

French Hospital Medical Center

Community Benefit 2024 Report and 2025 Plan



Adopted October 2024



A message from

Sue Andersen, 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 drivers of health.

French Hospital Medical Center shares a commitment with others to improve the health of our community and promote health equity, and delivers programs and services to help achieve that goal. The Community Benefit 2024 Report and 2025 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. 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 2024 (FY24), French Hospital Medical Center provided \$14,079,548 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$25,122,870 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2024 Report and 2025 Plan at its October 17, 2024 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..

Sue Andersen
President

Terrance L. Harris
Chairperson, Board of Directors

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At-a-Glance Summary

Hospital HCAI ID: 106400480

Report Period Start Date: July 1, 2023

Report Period End Date: June 30, 2024

This document is publicly available online at: [Community Benefits](#) | [French Hospital](#) | [Dignity Health](#)

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>\$14,079,548 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$25,122,870 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.</p> <p>The hospital's net community benefit expenses for services to vulnerable populations and to the broader community are listed by category in the Economic Value of Community Benefit section of this report.</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
FY24 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 (CDSMP) workshops; Diabetes Prevention and Management and Diabetes Education Empowerment Program (DEEP). The Perinatal Mood and Anxiety Disorder (PMAD) program which provided mental health support for families and our Street Medicine Outreach program that serves those facing homelessness.</p>
FY25 Planned Programs and Services 	<p>For FY25, the hospital plans to continue to offer CDSMP, DEEP, Cardiovascular and Stroke lectures and offer mental health support to SLO county families impacted by PMAD via the ZOOM platform. Cancer preventions and screenings will continue. Develop collaborations with community partners to implement the Matter of Balance Fall Prevention workshop targeting our mature adult community. Continue with our Street Medicine Outreach and our Physician Mentoring Program.</p>

Written comments on this report can be submitted to the FHMC's Community Health Office, 1911 Johnson Ave. San Luis Obispo Ca. 93401 or by e-mail to patty.herrera@commonspirit.org.

Our Hospital and the Community Served

About French Hospital Medical Center

French Hospital Medical Center (FHMC) 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.

French Hospital Medical Center is proud to announce that it has been awarded an 'A' Hospital Safety grade by the Leapfrog Group for the 24th consecutive time since its launch in 2012. The accolade recognizes French Hospital as one of only 18 hospitals nationwide to have achieved this Straight 'A' distinction. Of those 18, only 2 are in California and French Hospital is the only one on the Central Coast to receive 24 Straight A's.

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

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. A summary description of the community is below. Additional details can be found in the CHNA report online.

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 2024 San Luis Obispo County Point-in-Time Count was community-wide and revealed a total of 1,175 persons experiencing homelessness. This was a decrease of 19% since the last Point-in-time count in 2022 (1,448).

FHMC Service area homelessness count:

- 512 individuals in San Luis Obispo;
- 144 individuals in Paso Robles;
- 128 individuals in Atascadero; and,
- 35 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. The hospital makes the CHNA report widely available to the public online at [Community Health Needs Assessments](#) and upon request from the hospital's Community Health office.

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.

Community Groups that Attended or Engaged in the CHNA:

- San Luis Obispo Public Health Department
- Herencia Indígena
- El Camino Homeless Outreach
- San Luis Obispo Promotores Collaborative
- San Luis Obispo Food Bank
- The Gala Pride and Diversity Center
- Housing Authority of the City of Paso Robles
- Center for Family Strengthening
- The Link
- Community Action Partnership of San Luis Obispo
- Prado 40 Homeless Shelter
- People Self Help Housing: Ocean View Manor
- Good Samaritan Shelter

Vulnerable Populations Represented by These Groups:

- Homeless
- Mixteco-speaking community
- LGBTQAI community
- Low income Seniors
- Low income families
- Mexican/ Latino families-Primary language is Spanish
- Persons with disabilities

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 Oral Health	Adults have barriers in accessing primary health care which also includes behavioral health and oral health.	yes
Health Promotion and Prevention	Adults have barriers accessing preventive health screenings awareness, and education	yes

2024 Report and 2025 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 FY24 and planned activities for FY25, 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 benefits 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, Trauma Program Services, Quality, and Hearst Cancer Resource Center.

Community input or contributions to this community benefit plan 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 was 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 system office (Dignity Health) receive regular program updates.



Community Health Core Strategies

Driven by a commitment to equity and social justice, we envision a future where health and well-being are attainable by all regardless of background or circumstance.

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 three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- Extend the care continuum by aligning and integrating clinical and community-based interventions.
- Strengthen community capacity to achieve equitable health and well-being.
- Implement and sustain evidence-based health improvement program initiatives.


