

# French Hospital Medical Center

## Community Benefit 2021 Report and 2022 Plan

Adopted October 2021



## A message from...

Alan Iftiniuk, President and CEO of French Hospital Medical Center, and Anita Robinson, Chair of the Dignity Health French Hospital Medical Center Community Board.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessment that we conduct with community input, including the local public health department. Our initiatives to deliver benefits to the community include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

French Hospital Medical Center shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2021 Report and 2022 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntarily produce these reports and plans, as well. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2021 (FY21), French Hospital Medical Center provided \$17,427,248 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$25,412,893 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2021 Report and 2022 Plan at its October 21, 2021 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching out to Patty Herrera, 805-542-6268.






Alan Iftiniuk  
President/CEO

Anita Robinson  
Chairperson, Board of Directors

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## At-a-Glance Summary

<p><b>Community Served</b></p> 	<p>The primary service area for French Hospital Medical Center (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 into the unincorporated areas of San Luis Obispo County to the county limits.</p>
<p><b>Economic Value of Community Benefit</b></p> 	<p>\$17,427,248 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$25,412,893 in unreimbursed costs of caring for patients covered by Medicare</p>
<p><b>Significant Community Health Needs Being Addressed</b></p> 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none"> <li>• Access to primary health care, dental care, and behavioral health</li> <li>• Aging, more mature population</li> <li>• Chronic disease prevention and management</li> </ul>
<p><b>FY21 Programs and Services</b></p> 	<p>The hospital delivered several programs and services to help address identified significant community health needs. These included: Cancer Prevention and Screenings; Cardiovascular Disease and Stroke lectures and screenings; Chronic Disease Self-Management workshops; Diabetes Prevention and Management and Diabetes Education Empowerment Program (DEEP). The Faith Community Nursing/Health Ministry program was launched to focus on identifying and serving the needs of the more mature population in our community. The Perinatal Mood and Anxiety Disorder (PMAD) program was also launched which provided mental health support for families in San Luis Obispo county. A total of \$81,592 was awarded in the Dignity Health Community Grants program to Accountable Care Communities that address access to dental care for adults and basic needs for the aging and more mature population</p>
<p><b>FY22 Planned Programs and Services</b></p> 	<p>For FY22, the hospital plans to continue to offer the chronic disease and diabetes self-management workshops via the ZOOM platform due to the uncertainty of COVID infection. Increase cancer awareness on the importance of early detection for colon, breast, and cervical cancer. Continue offering our mental health support to SLO county families impacted by PMAD. Our Faith Community Nursing/Health Ministry will continue to access the needs of the more mature population.</p>

This document is publicly available online at <http://www.dignityhealth.org/frenchhospital/about-us/community-benefits>

Written comments on this report can be submitted to the FHMC Manager of Community Health at 1911 Johnson Avenue in San Luis Obispo, CA 93401 or by e-mail to [CCSAN-CHNA@dignityhealth.org](mailto:CCSAN-CHNA@dignityhealth.org)

# Our Hospital and the Community Served

## About French Hospital Medical Center

French Hospital Medical Center is a member of Dignity Health, which is a part of CommonSpirit Health.

FHMC is a 98 bed facility situated on 15-acres at 1911 Johnson Avenue in the City of San Luis Obispo, 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.

On December 28, 2020 the Oppenheimer Family Center for Emergency Medicine announced their completion of phase two which added 8,600 square feet to the hospital and more than doubling the space of the existing emergency department. With both phases complete, the new emergency services center houses approximately 12,600 square feet of new and/or fully renovated space. The second phase of this incredible project, offers the most advanced emergency services facility in San Luis Obispo County, boasts state-of-the-art imaging equipment specifically dedicated to emergency services, including: X-ray and CT trauma imaging suites producing high quality, rapid, emergency imaging with very low radiation dose and an advanced ultrasound system providing fast, high-quality imaging. The new facility was designed for a high volume of emergency patients with a very strong commitment to comfort, efficiency, holistic healing, and privacy. It was carefully designed with patient comfort and safety in mind utilizing best-in-class modalities and technologies. At the forefront of cutting-edge emergency medicine, the new building features 18 private treatment rooms compared to the five bed ward and semi-private rooms that previously existed. Specialized rooms are designated for critical care, geriatric patients, trauma, infectious disease isolation, pediatrics, and orthopedic emergencies, as well as fast-track beds for patients with less urgent conditions. It also features specialized exam accommodations for patients experiencing behavioral health related issues.

FHMC offers programs and services including cardiac care, critical care, diagnostic imaging, emergency medicine and obstetrics. FHMC is home to the Central Coast's first and only cardiac hybrid suite, a space where interventional radiologists, cardiologists, and cardiovascular surgeons can work side-by-side in the same room at the same time. FHMC focuses on increasing access to health care for the broader and underserved disadvantaged members of the surrounding community.

## Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

## Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

## Financial Assistance for Medically Necessary Care

French Hospital Medical Center is dedicated to creating healthier communities by providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. Advocating for the poor and vulnerable is both our mission and our passion. The hospital has financial assistance available to help pay for medically necessary services provided to those patients who meet certain income requirements. The financial assistance policy, a plain language summary of the policy, and a financial assistance application are on the hospital's web site.

## Description of the Community Served

French Hospital Medical Center serves a community that extends over 35-miles in San Luis Obispo County including the communities of the City of San Luis Obispo, Atascadero, Templeton, Morro Bay, Los Osos, Cambria, and Paso Robles. A summary description of the community is below. Additional details can be found in the CHNA report online.

- FHMC's service area is home to over 185,000 individuals, of whom approximately 68% consider themselves Caucasian and 21% consider themselves Hispanic or Latino (a). Overall, approximately 5.6 % of individuals residing in the FHMC primary service area are below the poverty level, although 91% have a high school degree or equivalent.
- FHMC's primary service area is unique due to its location on the Central Coast of California with the vast unincorporated areas, striking natural beauty, and thriving communities. Behind the natural beauty are geographically isolated communities that may host one of the 766 homeless individuals in the area. Within FHMC's primary service area over 1,600 school-aged children have been classified as homeless by the Department of Education. Underrepresented individuals can be found residing in poverty working in the shadows of the agriculture, tourism, or retail industry.
- The communities within FHMC's primary service area are also home to a disproportionate number of aging adults, who reside furthest from FHMC's facilities. Almost half of the population in Cambria (49.0%) is 62 years and over, followed by approximately one-third of the population in Morro Bay. The Health Resources and Services Administration (HRSA) designated Morro Bay as a medically underserved area/population within FHMC's primary service area.
- In addition to the residents captured by the formalized data sources discussed above, the FHMC's 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.



