2023

COMMUNITY HEALTH NEEDS ASSESSMENT

Providence St. Mary Medical Center

Apple Valley, CA

To provide feedback on this CHNA or obtain a printed copy free of charge, please email Erica Phillips at Erica.Phillips2@providence.org

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EXECUTIVE SUMMARY

Providence's more than 165-year legacy of investing in its communities is rooted in a tradition of caring for those in need, with compassion and in partnership with the people we serve. To achieve our vision of health for a better world, the Providence family of organizations combines a long-standing commitment to improving community health with high-quality care to create healthy communities and promote health equity. Through our community benefit programs, we focus on meeting the diverse needs of the people we serve by working to ensure basic health needs are met, removing barriers to care, building community resilience and innovating for the future. Our steadfast commitment to responding to community need is one of the many ways we live out our Mission and continue to serve as a vital safety net for those who are vulnerable.

Understanding and Responding to Community Needs: The Community Health Needs Assessment (CHNA) is an opportunity for Providence St. Mary Medical Center to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. The 2023 CHNA was approved by the Community Health Committee on November 28, 2023 and made publicly available by December 28, 2023.

Gathering Community Health Data and Community Input: Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data among others. For a complete list, refer to APPENDIX A. To actively engage the community, we surveyed 471 people who have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. We also conducted 46 key informant interviews with representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities.

Identifying Top Health Priorities: Through a collaborative process, the Community Health Community identified access to care, behavioral health, chronic disease prevention as treatment as priority health areas for the 2024 –2026 Community Health Improvement Plan (CHIP). Providence St. Mary Medical Center will develop a three-year CHIP to respond to these prioritized needs in collaboration with community partners considering resources, community strengths and capacity. The 2024-2026 CHIP will be approved and made publicly available no later than May 15, 2024.

Measuring Our Success—Results from the 2021 CHNA and 2021-2023 CHIP: This report evaluates the impact of the 2021-2023 CHIP. Providence 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. In addition, we invited written comments on the 2021 CHNA and 2021-2023 CHIP, made widely available to the public through posting on our website and distribution to community partners. Written comments were not received on the 2021 CHNA and 2021-2023 CHIP. The 2021 CHNA and 2021-2023 CHIP priorities were the following:

Access to Care: Providence St. Mary Medical Center provided $4,604,325 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.

Behavioral Health: The Emergency Department Substance Use Navigator helped 1,416 patients obtain medication assisted treatment, rehabilitation services, and other community supports

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

Obesity: CalFresh outreach and nutrition education was provided to 949 individuals between FY 21-23. As part of the aforementioned efforts, assistance enrolling in CalFresh was provided by grant staff.

INTRODUCTION

Who We Are

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, 1,000 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington.

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.

Achieving Health Equity for All

Our care for the next generation and beyond. vision, Health for a Better World, is driven by a belief that health is a human right. Every person deserves the chance to live their healthiest life. At Providence, we recognize that long-standing inequities and systemic injustices exist in the world. This has led to health disparities among communities that have been marginalized because of their race ethnicity, gender, sexual orientation, age, ability, religion or socioeconomic status.

The Community Health Investments Department of Providence supports the Community Health Needs Assessment (CHNA) as a key component for identifying and articulating top health priorities include health disparities. Although providing a CHNA every three years is a requirement for tax-exempt hospitals under the Patient Protection and Affordable Care Act, our assessment is more importantly a reflection of our mission, vision, and values. We truly believe that health happens where we live, learn, work and play, and that all people should have the opportunity to make choices that allow them to live a long, healthy life, regardless of their income, education, race or ethnic background.

Our Promise

"Know me, care for me, ease my way."

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

Within these pages, the health-related needs for the populations we serve unfold. Our next steps will be to address these needs through development and implementation of three years health improvement plan. We will work with our health system leaders, key informants, and community members within our service area; we will share goals, resources and actions to drive these plans towards improved health for the individuals we serve.

SECTION I

Demographic Composition

What are the common characteristics of individuals that reside in our community?

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ABOUT PROVIDENCE ST. MARY MEDICAL CENTER

Each year almost every family in our community is touched by one or more of the services offered by Providence St. Mary Medical Center, ranging from wellness and prevention programs to state-of-the-art diagnostic, medical and surgical procedures.

St. Mary Medical Center has grown to become a leader in medical excellence by continuing to plan and innovate for the future. Progressing from a small facility in 1956 to the comprehensive, 213-bed hospital it is today, Providence St. Mary Medical Center's dedication to serving the public has remained intrinsic to its core values of Compassion, Dignity, Justice, Excellence and Integrity. At Providence St. Mary, community focus is approached on a person-by-person basis and is ever present in the staff's total-care philosophy. In the spirit of healing, Providence St. Mary provides health care for each patient, addressing and answering patient's needs individually as valued members of the community. Our medical staff is made up of more than 300 High Desert doctors. These physicians provide services in a multitude of disciplines including pediatrics, oncology, cardiology, family medicine, internal medicine, obstetrics, and more. Physicians on staff at St. Mary have offices throughout the Victor Valley, San Bernardino and Riverside counties.

For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities: https://www.providence.org/about/annual-report.

Communities Served

This Community Health Needs Assessment (CHNA) was prepared to identify the health needs in Providence St. Mary Medical Center's primary service area. A zip code was identified to be within our primary service area (aka. high need area), if 70% or more inpatient admissions were received from a particular zip code during the preceding fiscal year. As such, the primary service area for Providence St. Mary Medical Center for the 2023 CHNA are comprised of the following 13 zip codes (FIG. 1): Adelanto (92301), Apple Valley (92307 & 92308), Helendale (92342), Hesperia (92344 & 92345), Lucerne Valley (92356), Oro Grande (92368), Phelan (92371), Pinon Hills (92372) and Victorville (92392, 92394 & 92395).

For this CHNA, information based on location, zip code, and census tract (2020; 2010) were utilized. As census tracts (FIG. 2) do not align with zip codes and locations, data discussed will include areas outside of Providence St. Mary Medical Center's service area. A map of the zip codes and corresponding census tracts (2020) are available on the following page.

COMMUNITIES SERVED

FIG 1. Zip Code

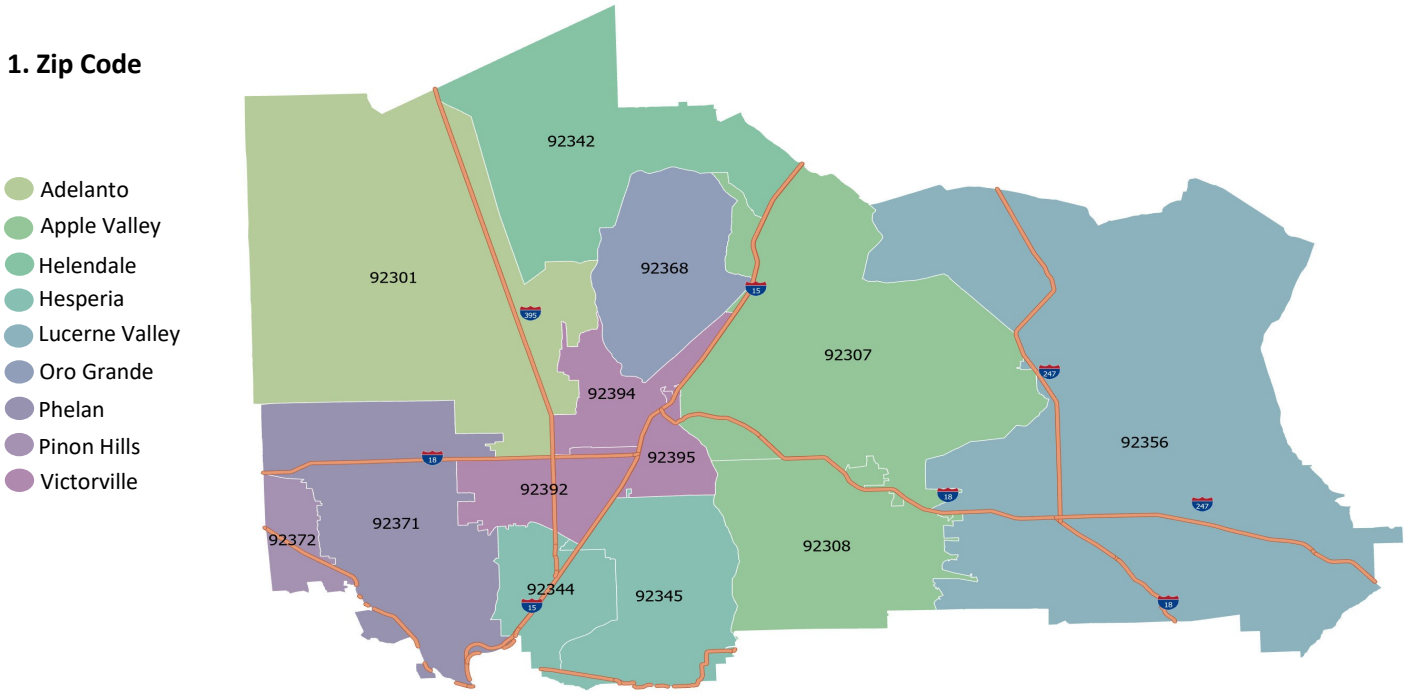
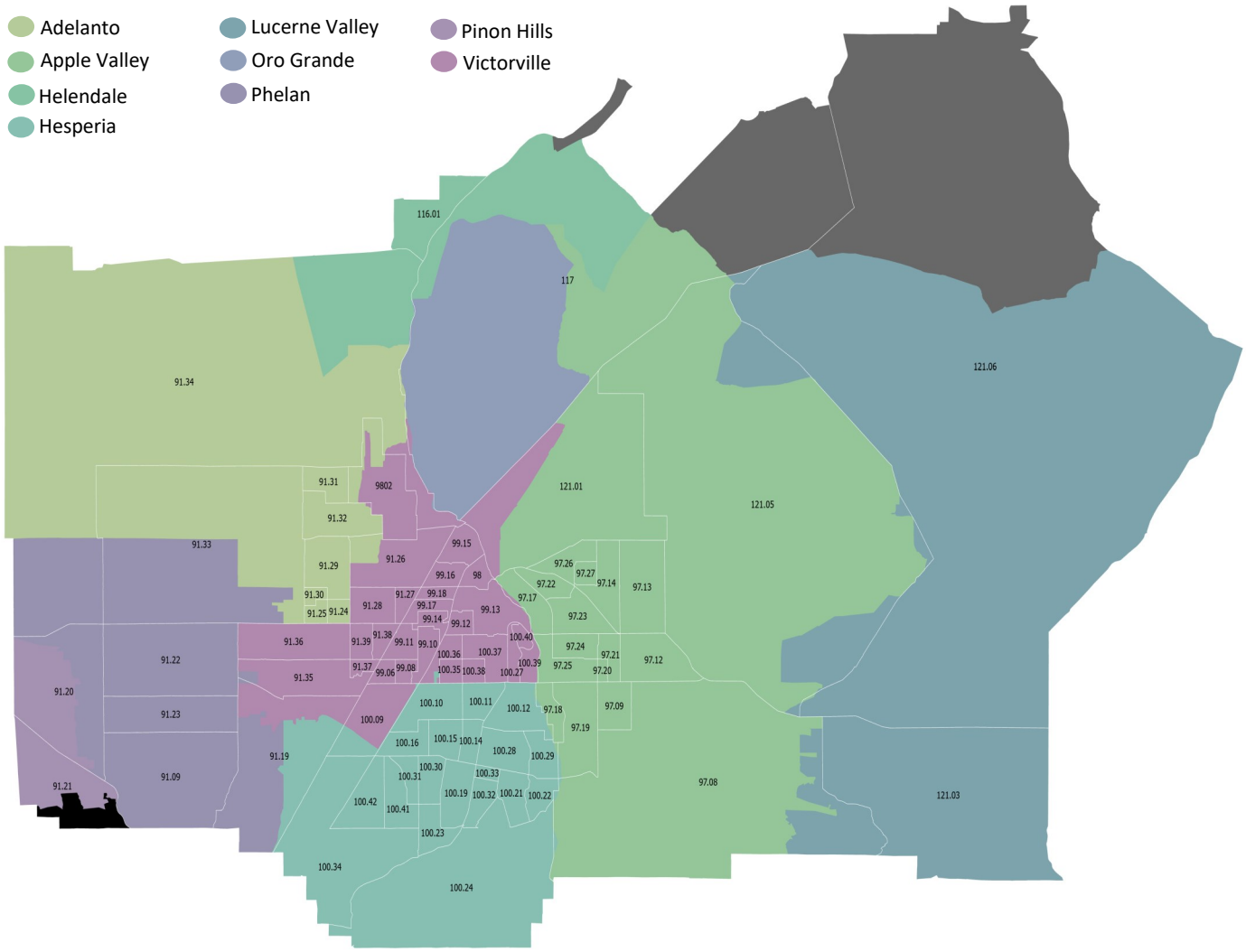


FIG. 2. Census Tracts



POPULATION CHANGE

A Growing Population

The total population for the nine towns and cities that comprise Providence St. Mary Medical Center's service area (SA) in 2021, was estimated at 419,075. From 2000 to 2021, the SA's population experienced a 1.82-fold increase (or 189K) which is faster than the county (1.27-fold) and state (1.16-fold). Adelanto (2.05-fold), Victorville (1.98-fold), and Hesperia (1.59-fold) boasted the greatest population gains within the SA during this same time period.

A Youthful Region

By 2030, the California Department of Finance estimates one in four Californians will be 60 years and older.[1] Despite this, the SA is aging at a slower rate evident by the:

- 11.8% individuals 65 years and older compared to the state (14.4%),
- 29.7% of individuals aged 0-17 compared to county (26.4%) and state (22.8%), and
- median age falling below the state (37 yrs.) apart from Lucence Valley (40.2 yrs.) and Helendale (42.1 yrs.) in 2021.

Remarkably, the proportion of individuals of prime working age (25-54 yrs.) at 38.1% lags slightly behind the 40% at county and state level.

From 2000 to 2021, the overall median age for the county rose to 33.8 years (3.5 year increase). A slight increase ranging from 0.6 - 1.4 years in median age was observed in Hesperia, Adelanto, Apple Valley, and Victorville. Starkly juxtaposed, the rural areas within the SA saw drastic decreases in median age with Pinon Hills (-9.8 yrs.), Phelan (-4.9 yrs.), and Helendale (-3.6 yrs.) experiencing the greatest reductions.

Diversification

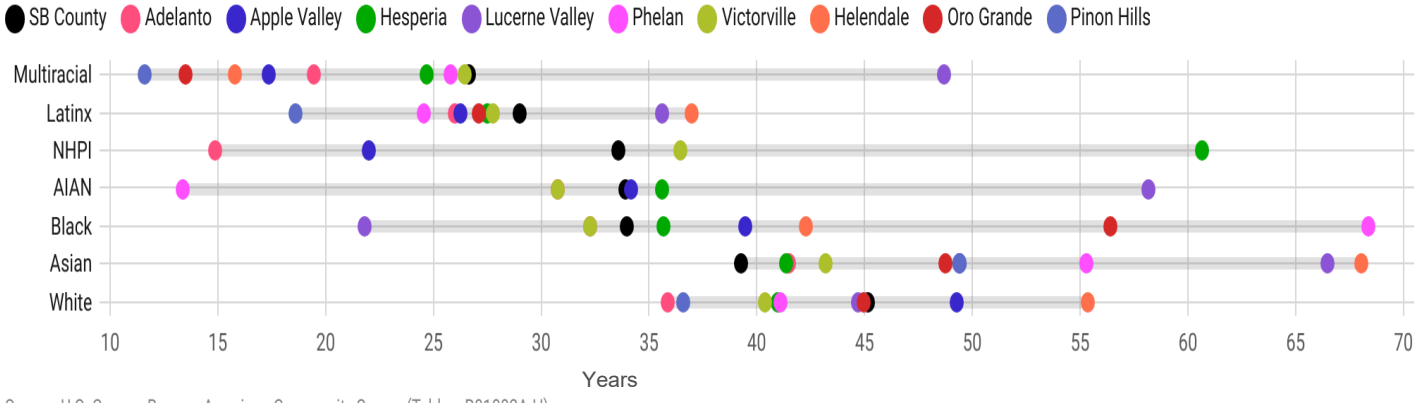
Overall, the SA is more diverse compared to the state, as:

- 42.9% are Latinx (vs. 39.5%),
- one in four are White (vs. 1 in 3),
- the proportion of Multiracial individuals at 10.5% is 3.25-times greater, and
- 0.9% are American Indian/Alaska Native (vs. 0.3%).

The proportion of Black (7.6%) and Native Hawaiians/Pacific Islanders (0.2%) within the SA are consistent with the county, while the Asian

FIG 3

Median Age by Race & Ethnicity, 2017- 2021



Source: U.S. Census Bureau: American Community Survey (Tables: B01002A-H)

population at 2.7% falls below the county (7.3%) and state (14.7%).

The most homogenous localities within the SA are Apple Valley, Helendale, Lucerne Valley, Phelan, and Pinon Hills for at least one in two residents are White (non-Latinx). Conversely, Victorville and Adelanto have the most heterogeneousness population with at least one in two are Latinx and three in twenty are Black. Lastly, Helendale and Oro Grande at 12% has the largest Multiracial population within the SA. SEE FIG 4

Age: Among individuals 24 years and younger, half are Latinx. Conversely, nearly one in two adults aged 55 years and older are White. More than two and five individuals of prime working age are Latinx. When examining the median age and race/ethnicity within the SA, the:

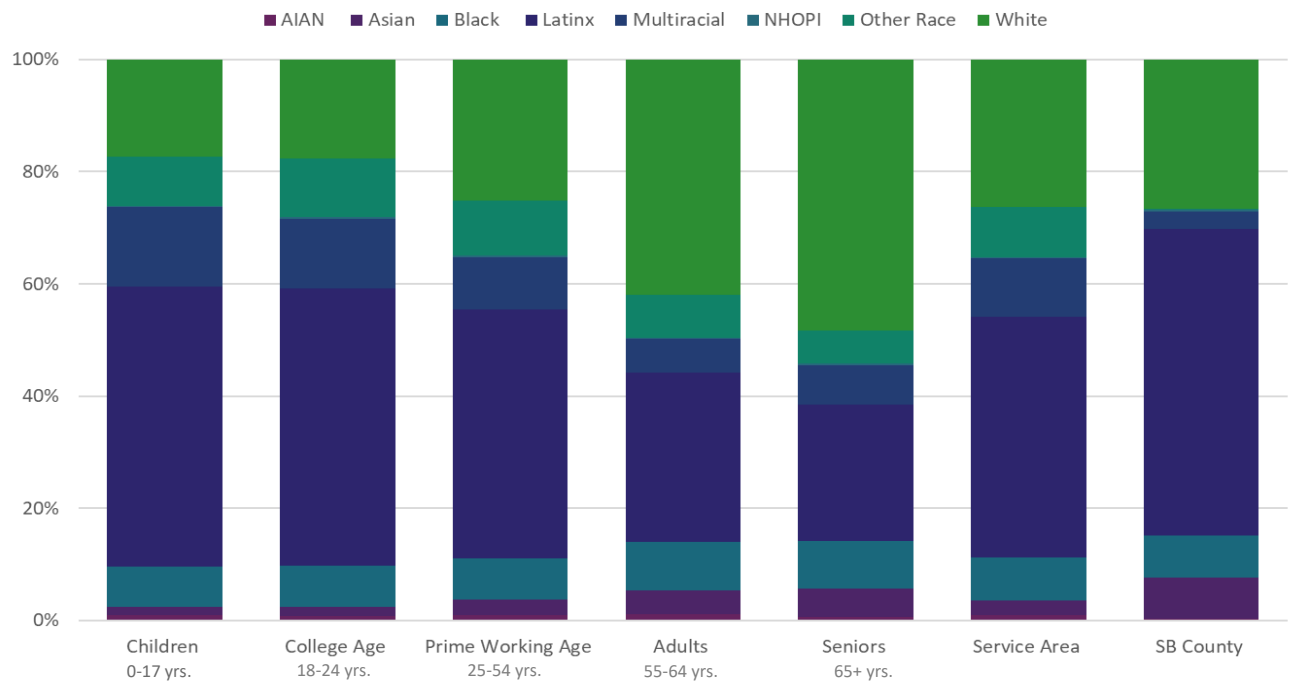
- White population, apart from Apple Valley (49.3 yrs.) and Helendale (55.4 yrs.), have median age below the county's (45.2 yrs.).
- Asian population is consistently the oldest, with a median age exceeding the county (39.3 yrs.) by 2.1-28.8 years.
- Multiracial population in Pinon Hills has the lowest median age at 11.6 years. SEE FIG 3

Immigrants: Nearly one in seven individuals within our SA are foreign born (immigrants) which is less than the county (20.7%) and state (26.5%) estimates. The vast majority of immigrants were born in Asia (16.1%) and Latin America (78.4%). More than nine in 10 immigrants entered the United States before 2010. Finally, 50% of immigrants are naturalized citizen with most others holding legal permanent resident status.

Language Spoken: The languages spoken in our SA also reflects its diversity. Approximately, 34.3% of individuals aged 5 years and older speak English less than very well compared to 15% of the county. Among individuals with limited English proficiency, nearly nine in 10 speak Spanish with the remainder speaking Asian and Pacific Islander languages in the home.

FIG 4

Distribution of Population by Age Groups, 2017- 2021



Source: U.S. Census Bureau: American Community Survey (Table DPO5)

SECTION II

Social Determinants of Health

Health begins where we learn, live, work, play, and worship.

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HEALTH CARE ACCESS & QUALITY

One in five community members/key informants surveyed as part of the CHNA process, indicated inadequate access to care is impacting the health of their community. To understand potential barriers our community may face when attempting to access health care service, provider availability and other factors impacting utilization were examined.

