | <b>Target Met</b><br>1. Gate Church<br>2. High Desert Church<br>3. Life Church<br>4. New Hope<br>5. St. Joan of Arc<br>6. United in Christ<br>7. Victory Christian Center |

**Addressing the Needs of the Community: Access to Resources  
FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan  
FY18 Accomplishments**

**1. Initiative/Community Need being Addressed: Access to Resources/Health Care (continued)**

**Goal (anticipated impact):** Improve access to health services and socioeconomic resources to persons living in targeted communities throughout the High Desert.

**Evidence Based Sources:** <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives>

**Key Community Partners:** Adelanto School District, local faith communities, Lucerne Valley Market and Hardware, Apple Valley Unified School District, San Bernardino County Department of Public Health, San Bernardino County Department of Behavioral Health, Center for Oral Health, St. Mary High Desert Medical Group, First 5 Commission of San Bernardino, Inland Counties Legal Services, St. John of God Healthcare Services, Shiloh Health/Specialty Health Partners, Inland Empire Covered Health Initiative, Loma Linda University Medical Center, Inland Empire Health Plan, Molina Health, Community Health Action Network.

**Resource Commitment:**

- Hospital and Care For The Poor funding of community health programs
- Grant support
- Assistance of faith partners
- Ability to continue navigation and follow-up of self-pay patients using hospital Emergency Room
- Use of hospital interpreter to refer Limited English Proficient patients to community clinics
- Neighborhood marketing of community clinic services through community events and resident meetings
- Ongoing staff provided by San Bernardino Department of Behavioral Health (TEST Pilot)
- Support and advocacy of: Inland Empire Covered Health Initiative, Center for Oral Health, First 5 of San Bernardino and Riverside counties

**FY18 Accomplishments:**

Increasing access to medical care and other resources was an identified need addressed through community clinic expansion. The hospital's 2017 Community Health Needs Assessment (CHNA) reports access concerns by 41.5% of respondents, an increase over 38.4% reported in the 2014 CHNA. The hospital's 2017 CHNA revealed the Total Service Area (TSA) served is slightly worse in uninsured, 20.3% of adults, versus 19.3% for the State of California, with lower rates of prenatal care in the first trimester as well: 79.0% in TSA vs. 83.8% for the state. In addition to three fixed clinics, the community clinics use mobile health clinics to serve rural neighborhoods. Known as the Bright Futures Mobile Van, services include physical examinations, immunizations, diabetes screening and management, cancer screenings and chronic disease management. While the community clinics do see patients with Medi-Cal, most people served are uninsured and not eligible for government programs such as Medi-Cal or subsidies through the state insurance exchange: Covered CA.

Accomplishment -The Bright Futures Mobile Van added another clinical site in a rural low-income neighborhood named Lucerne Valley. With this new site, the Bright Futures has a total of four sites providing weekly service. The community clinic department also runs three fixed clinic sites where prenatal and primary care services are provided by certified nurse midwives and nurse practitioners to those who are uninsured and underinsured (Medi-Cal).

Accomplishment: The community clinic provided a total of 27,286 clinical encounters; 5,247 encounters were provided through the Bright Futures mobile van; one out of every five total clinical encounters served rural populations with limited access, similar to FY17 results.

Accomplishment: Clinic programs track and report the number of unique patients served per site.

Accomplishment: Case management of uninsured patients using Emergency Department as a primary care setting began. The Community Clinic recruits staff to fill open positions. New hires will expand the number of days the clinics are open and serving patients.



**Addressing the Needs of the Community: Mental Health Care  
FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan  
FY18 Accomplishments**

**2. Initiative/Community Need being Addressed: Mental Health/Addiction**

**Goal (anticipated impact):** Improve the Mental Health of the most vulnerable adults in the High Desert

| Outcome Measure   | FY17 Baseline                    | FY18 Target | FY18 Result   |
|---|----------------------------------|-------------|---|
| Increase network of care programs for adults with mental health and substance abuse disorders | 2<br>St. Mary<br>St. John of God | 4           | <p><b><u>Target Met</u></b></p> <p>(1) Stars Behavioral Health – 24/7 crisis walk-in center and 16 bed adult residential facility</p> <p>(2) St. John of God Healthcare Services – substance recovery program</p> <p>(3) St. Mary Community Clinic – counseling and screening</p> <p>(4) St. Mary High Desert Medical Group</p> <p>(5) San Bernardino County Department of Behavioral Health Recovery Based Engagement Support Team (RBEST)</p> |

