

French Hospital Medical Center

Community Benefit 2023 Report and 2024 Plan

Adopted October 2023



A message from:

Patrick Caster, President, and Terrance L Harris, 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 Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit 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 2023 Report and 2024 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) for not-for-profit hospitals to 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 2023 (FY23), French Hospital Medical Center provided \$12,585,481 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$29,710,560 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2023 Report and 2024 Plan at its October 19, 2023 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.






Patrick Caster, President & CEO

Terrance L Harris , Chairperson, Board of Directors

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At-a-Glance Summary

Community Served 	<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>
Economic Value of Community Benefit 	<p>\$12,585,481 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$29,710,560 in unreimbursed costs of caring for patients covered by Medicare</p>
Significant Community Health Needs Being Addressed 	<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"> • Educational Attainment • Access to primary health care, behavioral health, and dental health • Health Promotion and Prevention
FY23 Programs and Services 	<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 focused 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 \$90,299 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>
FY24 Planned Programs and Services 	<p>For FY24, the hospital plans to continue to offer the chronic disease and diabetes self-management workshops via the ZOOM platform. Develop collaborations with community partners to implement the Matter of Balance Fall Prevention workshop targeting our mature adult community. 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 Perinatal Mood Anxiety Disorder. Continue our Street Medicine program to SLO county and highlight our Physician Mentoring program to help address Educational Attainment.</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, San Luis Obispo CA 93401 or by e-mail to 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 acute care 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.

Dignity Health French Hospital Medical Center (FHMC) has been awarded a 5-Star Rating from the Centers of Medicare and Medicaid Services (CMS). The newly published 2023 CMS ratings report was released on July 26. According to CMS, this year 3,076 hospitals nationwide were eligible for the annual CMS star rating. Out of that number, 483 hospitals in the country received five stars, 47 of which are in California. French Hospital is currently the only five star rated hospital in San Luis Obispo County.

Dignity Health French Hospital Medical Center (FHMC) opened a brand new Heart Catheterization Lab with the most advanced technology and equipment, GE Allia IGS 730 fluoroscopy system. The new cath lab is located in the Copeland, Forbes and Rossi Cardiac Care Center in the hospital. The new state-of-the-art cardiac catheterization laboratory system brings the most advanced imaging technology to the Central Coast. This is the first of two identical catheterization lab systems which will be installed at French Hospital Medical Center, making French Hospital the only facility between Los Angeles and San Francisco to have this advanced diagnostic system. Patients will benefit from more precise and improved imaging of heart and vascular structures while receiving even lower radiation doses compared with the systems which have been replaced. This advanced technology will significantly enhance cardiovascular diagnostics and therapies for the patients in the community for many years to come.

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

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance

policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

French Hospital Medical Center (FHMC) 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. The FHMC defined community does not exclude any low-income or underserved populations and includes all members of the community. The communities served by FHMC align with the residence location for 75% of all inpatient discharges.

French Hospital Medical Center serves 93401 and 93405 San Luis Obispo; 93402 (Los Osos); 93422 (Atascadero); 93428 (Cambria); 93442 (Morro Bay); 93446 (Paso Robles); and, 93465 (Templeton). A summary description of the community is below. Additional details can be found in the CHNA report online.



According to the American Community Survey (2016-2020, 5-year average), the FHMC community is home to 186,377 residents, of which, approximately 47,000 reside within the City of San Luis Obispo.[1] Approximately 70% of the FHMC community considers themselves White alone, not Hispanic or Latino(a). The Hispanic or Latino (a) population of the FHMC community is approximately one-fifth (20.4%) of the total population, and the Asian community accounts for 4% of the total population. Additionally, nearly 4% of the FHMC community identifies as two or more races. The FHMC community is home to a youth/young adult population (under age 25) that accounts for over 65,000 residents. However, 36% (23,357) of these reside in zip code 93405 (San Luis Obispo), are between the ages of 18 to 24 years, and are likely affiliated with Cal Poly. High school graduation rates in the FHMC community (age 25 and over) varies by zip code and ranges from a low of 86.6% in zip code 93405 (San Luis Obispo) to a high of 96.9% in 93465 (Templeton).

The FHMC community is home to over 33,000 residents aged 65 years and over, or nearly 18% of the FHMC community. The majority of 65 and over residents in the FHMC community reside in Paso Robles, Atascadero, and San Luis Obispo. The U.S. Census reports that the median age in California is 36.7 years, which is lower than the median age of six FHMC communities. The median age in 93428 (Cambria) is 60.9 and in 93442 (Morro Bay) it is 50.7. The median age in 93446 (Paso Robles) just exceeds the state level, however 93402 (Los Osos) and 93465 (Templeton) are approximately 10 points above the state median age.