- Demographic information for the FHMC’s primary service area taken from Claritas Pop-Facts 2020; SG2 Market Demographic Module provides data on the following:
  - **Total Population:** 184,164
  - **Race:**
    - 68.6% White
    - 2.0% Black/African American,
    - 21.7% Hispanic or Latino
    - 4.0% Asian/Pacific Islander
    - 3.6% All Others
  - **% Below Poverty:** 6.5%
  - **Unemployment:** 4.2%
  - **No HS Diploma:** 8.6%
  - **Medicaid (household):** 6.4%
  - **Uninsured (household):** 4.0 %

## Community Need Index

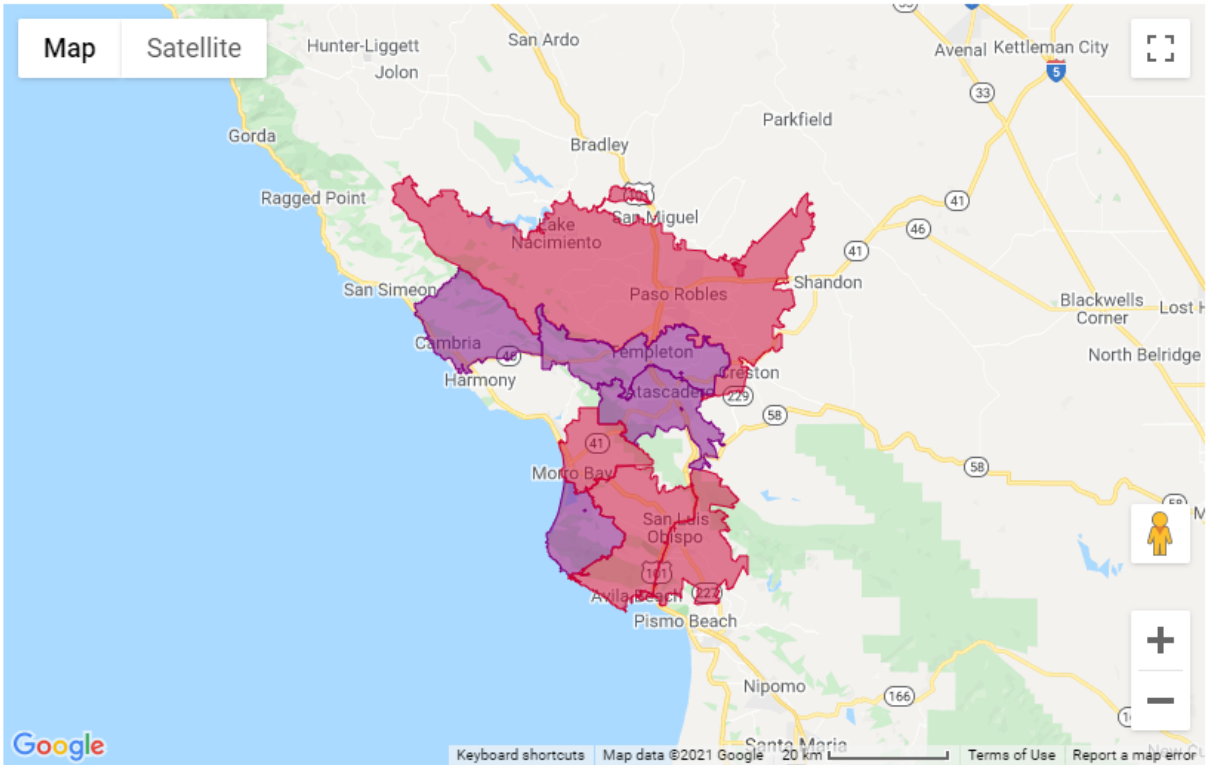
One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, 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.



Lowest Need Highest Need

■ 1 - 1.7 Lowest    
 ■ 1.8 - 2.5 2nd Lowest    
 ■ 2.6 - 3.3 Mid    
 ■ 3.4 - 4.1 2nd Highest    
 ■ 4.2 - 5 Highest



Mean(zipcode): 3.3 / Mean(person): 3.4                      CNI Score Median: 3.3                      CNI Score Mode: 3.2,3.6

Zip Code	CNI Score	Population	City	County	State
93401	3.6	29120	San Luis Obispo	San Luis Obispo	California
93402	3.2	13843	Los Osos	San Luis Obispo	California
93405	4	33595	San Luis Obispo	San Luis Obispo	California
93422	2.8	32769	Atascadero	San Luis Obispo	California
93428	3.2	6366	Cambria	San Luis Obispo	California
93442	3.6	11146	Morro Bay	San Luis Obispo	California
93446	3.4	47349	Paso Robles	San Luis Obispo	California
93465	2.6	9976	Templeton	San Luis Obispo	California

## Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited to, conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

### Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in May 2019.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at <https://www.dignityhealth.org/central-coast/locations/frenchhospital/about-us/community-benefits> or upon request at the hospital's Community Health office.

### Significant Health Needs

The most recent community health needs assessment identified the following significant community health needs:

- Improve access to primary health care, dental care, and behavioral health
- Focus on underserved needs of the aging, more mature population
- Chronic disease prevention and management

#### Significant Needs the Hospital Does Not Intend to Address

The hospital intends to take actions to address all of the prioritized significant health needs in the CHNA report, both through its own programs and services and with community partners. Lists and descriptions of those planned actions are included in this report.

## 2021 Report and 2022 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY21 and planned activities for FY22, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital works to evaluate impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.



## Creating the Community Benefit Plan

French Hospital Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Rooted in Dignity Health's mission, vision and values the Community Board and Community Benefit Committee are composed of community members who provide stewardship and direction for the hospital as a community resource (see page 35). These parties review community benefit plans and program updates prepared by the hospital's community health manager and other staff.

As a matter of Dignity Health policy, the hospital's community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- Focus on Disproportionate Unmet Health-Related Needs
- Emphasize Prevention
- Contribute to a Seamless Continuum of Care
- Build Community Capacity
- Demonstrate Collaboration

Program planning for fiscal year 2021 included the review of existing activities for effectiveness, the need for continuation, or the need for enhancement. Specific attention was given to the program's ability to address the identified needs and serve the vulnerable population. Members from the Community Benefit Committee, senior leadership, clinical experts and program owners met to evaluate the existing programs and develop new programs. Current literature along with Healthy People 2020 were utilized when identifying program goals and developing measurable outcomes. Collaboration with community partners also led to improved program design, best practices and effective interventions. These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Committee, senior leadership, Community Board and the system office (Dignity Health) receive regular program updates.



FHMC will continue to partner with community-based organizations, community health clinics and other community partners providing services and activities which will be dependent by the current COVID-19 situations such as health fairs, free health screening events, and health education programs to promote, educate, and help bridge the gap between services and the underserved. Working together with Latino Health Coalition we will continue to develop increased awareness and attendance among the Latino community for nutrition, chronic disease management, health screenings, diabetes, cardiovascular disease, stroke and cancer awareness.

## Impact of the Coronavirus Pandemic

As the stay home orders and COVID-19 restriction began to be lifted French Hospital Medical Center remained vigilant and proactive in collaborating with San Luis Obispo County Public Health, and accessing the needs of our community partners. Due the resurgence of COVID-19 and the Delta Variant, the bilingual COVID-19 Information line was reactivated and staffed by the Community Health Department with the focus of assisting those callers needing help obtaining a vaccine appointment. Bilingual vaccine PSAs were developed and aired on the local radio stations and television stations. Ongoing collaboration efforts between San Luis Obispo Public Health, City of Paso Robles, and FHMC Community Education focused on developing COVID-19 vaccine education outreach to the Latino population which resulted in the establishing mobile vaccine clinics in strategic neighborhoods in SLO County.

## Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.



