

# COMMUNITY HEALTH NEEDS ASSESSMENT 2019

## St. Mary Medical Center



City recognition of St. Jude Neighborhood clinic expanding services in Adelanto and Victorville, CA

To provide feedback about this CHNA or obtain a printed copy free of charge, please email Kevin Mahany at [Kevin.Mahany@stjoe.org](mailto:Kevin.Mahany@stjoe.org)



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# MESSAGE TO THE COMMUNITY AND ACKNOWLEDGEMENTS

It is with great pleasure we present the 2019 Community Health Needs Assessment for St. Mary Hospital. As a member of Providence St. Joseph Health, we are proud to call the High Desert “home,” and to engage our community in identifying and prioritizing the most pressing community health needs.

We are very grateful to the Department of Public Health, County of San Bernardino, Community Vital Signs Department (CVS) for sharing their data. Specifically, health indicator data and community input from the hospital’s service area was incorporated into this assessment.

I invite you to read this report and listen to our community’s voice, through the data, tables and maps and prioritized needs. Our community’s voice guides us to respond, through our Community Benefit, with the programs we design and key partnerships, as well as donations of expertise, grant funds and capital.

When committing to Community Benefit, at the forefront of all decisions, we want our High Desert neighbors to have healthier communities to live, work, play and worship in, and for our beloved values to be experienced by all – compassion, dignity, justice, excellence and integrity.

# EXECUTIVE SUMMARY

## Understanding and Responding to Community Needs, Together

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 2019 CHNA was approved by the St. Mary Community Benefit Committee on November 6, 2020.

## Our Starting Point: Gathering Community Health Data and Community Input

Through a mixed-methods approach using quantitative and qualitative data, the CHNA process used several sources of information to identify community needs. Across the High Desert, information collected includes Department of Public Health, County of San Bernardino, Community Vital Signs (CVS). It was decided that the focus groups conducted by the Department of Public Health, County of San Bernardino, CVS would be utilized in place of planned focus groups due to the impacts of the COVID-19 pandemic and limited gatherings.

The County of San Bernardino's Department of Public Health identified 58 health needs and narrowed those down to 18. These 18 needs were included for further review and prioritization through St. Mary Medical Center's Community Health Needs Assessment process.

## Identifying Top Health Priorities, Together

Through a collaborative process engaging Community Benefit Committee members and the Director of Community Health Investment, the hospital worked from a list of the eighteen (18) health and social needs identified by the CVS process. The Director of Community Health Investment further 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, St. Mary's Community Benefit 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 needs neighborhoods.

#### **PRIORITY 2: MENTAL HEALTH**

Creating awareness and education regarding mental health and substance use, particularly amongst the Latino/a population, 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.

St. Mary Medical Center also assists the community as it addresses crime and economic development initiatives led by city government, law enforcement and the education community.

St. Mary Medical Center will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners in late 2020 considering resources, community capacity, and core competencies. The 2020-2022 CHIP will be approved and made publicly available no later than December 31, 2020.

# INTRODUCTION

## 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

## Who We Are

St. Mary Medical Center (SMMC) is an acute-care hospital founded in 1956 and located in Apple Valley, CA. The hospital has 213 licensed beds, 213 of which are currently available, and a campus that is approximately 35 acres in size. SMMC has 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

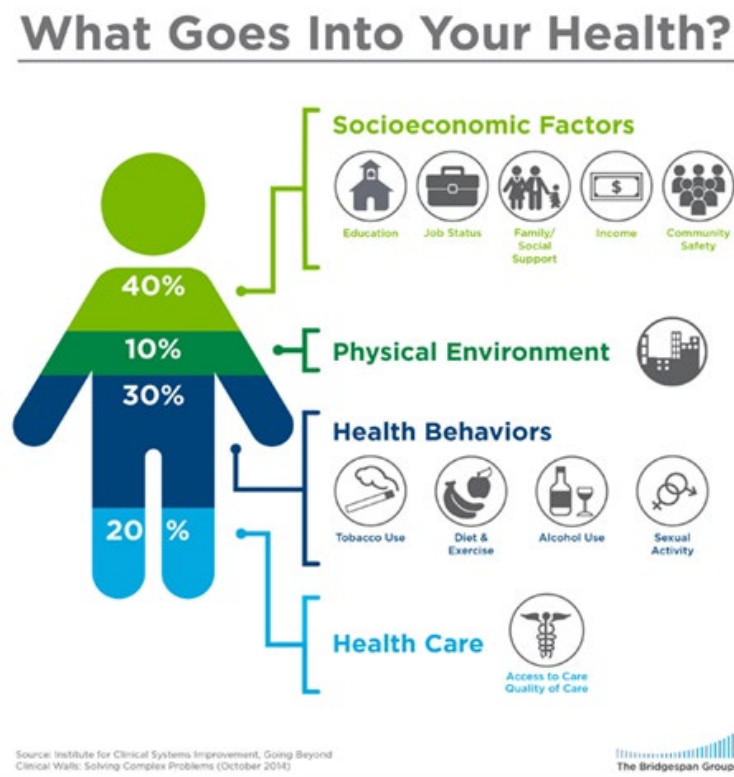
SMMC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During 2019 our hospital provided \$15,736,191 in Community Benefit in response to unmet needs and to improve the health and well-being of those we serve in the High Desert region. Many other health care providers also serve the regions, including Desert Valley Hospital, Kaiser Permanente High Desert/Victorville, Victor Valley Global Medical Center, Borrego Federally Qualified Health Center (FQHC), and Mission FQHC.

SMMC further demonstrates organizational commitment to the Community Health Needs Assessment (CHNA) and Community Benefit through the allocation of staff time, financial resources, and participation and collaboration to address community identified needs. The Regional Director of Community Health Investment for Southern California – PSJH and Director of Community Health Investment are responsible for ensuring the compliance of Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital leadership, physicians, and others to work together in planning and implementing the resulting Community Health Improvement Plan (CHIP).

## Health Equity

At Providence St. Joseph Health, 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 (see Figure 1<sup>1</sup>).

**Figure 1. Factors Contributing to Overall Health and Well-being**



The Community Health Needs Assessment (CHNA) is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets (see Figure 2 for definition of terms<sup>2</sup>). Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.



**Figure 2. Definitions of Key Terms**

## Health Equity

A principle meaning that “everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.” (Braverman, et al., 2017)

## Health Disparities

Preventable differences in the burden of disease or health outcomes as a result of systemic inequities.

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



### Approach

- Explicitly name our commitment to equity
- Take an asset-based approach, highlighting community strengths
- Use people first and non-stigmatizing language



### Community Engagement

- Actively seek input from the communities we serve using multiple methods
- Implement equitable practices for community participation
- Report findings back to communities



### Quantitative Data

- Report data at the block group level to address masking of needs at county level
- Disaggregate data when responsible and appropriate
- Acknowledge inherent bias in data and screening tools

# OUR COMMUNITY

## Description of Community Served

SMMC provides High Desert communities with access to advanced care and advanced caring. The hospital's community extends from Apple Valley in the north, Hesperia in the south, Lucerne Valley in the east and Adelanto in the west. This includes a population of approximately 375,000 people. This service area represents District 1 of the County's Public Health Community Vital Signs project. See Figure 3 on the following page for a map of the service area.

## Hospital Service Area

The service area for St. Mary Medical Center was defined using census tracts inside the cities of Adelanto, Apple Valley, Helendale, Hesperia, Lucerne Valley, Oro Grande and Victorville. In total there are 50 census tracts within the service area.

Within a medical center's service area is a high need service area based on social determinants of health related to the inhabitants of that census tract. Based on work done by the Public Health Alliance of Southern California and their [Healthy Places Index \(HPI\)](#) tool the following variables were used in the calculation of a high need census tract:

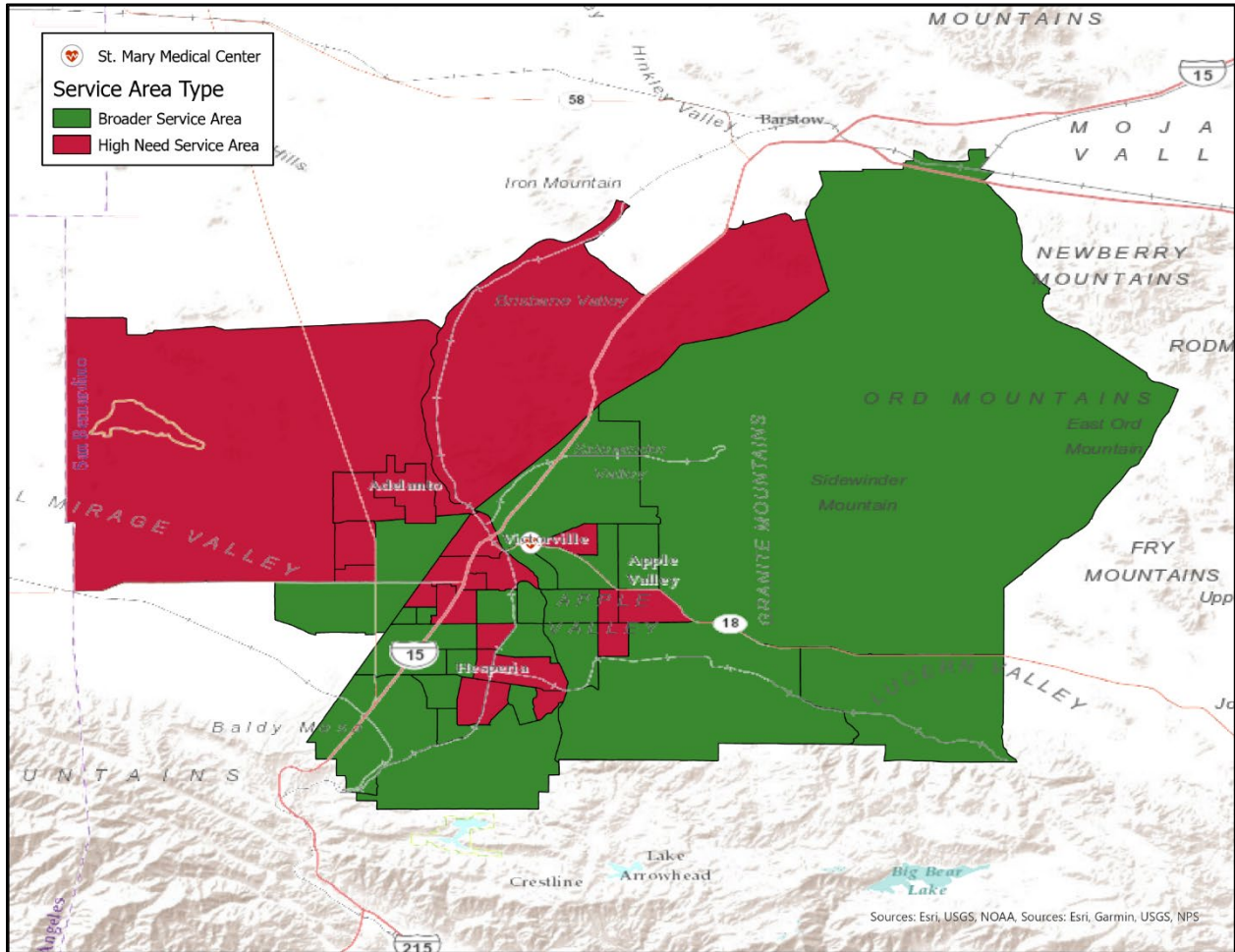
- Population Below 200% the Federal Poverty Level (FPL) (2019, American Community Survey)
- Percent of Population with at least a high school education (2019, American Community Survey)
- Percent of population who are unemployed (2019, American Community Survey)
- Life Expectancy at Birth (Estimates based on 2010 – 2015 data, CDC)

For this analysis, census tracts with more people below 200% FPL, fewer people with at least a high school education, more people who are unemployed, and a lower life expectancy at birth were identified as "high need". Ultimately, a census tract was given a score between 0 and 1 where 0 represents the best performing census tract. Census tracts that scored over the mean were categorized as a high need area.

**Table 1. Cities and ZIP Codes Included in Total Service Area**

Cities/ Communities	ZIP Codes
Adelanto	92301
Apple Valley	92307, 92308
Helendale	92342
Hesperia	92344, 92345
Lucerne Valley	92356
Oro Grande	92368
Victorville	92392, 92394, 92395

**Figure 3. St. Mary Medical Center Total Service Area**



Adelanto in its entirety is designated as a high need service area, as well as some sections of Apple Valley, Hesperia, and Victorville.

