

2023

COMMUNITY BENEFIT PROGRESS REPORT: 2021-2023 COMMUNITY HEALTH IMPROVEMENT PLAN

Providence St. Mary Medical Center

Apple Valley, CA



To provide feedback on this community benefit report or obtain a free printed copy, please email Erica Phillips at Erica.Phillips2@providence.org

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EXECUTIVE SUMMARY

Providence continues its mission of service in San Bernardino County through Providence St. Mary Medical Center (SMMC). Founded in 1956 and located in Apple Valley, the 213 licensed-bed medical center serves the acute care needs of more than 373,422 residents throughout the High Desert Region. The primary service area for SMMC is comprised of the following 11 zip codes: Adelanto (92301), Apple Valley (92307 & 92308), Helendale (92342), Hesperia (92344 & 92345), Lucerne Valley (92356), Oro Grande (92368), and Victorville (92392, 92394 & 92395).

Providence St. Mary Medical Center 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 vulnerable. In Fiscal Year 2023 (July 1, 2022 – June 30, 2023), the medical center provided \$31,037,391 in community benefits to address unmet needs.

2021-2023 Community Health Improvement Plan Priorities

The Community Health Needs Assessment (CHNA) completed by SMMC in 2021 was used to develop a Community Health Improvement Plan (CHIP); a plan that outlines how SMMC will work to address the top-ranked priority health issues identified during the assessment. The results of the CHNA and CHIP are used to guide our investments in community benefit programs and other wellness activities. The following are the four priority health issues that are the focus of 2021-2023 community benefit efforts: access to care, behavioral health (i.e., mental health & substance use), homelessness and house instability, and obesity.

PRIORITY 1: ACCESS TO CARE

Objective – Creating awareness of current services and advocate together with residents to increase or bring new services and outreach to high-need neighborhoods.

2023 Accomplishments

The medical center continued its partnership with St. Jude Neighborhood Health, a federally qualified health center established in late-2020 in the High Desert by providing \$2,488,205 financial support needed to continue providing free/discounted primary care, diabetes, and counseling services for the uninsured.

PRIORITY 2: MENTAL HEALTH AND SUBSTANCE USE

Objective – Creating awareness and education regarding mental health and substance use, particularly among the Latino/a population and students, to ultimately bringing resources that address these health issues in a meaningful and dignified way.

2023 Accomplishments

During FY 23, Emergency Department Substance Use Navigator helped 1,416 patients obtain medication assisted treatment, rehabilitation services, and other community supports.

PRIORITY 3: HOMELESSNESS & HOUSING INSTABILITY

Objective – Investing in housing and services to support those experiencing homelessness to increase access to housing and meet the chronic health needs of populations experiencing homelessness.

2023 Accomplishments

A full-time Homeless Community Health Worker was hired in February 2023. By the end of the fiscal year 87 unhoused individuals presented in the Emergency Department were provided support by the Homeless Community Health Worker.

PRIORITY 4: OBESITY

Objective – Addressing access to healthy foods, creating more active communities, and addressing high rates of obesity and diabetes. Creating opportunities for physical activity and nutrition education. Advocating for more supermarkets in neighborhoods with low incomes and increasing access to parks that will lead to healthier communities.

2023 Accomplishments

As part of SMMC partnership with the San Bernardino County Department of Health's CalFresh Nutrition Education Program provided nutrition education to 638 High Desert residents. In furtherance of this work, which aims to increase access and consumption of fresh produce to aid manage and prevention of chronic disease, SMMC partnered with the Symba Center and other area primary care providers to provide nutrition education to their patients.

Providence

At Providence, we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy, and making our services more convenient, accessible, and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone – regardless of coverage or ability to pay. We help people and communities’ benefit from the best health care model for the future – today.

Together, our 117,000 caregivers (all employees) serve in 51 hospitals, 1,085 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas, and Washington.

Providence across five western states:

- [Alaska](#)
- [Montana](#)
- [Oregon](#)
- [Northern California](#)
- [Southern California](#)
- [Washington](#)

The Providence affiliate family includes:

- [Covenant Health in West Texas](#)
- [Facey Medical Foundation in Los Angeles, CA.](#)
- [Kadlec in Southeast Washington](#)
- [Pacific Medical Centers in Seattle, WA.](#)
- [Swedish Health Services in Seattle, WA.](#)

As a comprehensive health care organization, we are serving more people, advancing best practices and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.

INTRODUCTION

Who We Are

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

Providence St. Mary Medical Center is an acute care medical center founded in 1956 and located in Apple Valley, CA. The medical center has 213 licensed beds, a staff of more than 1,750 and professional relationships with more than 450 local physicians. Major programs and services offered to the community include the following: care for breast cancer, care for diabetes, cardiology, emergency services, imaging, maternity care, outpatient testing, rehabilitation, respiratory services, stroke care, surgical services, vascular services, care for women and children and wound care.

Our Commitment to Community

Providence St. Mary Medical Center dedicates resources to improve the health and quality of life for the communities we serve. During Fiscal Year 2023 (July 1, 2022 – June 30, 2023), Providence St. Mary Medical Center provided \$31,037,391 in Community Benefit¹ in response to unmet needs and to improve the health and well-being of those we serve in in the High Desert Region part of San Bernardino County.

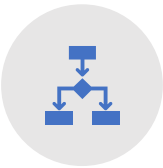
Health Equity

At Providence St. Mary Medical Center, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

¹ Per federal reporting and guidelines from the Catholic Health Association.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our medical center will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP



Address root causes of inequities by utilizing evidence-based and leading practices



Explicitly state goal of reducing health disparities and social inequities



Reflect our values of justice and dignity



Leverage community strengths

Community Benefit Governance

Providence St. Mary Medical Center demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration with community partners. The Director of Community Health Investment responsible for coordinating implementation of State and Federal 501r requirements.