Provider Availability

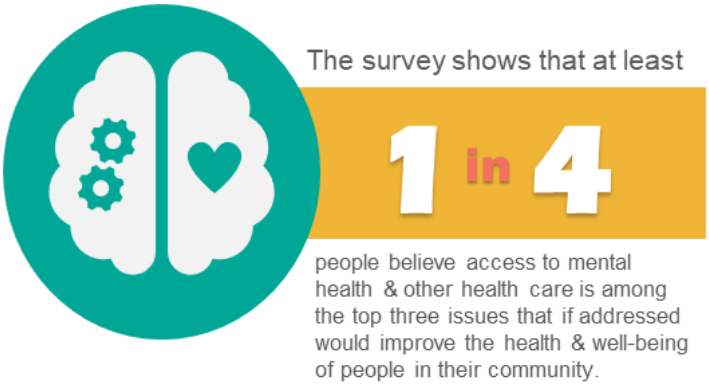
A key measure of health in any community is access to health care services, specifically access to quality care in a timely manner. The availability of health care providers directly impacts the community's ability to obtain timely care primary and specialized health services when a need is recognized. Overall, access to care issues appear when examining provider-to-population ratios for primary care and mental health services.

Mental Health Providers: San Bernardino County with one provider per 360 residents is 1.5-times higher than the California average.[6] Populations with limited mental health providers are more likely to reside in rural areas and/or live in communities that have a higher proportion of Black and Latinx residents.[7] Notably, the aforementioned can be observed in the Health Resources and Services Administration (HRSA) assessment which calls for an additional 12.45 mental health providers to meet the combined needs of Apple Valley, Hesperia, and Victorville.

Primary Care Providers: According to the Office of Disease Prevention and Health Promotion (2020), "people with a usual place to go when sick (usual source or care), such as primary care provider, are more likely to receive routine check-ups, screenings, and other recommended preventative services."[4] By 2030, the Healthy People goal is to increase the proportion of people with a primary care provider to 84%. Nearly 10% of community members/key informants surveyed believe not having a primary care provider is among the most important reasons why people delayed or did not get care when needed in their community. San Bernardino County with one provider for every 1,680 resident exceeds both the California and national rate.[5]

Within the SA, HRSA identified that an additional 67.01 primary care providers are needed. Victorville has the greatest need, for an additional 29.5 providers are needed, followed by Adelanto (15.75 providers), Hesperia (13.75 providers), and Apple Valley (8.01 providers). Areas of Apple Valley (CT: 117) and Victorville (CT: 9802) have been designated by HRSA as a primary care Medically Underserved Area/Population for nearly a decade. Impact of the aforementioned on health outcomes will be explored in section three of this assessment.

Health Care Utilization: Almost one in 10 community members/key informants indicated long periods between identifying a condition and the next available appointment to see a provider when needed to be a top barrier to care within their community. Inadequate and timely access to a provider when needed may be reflected in the health seeking behaviors of individuals within our community. Only one census tract (CT: 97.17; Apple Valley) in the entire SA met/exceeded the national benchmark (72.5%) for the proportion of individuals 18 years and older that received an annual check-up in 2021. While obtainment of preventive health services among older adults lags, as: (1) women, none of the census tracts met/exceeded the national benchmark (36.6%); (2) men, only four census tracts in/surrounding Apple Valley's Spring Valley Lake met/exceeded the national benchmark (42.2%); and (3) for



both men and women, Adelanto and northeast Victorville had the least proportion of individuals to receive preventive services within the SA.

Factors Impacting Utilization

According to the California Department of Health Care Access and Information, "preventable hospitalizations for select health conditions are used to gauge patients' access to quality primary health care. County-wide access to health care may be reduced when there is a lack of physicians to prevent and treat health conditions (e.g., community acquired pneumonia and hypertension)."[53] In 2020, San Bernardino County with 2,823 had 1.25-times more preventable hospitalizations than the state rate.[54] Findings consistent with the state, Black (12.7%) and AIAN (12%) San Bernardino County residents have the most preventable hospitalizations between 2017-2021. In addition to provider access, other factors impacting obtainment of care when needed for individuals with/ without a medical home include: (1) health insurance coverage and type; (2) cost of care; (3) health literacy; (4) fear, mistrust and poor treatment; (5) transportation; and (6) technological limitations for telemedicine use.

Health Insurance Type: Government-sponsored health insurance programs (i.e., Medicare and Medi-Cal) act as a safety net by providing health insurance to low-income individuals. More than half of residents in the SA are Medi-Cal insured, which exceeds both the county (45%) and California estimates (38%) in 2022.[10] The greatest concentration of Medi-Cal beneficiaries reside in zip code 92301 and 92392 with seven in 10 residents during this time period.[10] As one in 10 residents within the SA are 65 years and older, the reduced prevalence of Medicare beneficiaries compared to the county (16.5%) is directly correlated.[12]

Uninsured: Despite passage of the Affordable Care Act and California's Medi-Cal expansion, 7.2% of Californians and 8.5% of San Bernardino County residents were uninsured in 2021. Overall as a SA, the proportion of uninsured individuals is consistent with the county; however, health insurance coverage can vary widely by both place, race, ethnicity, and income. Compared to the county, all localities within

FIG 5

Uninsured by Race & Ethnicity, 2017- 2021

Location	Overall	AIAN	Asian	Black	Multiracial	Other Race	White	Latinx
San Bernardino County	8.5%	9.7%	5.6%	6.2%	8.1%	13.6%	7.2%	11.1%
Adelanto	12.0%	9.6%	2.4%	8.1%	8.1%	12.4%	15.9%	14.3%
Apple Valley	6.6%	0.6%	2.6%	5.5%	7.2%	12.2%	5.9%	9.3%
Helendale	5.5%	-	-	8.7%	3.2%	-	6.5%	7.2%
Hesperia	9.5%	8.7%	5.8%	5.7%	8.5%	15.6%	9.0%	12.8%
Lucerne Valley	11.4%	26.5%	-	20.6%	36.5%	1.7%	8.4%	14.7%
Oro Grande	14.3%	-	-	-	-	22.3%	20.4%	24.3%
Phelan	9.9%	-	24.3%	5.9%	15.7%	24.0%	7.7%	13.5%
Pinon Hills	9.0%	-	8.7%	-	-	-	10.7%	7.5%
Victorville	7.5%	6.4%	3.8%	4.5%	11.7%	12.0%	6.5%	10.4%

Source: U.S. Census Bureau (American Community Survey)

the SA have a greater proportion of the individuals that are uninsured, except for Apple Valley (6.6%), Helendale (5.5%), and Victorville (7.5%). Despite this, nine in 10 NHPI Apple Valley residents lack insurance. Racial and ethnic minorities that reside within the rural areas of the SA (e.g., Lucerne Valley, Oro Grande, and Phelan) are more likely to be uninsured. SEE FIG 5

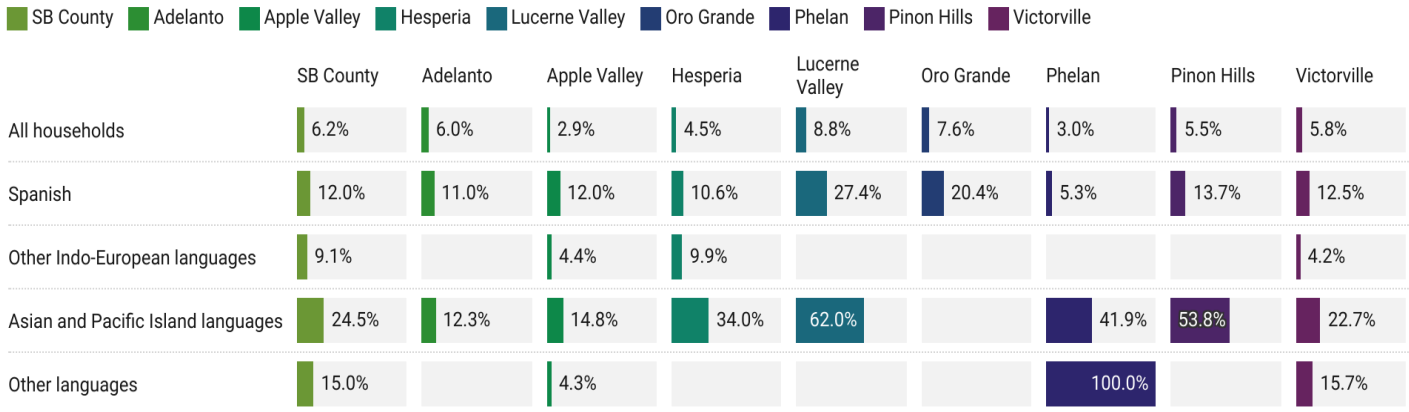
Cost of Care: The uninsured are less likely to receive routine preventative care or treatment for chronic diseases and are less likely to adhere to their prescription medication regime. Furthermore, uninsured people are less likely to seek care due to an inability to repay medical debts.[21] More than one in two community members/key informants, perceive cost to be the greatest barrier to care within their community.

Similar to the uninsured, those with high-deductible health insurance plans may have trouble repaying medical debt before meeting their deductible. From 2020 to 2022, financial assistance was provided by Providence St. Mary's decreased by $1.9M and 1,553 patients. During this same time period, the mean financial assistance provided to each patient decreased by $112.58 (or $777.06 overall). The decreased utilization of Providence St. Mary's financial assistance program is most likely resultant from: (1) the Families First Coronavirus Response Act (ended March 2023) that included a continuous enrollment requirement for all Medi-Cal programs; (2) California's expansion of their Medi-Cal eligibility requirements to provide coverage to all low-income adults age 50 years and younger, regardless of their immigration status effective May 2023; and (3) a need for greater community education and outreach about the program and how to apply, as indicated by the 84% of survey respondents of which more than one in two met the qualifications to received financial assistance but lacked awareness.[3] For more information about Providence St. Mary's financial assistance program or to apply, visit: www.providence.org/obp/ca/financial-assistance

Health Literacy: According to the Department of Health and Human Services, "health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions." Health literacy impacts an individual's ability to manage health conditions, communicate with providers, and seek appropriate care.[2] San Bernardino County in 2021 had a potentially avoidable Emergency Department visit rate of 38.5 making it 160% greater than the state rate.[49]

FIG 6

Limited English Speaking Households, 2017-2021



	SB County	Adelanto	Apple Valley	Hesperia	Lucerne Valley	Oro Grande	Phelan	Pinon Hills	Victorville
All households	6.2%	6.0%	2.9%	4.5%	8.8%	7.6%	3.0%	5.5%	5.8%
Spanish	12.0%	11.0%	12.0%	10.6%	27.4%	20.4%	5.3%	13.7%	12.5%
Other Indo-European languages	9.1%		4.4%	9.9%					4.2%
Asian and Pacific Island languages	24.5%	12.3%	14.8%	34.0%	62.0%		41.9%	53.8%	22.7%
Other languages	15.0%		4.3%				100.0%		15.7%

Source: U.S. Census Bureau: American Community Survey (Table B16002).

Health literacy results in the SA are complicated by the proportion of individuals (4.6%) with limited English proficiency (LEP). The languages spoken in the SA reflect its diversity, LEP among households speaking: Spanish is 11.6%, Other Indo-European languages is 4.1%, Asian and Pacific Island languages is 24.5%, and other languages is 14.5%. When disaggregating LEP data for the SA: (a) more than one in two households that speak Asian and Pacific Island languages are LEP in Lucerne Valley and Pinon Hills; (b) in Phelan, all households that speak another language are LEP; and (c) among Spanish speaking households, more than one in four in Lucerne Valley and one in five in Oro Grande are LEP. SEE FIG 6

LEP or the inability to speak English well, creates barriers to health care access, provider communication, health literacy, or education. This is congruent with the SA, as nearly one out of five surveyed believed language barrier is one of the most important reasons individuals in their community did receive or delayed seeking medical care when needed. Moreover, one in three community members/key informants surveyed who's preferred language was Spanish indicated language to be a barrier more than their non-Spanish speaking counterparts.

Fear, Mistrust and Poor Treatment: Utilization of care is impeded by patient mistrust in providers and the healthcare system. Mistrust is based on the believe that these entities "may not act in the patient's best interest and they may actively work against the patient."[8] The origins of patient mistrust are derived from historical unethical medical practices/research, stigma, implicit bias and prior negative healthcare experiences.[9] Mistrust is more prevalent among socially and economically marginalized minority populations which exacerbates health disparities for:

- delayed routine care and/or lower utilization of healthcare services have been linked to late-stage cancer diagnosis and poor management of chronic conditions.[8,9]
- gains in medical knowledge needed to improve health outcomes among these populations are thwarted due low participation rates in research.[8,9]

Thus, the proportion of racial and ethnic minorities surveyed that indicated experiencing poor treatment (nearly one in five) and fear/mistrust of doctors (5%) is alarming due to the impact on the health of the community. SEE FIG 7

Transportation: Transportation impacts access to care because of the burden that travel places on the patient's time and resources needed to seek care. Of the individuals surveyed, two in five indicated a lack of

FIG 7

Reasons for Delaying Care When Needed Among Community Members & Key Informants

transportation or health service too far away as the most important reason why people do not receive or delayed medical care in their community. Medi-Cal beneficiaries surveyed, were more likely (one in two) to indicate transportation and service location to be a barrier to care than those without. SEE FIG 7

Technology: Telemedicine can increase access to essential health services, and opportunities to:

> "maintain the continuity of care to the extent possible can avoid additional negative consequences resulting from delayed preventive, chronic, or routine care. Remote access to healthcare services may increase participation for those who are medically or socially vulnerable or who do not have ready access to providers. Remote access can also help preserve the patient-provider relationship at times when an in-person visit is not practical or feasible."[3]

Despite its many benefits and proliferation in use during the COVID-19 pandemic, telemedicine utilization barriers within the SA may still exist; as the proportion of households in: Lucerne Valley (27.5%), Oro Grande (22.8%), Pinon Hills (15.7%), Phelan (13.3%), and Victorville (ZC: 92395; 11.5%) without internet access/subscription exceeded both the California (9.4%) and San Bernardino County (10.5%) estimates. Overall, 90% of Californians and San Bernardino County residents have broadband access, except for the aforementioned portions of the SA.

SOCIOECONOMIC FACTORS

According to the Robert Wood Johnson Foundation:

> "social and economic factors affect how well and how long we live. Social and economic factors include factors such as income, education, employment, community safety and social support. The choices that are available in a community are impacted by social and economic factors. These choices include our abilities to afford medical care and housing and to manage stress."[13]

To gain an understanding of the economic vitality within our SA, the following factors are explored in this section: (1) educational attainment, (2) employment status, (3) household income, and (4) other measures used to assess the economic opportunity.

Educational Attainment

The greatest predictors of future health outcomes are an individual's level of education and income.

FIG 8

Educational Attainment, 2017- 2021

	High School Graduate or Less	Some College or Associate's Degree	Bachelor's Degree	Graduate Degree
California	36.2%	28.5%	21.9%	13.4%
SB County	**45.8%**	**32.3%**	**14.3%**	**7.6%**
Adelanto	40.5%	32.6%	4.3%	1.3%
Apple Valley	43.6%	38.2%	11.2%	6.9%
Helendale	28.3%	55.1%	7.4%	9.2%
Hesperia	11.4%	33.0%	7.7%	2.8%
Lucerne Valley	58.2%	29.9%	6.9%	5.0%
Oro Grande	57.9%	27.5%	11.3%	3.4%
Phelan	52.5%	38.1%	5.9%	3.6%
Pinon Hills	44.1%	38.7%	12.8%	4.3%
Victorville	49.9%	37.2%	8.9%	4.1%

Source: U.S. Census Bureau: American Community Survey (Table DP02)

"Education leads to better, more stable jobs that pay higher income and allow families to accumulate wealth that can be used to improve health."[14] The Healthy People 2030 on-time high school graduation rate objective, AH-08, seeks to raise the percentage of students that graduate in four years to 90.7%. Overall, Apple Valley Unified, Oro Grande, and Hesperia Unified School District met or exceeded this objective, with a 2021-2022 school year on-time rate ranging from 91.5-97.5%. Disparities in on-time graduation rates can be observed in Victor Valley Union High School, Snowline Joint Unified, and Lucerne Valley Unified School District fell below the Healthy People 2030 objective with 74.3%-89.5% of students that graduated on-time.

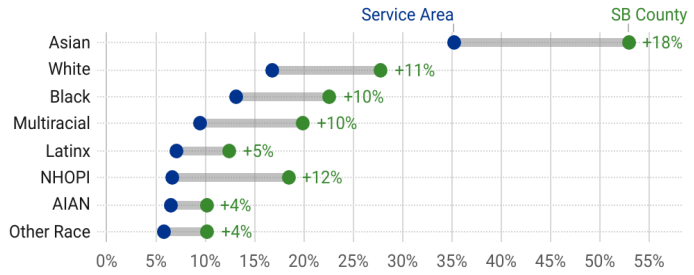
Further disparities in educational attainment can be observed among the portion of adults that have earned a bachelor's and/or graduate degree, as all locations within the SA fell below both the San Bernardino County (Bachelor's: 14.3%; Graduate: 7.6%) and California (Bachelor's: 21.9%; Graduate: 13.4%) benchmark. Further disparities concerning the proportion of individuals that have a bachelor's degree or higher by racial and ethnic group within the SA fall below the county-level. SEE FIG 8 & 9 To understand the impact of educational attainment on median income within the SA, see CHART A.

Economic Vitality

Level of income impacts health across the entire lifespan because it affects an individuals' ability to obtain basic needs and their access to health care services. Research shows the economic viability of "an area is largely influenced by the concentration of poverty in the area. Areas where poverty is highly concentrated have diminished opportunities for good health outcomes among poor residents."[4] The following factors will be explored to better understand the economic vitality of the areas served by Providence St. Mary Medical Center: (1) poverty, (2) median household income, (3) disability status, (4) housing costs, and (5) homelessness.

FIG 9

Bachelor's Degree & Higher by Race/Ethnicity, 2017-2021



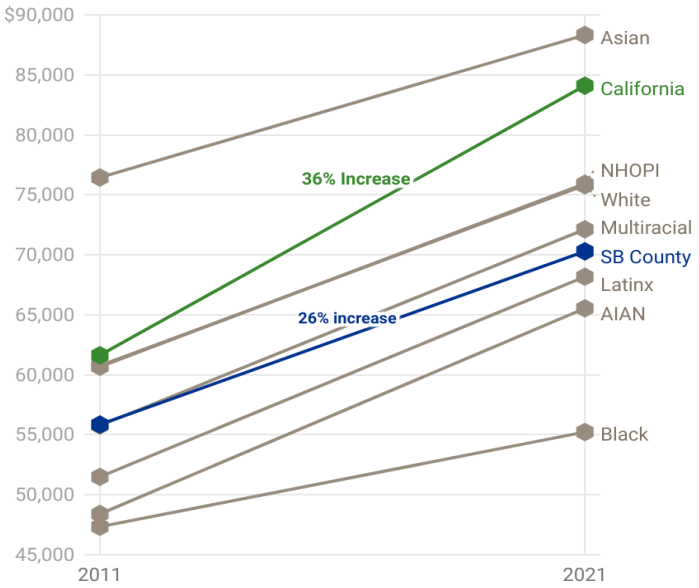
Source: U.S. Census Bureau: American Community Survey (Tables B15002A-H)

Poverty: Between 2017-2021, the proportion of individuals living in poverty within the SA at 16.4% was higher than both the San Bernardino County (14.3%) and California (12.3%) benchmark. At 2.72-times the San Bernardino County benchmark, Lucerne Valley has the highest concentration of poverty followed by Oro Grande and Adelanto. Nearly a quarter of the population for whom poverty status was determined are among individuals under the age of 18. By age group, Lucerne Valley has a disproportionate share of its population that are impoverished with the proportion of all age groups at least 2.2-times greater than their respective San Bernardino County benchmarks. SEE CHART A

Conversely, Helendale and Pinon Hills have the least proportion of its population living in poverty by race,

FIG 10

Gains in Median Household Income, 2011-2021 (in 2022 inflation-adjusted dollars)



Source: U.S. Census Bureau: American Community Survey (Table B19013)

ethnicity, and age group. Almost one in two AIAN within the SA are improvised with the greatest concentration found in Lucerne Valley (100%), Apple Valley (90.4%) and Adelanto (87.6%). Despite only comprising 7% of the population, almost one in three Black residents within the SA are 200% below the federal poverty level.

Disparities in Median Household Income: When examining the median household income by zip code, only two areas (92342 [$81,861] and 92344 [$90,560]) exceeded the San Bernardino benchmark of $70,287; however, greater variation among census tracts were observed. SEE CHNA DATA HUB

When coupling race/ethnicity with zip code, the following had a median income greater than the county benchmark in 2021:

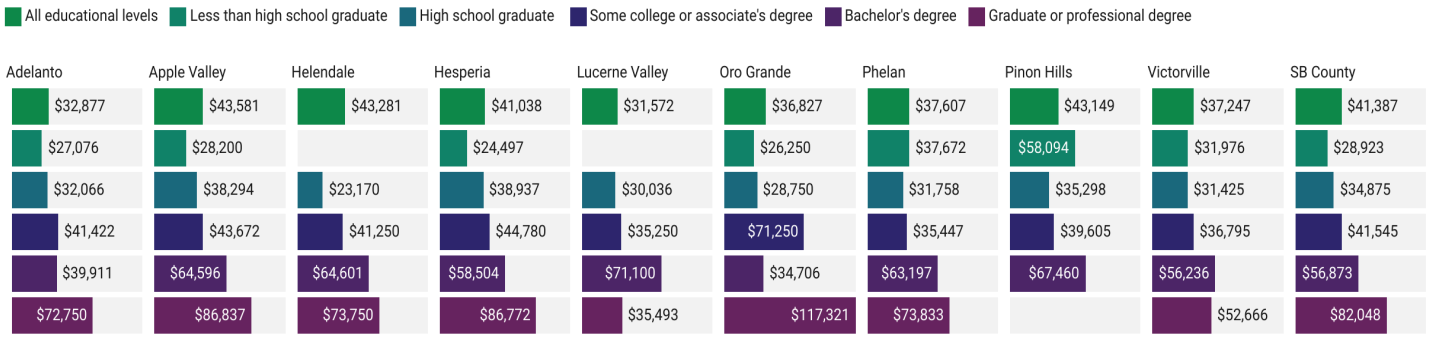
- Black households in zip code 92368 [$115,883],
- AIAN households in zip code 92301 [$73,567],
- 92345 [$83,320], and 92395 [$74,583];
- Asian households in zip code 92307 [$83,235], 92308 [$78,618], and 92392 [$86,475];
- Multiracial households in 92307 [$85,212] and 92392 [$73,860];
- White (non-Latinx) households in zip code 92307 [$77,690], 92342 [$83,289], 92344 [$96,111] , 92392 [$75,086], and 92394 [$70,554]; and
- Latinx households in zip code 92307 [$77,690], 92342 [$83,289], 92344 [$96,111], 92392 [$75,086], and 92394 [$70,554].

