

# Community Health Needs Assessment



**Adopted: June 2016**

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San Luis Obispo Council of Governments

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San Luis Obispo Ombudsman

Transition Mental Health Association

## Executive Summary

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by French Hospital Medical Center (FHMC). The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act and California Senate Bill 697 that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

FHMC is situated on 15-acres at 1911 Johnson Avenue in the City of San Luis Obispo (SLO), California and has a long and rich history of serving the needs of the community since it was founded in 1946, and joined Dignity Health in 2004. The primary service area encompasses the communities of the City of San Luis Obispo, Atascadero, Templeton, Morro Bay, Los Osos, and Paso Robles. This service area is home to approximately 180,000 individuals of which approximately 71% consider themselves Caucasian and 20% consider themselves Hispanic or Latino(a).

FHMC's primary service area is unique due to its location on the Central Coast, the vast unincorporated areas, and the striking natural beauty. Behind the striking natural beauty are communities that may be isolated geographically from healthcare services, or may host one of the 1,000 homeless individuals in the area, or home to one of the underrepresented individuals residing in poverty working in the shadows of the agriculture or retail industry.

This CHNA was completed through a compilation of primary and secondary data sources, including an original health needs assessment survey, key stakeholder focus groups, as well as established secondary public health statistics and U.S. Census data. The health needs assessment survey aimed to gain a thorough understanding of the medically underserved, low-income and minority populations living in FHMC's primary service area. The survey was completed by 416 individuals from FHMC's primary service area at locations that were selected based on the perception of being able to encounter our medically underserved, low-income and minority populations.

Throughout the CHNA process, a prioritized list of significant health needs was identified during primary and secondary data evaluation, including:

1. Access to healthcare including access to behavioral health;
2. Homelessness;
3. Cancer screenings; and,
4. Cardiovascular disease and stroke.

While potential resources are available to address the identified needs of the community, the needs are too significant for any one organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local

business leaders and other institutions. One of the purposes of the Affordable Care Act was to engage healthcare systems to begin to embrace their community's wellness and go beyond the four walls of the hospital.

The Parable of the Good Samaritan encourages us to compassionately embrace and care for our community, or "our neighbor." The Gospel of Luke 10:25-37 identifies the most important commandment, stating, "*He answered, 'Love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind'; and, 'Love your neighbor as yourself.'*"

Maintaining respect for the value and worth of each person, while embracing our neighbor and loving them as we love our self, is rooted in Dignity Health's values. If we don't love our neighbor as our self, but rather leave their care for other's to manage, we are not fulfilling our obligation as a community healthcare provider.

This CHNA report was adopted by the FHMC community board in June 2016. This report is widely available to the public on the hospital's web site, and a paper copy is available for inspection upon request at FHMC Community Health Office. Written comments on this report can be submitted to FHMC Community Benefits/Outreach Coordinator at 1911 Johnson Avenue in San Luis Obispo or you may request a copy by email to [CHNA-CCSAN@DignityHealth.org](mailto:CHNA-CCSAN@DignityHealth.org).

## Assessment Purpose and Organizational Commitment

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Dignity Health's French Hospital Medical Center (FHMC). The priorities identified in this report will help guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act and California Senate Bill 697 that not-for-profit hospitals conduct a CHNA at least once every three years.

Rooted in Dignity Health's mission, vision and values, FHMC is dedicated to delivering community benefit with the engagement of its management team, Community Board and Community Benefit Committee. The Board and Committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

### Our Mission

Dignity Health is committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brother who are poor and disenfranchised; and,
- Partnering with others in the community to improve the quality of life.

### Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

### Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

***Dignity*** – Respecting the inherent value and worth of each person.

***Collaboration*** – Working together with people who support common values and vision to achieve shared goals.

***Justice*** – Advocating for social change and acting in ways that promote respect for all persons.

***Stewardship*** – Cultivating the resources entrusted to us to promote healing and wholeness.

***Excellence*** – Exceeding expectation through teamwork and innovation.



## Community Definition

The primary service area for FHMC encompasses the areas of San Luis Obispo (93401, 93405), Atascadero (93422), Templeton (93465), Morro Bay (93442), Los Osos (93402), Cambria (93428) and Paso Robles (93446). The overall service area for FHMC extends from the City of San Luis Obispo to the east, north, and west reaching into the unincorporated areas of San Luis Obispo County. FHMC's primary service area covers a large area, including approximately 35-miles between FHMC and the furthest service area locations to the north and northwest. The City of San Luis Obispo is the largest city within FHMC's primary service area and aside from the other incorporated areas within the service area mentioned above the remainder of the area is either agricultural land or open space.

The City of San Luis Obispo is home to approximately 45,000 individuals, with the entire FHMC primary service area serving approximately 180,000 individuals. Approximately 71% of the individuals residing in the FHMC service area consider themselves Caucasian, with 20% considering themselves Hispanic or Latino(a). Overall, approximately 1 in 5 individuals in the FHMC primary service area reside in poverty although 89% have a high school degree or equivalent. The youth population (under age 18) residing within the FHMC primary service area is 17%, and a similar 15% represent those 65 years of age and over.<sup>1</sup>

U.S. Census data was obtained through use of ZIP Codes to ensure that the larger unincorporated areas were included. In San Luis Obispo (and North San Luis Obispo) specifically, those residing in ZIP Codes 93401 and 93405 have the largest young adult population (attributed to the local university), as well as the highest poverty level. Overall, 20.7% and 42.3% of individuals residing in 93401 and 93405, respectively, are living in poverty exceeding state (16.4%) and national (15.6%) poverty rates. In addition, the largest Hispanic or Latino(a) population of approximately 13,900 individuals reside in Paso Robles (93446). The City of San Luis Obispo (93401, 93405) is home to approximately 10,250 individuals who identify themselves as Hispanic or Latino(a). The 2015 Homeless Point-in-Time Report for San Luis Obispo County documented a total of 1,257 of unsheltered and sheltered individuals in North County (Atascadero, Paso Robles, San Miguel, and Templeton), Coastal Areas (Cambria, Cayucos, Los Osos, and Morro Bay), and the City of San Luis Obispo.<sup>2</sup>

In addition to the residents captured by the U.S. Census discussed above, the FHMC primary service area attracts a farm-worker population drawn to work in the fields. There is no known current estimate for the number of indigenous-Indians from the states of Oaxaca and Guerrero in Mexico, many of whom are monolingual in one of the native Mixteco and/or Zapotec languages.

Additional information and a tabular summary of U.S. Census data can be found in Appendix A.

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<sup>1</sup> U.S. Census Bureau (2016). *State and County Quick Facts*. Last revised December 2015. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

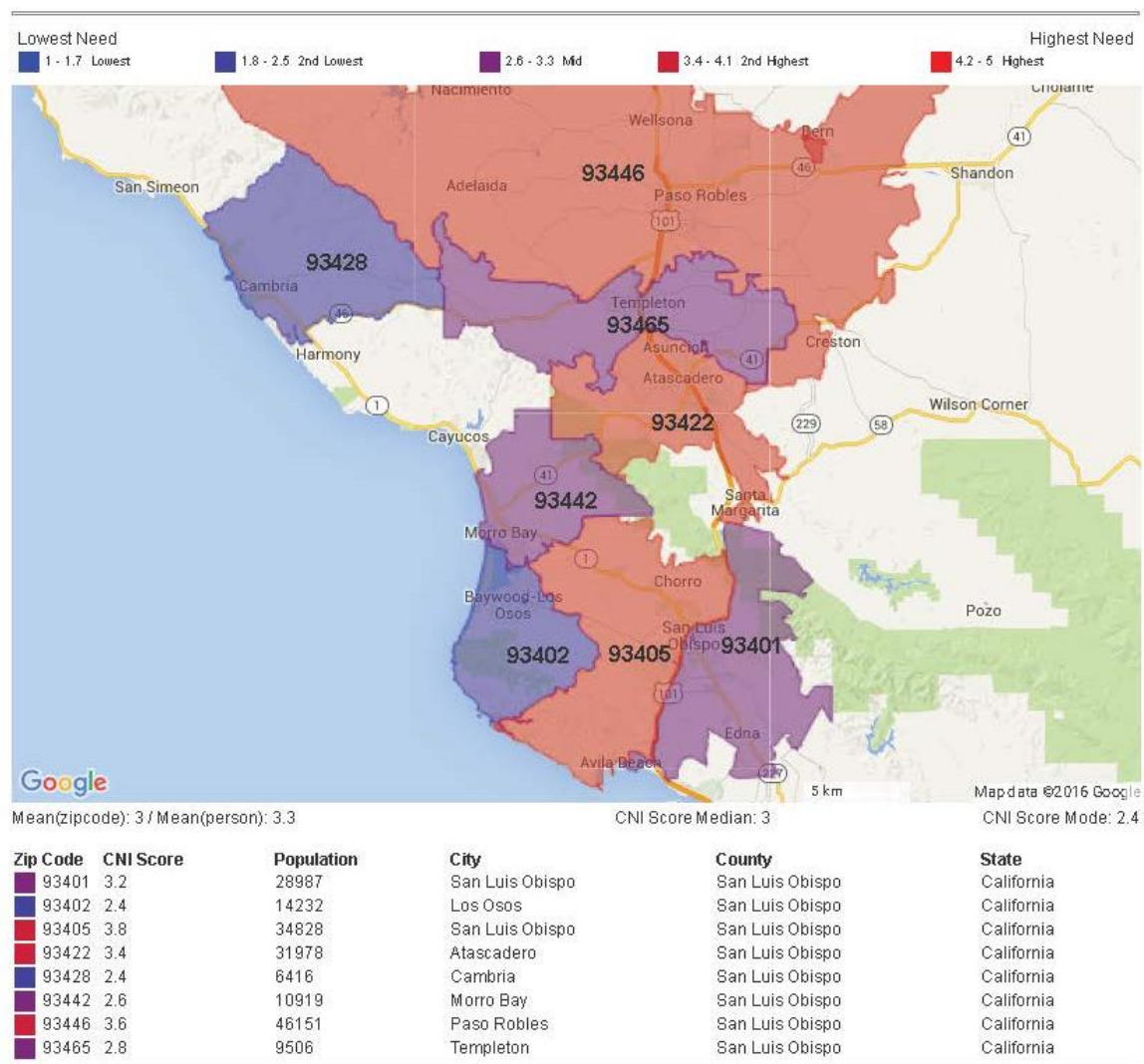
<sup>2</sup> Applied Survey Research (2015). *San Luis Obispo County Homeless Point-In-Time Census and Survey Comprehensive Report 2015*.



## Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the ZIP Code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each ZIP Code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores. CNI scores for the FHMC primary service area range from a high of 3.8 in San Luis Obispo (93405) to a low of 2.4 in Los Osos (93402). The following Figure 1 depicts the CNI scores for FHMC service area.

Figure 1. *Truven Analytical Community Need Index*



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## Assessment Process and Methods

This CHNA was completed through a compilation of primary and secondary data sources, including an original health needs assessment survey, key stakeholder focus groups, as well as established secondary public health statistics and U.S. Census data. Each data source and the process utilized for assessment and collection is described in the following subsections.

### Primary Data Sources

Primary data can be explained as information collected by the institution. In the case of this CHNA, FHMC collected information and analyzed it, in an effort to gain a thorough understanding of the medically underserved, low-income and minority populations most often served.

### Health Behavior Survey

An original health behavior survey was developed based upon select questions from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System Survey Questionnaire (BRFSS), previous CHNAs prepared by Dignity Health, and input provided by those representing community benefit/outreach activities at FHMC. The final survey contained a total of 44 questions and was made available in both Spanish and English. A copy of the survey is provided as Appendix B.

This CHNA was completed using secondary demographics, as described above, and an original health survey aimed to capture the health status of the medically underserved, low income, and minority populations living in each primary service area. The original health survey was completed by 448 individuals. Based upon the total population of 179,722 in FHMC service area at least 384 completed surveys were necessary from each service area to constitute a representative sample.<sup>3</sup> Using a convenience sampling (non-probability) approach, locations were selected based on the perception of being able to encounter our medically underserved, low-income and minority populations (age 18 and older).

Between July 12, 2015 and August 28, 2015, 448 health surveys were collected from adults at 20 different locations, including churches, senior housing centers, homeless shelters, schools, and housing authority locations in the FHMC service area. The complete list of surveyed locations is provided in Appendix C. Permission was requested from proper authority prior to collecting any community health surveys at each location.

Survey participants were informed that the survey was available in Spanish and English; was completely anonymous; did not ask their name, address, or telephone number; would take about five to ten minutes of their time; and that results of the survey would help FHMC better understand the community needs and potentially increase services in the community. Surveys

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<sup>3</sup> Krejcie RV, Morgan DW (1970). Determining sample size for research activities. *Educational and Psychological Measurement*, 30, 607-610.

were either self-completed or, if the participant did not possess the necessary literacy skills, a FHMC employee or volunteer privately conducted a one-on-one interview with the participant in either English or Spanish.

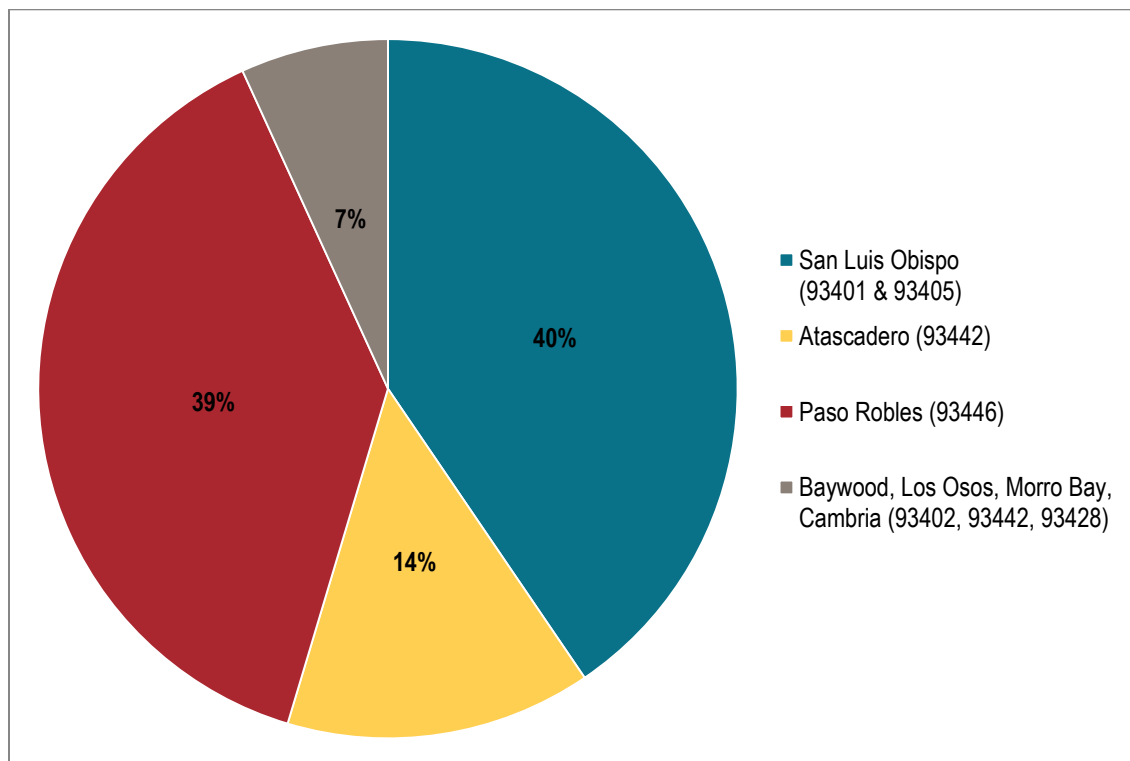
### Health Behavior Survey Analysis

The community health surveys collected were interpreted by coding the survey responses and compiling into an Excel spreadsheet. The compiled data was then reviewed for accuracy and input into the statistical database SPSS (Version 21.0). The dataset used for analysis contained 416 health behavior surveys that were at least 70% complete, resided within FHMC’s primary service area, and an age 18 and older. Surveys were excluded from the dataset that did not meet these requirements.

Survey responses were analyzed using descriptive statistics (frequencies, percentages, means, modes, and standard deviations). Survey responses were analyzed as compared to various independent variables including, place of residence, educational attainment, race/origin, and age. Survey participants’ responses for their place of residence were grouped due to low cell size and low community populations to maintain anonymity. Also, age responses were placed into age brackets based on their reported age for ease in analysis.

A breakout of survey participants’ place of residence is displayed as the following Figure 2.

Figure 2. *Health Survey Participants’ Place of Residence*



## **Community Stakeholder Focus Groups**

In addition to our health behavior survey, a community stakeholder focus group was held at the FHMC campus. Over 60 individuals from known community organizations were invited via email requesting they participate in a focus group. All known community organizations with an active presence in health care or social services in FHMC's primary service area were invited to participate.

The community stakeholder focus group was held on December 7, 2015 at FHMC campus. The focus group was attended by ten key informants including, health professionals, social service providers, and other community leaders. Participants included individuals who work with low-income, minority, or medically underserved populations. The nominal group process was used to ask the key informants the following set of questions:

- In your role, what are the top two challenges facing our community?
- What are the communities' weaknesses and how can we overcome obstacles we may face?
- What are our communities' strengths or what is working well today?

The responses to these questions as well as the attendees can be found in Appendix D.

## **Public Health Department**

FHMC approached the San Luis Obispo Public Health Department (SLOPHD) in May and June 2015 regarding the community health survey FHMC was undertaking, and to solicit the Department's input as a collaborative partner through the process.

SLOPHD and FHMC are collaborative partners in the ACTION for Healthier Communities coalition, which also undertakes a community survey and contains health components but has other community related questions. It was decided due to the currently non-aligned timing of the ACTION for Healthier Communities and FHMC CHNA that: 1) a closer collaboration will be instituted in advance of the next CHNA cycle, including mutual participation on local CHNA committees, and 2) FHMC will share its 2016 community health survey and overall CHNA results with SLOPH and ACTION for Healthier Communities.

## **Written Comments FHMC CHNA June 2013**

There were no known written comments received on the last CHNA and Implementation Strategy prepared and adopted in June 2013.

## **Secondary Data Sources**

As previously discussed, many questions in the community health survey were based upon a secondary data source, the CDCs BRFSS. A secondary data source is information that has been collected by others, is typically readily available, and is inexpensive to obtain. However, many times secondary data covers a population from a larger geographic area than the area being

analyzed, such as state or national level. While secondary data has typically been statistically validated, it may have been collected several years prior to actual publishing.

This CHNA utilized the following secondary data sources and where possible was compared directly to data collected during the community health survey providing a comparison of service area data to county, state, or national levels:

- Center for Disease Control Behavioral Risk Factor Surveillance System
- California Department of Public Health
- Healthcare Utilization Data
- Healthy People 2020
- Prevention Quality Indicators
- U.S. Census

Based on the multitude of primary and secondary data sources evaluated and considered, there appears to be no evidence of information gaps that limit the ability of this CHNA to assess the community's health needs. The assembled data, information, and analyses provide a comprehensive identification and description of significant community health needs.