According to the U.S. Census, 2016-2020 American Community Survey 5-Year Estimates, poverty levels exceed state (12.6%) and national levels (12.8%) in the following FHMC community locations:

- Zip code 93401 (San Luis Obispo), 13.6% of the population are below 100% of the poverty level; and,

- Zip code 93405 (San Luis Obispo), 40.4% or 9,323 individuals are below 100% of the poverty line.

In addition to the residents captured by the formalized data sources above, the transient farmworker population drawn to work in the fields of San Luis Obispo County are supported by indigenous migrants from the Mexican states of Oaxaca and Guerrero. These indigenous migrants are often monolingual in their native pre-Hispanic indigenous language of Mixtec or Zapotec. According to the National Center for Farmworker Health in 2017, there were an estimated 17,771 farmworkers in San Luis Obispo County.

The 2022 San Luis Obispo County Point-in-Time Count was a community-wide effort conducted on February 23rd, 2022 revealed a total of 1,448 persons experiencing homelessness. This was a slight decrease in the number of individuals counted in 2019 (1,483).

FHMC Service area homelessness count:

- 385 individuals in San Luis Obispo;
- 234 individuals in Paso Robles;
- 93 individuals in Atascadero; and,
- 79 individuals in Morro Bay.

Demographic information for the FHMC's primary service area taken from Claritas Pop-Facts 2023; SG2 Market Demographic Module provides data on the following:

- **Total Population:** 184,375
- **Race:**
 - 64.6% White
 - 1.9 % Black/African American,
 - 23.2 %Hispanic or Latino
 - 4.0 % Asian/Pacific Islander
 - 6.3 % All Others
- **% Below Poverty:** 5.3 %
- **Unemployment:** 4.0 %
- **No HS Diploma:** 8.5 %
- **Medicaid (household):** 26.1 %
- **Uninsured (household):** 4.7 %

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 2022.

This document also reports on programs delivered during fiscal year 2022 that were responsive to needs prioritized in the hospital's previous CHNA report.

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 CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Educational Attainment	Adults with a lower educational attainment level have an increase in encountering barriers in obtaining quality health care and are more prone to being negatively impacted by other social determinants of health.	yes
Access to Primary Health Care, Behavioral Health, and Dental Health	Adults have barriers in accessing primary health care which also includes behavioral health and dental health.	yes
Health Promotion and Prevention	Adults have barriers accessing preventive health screenings awareness, and education	yes

2023 Report and 2024 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 FY23 and planned activities for FY24, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.



Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Community Benefit Plan

The hospital 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.

Hospital and health system participants included in the contribution in creating this implementation strategy and/or will help in the delivering of programs are the following: Care Coordination, Marian Residency Program, OB department, Nutrition Services, and Hearst Cancer Resource Center.

Community input or contributions to this implementation strategy included members from the Community Benefit Committee, senior leadership, clinical experts and program owners met to evaluate the existing programs and develop new programs. Collaboration with community partners also led to improved program design, best practices and effective intervention.

The programs and initiatives described here were selected on the basis of the current 2022 CHNA report and Healthy People 2030 were utilized when identifying program goals and developing measurable outcomes. 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 national CommonSpirit Health community health office receive regular program updates.



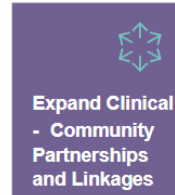
Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.



Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.




Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.


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: Educational Attainment			
Strategy or Program	Summary Description	Active FY23	Planned FY24
Community Health Improvement Grant program	<ul style="list-style-type: none"> Fund Accountable Care Communities (ACC) whose goal is to encourage higher education, adult literacy and medical literacy. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Physician Mentoring Program	<ul style="list-style-type: none"> The Dignity Health Physician Mentoring Program provides local high school and college students the opportunity to witness and understand the importance of professions in the medical field, from evaluation and treatment for follow-up care. Students participate in a rotation which introduces them to the many multidisciplinary facets of medicine. By exposing the students to many specialties, participants have a more complete understanding of the diversity of medical career opportunities 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health Professions Education	<ul style="list-style-type: none"> The hospital provides a clinical setting for undergraduate training and internships for dietary professionals, technicians, physical therapists, 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>


	<p>social workers, and pharmacists. Nursing students conduct their clinical rounding at the hospital.</p> <ul style="list-style-type: none"> The hospital provides the local community colleges financial support to further address community wide workforce issues, such as school-based programs for health care careers. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Financial assistance programs to improve access	<ul style="list-style-type: none"> Financial assistance programs are offered to medically underserved individuals to cover basic needs, hospital bills, transportation vouchers, and hotel vouchers. The cancer resource center also provides financial assistance for basic needs (mortgage payment assistance, rent, gas cards) to community members affected by cancer. 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Goal and Impact: Increase awareness of the different careers in health care and to encourage students toward the field of medicine.			
Collaborators: Planned collaboration San Luis Coastal School District, San Luis Lucia Mar School District, Allan Hancock College, Cuesta College, Future Leaders of America Inc.			