| Strategy(ies)   | Strategy Measure  | FY17 Baseline         | FY18 Target                              | FY18 Result  |
|---|---|-----------------------|--|--|
| Improve quality of care provided at community clinic settings for clients experiencing depression<br><br>(SJHH Regional Initiative) | # of community clinic and family resource center clients who improve their depression by one level (as measured with PHQ9 assessment) | 6 showed improvement  | 10% improvement = 7 showing improvement  | <b><u>Target Met</u></b><br>7 showed improvement             |
| Improve quality of care provided at 90-day addiction and recovery program for clients experiencing depression                       | # of recovery patients who improve their depression by one level (as measured with PHQ9 assessment)                                   | 38 showed improvement | 10% improvement = 42 showing improvement | <b><u>Target Met</u></b><br>75 patients reported improvement |

**Addressing the Needs of the Community: Mental Health Care  
FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan  
FY18 Accomplishments**

**2. Initiative/Community Need being Addressed: Mental Health/Addiction (continued)**

**Goal (anticipated impact):** Improve the Mental Health of the most vulnerable adults in the High Desert

| Strategy(ies)  | Strategy Measure  | FY17 Baseline   | FY18 Target | FY18 Result   |
|--|---|---|-------------|---|
| Collaborate with hospital and county partners to improve services to patients requiring acute care   | Reduce # of days patients requiring acute care are held at hospital Emergency Rooms awaiting care                                       | 1<br><br>Crisis Walk-in Center  | 2           | <p><b><u>Target Met</u></b></p> <ol style="list-style-type: none"> <li>1. Stars Crisis Walk-in Center</li> <li>2. Desert Hill Center – the High Desert’s first Crisis Residential Treatment Center</li> <li>3. Loma Linda University Medical Center Pediatric ER</li> <li>4. Colocation of County DBH TEST worker in hospital ER</li> </ol> |
| Collaborate with medical groups, faith communities and schools to provide mental health education and support group services to adults and youth | # of faith partners and school districts enhancing mental health services with education and services for adolescent mental health care | 3<br><br>1. Ascension Lutheran<br><br>2. High Desert Church<br><br>3. Life Church | 4           | <p><b><u>Target Met</u></b></p> <ol style="list-style-type: none"> <li>1. Ascension Lutheran</li> <li>2. Burning Bush Church</li> <li>3. Desert Trails School</li> <li>4. High Desert Church</li> <li>5. Life Church</li> <li>6. St. Joan of Arc Church</li> <li>7. St. Timothy’s Church</li> </ol>   |

**Addressing the Needs of the Community: Mental Health Care  
FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan  
FY18 Accomplishments**

**2. Initiative/Community Need being Addressed: Mental Health/Addiction (continued)**

**Mental Health/Addiction** – “upstream” initiative addressing crime and violence as causes of trauma and poor to fair ratings of self-reported mental health. **Please Note:** St. Joseph Health Community Partnership funded project with Prevention Institute

| Outcome Measure                            | FY17 Baseline | FY18 Target                                | FY18 Result  |
|--|---------------|--|--|
| Cross section of Community partners formed | 0             | Form collaboration and identify priorities | Core team established; 3 priorities identified – Housing, Local Wealth and Education |

| Strategy(ies)  | Strategy Measure  | FY17 Baseline | FY18 Target | FY18 Result   |
|--|---|---------------|-------------|---|
| Engage community partners addressing upstream determinants of health across the “Spectrum of Prevention” and the “Adverse Community Experience and Resilience model” | # of partners engaged in coalition addressing and preventing community level trauma | 0             | 10          | <p><b><u>Target Met</u></b><br/> <b><u>Partners engaged include:</u></b></p> <ol style="list-style-type: none"> <li>1. Abundent Living</li> <li>2. CASA</li> <li>3. Citizens for Safer Communities</li> <li>4. City of Victorville</li> <li>5. Department of Public Health, Community Vital Signs</li> <li>6. Desert Mountain SELPA</li> <li>7. El Sol</li> <li>8. Family Assistance Program</li> <li>9. First District Supervisor’s Office</li> <li>10. High Desert Homeless Shelter</li> <li>11. Institute for Public Strategies</li> <li>12. R.O.O.T.</li> <li>13. San Bernardino County Superintendent Office</li> <li>14. St. John of God</li> <li>15. Victor Valley Family Resource Center</li> </ol> |