## Assessment Data and Findings

The health and well-being of a population is impacted by many factors beyond the reach of an individual's decision-making ability and health/healthcare. Although health begins at home, complex, integrated, and overlapping factors affect an individuals' health, functioning, and quality of life outcomes and risks.<sup>4</sup> These factors include health behaviors, health care, social and economic environment, and physical environment. Access to care, quality of care, education, employment, income, and crime are equally important. The relationship between how population groups experience "place" and the impact of a "place" on health is fundamental in assessing a community and are known as the social determinants of health. Researchers suggest that between 10% and 25% of your health status is determined by the medical care you receive. While genetics play a role, our lifestyle choices coupled with the other social determinants of health account for the remainder of health outcomes.<sup>5</sup>

As previously mentioned, the primary data source for this CHNA was a community health survey designed to gain a perspective of each individual's social determinants as well as their health behavior and health conditions. The community health survey questions have been categorized and will be presented based upon similar indicators of health and compared to secondary data sources. In addition, qualitative data collected during the nominal group process will be included.

The community health survey results to each question for FHMC are provided as Appendix E.

### Survey Participants

The community health survey was completed by 416 participants from FHMC primary service area ranging from 18 to 93 years of age. The average age of the FHMC survey participant was 49 and 62.5% (n=252) of the survey participants were female. The average age of survey participants ranged from 43.7 in Paso Robles to 63.3 in Baywood, Los Osos, Morro Bay, and Cambria group. Overall, 21.4% (n=89) of those completing a community health survey were aged 66 or older and primarily Caucasian.

When survey participants were asked about their race or origin, almost half identified themselves as Caucasian (n=206, 49.9%), 39.5% (n=163) identified themselves as Hispanic or Latino(a), and 5.5% (n=23) identified themselves as either Indigenous Indian (from Oaxaca or Guerrero) or American Indian. Lastly, 5.1% (n=21) identified other races or origins including, Asian, Black or African American, or Native Hawaiian or Pacific Islander.

Educational attainment varies depending on the survey participants' race/ethnicity and place of residence. Just over a quarter of all survey participants have not received a high school diploma (n=116, 28.3%) and similarly, approximately 11.4% (n=45) of all community survey participants

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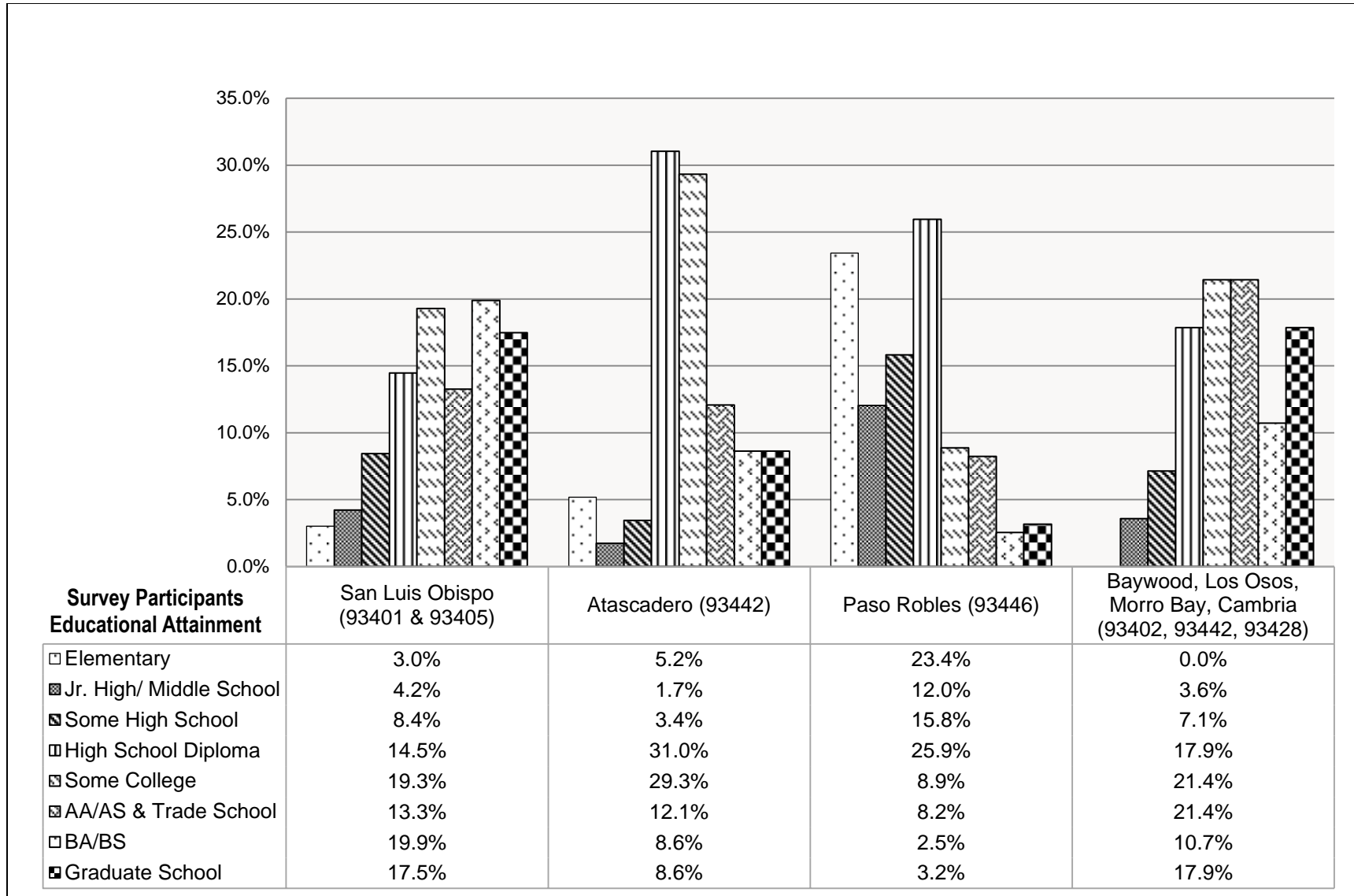
<sup>4</sup> World Health Organization, 2016. Retrieved from [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/).

<sup>5</sup> Booske, B., Athens, J., et al. *County Health Rankings Working Paper, Different Perspectives For Assigning Weights to Determinants of Health, February 2010*. University of Wisconsin Population Health Institute, 2016.



reported they have an elementary education or less. Further evaluation of these facts reveal that overall, Hispanic or Latino(a) and Indigenous Indian survey participants are the least educated, with 58.9% (n=99) reporting they have not attained a high school diploma. In addition, the 45 survey participants with an elementary education or less, almost all (n=43) identified themselves as Hispanic, Latino(a) or Indigenous Indian ethnicity. Furthermore, survey participants who responded as Hispanic, Latino(a) or Indigenous Indian ethnicity account for 85.3% of all survey participants that reported an educational attainment less than a high school diploma or equivalent. The highest level of educational attainment reported for each geographic area is best described by the following Figure 3.

Figure 3. Community Health Survey Participants' Educational Attainment by Place of Residence



To better understand health survey participants' household status, they were asked the number of children living with them and the number of adults residing with them. Health survey participants reported 1.75 adults per household and 0.8 children residing in each residence.

The Hispanic or Latino(a) surveyed from the community are the least educated and over 70% (n=116) do not have \$300 in a savings account. Overall, when survey participants were asked if they had over \$300 in a savings account 56.4% (n=406; did not answer=6) reported they do not have \$300 in a savings account

## **Health Related Quality of Life**

The community's health related quality of life was measured through four community health survey questions that were compared to state and national levels. Overall, almost 30% of FHMC health survey participants (n=411; did not answer=5) rated their overall health as excellent or very good. As expected, depending on a survey participants' age, this number ranges from a high of 41% for 26 to 35 year olds (n=72) to a low of 13% for those 76 years and older (n=30).

As a survey participant's level of educational attainment increases, the likelihood of them experiencing very good or excellent overall well-being increases. For instance, 15.9% (n=7) of those with an educational attainment of elementary education or less consider their health very good or excellent, compared to 60% (n=27) of those survey participants with an educational attainment of bachelor's degree.

In addition, community health survey respondents were asked how many days in the past 30 days was their physical health and mental health not good. Survey participants reported 6.7 days of poor physical health in the past 30 days and 7.0 days of poor mental health. In addition, about 15% (n=58) of all survey participants reported they have difficulty doing errands alone.

The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability. Recent figures suggest that in 2004 approximately 1 in 4 adults in the United States had a mental health disorder in the past year – most commonly anxiety or depression – and 1 in 17 had a serious mental illness.<sup>6</sup>

## **Access to Health Care**

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to health services can be evaluated through the following indicators:

- Health insurance coverage;
- Health care services (usual source of care);

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<sup>6</sup> U.S. Office of Disease Prevention and Health Promotion (2016). *Healthy People 2020*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>.

- Timeliness; and,
- Primary care physicians.<sup>7</sup>

The community health survey addressed these topics and found that health insurance disparities depend on race, educational attainment, and place of residence. Overall, 16.3% (n=67) of survey participants reported they do not have any health insurance and 7.3% (n=30) reported only having emergency Medi-Cal. The highest levels of survey participants reporting they either have no health insurance or only restricted Medi-Cal, reside in Paso Robles, where by 24.5% (n=39) have no health insurance and 14.5% (n=23) have restricted Medi-Cal. The least educated survey population was also found in Paso Robles, where over half of the survey participants do not have at least a high school diploma, and over two-thirds consider themselves Hispanic or Latino(a). These details are best described on the following Table 1.