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: Education Attainment			
Strategy or Program	Summary Description	Active FY24	Planned FY25
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"> Provides local high school and college students the opportunity to participate in a rotation which introduces them to the many multidisciplinary facets of medicine. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Spanish & Mixteco Interpreter/Advocacy	<ul style="list-style-type: none"> Provide bilingual bicultural interpreter services to hospital departments for non-English speaking patients. Provide Mixteco speaking individuals advocacy and navigation services for social/basic needs. The program supports in-patients, out-patients, and following hospital stay. 	<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, social workers, and pharmacists. Nursing students conduct their clinical rounding at the hospital. 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"/>
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, Allan Hancock College, Cuesta College, Future Leaders of America Inc., and Once Community Action.			

 Health Need: Access to Primary Health Care, Behavioral Health, and Oral Health			
Strategy or Program	Summary Description	Active FY24	Planned FY25
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"/>
Street Medicine Program	<ul style="list-style-type: none"> In collaboration with the Marian Family Residency program, basic health and needs assessments are provided to unsheltered individuals in the MPMC community. 	<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"/>
Behavioral Wellness Support Groups	<ul style="list-style-type: none"> Provide mental health support to families impacted by perinatal mood and anxiety disorder (PMAD). Medically vulnerable population “MVP” for infants born with special medical needs, have a monthly support group. Community support groups are offered to community members that have been affected by cancer, stroke, chronic illnesses, and grief. Prenatal education programs are offered in Spanish and English to 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 consultants. 	<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"/>
MRMC Medical Safe Haven Clinic for Human Trafficking	<ul style="list-style-type: none"> Provides a safe space where medical providers can offer a full spectrum of health services for victims and survivors of human trafficking. 	<input checked="" type="checkbox"/>	<input checked="" 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. Work with the school district to educate students and to help students understand cancer screening and prevention and so they can go talk to their parents and grandparents. With the goal to reduce cancer-related disparities in a largely rural and medically underserved population through the increase of health education. Provide bilingual navigation services through the oncology nurse navigator and oncology social worker to facilitate barriers to cancer awareness, prevention activities, screenings, healthcare, high risk cancer genetic counseling, nutritional counseling, 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	cancer rehabilitation and psychosocial support service .		
Spanish & Mixteco Interpreter/Advocacy	<ul style="list-style-type: none"> Provide bilingual bicultural interpreter services to hospital departments for non-English speaking patients. Provide Mixteco speaking individuals advocacy and navigation services for social/basic needs. The program supports in-patients, out-patients, and following hospital stay. 	<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"/>
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"/>
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, care coordination and social work departments, Alliance for Pharmaceutical Assess (APA Inc.), Hearst Cancer Resource Center, Pacific Central Coast Health Centers, and Community Health Department.			

 Health Need: Health Promotion and Prevention			
Strategy or Program	Summary Description	Active FY24	Planned FY25
Community Health Improvement Grant program	<ul style="list-style-type: none"> Fund Accountable Care Communities (ACC) whose goal is to provide awareness and education on wellness and prevention. 	<input checked="" type="checkbox"/>	<input checked="" 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. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	<ul style="list-style-type: none"> • Provide financial support to medically underserved patients for transportation, genetic counseling. • Work with the school district to educate students and to help students understand cancer screening and prevention and so they can go talk to their parents and grandparents. With the goal to reduce cancer-related disparities in a largely rural and medically underserved population through the increase of health education. • Provide bilingual navigation services through the oncology nurse navigator and oncology social worker to facilitate barriers to cancer awareness, prevention activities, screenings, healthcare, high risk cancer genetic counseling, nutritional counseling, cancer rehabilitation and psychosocial support service. 		
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"/>
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"/>
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 FY24, the hospital awarded the grants below totaling \$424,496. The figures below represent grant awards that the hospital made in conjunction with Arroyo Grande Community Hospital and Marian Regional Medical Center. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Health Needs Addressed	Amount
805 Street Outreach	805 Street Outreach	Health Promotion & prevention	\$50,000
Community Environmental Council	Minimizing community health Impacts from air pollution, pesticide exposure and extreme heat inGuadalupe and the Santa Maria Valley	Health Promotion & prevention	\$24,496
Community Counseling Center	Grief Awareness Treatment and Education Project (GRATE	Access to behavioral health	\$50,000
Good Samaritan	San Luis Obispo Sobering Center	Access to behavioral health	\$50,000
Lumina Alliance	Comprehensive Healthcare for Survivors of SexualAssault and Intimate Partner Violence in Rural SanLuis Obispo County	Health Promotion & prevention	\$50,000
One Community Action	Mental Health Youth Project : Mi VIDA	Health Promotion & prevention, Educational Attainment	\$50,000
Santa Barbara Foodbank	Food Prescription Program	Health Promotion & prevention	\$50,000
The Cecilia Fund	Oral Health Program for Cancer Patients	Access to Oral Health	\$50,000
The Salvation Army	Street Outreach Program: SLO County	Access to health care, Health Promotion & Prevention	\$50,000