### Health Need: Access to Primary Health Care, Dental Care, and Behavioral Health

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Dignity Health Community Grants Program	<ul style="list-style-type: none"> <li>Fund Accountable Care Communities (ACC) whose goal is to provide access to health care, dental care, medical prescriptions, and behavioral health care.</li> </ul>	☒	☒
Support Groups	<ul style="list-style-type: none"> <li>Free cancer, diabetes, stroke, and grief support groups offered.</li> </ul>	☒	☒
Financial assistance programs	<ul style="list-style-type: none"> <li>Financial assistance programs</li> </ul>	☒	☒
PMAD	<ul style="list-style-type: none"> <li>Provide mental health support to families impacted by perinatal mood and anxiety disorder.</li> </ul>	☒	☒

**Impact:** Increase access to free medical care and community resources to provide early detection, prevention, and management of illness. Increase smooth transitions for discharged patients by providing access to “medical homes” and pharmaceutical patient assistance programs

**Collaboration:** Planned collaboration with SLO Noor free medical and dental clinics, FHMC care coordination and social work departments, Alliance for Pharmaceutical Assess (APA Inc.), Hearst Cancer Resource Center, Pacific Central Coast Health Centers, and FHMC Community Health Department.



### Health Need: Aging, more Mature Population

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Dignity Health Community Grants Program	<ul style="list-style-type: none"> <li>Fund Accountable Care Communities (ACC) whose goal is to provide access to health care, dental care, medical prescriptions, and behavioral health care.</li> </ul>	☒	☒
Dignity Health Wellness programs	<ul style="list-style-type: none"> <li>Free evidence based self-management disease workshops.</li> </ul>	☒	☒
Financial assistance programs	<ul style="list-style-type: none"> <li>Financial assistance programs to cover basic needs, hospital bills, transportation vouchers, hotel vouchers.</li> </ul>	☒	☒
Faith Community Nursing/Health Ministry program digest	<ul style="list-style-type: none"> <li>Free program which approaches care as a “whole person” address the spiritual, physical, mental and social health of the person in their faith community</li> </ul>	☒	☒

**Impact:** Increase support for the development of an Adult Based Health Care Program which: approaches the needs of the mature adult in a whole person approach which should include the following: a lunch/nutrition program, caregiver program, behavioral wellness component, and end of life discussion component

**Collaboration:** Planned collaboration with Dignity Health’s Home Health, Care Coordination, Transitions Care Center, Social Work, Family Service Agencies, and Meals on Wheels, SB Foodbank, APA Inc., SLO Noor free medical clinics, Pacific Central Coast Health Centers, and Area on Aging Agency.



### Health Need: Chronic Disease and Management

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Dignity Health Wellness programs	<ul style="list-style-type: none"> <li>Free evidence based self-management disease workshops.</li> </ul>	☒	☒
Free Screening Mammogram clinics	<ul style="list-style-type: none"> <li>Cancer Care program offers free screening mammograms to women who are uninsured or underinsured.</li> </ul>	☒	☒
Faith Community Nursing/Health Ministry program digest	<ul style="list-style-type: none"> <li>Free program which approaches care as a “whole person” to address the spiritual, physical, mental and social health of the person in their faith community.</li> </ul>	☒	☒
Support Groups	<ul style="list-style-type: none"> <li>Free cancer, diabetes, stroke, and grief support groups offered.</li> </ul>	☒	☒

**Impact:** Increase cancer cardiovascular disease, diabetes, and stroke awareness, prevention, and management to the most vulnerable populations in SLO county and to increase early detection and management

**Collaboration:** Planned Collaboration with the Latino Health Coalition. Community Clinics of the Central Coast, Pacific Central Coast Health Centers, SLO Noor free clinics and SLO Public Health Department. FHMC Women’s Imaging center, Hearst Cancer Resource Center

## Community Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In FY21, the hospital awarded the grants below totaling \$ 81,592. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Los Osos Cares, Inc	Basic Needs and Resources for Vulnerable Seniors	\$ 35,468.00
SLO Noor Foundation	Dental Care Access and Service	\$ 35,468.00
Estero Bay Coalition	Coronavirus Pandemic Community Support Grant	\$ 2,664.00
Hospice of San Luis Obispo County	Coronavirus Pandemic Community Support Grant	\$ 2,664.00
Pregnancy & Parenting Support of San Luis Obispo County	Coronavirus Pandemic Community Support Grant	\$ 2,664.00
SLO Bangers Syringe Exchange and Overdose Prevention Program (NASEN)	Coronavirus Pandemic Community Support Grant	\$ 2,664.00

## Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.



## Cancer Prevention and Screenings

Significant Health Needs Addressed	<ul style="list-style-type: none"> <li>✓ Access to Healthcare, Dental Care including Behavioral Health</li> <li>❑ Aging, More mature Population</li> <li>✓ Chronic Disease Prevention and Management, including Cancer</li> </ul>
Program Description	<p>FHMC's Hearst Cancer Resource Center addresses medical, physical, social, financial, spiritual and emotional needs of cancer patients and their families. The Center provides expert care while advancing the understanding of early diagnosis, treatment, and prevention of cancer. Social and rehabilitative support services are provided for cancer patients, their families and loved ones that include consultations with oncology nurse, social worker, certified cancer exercise trainer and registered dietician.</p>
Community Benefit Category	<p>A1a, A1d, A1e-Community Health Improvement Services; A1e-Health Care Support Services; A2d- Community Based Clinical Services; E3d-Financial and In-Kind Donations</p>
<b>FY 2021 Report</b>	
Program Goal / Anticipated Impact	<p>Improve the health and well-being of the target population on the Central Coast Service Area through health education and screening for early detection and prevention on cancer.</p>
Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> <li>1. Increase patients served by 8% over the baseline of 89 = 96 breast cancer screening for 2021 FY.</li> <li>2. Obtain one grant to fund colonoscopy for the Latino population in the San Luis Obispo County.</li> <li>3. Offer 3 virtual Spanish language community clinical lectures by medical physicians.</li> <li>4. Increase virtual Spanish language Cancer Support group attendance by 25% over the baseline of 14 = 18.</li> <li>5. Develop and launch a virtual Spanish language Cancer Prevention Module. Offer 2 workshops in FY 20201.</li> </ol>
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> <li>1. Coordinate physician's referral orders with FHMC Women's Imaging weekly scheduled mammogram appointments.</li> <li>2. Expand the marketing and promotion of the free mammogram program with digital flyers to Dignity Health medical offices and clinics.</li> <li>3. Schedule regular calls with the breast cancer screening health community collaborators for continued awareness of breast cancer screening program.</li> <li>4. Participate with Dignity Health Central Coast Grants Manager to secure a colonoscopy grant for the underserved population.</li> <li>5. Develop a virtual Spanish language Cancer Prevention Module which includes general cancer prevention, self-exam, and screening.</li> <li>6. Expand the marketing and promotion of the Spanish language Cancer Prevention Module by outreaching to the Dignity Health medical offices, clinics and community health partners through digital flyers, e-blast, and social media.</li> </ol>