## Community Demographics

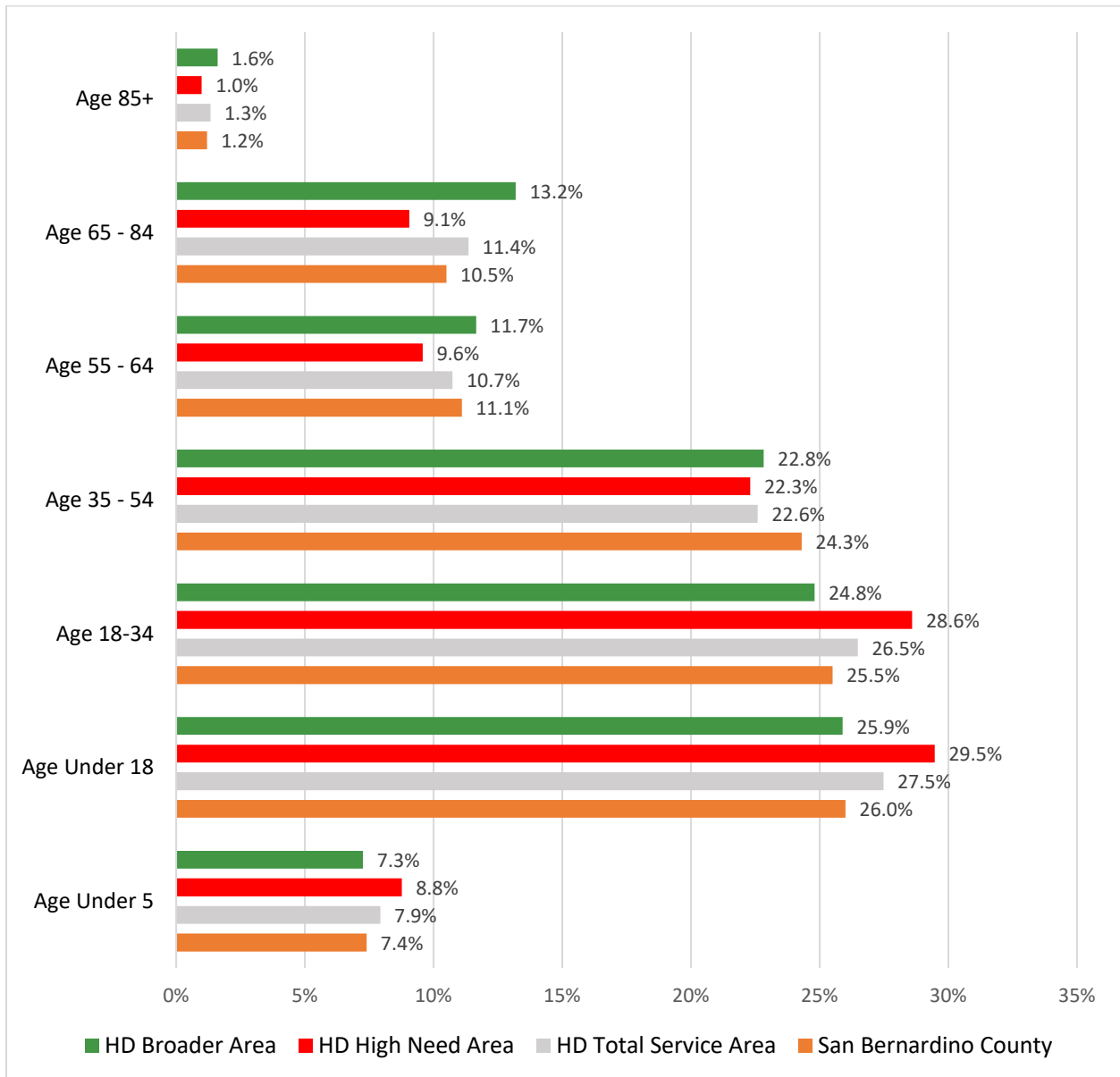
### POPULATION AND AGE DEMOGRAPHICS

**Table 2. Population Demographics for High Desert Service Areas**

Indicator	High Desert Broader Service Area	High Desert High Need Service Area	High Desert Total Service Area	San Bernardino County
2019 Total Population	207,943	165,479	373,422	2,188,174
Female Population	50.8%	49.5%	50.2%	50.3%
Male Population	49.2%	50.5%	49.8%	49.7%

Of the over 370,000 permanent residents in the total service area, roughly 44% live in the high need area. The population in the High Desert total service area makes up 17% of San Bernardino County.

**Figure 4. Age Groups by Geography in High Desert Service Areas**



The high need service area has a higher percentage of people under 34 years compared to the broader service area.

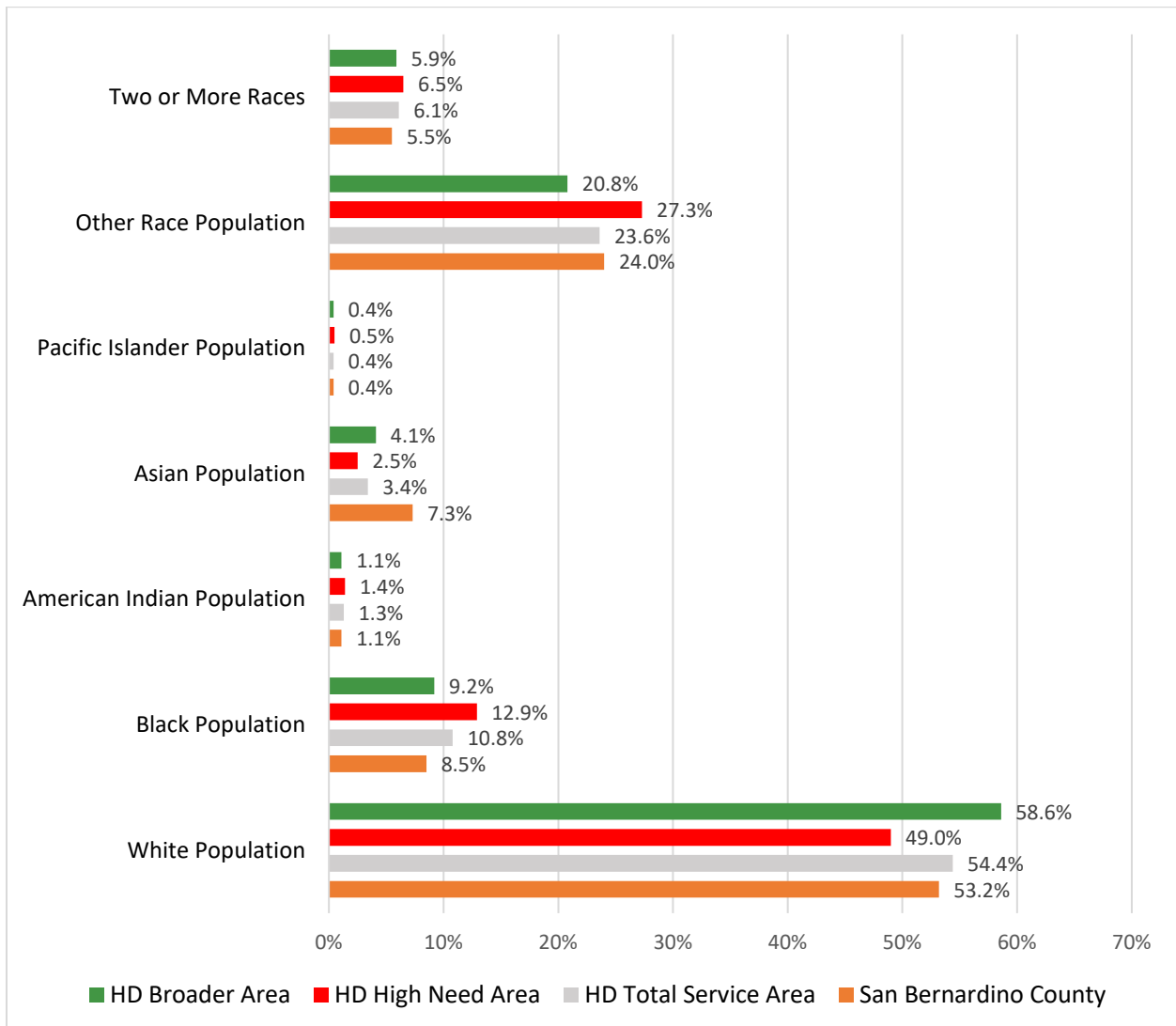
## POPULATION BY RACE AND ETHNICITY

**Table 3. Hispanic Population by Geography in High Desert Service Area**

Indicator	High Desert Broader Service Area	High Desert High Need Service Area	High Desert Total Service Area	San Bernardino County
Hispanic Population	45.8%	56.3%	50.4%	54.6%

Individuals who identify as Hispanic, “other” race, and Black are more likely to live in high need census tract. People identifying as Asian and white are less likely to live in high need census tracts.

**Figure 5. Race by Geography in High Desert Service Areas**



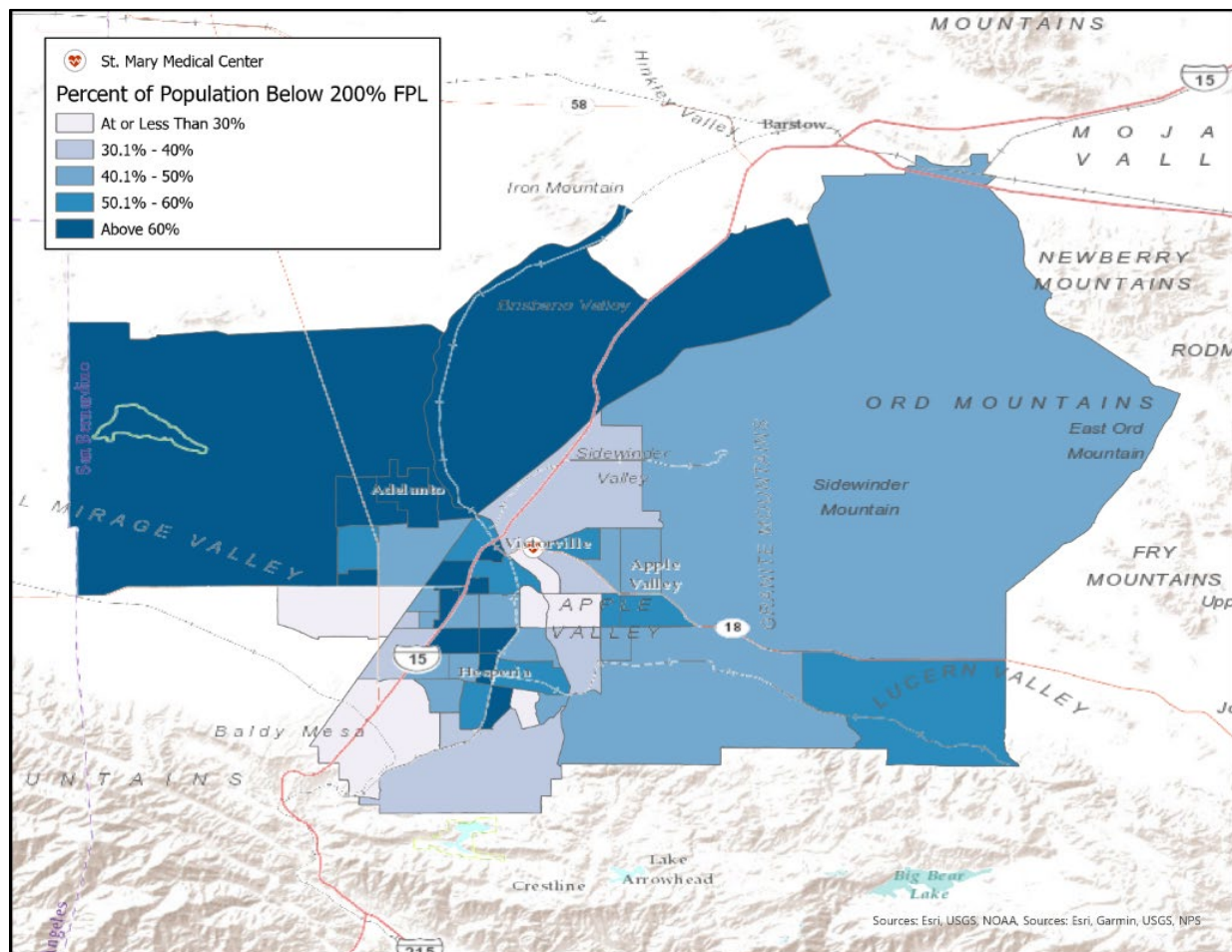
## HOUSEHOLDS LIVING AT OR BELOW 200% FEDERAL POVERTY

The population in SMMC’s service area is more likely to be at or below 200% Federal Poverty compared to San Bernardino County overall, including nearly 60% of households in the high need service area. For reference, 200% FPL is equivalent to an annual household income of \$51,500 or less for a family of 4. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

**Table 4. Percent of Population Below 200% FPL for High Desert Service Areas**

Indicator	High Desert Broader Service Area	High Desert High Need Service Area	High Desert Total Service Area	San Bernardino County
<b>Percent of Population Below 200% Federal Poverty Level</b>	35.9%	59.8%	46.3%	40.0%
Data Source: American Community Survey Year: 2019				

**Figure 6. Percent of Population Below 200% FPL by Census Tract**



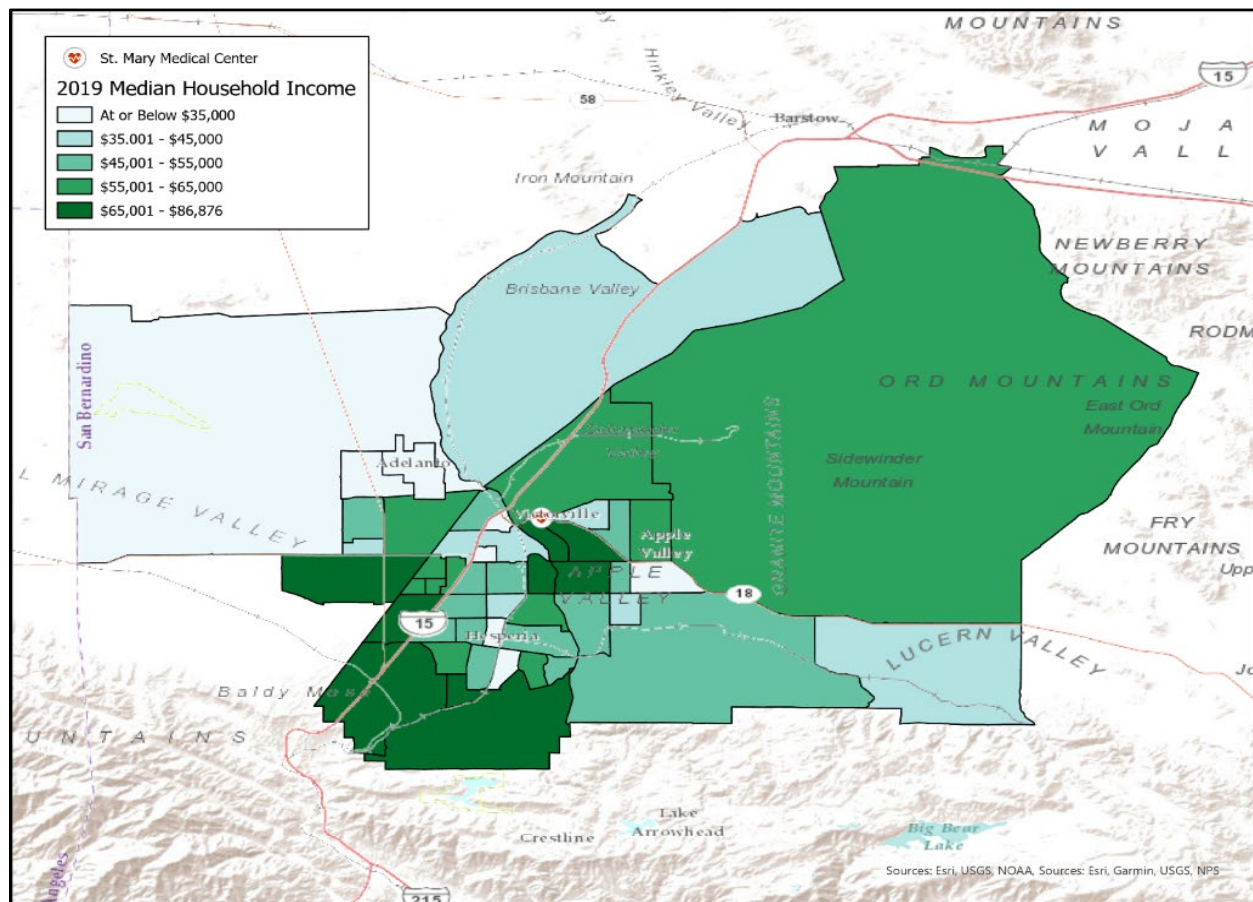


## MEDIAN INCOME

**Table 5. 2019 Median Income for High Desert Service Areas**

Indicator	High Desert Broader Service Area	High Desert High Need Service Area	High Desert Total Service Area	San Bernardino County
<b>Median Income</b>	\$61,846	\$41,164	\$52,995	\$60,761
Data Source: American Community Survey Year: 2019				