 Health Need: Access to Primary Health Care, Behavioral Health, and Dental Health			
Strategy or Program	Summary Description	Active FY23	Planned FY24
Community Health Improvement Grant program	<ul style="list-style-type: none"> Fund Accountable Care Communities (ACC) whose goal is to provide access to health care, dental care, medical prescriptions, and behavioral health care. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Wellness Support Groups	<ul style="list-style-type: none"> Provide mental health support to families impacted by perinatal mood and anxiety disorder (PMAD). Community support groups are offered to community members that have been affected by cancer, stroke, chronic illnesses, and grief. Prenatal education programs for expectant mothers. A breastfeeding program offers a warm line where mothers can all in with questions or come in to see a nurse. New mothers are also offered free lactation consults. 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Financial assistance programs	<ul style="list-style-type: none"> Financial assistance programs are offered to medically underserved individuals to cover basic needs, hospital bills, transportation vouchers, and hotel vouchers. The cancer resource center also provides financial assistance for basic needs (mortgage payment assistance, rent, gas cards) to community members affected by cancer. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chronic Disease Prevention and Self-Management Programs	<ul style="list-style-type: none"> Chronic Disease Self-Management Program and the Diabetes Education and Empowerment Program (DEEP) are offered to community members. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Street Medicine Program	<ul style="list-style-type: none"> In collaboration with the Marian Regional Medical Center Family Residency program, basic health and needs assessments are provided to unsheltered individuals in the FHMC service area. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Wellness Center (Crisis Stabilization Unit)	<ul style="list-style-type: none"> The Behavioral Wellness Center provides a safe haven for those individuals experiencing a mental health crisis. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Health Navigator Program	<ul style="list-style-type: none"> The Community Health department will coordinate with the Transition Care Center to develop a “whole person” approach, for example, the DEEP participants, in helping those patients navigate access to medical, behavioral health, and basic needs services. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Faith Community Nurse Program	<ul style="list-style-type: none"> Further develop and expand the FCN program throughout the CA Central Coast market. The FCN program will support the whole person including their spiritual, physical, mental and social well-being. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cancer Prevention and Screening Program	<ul style="list-style-type: none"> Support patients' psychosocial emotional needs and assess using the Distress Screening Tool. Conduct community outreach surrounding cancer awareness, nutrition, and screening. Provide financial support to medically underserved patients for transportation and genetic counseling. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Substance Use Navigation Program	<ul style="list-style-type: none"> Dedicated social workers assist patients presenting with Substance Use Disorder to link with appropriate resources. A naloxone distribution program is also part of the program. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Goal and 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

Collaborators: 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: Health Promotion and Prevention			
Strategy or Program	Summary Description	Active FY23	Planned FY24
Faith Community Nurse Program	<ul style="list-style-type: none"> • Further develop and expand the FCN program throughout the CA Central Coast market. • The FCN program will support the whole person including their spiritual, physical, mental and social well-being. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Behavioral Wellness Support Groups	<ul style="list-style-type: none"> • Provide mental health support to families impacted by perinatal mood and anxiety disorder (PMAD). • Community support groups are offered to community members that have been affected by cancer, stroke, chronic illnesses, and grief. • Prenatal education programs for expectant mothers. • A breastfeeding program offers a warm line where mothers can all in with questions or come in to see a nurse. New mothers are also offered free lactation consults. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chronic Disease Prevention and Self-Management Programs	<ul style="list-style-type: none"> • Promote to the community and provide Chronic Disease Self-Management Program and the Diabetes Education and Empowerment Program to community members. Conduct post workshop testing to determine efficacy of the program. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Goal and 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			

Collaborators: 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 Health Improvement 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 related to CHNA priorities.

In FY23, the hospital awarded the grants below totaling \$90,299. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Community Counseling Center	MARBLE- Multi-tiered Youth Mental Wellness Project	\$ 25,000
Los Osos Cares, Inc	The Estero Bay Resource and Outreach Project	\$ 35,000
SLO Noor Foundation	Oral Health Access : Service Expansion for Uninsured and Underinsured	\$ 30,299

Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.