Collaboration	FHMC Women’s Imaging Center, Community Health Centers of the Central Coast, SLO Noor foundation, Community Action Partnership of SLO County, Peoples Self Help Housing, Central Coast Gastroenterology, SLO Oncology, HCRC Nurse Navigator, and numerous schools in the SLO County school district.
Performance / Impact	<ol style="list-style-type: none"> <li>1. Mammograms / Breast Screening for 2021 <ol style="list-style-type: none"> <li>a. With COVID-19 restrictions starting March 2020 all breast cancer screening clinics were cancelled for FY 21, but the lay navigator was able to support individual screenings from January – June 2021, totaling 89 mammograms</li> <li>b. Outcome: A total of 89 screenings, no cancers found</li> </ol> </li> <li>2. No grant was able to be secured for colonoscopies for the Latino population in the San Luis Obispo County in FY 2021.</li> <li>3. Spanish Community lectures for 2021: <ol style="list-style-type: none"> <li>a. Outcome: 1 physician lecture was recorded in Spanish and played on zoom and Facebook, 20 views.</li> </ol> </li> <li>4. Spanish Speaking Cancer Support Group for 2021 <ol style="list-style-type: none"> <li>a. Due to COVID-19 CDC and FHMC social distancing guidelines the Spanish Support Group was canceled starting in March indefinitely.</li> <li>b. Outcomes: 3 zoom meetings were held in Spanish for a total of 8 participants</li> </ol> </li> <li>5. Spanish presentations and Spanish cancer education module creation by the Community Cancer Educator for 2021: <ol style="list-style-type: none"> <li>a. Outcome: This position was vacant during FY 21, no educations were presented or created</li> </ol> </li> </ol>
Hospital’s Contribution / Program Expense	Hearst Cancer Resource Center and FHMC provided in kind space, nutritional services, advertisement, and printing. Program Expense \$29,306.
<b>FY 2022 Plan</b>	
Program Goal / Anticipated Impact	Offering patient navigation which involves outreach, health education, along with support of patient care, in their own language, offers patients a better understanding of how to access the resources which allows the patient to make more educated decisions and be involved in their own care.
Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> <li>1. Heath Fairs / Outreach: Participate in one health fair each month after it is deemed safe to have in-person health fairs = 6 for FY22.</li> <li>2. Mammograms: Offer 10 free mammogram clinic dates, with a target of 10 patients each clinic = 100 free mammograms in FY 22.</li> <li>3. Spanish Support Group: re-start a Spanish speaking monthly support group, with a goal of in-person groups, as soon as safe to do so = 6 for FY 22.</li> <li>4. Offer 3 Medical Professional community lectures in Spanish either in-person or recorded.</li> <li>5. Offer newsletter articles, program appropriate flyers and literature in Spanish and English = 5 Newsletters, 5 Flyers.</li> </ol>
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> <li>1. Hire a new Community Cancer Educator and track the number of health fairs and contacts made to the Hispanic community.</li> <li>2. Participate in all the Latino Health Coalition and French Hospital health fairs.</li> </ol>

	<ol style="list-style-type: none"> <li>3. Increase outreach to schools, churches and medical clinics that serve the Latino community.</li> <li>4. Expand the marketing and promotion of the free breast cancer screening clinics by outreaching to the Dignity Health medical offices and clinics via flyers, eblast and face-to-face.</li> <li>5. Schedule regular meetings with the breast cancer screening health community collaborators for continued promotion and awareness of these free clinics.</li> <li>6. Grow the collaboration with Spanish radio for public announcements and radio interviews.</li> <li>7. Offer cancer resources and cancer literature to those attending the free clinical breast cancer screenings.</li> <li>8. Distribute the flyer in the north county to churches, schools, vineyards, community health centers and health fairs.</li> <li>9. Distribute a support group flyer to all newly diagnosed Spanish-speaking cancer patients.</li> <li>10. Create and distribute Spanish flyers for all HCRC programs where appropriate.</li> <li>11. Conduct a survey to determine the cancer related topics request by the medically underserved Spanish population.</li> <li>12. Develop a list of new potential groups, organizations and business organizations to collaborate with.</li> <li>13. Create appropriate targeted posts for Facebook in Spanish.</li> <li>14. Coordinate with Oncology practices in SLO County to support Spanish-speaking patients' understanding of diagnosis and access to care.</li> <li>15. Create Spanish language patient folders to be given to all newly diagnosed patients.</li> <li>16. Create a new committee of key community partners to facilitate Spanish-speaking patients' enrollment into the "Every Woman Counts" program for Breast and Cervical health care – meet quarterly.</li> <li>17. Add a Spanish page and translation option to the HCRC website.</li> </ol>
<p><b>Planned Collaboration</b></p>	<p>FHMC Women's Imaging Center, Community Health Centers of the Central Coast, SLO Noor foundation, Community Action Partnership of SLO County, Peoples Self Help Housing, Central Coast Gastroenterology, SLO Oncology, HCRC Nurse Navigator, SLO County Women's Health office, Cancer Support Community, and numerous schools in the SLO County school district.</p>



## Cardiovascular Disease and Stroke

Significant Health Needs Addressed	<ul style="list-style-type: none"> <li>✓ Access to Healthcare, Dental Care including Behavioral Health</li> <li>☒ Aging, More mature Population</li> <li>☒ Chronic Disease Prevention and Management, including Cancer</li> </ul>
Program Description	<p>Cardiovascular disease/stroke is one of the leading causes of death in the north Santa Barbara and San Luis Obispo County. As the leading cardiac hospital in SLO County FHMC strongly emphasizes early dictation and prevention. Through a risk assessments and education program of cardiovascular and stroke it can enable community members to take control of their health and encourage follow-up and treatment of risk factors by their health care provider.</p>
Community Benefit Category	A1a – Community Health Education; A2d- Community Based Clinical Services; A1d – Community Health Education: Support Group
<b>FY 2021 Report</b>	
Program Goal / Anticipated Impact	Improve cardiovascular health and quality of life through prevention education, and management of risk factors for heart attack and stroke.
Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> <li>1. Increase attendance in our Healthy for Life (HFL) Nutrition Class and Diabetes Education Empowerment Program (DEEP) by 5%.</li> <li>2. Eighty percent of the participants in our HFL and DEEP workshop will identify 2 risk factors for cardiovascular disease and stroke.</li> <li>3. Eighty percent of the participants in our HFL and DEEP workshop will identify 2 ways to reduce their risk of cardiovascular disease and stroke.</li> <li>4. Forty percent of the participants attending our DEEP workshops will self-report taking their blood pressure during the course of the 6 week workshop.</li> </ol>
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> <li>1. Promote our ZOOM HFL and DEEP workshops on social media, hospital website, and other printed media outlets.</li> <li>2. Recruit participants using Octavia.</li> <li>3. Ask participants the 4 pre workshop questions on cardiovascular disease and stroke at the 3<sup>rd</sup> session for HFL and at the post survey phone call for DEEP participants.</li> <li>4. Track responses of the both pre and post workshop questions on cardiovascular disease and stroke on spreadsheet after each workshop.</li> <li>5. Ask DEEP participants to take their blood pressure and weight on the 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> session and record in their body measurement form in their manual.</li> <li>6. Instructors will track the blood pressure reading and weights on a spreadsheet of each participant that self-reports to them.</li> </ol>
Collaboration	Dignity Health Hospital Department: Cardiovascular, Stroke and Community Education, Community Partners, and Pacific Health Centers of the Central Coast.
Performance / Impact	<ol style="list-style-type: none"> <li>1. At total 87 of participants attended the ZOOM Healthy for Life workshops indicating a 9% increase from last year. A total of 63 participants attended the ZOOM DEEP workshops which indicated a</li> </ol>