A charter approved in 2007 and revised in 2020 established the formation of the SMMC Community Health Committee. The role of the Community Health 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 Health 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 Health Improvement Plan, and overseeing and directing the community benefit activities.

The Community Health Committee has a minimum of eight members including three members from the Board of Trustees. Current membership includes three members from the Board of Trustees and five community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Health Committee generally meets biannually.

ROLES & RESPONSIBILITIES

Senior Leadership

- Chief Executive and senior leaders including the medical center’s Chief Mission Integration Officer, are directly accountable for community benefit performance.

Community Health Committee (CHC)

- Community Health Committee 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 CHC serve as ‘board level champions.’
- The Committee provides recommendations to the Board of Trustees regarding budget, program targeting and program continuation or revision.

Community Health Investments (CHI) Department

- Manages Community Benefit (CB) efforts and coordination between CHI and Finance Department on reporting and planning.
- Manages data collection, program tracking tools and evaluation.
- Develops specific outreach strategies to access identified disproportionate unmet health needs populations.
- Coordinates with clinical departments to ensure care is received at the right time and location to reduce inappropriate Emergency Department utilization.
- Champions investments in programs aimed to reduce health disparities with local executive, regional, and system leadership to reduce health disparities.

Local Community

- Partners to implement and sustain collaborative activities.
- Creates and sustains formal links with community partners.
- Provides community input to identify community health issues.
- Engages local government officials in strategic planning and advocates for on health-related issues at the city, county or regional level.

Planning for the Uninsured and Underinsured

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Providence St. Mary Medical Center has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

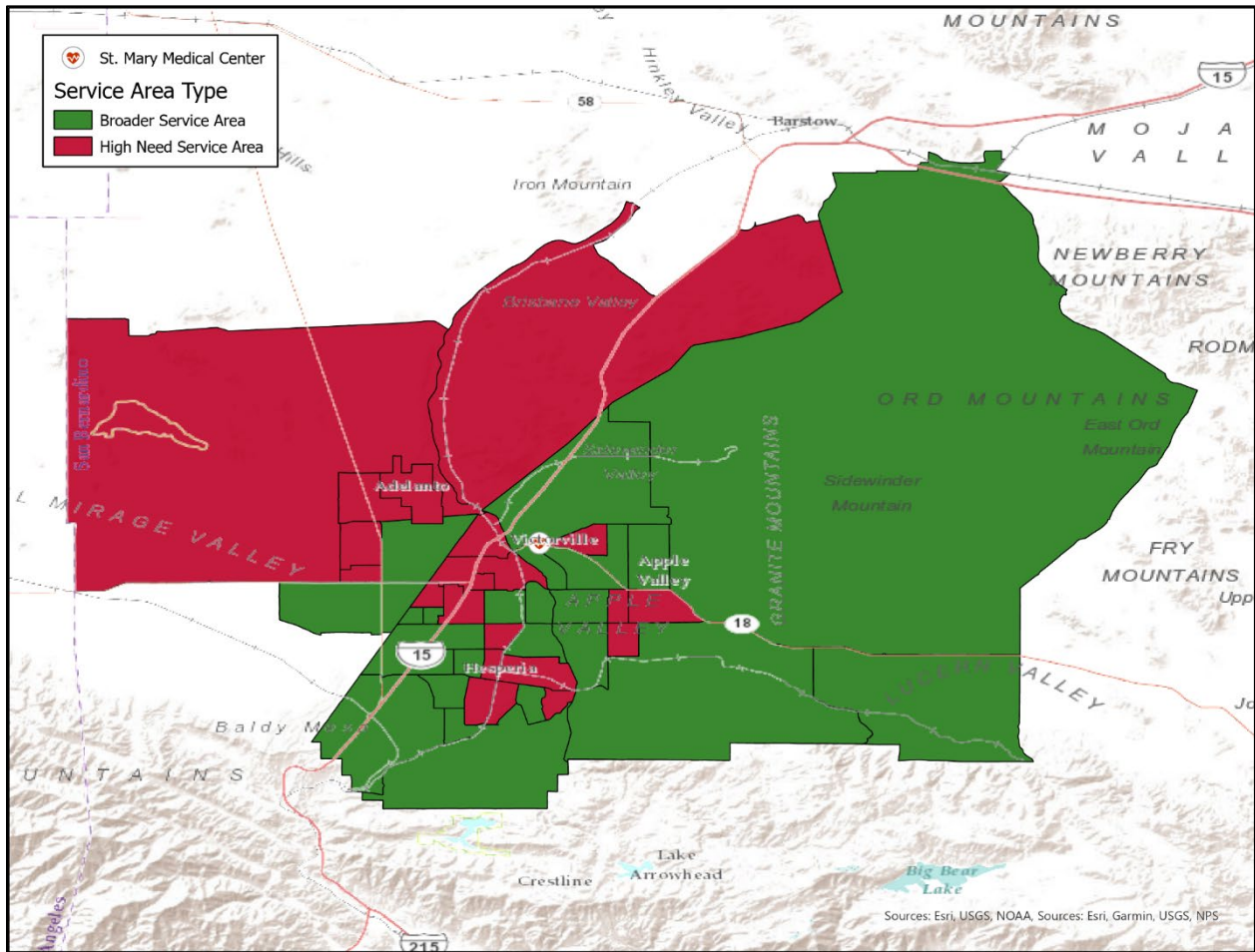
One way Providence St. Mary Medical Center informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the medical center's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program click <https://www.providence.org/obp/ca>. In FY 23, Providence St. Mary Medical Center provided \$2,082,294.