 Behavioral Wellness Support	
Significant Health Needs Addressed	<ul style="list-style-type: none"> • Access to Primary Health Care, Behavioral Health, and Dental Health • Health Promotion and Prevention
Program Description	Program provides mental health support through individualized and group support.
Population Served	Underserved population that are seeking mental health support
Program Goal / Anticipated Impact	To support individuals living with a chronic illness and/ or pregnant and postpartum women and their families by facilitating access to needed medical, social and behavioral health services to achieve a healthier self.
FY 2023 Report	
Activities Summary	Outreach and recruitment of participants were done in various ways such as: sending electronic support group flyers to community partners, sending our electronic monthly community health newsletter to our networks, and developing a criteria workshop list in Cerner.
Performance / Impact	<ol style="list-style-type: none"> 1. The Chronic Disease monthly support group had 18 unduplicated individuals attend the support group. 2. The Pregnancy Hour had a total of 37 unduplicated individuals attend the sessions. 3. A total of 47 mommies attended the Mommy Hour and a total of 62 attended the PMAD support group. 4. A total of 50 individuals received appropriate community resources upon their request.
Hospital's Contribution / Program Expense	FHMC provided in kind space, advertisement, and printing. Program Expense: \$86,147
FY 2024 Plan	
Program Goal / Anticipated Impact	<ol style="list-style-type: none"> 1. A total of 20 unduplicated individuals will participate for the fiscal year in the monthly chronic illness support group. 2. A total of 30 pregnant women will attend The Pregnancy Hour support group. 3. At least 100 pregnant and postpartum women will attend The Mommy Hour, the PMAD support group. 4. A total of 40 individuals will be referred to appropriate community resources upon request.

Planned Activities

1. Recruit and invite participants that completed the Chronic Disease Self-Management program (CDSMP) and/or Diabetes Empowerment Education Program (DEEP) to the monthly support group.
 2. Flyers for The Mommy Hour and The Pregnancy Hour will be distributed electronically to community partners such as OB clinics, directly to patients during their hospital stays, and physically posted where relevant.
 3. Assist at least 40 patients with referrals to community resources such as support for lactation, parenting, basic needs, and other relevant needs.
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Cancer Prevention and Screening

Significant Health Needs Addressed	<ul style="list-style-type: none">• Access to Primary Health Care, Behavioral Health, and Dental Health• Health Promotion and Prevention
Program Description	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 workers, certified cancer exercise trainer and registered dietician.
Population Served	Underserved population emphasizing outreach to seniors.
Program Goal / Anticipated Impact	Offering patient navigation which 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.

FY 2023 Report

Activities Summary	<p>Measurable Results:</p> <p>1. Health Fairs / Outreach: Participate in one health fair each month after it is deemed safe to attend in-person health fairs (goal 6) Q1 - participated in 2 health fairs = 25% of goal. Q2 – participated in 2 health fairs = 25% of goal. Q3 - participated 3 health fairs = Annual Goal 100% now met Q4 – participated in 3 health fairs + goal exceeded</p> <p>2. Mammograms: Offer 10 mammogram clinic dates, with a target of 10 patients each clinic = 100 free mammograms in FY 23. Q1 - offered 3 clinics and supported 33 free mammograms = 33% of goal Q2 - offered 3 clinics and supported 43 free mammograms = 43% of goal Q3 - offered 2 clinics and supported 18 free mammograms = 100% of goal met Q4 – offered 3 clinics and supported 19 free mammograms = goal exceeded</p> <p>3. Support female patients to enroll in the Every Woman Counts program to gain sustained access to free annual mammograms and PAP smears. Enroll 40 new patients annually. Q1 supported 17 EWC sign-ups = 43% of goal Q2 supported 73 EWC sign-ups = 100 % of goal is met Q3 supported 15 EWC sign-ups = 100 % of goal is met Q4 supported 8 EWC sign-ups = goal exceeded</p> <p>4. Spanish Support Group: Host a Spanish speaking monthly support group, with a goal of in-person groups, as soon as safe to do so = 6 groups for FY 23. Q1 hosted 3 support groups for 7 participants = 50% of goal Q2 hosted 2 support groups for 6 participants = 40% of goal Q3 hosted 2 support groups for 6 participants = 100% of goal now met Q4 hosted 0 support groups in Q4 = annual goal met</p>
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	<p>5. Offer 3 community educational lectures in Spanish, either in-person or recorded. 0 lectures offered in Spanish for Q1 & Q2. Q3 offered a lecture using the whisper system, 9 Spanish-only speakers attended. 33% of the goal met. Q4 - offered 1 Spanish lecture – 26 participants, supported translation with whisper system to 6 participants at an English lecture = Q4 total 32 participants, 2 accessible lectures – 100% of Goal met</p> <p>6. Offer newsletter articles, program appropriate flyers and literature in Spanish and English = 6 Newsletters, 5 Flyers. Q1-Q4 offered 1 newsletter and 2 flyers = 17% of goal</p> <p>7. Post to social media in Spanish with appropriately targeted messages to support education of the community. 6 posts per year. Q1 -Q2- 1 post = 17% of goal Q3 -Q4 1 post = 17% of goal, 3 radio spots on Spanish Radio and 1 TV spot on Univision.</p> <p>8. Support the education of SLO County about the importance of HPV Vaccines in reducing future cancers. Host a quarterly meeting with collaborators. Q1 – Hosted 4 meetings - 100% of goal Q2 –Q3 Hosted 1 meeting goal 100% met Q4 – Hosted 0 meetings – goal met</p> <p>9. Offer 1 HPV vaccine clinic to reduce future cancer risk of HPV associated cancers. Q1 offered one HPV vaccine clinic = 100% of goal Q2 offered no clinic Q3-Q4 offered no clinic = 100% of goal already met</p> <p>10. Collaborate with clinics that provide medical care to the underserved to gain access to colon cancer screening kits. Provide 40 screenings. Q1 - Q4 Collaborating with CHC. Kits have been ordered but not yet arrive</p>
Performance / Impact	FY 2023 services were still affected by Covid closures to several parts of our programming, but we were very successful in getting patients access to care in multiple ways. We added and updated flyers and a website page in Spanish, we supported patient appointments in the medical practices with certified translation services. We supported mammograms to the underserved far exceeding our expectations. We also started translating and disseminating our newsletter in Spanish. We supported women in getting health care coverage and important cancer screenings
Hospital's Contribution / Program Expense	FHMC provided in kind space, nutritional services, advertisement, and printing. Program Expense: \$96,127
FY 2024 Plan	
Program Goal / Anticipated Impact	<p>1. Health Fairs / Outreach: Participate in one health fair = 6 for FY24</p> <p>2. Mammograms: Offer 10 mammogram clinic dates, with a target of 10 patients each clinic = 100 free mammograms in FY 24.</p> <p>3. Support female patients to enroll in the Every Woman Counts program to gain sustained access to free annual mammograms and PAP smears.</p>