	<p>5% increase from last year. Demographics of the participants were 75 Latino, 75 white, 137 females, 13 males.</p> <ol style="list-style-type: none"> <li>100 % of the participants attending either our HFL or DEEP workshop were able to identify 2 risk factors for cardiovascular disease and stroke post completion of the workshop. (Baseline 80%)</li> <li>92 % of the participants attending either our HFL or DEEP workshop were able to identify 2 ways to reduce their risk for cardiovascular disease and stroke post completion of the workshop. (baseline 80% )</li> <li>53 % of the participants attending our DEEP workshops will self-report taking their blood pressure during the course of the 6 week workshop (baseline 100%)</li> </ol>
Hospital's Contribution / Program Expense	Hospital provided in-kind space, nutritional services, advertising, and printing. Program Expense \$71,411.
<b>FY 2022 Plan</b>	
Program Goal / Anticipated Impact	Improve cardiovascular health and quality of life through prevention education, and management of risk factors for heart attack and stroke.
Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> <li>Eighty percent of the participants in our HFL and DEEP workshop will identify 2 risk factors for cardiovascular disease and stroke.</li> <li>Eighty percent of the participants in DEEP workshop be able to answer correctly on their posttest survey that carbohydrates break down to glucose which can affect their risk for heart disease and stroke.</li> <li>Eighty of the participants attending our DEEP workshops will be able to identify goals to help control their diabetes by answering yes on their posttest survey which can affect their risk of heart disease and stroke.</li> </ol>
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> <li>Promote our ZOOM HFL and DEEP workshops on social media, hospital website, and other printed media outlets.</li> <li>Recruit participants using Octavia.</li> <li>Track responses of the post workshop questions on carbohydrates and diabetes control.</li> </ol>
Planned Collaboration	Dignity Health Hospital Department: Cardiovascular, Stroke and Community Education, Community Partners, and Pacific Health Centers of the Central Coast.



## Diabetes Prevention and Self-Management Program

Significant Health Needs Addressed	<ul style="list-style-type: none"> <li>✓ Access to Healthcare, Dental Care including Behavioral Health</li> <li>☒ Aging, More mature Population</li> <li>☒ Chronic Disease Prevention and Management, including Cancer</li> </ul>
Program Description	Provide a comprehensive evidence-based diabetes management program which includes a program providing education with registered dietitian or nurse specializing in diabetes management. The program will improve behavior and self-management practices of diabetic patients; enhance and improve the access and delivery of effective preventive health care services.
Community Benefit Category	A1c.- Community Health Education: Individual Health Education for uninsured/under insured
<b>FY 2021 Report</b>	
Program Goal / Anticipated Impact	Increase diabetes self-management skills in the target population for pre diabetic and diabetics.
Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> <li>1. Increase DEEP series class participation by 5% from FY2020 results. (Goal will be 23. participants).</li> <li>2. 95% of the DEEP class series will indicate on a post survey that they enjoyed the series and it was beneficial for their diabetes management.</li> <li>3. Complete twelve one-on-one individual sessions per quarter from the Noor Clinic and referrals from French Hospital patient care coordinator.</li> <li>4. Aim for 28 attendees as the goal for the Zoom diabetes quarterly support meeting.</li> </ol>
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> <li>1. Continue access to Octavia to identify high risk diabetic patients to refer to diabetic class series and/or individual sessions.</li> <li>2. Collaborate with Cardio/Pulmonary Rehab department to identify clients who would benefit from DEEP classes and/or individual sessions.</li> <li>3. Offer four DEEP education class series with Registered Dietitian involvement.</li> <li>4. Offer ongoing support through quarterly educational group meetings/lectures via ZOOM.</li> <li>5. Implement post surveys on class series participates.</li> <li>6. Partner with the SLO Noor clinic by providing one on one nutrition and diabetes education counseling and to encourage these patients to attend ongoing community classes and various health promotion classes.</li> </ol>
Collaboration	Pacific Central Coast Health Centers, SLO Noor, Alliance for Pharmaceutical Access, Inc., Central Coast Patient Care Coordinators, CenCal, CHCCC, Central Coast Endocrinology, CAPSLO and Prado Day Center
Performance / Impact	DEEP participation was a challenge with COVID and need for ZOOM classes. We did, although exceed our goal of 23 participants for the year and the RD was involved with a majority of those nutrition classes.

	<p>We did well in terms of meeting participants' expectations of helping them understand their diagnosis better and they indicated the education improved their management of the disease.</p> <p>We continued to partner with SLO NOOR clinic and the Cardio/Pulmonary Rehab department by providing one on one nutrition and diabetes education. Some challenges arose in the year with office management turnover at SLO NOOR and the ongoing challenge of closing Cardio/Pulmonary Rehab (or limiting clients), and a new charting system with SLO NOOR, but we still met our goal of on average 12 clients per quarter.</p> <p>The diabetes support group participation faltered this year. We met 57% of our intended goal for the year. We believe that changing to the ZOOM format made clients less inclined to be involved as the social aspect of the meetings was lost in the Zoom format.</p>
Hospital's Contribution / Program Expense	Hospital provided in kind space, nutritional services, advertising, and printing. Program Expense: \$6,794
<b>FY 2022 Plan</b>	
Program Goal / Anticipated Impact	Increase diabetes self-management skills in the target population for pre diabetic and diabetics.
Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> <li>1. Increase DEEP series class participation by 5% from FY2021 results. (Goal will be 24 participants).</li> <li>2. 95% of the DEEP class series will indicate on a post survey that they enjoyed the series and it was beneficial for their diabetes management.</li> <li>3. Complete twelve one-on-one individual sessions per quarter from the Noor Clinic and referrals from French Hospital patient care coordinator.</li> <li>4. Aim for 25 attendees as the goal for the Zoom diabetes quarterly support meeting. Hold half of these meetings in the evening hours to include working individuals.</li> </ol>
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> <li>1. Continue access to Octavia to identify high risk diabetic patients to refer to diabetic class series and/or individual sessions.</li> <li>2. Collaborate with Cardio/Pulmonary Rehab department to identify clients who would benefit from DEEP classes and/or individual sessions.</li> <li>3. Offer four DEEP education class series with Registered Dietitian involvement.</li> <li>4. Offer ongoing support through quarterly educational group meetings/lectures via ZOOM.</li> <li>5. Implement post surveys on class series participants.</li> <li>6. Partner with the SLO Noor clinic by providing one on one nutrition and diabetes education counseling and to encourage these patients to attend ongoing community classes and various health promotion classes.</li> </ol>
Planned Collaboration	Pacific Central Coast Health Centers, SLO Noor, Alliance for Pharmaceutical Access, Inc., Central Coast Patient Care Coordinators, Cardio/Pulmonary