OUR COMMUNITY

Description of Community Served

Providence St. Mary Medical Center’s service area is in the High Desert part of San Bernardino County and includes a population of approximately 373,422 people. The population in the High Desert total service area makes up 17% of San Bernardino County.

Figure 2. Providence St. Mary Medical Center’s Total Service Area



Of the over 373,422 permanent residents of the High Desert, part of San Bernardino County roughly 44% live in the “high need” area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of \$52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

Of the over 373,422 permanent residents in the total service area, the male-to-female distribution is roughly equal across geographies.

The high need service area has a higher percentage of people under 34 years of age, 66.9%, compared to 58% in the broader community.

POPULATION BY RACE AND ETHNICITY

Individuals identifying as Hispanic had a higher percentage living in high need service areas, 56.3% versus the broader service area, 45.8%. African Americans also had a higher percentage living in high need service areas, 12.9% in comparison to 9.2% living in broader service areas. The same was noted for individuals identifying as “other” race, 27.3% versus 20.8%.

People identifying as Asian and white were less likely to live in high need census tracts. For Asians, 2.5% lived in high need service areas and 4.1% in the broader service area. For whites, 49% lived in high need service areas, and 58.6% in the broader community.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for High Desert Service Area

Indicator	Broader Service Area	High Need Service Area	San Bernardino County
Median Income Data Source: American Community Survey Year: 2019	\$61,846	\$41,164	\$60,761
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	25.7%	35.3%	28.7%

The San Bernardino County and Broader Service Area median income is almost the same. What is striking, is that the median income earned in the high need service area is almost \$20,000 lower than that of the broader service area and county median income.

Severe housing cost burden represents households that spend 50% or more of their income on housing costs. A greater proportion of renter households are severely housing burdened in the high need service area (one out of every three households, 35.3%) in comparison to the broader service area (one out of every four households, 25.7%). **Full demographic and socioeconomic information for the service area can be found in the [2021 CHNA](#) for Providence St. Mary Medical Center.**

COMMUNITY NEEDS ASSESSMENT: PROCESS & RESULTS

Summary of Community Needs Assessment Process and Results

Improving the health of our communities is foundational to our mission and deeply rooted in our heritage and purpose. Our mission calls us to be steadfast in serving all, with a special focus on our most economically poor and vulnerable neighbors. This core belief drives the programs we build, investments we make, and strategies we implement.

Knowing where to focus our resources starts with our Community Health Needs Assessment (CHNA), an opportunity in which we engage the community every three years to help us identify and prioritize the most pressing needs, assets, and opportunities. The 2021 CHNA was approved by the SMMC Community Health Committee on April 28, 2021.

Significant Community Health Needs Prioritized

Through a collaborative process engaging Community Health Committee members, and the Director of Community Health Investment, the medical center worked from a list of the eighteen (18) health and social needs identified by the CHNAS process. Staff developed a point system to assign each of the eighteen (18) identified needs to gain perspective and develop a hierarchy of which top needs have the potential to offer the highest impact in the High Desert. Each need was listed, and assessed based on the following:

- Trend over time (Getting “Worse” or “Better”)
- Impact on low-income or communities of color (“Very High” to “Very Low”)
- Are “High Need Areas” worse off than state averages? (“Yes” or “No”)
- Opportunity for Impact (“Low” to “Very High”)
- Alignment with System Priorities (“Yes” or “No”)
- Community Vital Signs Priority (“Yes” or “No”)
- Attorney General Requirement (“Yes” or “No”)

Based upon the scoring system and discussion, SMMC’s Community Health Committee identified the following priorities:

PRIORITY 1: ACCESS TO CARE

Creating awareness of current services and advocate with residents to increase or bring new services and outreach to high need neighborhoods.

PRIORITY 2: MENTAL HEALTH AND SUBSTANCE USE

Creating awareness and education regarding mental health and substance use, particularly amongst the Latino and African American populations and youth, and ultimately bringing resources that address these in a meaningful and dignified way.

PRIORITY 3: HOMELESSNESS & HOUSING INSTABILITY

Investing in housing and services to support those experiencing homelessness to increase access to housing and meet the chronic health needs of populations experiencing homelessness.

PRIORITY 4: OBESITY

Creating opportunities for physical activity and nutrition education. Advocating for more supermarkets in neighborhoods with low incomes and increasing access to parks will lead to healthier communities.

SMMC also assists the community as it addresses crime and economic development initiatives led by county and city governments, law enforcement and the education community.

Needs Beyond the Medical Center's Service Program

Community Health improvement is a daunting challenge too large to belong to any single organization or group. In personification of our mission, we are committed to partnering with like-minded organizations with the capacity and expertise to address the health needs of High Desert residents.

Furthermore, Providence St. Mary Medical Center will endorse local non-profit organizations to apply for funding through the St. Joseph Community Partnership Fund. Organizations that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout SMMC's service areas.

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

- **Diabetes:** This need is tied closely to the identified priority, "Obesity." The medical's grant to St. Jude Neighborhood Health Center, a local Federally Qualified Health Centers, supports its American Diabetes Association Certified program serving mostly uninsured and underinsured residents. Additionally, the community helped start a free clinic named Symba Center. Symba provides care to uninsured/undocumented persons from a clinic operated within a Victorville homeless shelter. Symba services include testing, prescribing low cost and free medications, diabetes and nutrition education, follow-up, and navigation.
- **Food and Nutrition:** This need is tied closely to the identified priority, "Obesity." Like-minded partners have integrated a regional approach to address issues associated to living in food deserts, through the "High Desert Food Collaborative." The medical center's service area has been identified by county public health as having 17 high poverty/ low healthy food access census tracts, the most in the county. The Los Angeles-based Food Forward is donating farmer market recovered fresh produce to residents of Adelanto, Apple Valley, Barstow, Hesperia, Phelan, and Victorville.
- **Physical Activity:** This need is tied closely to the identified priority, "Obesity" and will be addressed by the Department of Public Health, County of San Bernardino" grant. The medical

center will continue its advocacy with city and area school districts to expand the US Department of Transportation's Safe Routes to Schools program and the Adelanto's Park system.