The U.S. Bureau of Labor Statistics Consumer Price Index Calculator is used to determine the change in the buying power of the U.S. dollar during a specified time period for things like rent, food and other cost of living expenses.[20] From 2011 to 2021, both Asian [-$6,113] and Black [-$3,251] households in San Bernardino County experienced diminished buying power compared to other races. SEE FIG 10 By zip code,

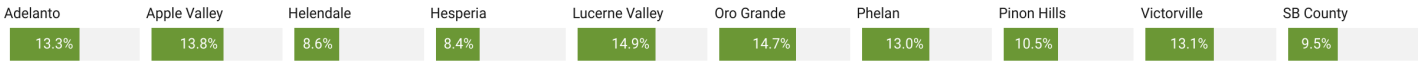
CHART A

Economic Vitality, 2017- 2021

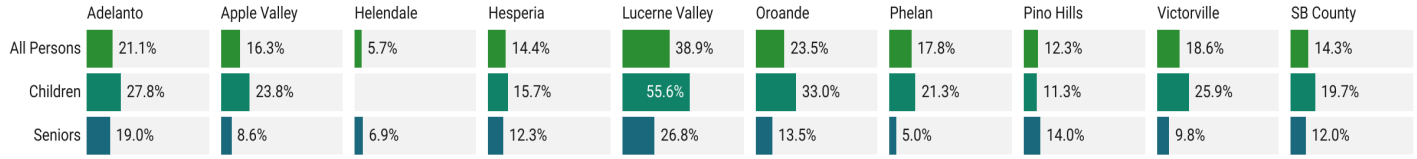
Median Income by Educational Attainment



Disability Status



Poverty



Source: U.S. Census Bureau: American Community Survey (TableB1700A-H; S1501; S1810)

households in the following saw their buying power decline: 92307 (-$2,075), 92345 (-$2,928), 92392 (-$6,658), and 92395 (-$450) during this same time period.

Disability Status: "Working people with disabilities experience disproportionate job loss during economic downturns compared to workers without disabilities, and supplemental security income (SSI) applications generally increase when the unemployment rate increases."[21] SSI is provided to most individuals with a disability that qualify; however, the monthly maximum income falls below the federal poverty level. Only 4.8% of individuals aged 18-64 residing in the 92344 zip code have a disability which is lower than both the California (8.1%) and San Bernardino (9.5%) benchmark; all other areas in the SA exceed the aforementioned benchmarks. SEE CHART A

Rising Housing Costs: Affordable, quality, safe, and stable housing have a critical impact on an individual's health and well-being; particularly among those that are chronically homeless, have a chronic disease, and/or behavioral health condition.[22] When asked "What are the three(3) things most important to improve the health & well-being of people where you live?" low-crime and safe neighborhoods (16%) and homelessness and housing-affordability/quality (12%) were identified by community members/key informants. Housing shortages and high demand for available housing has resulted in persistent rising housing costs throughout California and within the SA. The lack of affordable housing can be observed in the:

- one in three homeowners with a mortgage residing in the SA except for portions of Apple Valley (92307), Hesperia (92344), Helendale, and Oro Grande that spend 30% of more of there monthly income on their mortgage; and
- more than one in two renters in the SA that pay 30% or more of their monthly income on housing costs, except for Helendale with one in four.

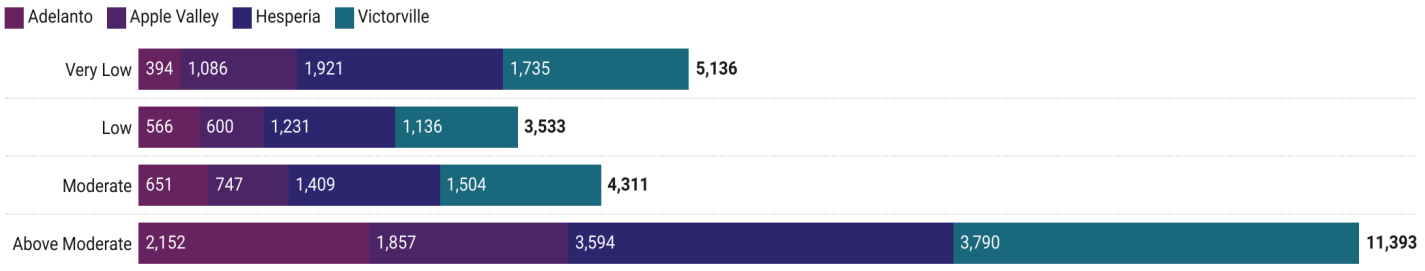
According to the sixth regional housing needs assessment (RHNA) conducted by the Southern California Association for Governments in 2021, a total of 24,373 housing units for various income levels in the High Desert are needed.[23] Each locality within the SA used RHNA to inform their state mandated 2021-2029 housing elements. SEE FIG 11

Homelessness: A 1.7-fold increase in the proportion of unhoused individuals was identified from the 2020 to 2023 point-in-time count in the High Desert.[24] During this same time period, the proportion of individuals that reported being homeless for the first time in the last 12 month nearly doubled from 23.1 - 44.2% in the SA. Behind San Bernardino City, Victorville continues to have second highest unhoused population in the county in 2023.

The U.S. Department of Housing and Urban Development (HUD) defines chronic homelessness as an individual with a: (1) diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic

FIG 11

Housing Units Needed by Income Category Before 2029



Source: Southern California Association of Governments: 6th Cycle Final RHNA Allocation Plan

physical illness or disability; (2) resided in an institutional care facility within last 90 days; and (3) has been homeless for at least one year or on at least four separate occasions in the last three years.[25]

Using HUD's definition, one in three unsheltered individuals in 2023 were identified as being chronically homeless during the point-in-time count within the SA. Furthermore, the point-in-time count found that: (1) one in five were incarcerated during the past 12 months and/or have a mental disability, (2) one in three have a substance misuse disorder, and (3) one in 10 have either a physical disability and/or chronic disease.

HEALTH BEHAVIORS

As previously mentioned, income influences the types opportunities and resources an individual has available to purchase healthy foods, secure access to housing, transportation, health care services, and fulfill other basic needs.[19] Beyond the availability of resources, an individual's behaviors that limit development and/or promote management of chronic health conditions are further compounded by the physical environment in which they live. In this section, the following factors are explored for their impact on health behaviors and outcomes: food environment, opportunities for physical activity, and nicotine product use.

Food Environment

According to the Robert Wood Johnson Foundation, the U.S. Department of Agriculture's (USDA) food environment index seeks to "measure the availability of economical, close and nutritious food options in a community" on a scale of 0 (worst) to 10 (best).[15] The food environment index scores for San Bernardino County (7.8) fell below the California benchmark of 8.8, indicating relative unease in accessing heathy foods. Within the SA, Adelanto and Lucerne Valley have the greatest barriers accessing food, as all low-income and vehicle required census tracts have a significant number of residents that live more than ½ mile (urban)/20 miles (rural) from the nearest supermarket. Portions of Apple Valley (CTs: 97.16, 97.10, 97.12), Hesperia (CTs: 100.2, 97.07) and Victorville (CTs: 97.16, 99.13, 99.12, 100.26, 99.04, 91.10, 91.14) have been identified by the USDA to have the same barriers. Overall, at least one and three residents have low access (live farther than 1 mile [urban] and 10 miles [rural]) to their nearest supermarket among all census tracts within Apple Valley, Adelanto, Hesperia, Lucerne Valley, Phelan, and Victorville with a few exceptions. The data indicates that the SA has both low proximity and reduced affordability of healthy foods. The inability the purchase healthy food is a predictor for the future development of chronic conditions and the inability to manage these conditions after onset. A 2017 study released by USDA found:

> "food insecurity or the difficulty consistently obtaining access to adequate amounts of healthy, affordable food — is associated, among working-age adults, with an increased risk of 10 of the most common, costly and preventable chronic conditions: high blood pressure (hypertension), coronary heart disease, hepatitis, stroke, cancer, arthritis, chronic obstructive pulmonary disease and kidney disease."[16]

An estimated 19.9% of households within the SA are CalFresh recipients which is higher than the both the San Bernardino County (14.1%) and California (9.5%) benchmark. Diving a bit deeper, both Adelanto and Oro Grande have the greatest concentration of CalFresh recipient households with one in three, followed by Lucerne Valley with one in four. The proportion of the households within the SA fell below both the San Bernardino County and California benchmark with the exception of Pinon Hills where more than one in two households with one or more people 60 years and over received CalFresh benefits. Further disparities among CalFresh recipient households by race and ethnicity within the SA is apparent, as a: (1) third are Black, (2) quarter are AIAN or Multiracial, and (3) quarter are Latinx. SEE FIG 12

Consistent with the above finding, 42% of community members/key informants/key informants surveyed indicated increase availability of more low-cost healthy food options/less food insecurity to be to among the

top three things most important to improve the health and well-being of people where they live. This perception is supported by the: (1) high overall and child food insecurity rate, (2) proportion of children that qualify for free or educed lunch; and (3) the proportion of households that received food assistance exceeding both the San Bernardino County and California estimates for nearly all locations within the SA. SEE FIG 12

Physical Activity

The Healthy People 2030 physical activity objective (PA-01) aims to reduce the proportion of adults that report a lack of leisure-time physical activity to 21.2%. Only three census tracts within the SA achieved the PA-01 target, however, in 2021, the following zip codes exceeded the San Bernardino County benchmark (26%): 92356, 92392, 92394, and 92395 with variations by census tract. SEE CHNA DATA HUB Most notably, the census tracts in Victorville along the Interstate I-15 and US-395 in Adelanto are the most physically inactive.

The level of physical inactivity may be impacted by the built environment and concerns for safety. According to San Bernardino County, "people living in unsafe neighborhoods tend to have fewer options for active transportation or open spaces to be active, further influencing their ability to participate in healthy behaviors."[17] The perceived importance of low crime and safe neighborhoods coupled with increased low-cost/free exercise/recreation to improve the health/well-being of the community is born out in proportion of community members/key informants surveyed; also, the selection of safety as a priority health needed resulting from San Bernardino County's 2023 Community Vital Sign assessment. Issues with the built environment are reflected in the one in five survey respondents, who indicated access to affordable physical activity opportunities are needed and if available would improve the health of their community. Furthermore, the perceived importance of low crime and safe neighborhoods of survey respondents is congruent with San Bernardino County's 2022

FIG 12

Food Insecurity by Age, Ethnicity & Race

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM RECIPENTS, 2017-2021

Age Group

	California	SB County	Adelanto	Apple Valley	Helendale	Hesperia	Lucerne Valley	Oro Grande	Phelan	Pinon Hills	Victorville
Seniors (60 yrs. +)	36.0%	33.4%	25.0%	10.5%	5.7%	18.1%	29.2%	33.0%	28.9%	55.8%	18.7%
Children (Under 18 yrs.)	56.8%	65.8%	72.3%	26.0%	61.9%	25.5%	61.0%	75.5%	83.4%	91.9%	34.5%
All Households	9.5%	14.1%	34.7%	14.1%	4.3%	18.1%	25.7%	32.5%	19.5%	14.2%	22.9%

Race & Ethnicity

	California	SB County	Adelanto	Apple Valley	Helendale	Hesperia	Lucerne Valley	Oro Grande	Phelan	Pinon Hills	Victorville
White (non-Latinx)	27.5%	24.7%	10.5%	11.4%	92.4%	13.9%	72.1%	44.7%	64.9%	59.7%	13.6%
Black	11.6%	14.9%	28.8%	23.3%	7.6%	40.9%	2.7%		2.2%		38.7%
AIAN	1.5%	1.6%	1.7%	35.3%		10.0%					22.9%
Asian	9.5%	3.3%	0.7%	3.5%		6.6%		2.1%			7.1%
NHOPI	0.4%	0.3%	0.3%			25.0%					
Some other race	19.1%	18.4%	14.9%	21.8%		19.7%	9.1%	16.0%	3.9%		17.1%
Multiracial	11.4%	11.6%	18.2%	20.6%		23.4%	8.5%	19.1%	14.5%	21.3%	23.9%

Source: U.S. Census Bureau: American Community Survey (Tables B22005A-H)

Community Vital Sign assessment in which safety was identified to be a priority health need.

Substance Misuse

Substance misuse "can result from all types of substance use—alcohol, marijuana, opioids, heroine, [products containing nicotine] etc.—that interferes with being able to meet life's responsibilities, interferes with physical health, or is an illegal substance."[26] In this segment, only nicotine product use will be explored. Misuse of opioids and other illegal substances, along with maternal substance use will be discussed in the next section.

Nicotine Product Use: Adults in rural areas are more likely than their urban counterparts to smoke cigarettes and use other smokeless tobacco products, according to the American Lung Association[18] Evidence of is apparent in rural portions of the SA (Lucerne Valley/Oro Grande [18.8%] and Phelan [16.7%]) that have the greatest prevalence of current smokers over age 18 compared to San Bernardino County (14%) and California (9%). SEE CHNA DATA HUB Additionally, the American Lung Association asserts that populations that did not graduate high school use nicotine products at a greater rate compared to the general population.[18] In the SA, Adelanto has the greatest limited educational attainment with the largest proportion of individuals over age 25 years that have less than 9th grade education and those that attended high school but did not earn a high school diploma. A correlation between educational attainment and nicotine product is noted, as 18.7% of adults are estimated to smoke.

SECTION III

Disease, Injury & Mortality

As a whole, what ails our community?

Providence

MORBITIY & MORTALITY

From 2019 - 2021, 54,261 deaths occurred in San Bernadino County. To better understand the impact of death within the communities we serve, the following mortality data were explored with regard to the top five leading causes of death, life expectancy, and premature death. Stratification of the death rates by race, ethnicity, census tract, and/or zip codes within our SA were not examined as they would fail to provide generalizable information.

Top Five Leading Causes of Death

San Bernardino County accounted for six percent of all deaths in California but had an age-adjusted death rate of 867.9 per 100,000; making the burden of death experienced in the county the tenth highest among all counties in California from 2019-2021. During this time period, the following were found:

- cancer-attributed deaths were the leading cause of death for California and San Bernardino County but heart disease was the leading cause within the SA;
- one in six deaths in the county were due to heart disease;
- deaths resulting from unintentional accidents were outpaced by chronic lower respiratory disease deaths in Apple Valley and Hesperia; and
- chronic lower respiratory disease deaths in San Bernardino County were 1.7-times higher than the California benchmark.

For each of the five leading causes of death, Apple Valley had the greatest mortality. The disproportionate burden of death could be linked to Apple Valley's aging population. Evident by the two in five that are 45 years and older, and the one in five that are 62 years and older. SEE FIG 13

Premature Death

From 2018 to 2020, the number of deaths among San Bernardino County residents under the age of 75 was 34% higher than the California benchmark of 290 per 100,000.[27] Among all counties in California, San Bernardino County (16th place) ranked within the top 20 that experienced the greatest potential years of life lost, which could have been prevented. By race and ethnicity, only the Latinx (340 per 100,000) and Asian (200 per 100,000) population had a premature death rate below the county. Conversely, AIAN and the Black population had an observed premature death rate that was at least 1.4-times the county. Congruent with the findings from the Centers for Disease Control and the rural portions of our SA, concerning excessive death, "rural county residents are dying from the top leading causes (i.e., cancer, health disease, unintentional injury, chronic lower respiratory disease, and stroke) of death more frequently than [than their urban counterparts]."[28]

Life Expectancy

The National Center for Health Statistics estimates that a Californians born between 2017 and 2019 will live

FIG 13

Five Leading Causes of Death, 2019 - 2021

DISPORPORTIONATE DEATHS AMONG APPLE VALLEY RESIDENTS

Cause of Death	California	SB County	Adelanto	Apple Valley	Hesperia	Victorville
Cancer - All Types (#1)	124.9	**141.7**	102.3	235.8	147.3	160.5
Heart Disease (#2)	79.0	**100.8**	163.8	359.3	197.4	221.9
Unintentional Injuries (#3)	43.4	**50.2**	58.8	76.1	58.8	69.6
Stroke (#4-Tie)	37.2	**43.6**	35.3	66.8	36.6	47.2
Chronic Lower Respiratory Disease (#4-Tie)	26.2	**43.5**	45.3	104.0	63.9	58.9
Alzheimer's Disease (#5)	36.6	**41.6**	-	59.3	35.3	40.9

**Age-adjusted death rates (per 100,000) provided for California and SB County only; all others represent crude death rates (per 100,000).*

Source: California Department of Public Health: County Health Status Profiles 2023

79.0 years on average.[29] Overall, individual residing within our SA are expected to have a shorter life spans than the California benchmark as only 13 of the SA's 76 census tracks meet or exceed California life expectancy. Apple Valley (CT: 97.17) at 83.4 years has the highest life expectancy within the SA; respectively, followed by Adelanto at 80.7 tears (CTs: 91.29 & 91.30) and 79.6 years (CTs: 91.24 & 91.25).

Disparities in life expectancy can be observed among the census tracts in White in FIG 14. The most glaring of which is the 11 year difference that can be observed in central Victorville among the census tracts (72.4 yrs.; CTs: 98, 72.4; 9:12) that run from Green Tree Boulevard to D Street, along I-15 and bordering Apple Valley (CT: 97.17; 83.4 yrs.). Other notable disparities within the SA are the:

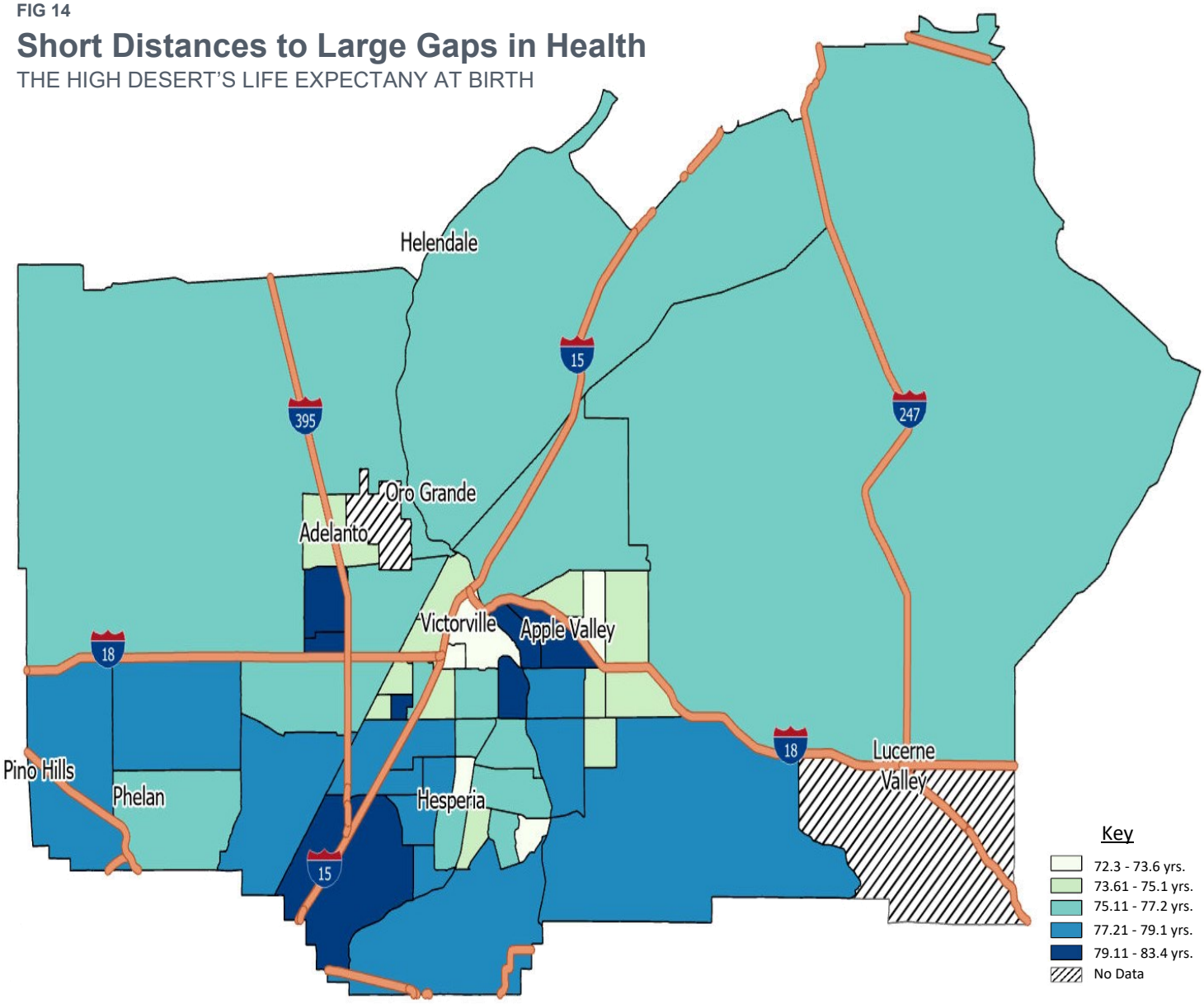
- 7.2-year difference between Apple Valley CTs 97.23 (72.4 yrs.) and 97.14 (79.6 yrs.),
- 5.6-year difference between Adelanto CTs 91.32 (75.1 yrs.) and 91.29 (80.7 yrs.), and
- at least 5.1-year difference between Victorville CTs 99.06/99.11 (74.2-74.6 yrs.) and 99.08 (79.7 yrs.).

An interactive map to explore the life expectancy at birth by state and census tract throughout the nation, created by the Centers of Disease Control and Prevention can be accessed here.