**Figure 7. 2019 Median Income by Census Tract**



The median income in the SMMC service area is almost \$8,000 lower than that of the county overall. The median income for households in the high need census tracts are approximately \$20,000 lower than the broader service area.

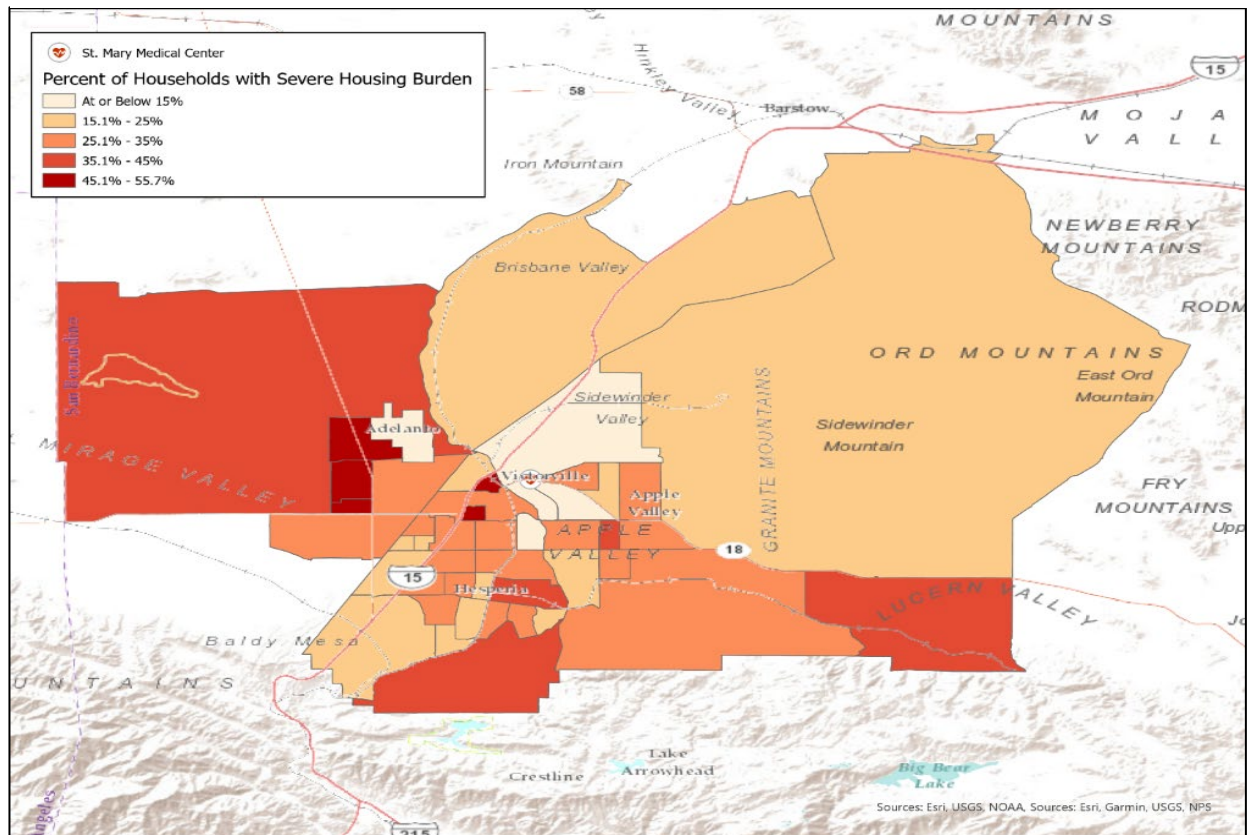
## SEVERE HOUSING COST BURDEN

Severe housing cost burden represents households that spend 50% or more of their income on housing costs. A slightly greater proportion of renter households are severely housing cost burdened in SMMC’s service area compared to San Bernardino County. On average, about 31% of households in the total service area are severely housing cost burdened.

**Table 6. Severe Housing Cost Burden for High Desert Service Areas**

Indicator	High Desert Broader Service Area	High Desert High Need Service Area	High Desert Total Service Area	San Bernardino County
<b>Percent of Renter Households with Severe Housing Cost Burden</b>	25.7%	35.3%	31.1%	28.7%
Data Source: American Community Survey Year: Estimate based on 2013-2017 data				

**Figure 8. Severe Housing Cost Burden by Census Tract**



In the high need service area, 35% of renter households are severely housing cost burdened, compared to 26% in the broader service area.



See [Appendix 1](#): Quantitative Data for more population level data for St. Mary Medical Center.

#### HEALTH PROFESSIONAL SHORTAGE AREA

St. Mary Medical Center is located within a primary care and mental health HPSA. Also located within the total service area for St. Mary Medical Center is a designated dental health HPSA. Parts of the service area, including Adelanto, are designated as a Medically Underserved Area.

See [Appendix 1](#): Quantitative Data for more information related to HPSA, Medically Underserved Areas, and Medically Underserved Populations.

# OVERVIEW OF CHNA FRAMEWORK AND PROCESS

The Community Health Needs Assessment (CHNA) process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. In gathering information on the communities served by St. Mary Medical Center we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. Additionally, we leveraged insight gained from key stakeholders and community members who participated in a survey on community needs. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

In addition, we recognize that there are often geographic areas where the conditions for supporting health are substantially poorer than nearby areas. Whenever possible and reliable, data are reported at the ZIP Code or census block group level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address disparities within and across communities.

We reviewed data from the American Community Survey and local public health authorities. In addition, we include hospital utilization data to identify disparities in utilization by income and insurance, geography, and race/ethnicity when reliably collected.

## Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur. Not all desired health-related data were available. As a result, proxy measures were used when available. For example, there is limited community or ZIP Code level data on the incidence of mental health or substance use.

## Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2017 CHNA and 2018-2020 CHIP reports, which were made widely available to the public via posting on the internet in December 2017 (CHNA) and May 2018 (CHIP), as well as through various channels with our community-based organization partners.

No comments were received.

# HEALTH INDICATORS

## 2019 San Bernardino County and High Desert City Health Indicators

County of San Bernardino, Department of Public Health's 2019 [Community's Vital Signs](#) (CVS) program provides available data on key health indicators by race, ethnicity and age at a county-wide and, where available, ZIP Code level. CVS is preparing to publish the following data in March 2021, due to delays caused by COVID-19. The Department of Public Health provided this information as preliminary reference for this CHNA due to our ongoing partnership.

The design of CVS started with 58 health and social indicators. A CVS steering committee selected four (4) demographic and eighteen (18) health indicators (from the set of 58) to assess at the county and district level. San Bernardino County is comprised of five (5) supervisory districts. St. Mary Medical Center serves the communities within District One including Adelanto, Apple Valley, Hesperia and Victorville along with several unincorporated communities like Lucerne Valley, Phelan, and Oak Hills.

Each supervisory district received its own CVS presentation to share with stakeholders and residents. Public health leaders led each presentation joined by CVS steering committee members representing that District. SMMC participated as a representative with the CVS steering committee for District One. Data were reported at the county level and for communities located within each district.

Meetings with stakeholders and residents provided rankings of health outcomes which are linked to San Bernardino County efforts to improve the following:

- **Education:** Increase high school graduation rates
- **Economic:** Decrease the percentage of families in poverty
- **Access to Health & Wellness:** Increase access to a regular source of health and behavioral services
- **Public Safety:** Decrease crime

### HEALTH INSURANCE COVERAGE

City Name	Health Insurance Coverage by City in 2012	Health Insurance Coverage by City in 2017
Adelanto	76.4%	89.3%
Apple Valley	83.8%	93.4%
Hesperia	78.5%	88.7%
Victorville	80.9%	88.5%

The increase in health insurance coverage reported in each High Desert city is the result of the state of California implementing Covered California and the expansion of San Bernardino County's Medi-Cal insurance programs (Inland Empire Health Plan IEHP and Molina Healthcare).

Higher insurance coverage has resulted in the expansion of Federally Qualified Health Clinics, particularly in the city of Adelanto. Additionally, Borrego Health and Tri Community join St. Jude Neighborhood Health Centers and San Bernardino County Public Health offering clinic services.

Despite clinic expansion, the hospital's service area, as well as communities across the Inland Empire, experience a shortage of physicians and certain inpatient hospital services. In the hospital's service area, mental health providers are limited with only two to three psychiatrists operating locally. Additionally, Adelanto has no urgent care serving its population of 32,000 residents with few dentists and providers of mental health services. Adelanto residents must travel to Apple Valley, Hesperia, or Victorville to access specialty services.

## CARDIOVASCULAR DISEASE

Between 2013-2017, ZIP Codes in Victorville had the highest hospitalization rates due to “diseases of the heart,” when compared to Adelanto, Apple Valley, and Hesperia. San Bernardino County has a higher rate of cardiovascular disease, 119.2 per 100,000, compared to California, 98.0 per 100,000. The higher incidence of cardiovascular disease has been attributed to several social determinants of health. The High Desert has the highest number of high poverty/ low food access neighborhoods (17) in San Bernardino County. The region is 90% desert and hot weather and high-water prices has eliminated farming. Additionally, the ratio of fast food to healthy food establishments is higher in the High Desert than at the county-wide level. Moreover, the community is still developing active transportation systems providing communities with sidewalks, walking paths, parks etc. These “community conditions” have been identified as “root causes” implicated in the communities eating and exercise habits. These conditions combined with poverty manifest in higher rates of diabetes and obesity also linked to heart disease. In response, the County of San Bernardino, Department of Public Health has been investing in campaigns to create walking and biking friendly communities in the High Desert.

## MENTAL HEALTH (SUICIDE)

In 2016, the suicide rate in San Bernardino County, 11.1 per 100,000 residents, was relatively similar to that of the state of California, 10.5 per 100,000 residents. Data indicate growing suicide rates in Hispanic and senior populations. In response, San Bernardino County Department of Behavioral Health is working with hospitals and school districts to improve access to mental health services.

San Bernardino County Department of Behavioral Health (DBH) is the area's largest provider of mental health services. While new outpatient and crisis services are available in the High Desert, none of the local hospitals offer inpatient psychiatric services. As a result, patients in crisis can be stabilized or transported 40 miles to inpatient care provided by urban hospitals, including Loma Linda (Redlands, CA) Common Spirit (San Bernardino, CA) Canyon Ridge (Chino, CA) and Arrowhead Regional Medical Center (Colton, CA).

DBH reports seeking state approval to provide inpatient beds serving youth at its county hospital, Arrowhead Regional Medical Center. The hospital currently provides inpatient beds to adults. The High Desert recently celebrated the opening of a 24-hour crisis stabilization clinic and a 90-day residential treatment campus serving adults. Kaiser Permanente has started outpatient mental health programs to serve its members. Services include intensive outpatient programs serving adults and youth. IEHP has

opened a psychiatry “walk-in” clinic to provide members access to medications. Hospitals have seen a marked increase in the number of adults and children seeking care at their Emergency Rooms. DBH contracted service providers report they are at capacity providing therapy and unable to respond quickly to Emergency Rooms requests. Additionally, there is limited access to hospital beds for crisis care, particularly for individuals covered by Medi-Cal.

Local efforts to address suicide and addiction are increasing. A navigator for youth who self-harm or attempt suicide is being provided by St. Mary Medical Center’s newly developed mental health campaign. Additionally, the hospital has funded a navigator for screening and treating opioid addiction. The hospital and DBH are supporting St. John of God to integrate mental health treatment into its local substance recovery program. Staff of DBH have developed a community led committee developing awareness of suicide prevention. A roundtable meeting between hospital and DBH leaders to discuss mental health continues.

## SEXUALLY TRANSMITTED INFECTIONS

San Bernardino has seen an increase in Sexually Transmitted Infections (STIs) county-wide:

- Chlamydia rates are reported county-wide at 540.1 per 100,000 persons;
- Gonorrhea dramatically increased from 56.1 cases (2010) to 158.7 cases (2016) per 100,000. In 2017, San Bernardino County ranked 23<sup>rd</sup> among all counties in the U.S. for total number of cases.
- Primary and secondary syphilis rates have increased to nearly 8 in every 100,000 persons.