- Poverty:** The medical center collaborates with a local San Bernardino County Workforce Development Office to encouraging job fairs in Adelanto and Old Town Victorville. Additionally, as a Catholic institution we follow Catholic Social Teaching, and regarding jobs and salaries believe that “the economy must serve people, not the other way around. Work is more than a way to make a living; it is a form of continuing participation in God’s creation. If the dignity of work is to be protected, then the basic rights of workers must be respected – the right to productive work, to decent fair wages, to the organization and joining of unions, to private property and to economic initiative.” To this end the medical center is the largest healthcare partner in a regional student career initiative name Mountain Desert Career Pathways. Additionally, the medical center has started a health professions equity campaign in effort to ensure our health care workforce is representative of our community through partnership with Millionaire Minds.
- Environmental Pollution:** Organizations working to address air quality include The Mojave Desert Air Quality Management District and the City of Victorville. The City’s April 2021 Environmental Justice Existing Conditions Assessment reports the southeastern portion of the city (Old Town Victorville) have higher asthma rates compared to the rest of the city. The City of Victorville asthma-related emergency department visits is 122% higher the San Bernardino County average. The city plans to address this condition by renovation of existing structures, new housing, and improved street circulation. The medical center will advocate that the county’s mobile *Breathmobile* offer education and asthma testing. In addition, the entire Providence Health System has committed to being carbon negative by 2030.
- Crime:** A project funded by the St. Joseph Health Community Partnership Fund, addresses crime and safety. Residents of Old Town Victorville have formed Revive Our Old Town (R.O.O.T.), a grassroot efforts addressing public safety, crime, and homelessness. R.O.O.T. advocates to city and business leaders that reviving old town will attract additional investment and improve the area’s quality of life. In November 2020, Victorville residents passed Measure P authorizing an additional 1% local tax (now 8.75%) generating up to \$15 million per year. An oversight committee was formed in April 2021 to begin addressing crime, fire, upgrading the library and park resources and addressing homelessness. In August 2021, Victorville approved formation of a Community Revitalization Investment Board (CRIA). The CRIA is authorized to spend tax increment in Old Town Victorville to include infrastructure improvements, assistance to businesses and land acquisition and development of affordable housing.
- Smoking/Tobacco/Vaping:** The California Health Collaborative is active in the High Desert. This organization educates, informs, and drives policy to reduce tobacco and nicotine product-related health disparities, improve health equity, and reduce secondhand smoke exposure in

public and non-recreational places. The campaign works through youth who advocate and educate. Youth groups are currently working with Hesperia law enforcement in a decoy operation designed to identify establishments selling to underage youth. A youth group has formed to begin addressing the City of Victorville including the old town community previously mentioned as having elevated air particulate and asthma induced medical center Emergency Room visits.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

Providence St. Mary Medical Center developed a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners, considering resources, community capacity, and core competencies.

The 2021- 2023 Community Health Improvement Plan process was impacted by the SARS-CoV-2 virus and COVID-19, which has impacted all our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the 2021 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our community in ways that align with our mission, engage our expertise, and leverage our community benefit dollars in the most impactful ways.

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

Addressing Our Community’s Needs: 2021-2023 Key Community Benefit Initiatives & Evaluation Plan

ACCESS TO CARE Initiative Name: Health services at Hesperia High School Long-term Goal/Vision I: Community school providing comprehensive health and social services for Hesperia residents						
Strategies	Roles & Responsibilities	Target Population	Evaluation Measure(s)	Resource Commitments	Key Community Partners	FY 2023 Accomplishments
1.1 School-based community clinic at Hesperia High School	<p>St. Mary Heritage Medical Group: Strategy co-sponsor, clinic workplan development, and implementation</p> <p>Hesperia Unified School District: Strategy co-sponsor, school district workplan development, and implementation</p> <p>SMMC: Informed of the strategy’s progress and provides support where needed; consulted for alignment with CHIP</p>	<ul style="list-style-type: none"> Students Adults 	<ul style="list-style-type: none"> Clinic open # of services offered 	In-kind staff support (SMMC)	<ul style="list-style-type: none"> Hesperia Unified School District St. Mary Heritage Medical Group 	<p>Planning meeting held on 3/16/22 with Hesperia Unified School District, SMMC, and St. Mary Heritage Medical Group.</p> <p>Clinic layout submitted by St. Mary Heritage Medical Group to Hesperia Unified School District in May 2022.</p> <p>Hesperia Unified School District is still in the planning phase with groundbreaking to be announced.</p>
1.2 School-based campaign promoting access to health and community services	<p>St. Mary Heritage Medical Group: Strategy sponsor and evaluator</p> <p>Hesperia Unified School District: Supports promotion efforts and provides consultation</p> <p>SMMC: Informed of the strategy’s progress and provides support where needed</p>		<ul style="list-style-type: none"> # of services promoted 			<p>Progress on this strategy has not occurred, as the clinic is schedule to open in 2024.</p>