FIG 14

Short Distances to Large Gaps in Health

THE HIGH DESERT'S LIFE EXPECTANY AT BIRTH



BEHAVIORAL HEALTH

Like other communities with significant health disparities and high rates of poverty, mental health is a serious concern. Substance misuse and mental health were identified to be the top health problems in their community among individuals surveyed and interviewed. Social and emotional support is crucial for navigating the daily challenges of life. Lack of sufficient social and emotional support can be observed among San Bernardino County residents that reported experiencing 4.6 mentally unhealthy days within the last 30 days, slightly higher than the California benchmark of four days in 2020.[31]

In the SA, the proportion of adults 18 years and older within the last month that experienced 14 or more mentally unhealthy days was highest in Adelanto at 24.6% or 1.5-times the national average (16.3%). One in five residents in northeast Victorville, Lucerne Valley, Oro Grande, and Helendale reported poor mental health lasting nearly half of the past month in 2021. Overall, Apple Valley residents reported more good mental health days than other localities within the SA, with the southeast corner (CTs: 97.18 & 97.19) experiencing the most. SEE CHNA DATA HUB

Intentional Self-harm

Deaths due to intentional self-harm (suicide) continues to be the fourteen leading cause of death in California. The Healthy People 2030 MHMD-01 objective seeks to reduce suicides to 12.8 per 100,000 population. From 2019 to 2020, the suicide death rate for California (10.3 per 100,000) and San Bernardino County (11.0 per 100,000) was below the Healthy People target. Among youth aged 15-24 years in San Bernadino County, at 9.5 per 100,000 deaths due to intentional self-harm was greater than California (8.9 per 100,000) between 2019 –2021.[34] By race and ethnicity, the non-Latinx White population within San Bernardino County experienced the greatest suicide-attributed deaths during this time period, with a crude rate that was 2.2-times the California benchmark.

According to the Center for Disease Control, "a combination of individual, relationship, community and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide - they might not be direct causes."[30] The risk factors for suicide include a history of depression and substance abuse, among others. Rate of adults within the SA that reported being told by a doctor they had a depressive disorder according to the 2021 BRFSS was above the national benchmark of 21.8% in Adelanto (CTs: 91.31/91.32) and Hesperia (CTs: 100.32/100.33) at 23%; with portions of Apple Valley, Phelan and Victorville ranging from 22.2-22.4%. SEE CHNA DATA HUB

Substance Use

"Substance abuse is the medical term used to describe a pattern of using a substance (drug) that causes significant problems or distress. This may be missing work or school, using the substance in dangerous situations, such as driving a car."[32] The most common types of substances that are abused include alcohol, opioids, cannabis, tobacco, and other illicit drugs.[33]

All Drug-Related Overdoses: As previously mentioned, abuse/misuse of the aforementioned is a known risk factor for suicide. Thus, the prevalence drug overdoses in general was examined. The rate of drug overdose Emergency Department visits for California was 149.97 within the SA ranging from 60.13 to 522.44 per 100,000 visits in 2021 according to the California Overdose Surveillance Dashboard. High Emergency Department utilization due to overdose in 2021 was: (1) highest among zip code 92345 that had a rate that was 3.6-times the county benchmark, followed by Pinon Hills (ZC: 92392) with 371.38; (2) at least 1.5-times the county among all zip codes that comprise Victorville, with zip code 92395 at 2.6-times; (3) most prevalent among the 15-19 year age-group that had 570 visits, with a crude rate of 334.81; and (4) greatest among White residents within San Bernardino County that had 1,313 visits and an age-adjusted rate of 217.07.

Hospitalizations: Congruent with the Emergency Department utilization rates:

- Victorville (ZC: 92395) had the highest all drug-related overdose hospitalization rate within the SA that was 2.4-times the San Bernardino County rate (45.37 per 100,000),
- teens ages 15-19 had a total of 146 hospitalizations and crude rate of 85.63 in 2021, and
- Black (64.34 per 100,000) and White (66.13 per 100,000) residents within San Bernardino County were hospitalized more than any other race or ethnicity.

Deaths: Lucerne Valley (ZC: 92356) in 2021 had an all drug-related overdose death rate that was 2.6-times San Bernardino County (25.1 per 100,000), making it the highest within the SA. The 55-59 year age group (45.01 per 100,000) had the greatest burden of death followed by 40-44 (41.04 per 100,000) and 25-29 year old age group (40.38 per 100,000). By race and ethnicity, Black and White resident of San Bernardino County had a death rate that was at least 1.47-times the county. A glaring access to healthcare issue with dire results was found among Native American/Alaska Natives, that had a death rate that was 1.7-times the county but had an Emergency Department utilization (89.54 per 100,000) and hospitalization rate (22.33 per 100,000) that was below the applicable county benchmark. SEE FIG 15

Fentanyl: With the exception of a one zip code (ZC: 92392) within the City of Victorville, all areas within the SA had more Emergency Department visits resulting from a fentanyl overdose than San Bernardino County

FIG 15

Drug Overdose Deaths, 2021

Overall drug-related deaths among all age-groups and by race/ethnicity per 100,000

Source: California Overdose Dashboard

(10.25 per 100,000) in 2021. Emergency Department visits were highest in: (1) Helendale at 39.65 (per 100,000) was 3.9-times higher than the county and had the most utilization within the SA.; and (2) portions of Hesperia (ZC: 92345) and Apple Valley (ZC: 92308), Lucerne Valley, and Adelanto ranging from 2.1 to 2.7-times greater than the county. By race/ethnicity and age group, White San Bernadino County residents aged 30-34 utilized Emergency Department services for fentanyl overdoses more than any of their counterparts during this time period.

Hospitalizations: Hospitalizations due to fentanyl overdose were congruent with Emergency Department utilization rates, as White San Bernardino County residents aged 30-34 were hospitalized at a greater rate. Within the SA, Apple Valley with a hospitalization rate ranging from 2.8 – 3.0 per 100,000 was the only locations with the SA to exceed the county rate (1.79 per 100,000) in 2021.

Deaths: A disparity in the burden of death due to fentanyl overdose was found among Black San Bernadino County residents and those aged 25-29. The data indicates that Black residents are less likely to utilize the Emergency Department and be hospitalized; therefore, they are more likely to die from a fentanyl overdose. Conversely, the 25-29 age group are second in their utilization of the Emergency Department and hospitalization rate; however, they are experiencing more death than the 30-34 age group. At 3.2-times the county (14.6 per 100,000), Apple Valley experienced the most fentanyl-related death in the SA, followed by Victorville (range: 10.29-37.76 per 100,000) and Lucence Valley (33.53 per 100,000) in 2021.[SEE FIG 15]

Heroin: A correlation is evident when examining the rate of death due to heroin overdose and the lack of recorded Emergency Department visits and hospitalizations among Alaska Native/Native American in 2021. Conversely, a pattern of high care utilization and burden of death was identified among Apple Valley and portions of Hesperia (ZC: 92345) and Victorville (ZC: 92395). Despite having an Emergency Department utilization rate that is: (1) 4.5-times the county, Apple Valley has the highest death rate in the SA at 8.08 per 100,000; (2) nearly 3-times county, Hesperia at 6.01 per 100,000; and (3) 2.2-times, Victorville had death rate similar to Hesperia.

Opioids: Again, a correlation is evident when examining the rate of opioid-related overdose deaths and the lack of Emergency Department visits and hospitalizations among Alaska Native/Native American in 2021. By age group, individuals aged 25-29 have the highest opioid-related death rate, followed closely by the 20-24 age group within the county. A pattern in high health care utilization and death is apparent in Adelanto, Apple Valley, Hesperia (ZC: 92345), Lucerne Valley and Victorville. As FIG 16 indicates, each area has an Emergency Department visit rate at least 1.7-times, the a hospitalization rate 1.3 to 3-times, and death rate 1.4 to 2.9-times the county.

Medication-Assisted Treatment: To combat the opioid crisis across California, the California Department of Health Care Services has rolled out the California Medication Assisted Treatment (MAT) Expansion Initiative.[58] This initiative is geared toward enhancing MAT accessibility, minimizing untreated addiction cases, and curbing opioid overdose fatalities by delivering comprehensive prevention, treatment, and recovery initiatives. “Medications can be used to treat substance use disorders, sustain recovery and prevent overdose. Buprenorphine or other medications prescribed by a provider relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. Medication-assisted therapy is an evidence-based treatment approach and does not result in substitution of one drug for another.”[56] Thus, through examination of the Buprenorphine prescribing rate by patient location: (1) only Adelanto and Oro Grande failed to meet or exceed the county benchmark (11.26 per 1,000) within the SA; (2) Pinon Hills at 40.05 per 1,000 had the most individuals being treated; (3) San Bernardino County residents aged 30-69 have a prescribing rate above the overall county rate (10.74 per 100,000); and (4) despite

being among the top three age groups experiencing the greatest opioid-related death, individuals aged 20-24 and 25-29 were among the least likely to be prescribed MAT.

CANCER

Cancer is the first leading cause of death in California and second within the SA. Healthy People 2030 C-1 objective seeks to reduce the overall cancer-related deaths to 122.7 per 100,000 population. Apple Valley, Hesperia, and Victorville failed to meet the Healthy People 2030 overall cancer mortality objective and San Bernardino County benchmark (141.7 per 100,000), with age-adjusted mortality rates ranging from 147.3 to 235.8. Apple Valley has the highest overall cancer mortality rate (235.8 per 100,000), which was 1.67-times the San Bernardino County and 1.89-times the California benchmark (124.9 per 100,000) between 2019-2021.[SEE FIG 17] Lastly, the need to address cancer within then SA is backed by the one in 20 community members/key informants that believe cancer to be a top health problem in their community.

FIG 16

Opioid-related Overdoses & Prescribing Patterns, 2021

Location	Emergency Department Visits	Hospitalizations	Deaths	Opioid Prescriptions	Buprenorphine Prescribing
San Bernardino County	**40.93**	**9.64**	**16.0**	**427.32**	**11.26**
92301	71.46	16.66	23.0	700.00	6.01
92307	75.37	20.76	47.0	776.73	14.81
92308	70.44	12.88	25.2	673.62	15.44
92342	39.65	29.18	-	518.50	16.34
92344	41.77	12.06	17.7	403.79	13.69
92345	99.00	25.77	22.0	588.08	13.38
92356	112.74	20.87	33.5	713.86	14.36
92368	-	-	-	880.41	9.79
92371	29.79	6.74	10.5	424.98	13.99
92372	82.78	15.85	-	509.21	40.05
92392	100.01	16.19	37.8	670.61	14.82
92394	67.26	3.86	12.9	587.46	8.37
92395	92.61	14.00	33.7	645.46	12.27

Notes: Opioid and buprenorphine prescription rates are per 1,000 (age-adjusted); Emergency Department visits, hospitalization and death rates per 100,000 (age-adjusted)

Source: California Overdose Surveillance Dashboard

Breast Cancer

From 2016 to 2020, the age-adjusted breast cancer mortality rate in San Bernardino County at 22.0 per 100,000 was higher than the California benchmark (18.8 per 100,000 female population) and the Healthy People 2030 C-04 objective (15.3 breast cancer deaths per 100,000 females). Black women in San Bernardino County experienced the greatest burden of death with 32 deaths per 100,000 making it 1.7-times the California rate. The Asian Pacific Islander population experienced the least amount of death and met the Health People 2030 objective. SEE FIG 17

The rate of new cases (incidence rate) within San Bernardino County was below the California rate of 121.0 per 100,000 cases; however, as FIG 17 illustrates, Black women had the most new cases during this time period. Nearly a third of all breast cancer cases in California were diagnosed at a late-stage (i.e., regional and distant) with San Bernadino County being slightly higher. More than two in five Black women in San Bernardino County were diagnosed at a late-stage, more than any other race and ethnicity during this time period. The potential causation for the excessive mortality experienced by Black women could stem from the high proportion diagnosed at a late-stage (regional and distant stage) which is problematic, as the five-year relative survival rate for breast cancer differs by stage of diagnosis. The American Cancer Society estimates survival rate of 99% localized, 86% regional, and 30% distant.[59]

Screening: The United States Preventive Taskforce recommends biennial mammography's for women aged 50 to 74 years.[40] Phelan (CTs: 91.22 & 91.23; 73.4%) and northeast Victorville (CTs: 99.16; 73.1%) had the lowest mammography rate within the SA. Only portions of Victorville (CTs: 99.15/16, 91.26/27/28, and 9135/36/37/38/38) and Adelanto (CTs: 91.29 & 91.30) met or exceeded the national mammography rate of 75.9%, ranging from 75.9 - 76.8% in 2021.SEE CHNA DATA HUB

Cervical Cancer

Black women from 2016 to 2020, had a cervical cancer death rate 200% greater than California at 4.4 per 100,000 deaths. Overall and by race/ethnicity, the cervical cancer attributed deaths in San Bernardino County exceeded the California rate. Due to insufficient data, cervical cancer death rates were not calculated for the Asian Pacific Islander and American Indian/Alaska Native population in San Bernardino County.

Latinx women had the most new cases of cervical cancer at 10 per 100,000 case, while Asian Pacific Islander women (7.2) had a rate lower than the state (7.3). More than five in 10 newly diagnosed cases during this time period in California and San Bernardino County were diagnosed at a late-stage, while six in 10 Black San Bernardino County women diagnosed at late-stage. Women diagnosed with cervical cancer at a late-stage have a diminished five-year relative survival rate, if diagnosed at a localized a 92% survival rate is estimated; however, the relative survival rate drops to 59% at regional stage and 17% if diagnosed at a distant stage.[60]

Screening: Similar to mammography rates, the causation for excessively late-stage diagnosis and mortality could stem from the low cervical cancer screening rates in predominate Black communities in the SA. At 73.6 - 76.6%, northeast Victorville had the lowest cervical cancer screening rates, followed by Adelanto (74.6%; CTs: 91.31/32). Apple Valley's Spring Valley Lake and its adjacent census tracts with a cervical cancer screening rate ranging from 83.7 - 83.8% have the highest screening rate in the SA and exceed the national rate of 81.6% and Healthy People 2030 C-09 objective (79.2%) in 2021. SEE CHNA DATA HUB

Colorectal Cancer

From 2016 to 2020, the age-adjusted cancer mortality rate in San Bernardino County (14.7 per 100,000) was higher than the California rate (12.1 per 100,000) but lower than the Healthy People 2030 C-06 objective (18.3 colorectal cancer deaths per 100,000). Despite exceeding San Bernardino County, colorectal cancer

FIG 17

San Bernardino County Cancer Profile, 2016-2020

Incidence

CANCER SITE	CALIFORNIA	SB COUNTY	AIAN	API	BLACK	WHITE	LATINX
Breast (Female)	121.0	**112.4**	90.7	104.9	123.6	121.1	96.1
Cervical	7.3	**9.4**		7.2	8.9	9.2	10.0
Colorectal	33.5	**34.8**	25.8	28.3	36.9	36.9	32.9
Ovarian	10.5	**11.1**		7.4	9.0	12.5	10.8
Prostate	95.4	**104.6**	66.9	61.6	172.5	99.2	86.4
Uterine	27.0	**29.1**		26.9	28.1	28.5	28.1
Lung	37.6	**38.5**	26.2	28.3	45.4	50.0	23.6

Late-Stage Diagnosis (Regional or Distant)

CANCER SITE	CALIFORNIA	SB COUNTY	API	BLACK	WHITE	LATINX
Breast (Female)	32.9	**37.0**	35.5%	44.2%	36.2%	38.0%
Cervical	52.2	**53.3**	43.2%	61.9%	55.8%	52.8%
Colorectal	57.6	**57.5**	56.5%	57.1%	58.6%	58.2%
Ovarian	73.4	**69.0**	78.0%	80.4%	67.3%	67.5%
Prostate	25.0	**23.3**	26.0%	23.2%	26.0%	23.9%
Uterine	29.8	**32.0**	35.7%	47.8%	33.5%	26.3%
Lung	67.4	**66.6**	69.8%	70.0%	65.3%	69.2%

Deaths

CANCER SITE	CALIFORNIA	SB COUNTY	API	BLACK	WHITE	LATINX
Breast (Female)	18.8	**22.0**	15.3	32.0	25.9	16.9
Cervical	2.2	**3.7**		4.4	3.7	3.8
Colorectal	12.1	**14.7**	13.0	15.8	16.0	13.0
Ovarian	6.6	**6.6**	3.1	5.9	8.0	5.8
Prostate	19.8	**25.0**	12.7	44.4	27.5	19.2
Uterine	5.2	**5.6**	5.3	9.0	5.6	5.0
Lung	25.2	**27.8**	21.2	32.9	37.7	14.0

Notes: Incidence and late-stage diagnosis rates are age-adjusted per 100,000 cases. Death rates are age-adjusted per 100,000 deaths. For the AIAN population within San Bernardino County, late-stage diagnosis and death were not calculated due to insufficient information.

Source: U.S. Department of Health and Human Services - National Cancer Institute (State Cancer Profiles)

attributed deaths among Black and White county residents met the Health People 2030 objective. SEE FIG 17

Newly diagnosed colorectal cancer cases from 2016 to 2020 exceeded the California rate of 33.5 per 100,000 in San Bernadino County (34.8) and among Black and White county residents (36.9). Little variation was found between California and San Bernardino County and among race/ethnicity in the proportion of new colorectal cancer cases diagnosed at a late-stage. For individuals diagnosed at a distant stage have diminished five-year relative survival rate of 72-74% (regional) or 13-17% (distant), compared those diagnosed at a localized stage (91%).[61]

Screening: To reduce the more than one in two individuals diagnosed at late-stage, the U.S. Preventive Task Force recommends "all adults age 50 to 75 years receive a colorectal cancer screening."[41] A need for improvements in the proportion of individuals who receive a colorectal cancer screening is evident, all localities within the SA failed to meet the national benchmark (68.5%) and Healthy People 2030 C-07 objective of 74.4% in 2021. Only portions of Apple Valley (CTs: 97.18/19, 97.24/25, 100.27/39/40, and 97.22/23) had a screening rate close to the national benchmark ranging from 61.9-67.6%.SEE CHNA DATA HUB

Lung Cancer

Deaths attributed to lung cancer between 2016 and 2020 exceeded the California age-adjusted rate of 25.5 per 100,000 in San Bernadino County (27.8). Healthy People 2030 C-02 objective seeks to reduce lung cancer deaths to 25.1 per 100,000 in the next seven years. The Asian Pacific Islander and Latinx population within San Bernadino County meet this objective with a death rate ranging from 14-21.2 per 100,000.

The overall 5-year survival rate for non-small cell lung cancer is 25%. The following relative 5-year survival rates were estimated by diagnosis stage: 65% localized, 37% regional, and 9% distant.[42] At 1.3-times the California rate, White San Bernardino County residents had the most newly diagnosed cases followed by Black county residents. SEE FIG 17 Despite this, White (65.3%) newly diagnosed residents received the least late-stage diagnosis compared to overall county rate (66.6%) and any other race/ethnic group.

Ovarian Cancer

White San Bernardino County women were the only race to exceed the California and overall San Bernardino County rate of 6.6 per 100,000 from 2016-2020. Congruent with the excessive death rate, White women at 12.5 per 100,000 had the most newly diagnosed ovarian cancer cases during this time period. Diverging from this pattern, 67.3% of White San Bernardino County women were newly diagnosed at a late-stage falling below California (73.4%) and overall county rate (69%). Despite this, more than half of women that received a late-stage diagnosis have a five-year relative survival rate ranging from 53-75% (regional) and 31-71% (distant) depending upon the type of ovarian cancer.[62]

Prostate Cancer

Deaths attributed to prostate cancer in 2016 to 2020 were 19.8 per 100,000 in California, which was above the Healthy People 2030 C-08 objective of 16.9 prostate cancer deaths per 100,000 males. At 224% greater than the California rate, Black men in San Bernadino County had a prostate death rate greater than the overall county and among other races/ ethnicities. SEE FIG 17 Prostate cancer mortality rates during this time period were not calculated for Asian Pacific Islanders because the rates would not be generalizable.