Heat mapping of STIs identified High Desert cities, especially youth and young adults of Victorville, as “hot spots.” An important resource, Planned Parenthood, is open and providing STI services.

## NUTRITION

Access to healthy foods and ratio of grocery stores to fast food is a health concern in the High Desert. In 2015, 21.3% of the county’s population live more than 1.0 mile away from access to healthy foods, higher than data reported for the state of California (12%) and the national level (20%). The 2017 report completed by San Bernardino County, titled [Food Insecurity and Obesity in San Bernardino County](#), identified District One as having the highest number of food deserts<sup>1</sup>.

The ratio of fast food/convenience stores to supermarkets is higher in San Bernardino County than in California and United States. Between 2003 and 2016 this ratio grew from 5.8 to 7.8. The food economy of the High Desert is dominated by fast food to serve motorists traveling on I-15. Expansion of grocery stores and increasing access to fresh produce continue to be high priorities. The High Desert Food Collaborative has formed and each week this partnership of 70 food programs receives donations of recovered produce from Food Forward, a Los Angeles based food recovery group. Efforts to bring a grocery store to north Adelanto continues.

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<sup>1</sup> <https://wp.sbcounty.gov/wp-content/uploads/sites/7/2018/01/Food-Security-and-Obesity-in-San-Bernardino-County-2017.pdf>

## CHILDREN’S PREVENTIVE ORAL HEALTH SERVICES

It is reported that preventive dental service for children ages 0-5 in San Bernardino County has from 27.4% in 2013 to 30.7% in 2017. However, the 2017 rate of 30.7% is still below the state percentage of 34.2%. In response, San Bernardino County Public Health developed a [Strategic Plan for Oral Health 2019-2024](#). The plan calls for (1) increasing mobile dental programs to schools and (2) recruiting dentists who will accept patients with Denti-Cal insurance, as currently the High Desert has no mobile dental program. Community clinics report adding dental services to their services and a strategy to offer preventative services at school. St. Mary Medical Center provided a restricted grant to Borrego Health for purchase of a mobile dental van.

## EDUCATION, COLLEGE GRADUATION AND PUBLIC SAFETY

San Bernardino County and High Desert cities lag the state and nation in the percentage of students graduating with a four-year college degree. While state and national measures were reported at 33.7% and 32%, respectively in 2017, San Bernardino County reported 20.5% of students graduating with a four-year college degree. The High Desert cities report lower percentages ranging from 16% in Apple Valley to 5.2% in Adelanto. Low college graduation percentages are a bottleneck to developing the community’s workforce. Efforts to bring a four-year public college to the community continues. Education and workforce have partnered to form the Mountain Desert Career Program and the Mountain Desert Economic Program. Both are education, private sector initiatives to create opportunities and improve the workforce.

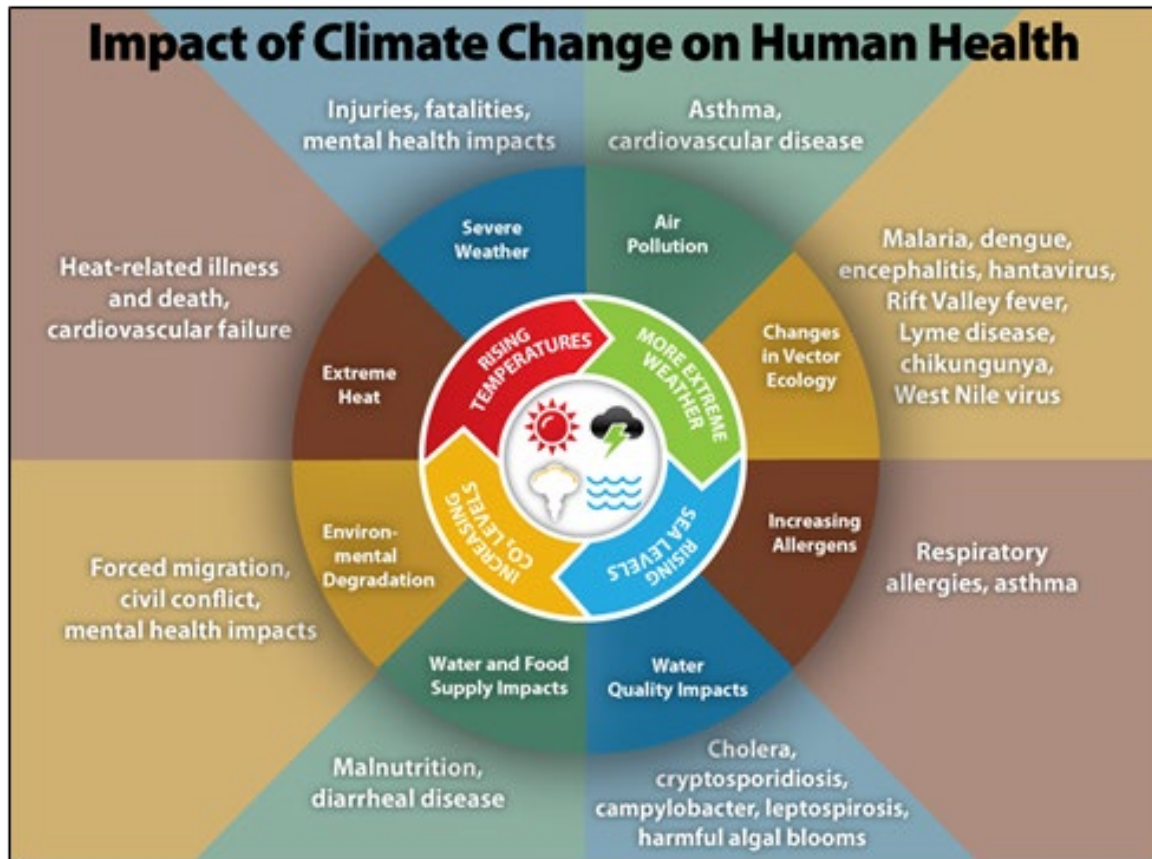
## Projected Impact of Climate Change in the High Desert

We recognize that climate change creates additional risks and challenges for the communities that we serve. St. Mary Medical Center works with San Bernardino County Association of Government (SANBAG) as it supports local cities to address the impacts of climate change, creating housing and improving transportation systems. Initial climate assessments by SANBAG suggest that by 2050, 12-24 extreme heat days will be experienced by the region. SANBAG is developing a “tool kit” of policy recommendations for local communities including, but not limited to adding community cooling stations and landscaping for cooling.<sup>2</sup>

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<sup>2</sup> San Bernardino County Resilience Strategy, 2019

Figure 9. Impact of Climate Change on Human Health



While all Californians are vulnerable to climate change, social and economic inequities make some Californians more at risk of negative health and well-being as a result of rising temperatures, more extreme weather, rising sea level, and increasing carbon dioxide levels. The following populations are considered more vulnerable to the direct effects of climate change:

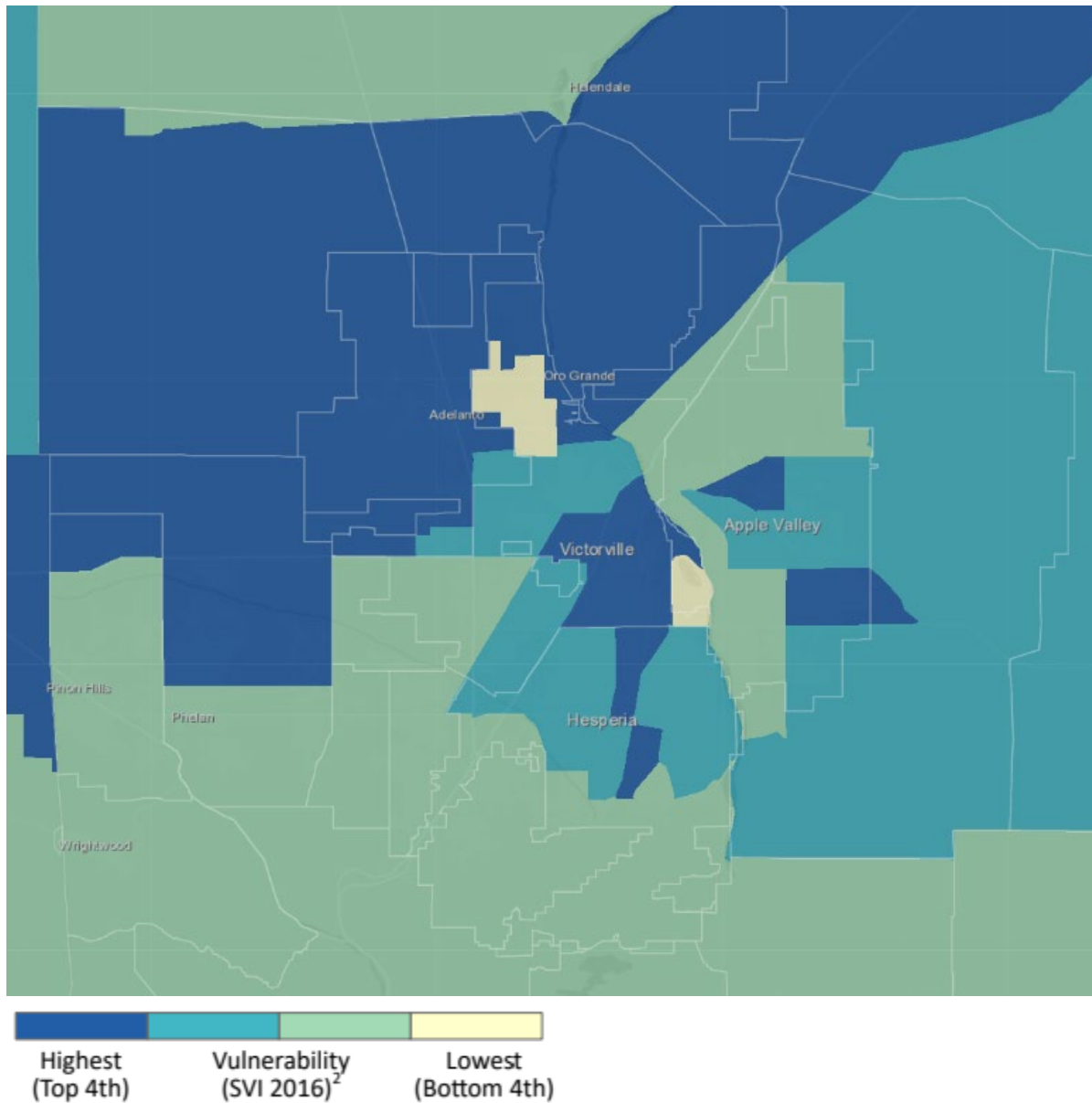
- The very old and very young
- People with chronic medical conditions
- People living with a mental health diagnosis
- People taking multiple medications
- People lacking access to public transportation or a private car (increased challenges evacuating)
- People who are socially isolate
- Medically fragile people
- People living in institutions<sup>3</sup>

To better understand where social vulnerabilities to disaster exist in the communities we serve, we have consulted the CDC's Social Vulnerability Index (SVI). This index allows us to better understand how

<sup>3</sup> Climate Change and Health Profile Report, Orange County. California Department of Public Health, 2017

poverty, lack of access to transportation, and crowded housing may make communities more vulnerable to human suffering and financial loss in a disaster. The CDC website provides the [Social Vulnerability Index map for San Bernardino County \(2016\)](#). The following map demonstrates the SVI for the High Desert total service area. Darker blue areas represent “more vulnerable” census tracts.

**Figure 10. CDC's Social Vulnerability Index for the High Desert Total Service Area, 2016**



Cities considered most socially vulnerable to disaster based on the SVI are Adelanto, Oro Grande, and Victorville. Knowing which geographic areas are more vulnerable allows for improved planning of



supplies and funding in case there is a hazardous event, such as a natural disaster, disease outbreak, or human-made event.<sup>4</sup>

## Hospital Utilization Data

In addition to this public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden within the High Desert region. We were particularly interested in studying potentially avoidable Emergency Department visits and Prevention Quality Indicators. Avoidable Emergency Department (AED) is reported as a percentage of all Emergency Department visits over a given time period and are identified based on an algorithm developed by PSJH’s Population Health Care Management team based on NYU and Medi-Cal’s definitions.

The Prevention Quality Indicators (PQIs) are similar, although they are based on in-patient admissions. Both PQIs and AED serve as proxies for inadequate access to, or engagement in, primary care. As possible, we look at the data for total utilization, frequency of diagnoses, demographics, and payer to identify disparities.

**Table 7. Avoidable Emergency Department Visits for PSJH Orange County and High Desert Hospitals**

Facility	Non-AED Visits	AED Visits	Total ED Visits	AED %
Mission Hospital	31,242	15,310	46,552	32.9%
St Mary Medical Center	43,572	22,264	65,836	33.8%
St. Joseph Hospital of Orange	40,381	21,783	62,164	35.0%
St. Jude Medical Center	36,273	21,192	57,465	36.9%
<b>Grand Total</b>	<b>151,468</b>	<b>80,549</b>	<b>232,017</b>	<b>34.7%</b>

When comparing the High Desert and Orange County hospitals, SMMC had a below average percentage of potentially avoidable ED utilization in 2019. At SMMC, individuals whose race was left blank had the highest percentage of avoidable ED visits, at 50%, although there were only 10 individuals in this category meaning these data should be interpreted with caution. Individuals identifying as Black/African American and those designated as an “unknown” race had the second and third highest percentages of avoidable ED visits.

Individuals under the age of 18 had the highest percentage of avoidable ED visits. Patients from ZIP Codes 92307, 92308, and 92345 generated the greatest number of potentially avoidable ED visits. These three ZIP Codes were responsible for approximately 43% (9,564) of all potentially avoidable visits in 2019. There were 240 additional visits from patients identified as experiencing homelessness (ZIP Code “ZZZZZ”), with 45% of visits by this population being categorized as avoidable.