ACCESS TO CARE Initiative Name: Build community capacity providing COVID-19 vaccine testing, vaccine, and food resources Long-term Goal/Vision II: Increase COVID-19 vaccination rates across High Desert communities to meet county, state and national goals while also addressing social needs including access to food						
Strategies	Roles & Responsibilities	Target Population	Evaluation Measure(s)	Resource Commitments	Key Community Partners	FY 2023 Accomplishments
2.1 Community capacity building developing a coordinated plan addressing COVID-19 vaccine needs across High Desert	SMMC: Overall strategy sponsor and grant holder		<ul style="list-style-type: none"> Plan with data dashboard informing COVID-19 vaccine strategy 			Providence St. Mary (as of 11/16) an active member of San Bernardino County Departments of Health's COVID-19 Equity Workgroup.
2.2 Advertising Vaccine Campaign	SMMC: Overall strategy sponsor and grant holder Marketing Agency: Development of marketing campaign plan, materials, and evaluation.	<ul style="list-style-type: none"> Youth Adults 	<ul style="list-style-type: none"> # of persons reached 	\$1.25M COVID vaccine equity grant from San Bernardino County Department of Health <small>(Grant Ends: May 2024)</small>	<ul style="list-style-type: none"> El Sol Neighborhood Educational Center Symba Center San Bernardino County Department of Health 	Due to delays and ultimate inability to obtain an agency to facilitate the execute strategy 2.1 development of the campaign was delayed; however, launch of the campaign is anticipated start in December 2023 - May 2024.
2.3 Service agreements in place for testing, vaccination, and other education	SMMC: Informed of the strategy's progress, provides support where needed, and grant holder Symba Center: Strategy co-sponsor charged with homeless component and evaluation. El Sol Neighborhood Educational Center: Strategy co-sponsor charged with general outreach/ community education component and evaluation	<ul style="list-style-type: none"> Area homeless shelters School districts Older adults 	<ul style="list-style-type: none"> # of service agreements in place # of tests # of resource lists distributed 			Two services agreements were in place by April 2023 with 38,536 community members provided rapid COVID tests and/or vaccine health education materials.

ACCESS TO CARE						
Initiative Name: Assist immigrant population by improving access and use of health/social resources						
Long-term Goal/Vision III: Increased awareness among immigrant populations accessing health services						
Strategies	Roles & Responsibilities	Target Population	Evaluation Measure(s)	Resource Commitments	Key Community Partners	FY 2023 Accomplishments
<p>3.1 Outpatient navigation of limited English proficient patients post hospital discharge (Equity Initiative)</p>	<p>SMMC: Strategy sponsor and evaluator</p>	<ul style="list-style-type: none"> Low income/ uninsured Spanish speaking adults with chronic health and social conditions 	<ul style="list-style-type: none"> # of patients active in navigation 	<p>Internal funding to support outpatient navigators and provide inpatient Interpreter and Patient Access Services</p>	<ul style="list-style-type: none"> El Sol Neighborhood Educational Center St. Jude Neighborhood Health Center 	<p>As of 6/30/2023, implementation of this strategy is still being explored by Providence St. Mary.</p>
<p>3.2 Health4All (Equity Initiative)</p>	<p>Inland Empire Health Plan/Molina Health Plan: Strategy sponsor, evaluator that provides health insurance coverage and assignment of a primary care provider</p> <p>SMMC: Patient Access Services aids uninsured/undocumented adults 50 years and older enroll in Medi-Cal</p>	<ul style="list-style-type: none"> Uninsured/ undocumented adults 	<ul style="list-style-type: none"> # of target population, age 50+ enrolled in health insurance # of target population, age 50+ with an assigned primary care provider 		<ul style="list-style-type: none"> Medi-Cal providers (i.e., Inland Empire Health Plan & Molina Healthcare) 	<p>Old Adult Expansion initiative was codified into California law on May 1, 2022, which extend Medi-Cal eligibility to adults 50 years and older regardless of immigration status.</p> <p>Patient Access Services as part of the regular duties, helps all uninured individuals apply for MediCal regardless of their immigration status.</p>

ACCESS TO CARE						
Initiative Name: Support coordination of FQHC clinic partners serving vulnerable populations						
Long-term Goal/Vision IV: Increased use and expansion of health care services for low income and uninsured populations						
Strategies	Roles & Responsibilities	Target Population	Evaluation Measure(s)	Resource Commitments	Key Community Partners	FY 2023 Accomplishments
4.1 Support the affiliation with St. Jude Neighborhood Health Centers by partnering with them on a plan to increase number served, obtain an IEHP contract and add dental services.	St. Jude Neighborhood Health Center: Strategy sponsor charged with implementation of all aspect of this strategy SMMC: Informed of the strategy's progress and provides financial support where needed	<ul style="list-style-type: none"> Residents that are uninsured & have low incomes 	<ul style="list-style-type: none"> # of patient visits 	Operational shortfall grant	<ul style="list-style-type: none"> St. Jude Neighborhood Health Center Inland Empire Health Plan 	SMMC provided \$2,488,205 in financial support to St. Jude Neighborhood Health Centers (in Adelanto, Apple Valley & Hesperia) which provided health services to 6,247 individuals from FY 21-23.
4.2 The Symba Center will provide mental health services in the High Desert	Symba Center: Strategy sponsor charged with implementation of all aspect of this strategy SMMC: Informed of the strategy's progress and provides support where needed		<ul style="list-style-type: none"> Mental health services provided 	n/a	n/a	Implementation of the strategy by Symba Center is not being explored, as Wellness Center Campus that will serve the unhoused will provide this service.
4.3 Borrego Health will provide a fixed site clinic in the High Desert	Borrego Health: Strategy sponsor charged with implementation of all aspect of this strategy SMMC: Informed of the strategy's progress and provides support where needed		<ul style="list-style-type: none"> # of fixed site clinics in High Desert provided by Borrego Health 			Borrego Health ceased services in San Bernardino County (February 2022) and returned donated mobile clinic to SMMC.
4.4 TriState Community Health Center offers consistent services in Adelanto	TriState Community Health Centers: Strategy sponsor charged with implementation of all aspect of this strategy SMMC: Informed of the strategy's progress and provides support where needed		<ul style="list-style-type: none"> Adelanto residents 			<ul style="list-style-type: none"> # of hours of primary care and other services available in Adelanto