*St. Joseph Health, St. Mary  
FY18 Community Benefit Report*

|   |   |          |          |   |
|---|---|----------|----------|---|
| <p>Advocate for policies and system changes that improve community determinants of health</p>                             | <p># of policies and system changes</p>                   | <p>0</p> | <p>3</p> | <p><b><u>Target Met</u></b><br/>           1. Adelanto’s Bartlett Street upgraded with blinking lights and crosswalk (improved pedestrian safety)<br/>           2. IEHP funded “Mobile Fresh” bus approved to sell low cost produce in old town Victorville (improved access to affordable fruits and vegetables)<br/>           3. San Bernardino County Department of Public Health become core member of hospital’s Intersections campaign to align with county prevention efforts<br/>           4. Hesperia Park and Recreation approves free Zumba sessions at its Limestreet Park Center (improved access to free exercise)</p> |
| <p>Create guidelines for improved housing, neighborhood and school safety, economic investment, workforce development</p> | <p># of guideline documents authored and disseminated</p> | <p>0</p> | <p>1</p> | <p><b><u>Unmet Target</u></b><br/>           1. Approval of old Town Specific Plan (which includes ROOT demands for improved street and lighting investments) to be approved Fall of 2018 by City of Vicorville (community safety)<br/>           2. Planning Commision decision to not amend policy allowing gas stations to sell distilled spirits scheduled Fall 2018 (public safety)</p>  |
| <p>Implement economic and safety plans for community cohesion and wellbeing</p>   | <p># of plans developed</p>                               | <p>0</p> | <p>1</p> | <p><b><u>Unmet Target</u></b><br/>           1. Approval of old Town Specific Plan (which includes ROOT demands for improved street and lighting investments) to be approved Fall of 2018 by City of Vicorville (public safety)</p>   |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  | <p>2. Planning Commission decision to not amend policy allowing gas stations to sell distilled spirits scheduled Fall 2018 (public safety)</p> <p>3. Victorville Planning Commission will make decision if Mall theatre allowed to sell wine and beer in Fall of 2018 (public safety). Theatre asking City treat it as a “restaurant” since it sells food including hots dogs and pizza.</p> |
|--|--|--|--|--|

**Addressing the Needs of the Community: Mental Health Care  
FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan  
FY18 Accomplishments**

**2. Initiative/Community Need being Addressed: Mental Health/Addiction (continued)**

**Mental Health/Addiction** – “upstream” initiative addressing crime and violence as causes of trauma and poor to fair ratings of self-reported mental health  
 note: St. Joseph Health Community Partnership funded project with Prevention Institute

**Evidence Based Sources:** <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health>;  
<https://www.preventioninstitute.org/publications/adverse-community-experiences-and-resilience-framework-addressing-and-preventing>; <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>  
<https://www.healthypeople.gov/2020/topics-objectives/topic/health-related-quality-of-life-well-being>

**Key Community Partners:** Ascension Lutheran Church (Apple Valley), High Desert Church (Apple Valley, Hesperia, Phelan and Victorville campuses), Life Church (Victorville), The Gate Church (Victorville), San Bernardino County Department of Behavioral Health, Hospital Association of San Bernardino County – Inland Region, Stars Behavioral Health-Crisis Walk-In Center (Victorville), Family Assist (Victorville), Adelanto School District, San Bernardino County School District, Apple Valley Unified School District, Hesperia Unified School District, Victorville Elementary School District, Victorville High School District, St. Mary High Desert Medical Group, Shiloh Medical/Specialty Health Partners, Family Service Agency of San Bernardino, Prevention Institute, San Bernardino County Sheriff, Adelanto, Apple Valley, Hesperia, Victorville city governments, Hospital Association of Southern California, San Bernardino County Workforce

Development, County Supervisor Robert Lovingood, St. Joseph Health Community Partnership Fund, National Association of Mental Illness – Inland, San Bernardino and Pomona chapters.

**Resource Commitments:**

- Counseling staff at community health clinics and St. Mary High Desert Medical Group,
- Hospital staff continuing in HASC-IE/County hospital collaborative;
- Continuation of Faith Health initiative, staff supporting faith, school and community-led mental health education and support groups; continuation of Memorandum of Understanding between hospital and County Department of Behavioral Health for Triage Engagement and Support Teams (TEST) program,
- Grant fund engaging Prevention Institute in community coalition building over three years;
- Hospital engagement in Hospital Association’s Communities Lifting Communities initiative.