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<sup>4</sup> <https://svi.cdc.gov/factsheet.html>

**Table 8. Avoidable Emergency Department Visits by Ministry and Patient Zip Code**

Encounters by Patient Zip Code	Non-AED Visits	AED Visit	Total ED Visits	AED %
<b>St. Mary Medical Center</b>	<b>43,572</b>	<b>22,264</b>	<b>65,836</b>	<b>33.8%</b>
92307	7,489	3,808	11,297	33.7%
92308	6,148	3,025	9,173	33.0%
92345	5,747	2,731	8,478	32.2%
ZZZZZ	299	240	539	44.5%

See [Appendix 1](#): Quantitative Data for more data tables related to AED for St. Mary Medical Center.

# COMMUNITY INPUT

## Summary of Community Input

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, Department of Public Health, County of San Bernardino, and the Community Vital Sign Department, fielded an online survey to community residents and stakeholders. The survey allowed community members and nonprofit and government stakeholders to share their perspective on the issues and opportunities of the people, neighborhoods, and cities of the service area. Please refer to [Appendix 2](#) for details.

There were three categories of questions: Health; Community Safety, Education and Economy; and Neighborhood Ratings.

[Full findings from the survey](#) can be found on the San Bernardino County Public Health website. Findings shared here are filtered to include respondents from the service area, including Adelanto, Apple Valley, Hesperia, Victorville, and the Adelanto-High Desert Detention Center (findings from the detention center were not available for the health priorities section).

A total of 222 stakeholders and over 1,000 residents responded to the survey across San Bernardino County. Stakeholders were responding on behalf of their organizations and residents responded based on their own experiences.

### COMMUNITY RESIDENT SURVEY FINDINGS

Community residents in the service area identified the following top three health priorities for their communities:

1. Mental Health Problems (Anxiety, Depression, etc.)
2. Obesity/Overweight
3. Smoking / Tobacco Use / Vaping / E-Cigarette Access

The number of votes for mental health problems was substantially higher (114 votes) than obesity/overweight (85 votes).

In the “Community Safety, Education and Economic Category,” community residents in the service area identified the following top three health priorities:

1. Homelessness
2. Poverty
3. High Housing Costs (Purchase or Rental)

This category received an overwhelming response for homelessness. There were 138 votes for homelessness compared to 86 for poverty.

Residents were asked to rate their neighborhoods (on a poor to excellent scale) on the following categories:

- Health and Wellness: The most common rating was “fair,” followed by “good.”
- Economy: The most common rating was “fair,” followed by “poor.”
- Education: The most common rating was “fair,” followed closely by “good.”
- Safety: The most common rating was “fair,” followed closely by “poor.”
- Environment: Survey respondents were primarily split between “poor,” “fair,” and “good.”
- Housing: The most common rating was “poor,” although “fair” and “good” were also common.
- Transportation: The most common rating was “fair,” although “poor” and “good” were also common.

## COMMUNITY STAKEHOLDER SURVEY FINDINGS

Community stakeholders in the service area identified the following top three health priorities for their communities:

1. Mental Health Problems (Anxiety, Depression, etc.)
2. Shortage of Health Professionals
3. Poor Nutrition/Diet

The number of votes for mental health problems was substantially higher (30 votes) than shortage of health professionals and poor nutrition/diet (both 19 votes).

In the “Community Safety, Education and Economic Category,” community stakeholders in the service area identified the following top three health priorities:

1. Homelessness
2. Poverty
3. Violent Crime

There were 24 votes for homelessness compared to 14 for poverty.

See [Appendix 2: Community Input for additional details about participants, methodology, and findings.](#)

## Challenges in Obtaining Community Input

Community Vital Signs advertised through community organizations and was a web-based survey. Therefore, not all residents of the area were aware of the survey, and those with limited internet connection may not have been able to access or complete the survey.

# SIGNIFICANT HEALTH NEEDS

## Prioritization Process and Criteria

The hospital's Community Benefit Committee members, and Director of Community Health Investment discussed the list of eighteen identified needs from the CVS work. The Director of Community Health Investment also developed a point system to assign each of the eighteen 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 each was 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")

See [Appendix 3: Prioritization Protocol and Criteria](#)

## 2019 Priority Health Needs

The list below summarizes the rank ordered significant health needs identified through the Community Health Needs Assessment process:

### PRIORITY 1: ACCESS TO CARE

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

The Challenge: The High Desert has many under-resourced communities and residents experiencing a variety of barriers to accessing both primary and specialty care. Noted barriers include a lack of health literacy, cost of care, lack of local public transportation, and insufficient dental providers.

Our Vision: That the residents of the High Desert living in communities with low incomes know how to connect with resources needed for themselves, their family and their neighbors and advocate for needed services.

### PRIORITY 2: MENTAL HEALTH

*Creating awareness and education regarding mental health and substance use, particularly amongst the Latino/a population, and ultimately bringing resources that address these in a meaningful and dignified way.*

The Challenge: People living with mental health challenges need to be connected to resources in a timely manner, just as with any other medical emergency.

Our Vision: We recognize that a person is mind, body and soul. Mental health is an integral part of the well-being of a person. By creating awareness and services addressing mental health, along with substance use, we will see the betterment of individuals, families and neighborhoods.

### PRIORITY 3: HOMELESSNESS & HOUSING

*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.*

The Challenge: Local communities do not have adequate support service and housing to meet the needs of people experiencing homelessness.

The Vision: Develop a community supported campaign that expands services and shelter to people experiencing homelessness, expands the availability of housing, and improves the quality of health services provided to people experiencing homelessness. Homeless prevention and the development of affordable housing initiatives are important strategies to reduce 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.*

The Challenge: Obesity is related to many other health problems including diabetes, heart disease, knee problems, and more. Many illnesses can be alleviated by addressing an individuals' unhealthy weight.

The Vision: A neighborhood where the healthy choice is the easiest choice. If a family wants to do exercise or eat healthy together, living in a neighborhood that offers these opportunities can make this a reality.

## Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include the Department of Public Health, Desert Valley Hospital, Kaiser and Victor Valley Global Medical Center. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 4.

See [Appendix 4](#): **Community Resources Available to Address Significant Health Needs**

# EVALUATION OF 2018-2020 CHIP IMPACT

This report evaluates the impact of the 2018-2020 Community Health Improvement Plan (CHIP). St. Mary Medical Center responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

**Table 9. Outcomes from 2018-2020 CHIP**

Priority Need	Program or Service Name	Results/Outcomes	Type of Support
Access to Care	Community Clinics	1,901 unique patients seen	Clinical
Access to Care	Health Promotion at Faith Based Centers	Members at 7 churches participated in health promotion classes. At each church, 5 nutrition classes were conducted, totaling over 500 individuals participating.	Nutrition Education
Mental Health	St. John of God	226 individuals received mental health sessions  Hiring of a Medical Director, Behavioral Health Director, two Behavioral Health Therapists, and an LVN	Grant
Mental Health	Bridges for Families	1,061 counseling sessions by licensed Social Workers.	Clinical
Obesity	Communities of Excellence	3,452 physical fitness (one-hour ZUMBA class) and nutrition education encounters.	Physical Activities; ZUMBA provided in neighborhoods lacking gyms

## Addressing Identified Needs

The Community Health Improvement Plan developed for the High Desert service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how SMMC plans to address the health needs. The CHIP will not only describe the actions SMMC intends to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between SMMC and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than December 31, 2020.



## 2019 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the Community Benefit Committee<sup>5</sup> of the hospital on November 6, 2020. The final report was made widely available on November 12, 2020.

Randall Castillo

11/6/2020

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Randall Castillo  
Chief Executive, St. Mary Medical Center

Date

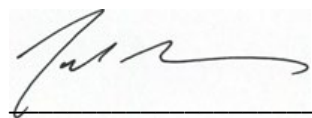
Paul Gostanian

11/6/2020

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Paul Gostanian  
Chair, St. Mary Medical Center Community Benefit Committee

Date



11/6/2020

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Joel Gilbertson  
Executive Vice President, Community Partnerships  
Providence St. Joseph Health

Date

### CHNA/CHIP Contact:

Kevin Mahany  
Program Director, Community Health Investment  
18300 CA-18, Apple Valley, CA 92307  
[Kevin.Mahany@stjoe.org](mailto:Kevin.Mahany@stjoe.org)

To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email [CHI@providence.org](mailto:CHI@providence.org).

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<sup>5</sup> See [Appendix 5](#): St. Mary Medical Center's Community Benefit Committee

# APPENDICES

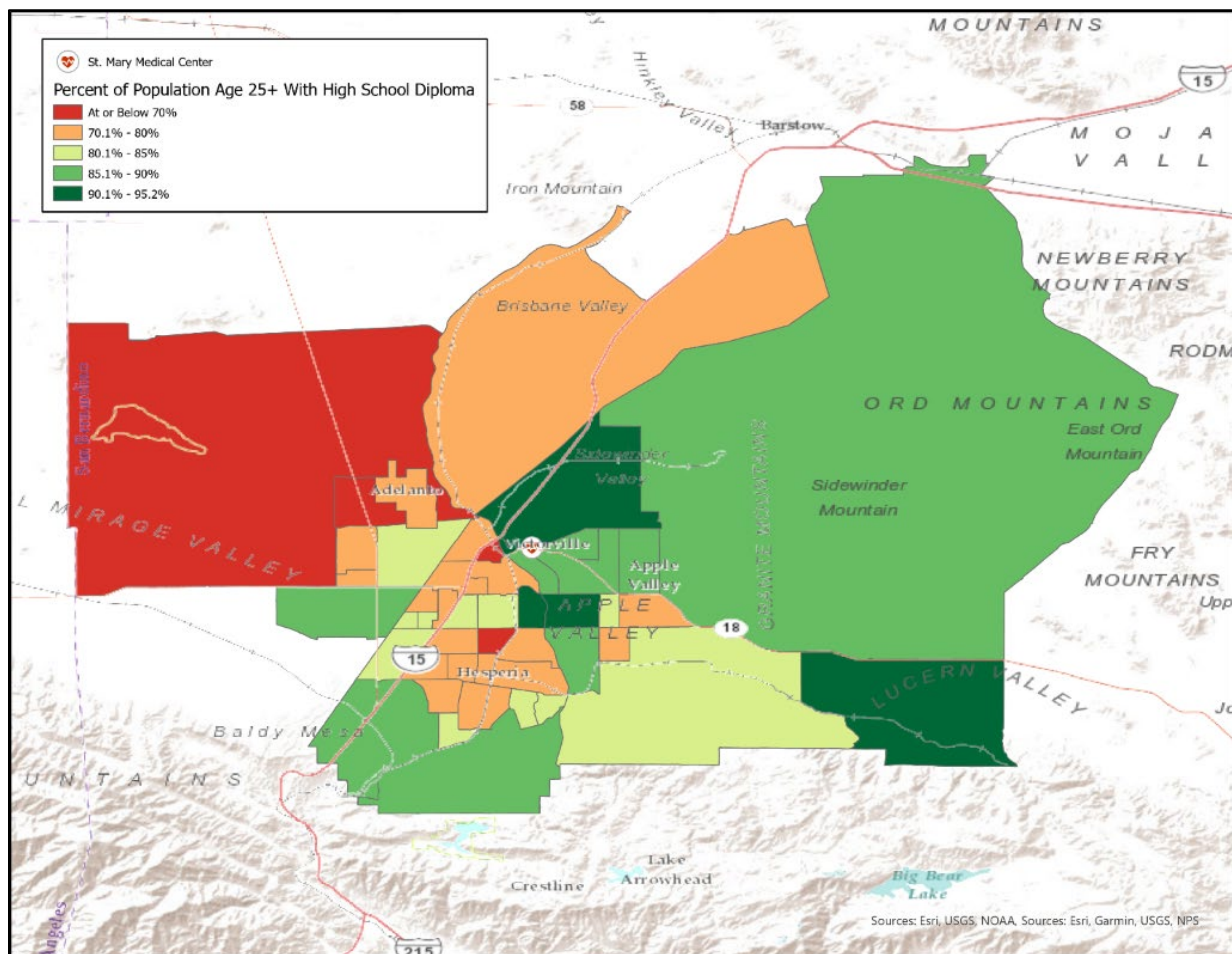
## Appendix 1: Quantitative Data

### POPULATION LEVEL DATA

**Apx 1\_Table 1. Percent of Population Age 25+ with a High School Diploma for High Desert Service Areas**

Indicator	Broader Service Area	High Need Service Area	Total Service Area	San Bernardino County
<b>Percent of Population Age 25+ with a High School Diploma</b>	85.2%	74.8%	80.8%	80.7%
Data Source: American Community Survey Year: 2019				

**Apx 1\_Figure 1. Percent of Population Age 25+ with a High School Diploma by Census Tract**



- The High Desert total service area and San Bernardino County have approximately equal percentages of population age 25 and older with a high school diploma.
- About 75% of people living in the high need service area who are over 25 years have a high school diploma compared to 85% in the broader service area.
- Adelanto has the census tract with the lowest percentage of people with a high school diploma in the High Desert area at 53%.

This indicator is important, because according to the National Center for Education Statistics, “For young adults ages 25–34 who worked full time, year-round, higher educational attainment was associated with higher median earnings; this pattern was consistent from 2000 through 2017.” A young adult with a high school diploma earned 23% higher earnings, \$32,000, in comparison to \$26,000 for a young adult that did not complete high school.<sup>6</sup>

There is overlap in areas that have a higher percentage of residents living below 200% FPL and a lower percentage of population with a high school diploma.