BEHAVIORAL HEALTH (i.e., Mental Health & Substance Use) Initiative Name: Work2BeWell mental health campaign Long-term Goal/Vision V: Student developed mental health and wellness campaign						
Strategies	Roles & Responsibilities	Target Population	Evaluation Measure(s)	Resource Commitments	Key Community Partners	FY 2023 Accomplishments
5.1 Recruit school districts to participate in Work2BeWell	<p>SMMC: Strategy sponsor charged with implementation of all aspect of this strategy and grant holder</p> <p>Work2BeWell: To provide technical support with school district adoption</p>	<ul style="list-style-type: none"> Students (i.e., middle & high school) 	<ul style="list-style-type: none"> # of schools implementing Work2BeWell 	A \$509,926 grant from the Well Being Trust to support recruitment and adoption of Work2BeWell among High Desert Area School Districts (Grant Ends: Dec. 2022)	<ul style="list-style-type: none"> High Desert area school districts Work2BeWell 	Efforts were made to recruit area school districts to be a Work2BeWell site; however, the California Transformative Social and Emotional Learning Framework was adopted instead. Providence St. Mary provided technical support to area school districts to guide their adoption.
5.2 Implement Work2BeWell resources & curriculum in two school districts	<p>High Desert Area School Districts: Strategy sponsor charged with implementation of all aspect of this strategy</p> <p>Work2BeWell: To provide technical support to aid in school district adoption</p> <p>SMMC: Informed of the strategy's progress, provides financial support where needed, and grant holder</p>	<ul style="list-style-type: none"> Students (i.e., middle & high school) 	<ul style="list-style-type: none"> # of school districts implementing # of students and teachers participating in program 		<ul style="list-style-type: none"> Ron Powell Consultants Desert Mountain Educational Service Center 	In lieu of Work2BeWell curriculum, area school districts elected to adopt California Transformative Social and Emotional Learning Framework.

BEHAVIORAL HEALTH (i.e., Mental Health & Substance Use)						
Initiative Name: Help is Here Campaign						
Long-term Goal/Vision VI: Expanding community awareness to availability of local mental health and substance use resources						
Strategies	Roles & Responsibilities	Target Population	Evaluation Measure(s)	Resource Commitments	Key Community Partners	FY 2023 Accomplishments
6.1 Engage funders in a social media campaign led by youth in mental health	SMMC: Strategy sponsor charged with implementation of all aspect of this strategy and grant holder	<ul style="list-style-type: none"> Students (i.e., middle & high school) 	<ul style="list-style-type: none"> # of funders supporting campaign 	\$509,926 grant from the Well Being Trust that supports social media campaign and annual summit (Grant Ends: Dec. 2022)	<ul style="list-style-type: none"> High Desert area school districts Ron Powell Consultants Desert Mountain Educational Service Center 	For sustainability beyond the Well Being Trust grant, promotion of existing youth mental health campaigns is being promoted.
6.2 Reduce stigma thru messaging by online influencers	<p>SMMC: Strategy sponsor charged with development, launch, management of campaign, and grant holder</p> <p>High Desert Area School Districts: Facilitate student participation in and/or creation of campaign content and use platforms to promote campaign among their audiences</p>	<ul style="list-style-type: none"> Students (i.e., middle & high school) Adults 	<ul style="list-style-type: none"> # of online influencers promoting anti-stigma messages 			
6.3 Mental Health Summit	<p>SMMC: Informed of the strategy's progress and provides financial support where needed, and grant holder</p> <p>Desert Mountain Educational Service Center: Strategy sponsor host mental health summit, and learning community facilitator</p> <p>Ron Powell Consultants: Lead/facilitate mental health summit and provide technical assistance to participating school districts in learning community.</p>	<ul style="list-style-type: none"> Students (i.e., middle & high school) Adults 	<ul style="list-style-type: none"> # of school districts engaged 			The regional social emotional learning collaborative is launched is May 2022, continued during the 2022-2023 school and was facilitated by Desert Mountain Educational Service Center.

BEHAVIORAL HEALTH (i.e., Mental Health & Substance Use)						
Initiative Name: Screening, brief intervention, and referral to treatment for substance use disorders						
Long-term Goal/Vision VII: Increase the medical center’s identification and treatment of substance use disorders						
Strategies	Roles & Responsibilities	Target Population	Evaluation Measure(s)	Resource Commitments	Key Community Partners	FY 2023 Accomplishments
7.1 Screen ED and Women and Children’s patients for substance use and refer to treatment partners	<p>SMMC: Strategy sponsor charged with implementation of all aspect of this strategy and grant holder</p> <p>CA Bridge: Provide technical assistance to substance use navigator</p>	<ul style="list-style-type: none"> Emergency Department Patients Women & Children’s patients 	<ul style="list-style-type: none"> # of patients screened # of patients in treatment 			<p>During FY 23, Emergency Department Substance Use Navigator helped 1,416 patients obtain medication assisted treatment, rehabilitation services, and other community supports.</p>
7.2 Build community partners providing mental health and substance use services	<p>SMMC: Strategy sponsor charged with implementation of all aspect of this strategy and grant holder</p>	<ul style="list-style-type: none"> Inpatient & outpatient providers 	<ul style="list-style-type: none"> # of community partners treating patients 	<p>\$410K UniHealth Foundation Bridges Builders grant (Grant Ends: December 2024)</p> <p>&</p> <p>\$100K California Department of Health Care Services -CA Bridge grant (Grant Ends: June 2024)</p>	<ul style="list-style-type: none"> CA Bridge Program 	<p>As of June 2023, SMMC is still exploring implementation of this strategy.</p>
7.3 Improve emergency room psychiatric interventions	<p>SMMC: Strategy sponsor charged with implementation of all aspect of this strategy and grant holder</p>	<ul style="list-style-type: none"> Adults & youth in acute crisis 	<ul style="list-style-type: none"> Average length of stay of Psychiatric patients in the ED 			<p>Due to limited availability in inpatient behavioral health clinic, SMMC was unable to make progress on this strategy.</p>