**FY18 Accomplishments:**

The lack of mental health resources was a frequent theme from focus groups and forums in the hospital’s 2017 CHNA. As a result the hospital will improve therapy at clinics and partners; advocate for additional services with the County of San Bernardino, Department of Behavioral Health; collaborate with partners to improve services; create awareness addressing stigma, and collaborate to understand root cause issues to mental health and crime.

Accomplishment – a total of 3,875 mental health clinical encounters, a 23% increase over FY17 performance. The community clinic’s Bridges for Families Resource Center provided 1,441 short-term counseling visits for individual, couples and family, an increase of 154% over FY17 results, due in great part to hiring and supervision of interns.

Accomplishment – In recognition of the month of May as “National Mental Health month”, the community clinics organized the region’s first “Mental Health Summit. With over 200 in attendance, the summit addressed stigma, suicide and trauma and the lack of services in the community. The Mental Health Summit will become an annual event in partnership with the community.

Accomplishment – Made possible by hospital grant funds, St. John of God, the community’s only 90-day addiction recovery program exceeded it’s 10% improvement target assisting 75 patients to improve upon their feelings of depression and PTSD. Marriage and Family Therapist (MFT) interns meet weekly with patients and develop individualized care plans. The interns, upon state certification as LMFTs

*St. Joseph Health, St. Mary  
FY18 Community Benefit Report*

may seek local employment as therapists. St. John of God also looks to add a Medical Director enabling mediation therapy to treat addiction.

Accomplishment - St. Joseph Health Community Partnership funded a project addressing “root causes” linked with community wide mental health and concerns with crime. A core team, of 15 non-profits and government agencies formed into a local coalition. The coalition applied the [Tool for Health & Resilience in Vulnerable Environments](#) (THRIVE assessment model) to local factors impacting the health and well being of the hospital’s Total Service Area. Three community issues were selected: (1) Housing, (2) Education and (3) Living Wages/Local Wealth. In the Fall of 2018, a multi-year plan addressing local concerns will be developed and implemented. The project will be funded from the SJH Community Partnership Fund.

Advocacy – We continue to discuss better ways to provide mental health services for children and adolescents. There are no facilities in the High Desert, with the closest facility 50 miles away, a one hour drive, Loma Linda University Children’s Hospital.

**Addressing the Needs of the Community: Obesity & Child Wellness  
FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan  
FY18 Accomplishments**

**3. Initiative/Community Need being Addressed: Obesity/Child Wellness**

**Goal (anticipated impact):** Promote health and reduce chronic risk through the consumption of healthy foods and maintenance of healthy body weight

| Outcome Measure  | FY17 Baseline | FY18 Target      | FY18 Results |
|--|---------------|------------------|--------------|
| Decrease the prevalence of adult obesity (ages 18+)          | 36.6%         | No measure taken | TBD          |
| Improve regular physical activity of youth (ages 5-17 years) | 24.2%         | No measure taken | TBD          |

| Strategy(ies)  | Strategy Measure  | FY17 Baseline | FY18 Target              | FY18 Results  |
|--|---|---------------|--------------------------|---|
| Implement Communities of Excellence Nutrition and Physical Activity campaigns in community and faith locations | # of adults reporting weight loss through fitness campaigns | 69            | 200                      | <b><u>Unmet Target</u></b><br>70 adults report weight loss.<br>Will conduct a Weight Loss Challenge in October 2018 for FY19. |
| Implement “Wellness for Youth” in elementary schools   | # of students engaged in wellness and movement program      | 550           | 1,000<br>New Target: 525 | <b><u>Target Met</u></b><br>525   |
| Participate in school district wellness committees   | # of school district wellness committees                    | 0             | 1                        | <b><u>Target Met</u></b><br>Hesperia Unified School District  |



**Addressing the Needs of the Community: Obesity & Child Wellness  
FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan  
FY18 Accomplishments**

**3. Initiative/Community Need being Addressed: Obesity/Child Wellness (continued)**

**Goal (anticipated impact):** Promote health and reduce chronic risk through the consumption of healthy foods and maintenance of healthy body weight

**Evidence Based Sources:** <https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives>  
<https://www.cdc.gov/healthyschools/shi/index.htm>  
<http://assessment.communitycommons.org/CHNA/ActionExample.aspx>

**Key Community Partners:** Adelanto, Apple Valley, Hesperia, Snowline and Victorville school districts, Principals, 5<sup>th</sup> grade teachers, parents and students, school wellness councils, Faith partners, SQORD, local fitness events, San Bernardino County Nutrition Action Partnership, Healthy City campaigns, High Desert Food Collaborative

**Resource Commitment:** Director of Community Wellness Innovation, Communities of Excellence staff and partners, staff at faith communities, school principals and teachers, school staff on wellness councils.