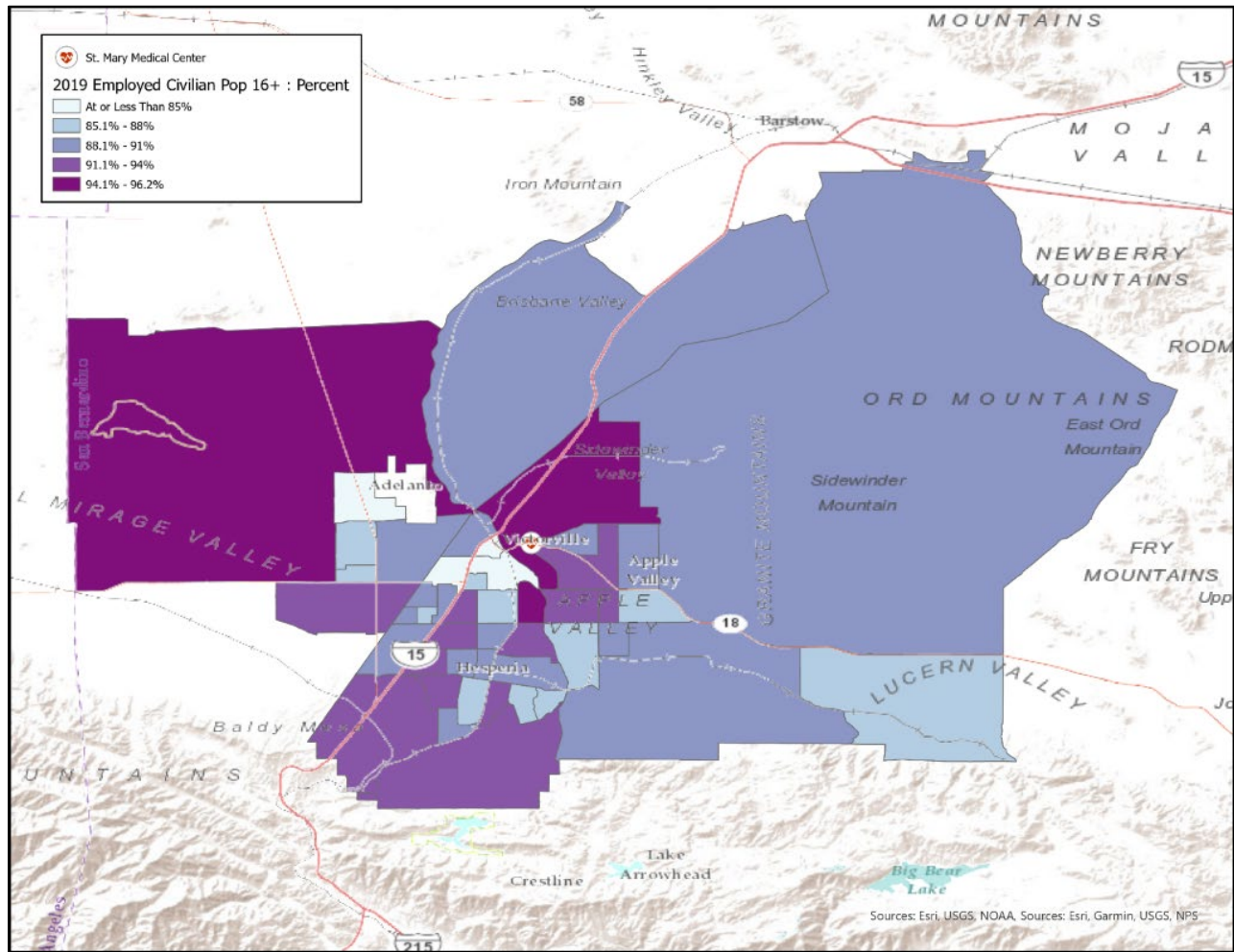
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<sup>6</sup> <https://nces.ed.gov/fastfacts/display.asp?id=77>

**Apx 1\_Table 2. Percent of Population Age 16+ Employed for High Desert Service Areas**

Indicator	Broader Service Area	High Need Service Area	Total Service Area	San Bernardino County
<b>Percent of Population Age 16+ Employed</b>	91.4%	88.2%	90.1%	92.6%
Data Source: American Community Survey Year: 2019				

**Apx 1\_Figure 2. Percent of Population Age 16+ Employed by Census Tract**

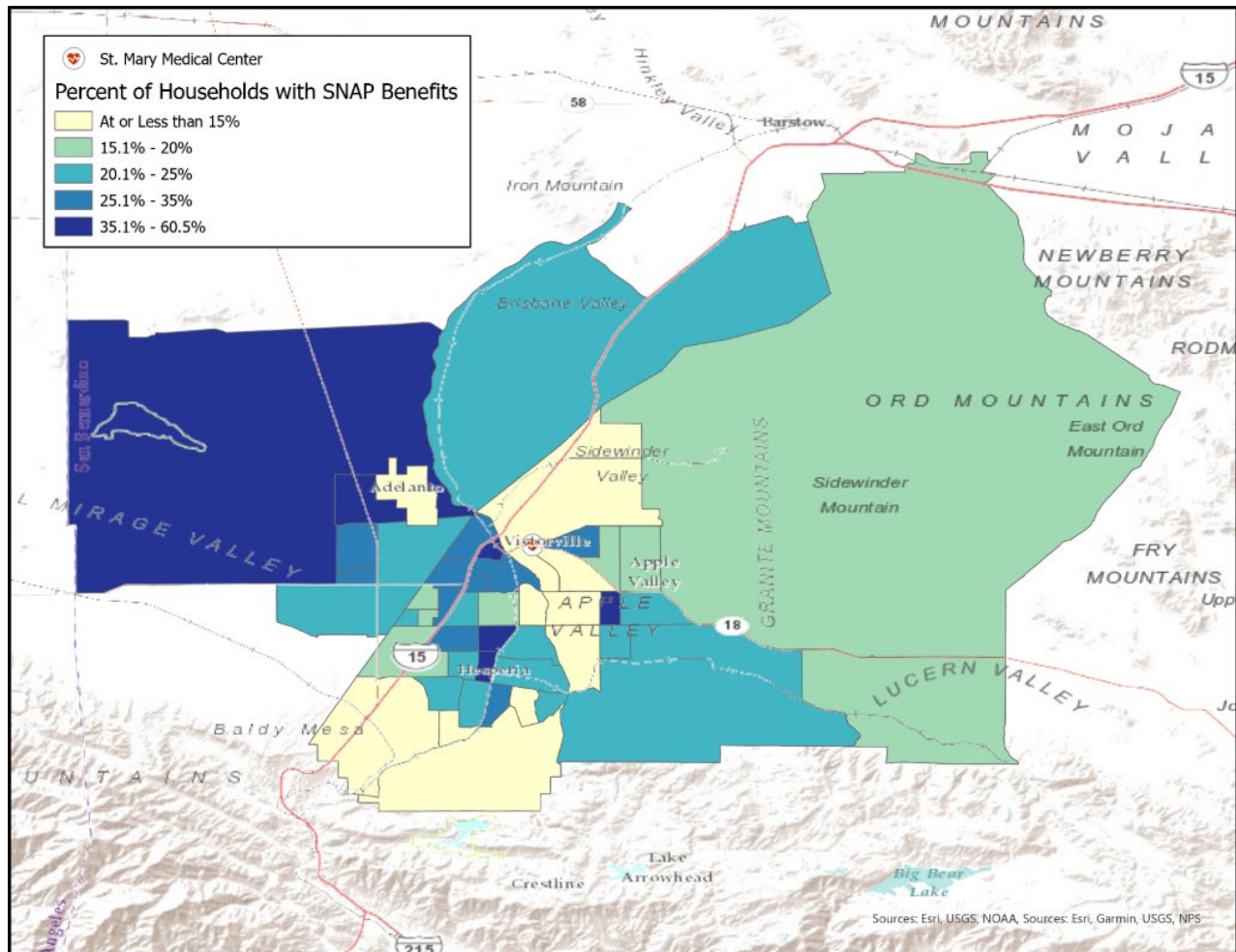


- The percent of population age 16+ employed in San Bernardino is slightly higher than in the total service area.
- The high need service area has 88% of people employed, compared to 91% in the broader service area.

**ApX 1\_Table 3. Percent of Households Receiving SNAP Benefits for High Desert Service Areas**

Indicator	Broader Service Area	High Need Service Area	Total Service Area	San Bernardino County
<b>Percent of Households Receiving SNAP Benefits</b> Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	16.4%	31.4%	22.9%	15.9%

**ApX 1\_Figure 3. Percent of Households Receiving SNAP Benefits by Census Tract**



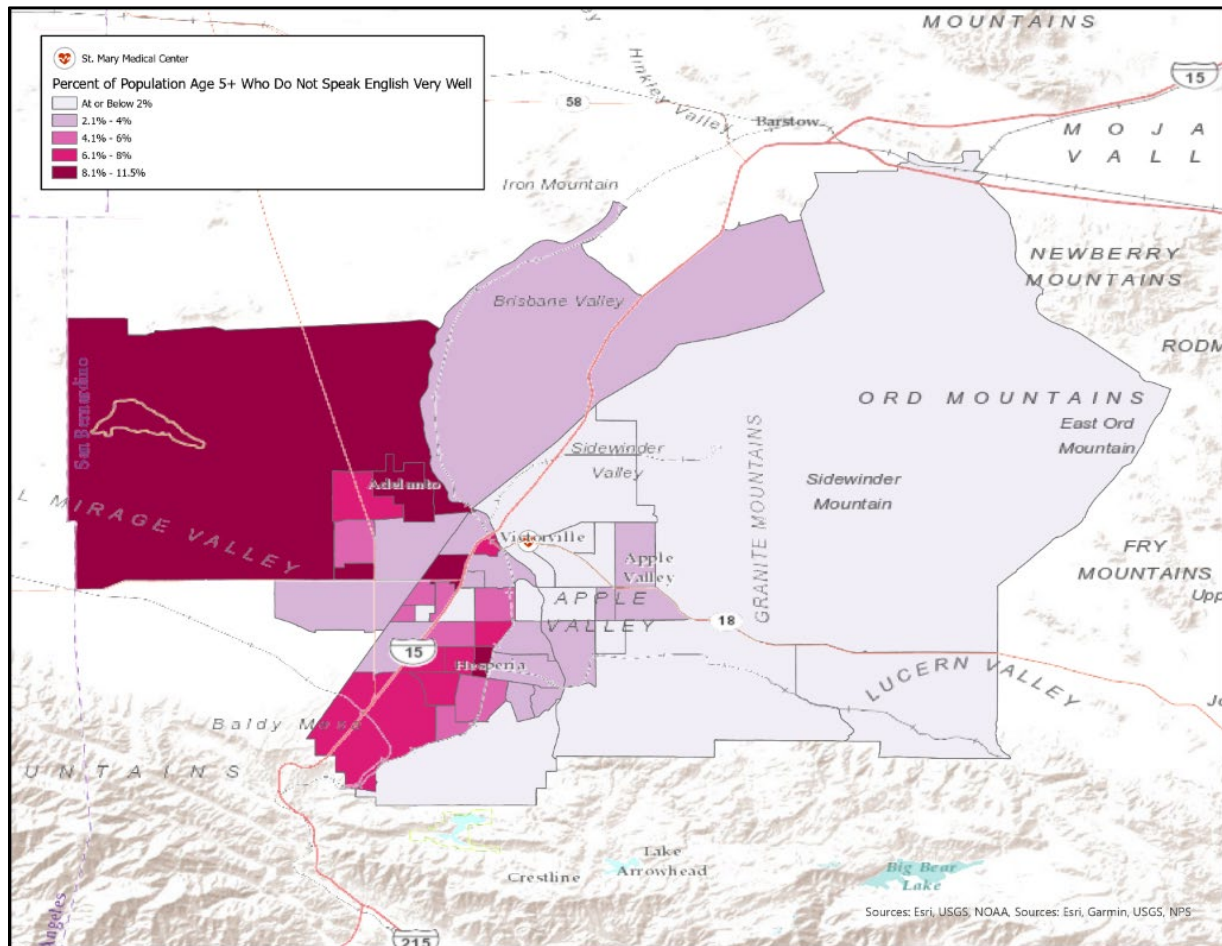
- The high need service area has a percentage of households receiving SNAP benefits that is about two times greater than both the broader service area and San Bernardino County.
- The census tracts with the highest percentage of households receiving SNAP benefits are in Adelanto, Apple Valley, Hesperia and Victorville.



**Apx 1\_Table 4. Percent of Population Age 5+ Who Do Not Speak English Very Well for High Desert Service Areas**

Indicator	Broader Service Area	High Need Service Area	Total Service Area	San Bernardino County
<b>Percent of Population Age 5+ Who Do Not Speak English Very Well</b>	3.3%	5.2%	4.1%	5.6%
Data Source: American Community Survey Year: 2019				

**Apx 1\_Figure 4. Percent of Population Age 5+ Who Do Not Speak English Very Well by Census Tract**



- The high need service area has a slightly higher proportion of population that does not speak English very well, 5%, compared to the total service area, 4%.
- One census tract has almost 12% of the population reporting not speaking English very well, the highest proportion in the total service area and almost double that of the average of San Bernardino County.