## Dignity Health Community Grants Program

Significant Health Needs Addressed	<ul style="list-style-type: none"> <li>✓ Access to Healthcare, Dental Care including Behavioral Health</li> <li>✓ Aging, More mature Population</li> <li>✓ Chronic Disease Prevention and Management, including Cancer</li> </ul>
Program Description	This program provides 501(3) c “accountable care communities” the opportunity to apply for funds designed to meet the hospitals health priorities identified in the Community Health Needs. Non-profit agencies will serve target populations identified in the CHNA providing services, activities and events to improve quality of life.
Community Benefit Category	E2-Cash and In-Kind Contributions
Program Goal / Anticipated Impact	Grant funds will be awarded to organizations in hospital service area to “Accountable Care Community” which align with the hospitals Community Health Needs Assessment and programs with an emphasis for those identified priorities health needs we are unable to address with Access to Behavioral Health and Dental Care. Due to the current COVID-19 Pandemic 25% of the funds will be granted to single non for profit organization whose daily operations has been affected by COVID-19.
Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> <li>1. 100% of funded Coronavirus Pandemic Impact Grants will address an emerging need due to COVID-19 situation.</li> <li>2. 100% of the funded ACC will schedule at least quarterly meetings to ensure outcomes are attained.</li> </ol>
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> <li>1. Send an information letter to community partner announcing the criteria to apply for Coronavirus Pandemic Impact Grants.</li> <li>2. Coach ACCs to provide more concise, comprehensive quarterly measurable outcomes.</li> <li>3. All funded ACC will submit timely quarterly sustainability report to Community Benefit Committee.</li> <li>4. Funded ACCs will present at Community Benefit Committee meetings.</li> </ol>
Collaboration	SLO Noor Foundation, Community Counseling Center, Transitions Mental Health Association, and other community organizations addressing the community health needs.
Performance / Impact	<ol style="list-style-type: none"> <li>1. Community Health Manager worked closely with local community agencies in forming Accountable Care Communities that would meet the needs of the hospitals prioritized health needs.</li> <li>2. All ACC were scheduled to present at the quarterly Community Benefit meetings to give updates on their projects.</li> <li>3. 100% of funded ACCs have scheduled mid-year meeting to ensure outcomes are accomplished and they continue their work with the local hospital.</li> </ol>
Hospital's Contribution / Program Expense	Provided press releases to the local newspaper, media and, \$ 81,592 in grant money awarded to the community for the purpose of improving the quality of life of the residents of San Luis Obispo County.



**FY 2022 Plan**

<p><b>Program Goal / Anticipated Impact</b></p>	<p>Grant funds will be awarded to organizations in hospital service area to “Accountable Care Community” which align with the hospitals Community Health Needs Assessment and programs with an emphasis for those identified priorities health needs we are unable to address with Access to Behavioral Health and Dental Care.</p>
<p><b>Measurable Objective(s) with Indicator(s)</b></p>	<ol style="list-style-type: none"> <li>1. Provide grant writing workshops in the Spring of each calendar year.</li> <li>2. Build richer ACCs that are focused on multiple significant health needs.</li> <li>3. 100% of funded ACCs will update local community benefit committees on their project.</li> <li>4. 100% of funded ACCs will schedule at least quarterly meetings to ensure outcomes are attained</li> </ol>
<p><b>Intervention Actions for Achieving Goal</b></p>	<ol style="list-style-type: none"> <li>1. Community Education Coordinator will work closely with agencies to form a more succinct “Accountable Care Community” (ACC) for services the hospital is unable to address itself.</li> <li>2. Coach ACCs to provide more concise, comprehensive quarterly measurable outcomes.</li> <li>3. All funded ACC will submit timely quarterly sustainability report to Community Benefit Committee.</li> <li>4. Funded ACCs will present at Community Benefit Committee meetings.</li> </ol>
<p><b>Planned Collaboration</b></p>	<p>SLO Noor Foundation, Community Counseling Center, Transitions Mental Health Association, and other community organizations addressing the community health needs.</p>



## Faith Community Nursing/Health Ministry Program

Significant Health Needs Addressed	<ul style="list-style-type: none"> <li>☒ Access to Healthcare, Dental Care including Behavioral Health</li> <li>☒ Aging, More mature Population</li> <li>☒ Chronic Disease Prevention and Management, including Cancer</li> </ul>
Program Description	<p>The Faith Community Nurse (FCN) program utilizes a Dignity Health employed Faith Community Nurse Coordinator who develops a faith community nursing program throughout the central coast market area. This includes rolling out a health ministry program at her local parish as well as training other nurses to become faith community nurses in their local faith community (church, synagogue, parish, or local community). This is a program that includes collective partnership with nurses who might do this as a volunteer or paid by their faith community and a collaboration with these faith communities to provide a coalition of support through sharing or resources for training and/or support.</p> <p>Faith community nurse programs use the nursing process to address the spiritual, physical, mental, and social health of those part of a local faith community. This is done in relationship with the local faith community and its leadership. With the intentional focus on spiritual health, the Faith Community Nurse primarily uses intervention of education, counseling, prayer, presences, active listening, advocacy, referral, and wide variety of resources available to the faith and healthcare community.</p>
Community Benefit Category	A1-c Community Health Education
<b>FY 2021 Report</b>	
Program Goal / Anticipated Impact	The approach to care is “whole person” and addresses the spiritual, physical, mental and social health of the members and the greater community.
Measurable Objective(s) with Indicator(s)	There is an intentional focus on spiritual health, the FCN/HM will use active listening, consultation, counseling, decision making support, education, emotional and spiritual support, presence and referral. The individual interactions will be collected and recorded in a secure documentation system. Each FCN will have a Collaborative Agreement with the Faith & Health Partnership and make 20 contacts per quarter.
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> <li>1. Promote growth of the FCN/Health Ministry Concept in the community, which will enhance the link between hospital and the community.             <ol style="list-style-type: none"> <li>a. Commission, Hospital Staff/ Chaplains and Spiritual/Church communities</li> </ol> </li> <li>2. Provide Faith Community Nurse (FCN) Course for RNs that are interested in Health Ministry to become FCN in their own congregation/place of worship             <ol style="list-style-type: none"> <li>a. Offer 2 FCN courses per year</li> </ol> </li> <li>3. Establish a team of health ministers/health advocates that have a combined knowledge, experience and willingness to serve to implement programs that respond to the unique needs of the congregation and surrounding community.             <ol style="list-style-type: none"> <li>a. Each FCN will Survey his/her Church community and provided the identified programs/support for that population.</li> </ol> </li> </ol>

	<ul style="list-style-type: none"> <li>b. The Program Coordinator will be available to the team and have quarterly Support meetings.</li> </ul> <p>4. Partner with other Community Benefit participants (i.e. Health and Wellness Programs – Health for Nutrition class, Healthier Living - Your life Take Care, DEEP and Fall Prevention)</p> <ul style="list-style-type: none"> <li>a. Consult with Community Benefit Program Manager Monthly to Coordinate identified programs.</li> </ul>
Collaboration	Work with Catholic Health Initiatives on the Mission and Ministry Grant Project. The purpose of the project is to establish quality documentation of the value added by the services provided by Faith Community Nursing and Health Ministers (FCN/HM).
Performance / Impact	<p>Over the last year we had hopes of growing the Central Coast Service Area Faith Community Nurse Program. However, due to COVID-19, with many faith communities not meeting in person it became very difficult to move forward as planned. In 2020 seven local nurses took the Foundations of FCN Course (30 hours of training) which was completed July 2020. In the midst of the pandemic those nurses found creative ways to provide mentoring, consulting, and education as well as offering resources to faith-based programs in our local community. Some of these activities include giving COVID vaccinations as well as COVID education and support (i.e. helping church members register for shots and arranging transportation and addressing reasons for vaccine hesitancy). The nurses have proven to be a trusted individual available to answer questions for people in their community and were able to provide evidence based information. Because we were not able to start formal parts of our program (i.e., signing collaborative agreements, doing needs assessments in the congregation, etc.) we chose to count the 1,260 contacts from various health ministries conducted by the FCNs throughout the Central Coast market for these last 2 quarters.</p> <p>By Zip code FHMC = 596    MMC/AGCH = 664</p> <p>93401 – 312                      93454 - 378</p> <p>93402 – 89                              93445 - 126</p> <p>93422 – 195                      93455 - 160</p>
Hospital's Contribution / Program Expense	Hospital provided in kind space, nutritional services, advertising, and printing. Program Expense:\$42,407
<b>FY 2022 Plan</b>	
Program Goal / Anticipated Impact	Support growth of the FCN program which will result in enhanced “whole person” (spiritual, physical, mental and social) health to naturally occurring groups of people in the community.
Measurable Objective(s) with Indicator(s)	<ul style="list-style-type: none"> <li>1. Increase the number of signed Collaborative Agreements throughout the central coast market area: <ul style="list-style-type: none"> <li>a. 2 agreements in Santa Maria/Orcutt</li> <li>b. 2 agreements in San Luis Obispo</li> <li>c. 1 agreement in Arroyo Grande</li> </ul> </li> <li>2. Increase the number of trained Faith Community Nurses by 6</li> <li>3. Each FCN will conduct a needs assessment for their faith community.</li> </ul>