**FY18 Accomplishments:**

The Communities of Excellence, geared for adults, taught Healthy Eating Active Living (H.E.A.L.) a Department of Public Health approved nutrition curriculum in the cities of Adelanto, Apple Valley, Hesperia, Piñon Hills and Victorville. 428 encounters were recorded for the Communities of Excellence nutrition education. It also continued providing free physical education classes, located in low income neighborhoods in Adelanto and Victorville, where many participants report not having enough money for a gym membership, and some, no transportation.

Accomplishment - Two new exercise sites were added in Apple Valley and Hesperia in FY18. In total, there were 4,902 recorded encounters for physical activity classes for all four cities.

Accomplishment - The Faith Based Program, run through the Community Clinics, brought a nurse into seven faith based organizations to encourage and create a healthy ministry, creating a healthy legacy benefits for the congregation as a whole. It taught the H.E.A.L. nutrition curriculum and recorded 1,167 attendance in FY18.

Accomplishment - The “Wellness for Youth” school based program targets 5<sup>TH</sup> grade children at a critical time when data demonstrates their physical activity levels decline drastically. St. Mary created the “7 Dimensions of Wellness” curriculum, aligned with state Common Core standards, and offered it twice a month at five participating schools reaching 525 students. In 18 classrooms students were taught lesson plans in academic, emotional, environmental, occupational physical, social and spiritual well-being. The program established new targets for FY18. In total, 8,437 encounters were recorded for this program.

**Addressing the Needs of the Community: Early Education  
FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan**

**4. Regional Initiative/Community Need being Addressed: Youth readiness entering school**

**Goal (anticipated impact):** “upstream” effort supporting education partners leading to improved child readiness in one low income community

note: SJHH regional initiative addressing education as social determinant of health

| Outcome Measure   | FY17 Baseline | FY18 Target | FY18 Results  |
|---|---------------|-------------|---|
| Use of Early Development Instrument (EDI) in High Desert to improve child development<br><br>(SJHH regional work addressing social disparity) | 0             | TBD         | Regional Effort.<br>Our goal is to learn from hospital’s work in Orange County. |

| Strategy(ies)  | Strategy Measure   | FY17 Baseline   | FY18 Target | FY18 Results  |
|--|--|---|-------------|---|
| Begin research to identify use of EDI for children entering school | #of entities using tool<br><br># of best practice strategies being used to identify high need children | 0   | TBD         | Presented EDI framework to First 5 of San Bernardino as implemented in Orange County and Los Angeles                |
| Develop network of early child health advocates                    | #of partners   | 2<br>First 5,<br>San Bernardino<br>County Pre-schools | 3           | <b><u>Target Met</u></b><br>First 5 San Bernardino<br>County Pre-Schools<br>Inland Empire Covered Health Initiative |

Note: above initiative supports SJH-Hoag Affiliation agreement to address social disparity - education

**Evidence Based Sources:** <http://www.healthychild.ucla.edu/ourwork/edi/>

**Key Community Partners:** UCLA Center for Healthier Children, Families and Communities, St. Joseph Health – St. Jude, Children & Families Commission of Orange County, San Bernardino County First 5 Commission, local school districts, Hospital President & CEO, Children’s Fund of San Bernardino, San Bernardino County Public Health, San Bernardino County Pre-School Services, San Bernardino County Superintendent of Schools, physician partners, Family Assist, Inland Empire Health Plan.

**Resource Commitment:** Advocacy of Hospital President & CEO, Director of Advocacy and Healthy Communities, staff of Community Health Department, staff of Community Health department.

**FY18 Accomplishments:**

Early Developmental Index project <http://occhildrenandfamilies.com/edi/> (undertaken by First 5 Orange County) presented to leadership of First 5 San Bernardino. San Bernardino feedback would be to assess the approach and cost, and consider as a strategy in a 5 year strategic plan for the period 2021-2026. Hospital presents model to the Inland Empire Covered Health Initiative rural health taskforce to consider as part of 2019 advocacy and rural health work across the Inland Empire.