	<p>Enroll 40 new patients annually.</p> <p>4. Spanish Support/Social Group: Host a Spanish speaking monthly group, with a goal of in-person groups, = 6 groups for FY 24</p> <p>5. Offer 3 community educational lectures in Spanish, either in-person or recorded, or supported through live translation in Spanish.</p> <p>6. Offer newsletter articles, program appropriate flyers and literature in Spanish and English = 4 Newsletters, 5 Flyers.</p> <p>7. Post to social media in Spanish with appropriately targeted messages to support the education of the community. 6 posts per year</p> <p>8. Support the education of SLO county about the importance of HPV Vaccines in reducing future cancers. Host a quarterly meeting with collaborators.</p> <p>9. Offer one physician led education focused on breast cancer.</p> <p>10. Provide 10 screenings. Offer 1 education about colorectal cancer.</p>
Planned Activities	<p>1. Support Lay Patient Navigators and track the number of health fairs and contacts made to the Hispanic community.</p> <p>2. Participate in all the Latino Health Coalition and French Hospital health fairs.</p> <p>3. Expand the marketing and promotion of the free breast cancer screening clinics by outreaching to the Dignity Health medical offices and clinics via flyers, and face-to-face.</p> <p>4. Schedule regular meetings with the breast cancer screening health community collaborators for continued promotion and awareness of these free clinics and services.</p> <p>5. Grow the collaboration with Spanish radio for public announcements and radio interviews.</p> <p>6. Offer cancer resources and cancer literature to those attending the free clinical breast cancer screenings, in both English and Spanish.</p> <p>7. Distribute flyers in the north county to churches, schools, vineyards, community health centers and health fairs.</p> <p>8. Distribute a support group flyer to all newly diagnosed Spanish-speaking to cancer patients.</p> <p>9. Create and distribute Spanish flyers for all HCRC programs where appropriate.</p> <p>10. Collaborate with free clinics to support health care disparities.</p> <p>11. Create appropriate targeted posts for Facebook in Spanish.</p> <p>12. Coordinate with Oncology practices in SLO County to support Spanish-speaking patients' understanding of diagnosis and access to care.</p> <p>13. Offer Spanish language patient folders for all newly diagnosed patients.</p> <p>14. Support 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.</p> <p>15. Update the Spanish page to the HCRC website quarterly, with appropriate support tools.</p>