<p>Intervention Actions for Achieving Goal</p>	<ol style="list-style-type: none"> <li>1. Formalize the relationships and expectations-Signed Collaborative Agreements             <ol style="list-style-type: none"> <li>a. Coordinator to meet with each FCN to understand the unique needs and expectations of each community.</li> <li>b. Coordinator to set up quarterly coalition meetings that can be in person and via zoom. Rotation in person locations so different areas can “host” the meeting. Set an agenda, allow new items to be added from the FCN as needs arise. A special speaker at each meeting to share about “resources” within the community or some other development type of activity. Start with a presentation on advanced care planning.</li> </ol> </li> <li>2. Offer additional training for other nurses interested in FCN. Develop a timeline for next training with location (keep as in person and also zoom). Advertise to local DH nurses, to community board members, to local parishes, etc. Target poor areas (high CNI’s) as well as Spanish speaking congregations.</li> <li>3. Coordinator will work with each FCN and share tools that can be used at the local faith community level to do a needs assessment. After needs assessment Coordinator will meet with the FCN’s and review their annual plan based on each unique needs assessment.</li> </ol>
<p>Planned Collaboration</p>	<p>Collaborate with local nurses, faith communities and their leaders, non-profit organizations, our community health department of the hospital and the county. Work with Catholic Health Initiatives on the Mission and Ministry Grant Project.</p>



## Perinatal Mood and Anxiety Disorder Program

Significant Health Needs Addressed	<ul style="list-style-type: none"> <li>✓ Access to Primary Health Care including Behavioral Health</li> <li>❑ Aging, More Mature Population</li> <li>❑ Chronic Disease Prevention and Management, including Cancer</li> </ul>
Program Description	This program provides mental health support for families in San Luis Obispo county who are impacted by Perinatal Mood and Anxiety Disorder (PMAD) by engaging pediatricians, obstetricians, primary care providers, community-based organizations, and other key stakeholders in maternal health to address the needs of a woman's mental health during and after pregnancy. There is no other program in SLO County that provides this service to the community.
Community Benefit Category	A1-a Community Health; A2-d Community-Based Clinical Services

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Program Goal / Anticipated Impact	To support pregnant and postpartum women and their families by facilitating access to needed social and behavioral health services
Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> <li>1. Forty-five pregnant and postpartum women will attend The Mommy Hour, the PMAD support group.</li> <li>2. Twenty women will be referred to appropriate community resources.</li> <li>3. At least three women per month will receive individualized navigation support, connecting them to behavioral health support and community resources.</li> <li>4. At least one provider office per month will receive technical support related to improved screening and referrals for mental health support.</li> </ol>
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> <li>1. Flyers for The Mommy Hour will be distributed electronically to community partners, directly to patients identified by hospital staff as high-risk for PMAD, and physically posted where relevant.</li> <li>2. Connect women to psychiatric care, individual and/or group counseling and community programs to help strengthen the family system.</li> <li>3. Provide technical assistance via phone, email, and in-person meetings to help enhance coordination of care for their patients.</li> </ol>
Collaboration	San Luis Obispo County Public Health Department; CHC; Pregnancy and Parenting Support of SLO;
Performance / Impact	<p>In FY 21, 124 referrals were received from French, two Dignity Health OB clinics, and community programs. There were a total of 692 deliveries in FY 21 at French. This means approximately 18 percent of patients were referred for additional PMAD support, although not all women who were referred to the PMAD program delivered at French.</p> <ul style="list-style-type: none"> <li>● Total number of referrals:             <ul style="list-style-type: none"> <li>○ French: 68 (55%)</li> <li>○ PHC San Luis Obispo (clinics): 43 (35%)</li> <li>○ Other: 13 (10%)</li> </ul> </li> <li>● 38 (31%) patients connected to a therapist</li> <li>● All referrals with the exception of one patient was English-speaking.</li> </ul>

	<p>Additional referrals were provided to support groups, public health nursing, psychiatrists, community agencies, breastfeeding and parenting support.</p> <p>Office visits were limited due to the pandemic. Instead, technical support was provided via phone and email, focusing on regular screening for high-risk patients.</p> <p>In FY 21, there were 398 participants in the weekly support group, The Mommy Hour. This reflects repeat attendees.</p>
Hospital's Contribution / Program Expense	Hospital provided in kind space, nutritional services, advertising, and printing. Program Expense: grant funded
<b>FY 2022 Plan</b>	
Program Goal / Anticipated Impact	To support pregnant and postpartum women and their families by facilitating access to social and behavioral health services
Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> <li>1. At least 300 pregnant and postpartum women will attend The Mommy Hour, the PMAD support group.</li> <li>2. At least 75 women will be referred to appropriate community resources.</li> <li>3. At least three women per month will receive individualized navigation support to help connect them specifically to behavioral health services.</li> </ol>
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> <li>1. Flyers for The Mommy Hour will be distributed electronically to community partners, directly to patients identified by hospital staff as high-risk for PMAD, and physically posted where relevant.</li> <li>2. Assist patients with referrals to community resources such as support for lactation, parenting, basic needs, and other relevant needs.</li> <li>3. Connect women to psychiatric care, individual therapy, and/or support groups.</li> </ol>
Planned Collaboration	San Luis Obispo County Public Health Department; CHC; Pregnancy and Parenting Support of SLO; Community Counseling Center; private therapists

## Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

- Health Professions Education at FHMC is offered by providing the following;
  - clinical setting for undergraduates training and internships for dietary professionals, technicians, physical therapist, social workers, pharmacists, and other health care professionals from universities and colleges;
  - hospital experience based training opportunities for nursing students needing to conduct clinical rounds; and
  - partners with local community college by donating money so the college could disperse funding as needed for purpose of addressing community wide workforce issues such as school –based programs on health care careers.
- The Anderson Hotel Homeless Respite Care program is collaboration between FHMC and the Housing Authority of SLO County in which a room is reserved for FHMC homeless discharged patients that need respite care. Quarterly, FHMC donates amenity bags containing personal hygiene products to Prado Day Homeless Shelter and El Camino Homeless Organization shelter.
- Supporting the efforts to address mental health and homelessness FHMC has committed to donating funds for the next 5 years to Transitions-Mental Health Association for their Bishop Street Studio Project, a project addressing housing options that will be available for mental health homeless individuals.
- Human Trafficking (Suspected Abuse Task Force) – Human Trafficking (Suspected Abuse Task Force) – This initiative was launched in FY 2015 with an emergency response team established and a roll out of the first phase of education and training for hospital clinical staff to increase awareness. Training has been expanded to include annual training, training of all new employees, and training to other hospital departments. Since the launch the task force has decided to include and address all types of suspected abuse. The task force includes Marian, Arroyo Grande, and French Hospitals. The manager of community health represents the hospital at the county human trafficking task force acting as their community liaison.
- Our Prenatal and New Parent Education Program provided education to mothers, and their partners, regarding prenatal preparation, birth classes and family support classes. Our breastfeeding clinic in San Luis Obispo clinic has provided 2,158 lactation consultations for FY 2021.
- San Luis Obispo County Housing Trust Fund (HTF)  
HTF has two loans with Dignity Health. The first loan for \$500,000 was approved in 2011 and the 2nd loan for \$500,000 was approved in November 2015. Funds to HTF help the organization respond to increased demand for local affordable housing projects. Preference is given to projects that benefit women and children, and can include single-family ownerships as well as multifamily rental units. Special-needs housing may include transitional housing and group and supportive housing. HTF provides financing and technical assistance for local affordable housing projects, and advocates for affordable housing legislation, programs, and projects at the local, state, and federal levels.