Only Black men were newly diagnosed at greater rate than both at the state (95.4) and county (104.6). With an incidence rate at 1.81-times the state, Black men were still the least likely to receive a late-stage diagnosis. Nonetheless, one in four newly diagnosed men receiving a late-stage diagnosis is a cause for concern. When detected at an early stage, men diagnosed at the localized and regional stage have nearly a 100% 5-year relative survival rate; however, the survival rate drastically decreases to 32% for men

diagnosed at a distant stage.[43]

Uterine (Endometrial) Cancer

From 2016 to 2020, San Bernardino County had a rising uterine cancer death rate that is greater than California at 5.6 per 100,000. Death among Black women was 173% greater than the California rate; however, White women (5.6) have a rising death rate similar to the county. The overall uterine cancer 5-year survival rate is 90%. The following are the relative 5-year survival rates estimated by stage of diagnosis: 96% localized, 72% regional, and 20% distant.[44] As such, the: (1) nearly one in two Black women, (2) one in four Latinx women, and (3) one in three Asian Pacific Islander and White women that received a late-stage diagnosis is particularly concerning. The situation is further compounded by the rising newly diagnosed uterine cancer rates for the county overall and among the Asian Pacific Islander, White, and Latinx women in San Bernardino County. SEE FIG 17

DIABETES & OBESITY

Diabetes is the seventh leading cause of death in California and accounted for 4.4% of all deaths from 2019-2021. Healthy People 2030 D-09 objective strives to reduce the diabetes death rate to 13.7 deaths per 100,000 population. With 37.3 deaths, San Bernadino County had a diabetes death rate 2.7-times higher than the Healthy People 2030 objective from 2019-2021. Behind mental health, diabetes and obesity were among the top three health problems indicated by the community members/key informants surveyed. SEE APPENDIX B

Prevalence: Obesity is a risk factor for the development of type 2 diabetes. Healthy People 2030 NWS-03 objective seeks to reduce the proportion of adults considered obese to 36% or less. The proportion of adults who had a body mass index greater than or equal to 30 was higher than San Bernardino County (38.5%), as two in five adults in the SA were considered to be obese in 2021. According to the Centers for Disease Control in 2021, 11.2% of adults in San Bernardino County are diabetic. With relatively few exceptions, the majority of the SA had a diagnosed diabetes prevalence that exceeded the county. Similar to other chronic conditions, the population with the greatest concentration of diabetes was found in northeast Victorville (15.8-18.2%), Helendale (15.9%), portions of Hesperia and Apple Valley. SEE CHNA DATA HUB

Health Care Utilization: To gain an understanding of disease management among diabetics in the SA, the following four preventative health indicators were explored: short-term diabetes complications (PQI #1), long-term diabetes complications (PQI #3), uncontrolled diabetes (PQI #8), and the rate of lower extremity amputations among patients with diabetes (PQI #16).SEE FIG 18

Hospitalizations for diabetes-related conditions in San Bernardino County were greater than their respective state benchmark, as the proportion of individuals that experienced: (1) short-term complications at 94.8 per 100,000 was 1.4-times greater, (2) long-term complications at 125.6 per 100,000 compared to 93.0 (California), (3) lower-extremity amputations at 45.9 per 100,000 was 1.4-times greater, and (4) uncontrolled diabetes (28.6 per 100,000) rate being slightly above the state (27.4 per 100,000).[38] Among Medicare beneficiaries, hospitalizations for diabetes-related conditions in San Bernardino County, for:

- short-term complications were below the state benchmark;
- long-term complications, only Black (363 per 100,000) and Latinx (475 per 100,000) beneficiaries exceeded the county rate (287 per 100,000);
- lower-extremity amputations, only Black (105 per 100,000) and Latinx (151 per 100,000) beneficiaries exceeded the county rate (76 per 100,000); and
- uncontrolled diabetes, Black (208 per 100,000), API (93 per 100,000) and Latinx (146 per 100,000) beneficiaries exceeded the county rate (88 per 100,000).[37]

HEART DISEASE

Heart disease continues to be the leading cause of death in California and the United States.[35] More than 10% of all deaths in California were caused by heart disease from 2019-2021.[35] Deaths attributed to heart disease were greater than San Bernardino County (100.8 per 100,000) by: 356% in Apple Valley, 220% in Victorville, 193% in Hesperia, and 163% in Adelanto. Healthy People 2030 HDS-02 objective seeks to reduce coronary heart disease deaths to 71.7 per 100,000 population. If San Bernardino County is to achieve the HDS-02 target in the next seven years, concentrated efforts must be undertaken, as the observed death rate was at least 142% greater. SEE FIG 13

In 2020, the Centers for Disease Control estimated 5.8% of San Bernardino County adults were diagnosed with heart disease.[36] The estimated prevalence in the SA: northeast Victorville (7.3-9.2 per 100,000), Lucerne Valley (7.5 per 100,000), Helendale (8.2 per 100,000), and portions of Apple Valley (6.0 - 10.1 per 100,000) exceeded San Bernardino County during this same period. SEE CHNA DATA HUB

Medicare beneficiaries that live in San Bernardino County are more likely to be diagnosed with, hospitalized and die as a result of heart disease. Nearly one in five Black beneficiaries have been diagnosed with heart failure and more broadly heart disease in 2022. San Bernadino County (1,186 per 100,000) had a congestive heart failure hospitalization rate in 2022 higher than the California benchmark of 1,016 per 100,000. Heart failure hospitalization rates among Black beneficiaries were the highest at 2,388 per 100,000, followed by American Natives/Alaska Natives at 1,645 per 100,000.[37] More generally, among all individuals 18 years and up, the San Bernadino County heart failure hospitalization rate was slighter higher at 1.17-times the California benchmark (340.5 per 100,000) in 2021.[38; SEE FIG 18]

INFANT & MATERNAL HEALTH

In 2021, 25,090 live births occurred in San Bernardino County.[51] As the age demographics indicated, San Bernardino County with a fertility rate of 60.4 per 1,000 women aged 18-44 is getting younger compared to California at 54.6. Notably, the data indicates that mothers in San Bernardino are aging, for births among women 30-39 from 2019-2021 had an upward trajectory. To better understand infant and maternal health outcomes within the communities we serve, the

FIG 18

Preventable Hospitalization Among Medicare Beneficiaries, 2022

	Congestive Heart Failure	COPD or Asthma in Older Adults	Hypertension	Long-term Complications	Lower-extremity Amputations	Short-term Complications	Uncontrolled Diabetes
CA	1,016	237	106	225	78	80	72
SB COUNTY	**1,186**	**223**	**155**	**287**	**76**	**96**	**88**
AIAN	1,645	379	-	123	-	-	-
API	766	111	128	139	5	34	93
BLACK	2,388	369	412	363	105	137	208
WHITE	1,035	262	98	202	54	67	58
LATINX	1,251	137	167	475	151	109	146

Note: All rates are smoothed age-adjusted per 100,000 Medicare Fee For Service Beneficiaries only. Race and ethnicity rates are for beneficiaries residing in San Bernardino County.

Source: Centers for Medicare & Medicaid Services Data

following were examined: (1) infant mortality, (2) maternal mortality, (3) substance use during pregnancy, (4) preterm births, (5) prenatal substance use, and (6) breastfeeding.

Infant Mortality

Healthy People 2030 MICH-02 objective seeks to reduce the rate of all infant deaths within one year of birth to five deaths per 1,000 live births. From 2018 to 2020, California infant death rate was 4.16 deaths per 1,000 live births. During this same time period, San Bernardino County had an infant death rate 136% (5.65 deaths per 1,000 live births) greater than California's. The greatest burden of infant mortality was observed through:

- age group, among women of advanced maternal age (40 years and older) with a death rate of 7.32;
- race, Black women with a death rate that is 1.95-times the overall San Bernardino County rate;
- educational attainment, among women with less than a high school diploma (7.28) compared to college graduates (2.71);
- neighborhood poverty, the group living in the 30-39% poverty range had a rate of 8.78;
- population density, mothers that resided in a rural communities had a higher death rate compared to their urban counterparts; and
- prenatal care, mothers who did not have any prenatal care had a death rate that was 5.7-times the county.

Maternal Mortality

The overall maternal mortality observed between 2020 -2022 in San Bernardino County (123.6) was greater than the California benchmark (108.0). To better understand the burden of death, severe maternal morbidity was examined. Factors associated with an increased risk of severe maternal morbidity include maternal age and chronic conditions, such as obesity, diabetes, hypertension, and cardiovascular disease. Using the aforementioned, increased maternal mortality was observed, among: (1) women 40 years and older that had a rate of 200.4; (2) Black women had the highest rate of maternal mortality at 151.7 compared to Asian women who had a rate of 115.3; and (3) women with disseminated intravascular coagulation (43.3), renal failure (25.4) or experiencing respiratory distress (18.8).

Prenatal Care

Healthy People 2030 MICH-08 objective seeks to increase the proportion of pregnant women receiving prenatal care beginning in the first trimester to 80.5%. The proportion of women that received early prenatal care exceeded the Healthy People 2030 objective in California (86.5%) and San Bernadino County (87.9%). Despite the high rates in the state and county, variances in receipt of early prenatal care were found among: (1) mothers under 20 years (76.4%); (2) Pacific Islanders (74.4%) followed closely by American Indian/ Alaskan Native at 74.5%; (3) mother with an educational attainment less than high school (78.1%); (4) U.S.-born mothers that had a rate of 86.5%, compared to 86.9% for those born outside the U.S.; and (5) uninsured mothers (82.4%).

Preterm Births

Overall, San Bernardino County (9.87%) had a preterm rate in excess of California (8.95%) from 2019-2020. Like prenatal care, variance in preterm birth were found among: (1) mothers of advanced maternal age (17.04%); (2) American Indian/Alaska Natives (14.88%); (3) mothers with less than a high school education (11.31%); and (4) mothers that did not receive any prenatal care (28.92%).

Substance Use During Pregnancy

Substance use during pregnancy negatively impacts infant health by increasing the risk for premature birth, low-birth weight, and infant morality.[52] To understand the prevalence of prenatal substance use alcohol, cannabis, and cigar smoking were examined, and found: (1) any alcohol use in San Bernardino County (3%) was significantly less than the California

benchmark (7.4%); (2) cannabis use in at 6% (county) was slightly higher than the state (5.1%); and (3) the rate of cigar smoking at 1.8% (county) mirrored the state (1.9%) from 2018-2020.

Breastfeeding

Overall, the proportion of mothers that intended to breastfeed in San Bernardino County (91.4%) was slightly lower than California (92.6%); however, 91.3% of mothers in San Bernardino County actually breastfeed between 2019-2021 and exceeded the Healthy People 2030 MICH-15 objective. Most notability, regardless of other demographics and socioeconomic factors, the greatest variance in intention to breastfeed compared to mothers that actually breastfeed was insurance status; as mothers with Medi-Cal expressed less intentions to breastfeed and did not breastfeed at a greater rate compared to mothers with private/commercial insurance.

RESPIRATORY HEALTH

According to the Centers for Disease Control, "chronic respiratory diseases are chronic diseases of the airways and other structures of the lung. Some of the most common are: asthma, chronic obstructive pulmonary disease (COPD), occupational lung diseases and pulmonary hypertension."[45] COPD is a group of diseases that cause respiratory issues due to airflow blockages present in the lungs. COPD caused 4.9% of deaths from 2019 to 2021 and is the fourth leading cause of death in San Bernardino County. In the SA, Apple Valley experienced most COPD attributed deaths at 104.0 per 100,000. SEE FIG 13

Five percent of adults in California and San Bernardino County reported being told by a doctor that they had COPD, emphysema, and chronic bronchitis in 2020.[46] Nearly one in 10 adults aged 18 years and older are estimated to be diagnosed with COPD in Oro Grande (10.1%), northeast Victorville (9.5 - 11.9%), Phelan (9.6%), and portions of Hesperia (10%; CTs: 100.32/33).SEE CHNA DATA HUB From 2019-2020, 12.8% of San Bernardino County reported being told they had asthma by a health care provider.[47] Among the localities that comprise our SA; 12.9% of Adelanto, 11.5-12.4% of northeast and central Victorville, and portions of Apple Valley (11.8%; CTs: 97.20/21), Hesperia (12%; CTs: 100.32/33), and Phelan (11.3%; CTs: 91.22/23) have the most adults age 18 years and older estimated to have asthma.

Health Care Utilization: The overall hospitalization rates attributed to asthma and COPD were examined to understand the management and deaths surrounding COPD:

- the COPD or asthma hospitalization in adults aged 40 years and older in 2021 was below than the California rate of 114.4 inpatient stays per 10,000 in San Bernardino County at 108.6.[38]
- asthma hospitalizations among adults 18-39 years was above the California rate of 11.2 inpatient stays per 10,000 with 12.34 in San Bernardino County.[38]

COVID-19: Seven percent of the community members/ key informants surveyed, believe COVID-19 to be one of the most important health problems within their community, despite the official end of the pandemic declaration by the Centers for Disease Control on May 11, 2023.[48] Conversely, as of November 28, 2023, only 2.9% of San Bernardino County resident are up-to-date with their COVID vaccination/boosters which is less than the California benchmark of 6.7%. The low COVID vaccination uptake is consistent with the observed low completed primary series vaccinations within the SA's rural areas (i.e., Lucerne Valley, Oro Grande, Phelan, and Pinon Hills) with one in three residents. Victorville has the highest vaccination uptake within SA with more than one in two residents. When asked if they received/completed the primary COVID-19 vaccination, 51% of community members/key informants surveyed had not. Among the 49% of community member that the completed the primary COVID-19 vaccine, 36.7% are not planning to obtain a booster. For the most up-to-date COVID vaccination rates, see the California Vaccination Dashboard.

STROKE

Stroke-attributed death accounted for 4.9% of all deaths in California, making it the fourth leading cause of death from 2019-2021.[35] San Bernadino County and none of the localities within the SA met the Healthy People 2030 HSD-03 objective to reduce the stoke deaths to 33.4 per 100,000 during this time period. All localities within the SA experienced a greater burden of stroke-attributed deaths compared to the county (43.6 per 100,000) with Apple Valley (66.8 per 100,000) and Victorville (47.2 per 100,000) among the highest. SEE FIG 13

An estimated 2.9% of San Bernadino County residents age 18 years and older are estimated to have had a stroke compared to 6% of Medicare beneficiaries in 2022.[36, 37] During this same time period, strokes among Black beneficiaries were more prevalent than any other race/ethnicity. More broadly, stroke was the most prevalent in northeast Victorville (4.2-5.1%), Helendale (4.1%), and a portions of Apple Valley (5%).SEE CHNA DATA HUB

Hypertension

Hypertension is a known risk factor for strokes. Obtainment of Healthy People 2030 objective HDS-5.1 seeks to reduce the proportion of adults with high blood pressure to 27.7% was nearly achieved by San Bernadino County with 28% of adults are estimated to be hypertensive in 2021.[36] Like strokes, the greatest prevalence of hypertension was in northeast Victorville (35.8-39.2%), Helendale (36.6%), and a portion of Apple Valley (44%).SEE CHNA DATA HUB Hospitalizations among San Bernadino County residents due to hypertension in 2021 was 46.8 per 100,000 compared to California at 42.0.[38] The need to address stroke and hypertension prevalence is evident by the more than one in 10 community members/key informants that perceive these health problems to be among the most important. SEE FIG 19

High Cholesterol

High cholesterol is another stroke risk factor. The greatest proportion of the population with high cholesterol within the SA: Oro Grande (39.9%), Helendale (39%), Lucerne Valley (39.2%), and portions of Apple Valley (35.1-45.8%). Conversely, the prevalence of high cholesterol in Adelanto is below the national benchmark at 34.3% and is among the lowest in the SA; however, the low rates could be linked to the areas diminished cholesterol screening rates. SEE CHNA DATA HUB Among Medicare beneficiaries, more than one in two in San Bernadino County have diagnosed hypertension and high cholesterol in 2022.[37] Only Black (412 per 100,000) and Latinx (167 per 100,000) beneficiaries during this time, exceeded the Medicare county benchmark of 155 per 100,000.

FIG 19

Top Community Perceived Health Problems

Health Problem	% of Surveyed
Mental Health	16.8
Alcohol/Drug Abuse	14.7
Overweight/Obesity	15.7
Diabetes	14.7
COVID-19	7.0
Dental Problems	6.6
High Blood Pressure	7.2
Heart Disease/Stroke	5.4
Cancer	5.3
Breathing Problems	3.0
Infant Death	1.0
Sexually Transmitted Infections	2.7

SECTION IV

Assessment Methodology & Prioritization Results

How were significant health needs identified and prioritized by Providence St. Mary Medical Center?

Providence

ASSESSMENT METHODOLOGY & RESULTS

Providence St. Mary Medical Center utilized the Association for Community Health Improvement and the American Hospital Association's Community Health Needs Assessment (CHNA) framework for this assessment, that is endorsed by the Centers for Disease Control.[50] The primary purpose of the CHNA completed by Providence St. Mary Medical Center is to share ownership in the health of our communities. The CHNA provides a snapshot of the health needs and strengths through review of available public health data sets and input from persons representing the broad interests of our service area. By better understanding the places where residents in our communities live, work, and play, we are able to identify the factors impacting health and develop a three-year strategy to improve future health outcomes.

Phase I: Pre-Planning

The initial work included identification of health system and community key informants in order to ensure alignment of health improvement efforts. The Community Health Investment Manager for Providence St. Mary Medical Center participates in health-focused community collaborative groups. The membership of these groups are comprised of local organizations for each of the respective communities and includes non-profits, health department, human service and other government agency representatives. Despite differences in the CHNA completion timelines among various community organizations within our SA, the Community Health Investment Manager for Providence St. Mary Medical Center aids in the completion CHNAs by other community organizations to establish mutual goals that will be used to enact comprehensive strategies in our shared service areas.

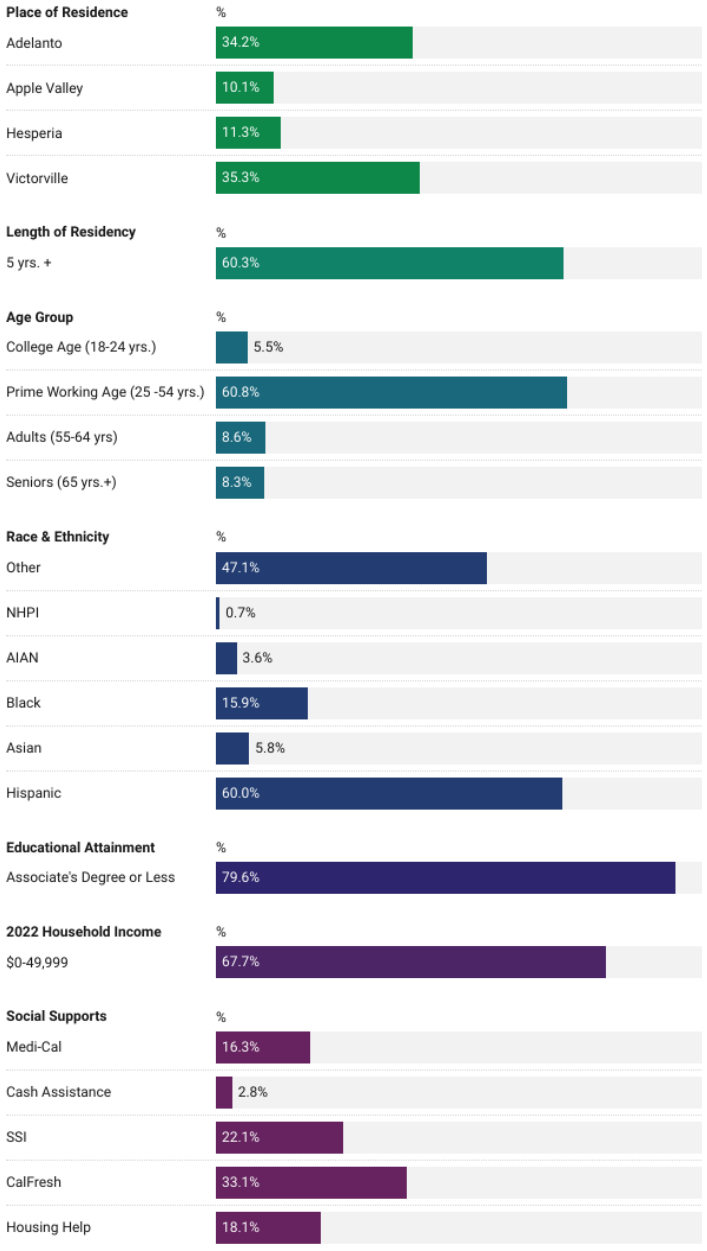
Phase II: Data Collection & Interpretation

In Phase II, a mixed methods approach was employed to better understand the health needs of our SA through collection of primary and secondary data. The data collected was integrated to generate common focus areas and health needs for our SA as a whole and on the county-level.

Primary Data: Input from people representing the broad and local communities (aka. key informants) for our SA was solicited. Additionally, to ensure any community benefit activities resulting from completion of this CHNA advance health equity, efforts were made to secure survey participation from low-income, medically underserved, and minority populations to understand the current health disparities. SEE FIG 20

FIG 20

Community Well-being Survey Respondent Demographics



Multiple attempts were made between 5/15/23 through 11/16/2023, resulting in completion of 471 surveys completed, along with 46 interviews conducted with key informants. For comparability of responses between community members and key informants, the Community Well-being Survey was orally administered to key informants during the interview process. For a summary of Community Input see Appendix B.

Secondary Data: Over 100 public health indicators were collected to determine the demographics and health status of each location in our SA, where available. In gathering information on the communities served by Providence St. Mary, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. In addition, we recognize that there are often geographic areas where the conditions for supporting health are poorer than nearby areas. Whenever possible and reliable, data are reported at census tract level. These smaller geographic areas allow us to better understand the neighborhood-level needs of our communities and better address inequities within and across communities.

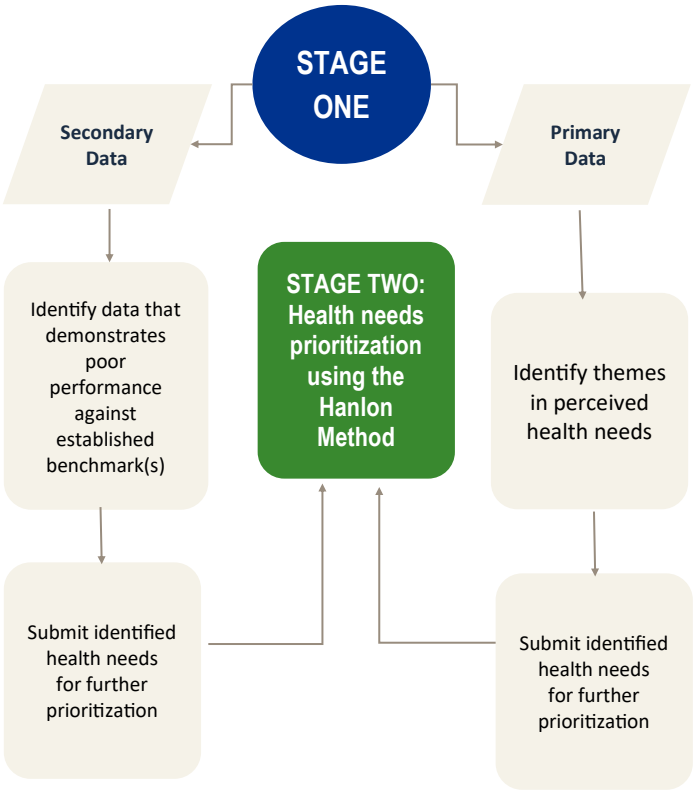
For each health indicator, a comparison was made between the most recent available public data and benchmarks from the State of California, San Bernardino County, and Healthy People 2030 objectives. A health need was identified when an indicator failed to meet the state's comparative benchmark. For a complete list of health indicators and data sources, see Appendix A.

Data Limitations and Information Gaps: While care was taken to select and gather data that would tell the story of Providence St. Mary's SA, it is important to recognize the limitations and gaps in information that naturally occur, including the following:

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Reporting data at the county-level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography, and race/ethnicity.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents

FIG 21

Prioritization Process Stage One & Two



and how honest people are in providing their answers.