Chronic Disease Prevention & Self-Management

Significant Health Needs Addressed	<ul style="list-style-type: none">• Access to Primary Health Care, Behavioral Health, and Dental Health• Health Promotion and Prevention
Program Description	Dignity Health evidenced based Wellness workshops offer the participant the ability to learn skills that will enhance their capability of managing their chronic disease and help others identify tools that will help them make healthier life choices to prevent/ reduce the acute/long term complications from chronic disease.
Population Served	Underserved population emphasizing outreach to seniors.
Program Goal / Anticipated Impact	Improve the confidence level of the workshop participants in their self-management and/or prevention of their chronic disease.
FY 2023 Report	
Activities Summary	Outreach and recruitment of participants were done in various ways such as: sending electronic workshop and support group flyers to community partners, sending our electronic monthly community health newsletter to our networks, and developing a criteria workshop list in Cerner. Follow up calls were completed 1 month after participants graduated from Chronic Disease Self Management Program (CDSMP), Diabetes Education Empowerment Program (DEEP), and/or Healthy For Life (HFL).
Performance / Impact	<ol style="list-style-type: none">1. 100% of the DEEP and CDSMP graduates were able to self-report that they were still practicing 2 of the workshop skills in their daily lives. The most popular skills mentioned were action planning and positive thinking.2. A total of 39 individuals attended the DEEP workshop which was a 7% increase from FY22.3. 34 one-on-one individual sessions were conducted by the dietician at SLO Noor free clinic.4. 22 individuals attended the quarterly diabetes support group.5. 100% of the HFL graduates were able to identify 2 risk factors for heart and stroke. The 2 most mentioned were being overweight and age.
Hospital's Contribution / Program Expense	FHMC provided in kind space, advertisement, and printing. Program Expense: \$148,166.
FY 2024 Plan	
Program Goal / Anticipated Impact	<ol style="list-style-type: none">1. 80% of the Chronic Disease Self-Management Program (CDSMP) and Diabetes Education Empowerment Program (DEEP) participants will self-report 1 month after completion of the program 2 self-management skills that they have continued to practice.2. Increase DEEP series class participation by 5 % from FY2023 results. (total for FY 23 was 39)

	<ol style="list-style-type: none"> 3. Complete twelve one-on-one individual sessions per quarter from the Noor Clinic and referrals from French Hospital patient care coordinator. 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. 5. 80% of the Healthy for Life participants will identify 2 risk factors for heart disease, stroke, and diabetes, 1 month after completion of the program.
Planned Activities	<ol style="list-style-type: none"> 1. Promote the Dignity Health Wellness workshops on community health quarterly newsletter, social media, hospital website, and other media outlets. 2. Contact and ask workshop HFL participants at 1 month after completion of the workshop to identify 2 risk factors for heart disease, stroke, and diabetes type 1. 3. Contact and ask workshop CDSMP and DEEP participants at 1 month after completion of the workshop to self-report 2 self-management skills that they have continued to practice. 4. Track the responses of the HFL, CDSMP, and DEEP on a spreadsheet. 5. Collaborate with the Cardio/Pulmonary Rehab department to identify clients who would benefit from DEEP classes and/or individual sessions. 6. Offer four DEEP education class series with Registered Dietitian involvement. 7. Offer ongoing support through quarterly educational group meetings/lectures via ZOOM. 8. 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. 9. Offer ongoing support through quarterly educational group meetings/lectures via ZOOM.



Community Health Improvement Grant Program

Significant Health Needs Addressed	<ul style="list-style-type: none">• Educational Attainment• Access to Primary Health Care, Behavioral Health, and Dental Health• Health Promotion and Prevention
Program Description	This program provides 501(3) c “accountable care communities” the opportunity to apply for funds designed to meet the hospital's 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.
Population Served	Underserved populations.
Program Goal / Anticipated Impact	Grant funds will be awarded to organizations in the hospital service area to “Accountable Care Community” which align with the hospitals Community Health Needs Assessment.
FY 2023 Report	
Activities Summary	A press release was sent to the media to inform the central coast of the upcoming Dignity Health Improvement Grant program. A grant criteria informational sheet was posted on the hospital website. The local grant representative facilitated any questions that came from potential applicants. The grantees were invited to present on their project’s progress at the quarterly community benefit meetings. Mid-year and final reports were collected from the grantees and sent to the system office by the due date.
Performance / Impact	Three accountable care communities were funded that help address: access to primary health care, behavioral health and oral health.
Hospital's Contribution / Program Expense	Provided press releases to the local newspaper, media and \$90,299 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 2024 Plan	
Program Goal / Anticipated Impact	<ol style="list-style-type: none">1. Build richer ACCs that are focused on multiple significant health needs.2. 100% of funded ACCs will update local community benefit committees on their project.3. 100% of funded ACCs will schedule at least quarterly meetings to ensure outcomes are attained.
Planned Activities	<ol style="list-style-type: none">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.2. All funded ACC will submit timely mid-year and final sustainability reports to the Community Benefit Committee.3. Funded ACCs will present at Community Benefit Committee meetings.



Faith Community Nursing/Health Ministry Program

Significant Health Needs Addressed	<ul style="list-style-type: none">• Access to Primary Health Care, Behavioral Health, and Dental Health• Health Promotion and Prevention
Program Description	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. 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
Population Served	Parish Congregation where Parish Nurses belong to emphasizing outreach to seniors.
Program Goal / Anticipated Impact	To support growth of the individual(s) by enhancing the health of the “whole person” (spiritual, physical, mental and social) through the FCN/HM Program.
FY 2023 Report	
Activities Summary	Three accountable care communities were funded that help address: access to primary health care, behavioral health and oral health.
Performance / Impact	The 4 active faith community nurses conducted the following services in their faith communities: blood pressure checks, one on one health education sessions, and when available flu and COVID-19 vaccines. The 4 faith community nurses reached 447 individuals.
Hospital's Contribution / Program Expense	FHMC provided advertisement, and printing. Program Expense: \$21,326 .
FY 2023 Plan	
Program Goal / Anticipated Impact	Program was put on pause due to restructuring.
Planned Activities	



Physician Mentorship Program

Significant Health Needs Addressed	<ul style="list-style-type: none">Educational Attainment
Program Description	Local central coast students shadow physicians and other healthcare professionals from various specialties to give them an opportunity to see the variety and importance of the medical profession.
Population Served	High School Students
Program Goal / Anticipated Impact	To encourage local high school and college students to pursue a career in the medical health field.