HOMELESSNESS & AFFORDABLE HOUSING						
Initiative Name: Homelessness Solutions						
Long-term Goal/Vision VIII: Reduce chronic homelessness, support City of Victorville developing a comprehensive campus to address homelessness which will include housing, health and social services and expand the availability of affordable housing to extremely low-income and low-income households						
Strategies	Roles & Responsibilities	Target Population	Evaluation Measure(s)	Resource Commitments	Key Community Partners	FY 2023 Accomplishments
8.1 Reduce number of administrative days for persons experiencing homelessness by use of a homeless care navigator	SMMC: Strategy sponsor charged with implementation of all aspect of this strategy	<ul style="list-style-type: none"> Patients experiencing homelessness treated at hospital or outpatient physician offices 	<ul style="list-style-type: none"> # of administrative days 	Funding for patient navigator, Senior Housing Project, Homeless Coalition	<ul style="list-style-type: none"> St. Jude Neighborhood Health Centers St. Mary High Desert Medical Group Victor Valley Rescue Mission High Desert Homeless Services 	A full-time Homeless Community Health Worker was hired in February 2023. By the end of the fiscal year 87 unshoused individuals presented in the Emergency Department were provided support by the Homeless Community Health Worker.
8.2 Community coalition advocating for expanding housing and pro housing policies	SMMC: Informed of the strategy's progress and provides support including advocacy where needed High Desert Intersections-Housing Committee: Strategy sponsor charged with implementation of all aspect of this strategy	<ul style="list-style-type: none"> Families with low and very-low incomes 	<ul style="list-style-type: none"> # of low & very low income new housing units developed # of pro affordable housing policies 		<ul style="list-style-type: none"> High Desert Intersections: Housing Committee 	Providence St. Mary's Community Health Department actively participated in committee meetings until their conclusion in the summer of 2022.
8.3 Support the City of Victorville's Homeless Task Force and County's Desert Region Steering Committee to open the Victorville Wellness Campus	SMMC: Actively participates, supports, and advocates for the Victorville Wellness Campus	<ul style="list-style-type: none"> People experiencing chronic homelessness 	<ul style="list-style-type: none"> Campus open 		<ul style="list-style-type: none"> City of Victorville Nonprofit Housing Partners 	Manager of Community Health Investments is an active member of the City of Victorville's Homeless Task Force and County's Desert Region Steering Committee.
8.4 Senior Housing in Apple Valley	Town of Apple Valley: Strategy sponsor charged with implementation of all aspect of this strategy SMMC: Informed of the strategy's progress and provides support including advocacy where needed	<ul style="list-style-type: none"> Seniors with limited income 	<ul style="list-style-type: none"> # of projects approved 		<ul style="list-style-type: none"> Town of Apple Valley Housing Authority of San Bernardino County 	In the third draft of Apple Valley's housing element plan, the town has identified sites that will accommodate 2,748 income-based housing unit. More information can be found at: https://www.applevalley.org/services/planning-division/housing-element

OBESITY Initiative Name: CalFresh Healthy Living in the High Desert Long-term Goal/Vision VI: Bringing together the medical and food systems to better serve patients and the community’s access to healthy foods.						
Strategies	Roles & Responsibilities	Target Population	Evaluation Measure(s)	Resource Commitments	Key Community Partners	FY 2023 Accomplishments
9.1 Recruit four health partners to screen patients for food insecurity	SMMC: Strategy sponsor charged with implementation of all aspect of this strategy and grant holder	<ul style="list-style-type: none"> Patients experiencing food insecurity 	<ul style="list-style-type: none"> # of health partners 	An annual \$193K CalFresh Nutrition Education grant from San Bernardino County Department of Health (Grant Ends: Sept. 2023)	<ul style="list-style-type: none"> St. Jude Neighborhood Health Centers St. Mary High Desert Medical Group Symba Center San Bernardino County Department of Health 	Resulting from outreach efforts conducted by CalFresh Educator employed by SMMC, the Symba Center began screening patient for food insecurity and linking them with food boxes provided by Inland Empire Health Plan.
9.2 Increase CalFresh eligible residents enrolled in program	SMMC: Strategy co-sponsor charged with promotion of CalFresh program among medical providers SB County Department of Health: Strategy co-sponsor charged with providing technical assistance to providers offices including screening and referral workflow development	<ul style="list-style-type: none"> Adults experiencing food insecurity 	<ul style="list-style-type: none"> # of persons enrolled 			CalFresh outreach and nutrition education was provided 638 in FY 23. As part of the aforementioned efforts, assistance enrolling with CalFresh was provided by CalFresh grant staff.
9.3 Referrals for food resources by physician partners	SMMC: Strategy co-sponsor charged with Development, vetting, updating, and distribution of a listing of available food resources provided to medical offices. SB County Department of Health: Strategy co-sponsor charged with providing technical assistance to providers offices including screening and referral workflow development	<ul style="list-style-type: none"> Patients experiencing food insecurity 	<ul style="list-style-type: none"> # of referrals 			The number of referrals made by CalFresh grant partners for patients identified as food insecure is unknow, as a platform to track referrals is not available nor are incentives to track provided to medical offices.
9.4 Expand access to USDA Summer Meals	SMMC: Participate in SB County Summer Meals Collaborative and increase awareness of program among area medical providers SB County Department of Health: Strategy sponsor charged with program oversight.	<ul style="list-style-type: none"> Children & adolescents experiencing food insecurity 	<ul style="list-style-type: none"> # of sites providing meals 			CalFresh grant educator employed by SMMC participated in all SB County Summer Meals Collaborative meetings and events. The number of summer meals sites dropped by half in 2021 to 25 in 2022 to due reversion to pre-COVID USDA operating procedures and funding.