Health insurance status and education level attainment also affect how regularly an individual visits a physician for a routine checkup. Overall, 81.8% (n=412) of survey participants visited a physician in the past year, however, only just over half reported visiting a dentist in the past year (n=230, 55.7%). Likewise, 1 out of 4 survey participants reported they needed to see a doctor, but could not because of cost (n=111, 26.8%).

Table 1. *Health Insurance Coverage and Disparities*

FHMC Survey Participants	Any Type of Health Insurance	Restricted Medi-Cal	CDC BRFSS <sup>8</sup>	
			CA Rate (2014)	US Rate (2014)
All Community Health Survey Participants (n=416, did not answer=4)	74.5%	7.3%	85.2%	87.6%
Latino(a)/Hispanic Health Insurance Coverage (n=161)	54.0%	14.3%		
Participants with Elementary Education or Less (n=45)	37.8%	17.8%		
Participants with Jr. High/Middle School Education (n=28)	32.1%	28.6%		
Participants with Some College (n=69)	84.1%	2.9%		
26-55 Year Olds (n=208)	64.7%	10.1%		
>55 Years Old (n=172)	91.1%	3.0%		

<sup>7</sup> U.S. Office of Disease Prevention and Health Promotion (2016). *Healthy People 2020*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>.

<sup>8</sup> Ibid 10.

When survey participants were asked how they access community health related resources, over two-thirds (n=241, 67.5%) reported relying on friends or family as their source of information.

### Prevention Quality Indicators

Prevention Quality Indicators (PQI) measure hospital visits for health “conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”<sup>9</sup> Thus, the incidence of hospitalizations for these ambulatory care sensitive conditions (ACSC) can “provide insight into the community health care system or services outside the hospital setting.” This can include the availability and accessibility of primary and preventive health care services. PQI data also can be used to help identify health disparities.

For health care delivered at FHMC between July 1, 2014 and June 30, 2015 (FY15), there were 264 cases of hospital admission for ACSC. This constitutes 5.6 percent of all inpatient cases. The largest numbers of ACSC cases were for congestive heart failure (91), bacterial pneumonia (57), and COPD or asthma in older adults (43).<sup>10</sup> Overall, 11.7% of PQI cases were for Medicaid patients, compared to 14.7% Medicaid for all admissions to FHMC.

### Heart Disease and Stroke

According to California Vital Statistics in 2012, the second leading cause of death for 21.3% of individuals residing in the FHMC service area were diseases of the heart, as compared to the California state rate of 24.3%.<sup>11</sup>

Primary quantitative data from the community health survey has been compared to readily available secondary data representing the State of California and the U.S. These indicators have been summarized and are presented on the following Table 2.

Table 2. *Heart Disease and Stroke Indicators*

Heart Disease and Stroke Indicators	FHMC Survey Participants (n=416)	CDC BRFSS <sup>12</sup>	
		CA Rate (2014)	US Rate (2014)
Lifetime Cholesterol Check	66.9%	78.6%	80.1%
Told Blood Cholesterol High	31.5%	37.7%	38.4%
Had Heart Attack	5.3%	3.5%	4.4%
Lifetime High Blood Pressure	34.6%	28.7%	31.4%

<sup>9</sup> *Prevention Quality Indicators Overview*, Agency for Healthcare Research and Quality. Downloaded from [http://qualityindicators.ahrq.gov/modules/pqi\\_resources.aspx](http://qualityindicators.ahrq.gov/modules/pqi_resources.aspx) in January 2016.

<sup>10</sup> Dignity Health data analyzed with McKesson Performance Analytics.

<sup>11</sup> California Department of Public Health (2016). *Death Profiles by ZIP – 2012*. Retrieved from <https://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>.

<sup>12</sup> Ibid 14.

Overall, two-thirds of survey participants (n=277, 66.9%) report they have had a lifetime cholesterol check. Further evaluations of the data indicate a survey participant's race, educational attainment, and place of residence impacts their likelihood of having received a lifetime cholesterol check. Community health survey participants' residing in Paso Robles were less likely to have received a lifetime cholesterol check than those residing in the City San Luis Obispo. The highest levels of high cholesterol were found in the most educated (those completing Graduate School) (n=23, 52.3%).

Lastly, to further magnify the importance of health insurance and the role it plays in an individual's ability to access healthcare, 50.7% (n=34) of survey participants without any health insurance have had a lifetime cholesterol check, while 73.4% (n=224) of survey participants with health insurance have had a lifetime cholesterol check.

### **Cancer Screening and Prevalence**

In the U.S., the overall rate of cancer (excluding skin cancer) is 6.1% comparable to California's rate of 6.0%<sup>13</sup>. Based upon State of California Death Profiles, cancer is the leading cause of death in the FHMC service area.<sup>14</sup>

The community health survey asked participants about their cancer screening habits related to women's and men's health and colonoscopies. Overall, approximately two-thirds of all female survey participants received the age appropriate breast cancer (n=103; 66.0%) or cervical cancer screening (n=156; 66.4%). However, approximately 40% of women over 40 in Atascadero and the Coastal Areas (Baywood, Los Osos, Morro Bay, and Cambria) reported not receiving a mammogram in the past year. Similarly, almost two-thirds of survey participants (n=130, 64.0%) over the age of 50 have had at least a colon cancer screening which aligns with state and national rates. Cancer screening details from the community health survey are depicted and the greatest disparities are depicted on the following Table 3.

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<sup>13</sup> Ibid 10

<sup>14</sup> California Department of Public Health (2016). *Death Profiles by ZIP – 2012*. Retrieved from <https://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>.



Table 3. *Cancer Screenings*

Cancer Screenings	FHMC Survey Participants	CDC BRFSS <sup>15</sup>	
		CA Rate (2014)	US Rate (2014)
Lifetime Colonoscopy (Age 50+)	65.2%	66.6%	69.3%
Mammogram Past Year (Women, 40+) (n=156, did not answer=6)	66.0%	---	---
Pap Test Past 3-years (Female, 18+)(n=235, did not answer=11)	66.4%	75.2%	75.2%
Pap Test Past 3-years Female Participants, 18+, Caucasian (n=107)	56.1%	75.2%	75.2%
Pap Test Past 3-years Female Participants, 18+, Latina/Hispanic (n=110)	75.5%	75.2%	75.2%

## Chronic Disease

According to the CDC, about half of all adults in the U.S. or 117 million people, had one or more chronic health conditions. One out of four adults had two or more chronic health conditions.<sup>16</sup> Chronic disease also encompasses the above discussed cardiovascular disease and cancer, these two diseases account for almost half of all deaths in the FHMC service area.

Overall, 14.2% (n=59) of community health survey participants reported they have been told by their doctor they have diabetes, exceeding both state and national rates. Three out of four survey participants diagnosed with diabetes report they currently have health insurance, with the majority of those responding “yes” residing in San Luis Obispo and Paso Robles (n=54, 91.5%). Although the population surveyed from Paso Robles is younger, they are at greater risk due to their ethnic background.

Overall, 18.0% (n=74) of community health survey participants reported a lifetime diagnosis of asthma, with Caucasians having the highest level of 22.4% (n=46).

## Modifiable Health Risks

Several community health survey questions were related to the participant’s nutrition and exercise behaviors, as well as tobacco and alcohol use. In addition, the body mass index (BMI) for each participant was calculated based on self-reported height and weight.

<sup>15</sup> Ibid 19

<sup>16</sup> U.S. Department of Health and Human Services (2016). *Chronic Disease Overview (2016)*. Retrieved from <http://www.cdc.gov/chronicdisease/overview>

Overall, both groups of survey participant's reported they eat fruit just slightly less than twice daily and likewise for vegetables. The community health survey participant's reported consuming one can of soda or other sugar sweetened drink per day.

When BMI was calculated for the survey participants, over 60% (n=193, 61.6%) responding to this question had BMIs exceeding the normal range (overweight or obese). BMI measurements that fall within the range of 18.5 to 24.9 are considered to be normal weight. BMI measurements between 25.0 and 29.9 are considered to be overweight and those greater than 30.0 are considered obese.<sup>17</sup>

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<sup>17</sup> U.S. Department of Health and Human Services (2016). *Healthy Weight*. Retrieved from [https://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/index.html](https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html).

## Prioritized Description of Significant Community Health Needs

As identified in the previous sections, the community health needs extend beyond health and healthcare. Community health needs were prioritized based upon need duplications of need in the qualitative data (key stakeholder nominal group) and quantitative data. In addition, the community health survey results were compared (when available) to state and national rates, as well as Healthy People (HP) 2020 benchmark. Areas exceeding the state and national rates and the HP 2020 benchmark have been identified and are summarized on the following Appendix F.

On December 6, 2015, key community leaders were invited to participate in a nominal group process to identify, prioritize, and discuss local health issues. Based on these discussions and subsequent discussions with additional community leaders the three greatest needs identified were:

1. Access to Healthcare (including behavioral health);
2. Homelessness; and,
3. Cancer Prevention.

These results were substantiated by both primary qualitative and quantitative data and secondary quantitative data.

While healthcare is more readily available in the incorporated areas of the county, FHMC serves many unincorporated or small communities within the county. Residents may have to travel more than 30 miles to reach FHMC and/or to San Luis Obispo to visit a specialist. Secondly, there is a population of agriculture employees in FHMC's service area. These individuals often have families that are under-educated, under-insured, and do not regularly access healthcare until the need is too significant. Lastly, the poverty rate of San Luis Obispo is worth mentioning although it may include a large number of college students. While some may be students, there is a more hidden population working locally in the service industry, in occupations such as waitress, dishwasher or housekeeper. The low-income housing in San Luis Obispo is home to many individuals in great need and lacking basic needs and with significant healthcare needs.