- Employees donated to the following drives: Stuff the Bus virtual drive, Salvation Army Angel Tree, and Vitalant Blood drives.
- French Hospital Medical Center engages in a variety of essential community building activities as a means to further the mission of advocacy, partnership, and collaboration. Activities during FY2020 included executive, system leadership and staff involvement in community boards such as: Cencal Health Board, Hospital Council of Northern and Central California Board, American Heart Association, YMCA of SLO County, San Luis Obispo Health Commission, Adult Services Policy Council, Long term Ombudsman program, Healthy Eating Active Living (HEAL-SLO), Cal Poly Prevention Committee, Latino Health Coalition of SLO County, ACTION: For Healthy Communities, SLO County Human Trafficking Task Force, and Promotores Collaborative of SLO County



## Economic Value of Community Benefit

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

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#### Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2020 through  
6/30/2021

	Person s	Expense	Revenue	Net Benefit	% of Expense
<b><u>Benefits for Poor</u></b>					
<b>Financial Assistance</b>	<b>1,616</b>	<b>916,690</b>	<b>0</b>	<b>916,690</b>	<b>0.5%</b>
<b>Medicaid</b>	<b>12,133</b>	<b>28,791,226</b>	<b>14,321,573</b>	<b>14,469,653</b>	<b>7.6%</b>
<b>Community Services</b>					
A - Community Health Improvement Services	6,979	1,160,141	54,018	1,106,123	0.6%
C - Subsidized Health Services	2,158	27,443	0	27,443	0.0%
E - Cash and In-Kind Contributions	10	161,753	0	161,753	0.1%
F - Community Building Activities	0	1,580	0	1,580	0.0%
Totals for Community Services	0	51,906	0	51,906	0.0%
<b>Totals for Community Services</b>	<b>9,147</b>	<b>1,402,823</b>	<b>54,018</b>	<b>1,348,805</b>	<b>0.7%</b>
<b>Totals for Poor</b>	<b>22,896</b>	<b>31,110,739</b>	<b>14,375,591</b>	<b>16,735,148</b>	<b>8.8%</b>
<b><u>Benefits for Broader Community</u></b>					
<b>Community Services</b>					
A - Community Health Improvement Services	4,687	535,183	31,069	504,114	0.3%
B - Health Professions Education	82	165,479	0	165,479	0.1%
G - Community Benefit Operations	0	22,507	0	22,507	0.0%
<b>Totals for Community Services</b>	<b>4,769</b>	<b>723,169</b>	<b>31,069</b>	<b>692,100</b>	<b>0.4%</b>
<b>Totals for Broader Community</b>	<b>4,769</b>	<b>723,169</b>	<b>31,069</b>	<b>692,100</b>	<b>0.4%</b>
<b>Totals - Community Benefit</b>	<b>27,665</b>	<b>31,833,908</b>	<b>14,406,660</b>	<b>17,427,248</b>	<b>9.2%</b>
<b>Medicare</b>	<b>53,736</b>	<b>95,929,526</b>	<b>70,516,633</b>	<b>25,412,893</b>	<b>13.4%</b>
<b>Totals with Medicare</b>	<b>81,401</b>	<b>127,763,434</b>	<b>84,923,293</b>	<b>42,840,141</b>	<b>22.5%</b>

# Hospital Board and Committee Rosters

## French Hospital Medical Center

### Community Board FY 21

Michael DeWitt Clayton, MD  
**Chair of the Board**  
Urologist, Retired

Anita Robinson  
**Vice –Chair of the Board**  
Banking Executive, 1st Capital Bank

Terrance L Harris  
Secretary  
Assistant Vice Provost for Admissions  
Operations & Enrollment Development, CPSU,  
SLO

Alan Iftiniuk  
President & CEO, French Hospital Medical  
Center

Boyd G Carano  
Of Counsel, Vinson & Elkins

James Copeland  
Co-Owner, Copeland Properties

Robert Doria, MD  
Cardiologist, Coastal Cardiology

Maria Escobedo, EdD  
Dean, No. County Campus & So. County Center  
Cuesta College

Ben Hoover  
Senior Employee Benefits Advisor/Practice  
Leader /Partner, Morris & Garritano Insurance  
Agency

Erik Justesen  
Foundation Board Chair

President & CEO, RRM Design Group  
Ermina Karim  
Past CEO, SLO Chamber of Commerce

Margaret Keeler, OSF  
LVN & Teacher, Retired

Bianca Lin, MSN, RN  
Retired Nursing Director

Thomas L Miller, MD  
Radiologist, Radiology Associates of SLO

Ahmad Nooristani, MD  
Hospitalist, SL Hospitalists

Sister Jeanne Rollins, OSF  
Educator

John Ronca  
Attorney-at-Law

Mike Ryan, MD  
Internist, Central Coast Chest Consultants

Andrea Tackett, MD  
Cardiologist, Chief of Staff

Wayne Simon  
Attorney-at-Law

Antonia Torrey, PhD, RN  
Nurse Educator, Retired

Ke-Ping Tsao, MD  
Retired physician

## **French Hospital Medical Center Community Benefit Committee FY2021**

Antonia Torrey, RN, PhD  
Nurse Educator, Cuesta College  
**Chair of the Committee**

Fr. Russell Brown  
Pastor, SLO Old Mission Church

Michael DeWitt Clayton, MD  
Chair of the Board  
Urologist, Retired

John Dunn  
Retired SLO City Manager

Alan Iftiniuk  
President & CEO, French Hospital Medical  
Center

Sister Jeanne Rollins, OSF  
Educator

Charlene Rosales  
Director of Governmental Affairs

Jackie Starr  
Interior Design  
FHMC Foundation Board  
Hearst Cancer Resource Center Advisory Board

Shannon D Acquisto  
Hearst Cancer Resource Center–  
FHMC Program Coordinator

Angela Fissell, RD  
Diabetes Prevention and Self-Management-  
FHMC Program Coordinator

Patricia Herrera, MS  
Manager of Community Health  
California Central Coast Market Area

Calandra Parks, RN  
Perinatal Mental Health Program Coordinator  
FHMC Program Coordinator

Jean Raymond, RN,GCNS-BC  
Faith Community Nursing/Health Ministry  
Program  
FHMC Program Coordinator

Kathleen Sullivan, PhD, RN  
Vice President Post-Acute Care Services  
Central Coast Service Area

Heidi Summers, MN, RN  
Senior Director, Mission Integration  
California Central Coast Market Area

Elizabeth Snyder  
Sr. Director-Administrative Services

Debbie Wettlaufer  
Chief Financial Officer  
French Hospital Medical Center