OTHER COMMUNITY BENEFIT PROGRAMS						
Strategies	Roles & Responsibilities	Target Population	Evaluation Measure(s)	Resource Commitments	Key Community Partners	FY 2023 Accomplishments
10.1 Mommy & Me Lactation Clinic	SMMC: Strategy sponsor charged with implementation of all aspect of this strategy	<ul style="list-style-type: none"> Breastfeeding moms 	<ul style="list-style-type: none"> # of breastfeeding moms receiving outpatient support 	Internal agency funding for staffing, space, utilities, supplies, and other programmatic expenses		Mommy & Me lactation clinic at SMMC provided breastfeeding support to 1,830 mothers regardless of insurance and ability to pay at an expense of \$127,587.
10.2 Poverty Thru Workforce Development	<p>SMMC: Strategy co-sponsor charged with securing funding and speakers for student engagement</p> <p>Millionaire Minds: Strategy co-sponsor, grant sub-awardee charged with program implementation, and evaluator</p> <p>Mountain Desert Career Pathways: Engages school districts, identifies program implementation dates, and other opportunities</p>	<ul style="list-style-type: none"> Students (high school & college) 	<ul style="list-style-type: none"> # of students engaged 	A \$25,000 Flagstar Bank grant, coupled with in-kind support (Grant Ends: Dec. 2022)	<ul style="list-style-type: none"> Millionaire Minds Mountain Desert Career Pathways High Desert School Districts 	Over 800 area high school student were engaged by SMMC caregivers to learn more about health profession careers between September–December 2022.
10.3 Obesity/ Nutrition – Food Donations	SMMC: Strategy sponsor charged with implementation of all aspect of this strategy	<ul style="list-style-type: none"> Individuals experiencing homelessness Food insecure individual & families 	<ul style="list-style-type: none"> # of turkeys donated to High Desert nonprofits 	In-kinds support (i.e., turkeys)	<ul style="list-style-type: none"> High Desert Homeless Services 	Twenty turkeys totaling \$522 were donated by SMMC to and agency serving the unhoused in Nov. 2022.

FY23 COMMUNITY BENEFIT INVESTMENT

In FY23 Providence St. Mary Medical Center invested a total of \$31,037,118 in key community benefit programs. \$2,946,243 was invested in community health programs for the poor. \$2,082,294 in charity care was provided, \$25,972,009 in unpaid cost of Medi-Cal. Providence St. Mary medical center applies a ratio of cost to charge to quantify financial assistance at cost, unreimbursed Medicaid, other means-tested government programs. The cost to charge ratio is aligned with the IRS Form 990, Schedule H Worksheet 2. Our community benefit program expenses are reported in alignment with the total cost incurred to run our programs, and we offset any restricted revenue received to arrive at our net community benefit expense.

FY2023 PROVIDENCE ST. MARY MEDICAL CENTER


(July 1, 2022-June 30, 2023)

	Vulnerable Populations	Broader Community
*Medical Care for Vulnerable Populations:	\$ 28,054,303	\$ -
<i>Financial Assistance at Cost:</i>	\$ 2,082,294	-
<i>Unpaid Cost of Medicaid:</i>	\$ 25,972,009	-
<i>Unpaid Other Govt. Programs:</i>	-	-
*Other Benefits for Vulnerable Populations:	\$ 2,946,243	
<i>Community Health Improvement Services:</i>	\$ 272,636	
<i>Subsidized Health Services:</i>	-	-
<i>Cash & In-kind Contributions:</i>	\$ 2,488,757	-
<i>Community Building:</i>	-	-
<i>Community Benefit Operations:</i>	\$ 184,850	-
*Health Profession Education, Training and Research:	\$ -	\$ 36,845
Subtotal:	\$ 31,000,546	\$ 36,845
Grand Total:	\$ 31,037,391	
*Medical Care Services for the Broader Community:	\$ 32,328,196	\$ -
<i>Total Medicare Shortfall:</i>	\$ 32,328,196	\$ -

* CA Senate Bill (SB) 697 Categories

2023 CB REPORT GOVERNANCE APPROVAL

This 2023 Community Benefit Report was adopted by the Community Health Committee of the medical center on November 28, 2023. The final report was made widely available by December 31, 2023.

DocuSigned by:

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Chair's Signature confirming approval of the FY23 Community Benefit Annual Report

12/22/2023

Date

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Providence

At Providence, we use our voice to advocate for vulnerable populations and needed reforms in health care. We are also pursuing innovative ways to transform health care by keeping people healthy, and making our services more convenient, accessible, and affordable for all. In an increasingly uncertain world, we are committed to high-quality, compassionate health care for everyone – regardless of coverage or ability to pay. We help people and communities' benefit from the best health care model for the future – today.

Together, our 120,000 caregivers (all employees) serve in 52 hospitals, 1,085 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas, and Washington.

Providence across five western states:

- [Alaska](#)
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- [Covenant Health in West Texas](#)
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- [Kadlec in Southeast Washington](#)
- [Pacific Medical Centers in Seattle, WA.](#)
- [Swedish Health Services in Seattle, WA.](#)

As a comprehensive health care organization, we are serving more people, advancing best practices, and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.