Data Interpretation: Each source used to collect data was synthesized to identify areas of need or focus areas. Focus areas were generated for the SA as a whole. Only focus areas jointly identified as an area of need by both community members and key informants, also identified in secondary data, were submitted to the Providence St. Mary's Community Health Committee for prioritization. SEE FIG 21

Phase III: Prioritization Process

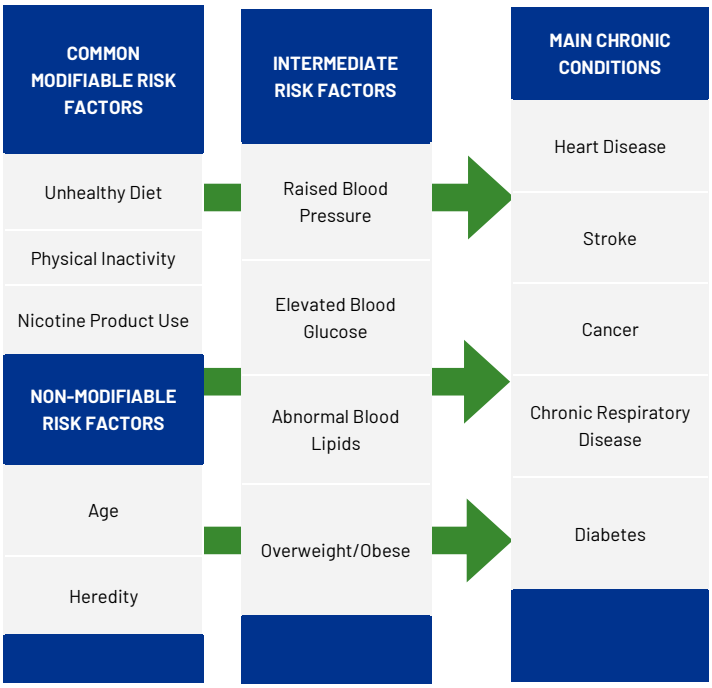
The process of identifying and prioritizing health needs to determine the focus areas for our Community Health Improvement Plan occurred in three stages. During stage one, a review of public health data sets (secondary data) and survey results (primary data) was executed to identify potential health needs. SEE FIG 21

All health needs identified during stage one of the prioritization process, were then subjected to the Hanlon Method for further prioritization (stage two). The National Association of County and City Health Officials recognize the Hanlon Method for its effectiveness in prioritizing complex health needs.[57] The Hanlon Method uses a quantitative technique to rate health needs. FIG 22 shows the results of the Hanlon Method. Each health need on a scale from zero through 10 is assigned a rate based on the following criteria: (1) size of the health need, (2) seriousness of health need, and (3) perceived community importance. Thereafter, a priority score was calculated for each health need. Each health need was then ranked by priority score, highest to lowest. FIG 23 shows the results of the Hanlon Method. SEE APPENDIX C

After completion of the Hanlon Method, the six health needs were presented to Providence St. Mary's Community Health Committee for approval. As many of the health needs (cancer, diabetes, cerebrovascular & cardiovascular health, obesity and respiratory health) have the same common modifiable and intermediate risk factors, the Community Health Committee agreed to focus on chronic disease prevention and

FIG 22

Common Causes of Chronic Conditions[55]



Source: World Health Organization[55]

treatment. SEE FIG 22 On November 28, 2023 the Community Health Committee approved the following three focus areas: (1) access to care, (2) behavioral health, and (3) chronic disease prevention and treatment.

Addressing Identified Needs: The Community Health Improvement Plan (CHIP) developed for the Providence St. Mary's 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 Providence St. Mary plans to address the health needs. If the medical center does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions Providence St. Mary's intends to take, but also the anticipated impact of these actions and the resources the medical center plans to commit to address the health need. Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration

between Providence St. Mary's and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than May 15, 2024.

Alignment with Others: To ensure alignment with local public health improvement processes and identified needs, we reviewed the needs of other publicly available sources that engaged the community in setting priorities, including the Community Vital Signs assessment conducted by the San Bernardino County Department of Public Health in 2020 and 2023. For comparability, several question (question 5 and 6) included in our Community Well-Being Survey were taken from the Community Vital Signs Survey. Additionally, the Community Health Investment Department participated in prioritization and implementation events held by the Department of Public Health to seek alignment. The 2023 Community Vital Signs assessment selected the following priority health needs that will be the focus of their community transformation plan still underdevelopment (as of 11/28/2023): education, economy, access to health and wellness, and safety.

Gathering Comments: Written comments were solicited on the 2021 CHNA and 2021-2023 CHIP reports, which were made widely available to the public via posting on the internet in December 2020 (CHNA) and May 2021 (CHIP), as well as through various channels with our community-based organization partners.

FIG 23

Hanlon Method Prioritization Results

	SIZE OF HEALTH PROBLEM (A)	SERIOUSNESS OF HEALTH PROBLEM (B)	PERCIEVED COMMUNITY IMPORTANCE (C)	PRIORITY SCORE (D)
DIABETES	8.5	9 *Very Serious*	7 *Relatively Important*	186
BEHAVIORAL HEALTH	8	10 *Very Serious*	6 *Important*	170
ACCESS TO CARE	7.63	6 *Serious*	5.14 *Important*	101
RESPIRATORY HEALTH	7.2	5 *Serious*	5.7 *Important*	98
CEREBROVASCULAR & CARDIOVASCULAR HEALTH	7.4	6 *Serious*	4.5 *Moderately Important*	87
CANCER	2.33	10 *Very Serious*	3 *Moderately Important*	70

2023 CHNA GOVERNANCE APPROVAL

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

12/14/2023

Randall Castillo — Date
Chief Executive
Providence St. Mary Medical Center

DocuSigned by:
Pastor Paul
3FDDA5C9C97D46B

12/4/2023

Paul Gostanian — Date
Chair, Community Health Committee
Providence St. Mary Medical Center

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12/7/2023

Kenya Beckmann — Date
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To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

SECTION V

2021-2023 Community Health Improvement Plan Results

An evaluation of Providence St. Mary's actions taken since 2021 to improve the health of our community.

Providence

Evaluation of 2021-2023 Community Health Improvement Plan

The 2021 CHNA and 2021-2023 Community Health Improvement Plan (CHIP) priorities were the following: access to care, mental health, homelessness and housing instability, and obesity. This report evaluates the impact of Providence St. Mary's 2021-2023 CHIP through identification of how we 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.

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 Measures	Resource Commitments	Key Community Partners	Outcomes
1.1 School-based community clinic at Hesperia High School	***St. Mary Heritage Medical Group***: Strategy co-sponsor, clinic workplan development, and implementation ***Hesperia Unified School District:*** Strategy co-sponsor, school district workplan development, and implementation ***SMMC:*** Informed of the strategy's progress and provides support where needed; consulted for alignment with CHIP	Students Adults	Clinic open # of services offered	In-kind staff support (SMMC)	Hesperia Unified School District St. Mary Heritage Medical Group	Planning meeting held on 3/16/22 with Hesperia Unified School District, SMMC, and St. Mary Heritage Medical Group. Clinic layout submitted by St. Mary Heritage Medical Group to Hesperia Unified School District in May 2022. Hesperia Unified School District is still in the planning phase with groundbreaking to be announced.
1.2 School-based campaign promoting access to health and community services	***St. Mary Heritage Medical Group***: Strategy sponsor and evaluator ***Hesperia Unified School District:*** Supports promotion efforts and provides consultation ***SMMC:*** Informed of the strategy's progress and provides support where needed		# of services promoted			Progress on this strategy has not occurred, as the clinic is schedule to open in 2024.

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 Measures	Resource Commitments	Key Community Partners	Outcomes
2.1 Community capacity building developing a coordinated plan addressing COVID-19 vaccine needs across High Desert	***SMMC:*** Overall strategy sponsor and grant holder ***The Social Network Artist:*** Development of evaluation plan, data dashboard, and community vaccine plan	Youth Adults	Plan with data dashboard informing COVID-19 vaccine strategy	$1.25M COVID vaccine equity grant from San Bernardino County Department of Health (Grant Ends: May 2024)	El Sol Neighborhood Educational Center Symba Center San Bernardino County Department of Health	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.		# of persons reached			Due to delays and ultimate inability to obtain an agency to facilitated 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	Area homeless shelters School districts Older adults	# 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 Measures	Resource Commitments	Key Community Partners	Outcomes
3.1 Outpatient navigation of limited English proficient patients post hospital discharge **(Equity Initiative)**	***SMMC:*** Strategy sponsor and evaluator	Low income/ uninsured Spanish speaking adults with chronic health and social conditions	# of patients active in navigation	Internal funding to support outpatient navigators and provide inpatient Interpreter and Patient Access Services	El Sol Neighborhood Educational Center St. Jude Neighborhood Health Center Medi-Cal providers (i.e., Inland Empire Health Plan & Molina Healthcare)	As of 6/30/2023, implementation of this strategy is still being explored by Providence St. Mary.
3.2 Health4All **(Equity Initiative)**	***Inland Empire Health Plan/Molina Health Plan:*** Strategy sponsor, evaluator that provides health insurance coverage and assignment of a primary care provider ***SMMC:*** Patient Access Services aids uninsured/undocumented adults 50 years and older enroll in Medi-Cal	Uninsured/ undocumented adults	# of target population, age 50+ enrolled in health insurance # of target population, age 50+ with an assigned primary care provider			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. Patient Access Services as part of the regular duties, helps all uninured individuals apply for MediCal regardless of their immigration status.

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 Measures	Resource Commitments	Key Community Partners	Outcomes
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	Residents that are uninsured & have low incomes	# of patient visits	Operational shortfall grant	St. Jude Neighborhood Health Center Inland Empire Health Plan	SMMC provided $6,759,372 in financial support to St. Jude Neighborhood Health Centers (in Adelanto, Apple Valley & Hesperia) which provided health services to 6,247 individuals.
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		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		# 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 (July 2022).
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	Adelanto residents	# of hours of primary care and other services available in Adelanto			TriState Community Health Centers is providing primary and dental care 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 Measures	Resource Commitments	Key Community Partners	Outcomes
5.1 Recruit school districts to participate in Work2BeWell	***SMMC:*** Strategy sponsor charged with implementation of all aspect of this strategy and grant holder ***Work2BeWell:*** To provide technical support with school district adoption	Students (i.e., middle & high school)	# 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 Ended: Dec. 2022)	High Desert area school districts Work2BeWell Ron Powell Consultants Desert Mountain Educational Service Center	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	***High Desert Area School Districts:*** Strategy sponsor charged with implementation of all aspect of this strategy ***Work2BeWell:*** To provide technical support to aid in school district adoption ***SMMC:*** Informed of the strategy's progress, provides financial support where needed, and grant holder	Students (i.e., middle & high school)	# of school districts implementing # of students and teachers participating in program			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 Measures	Resource Commitments	Key Community Partners	Outcomes
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	Students (i.e., middle & high school)	# of funders supporting campaign	$509,926 grant from the Well Being Trust that supports social media campaign and annual summit (Grant Ends: Dec. 2022)	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	***SMMC:*** Strategy sponsor charged with development, launch, management of campaign, and grant holder ***High Desert Area School Districts:*** Facilitate student participation in and/or creation of campaign content and use platforms to promote campaign among their audiences	Students (i.e., middle &high school) Adults	# of online influencers promoting anti-stigma messages			
6.3 Mental Health Summit	***SMMC:*** Informed of the strategy's progress and provides financial support where needed, and grant holder ***Desert Mountain Educational Service Center:*** Strategy sponsor host mental health summit, and learning community facilitator ***Ron Powell Consultants:*** Lead/ facilitate mental health summit and provide technical assistance to participating school districts in learning community.	Students (i.e., middle & high school) Adults	# of school districts engaged			Hesperia Unified School District (HUSD), along with other area HD schools adopted California Transformative Social and Emotional Learning Framework. In additional, a regional learning collaborative was launch with support of SMMC and facilitated by Desert Mountain Educational Services Center in May 2022. During the two-day health and Health and Wellness Convening held on May 3 and 4, HUSD and other learning collaborative participating schools developed and presented their strategies to invest LCAP funds to expand mental health services including counseling and social emotion learning.

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 Measures	Resource Commitments	Key Community Partners	Outcomes
7.1 Screen ED and Women and Children's patients for substance use and refer to treatment partners	***SMMC:*** Strategy sponsor charged with implementation of all aspect of this strategy and grant holder ***CA Bridge:*** Provide technical assistance to substance use navigator	Emergency Department Patients Women & Children's patients	# of patients screened # of patients in treatment	$410K UniHealth Foundation Bridges Builders grant (Grant Ends: March 2023) & $100K California Department of Health Care Services -CA Bridge grant (Grant Ends: June 2023)	CA Bridge Program	In April 2021, a substance use navigator was hired to begin planning and implementing strategies 7.1-7.3. A total of 1,416 patients (not unique) were screened and provided treatment support by substance use navigator.
7.2 Build community partners providing mental health and substance use services	***SMMC:*** Strategy sponsor charged with implementation of all aspect of this strategy and grant holder	Inpatient & outpatient providers	# of community partners treating patients			As of June 2023, Providence St. Mary is still exploring implementation of this strategy.
7.3 Improve emergency room psychiatric interventions	***SMMC:*** Strategy sponsor charged with implementation of all aspect of this strategy and grant holder	Adults & youth in acute crisis	Average length of stay of Psychiatric patients in the ED			Due to limited availability in inpatient behavioral health clinic, Providence St. Mary's was unable to make progress on this strategy.

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 Measures	Resource Commitments	Key Community Partners	Outcomes
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	Patients experiencing homelessness treated at hospital or outpatient physician offices	# of administrative days	Funding for patient navigator, Senior Housing Project, Homeless Coalition	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 unhoused 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	Families with low and very-low incomes	# of low & very low income new housing units developed # of pro affordable housing policies		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	People experiencing chronic homelessness	Campus open		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	Seniors with limited income	# of projects approved		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 Measures	Resource Commitments	Key Community Partners	Outcomes
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	Patients experiencing food insecurity	# of health partners	An annual $193K CalFresh Nutrition Education grant from San Bernardino County Department of Health (Grant Ends: Sept. 2023)	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	Adults experiencing food insecurity	# of persons enrolled			CalFresh outreach and nutrition education was provided 2,660. 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	Patients experiencing food insecurity	# 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.	Children & adolescents experiencing food insecurity	# 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**	**Outcomes**
10.1 Mommy & Me Lactation Clinic	***SMMC:*** Strategy sponsor charged with implementation of all aspect of this strategy	Breastfeeding moms	# 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 11,549 mothers regardless of insurance and ability to pay at an expense of $672,279.
10.2 Poverty Thru Workforce Development	***SMMC:*** Strategy co-sponsor charged with securing funding and speakers for student engagement ***Millionaire Minds:*** Strategy co-sponsor, grant sub-awardee charged with program implementation, and evaluator ***Mountain Desert Career Pathways****:* Engages school districts, identifies program implementation dates, and other opportunities	Students (high school & college)	# of students engaged	A $25,000 Flagstar Bank grant, coupled with in-kind support (Grant Ends: Dec. 2022)	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	Individuals experiencing homelessness Food insecure individual & families	# of turkeys donated to High Desert nonprofits	In-kinds support (i.e., turkeys)	High Desert Homeless Services High Desert Second Chance Christ the Good Shepard Family Assistance Program Adelanto Resource Center Catholic Charities	SMMC's food service contractor provided 10,400 servings of soup, as part of their weekly donation to High Desert Homeless Services. Four-hundred and fifty-six turkeys totaling $12,864 were donated by SMMC to families in though our key community partners.

SECTION VI

Appendices

Providence

APPENDIX A: Assessment Health Indicators

SECTION I			
INDICATOR	**SOURCE**	**YEAR(S)**	**DESCRIPTION**
Service Area Population	American Community Survey (Table DP05)	2017-2021	Total population of defined hospital service area (block group or ZIP level).
Age Demographics	American Community Survey (Table DP05)	2017-2021	Includes the following: median age, population under five, population under 18, and individuals 65 years and older.
Race & Ethnicity Demographics	American Community Survey (Table DP05)	2017-2021	Race demographics are for the non-Latinx population.
Foreign Born Persons	American Community Survey (Table DP02)	2017-2021	5-year estimated data profiles.
Language Other Than English Spoken at Home	American Community Survey (Table DP02)	2017-2021	Proportion of the population five years and older that speak a language other than English at home.
SECTION II			
INDICATOR	**SOURCE**	**YEAR(S)**	**DESCRIPTION**
Severe Housing Cost Burden Homeowner	American Community Survey (Table B25091)	2017-2021	Percent of homeowners who pay more than 50% of their income on housing costs.
Severe Housing Cost Burden Renter	American Community Survey (Table B25091)	2017-2021	Percent of renters who pay more than 50% of their income on housing costs.
Undercrowded Housing	American Community Survey (Table DP04)	2017-2021	Percentage of households with 1 or fewer occupants per room.
Food Insecure Households	UCLA Center for Health Policy Research (California Health Survey)	2020	Adults ages 18+ who are low-income food insecure.
Households with SNAP	American Community Survey (Table DP03)	2017-2021	Proportion of households receiving Supplemental Nutrition Assistance Program (SNAP).
Students Eligible for Free & Reduced Meal Program	California Department of Education	2022-2023 School Year	Percent of K-12 students who are eligible to participate in the Free & Reduced Meal Program.
Educational Attainment	American Community Survey (Table DP02)	2017-2020	Individuals 25 years and older with: less than a 9th grade education, 9th to 12 grade education but lack a diploma, school diploma or equivalent, an associate's degree, a bachelor's degree, or a graduate or professional degree.

SECTION II - CONTD.			
INDICATOR	**SOURCE**	**YEAR(S)**	**DESCRIPTION**
Median Household Income	American Community Survey (Table DS1901)	2017-2021	Median household income in the past 12 month (in dollars, inflation adjusted to file data year).
Persons in Poverty	American Community Survey (Table DP03)	2017-2021	Proportion of individuals at or below 200% the Federal Poverty Level.
Children in Poverty	American Community Survey (Table DP03)	2017-2021	Proportion of individuals under 18 years at or below 200% the Federal Poverty Level
Seniors in Poverty	American Community Survey (Table DP03)	2017-2021	Proportion of individuals 65 years and older at or below 200% the Federal Poverty Level.
Persons with a Disability, > 65 years	American Community Survey (Table DP02)	2017-2021	Individuals 18 to 64 years with a disability.
Private Health Insurance	American Community Survey (Table DP02)	2017-2021	Proportion of the population with private health insurance.
Public Health Insurance	American Community Survey (Table DP02)	2017-2021	Proportion of the population with public health insurance.
Uninsured	American Community Survey (Table DP02)	2017-2021	Proportion of the population without health insurance.
Uninsured Children	American Community Survey (Table DP02)	2017-2021	Proportion of the population children under 19 years without health insurance.
Households without Internet	American Community Survey (Table B28002)	2017-2021	Proportion of the household without internet access.
Households without Broadband	American Community Survey (Table S2801)	2017-2021	Proportion of the household with any type of broadband.
Physical Inactivity	CDC PLACES	2021	Prevalence of physical inactivity among adults aged 18 years and older.
Current Smokers	CDC PLACES	2021	Estimated prevalence of current smoking among adults aged 18 years and older.

SECTION III			
INDICATOR	**SOURCE**	**YEAR(S)**	**DESCRIPTION**
Delayed Receiving Care - Children Ages 0-17	UCLA Center for Health Policy (California Health Interview Survey)	2020	Children or teens ages 0-17 delayed or not getting needed prescription drugs or medical services past 12 months.
Delayed Receiving Care - Adults Ages 18+	UCLA Center for Health Policy (California Health Interview Survey)	2020	Adults ages 18+ delayed or not getting needed prescription drugs or medical services past 12 months.
Annual Check-up	CDC PLACES	2021	Estimated prevalence of annual checkup among adults aged 18 years and older.

SECTION III - CONTD.			
INDICATOR	**SOURCE**	**YEAR(S)**	**DESCRIPTION**
Preventive Services - Older Women	CDC PLACES	2021	Estimated prevalence of core preventive services use among women aged >=65 years (age-adjusted) .
Preventive Services - Older Men	CDC PLACES	2021	Estimated prevalence of core preventive services use among men aged >=65 years (age-adjusted) .
Fair or Poor Health Status Among Ages 18-64	UCLA Center for Health Policy Research (California Health Survey)	2020	Adults ages 18-64 with fair or poor health.
Fair or Poor Health Status Among Age 65+	UCLA Center for Health Policy Research (California Health Survey)	2020	Adults ages 65 years and older with fair or poor health.
SECTION IV			
INDICATOR	**SOURCE**	**YEAR(S)**	**DESCRIPTION**
Infant Mortality	California Department of Public Health (Infant Mortality Dashboard)	2020	Number of deaths among infants (less than one year of age, per 1,000 live births.
Low Birthweight Babies	California Department of Public Health (Births Dashboard)	2019-2021	Percentage of live births with low birthweight (less than 2,500 grams).
Premature Birth	California Department of Public Health (Premature Births Dashboard)	2019-2021	Percentage of births occurring before 37th week of pregnancy.
Adequate Prenatal Care	California Department of Public Health (Prenatal Care Dashboard)	2019-2021	Percentage of births occurring before 37th week of pregnancy.
Early Prenatal Care	California Department of Public Health (Prenatal Care Dashboard)	2019-2021	Percentage of births which prenatal care began in the first trimester.
Obese Adults	CDC Places	2017-2021	Adults ages 18+ who had a body mass index (BMI) of 30.0 or above. BMI was calculated using respondent's self-reported weight and height.
Life Expectancy	CDC - National Center for Health Statistics	2010-2015	Estimate of life expectancy at birth.
Causes of Death	California Department of Public Health (County Health Status Profiles 2023)	2023	Age-adjusted death rate per 100,000 population by county of residence.