FY 2023 Report

Activities Summary	An outreach flyer was created to increase exposure of the program throughout the central coast. The flyer was distributed electronically to community partners and hard copies were distributed to local high schools and health events. A recruitment signed letter by the CEO/Presidents of the hospitals were sent out internally and external to health care professionals asking for their participation.
Performance / Impact	<ol style="list-style-type: none">80 doctors and medical assistants enrolled to participate in the mentoring program.40 nurses enrolled to participate in the mentoring program48 students were accepted to the mentoring program.Instead of Career Day at a middle school Dr. Monica Diaz provided a presentation to both parents and teens during their Familias Unidas monthly meeting sponsored by Future Leaders of America, Inc.
Hospital's Contribution / Program Expense	FHMC provided in kind space, nutritional services, advertisement, and printing. Program Expense: \$21,136

FY 2024 Plan

Program Goal / Anticipated Impact	<ol style="list-style-type: none">Increased enrollment in the program by 5% baseline for FY 2023 was 48.Increased participation among medical providers by 2% baseline for FY 2023 was 120.Extend program rotations to include the nursing profession.
Planned Activities	<ol style="list-style-type: none">Increase outreach to high school, colleges and alternative schools throughout the Central Coast service area.Contact high school and college counselors asking them for student referrals to the program.Increase recruitment of local physicians and obtain referrals to gain participation.Collaborate with the hospital department managers, directors, and administration to gain participation of the patient care nurses.Highlight program in the Community Health electronic newsletter which is distributed to community partners including medical facilities throughout the central coast area.Outreach to one middle school to pilot the Career Day: Medical field event.

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| | 7. Coordinate with the residency program on the format of the Career Day: Medical field event. |
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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 the purpose of addressing community wide workforce issues such as school –based programs on health care careers.
- The Street Medicine Outreach Program was expanded into the FHMC service area this fiscal year (FY23). The Street Medicine team is partnering with the Salvation Army of San Luis Obispo to address the needs of those unsheltered in the north county. The outings are conducted every third Thursday of the month. The team is composed of two physicians, a social worker, and two community health workers. Since March 2023 the team have encountered 105 unsheltered individuals in the north county: Paso Robles and Atascadero.
- Human Trafficking (Suspected Abuse Task Force) – This initiative was launched in FY 2015 . Key healthcare personnel within the Dignity system of care partnered to form the Suspected Abuse Task Force with a primary goal of education, process/protocol, and policy implementation. Since its implementation, 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.
- Substance Use Navigation Program: Marian, Arroyo Grande, and French Hospitals started a Substance Use Navigation in 2020. This program focuses on providing increased support through dedicated social workers to patients presenting with Substance Use Disorders. The primary goal of the provider is to provide assessment, intervention, and support while in hospital care, but also to link to appropriate resources with the flexibility to follow patients post-acutely as needed. Identified patients who are seen by providers after hours may also receive a follow up call from social work to coordinate care if/when appropriate. Naloxone Distribution Programs were also launched at all 3 hospital sites through the support of this program. Eventually, the plan for these programs are to work more formally through a population health lens.
- Homeless Health Initiative: In September 2020 Marian and Arroyo Grande launched their Homeless Health Initiative program. Through this system funded pilot position, a full time social worker was hired to specifically address the transitional care needs of patients experiencing homelessness. With dedicated knowledge to specific needs of patients experiencing

homelessness, this social worker provides inpatient and ER support and consultation on patients experiencing homelessness, works closely with the multi-disciplinary team on care plans for these patients, follows certain high risk patients to the next level of care including SNFs and respite care, joins community partners in performing street outreach and prevention/early intervention coordination of care, and is the social worker on our street medicine team. This social worker has helped to identify numerous mezzo and macro level factors that impact access to care and provision of care to patients experiencing homelessness, and has joined in community wide efforts to address homeless health needs. Due to the success of this program, this year French Hospital Medical Center replicated this program in a part time capacity. Eventually, the plan for these programs are to work more formally through a population health lens.