In 2016, the FHMC Community Benefit Committee reviewed the identified needs. In accordance with Dignity Health policy, the following criteria were also utilized to evaluate the prioritization of community needs:

- Size of problem (i.e., number of people affected);
- Seriousness of problem (i.e., health impact at the individual, family and community level);
- Economic feasibility (i.e., program cost, internal and potential external resources);
- Available expertise (i.e., can we make an important contribution);
- Time commitment (i.e., overall planning, implementation, and evaluation); and,
- External salience (i.e., evidence that it is important to community stakeholders).

Based upon these criteria, the key stakeholder input and the community survey, the following needs depicted on Table 4 have been identified for the FHMC service area.

Table 4. *Prioritization of Significant Community Health Needs*

Ranking	Significant Community Health Need
1.	<p><b>Access to Healthcare, Including Behavioral Health North County</b></p> <ul style="list-style-type: none"> <li>• Lack of providers</li> <li>• Lack of walk-in clinic and after hour clinics</li> <li>• Low educational attainment greatest in Paso Robles</li> <li>• Lack of health insurance in Paso Robles</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• Identified during all qualitative data gathering efforts</li> <li>• Known lack of available resources in the community</li> <li>• Survey participants' reported having an average of 7.0 poor mental health days per month</li> <li>• 15% (n=58) of all survey participants reported they have difficulty doing errands alone</li> </ul>
2.	<p><b>Homelessness (North County/Paso Templeton, Atascadero, Baywood)</b></p> <ul style="list-style-type: none"> <li>• Especially affordable housing for very low income</li> <li>• Veterans and youth greatest populations</li> <li>• Evidence in medically fragile individuals discharged from hospital</li> </ul>
3.	<p><b>Cancer Screenings</b></p> <ul style="list-style-type: none"> <li>• Cancer is the number one cause of death in FHMC primary service area</li> <li>• Depending on screening, 30 to 40% of those eligible for the screening have not completed</li> <li>• Lack of providers in North County</li> <li>• Participants with low levels of educational attainment (&gt;50 years) were less likely to have received a lifetime colonoscopy</li> </ul>
4.	<p><b>Cardiovascular Disease and Stroke</b></p> <ul style="list-style-type: none"> <li>• Number two cause of death in FHMC primary service area</li> <li>• Basic screening efforts have not been completed (i.e., lifetime cholesterol check)</li> <li>• &gt;60% population is either overweight or obese.</li> <li>• Participants with low levels of educational attainment were less likely to have received a lifetime cholesterol check</li> </ul>

These significant community needs cannot be properly addressed without a community collaboration that extends beyond the walls of the hospital, and outside of county agencies and includes non-profit providers.

## Resources Potentially Available to Address Needs

While resources are available to potentially address the needs of the community, they are too significant for any one organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local business leaders, and institutions. San Luis Obispo County is home to a wealth of organizations ranging from the local university, community college to our own FHMC.

FHMC campus will continue to build community capacity by strengthening partnerships among local community-based organizations.

1. 5 Cities Homeless Coalition
2. Access Support Network
3. Alliance for Pharmaceutical Access, Inc.
4. Area Agency on Aging
5. Boys and Girls Club of South SLO County
6. California Polytechnic State University
7. Catholic Charities
8. Center for Family Strengthening
9. Community Action Partnership in San Luis Obispo (CAPSLO)
10. Community Health Center of the Central Coast
11. Cuesta Community College
12. First 5 San Luis Obispo County
13. Food Bank of San Luis Obispo County
14. GALA Center
15. Hospice of San Luis Obispo County
16. Housing Authority of the City of San Luis Obispo
17. Misión San Luis Obispo de Tolosa
18. North County Connection
19. Paso Cares & Safe Family Resource Center
20. Paso Robles Housing Authority
21. Paso Robles Public School District
22. People Self Help Housing
23. Planned Parenthood of Santa Barbara, Ventura, and San Luis Obispo Counties Inc.
24. Promotores Collaborative of San Luis Obispo County
25. RISE San Luis Obispo County
26. San Luis County Community Foundation
27. San Luis Obispo County Public Health Department
28. SLO Noor Clinic
29. Transitions Mental Health Association
30. University of California, Cooperative Extension
31. Wilshire Community Services

## Impact of Actions Taken Since the Preceding CHNA

Access to healthcare services, emergency room utilization, clinical conditions, and mental health were identified as significant health needs in the 2013 CHNA. Below are examples of the known impacts and actions taken since the 2013 CHNA that directly addressed identified significant health needs.

### Priority Area 1: Access to Healthcare Services

- Financial assistance for uninsured/underinsured and low income residents.
  - FHMC provides discounted and free health care to qualified individuals, following Dignity Health's Financial Assistance Policy.
- Transportation vouchers for discharged patients with no transportation home.
- CenCal qualify discharge ER patients for Medi-Cal.
- Central Coast Service Area of Dignity Health links to Health Home with primary care provider.
- Patient Care Coordinators provide a smooth transition for discharged patients to home.
- SLO Noor Free Medical Clinic
- Community Health Centers of the Central Coast
- Access Support Network
- Planned Parenthood SBVSLO
- CAPSLO: The Center
- San Luis Obispo County Public Family Planning Clinic: North County

### Priority Area 2: Emergency Room Utilization

- Operation of Pacific Central Coast Health Center's community clinics throughout San Luis Obispo County.
- Partner with Housing Authority of the City of San Luis Obispo, Anderson Hotel, to serve medically fragile discharged patients with respite care.
- Alliance for Pharmaceutical Access, Inc. (APA)
  - Local non-profit qualifying those in need of prescription drugs, increasing access for those who are underinsured or uninsured. Referrals to APA made for in-patients
- Patient Care Coordinators
  - Helps to decrease Emergency Department utilization by offering case management to discharged patients
- Patient Dashboard allows for referrals to services and programs at the time of discharge.
- Access Coordination Expansion (ACE)
  - Collaborative team to support eligible individuals between the ages of nineteen and sixty-five with incomes below 138% of the federal poverty level.
  - Provide education, training and resources to this patient population, all designed to support the patient's self-management of their health.



- SLO Noor Free Medical Clinic
- Care Transitions: Clinical coordinator for Heart Failure, COPD and Asthma

### **Priority Area 3: Clinical Conditions**

- Healthy for Life Nutrition Lecture Workshop
  - Provides bilingual nutrition education
- Healthier Living: Your Life Take Care
  - Bilingual self-management work shop for those with chronic illness and their caregivers. There is an increased attendance completion rate and a significant self-reporting post intervention of ER utilization
- Maternal Outreach
  - Infant CPR, Sibling class, Baby Hour
- Screenings
  - Community Blood Pressure Checks, Balance and Fall Prevention, Skin and Lung Cancer Screenings,
- Diabetic Type I and II Support Groups
- Heart Aware
- Community Grants – SLO Noor Foundation: access to free primary medical care, Hepatitis C Screening,
- Medically Fragile Homeless
- Hearst Cancer Resource Center offers health education, support groups, self-help support and a nurse navigator to support cancer patients to successfully navigate the system.
  - Bilingual Lay Patient Cancer Navigator program offers bilingual and bicultural cancer prevention education and support to cancer patients to successfully navigate the system.
- French Hospital Medical Center campus is designated as a “Tobacco Free campus”
- Home Care/Hospice Services
- Outpatient Palliative Care

### **Priority Area 4: Mental Health**

- Dignity Health Community Grants
  - Encourages local community agencies to support clients with mental health.
  - Work with community based organizations that provide mental health services by providing facility use, in kind printing for workshop and/or brochures.

FHMC is recognized as the leader in addressing community health related needs as well as social justice issues. FHMC’s Community Benefit department has taken the lead in the development and formation of the Latino Health Coalition of SLO County. This coalition is comprised of over 15 not-for-profit health and social service organizations whose mission is to better address the health and social needs of the Latino Community. People’s Self Help Housing in San Luis

Obispo and Santa Barbara Counties are strong advocates of promoting our health related programs and the use of space at the community centers located on their housing site.

Hearst Cancer Resource Center Bilingual Lay Patient Navigator is a new program to the center this year. A full time, bilingual, lay patient navigator helps guide and support those who find themselves undergoing a complicated diagnostic process, acting as an advocate between community members and the health care system. All the services under this program are free and include: coordinating access to services before diagnosis, mammograms, facilitating workshops on prevention and early detection of breast cancer, and facilitating breast cancer support groups.

## Appendix A: U.S. Census Data

**Table 1. FHMC Primary Service Area Population**

U.S. Census Data	San Luis Obispo		Atascadero 93422	Cambria 93428	Templeton 93465	Morro Bay 93442	Los Osos 93402	Paso Robles 93446	Totals	Total Percentages
	93401	93405								
Total Population Estimate, 2014	27,920	34,883	31,889	6,348	9,652	10,998	14,318	43,714	<b>179,722</b>	---
Population under 5 years, 2014	3.8%	1.5%	5.3%	2.6%	6.5%	5.9%	3.8%	7.3%	<b>8,451</b>	<b>5%</b>
Population under 18 years, 2014	15.4%	7.0%	21.3%	13.0%	24.5%	14.3%	15.5%	23.5%	<b>30,789</b>	<b>17%</b>
Population 65 years and over, 2014	13.8%	6.7%	15.9%	37.3%	15.3%	23.1%	21.0%	15.3%	<b>27,341</b>	<b>15%</b>
White alone, not Hispanic or Latino, 2014	74.1%	64.6%	78.9%	76.0%	74.8%	79.0%	78.9%	62.6%	<b>127,778</b>	<b>71%</b>
Hispanic or Latino, 2010 (Percent)	14.6%	17.9%	15.5%	21.1%	19.8%	18.0%	11.3%	31.3%	---	---
Hispanic or Latino Population, 2014	4,076	6,234	4,940	1,338	1,907	1,985	1,682	13,882	<b>36,044</b>	<b>20%</b>
Below Poverty Level, Percent, 2010-2014	20.7%	42.3%	10.8%	7.4%	9.1%	11.7%	9.3%	11.8%	<b>33,104</b>	<b>18%</b>
High School Graduate, 2010-2014	94.7%	83.2%	91.8%	90.7%	92.0%	92.9%	93.4%	86.4%	<b>160,734</b>	<b>89%</b>

## Appendix B: Community Health Survey

Please circle, place a “√”, or fill in the line with your answer for each question.