SECTION IV - CONTD.			
INDICATOR	**SOURCE**	**YEAR(S)**	**DESCRIPTION**
Cancer Mortality	NIH - National Cancer Institute (State Cancer Profiles)	2016-2020	Age-adjusted death per 100,000, all sites and/or by site.
Late-stage Cancer Diagnosis	NIH - National Cancer Institute (State Cancer Profiles)	2016-2020	Proportion of cancer cases diagnosed at a late stage (regional & distant).
Mammography Rate	CDC PLACES	2021	Age-adjusted prevalence of mammography use among women aged 50 - 74 years.
Colorectal Cancer Screening	CDC PLACES	2021	Age-adjusted prevalence of fecal occult blood test, sigmoidoscopy, or colonoscopy among adults aged 50 -75 years.
Cervical Cancer Screening	CDC PLACES	2021	Age-adjusted prevalence of cervical cancer screening among women aged 21-65 years.
Asthma Prevalence	CDC PLACES	2021	Adults ages 18+ who were ever diagnosed with asthma by a doctor.
Chronic Obstructive Pulmonary Disease Prevalence	CDC PLACES	2021	Chronic obstructive pulmonary disease among adults aged >=18 years.
Asthma Hospitalizations Among Young Adults (PQI #15)	California Department of Health Care Access and Information	2021	Hospitalizations for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes hospitalizations with cystic fibrosis or anomalies of the respiratory system, obstetric hospitalizations, and transfers from other institutions.
Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (PQI #5)	California Department of Health Care Access and Information	2021	Hospitalizations with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older. Excludes hospitalizations with cystic fibrosis and anomalies of the respiratory system, obstetric hospitalizations, and transfers from other institutions.
Diabetes Prevalence	CDC PLACES	2021	Adults ages 18+ who were ever diagnosed with diabetes by a doctor.
Diabetes Short-term Complications Admission Rate (PQI #1)	California Department of Health Care Access and Information	2021	Hospitalizations for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older. Excludes obstetric hospitalizations and transfers from other institutions.

SECTION IV - CONTD.			
INDICATOR	**SOURCE**	**YEAR(S)**	**DESCRIPTION**
Diabetes Long-term Complications Admission Rate (PQI #3)	California Department of Health Care Access and Information	2021	Hospitalizations for a principal diagnosis of diabetes with long-term complications (renal, eye, neurological, circulatory, other specified, or unspecified) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.
Uncontrolled Diabetes Admission Rate (PQI #14)	California Department of Health Care Access and Information	2021	Hospitalizations for a principal diagnosis of uncontrolled diabetes without mention of short-term (ketoacidosis, hyperosmolarity, or coma) or long-term (renal, eye, neurological, circulatory, other specified, or unspecified) complications per 100,000 population, ages 18 years and older. Excludes obstetric hospitalizations and transfers from other institutions.
Lower-Extremity Amputation among Patients with Diabetes Rate (PQI #16)	California Department of Health Care Access and Information	2021	Hospitalizations for diabetes and a procedure of lower-extremity amputation (except toe amputations) per 100,000 population, ages 18 years and older. Excludes traumatic lower-extremity amputation hospitalizations, obstetric hospitalizations, and transfers from other institutions.
Heart Disease Prevalence	CDC PLACES	2021	Adults ages 18+ who were ever diagnosed with heart disease by a doctor.
Hypertension Prevalence	CDC PLACES	2021	Estimated prevalence of taking high blood pressure medication among adults aged 18 years and older with high blood pressure.
High Cholesterol Prevalence	CDC PLACES	2021	High cholesterol among adults aged >=18years who have been screened in the past 5 years.
Stroke Prevalence	CDC PLACES	2021	Stroke among adults aged >=18 years.
Blood Pressure Medication Adherence	CDC PLACES	2021	Estimated prevalence of taking high blood pressure medication among adults aged 18 years and older with high blood pressure.
Cholesterol Screening	CDC PLACES	2021	Estimated prevalence of cholesterol screening among adults aged 18 years and older.
Hypertension Admission Rate (PQI #7)	California Department of Health Care Access and Information	2021	Hospitalizations with a principal diagnosis of hypertension per 100,000 population, ages 18 years and older. Excludes hospitalizations with stage 1-4 or unspecified chronic kidney disease combined with a dialysis access procedure, hospitalizations for cardiac procedure, obstetric hospitalizations, and transfers from other institutions.

SECTION IV - CONTD.			
INDICATOR	**SOURCE**	**YEAR(S)**	**DESCRIPTION**
Heart Failure Admission Rate (PQI #8)	California Department of Health Care Access and Information	2021	Hospitalizations with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older. Excludes hospitalizations with cardiac procedure, obstetric hospitalizations, and transfers from other institutions.
Depression Prevalence	CDC PLACES	2021	Depression among adults aged >=18 years.
Drug Overdoses Deaths	California Department of Public Health (California Overdose Surveillance Dashboard)	2021	Deaths related to drugs overdose per 100,000 residents.
Drug-Related Overdose Inpatient Discharges	California Department of Public Health (California Overdose Surveillance Dashboard)	2021	Drug overdose hospitalizations caused by non-fatal acute poisonings due to the effects of drugs, regardless of intent (e.g., suicide, unintentional, or undetermined).
Drug-Related Overdose ED Visits	California Department of Public Health (California Overdose Surveillance Dashboard)	2021	Drug overdose emergency department visits caused by non-fatal acute poisonings due to the effects of drugs, regardless of intent (e.g., suicide, unintentional, or undetermined).
MAT Prescribing Rate	California Department of Public Health (California Overdose Surveillance Dashboard)	2021	Buprenorphine prescriptions per 1,000 residents by patient location.

For the CHNA data hub, visit: https://experience.arcgis.com/experience/68f967328bd248ef9695141099c38cb3/

APPENDIX B: Community Input

Key Informant Interviews

The Community Health Investment Department conducted 46 interviews with key community informants between May and October 2023. In addition to being orally administered the Community Well-being Survey, key informants were asked to discuss the following topics:

- the top health problems in the community they serve and obstacles to address them;
- the community strengths;
- prioritization and discussion of unmet health related needs in the community, including social determinants of health;
- suggestions for how to leverage community strengths to address community needs;
- successful community health initiatives and programs, and
- opportunities for collaboration between organizations to address health equity.

Limitations: While key informants were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a key informant. Multiple interviewers may affect the consistency in how the questions were asked. Multiple note-takers may affect the consistency and quality of notes across the different sessions. The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

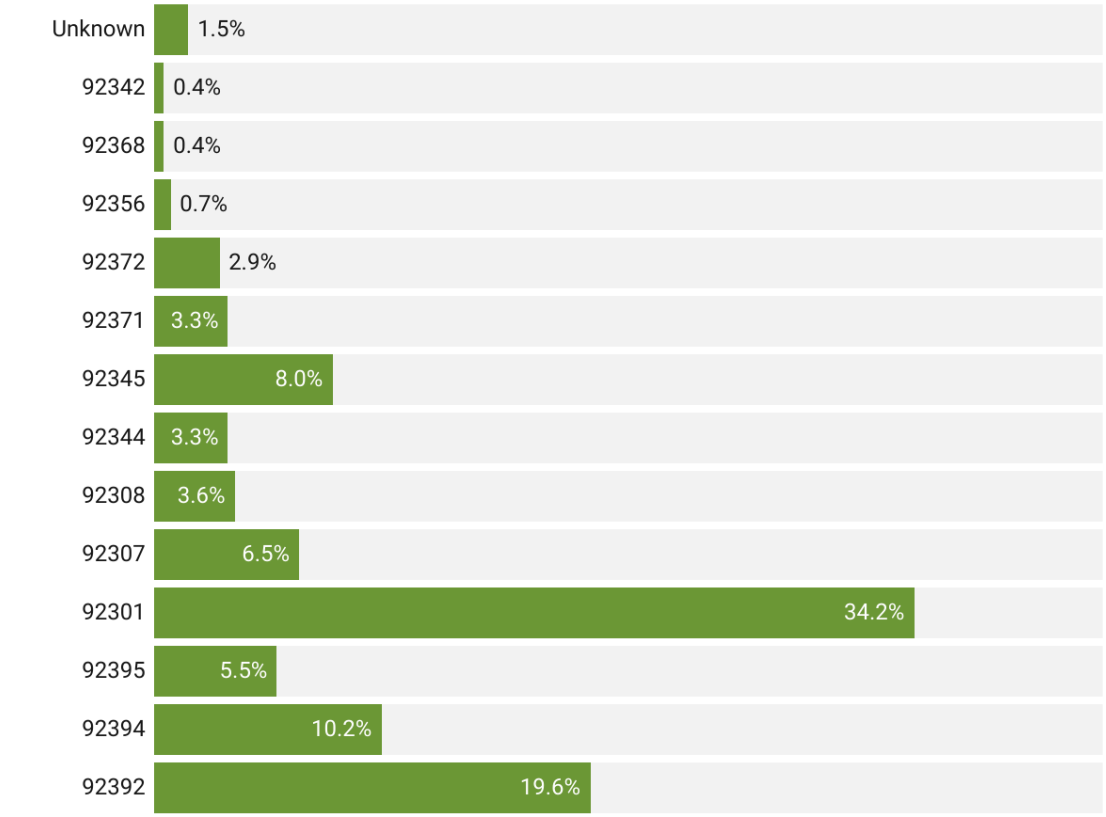
ORGANIZATION	NAME	TITLE	SECTOR
Institute for Public Health Strategies	Carolina Gabaldon	High Desert Regional Program Manager	Community Wellness (substance use)
High Desert Community Coalition		Chair	
Hesperia Unified School District	Dave Onley	Superintendent	Education
Rescue Mission Alliance - Victor Valley	Dawn Quigg	Director	Homeless Services
High Desert Food Collaborative		Chair	Food Access
Excelsior Charter Schools - Victorville	Derek King	Superintendent	Education
Snowline School District	Diego Ramirez	Social Worker	Education
Life Line Church of the High Desert	Elaine Richardson	Lead Pastor; Counselor	Religious
Victor Valley Church of Christ	Eric Cimuchowski	Involvement Minister	Religious
City of Adelanto	Gabriel Reyes	Mayor	Local Government
St. Jude Community Health Center	Gloria Peak	Director of Community Health Services	Health Care
Goodwill SoCal - Victorville	Elizabeth Hulsey	Regional Director	Workforce Development
	Israel Riley	Career Services Coordinator	
Family Assistance Center	Jodi Wood	Program Manager	Community Support Service
	Stephanie Pazarin	Program Manager	
San Bernardino County Equity Element Group	Phyliss Morris-Green	High Desert Element Group Representative	Local Government
Reimagining Our Communities of Millionaire Mind Kids		Chair	Community Wellness

ORGANIZATION	NAME	TITLE	SECTOR
California Health Collaborative	Tonya McCampbell	Program Manager, Black Infant Health	Community Wellness
	Debbie Todd	Advocate, Black Infant Health	
	Nichole Williams-Artry	Program Coordinator, Tobacco Control Program of SB County	
	Salena Thymes	Diversity & Inclusion Manager	
Town of Apple Valley	Scott Nassif	Mayor	Local Government
Victor Valley Family Resource Center	Sharon Green	CEO	Community Support Service
Higher Praise Tabernacle North		Pastor	Religious
SB County Homeless Provider Network		Chair	Homeless Services; Community Wellness
Symba Center	Shawn Smith	Executive Director	Health Care; Homeless Services
Rocking Our Disabilities	Christina Kennedy	Board President	Community Support Service
High Desert Second Chance		Executive Director	Food Access
Planned Parenthood-Victorville Health Center	Dr. Poulin	Provider	Health Care
	Nicole Ramirez	Senior VP Communications and Donor Relations	
SB County First District Supervisor - Paul Cook	Paul Marsh	Community Liaison	Local Government
Inland Empire Health Plan (IEHP), Young Visionary Youth Leadership Academy	Jennifer Rosales	Administrative Manager, IHEP Resource Center-Victorville	Health Care; Community Support Service
St. John of God Healthcare Services	Nia Casselman	Executive Director	Health Care - Substance Use
San Bernadino County Department of Health	Paula DeSilva	Program Manager	Public Health
El Sol Neighborhood Education Center	Alex Fajardo	Executive Director	Community Wellness
Kingdom Hall of Jehovah's Witness	Leo Avina	Faith Leader	Faith Leader
Calvary Chapel Apple Valley	Andrew Fergudon	Faith Leader	Religious
	Christian Berman		
Victor Valley Christian Church	Lisa Falcetti	Faith Leader	Faith Leader
Our Lady of the Desert	Andrea Mendoza	Faith Leader	Faith Leader
St Hilary's Episcopal Church	Father Jon	Faith Leader	Faith Leader
High Desert Church	Tim Sevilla	Faith Leader	Faith Leader
Desert Communities United Way	Kim Star	President/CEO	Community Support Service
Life Point Baptist Church	Kit Johnson	Senior Pastor	Religious

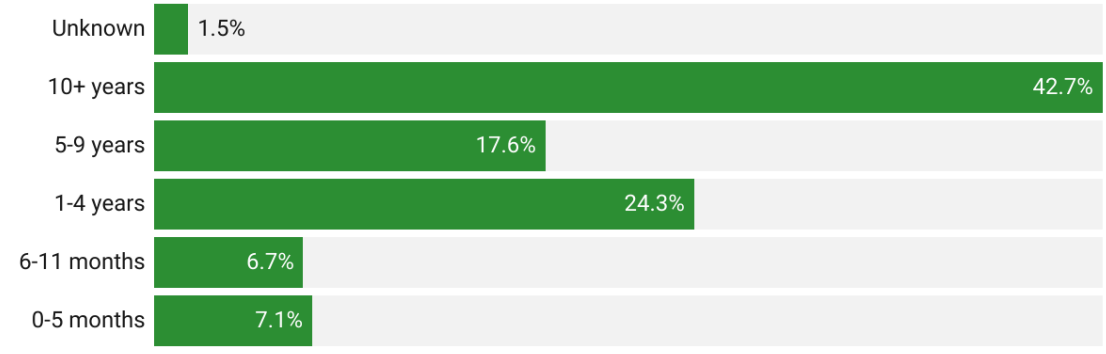
ORGANIZATION	NAME	TITLE	SECTOR
Life Point Baptist Church	Kit Johnson	Senior Pastor	Religious
Azusa Pacific University	Lydia Garcia	Nursing Program Instructor	Education
First5 SB County	Marcela Rede	Nurturing Families Program Coordinator/Health Educator	Community Support Service
Mourning Sun Children's Foundation	Marlo Cales	Executive Director	Community Support Service
Mountain Desert Career Pathways	Matt Wells	Director	Education
City of Victorville - Homeless Solutions; San Bernardino County Homeless Partnership	Netti Jackson	Program Manager	Local Government
	William Lamas	Coordinator	Local Government
San Bernardino County Department of Public Health	Robert Gonzales, Daniel Sihombing, Alejandra Sanchez	CalFresh Program Managers, Immunization Director	Public Health

2023 Community Well-being Survey Results

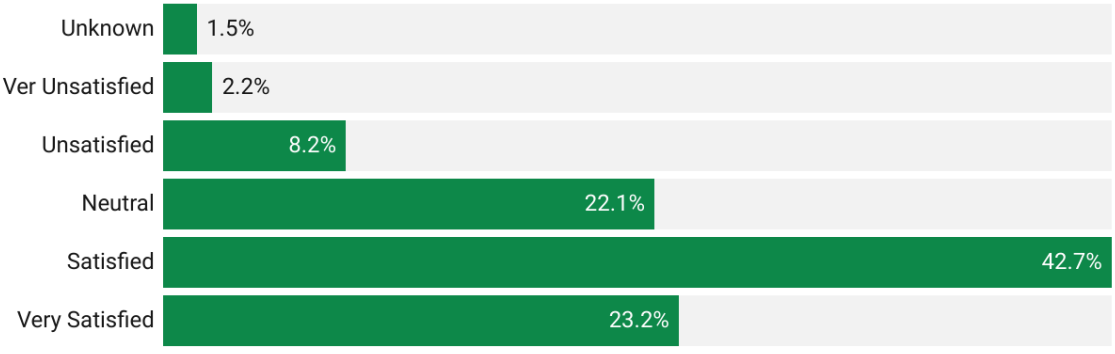
Q1: What is you zip code?



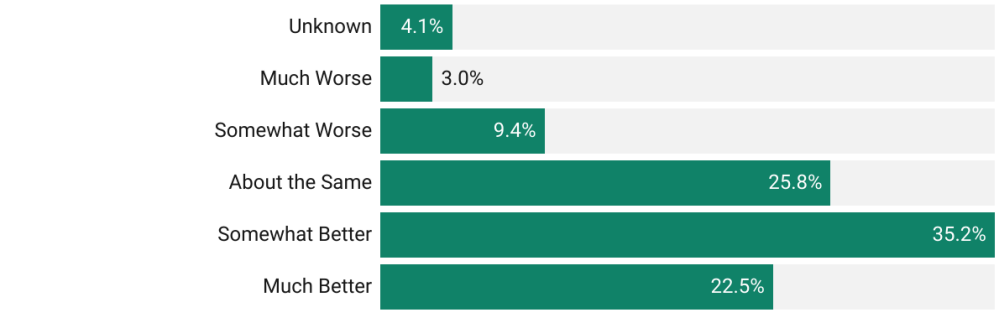
Q2: How long have you lived/worked in your community?



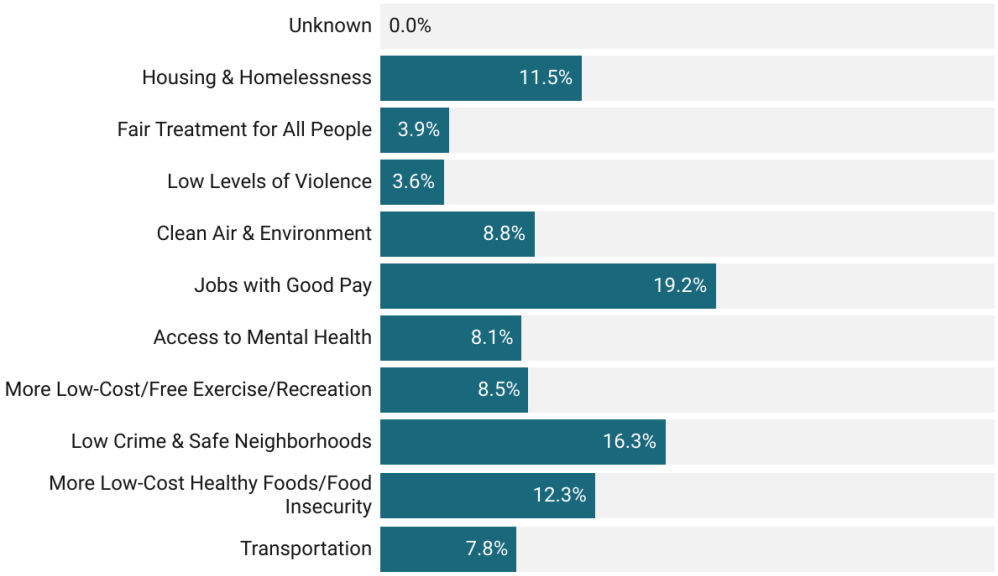
Q3: How satisfied are you with the community where you work/live?



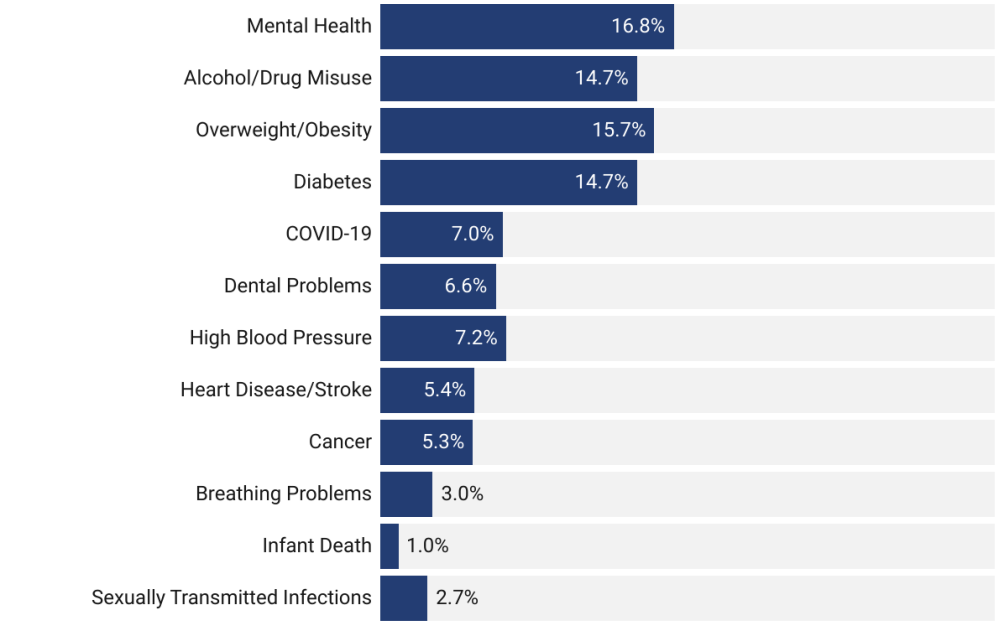
Q4: As a place to live/work, is the community you live in getting:



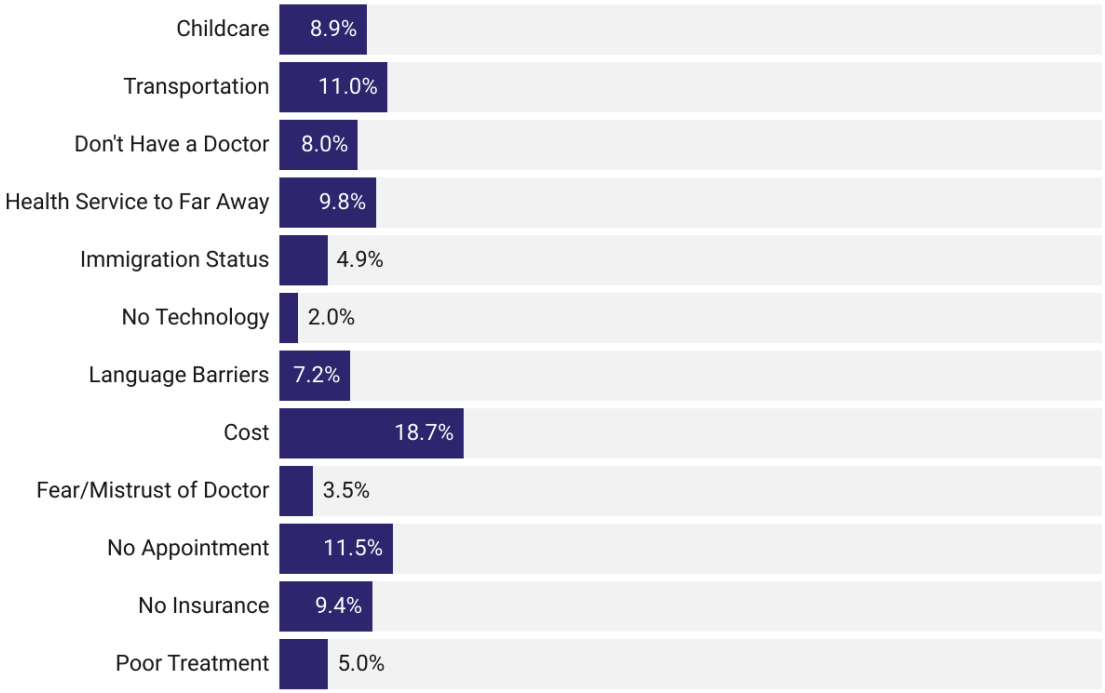
Q5: What are the three(3) things most important to improve the health and well-being of people where you live/work?