**Other Community Benefit Programs and Evaluation Plan**

| Initiative/Community Need Being Addressed: | Program Name                | Description  | Target Population (Low Income or Broader Community) | FY18 Accomplishments  |
|--|-----------------------------|--|---|---|
| 1. Access to Resources                     | Health Insurance Enrollment | Enrollment of uninsured persons  | Low Income  | 1,934 enrolled into Health insurance through Admitting and Emergency Room Counselors  |
| 2. Access to Resources                     | Board Memberships           | Strengthen partners addressing social deterrent of health issues including homelessness, food insecurity | Low Income  | Inland Empire Covered Health Initiative – (rural health taskforce)<br>A Better Way, Domestic Violence Community Health Action Network (C.H.A.N.), nutrition and fitness for people living in low income communities<br>High Desert Homeless Services, (shelter for homeless families)<br>National Alliance on Mental Illness (advocacy, support groups and training)<br>St. John of God Healthcare Services, (substance recovery program) |
| 3. Access to Resources                     | Healthy Beginnings          | Prenatal Services  | Low Income  | 7,331 encounters at three fixed sites:<br>Adelanto<br>Apple Valley<br>Hesperia  |
| 4. Access to Resources                     | Transportation              | Transportation of patients   | Low Income  | 473 trips for Community Clinic and Hospital Patients  |
| 5. Access to Resources                     | Post-Acute Care             | Access to specialty care   | Low-Income  | 203 claims paid through Care Management   |
| 6. Access to Resources                     | Health Careers              | Expand Health Professions  | Broader Community                                   | 353 Nursing, Public Health, Radiology and Respiratory Students  |
| 7. Access to Resources                     | Diabetes                    | Diabetes self-management   | Low Income  | 1,333 encounters  |

*St. Joseph Health, St. Mary  
FY18 Community Benefit Report*

|                            |                                 |  |                                  |   |
|----------------------------|---------------------------------|--|----------------------------------|---|
| 8. Obesity                 | Healthy City campaigns          | Expand neighborhood access to healthy food, fitness, safe recreation                   | Low-Income and Broader Community | Free exercise classes:<br>Adelanto<br>Apple Valley (NEW)<br>Hesperia (NEW)<br>Victorville                             |
| 9. Mental Health           | The Fam Spot                    | Counseling to at-risk youth at drop in center  | Low-Income                       | 714 counseling sessions to at-risk and runaway youth  |
| 10. Mental Health          | St. John of God                 | Mental health care to persons recovering from alcohol and drug addiction               | Low-Income                       | 1,690 counseling sessions to persons in recovery for addiction  |
| 11. Health Disparities (a) | Revive Our Old Town (ROOT)      | Revitalization of old-town Victorville – community safety, economy, housing, education | Low Income                       | “Old Town Specific Plan,” a revitalization plan of Old Town Victorville, has been developed with ROOT resident input. |
| 12. Health Disparities (b) | Communities Lifting Communities | Reduce Health disparities across southern, CA  | Low Income                       | 15 core team members<br>Addressing:<br>Education<br>Housing<br>Living Wages/Local Wealth                              |

(a) Funded by SJH Community Partnership Fund ; (b) Funded by Hospital Association of Southern California

## FY18 Community Benefit Investment

In FY18 St. Joseph Health, St. Mary invested a total of \$1,452,482 Care for the Poor dollars in FY18 in key community benefit programs. Financial Assistance Program in FY18 doubled from FY17, going up 102%. The Hospital Fee recorded was \$27,824,878, otherwise the Medicaid shortfall would have been \$66,026,996.

### FY18 COMMUNITY BENEFIT INVESTMENT

St. Joseph Health, St. Mary

(ending June 30, 2017)