1. My age is \_\_\_\_\_ years.
2. Where do you live?  
 San Luis Obispo (93401)  
 North San Luis Obispo (93405)  
 Atascadero (93422)  
 Paso Robles (93446)  
 Baywood – Los Osos, Morro Bay, or Cambria (93402, 93442, or 93428)  
 Other \_\_\_\_\_
3. I am:                    Male                    Female
4. What is the highest grade or year of school you completed? (Please mark with a “√”.)  
 No formal education  
 Elementary school (6<sup>th</sup> grade or less)  
 Junior High or Middle School (7<sup>th</sup> to 8<sup>th</sup> grade)  
 Some High School  
 High School Diploma  
 Some College  
 Associate of Arts Degree (AA, AS)  
 Trade School (electrician, mechanic)  
 Bachelors Degree (BA, BS)  
 Graduate School
5. How many children under the age of 18 live in your house? \_\_\_\_\_
6. And how many adults live in your house? \_\_\_\_\_
7. What do you consider as your race or origin? (Please mark with a “√”.)  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Hispanic or Latino(a)  
 Indigenous Indian (from Oaxaca or Guerrero)  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other \_\_\_\_\_

### **Wellness**

1. In general how would you rate your health?  

Poor	Fair	Good	Very Good	Excellent
------	------	------	-----------	-----------

2. If you think about your physical health, how many days during the last 30 days was your physical health **not good**? \_\_\_\_\_ days

\_\_\_\_\_ Check "√" here if you don't know or are not sure.

3. Please mark with a "√" any chronic diseases listed below that you currently suffer from.

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Arthritis    | <input type="checkbox"/> Chronic Lung Disease |
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Heart Disease        |
| <input type="checkbox"/> Cancer       | <input type="checkbox"/> High Blood Pressure  |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Parkinson's Disease  |
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Other _____          |

4. Do you currently participate in any physical activities or exercises, for example, walking, running, or any other physical fitness activity at least three times a week?

Yes                                      No                                      Don't know/Not sure

5. How many times did you eat fruit yesterday? \_\_\_\_\_ times

6. How many times did you eat vegetables yesterday? \_\_\_\_\_ times

7. Yesterday, I drank \_\_\_\_\_ glasses or cans of soda or other sugar sweetened drinks.

**Health Care Access**

8. Do you have any kind of health insurance (including prepaid plans, HMOs, private insurance, Medicare, or Medi-Cal/CenCal)? (Please mark with a "√".)

- Yes
- Yes, but only medical restricted, emergency, or pregnancy restricted Medi-Cal.
- No
- Don't know/Not sure

9. How long has it been since you last visited a doctor for a routine checkup?

- Within the past year (1 to 12 months ago)
- Within the past 5 years (1 to 5 years ago)
- 5 or more years ago
- Never
- Don't know/Not sure

10. In the last 12 months, how many times did you go to an emergency room to get care for yourself? \_\_\_\_\_

11. How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to a dental specialist, such as an orthodontist.

- Within the past year (1 to 12 months ago)
- Within the past 5 years (1 to 5 years ago)
- 5 or more years ago
- Never
- Don't know/Not sure

12. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

Yes                                      No                                      Don't know/Not sure

13. Besides cost, were there other reasons you delayed getting medical care during the past 12 months? (Please mark with a “√” all that apply.)

- They did not answer the phone.
- You had to wait too long for an appointment.
- The wait in the waiting room was too long.
- You had to work.
- You had no way to get there.

OR

*I did not delay getting medical care or did not need medical care.*

14. How do you access community health related resources

                    Newspaper                    Radio                    TV                    Internet

**Health Conditions**

1. Have you EVER been told by a doctor, nurse or other health professional that you have high blood pressure? Please √ the correct answer.

- Yes
- Yes, but female told only during pregnancy
- Told borderline high or pre-hypertensive
- No
- Don't know / Not sure

a. *If yes, do you currently take medicine to control your high blood pressure?*

                    Yes                                    No                                    Don't know/Not sure

2. Have you ever been told by a doctor that you suffered from a stroke?

                    Yes                                    No                                    Don't know/Not sure

3. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

                    Yes                                    No                                    Don't know/Not sure

4. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

                    Yes                                    No                                    Don't know/Not sure

a. *If yes, do you currently take medicine to control your high cholesterol?*

                    Yes                                    No                                    Don't know/Not sure

5. Have you ever had a heart attack?

                    Yes                                    No                                    Don't know/Not sure

6. Have you ever been told by a doctor that you have diabetes? Please √ the correct answer.

- Yes
- Yes, but only during my pregnancy (female only)
- No, but pre-diabetes or borderline diabetes
- No
- Don't know / Not sure

a. *If yes, do you take medicine to control your diabetes?*

Yes                      No                      Don't know/Not sure

7. Have you ever been diagnosed with asthma?

Yes                      No                      Don't know/Not sure

8. Have you ever had a cancer diagnosis?

Yes                      No                      Don't know/Not sure

a. *If yes, what type (breast, skin, lung, etc.)?* \_\_\_\_\_

9. How many different medications (including vitamins, over the counter medicines, and prescription medications) do you take on a daily basis? \_\_\_\_\_

\_\_\_\_\_ Check "√" here if you don't know or are not sure.

10. Have you ever told your loved ones what they should do, if you were not able to make your own medical decisions?

Yes                      No                      Don't know/Not sure

11. A colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam?

Yes                      No                      Don't know/Not sure

**Women's Health**

12. For women, a mammogram is an x-ray of each breast to look for breast cancer. Have you had a mammogram in the past year?

Yes                      No                      Don't know/Not sure

13. A Pap test is a test for cancer of the cervix. Have you had a Pap test during the past three years?

Yes                      No                      Don't know/Not sure

**Men's Health**

14. For men, a prostate cancer screening can be done through a blood test (called PSA test) or a digital rectal exam. Have you ever been checked for prostate cancer?

Yes                      No                      Don't know/Not sure

**Other Topics**

15. Are you currently.... (Please mark with a "√".)

- \_\_\_\_\_ Employed as \_\_\_\_\_
- \_\_\_\_\_ Retired
- \_\_\_\_\_ Homemaker
- \_\_\_\_\_ Full-time Student
- \_\_\_\_\_ Unemployed
- \_\_\_\_\_ Unable to work



16. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the last 30 days was your mental health **not good**? \_\_\_\_\_ days

\_\_\_\_\_ Check “√” here if you don’t know or are not sure.

17. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

Yes                      No                      Don’t know/Not sure

18. Are you the caretaker for any adult other than yourself?

Yes                      No                      Don’t know/Not sure

19. I am \_\_\_\_\_ feet \_\_\_\_\_ inches tall and weigh \_\_\_\_\_ lbs.

20. If you drank alcoholic beverages in the past 30 days, did you ever consume more than 5 drinks for a man or 4 drinks for a woman at one time?

Yes                      No                      Don’t know/Not sure

21. How many packs of cigarettes do you smoke per week? \_\_\_\_\_

22. How safe do you feel in your current living situation?

Never Safe    Rarely Safe    Sometimes Safe    Often Safe    Always Safe

23. Do you have over \$300 in a savings account?

Yes                      No                      Don’t know/Not sure

**THANK YOU FOR COMPLETING THE SURVEY!**

<b><u>Dignity Health Employee or Volunteer</u></b>		
Interviewer _____	Location _____	Date _____
Sub ID _____	Data Input: Y N	By _____

**Source:**

Most survey questions adapted from Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Questionnaire. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2013.*

## Appendix C: Community Health Survey Collection Locations

- 1 Anderson Hotel, San Luis Obispo
- 2 Atascadero Senior Housing, Atascadero
- 3 Blue Heron (Housing Authority of San Luis Obispo [HASLO]), Los Osos
- 4 Brizzolara (HASLO), San Luis Obispo
- 5 Canyon Creek, Paso Robles
- 6 Del Rio Terrace (HASLO), San Luis Obispo
- 7 El Camino Homeless Organization (ECHO), Atascadero
- 8 Foodbank Food Distribution, Paso Robles
- 9 Georgia Brown Elementary School, Paso Robles
- 10 Hidden Creek (HASLO) Paso Robles
- 11 Macadero (HASLO), Atascadero
- 12 Marvin Gardens (HASLO), San Luis Obispo
- 13 Oak Park Housing (Housing Authority of the City of Paso de Robles)
- 14 Oceanside Gardens, Morro Bay
- 15 Oceanview Manor, Morro Bay
- 16 SLO Mission, San Luis Obispo
- 17 SLO Parkwood (HASLO), San Luis Obispo
- 18 Rolling Hills, Templeton
- 19 The Link Family Resource Center, Paso Robles

## Appendix D: Community Stakeholder Focus Groups

### December 7, 2015

Organizations Attending: Community Health Center of the Central Coast (Craig Wood), San Luis Obispo Council of Governments (Geoffrey Chiapella), Ride-on-Transportation (Sara Sanders), Transition Mental Health Association (Michael Kaplan), San Luis Obispo Ombudsman (Karen Jones), San Luis Obispo Noor Foundation (Elizabeth Torres Chowing), First 5 of San Luis Obispo (Wendy Wendt), Housing Authority of San Luis Obispo (Traci Walker & Sandra Bourbon), and FHMC Chaplain (Flora Washburn)

#### *In your role, what are the top two the challenges facing our community?*

Responses can be summarized as access to health care, including behavioral health, homelessness, and climate change.