## HOSPITAL LEVEL DATA

### Avoidable Emergency Department (AED) Visits

**Apx 1\_ Table 5. Avoidable Emergency Department Visits by Orange County Hospital**

Facility	Non-AED	AED Visit	Grand Total	AED %
Mission Hospital	31,242	15,310	46,552	32.9%
St. Mary Medical Center	43,572	22,264	65,836	33.8%
St. Joseph Hospital of Orange	40,381	21,783	62,164	35.0%
St. Jude Medical Center	36,273	21,192	57,465	36.9%
<b>Grand Total</b>	<b>151,468</b>	<b>80,549</b>	<b>232,017</b>	<b>34.7%</b>

**Apx 1\_ Table 6. Avoidable Emergency Department Visits by Facility and Race**

Facility and Race	Non-AED Visit	AED Visit	Grand Total	AED %
<b>St. Mary Medical Center</b>	<b>43,572</b>	<b>22,264</b>	<b>65,836</b>	<b>33.8%</b>
Asian	352	164	516	31.8%
Black/African American	6,640	3,798	10,438	36.4%
Nat American/Eskimo/Aleutian	14	6	20	30.0%
Other	9,764	5,017	14,781	33.9%
Pacific Islander/Nat Hawaiian	117	54	171	31.6%
Unknown	167	96	263	36.5%
White	26,513	13,124	39,637	33.1%
(blank)	5	5	10	50.0%

**Apx 1\_ Table 7. Avoidable Emergency Department Visits by Facility and Age Group**

Facility and Age Group	Non-AED Visit	AED Visit	Grand Total	AED %
<b>St. Mary Medical Center</b>	<b>43,572</b>	<b>22,264</b>	<b>65,836</b>	<b>33.8%</b>
Under 18	10,122	6,127	16,249	37.7%
18 - 44	17,902	8,410	26,312	32.0%
45 - 64	9,151	4,728	13,879	34.1%
65+	6,397	2,999	9,396	31.9%

***Apx 1\_ Table 8. Top ZIP Codes for Avoidable Emergency Department Visits at St. Mary Medical Center***

Facility and Top ZIP Codes	Non-AED Visit	AED Visit	Grand Total	AED %
<b>St. Mary Medical Center</b>	<b>43,572</b>	<b>22,264</b>	<b>65,836</b>	<b>33.8%</b>
92307	7,489	3,808	11,297	33.7%
92308	6,148	3,025	9,173	33.0%
92345	5,747	2,731	8,478	32.2%
92395	4,544	2,466	7,010	35.2%
92392	4,859	2,437	7,296	33.4%
92301	4,288	2,229	6,517	34.2%
92394	3,535	1,936	5,471	35.4%
92356	999	492	1,491	33.0%
92311	772	454	1,226	37.0%
92344	902	384	1,286	29.9%
92371	698	344	1,042	33.0%
92342	512	265	777	34.1%
<i>ZZZZZ</i>	299	240	539	44.5%

- These top 20 zip codes made up 95.5% of all emergency department visits in 2019 for St. Mary Medical Center
- Patients with a zip code of "ZZZZZ" are typically patients experiencing homelessness.

### *Prevention Quality Indicators*

Prevention Quality Indicators were developed by the Agency for Healthcare Research and Quality to measure potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions (ACSCs). ACSCs are conditions for which hospitalizations can potentially be avoided with better outpatient care and which early intervention can prevent complications.

More information on PQIs can be found on the following links:

[https://www.qualityindicators.ahrq.gov/modules/pqi\\_overview.aspx](https://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx)

[https://www.qualityindicators.ahrq.gov/modules/pqi\\_resources.aspx](https://www.qualityindicators.ahrq.gov/modules/pqi_resources.aspx)



PQIs were calculated for Mission Hospital, St. Mary Medical Center, St Joseph Hospital of Orange, and St. Jude Medical Center using inpatient admission data for the year 2019.

St. Mary Medical Center had the highest average rate of potentially avoidable hospitalizations in the Orange County/ High Desert services areas (216.31 per 1,000 compared to an average of 128.58). Each of the PQI Composite scores (90, 91, 92, and 93) were higher for SMMC than any other PSJH ministry in Orange County/High Desert service areas. The top three PQIs for SMMC were the following:

1. Heart Failure: 60.84 per 1,000 visits
2. Dehydration: 41.84 per 1,000 visits
3. Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults: 29.00 per 1,000 visits

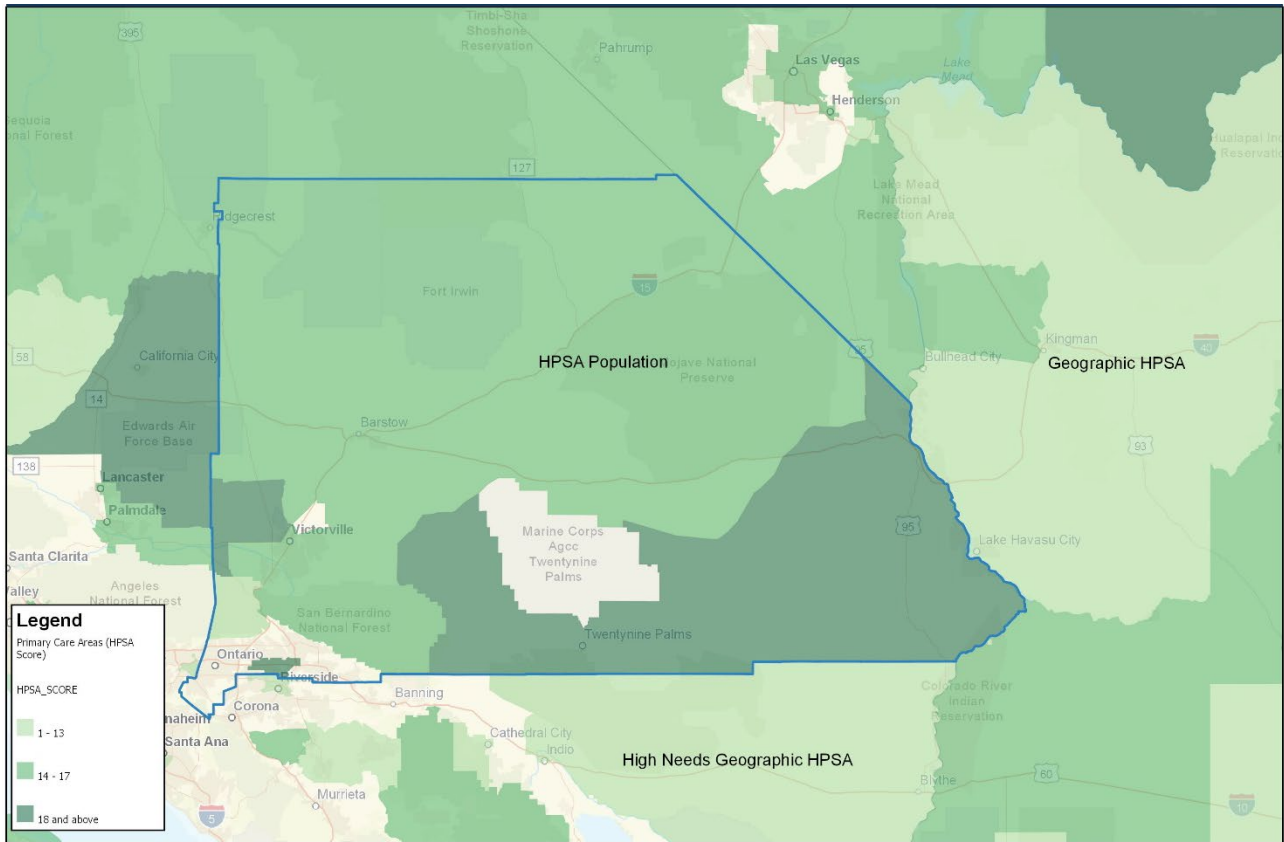
***Apx 1\_ Table 9. Prevention Quality Indicators for Orange County and High Desert Hospitals***

Indicator	Label	Numerator	Denominator	Observed Rate Per 1,000 Visits
PQI 90	<b>Prevention Quality Overall Composite, per 1,000 visits</b>			
	St. Mary Medical Center	2,880	13,314	216.31
PQI 91	<b>Prevention Quality Acute Composite, per 1,000 visits</b>			
	St. Mary Medical Center	514	13,314	38.61
PQI 92	<b>Prevention Quality Chronic Composite, per 1,000 visits</b>			
	St. Mary Medical Center	1,809	13,314	135.87
PQI 93	<b>Prevention Quality Diabetes Composite, per 1,000 Visits</b>			
	St. Mary Medical Center	558	13,314	41.91

### HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) 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). St. Mary Medical Center is located in a mental health and dental health HPSA. Large portions of the service area needing increased access to primary care and mental health. The map below depicts these shortage areas for San Bernardino County.

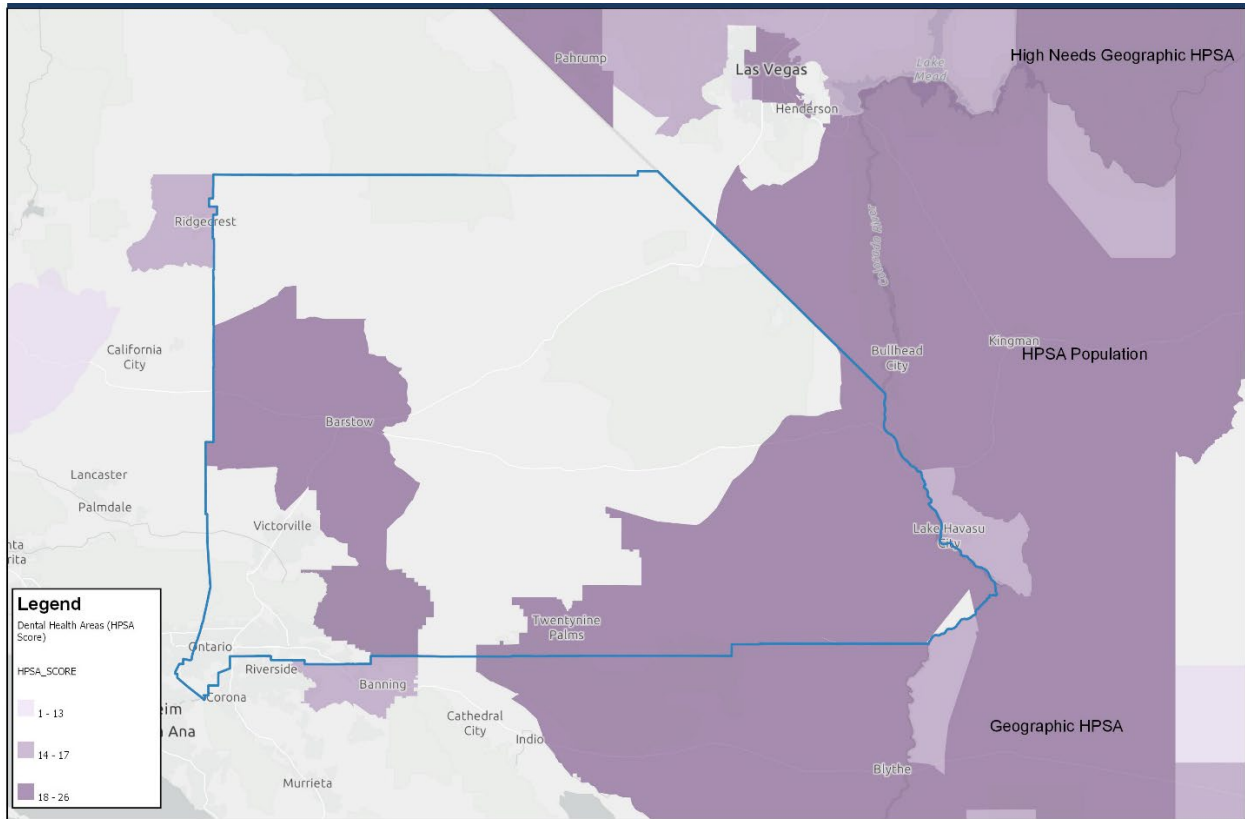
**Apx 1\_Figure 5. Primary Care Health Professional Shortage Areas in San Bernardino County**



data.HRSA.gov

Prepared by:  
 Division of Data and Information Services  
 Office of Information Technology  
 Health Resources and Services Administration  
 Created on: 11/3/2020

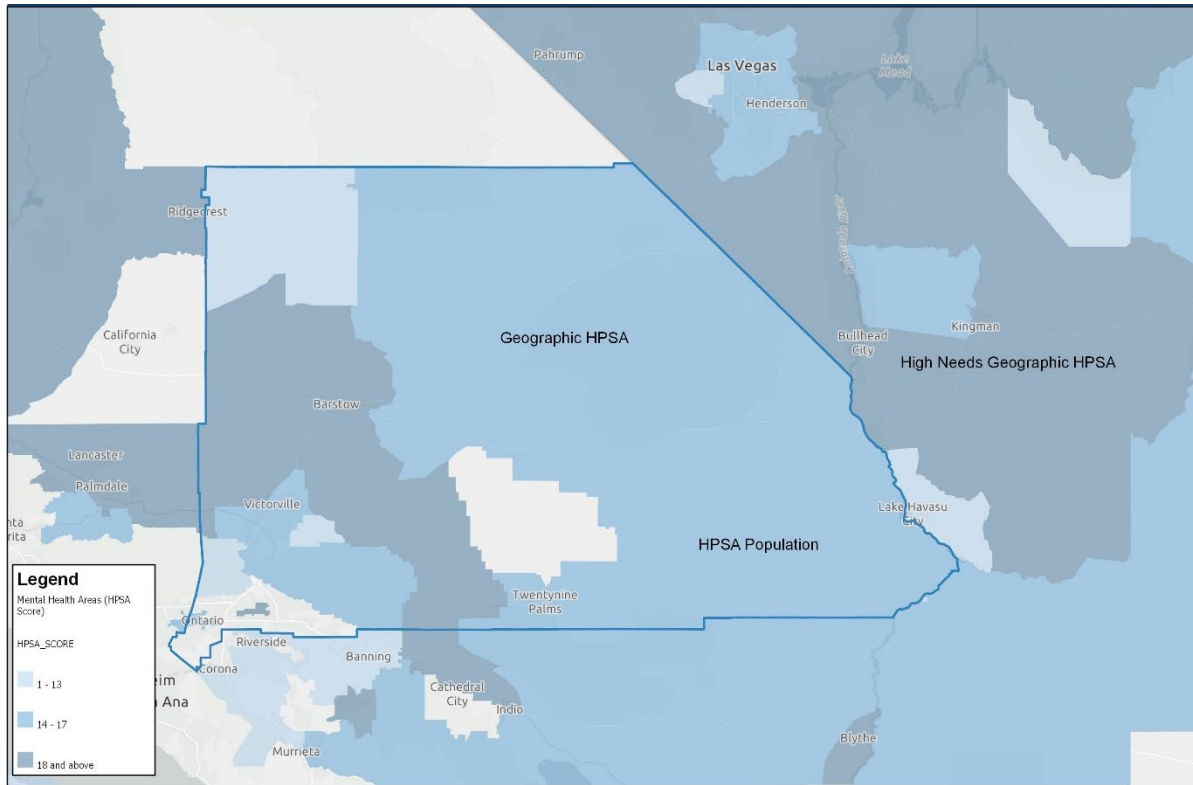
**Apx 1\_Figure 6. Dental Care Health Professional Shortage Areas in San Bernardino County**