| CA Senate Bill (SB) 697<br>Categories                                   | Community Benefit<br>Program & Services <sup>3</sup>                     | Net Benefit         |
|---|--|---------------------|
| <b>Medical Care Services for<br/>Vulnerable<sup>4</sup> Populations</b> | Financial Assistance Program (FAP)<br>(Traditional Charity Care-at cost) | \$3,773,079         |
|   | Unpaid cost of Medicaid <sup>5</sup>                                     | \$38,202,118        |
|   | Unpaid cost of other means-tested government programs                    | \$0                 |
| <b>Other benefits for Vulnerable<br/>Populations</b>                    | Community Benefit Operations   | \$0                 |
|   | Community Health Improvements Services                                   | \$360,436           |
|   | Cash and in-kind contributions for community benefit                     | \$18,908            |
|   | Community Building   | \$7,008             |
|   | Subsidized Health Services   | \$4,691,952         |
| <b>Total Community Benefit for the Vulnerable</b>                       |  | <b>\$47,053,501</b> |
| <b>Other benefits for the Broader<br/>Community</b>                     | Community Benefit Operations   | \$385,660           |
|   | Community Health Improvements Services                                   | \$533,459           |
|   | Cash and in-kind contributions for community benefit                     | \$8,878             |
|   | Community Building   | \$69,158            |
|   | Subsidized Health Services   | \$0                 |
| <b>Health Professions Education,<br/>Training and Health Research</b>   | Health Professions Education, Training & Health Research                 | \$328,970           |
|   | <b>Total Community Benefit for the Broader Community</b>                 |                     |
|   |  | <b>\$1,326,125</b>  |
| <b>TOTAL COMMUNITY BENEFIT (excluding Medicare)</b>                     |  | <b>\$48,379,626</b> |
| <b>Medical Care Services for the<br/>Broader Community</b>              | Unpaid cost to Medicare <sup>6</sup><br>(not included in CB total)       | \$21,161,024        |

<sup>3</sup> Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.

## **Telling Our Community Benefit Story: Non-Financial<sup>7</sup> Summary of Accomplishments**

*Summarize any additional non-financial community benefit/investment that were accomplished by ministry (e.g. volunteer work, board membership participation, community partnerships in building community and employee engagement)*

Addressing the determinants of health, requires strong partners, a robust cadre of non-profits that can have their doors open for many years to come. St. Joseph Health, St. Mary helped with a five month sustainability training for local non-profits. This effort was financed by the St. Joseph Health Community Partnership Fund, and facilitated by the Olin Group. Our role in the “High Desert Sustainability Initiative” was in identifying five non-profits and to take part in the training.

Five participating non-profits participated:

1. A Better Way – addressing domestic violence. This non-profit was partnered with a coach that taught this organization how to obtain diverse funding beyond government funding.
2. St. John of God Healthcare Services – addressing addiction and mental health. This non-profit was partnered with a coach that taught them how to obtain operational funding.
3. Community Health Action Network – addressing nutrition in low-income neighborhoods. This non-profits coach taught them how to go after unrestricted funding.
4. Community Action Partnership – addressing food insecurity and poverty. This non-profit was partnered with a coach that taught them how to go after unrestricted funding.
5. High Desert Homeless Services – addressing homelessness. The coach also taught on obtaining unrestricted funding.

In addition to creating stronger local non-profits, the hospital developed resident advocates, teaching them how to request city support for their neighborhoods. Residents of north Adelanto successfully advocated for safer streets and continue advocacy for road improvements, development of park programs and a local grocery store.

---

<sup>7</sup> Non-financial summary of accomplishments are referred to in CA Senate Bill 697 as non-quantifiable benefits.



## **Governance Approval**

This FY18 Community Benefit Report was approved by the SMMC Board Executive Committee members on or before November 27, 2018.



---

Chair's Signature confirming approval of the FY18 Community Benefit Annual Report

November 27, 2018

Date

### **PROVIDENCE ST. JOSEPH HEALTH**

[Providence St. Joseph Health](#) is a new organization created by Providence Health & Services and St. Joseph Health with the goal of improving the health of the communities it serves, especially those who are poor and vulnerable.

Together, our 111,000 caregivers (all employees) serve in 51 hospitals, 829 clinics and a comprehensive range of services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. The Providence St. Joseph Health family includes: Providence Health & Services, St. Joseph Health, Covenant Health in West Texas, Facey Medical Foundation in Los Angeles, Hoag Memorial Presbyterian in Orange County, Calif., Kadlec in Southeast Washington, Pacific Medical Centers in Seattle, and Swedish Health Services in Seattle

Bringing these organizations together is a reflection of each of our unique missions, increasing access to health care and bringing quality, compassionate care to those we serve, with a focus on those most in need. By coming together, Providence St. Joseph Health has the potential to seek greater affordability, achieve outstanding and reliable clinical care, improve the patient experience and introduce new services where they are needed most.