- The Medical Safe Haven (MSH) program at the Family Medicine Center at Marian Regional Medical Center, an area highly impacted by human trafficking. The MSH program creates a safe space where medical providers can offer ongoing care for victims and survivors of human trafficking, sex and/or labor, through the use of survivor-informed practices that help to minimize further trauma. This integrated-care model offers survivors the full spectrum of health services, including: primary care, prenatal and obstetrical care, newborn, pediatric and adolescent care, mental health support, vaccinations, STI testing and treatment, PrEP, telehealth, and other essential services. MSH will be serving victims and survivors of human trafficking, sex and/or labor in both Santa Barbara and San Luis Obispo counties. In FY 2023 MSH has already touched the lives of over 34 victims of human trafficking and provided over 84 clinical visits to support their physical and mental health needs.
- French Hospital Medical Center continues to contract with Herencia Indígena, a local agency which provides culturally appropriate Mixteco interpreters to support medical staff and the Mixteco community. FHMC has seen an increase of Mixteco speaking individuals coming in for medical services.
- 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 2,377 lactation consultations for FY 2023.
- Employees donated to the following drives: Salvation Army Angel Tree, SLO Food Bank Turkey Trot, 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 FY2023 included executive, system leadership and staff involvement in community boards such as: Hospital Council of Northern and Central California Board, American Heart Association, YMCA of SLO County, Adult Services Policy Council, Long Term Ombudsman program, SLO County Farmworker Task Force, Latino Health Coalition of SLO County, 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.

09/21/2023					
366 French Hospital Medical Center					
Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare and Bad Debt)					
For period from 07/01/2022 through 06/30/2023					
	<u>Persons</u>	<u>Expense</u>	<u>Offsetting Revenue</u>	<u>Net Benefit</u>	<u>% of Expenses</u>
Benefits for Poor					
Financial Assistance	6,315	\$1,972,346	\$0	\$1,972,346	0.9%
Medicaid	16,139	\$37,427,842	\$28,987,364	\$8,440,478	3.8%
Other Means Tested Programs	1	\$6	\$3	\$3	0.0%
Community Services					
A - Community Health Improvement Services	15,096	\$1,132,990	\$71,539	\$1,061,451	0.5%
E - Cash and In-Kind Contributions	1	\$167,351	\$0	\$167,351	0.1%
G - Community Benefit Operations	Unknown	\$58,122	\$0	\$58,122	0.0%
Totals for Community Services	15,097	\$1,358,463	\$71,539	\$1,286,924	0.6%
Totals for Benefits for Poor	37,552	\$40,758,657	\$29,058,906	\$11,699,751	5.3%
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	8,145	\$776,322	\$78,371	\$697,951	0.3%
B - Health Professions Education	197	\$178,153	\$0	\$178,153	0.1%
G - Community Benefit Operations	Unknown	\$9,626	\$0	\$9,626	0.0%
Totals for Community Services	8,342	\$964,101	\$78,371	\$885,730	0.4%
Totals for Broader Community	8,342	\$964,101	\$78,371	\$885,730	0.4%
Totals - Community Benefit	45,894	\$41,722,758	\$29,137,277	\$12,585,481	5.7%
Medicare	59,321	\$97,126,894	\$67,416,334	\$29,710,560	13.5%
Totals Including Medicare	105,215	\$138,849,652	\$96,553,611	\$42,296,041	19.3%

Hospital Board and Committee Rosters

French Hospital Medical Center

Community Board FY 24

Terrance L Harris
Chair
Assistant Vice Provost of Admissions &
Enrollment Development, CPSU, SLO

Boyd G Carano
Vice-Chair
Of Counsel, Vinson & Elkins

Wyatt Mello
Secretary
President & CEO and EVP, Mello Group

Craig Canfield, MD
Urologist, Urology Associates
Chief of Staff

Patrick Caster
President & CEO, French Hospital Medical
Center

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

Luke Faber, MD
Surgeon, CC Cardiothoracic Surgical Assoc.

Rachel Hulburd
Lawyer, Ronca Law

Ermina Karim
Past CEO, SLO Chamber of Commerce

Bianca Lin, MSN, RN
Retired Nursing Director

Thomas L Miller, MD
Radiologist, Retired

David Parro
Executive Dir, Noor Foundation

Anita Robinson
Banking Executive, Retired

Charlene Rosales
Deputy Director, Mission Community Services
Corp

Dale Rowland, MD
Pediatrician, Retired

Mike Ryan, MD
Internist, Central Coast Chest Consultants

Ke-Ping Tsao, MD
Plastic Surgeon, Retired

Kristen Yetter
President, Promega Sciences
Chair, Foundation Board

French Hospital Medical Center
Community Benefit Committee FY2024

Charlene Rosales
Director of Governmental Affairs
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

Patrick Caster
President & CEO, French Hospital Medical Center

David Parro
Executive Dir, Noor Foundation

Sister Jeanne Rollins, OSF
Educator

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

Heidi Summers, MN, RN
Senior Director, Mission Integration

Debbie Wettlaufer
Chief Financial Officer
French Hospital Medical Center