Detailed responses:

- Limited access to full spectrum-integrated mental health services (substance abuse);
- Specialized health care (elders, special needs, and children);
- Lack of providers for primary care services;
- Basic Needs (food, shelter, clothing);
- Small availability of rental housing;
- A need for low income transportation;
- Cost of living for young families, elderly, and disabled is high;
- Lack of free case management;
- Water supply;
- Climate change affecting health;
- Lack of funding for long term care; and,
- Lack of available hospital beds.

#### *What are the communities' weaknesses and how can we overcome obstacles we may face?*

- Fund fewer grantees to increase the amount given to each organization;
- Increase number of physicians;
- Amend specialty care;
- Establish new programs within hospital;
- Increase crisis programs;
- A need for mental health advocates;
- Case management, care coordination: provide a good discharge plan and follow up with patients; nursing homes will not take individuals without a good discharge plan;
- Residential care;
- Advocate for affordable housing (colleges can drive rent up and supply down);

- Subsidize wages for providers, social workers, behavioral health, nurses (extended hours);
- More bilingual promotoras; and,
- Reduce ER visits with either low severity cases or advanced medical conditions that could have been prevented.

***What are our communities' strengths or what is working well today?***

- Many well established and stable community programs;
- Access to recreational services;
- Healthy community;
- Network of non-profits;
- Collaboration- communities working together; and,
- Manageable size of community.

## Appendix E: Summary of Community Health Survey Results (N=416)

### Demographics

- Q1. Average age 49 years. (n=416) SD: 17.7
- Q2. Where do you live? (n=416)
- |                |   |
|----------------|---|
| (n=167; 40.1%) | San Luis Obispo (93401) & North San Luis Obispo (93405)     |
| (n=60; 14.4%)  | Atascadero (93422)  |
| (n=161; 38.7%) | Paso Robles (93446)   |
| (n=28; 6.7%)   | Baywood, Los Osos, Morro Bay, Cambria (93402, 93442, 93428) |
- Q3. Gender (n=403; did not answer=13)
- |                |        |
|----------------|--------|
| (n=151; 37.5%) | Male   |
| (n=252; 62.5%) | Female |
- Q4. What is the highest grade or year of school you completed? (n=418; did not answer=6)
- |               |   |
|---------------|---|
| (n=14; 3.3%)  | No formal education                             |
| (n=34; 8.1%)  | Elementary school (6th grade or less)           |
| (n=28; 6.7%)  | Junior High or Middle School (7th to 8th grade) |
| (n=44; 10.5%) | Some High School                                |
| (n=88; 21.1%) | High School Diploma                             |
| (n=70; 16.7%) | Some College                                    |
| (n=35; 8.4%)  | Associate of Arts Degree (AA, AS)               |
| (n=13; 3.1%)  | Trade School                                    |
| (n=47; 11.2%) | Bachelor's Degree (BA, BS)                      |
| (n=45; 10.8%) | Graduate School                                 |
- Q5. Average children under the age of 18 live in household? (n=410)  
Average = 0.809; SD: 1.20
- Q6. Average adults live in household? (n=412)  
Average = 1.75; SD: 0.99
- Q7. What do you consider as your race or origin? (n=413; did not answer=3)
- |                |   |
|----------------|---|
| (n=13; 3.1%)   | American Indian or Alaska Native            |
| (n=163; 39.5%) | Hispanic or Latino(a)                       |
| (n=10; 2.4%)   | Indigenous Indian (from Oaxaca or Guerrero) |
| (n=206; 49.9%) | White                                       |
| (n=21; 5.1%)   | Other                                       |
- (Other: Asian, Black or African American, Native Hawaiian or Pacific Islander)

## Wellness

- Q1. In general how would you rate your health? (n=411; did not answer=5)
- |                |           |
|----------------|-----------|
| (n=35; 8.5%)   | Poor      |
| (n= 69; 16.8%) | Fair      |
| (n=186; 45.3%) | Good      |
| (n=86; 20.9%)  | Very Good |
| (n=35; 8.8%)   | Excellent |
- Q2. How many days during the last 30 days was your physical health not good?  
(n=346; did not answer=78)  
Average: 6.7; SD: 10.0
- Q3. Chronic Conditions (n=416)
- |               |              |               |                      |
|---------------|--------------|---------------|----------------------|
| (n=80; 19.2%) | Arthritis    | (n=25; 6.0%)  | Chronic Lung Disease |
| (n=35; 8.4%)  | Asthma       | (n=24; 5.8%)  | Heart Disease        |
| (n=13; 3.1%)  | Cancer       | (n=96; 23.2%) | High Blood Pressure  |
| (n=71; 17.0%) | Chronic Pain | (n=52; 12.5%) | Diabetes             |
| (n=58; 14.9%) | Other        |               |                      |
- Q4. Do you currently participate in any physical activities or exercises, for example, walking, running, or any other physical fitness activity at least three times a week?  
(n=416; did not answer=13)
- |                |                     |
|----------------|---------------------|
| (n=314; 75.9%) | Yes                 |
| (n=93; 23.1%)  | No                  |
| (n=4; 1.0%)    | Don't know/Not sure |
- Q5. How many times did you eat fruit yesterday? (n=407; did not answer=9)  
Average= 1.9; SD: 1.4
- Q6. How many times did you eat vegetables yesterday? (n=411; did not answer=5)  
Average = 1.8; SD: 1.2
- Q7. Yesterday, I drank \_\_\_\_ glasses or cans of soda or other sugar sweetened drinks.  
(n=394; did not respond=22)  
Average = 1 SD: 1.7

## Health Care Access

- Q8. Do you have any kind of health insurance (including prepaid plans, HMOs, private insurance, Medicare, or Medi-Cal/CenCal)? (n=412; did not respond=4)
- |                |  |
|----------------|--|
| (n=307; 74.5%) | Yes                                      |
| (n=30; 7.3%)   | Yes, only restricted/emergency Medi-Cal. |
| (n=67; 16.3%)  | No                                       |
| (n=8; 1.9%)    | Don't know/Not sure                      |

- Q9. How long has it been since you last visited a doctor for a routine checkup? (n=412; did not answer=4)
- |                |  |
|----------------|--|
| (n=337; 81.8%) | Within the past year (1 to 12 months ago)  |
| (n=48; 11.7%)  | Within the past 5 years (1 to 5 years ago) |
| (n=18; 4.4%)   | 5 or more years ago                        |
| (n=3; 0.7%)    | Never                                      |
| (n=6; 1.4%)    | Don't know/Not sure                        |
- Q10. In the last 12 months, how many times did you go to an emergency room to get care for yourself? (n=399; did not answer=17)
- Average: 0.5 times per year. Std Deviation 1.12  
Average 4 (Those visiting ER at least 1 time) excludes "0"
- Q11. How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to a dental specialist, such as an orthodontist. (n=413; did not answer=3)
- |                |  |
|----------------|--|
| (n=230; 55.7%) | Within the past year (1 to 12 months ago)  |
| (n=97; 23.5%)  | Within the past 5 years (1 to 5 years ago) |
| (n=61; 14.8%)  | 5 or more years ago                        |
| (n=11; 2.7%)   | Never                                      |
| (n=14; 3.4%)   | Don't know/Not sure                        |
- Q12. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (n=414; did not answer=2)
- |                |                     |
|----------------|---------------------|
| (n=111; 26.8%) | Yes                 |
| (n=292; 70.5%) | No                  |
| (n=11; 2.6%)   | Don't know/Not sure |
- Q13. Besides cost, were there other reasons you delayed getting medical care during the past 12 months? (n=321; did not answer=95)
- |               |  |
|---------------|--|
| (n=18; 5.6%)  | They did not answer the phone.               |
| (n=54; 16.8%) | You had to wait too long for an appointment. |
| (n=13; 4.0%)  | The wait in the waiting room was too long.   |
| (n=23; 7.2%)  | You had to work.                             |
| (n=25; 7.8%)  | You had no way to get there.                 |
- OR
- |                |  |
|----------------|--|
| (n=188; 58.6%) | I did not delay getting medical care or did not need medical care. |
|----------------|--|
- Q14. How do you access community health related resources? (n=357; did not answer=59)
- |                |                |
|----------------|----------------|
| (n=241; 67.5%) | Friends/Family |
| (n=21; 5.9%)   | Newspaper      |
| (n=10; 2.8%)   | Radio          |
| (n=25; 7.0%)   | TV             |
| (n=60; 16.8%)  | Internet       |



## Health Conditions

Q15. Have you EVER been told by a doctor, nurse or other health professional that you have high blood pressure? (n=410; did not answer=6)

(n=142; 34.6%)	Yes
(n=14; 3.4%)	Told borderline high or pre-hypertensive
(n=235; 57.3%)	No
(n=19; 4.6%)	Don't know / Not sure

a. If yes, do you currently take medicine to control your high blood pressure? For those answering "Yes" on Q15. (n=142; did not answer=10)