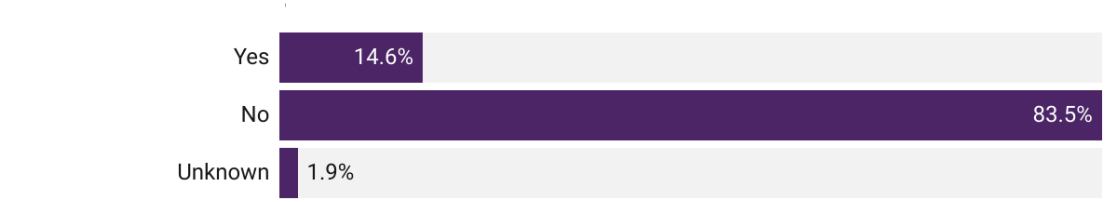
Q6: What do you believe are the most important "health problems" in our community?



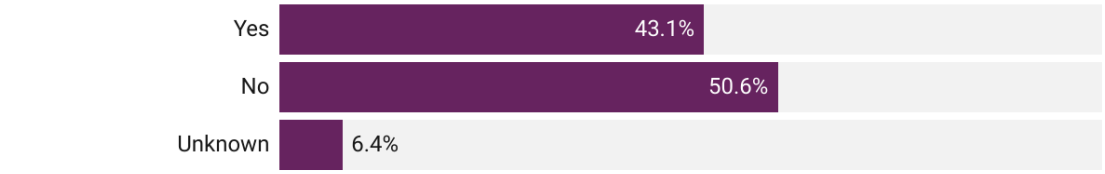
Q7: What do you believe are the three(3) most important reasons people do not get or delayed getting medical care when needed in your community?



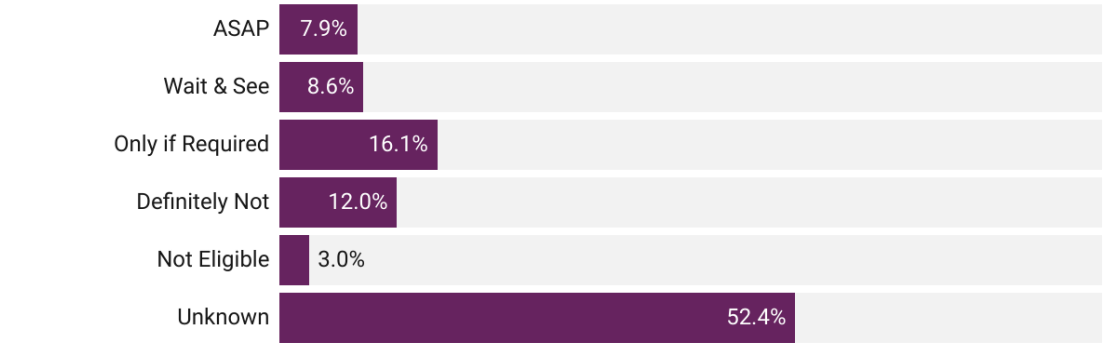
Q8: Do you know about St. Mary's financial assistance program?



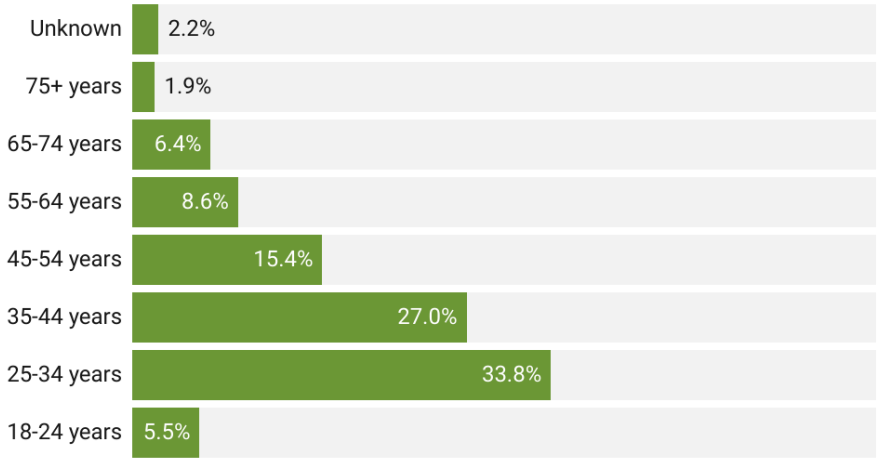
Q9: Have you received an initial COVID vaccination?



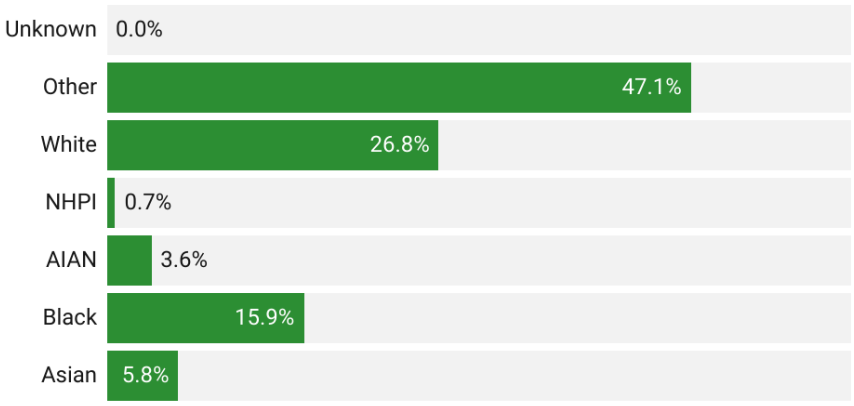
Q9a: How likely are you to receive a COVID vaccine booster?



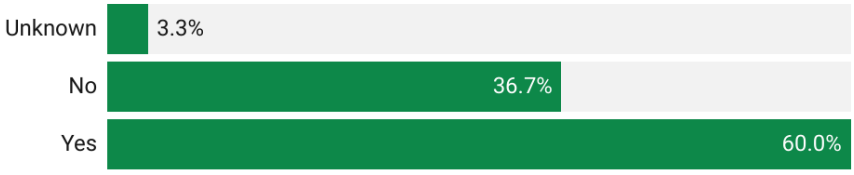
Q10: Your age:



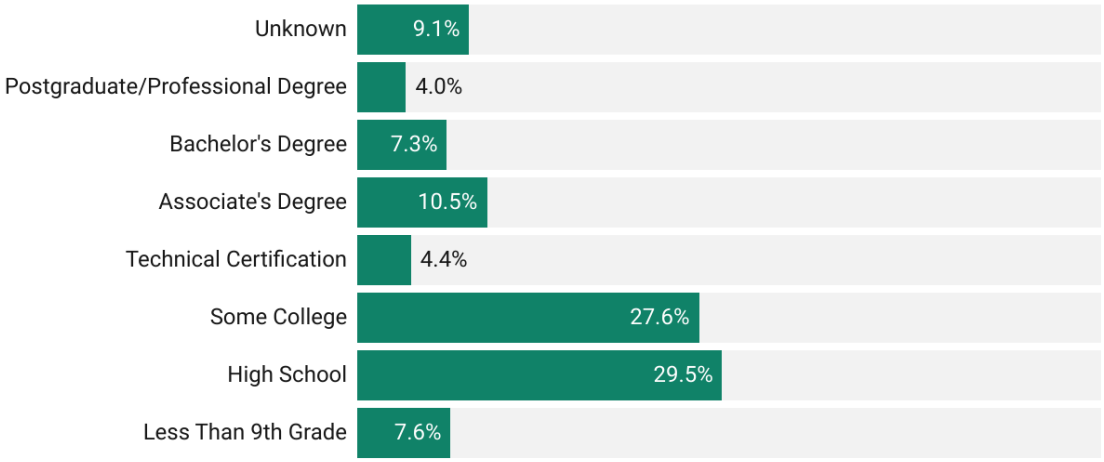
Q11: Your race:



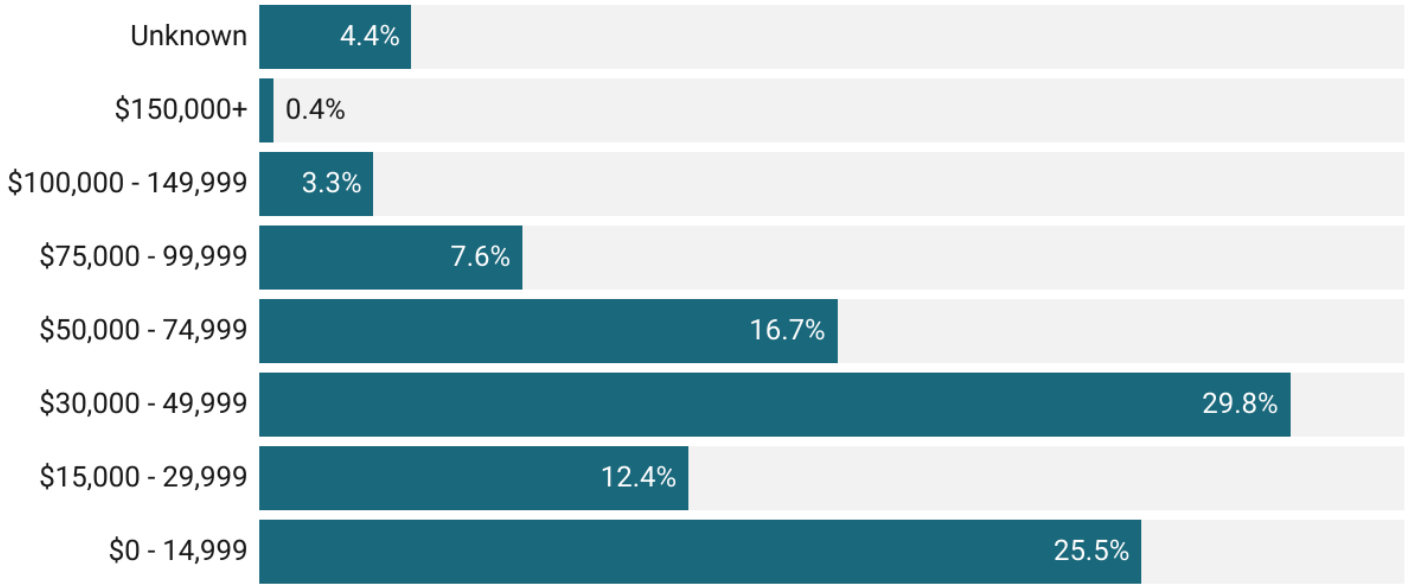
Q12: Are you of Hispanic, Latino, or Spanish origin?



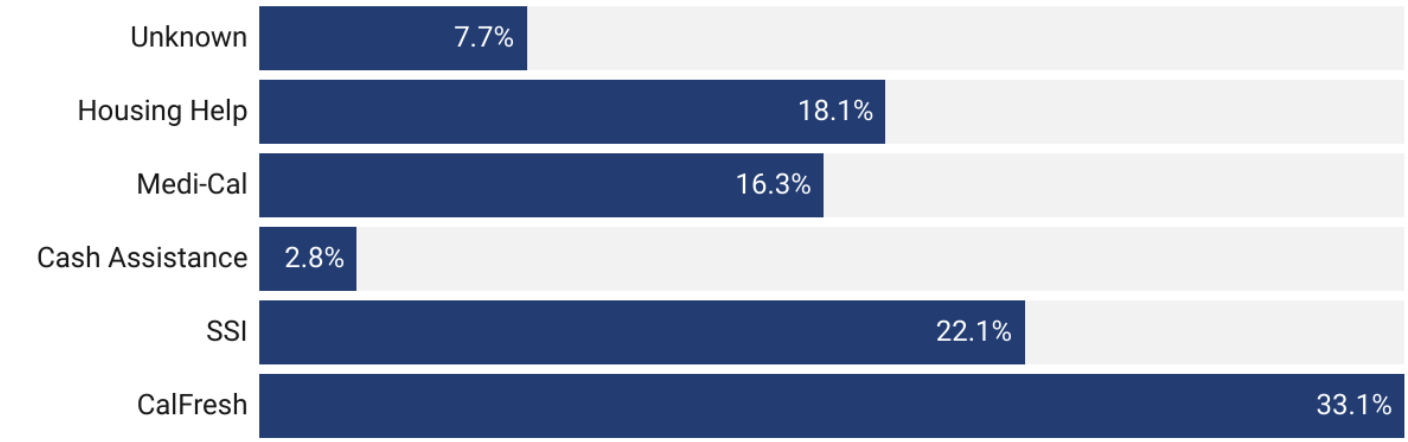
Q13: What is your highest level of education completed?



Q14: What was your household income in 2022?



Q15: Do you receive any of the following:



APPENDIX C: Hanlon Method Overview

Step-by-Step Instructions

1. Rate against specified criteria – Once a list of health problems has been seriousness of health problem, and perceived community importance. It is important to remember that this step requires the collection of baseline data from the community such as from a community health assessment. The table below illustrates an example numerical rating system for rating health problems against the criteria.

The Hanlon Method: Sample Criteria Rating			
Rating	**Size of Health Problem** *(% of population w/health problem)*	**Seriousness of Health Problem***	**Perceived Community Importance**
9 or 10	>25% (STDs)	Very serious (e.g. HIV/AIDS)	>20.1%
7 or 8	10% - 24.9%	Relatively Serious	15.1 - 20%
5 or 6	1% - 9.9%	Serious	10.1 - 15%
3 or 4	.1% - .9%	Moderately Serious	5.1 - 10%
1 or 2	.01% - .09%	Relatively Not Serious	0.1 - 5%
0	< .01% (Meningococcal Meningitis)	Not Serious (teen acne)	<0%
Guiding considerations when ranking health problems against the 3 criteria	Size of health problem should be based on baseline data collected from the individual community	Does it require immediate attention? • Is there public demand? • What is the economic impact? • What is the impact on quality of life? • Is there a high hospitalization rate?	Determine upper and low measures of community importance and rate health problems relative to those limits.

* Health disparities identified were also taken into account when determining the health problem's seriousness.

2. **Calculate priority scores** – Based on the three criteria rankings assigned to each health problem in Step 1 of the Hanlon Method, calculate the priority scores using the following formula:

   D = [A + (2 x B)] x C

   Where: D = Priority Score

   A = Size of health problem ranking

   B = Seriousness of health problem ranking

   C = Perceived community importance ranking

3. **Rank the health problems** – Based on the priority scores calculated in Step 2 of the Hanlon Method, assign ranks to the health problems with the highest priority score receiving a rank of '1,' the next high priority score receiving a rank of '2,' and so on.

APPENDIX D: Available Resources to Address Priority Health Needs

Providence St. Mary Medical Center cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across key informants, coupled with community engagement. Below outlines a list of community resources potentially available to address identified community needs (i.e., access to care, behavioral health, and chronic disease prevention and treatment).

ACCESS TO CARE & CHRONIC DISEASE PREVENTION/TREATMENT		
ORGANIZATION/PROGRAM	**DESCRIPTION OF PROGRAMS/SERVICES**	**LOCATION(S)**
St. Jude Neighborhood Health Center (AKA. St. Mary Health Centers)	A Federally Qualified Health Center that provides comprehensive medical care and dental services.	**Adelanto** (11424 Chamberlain Way #9, Adelanto, CA 92301), **Apple Valley** (18077 Outer Hwy 18 S # 100, Apple Valley, CA 92307) and **Hesperia** (17071 Main St, Hesperia, CA 92345)
Unicare Community Health Center	A Federally Qualified Health Center that provides comprehensive medical care, dental, and optometry services.	**Apple Valley** (15863 Kasota Road Apple Valley, CA, 92307) and **Hesperia** (11919 Hesperia Rd. Hesperia, CA, 92345-2158)
Mission City Community Network	A Federally Qualified Health Center that provides comprehensive behavioral health, chiropractic, dental, medical care, optometry and podiatry services.	**Victorville** (15201 11st Street STE 300 Victorville, CA, 92395; 14357 Seventh St. Victorville, CA, 92395)
Hesperia Health Center - County of San Bernardino County	A Federally Qualified Health Center that provides comprehensive medical care and dental services.	16453 Bear Valley Rd Hesperia, CA, 92345
Tri-State Community Health Center	A Federally Qualified Health Center that provides comprehensive behavioral health, dental, medical care, and podiatry services.	**Adelanto** (11328, 11499, and 11888 Bartlett Ave Adelanto, CA, 92301)
Adelanto Community Health Center —County of San Bernardino County	A Federally Qualified Health Center that provides comprehensive medical care.	11336 Bartlett Ave Adelanto, CA, 92301
BEHAVIORAL HEALTH		
ORGANIZATION/PROGRAM	**DESCRIPTION OF PROGRAMS/SERVICES**	**LOCATION(S)**
Mission City Community Network	A Federally Qualified Health Center that provides comprehensive behavioral health, chiropractic, dental, medical care, optometry and podiatry services.	**Victorville** (15201 11st Street STE 300 Victorville, CA, 92395; 14357 Seventh St. Victorville, CA, 92395)
Tri-State Community Health Center	A Federally Qualified Health Center that provides comprehensive behavioral health, dental, medical care, and podiatry services.	**Adelanto** (11328, 11499, and 11888 Bartlett Ave Adelanto, CA, 92301)
High Desert Child, Adolescent & Family Services Center	Outpatient treatment program that provides alcohol and drug-related individual and group counseling, individualized treatment planning and case management to prevent relapse and support recovery.	16248 Victor St., Victorville 92395

BEHAVIORAL HEALTH		
ORGANIZATION/PROGRAM	**DESCRIPTION OF PROGRAMS/SERVICES**	**LOCATION(S)**
Aegis Treatment Centers	Medication assisted treatment for opioid substance use disorders, offering medical evaluation, and counseling services	11776 Mariposa Rd., Ste. 103, Hesperia 92345
Department of Behavioral Health —San Bernadino County	Services include crisis intervention, assessment, referral, individual/group therapy, medication support, and case management. Outpatient clinics serve children, youth, adults and older adults.	**Apple Valley** (18818 Outer Hwy 18 N, Apple Valley, CA 92307) and **Victorville** (12625 Hesperia Rd, Victorville, CA 92395)
Valley Star Crisis Walk-in Center	Urgent mental health center for individuals of all ages. Services are voluntary and may include crisis intervention, crisis risk assessments, medications, and when necessary, evaluations for hospitalization, when necessary. Open 24 hours a day, 365 days a year, including holidays.	12240 Hesperia Rd., Suite A, Victorville, CA 92395
Family Services Agency	Services include crisis intervention, assessment, referral, individual/group therapy, medication support, and case management. Outpatient clinics serve children, youth, adults and older adults.	11424 Chamberlaine Way, Ste. 11-12, Adelanto, CA 92301
Victor Community Support Services	Services include crisis intervention, assessment, referral, individual/group therapy, medication support, and case management. Outpatient clinics serve children, youth, adults and older adults.	15095 Amargosa Rd., Ste. 201, Victorville, CA 92394
Serenity Clubhouse	Peer-Run Support Centers for individuals managing their behavioral health. Services include support groups, social activities, community connection opportunities and other wellness services. Individuals may or may not be accessing clinical services.	12625 Hesperia Rd., Ste. B, Victorville, CA 92395
A Place to Go Clubhouse	Peer-Run Support Centers for individuals managing their behavioral health. Services include support groups, social activities, community connection opportunities and other wellness services. Individuals may or may not be accessing clinical services.	32770 Old Woman Springs Rd., Ste. B, Lucerne Valley, CA 92356
Desert Hill Center	A 16-bed residential mental health treatment centers for individuals, age 18 to 59, who are experiencing an acute psychiatric episode or crisis. Services are voluntary and may last up to 90 days. Open 24 hours a day, 365 days a year, including holidays	16552 Sunhill Dr., Victorville, CA 92395

APPENDIX E: Definition of Terms

AIAN: American Indian and Alaska Native

API: Asian Pacific Islander

CHIP: Community Health Improvement Plan

CHNA: Community Health Needs Assessment

Community Members: Refers to both community members and key informants

Community Well-Being Survey: Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions. ***Source:*** CHA Assessing and Addressing Community Need, 2015 Edition II

CT: Census tract

HRSA: Health Resources and Services Administration

Incidence: The number of cases of disease having their onset during a prescribed period of time. ***Source:*** https://www.cdc.gov/nchs/hus/sources-definitions/incidence.htm

Late-stage diagnosis: A term used to describe cancer that is far along in its growth and has spread to the lymph nodes or other places in the body. The risk factors are described for other cancer types, outside of the priority cancers previously described, that are most common for late-stage diagnosis. ***Source:*** https://dph.illinois.gov/topics-services/diseases-and-conditions/cancer/2022-2027-illinois-comprehensive-cancer-control-plan/cancer-burden-illinois/other-cancers.html#:~:text=Late%2Dstage%20diagnosis%20is%20a,common%20for%20late%2Dstage%20diagnosis.

Latinx: Refers to individuals of Hispanic or Latino descent.

Medically Underserved Populations Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers. ***Source:*** https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3

NHPI: Native Hawaiian and Pacific Islander

SA: Service Area

Yrs.: Years

USDA: United States Department of Agriculture

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