[data.HRSA.gov](http://data.HRSA.gov)

Prepared by:  
 Division of Data and Information Services  
 Office of Information Technology  
 Health Resources and Services Administration  
 Created on: 11/3/2020

**Apx 1\_Figure 7. Mental Health Care Health Professional Shortage Areas in San Bernardino County**



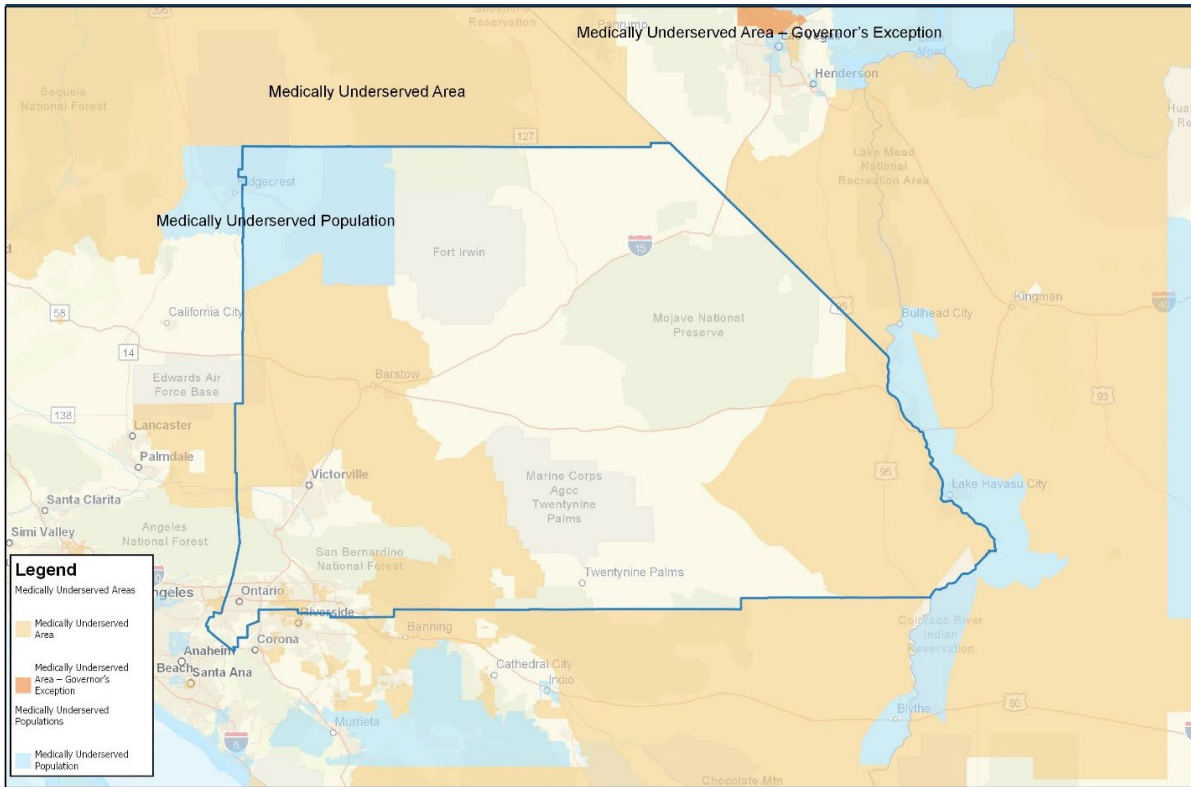
data.HRSA.gov

Prepared by:  
 Division of Data and Information Services  
 Office of Information Technology  
 Health Resources and Services Administration  
 Created on: 11/3/2020

**MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS**

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area’s level of medical “under service.” MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set and no renewal process is necessary. St. Mary Medical Center is not located in an MUA or MUP although parts of the service area are considered an MUA.

**Apx 1\_Figure 8. Medically Underserved Areas and Medically Underserved Populations (HRSA Map)**



data.HRSA.gov

Prepared by:  
Division of Data and Information Services  
Office of Information Technology  
Health Resources and Services Administration  
Created on: 10/14/2020

## Appendix 2: Community Input

**Apx 2\_Table 1. Community Input by Type**

Community Input Type (e.g. Listening sessions, community forum, etc.)	City, State	Date (Month, Day, Year)	Language
Online Survey	County-wide	2019	English

The Department of Public Health, San Bernardino County, Community Vital Signs Department conducted an online resident survey: [https://dphsbcounty.co1.qualtrics.com/jfe/form/SV\\_cVbh0dLJTnZBsh](https://dphsbcounty.co1.qualtrics.com/jfe/form/SV_cVbh0dLJTnZBsh).

In 2019, 222 stakeholders and nearly 1,100 community residents across San Bernardino County filled out surveys sharing their feedback on the community's top needs.

Findings from these surveys can be found on the Department of Public Health, San Bernardino County's website: <https://healthstat.dph.sbcounty.gov/stories/s/CHA-Engagement-Priorities/g67s-angf>

**Apx 2\_ Table 2. High Desert Stakeholder Survey Participant Organizations**

Organization	Sector
Borrego Health	Clinical
Center for Oral Health	Dental
Community Health Action Network (CHAN)	Community Organization
El Sol	Mental Health
Faith Advisory Council for Community Transformation	Community Organization
First 5 San Bernardino	Local Government
Health Assessment and Research for Communities (HARC)	Community Organization
Inland Empire Health Plan	Local Medi-Cal Plan
Institute for Public Strategies – ROOT	Community Organization
San Bernardino County Department of Behavioral Health	Public Health - Mental Health
San Bernardino County Department of Public Health	Public Health
San Bernardino County Sheriff Department	Public Safety
San Bernardino County Superintendent of Schools	Education
San Bernardino County Transitional Assistance Department	Public Safety Net
St. Mary Medical Center	Hospital
The Gate Church	Faith Based
Victor Valley Rescue Mission	Faith Based Community Organization -

## Appendix 3: Prioritization Protocol and Criteria

**Apx 3\_Table 1. CHNA Assigning Points to Priorities**

Indicator	Trend over time	Impact to Poor & persons of color	Government Priority	Opportunity to impact	Attorney General Requirement	Top ranking by residents	Points
Mental Health, Depression, etc.	Getting worse	Very High	Yes	High	Yes	Yes	6
Obesity/Overweight	Getting worse	Very High	Yes	Medium		Yes	4.5
Smoking/ Tobacco/Vaping	Getting worse	Very high	Yes	Medium		Yes	4.5
Poor Diet/Nutrition	Getting worse	High	Yes	Medium	Yes		4.5
Physical Activity		High	No	Medium			2.5
Diabetes	Worse	High	No	High	Yes		5
Access to Care – delay in access	Worse	Very High	Yes	High	Yes	Adelanto = Yes	5.5
Environmental Pollution	Worse	High	Yes	Medium		Adelanto = yes	4.5
Crime	Worse	Very High	Yes	High		Yes	5
Poverty	Down (except Adelanto)	Very High	Yes	Medium		Yes	4.5
Homelessness High Cost of housing	Getting worse	Very High	Yes	High		Yes	5



***Apx 3\_Table 2. CHNA Recommended Health Priorities for 2021-2023 Plan***

<b>Health Priorities</b>	<b>Why</b>	<b>Progress</b>
1. Access to Care	Physician to patient ratio very poor Specialty care gaps Coordinated care not consistent Meets AG agreement	Community clinics are expanding and talking about coordinating care to the poor and to schools
2. Obesity	Top 3 pick by residents Meets AG agreement	Successful exercise programs (before COVID-19 shutdown)
3. Mental Health	Top health pick by residents Gaps in local care	School Districts and College Homeless shelter therapy

***Apx 3\_Table 3. CHNA Recommended Social Priorities for 2021-2023 Plan***

<b>Social Priorities</b>	<b>Justification</b>
Homelessness & Housing	Top pick by residents; meets system initiative
Health Careers	Meets AG agreement; supports local effort creating good paying jobs
Crime & Safety (Proposed - New)	Top resident pick in 2019 quality of life survey

## Appendix 4: Community Resources Available to Address Significant Health Needs

St. Mary Medical Center cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community stakeholders and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

***Apx 4\_ Table 1. Community Resources Available to Address Significant Health Needs***

<b>Organization Type</b>	<b>Organization or Program</b>	<b>Description of services offered</b>	<b>Street Address (including city and zip)</b>	<b>Significant Health Need Addressed</b>
Public Health	<b>Department of Public Health, County of San Bernardino</b>	Public Health Services	11336 Bartlett Ave., Ste 11 <u>Adelanto</u> , CA 92301  16453 Bear Valley Rd <u>Hesperia</u> , CA 92345  1 (800) 722-4777	Access to Care Medical Care
Local Government	<b>Victor Valley Transit Authority</b>	Public Transportation	17150 Smoke Tree Street Hesperia, California 92345	Transportation
Public Health – Mental Health	<b>Department of Public Health, Department of Behavioral Health</b>	Mental Health Services	12625 Hesperia Rd, Victorville, CA 92395	Mental Health
Clinic	<b>Mission City Community Network</b>	Mental Health and Clinical Services	15201 Eleventh St suite 300, Victorville, CA 92395	Access to Care Mental Health

Community Organization	<b>National Alliance for Mental Health (NAMI)</b>	Mental Health Support Groups	15757 St Timothy Rd, Apple Valley, CA 92307	Mental Health
Clinical	<b>Valley Star Crisis Walk-In Center</b>	Crisis services Mental Health Services	12240 Hesperia Rd suite A, Victorville, CA 92395	Mental Health
Community Organization	<b>Sunset Hills Children's Foundation</b>	Children's Grief Support Group	24000 Waalew Rd., Apple Valley, CA 92307	Mental Health
Community Organization	<b>Special Education Counseling Services (SELPA)</b>	Children's counseling through school-based organizations	17800 CA-18, Apple Valley, CA 92307	Mental Health
Local Government	<b>Healthy City Campaigns</b>	Healthy Adelanto, Apple Valley, Hesperia Snowline and Victorville  Creating safe and walkable spaces for local residents to enjoy	760-246-2300, ext. 11123  Adelanto 760-240-7880 – AV 760-245-5551 – VV	Obesity
Community Organization	<b>Community Action Partnership – High Desert Food Collaborative</b>	Providing local High Desert pantries fresh fruit, produce and other food items for distribution	15000 Seventh St #208, Victorville, CA 92395	Food
Church	<b>Lords Table</b>	Feeding homeless individuals and families freshly prepared food Monday – Friday	15512 6 <sup>th</sup> St, Victorville, CA 92395	Homelessness and Food
Faith Community Organization	<b>Victor Valley Rescue Mission</b>	Feeding and providing clothes for homeless	15572 Seventh St, Victorville, CA 92395	Homelessness and Food

Community Organization	<b>Squash4Friends</b>	Cultivating and harvesting fruits and vegetables for local distribution to local food pantries		Food
Community Organization	<b>Community Health Action Network (CHAN)</b>	Nutrition Education and Disaster Preparedness. Advocacy for low-income communities.	15000 7 <sup>th</sup> Ave. Victorville, CA	Food, Disaster Preparedness 2020 Census Hub
Faith Based Organization	<b>St. John of God</b>	90-day substance use program with mental health services integrated	13333 Palmdale Rd, Victorville, CA 92392	Mental Health Substance Use
Community Organization	<b>Millionaire Mind Kids</b>	Providing enriching STEM Education to low-income students	15733 1 <sup>st</sup> St, Victorville, CA 92395	Education
Public Safety	<b>HOPE Program</b>	County of San Bernardino Sheriff Homelessness Task Force	<a href="mailto:hope@sbcasd.org">hope@sbcasd.org</a> or call 909-387-0623	Homelessness and Public Safety
Community Organization	<b>Family Assistance Program</b>	Helping survivors of domestic violence, LGBTQ+ communities, human trafficked survivors	15075 Seventh St, Victorville, CA 92395	Domestic Violence Homelessness
Community Organization	<b>A Better Way</b>	Helping survivors of domestic violence	14114 Hesperia Rd, Victorville, CA 92395	Domestic Violence Homelessness
Community Organization	<b>Catholic Charities</b>	Helping with immigration, food, rental and utility assistance	15000 Seventh St, Victorville, CA 92395	Food, Utility assistance Immigration
Community Organization	<b>Samaritans Helping Hands</b>	Utility assistance and food distribution	15527 Eighth St, Victorville, CA 92395	Food, Utility assistance

## Appendix 5: St. Mary Medical Center’s Community Benefit Committee

**Apx 5\_ Table 1. Community Benefit Committee Members**

<b>Name</b>	<b>Title</b>	<b>Organization</b>	<b>Sector</b>
Paul Gostanian	Chair	High Desert Church	Faith Based
Orlando Acevedo	Director of Business Development and Communications	Town of Apple Valley	Local Government
Marcos Clark	Principal	Yucca Loma Elementary School	Education
Margaret Cooker	Resident	Victorville Rotary	Resident
Sister Paulette Deters	Sister Religious	Sisters of St. Joseph	Hospital
Randall Castillo	Chief Executive	St. Mary Medical Center	Hospital
John Perring-Mulligan	Resident	Family Assistance Program	Resident
Regina Weatherspoon-Bell	Field Representative	1 <sup>st</sup> District Supervisor	Local Government
Jovy Yankaskas	Assistant Superintendent	Hesperia Unified School District	Education