(n=100; 75.8%)	Yes
(n=31; 23.5%)	No
(n=1; 0.8%)	Don't know/Not sure

Q16. Have you ever been told by a doctor that you suffered from a stroke? (n=410; did not answer=6)

(n=22; 5.4%)	Yes
(n=383; 93.4%)	No
(n=5; 1.2%)	Don't know/Not sure

Q17. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (n=414; did not answer=2)

(n=277; 66.9%)	Yes
(n=120; 29.0%)	No
(n=17; 4.1%)	Don't know/Not sure

Q18. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (n=403; did not answer=13)

(n=127; 31.5%)	Yes
(n=261; 64.8%)	No
(n=15; 3.7%)	Don't know/Not sure

a. If yes, do you currently take medicine to control your high cholesterol? For those responding yes to Q18 above. (n=123; did not answer = 4)

(n=65; 52.8%)	Yes
(n=57; 46.3%)	No
(n=1; 0.8%)	Don't know/Not sure

Q19. Have you ever had a heart attack? (n=412; did not answer=4)

(n=22; 5.3%)	Yes
(n=381; 92.5%)	No
(n=9; 2.2%)	Don't know/Not sure

- Q20. Have you ever been told by a doctor that you have diabetes? (n=410; did not answer=6)
- |                |   |
|----------------|---|
| (n=59; 14.2%)  | Yes   |
| (n=6; 1.5%)    | Yes, but only during my pregnancy (female only) |
| (n=18; 4.4%)   | No, but pre-diabetes or borderline diabetes     |
| (n=320; 78.0%) | No  |
| (n=7; 1.7%)    | Don't know / Not sure                           |
- a. If yes, do you take medicine to control your diabetes? For those responding yes to the above question. (n=58, did not answer=1)
- |               |                     |
|---------------|---------------------|
| (n=49; 84.5%) | Yes                 |
| (n=8; 13.8%)  | No                  |
| (n=1; 1.7%)   | Don't know/Not sure |
- Q21. Have you ever been diagnosed with asthma? (n=410, did not respond=6)
- |                |                     |
|----------------|---------------------|
| (n=74; 18.0%)  | Yes                 |
| (n=333; 81.2%) | No                  |
| (n=3; 0.7%)    | Don't know/Not sure |
- Q22. Have you ever had a cancer diagnosis? (n=408; did not answer 8)
- |                |                     |
|----------------|---------------------|
| (n=35; 8.6%)   | Yes                 |
| (n=369; 90.4%) | No                  |
| (n=4; 1.0%)    | Don't know/Not sure |
- a. If yes, what type (breast, skin, lung, etc.)? \_\_\_\_\_  
 Cancer Types: Skin (10), Prostate (5), Breast (4), Uterine (3), Brain (1), Cervical (1), Foot (1), Kidney (1), Leukemia (1), Lung (1), Colon (1), Testicular (1)
- Q23. How many different medications (including vitamins, over the counter medicines, **and** prescription medications) do you take on a daily basis? (n=367)  
 Average = 3.3; SD: 3.74
- Q24. Have you ever told your loved ones what they should do, if you were not able to make your own medical decisions? (n=408; did not answer=8)
- |                |                     |
|----------------|---------------------|
| (n=160; 39.2%) | Yes                 |
| (n=238; 58.3%) | No                  |
| (n=10; 2.4%)   | Don't know/Not sure |
- Q25. A colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam? (n=203 did not answer = 4)
- |                |                      |
|----------------|----------------------|
| (n=130, 64.0%) | Yes                  |
| (n=69, 34.0%)  | No                   |
| (n=4; 2.0%)    | Don't Know/ Not Sure |

## Women's Health

Q26. For women, a mammogram is an x-ray of each breast to look for breast cancer. Have you had a mammogram in the past year?

Women over the age of 40 who have had a mammogram (n=156, did not answer =6)

(n=103; 66.0%)	Yes
(n=52; 33.3%)	No
(n=1, 0.6%)	Don't know/Not sure

Q27. A Pap test is a test for cancer of the cervix. Have you had a Pap test during the past three years?

Women over the age of 21 who had a Pap test (n=235; did not answer = 8)

(n=156; 66.4%)	Yes
(n=73; 31.1%)	No
(n=6; 2.6%)	Don't know/Not sure

## Men's Health

Q28. For men, a prostate cancer screening can be done through a blood test (called PSA test) or a digital rectal exam. Have you ever been checked for prostate cancer?

Men over the age of 40 who have had a PSA test (n=93; did not answer 11)

(n=60; 64.5%)	Yes
(n=32; 34.4%)	No
(n=1; 1.1%)	Don't know/Not sure

Q29. Are you currently.... (n=402; did not answer=14)

(n=138; 34.3%)	Employed
(n=102; 25.4%)	Retired
(n=63; 15.7%)	Homemaker
(n=13; 3.2%)	Full-time Student
(n=40; 10.0%)	Unemployed
(n=46; 11.4%)	Unable to work

Employment Type (n=95; did not answer=321)

(n=10; 10.5%)	Agriculture
(n=8; 8.4%)	Management
(n=7; 7.4%)	Education
(n=15; 15.8%)	Health Care
(n=27; 28.4%)	Customer Service
(n=25; 26.3%)	Professional
(n=3; 3.2%)	Self-Professional

Q30. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the last 30 days was your mental health not good? (n=343; did not answer=73)

Average = 7.06; SD: 10.27

- Q31. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (n=378; did not answer=38)
- |                |                     |
|----------------|---------------------|
| (n=58; 15.3%)  | Yes                 |
| (n=315; 83.1%) | No                  |
| (n=5; 1.3%)    | Don't know/Not sure |
- Q32. Are you the caretaker for any adult other than yourself? (n=403; did not answer=13)
- |                |                     |
|----------------|---------------------|
| (n=41; 10.2%)  | Yes                 |
| (n=358; 88.8%) | No                  |
| (n=4; 0.9%)    | Don't know/Not sure |
- Q33. I am \_\_\_\_\_ feet \_\_\_\_\_ inches tall and weigh \_\_\_\_\_ lbs.  
(n=313; did not answer=103)
- |                |             |
|----------------|-------------|
| (n=7; 2.2%)    | Underweight |
| (n=113; 36.1%) | Normal      |
| (n=100; 31.9%) | Overweight  |
| (n=93; 29.7%)  | Obese       |
- Q34. If you drank alcoholic beverages in the past 30 days, did you ever consume more than 5 drinks for a man or 4 drinks for a woman at one time? (n=402; did not answer=14)
- |                |                     |
|----------------|---------------------|
| (n=67; 16.7%)  | Yes                 |
| (n=332; 82.6%) | No                  |
| (n=3; 0.7%)    | Don't know/Not sure |
- Q35. Does anyone in your household smoke, including tobacco products, e-cigarettes, etc.?  
(n=413; did not answer=3)
- |                |     |
|----------------|-----|
| (n=92; 22.3%)  | Yes |
| (n=321, 77.7%) | No  |
- Q36. How safe do you feel in your current living situation? (n=406; did not answer=10)
- |                |                |
|----------------|----------------|
| (n=6; 1.5%)    | Never Safe     |
| (n=16; 3.9%)   | Rarely Safe    |
| (n=53; 13.1%)  | Sometimes Safe |
| (n=64; 15.8%)  | Often Safe     |
| (n=267; 65.8%) | Always Safe    |
- Q37. Do you have over \$300 in a savings account? (n=406; did not answer=10)
- |                |                     |
|----------------|---------------------|
| (n=171; 42.1%) | Yes                 |
| (n=229; 56.4%) | No                  |
| (n=6; 1.5%)    | Don't know/Not sure |
- Language (n=416)
- |                 |         |
|-----------------|---------|
| (n=292; 70.2%)  | English |
| (n=124; 29.8 %) | Spanish |

## Appendix F: Data Comparison Needs

Community Health Benchmark	FHMC (N=416)	CDC BRFSS		CDC Healthy People 2020		
		CA Rate	US Rate	Target Rate	2020 Topic & Objective	
<b>General Health Status</b>						
Experience Fair or Poor Overall Health	25.3%	18.1%	16.8%	---	---	
<b>Access to Health Care</b>						
Percent needed to see doctor in past year, but could not because of cost.	26.8%	13.5%	13.1%	9%	AHS-6.1	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.
Visited dentist within past year	55.7%	65.1%	65.3%	49%	OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.
Health Insurance Coverage (Any Kind) (Including Restricted)	74.5%	85.2%	87.6%	100.0%	AHS-1.1	Increase the proportion of persons with medical insurance.
<b>Heart Disease and Stroke</b>						
Lifetime Cholesterol Check	66.9%	78.6%	80.1%	82.1%	HDS-6	Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.
Told Blood Cholesterol High	31.5%	37.7%	38.4%	13.50%	HDS-7	Reduce the proportion of adults with high total blood cholesterol levels.
Lifetime High Blood Pressure	34.6%	28.7%	31.4%	26.90%	HDS-5.1	Reduce the proportion of adults of hypertension.
Take Medicine to Control High Blood Pressure	75.8%	---	---	69.50%	HDS-11	Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure.
<b>Chronic Health Indicators</b>						
Lifetime Asthma Diagnosis	18.0%	12.7%	13.8%	---	---	
Lifetime Diabetes Diagnosis	14.2%	10.3%	10.0%	---	---	
<b>Cancer Screening</b>						
Lifetime Colonoscopy (Age 50+)	64.0%	66.6%	69.3%	---	---	
Mammogram Past Year (Women, 40+)	66.0%	---	---	81%	C-17	Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.
Pap Test Past 3-years (Women, 18+)	66.4%	75.2%	75.2%	---	---	
Note: --- Indicates data was not available that was like data to compare. Orange highlight denotes exceeding target rate.						