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 2024 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. A total of 15 unduplicated individuals attended the chronic illness support group FY 2024. (FY 2023 18 total unduplicated goal was not achieved.) 2. A total of 24 unduplicated pregnant women attended The Pregnancy Hour support group FY2024.(FY 2023 37 unduplicated pregnant women goal was not achieved.) 3. A total of 53 pregnant and postpartum women attended The Mommy Hour, the 52 attended the PMAD support group for FY 2024.(FY 2023 100 women attended the Mommy Hour and the PMAD support group goal was achieved.) 4. A total of 33 referrals to appropriate community resources were given this quarter FY 2024. (FY 2023 40 community referral goal was not achieved.)
Hospital's Contribution / Program Expense	MRMC provided in kind space, advertisement, and printing. Program Expense: \$ 96,147
FY 2025 Plan	
Program Goal / Anticipated Impact	1. A total of 20 unduplicated individuals will participate for the fiscal year in the monthly chronic illness support group. (FY 2024 15 unduplicated)

	<p>2. A total of 30 pregnant women will attend The Pregnancy Hour support group. (FY 2024 24 women)</p> <p>3. A total of 110 pregnant and postpartum women will attend The Mommy Hour, the PMAD support group. (FY 2024 105)</p> <p>4. A total of 20 individuals will be referred to appropriate community resources upon request. (FY 2024 15 community referrals)</p>
Planned Activities	<ol style="list-style-type: none"> 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 groups. 2. Using Cerner Spanish and Mixteco speaking postpartum women will be contacted and invited to participate in Cambio de Vida con un Bebé, our culturally sensitive program name to be more discerning of the stigma attached to depression. 3. Assist at least 25 patients with referrals to community resources such as support for lactation, parenting, basic needs, and other relevant needs.



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 (HCRC) addresses medical, physical, social, financial, spiritual and emotional needs of cancer patients and their families. HCRC provides expert care while advancing the understanding of early diagnosis, treatment, and prevention of cancer. Social, -emotional and educational support services are provided for cancer patients, their families and loved ones that include consultations with oncology nurses, social workers, certified cancer exercise trainer and registered dietician and bilingual patient navigator.
Population Served	Underserved populations, emphasizing outreach to seniors.
Program Goal / Anticipated Impact	Offering patient bilingual navigation , 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 2024 Report

Activities Summary	<ol style="list-style-type: none">1.. Health Fairs / Outreach: Participate in one health fair each month after it is deemed safe to attend in-person health fairs (goal 6)2. Mammograms: Offer 10 mammogram clinic dates, with a target of 10 patients each clinic3. 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.4. Spanish Support Group: Host a Spanish speaking monthly support group, with a goal of in-person groups, as soon as safe to do so5. Offer 3 community educational lectures in Spanish, either in-person or recorded.6. Offer newsletter articles, program appropriate flyers and literature in Spanish and English7. Post to social media in Spanish with appropriately targeted messages to support education of the community.8. Support the education of SLO County about the importance of HPV Vaccines in reducing future cancers.
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	<p>9. Offer 1 HPV vaccine clinic to reduce future cancer risk of HPV associated cancers.</p> <p>10. Collaborate with clinics that provide medical care to the underserved to gain access to colon cancer screening kits.</p>
Performance / Impact	<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 - Q4: participated in 15 outreach events = 100% of total goal reached</p> <p>2. Mammograms: Offer 10 mammogram clinic dates, with a target of 10 patients each clinic = 100 free mammograms in FY 24. Q1 - Q4: participated in 11 clinics and supported 146 free mammograms = 100% of total goal reached</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 - Q4: supported 62 EWC sign-ups = 100% of total goal reached</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 - Q4: hosting postponed due to staffing. Goal not reached</p> <p>5. Offer 3 community educational lectures in Spanish, either in-person or recorded. Q1 - Q4: 8 lectures offered with live translation into Spanish fro Q4 = 100% of total goal reached</p> <p>6. Offer newsletter articles, program appropriate flyers and literature in Spanish and English = 6 Newsletters, 5 Flyers. Q1 - Q4: offered no new newsletters do to staff shortage, 7 new flyers = 50% of total goal reached</p> <p>7. Post to social media in Spanish with appropriately targeted messages to support education of the community. 6 posts per year. Q1 - Q4: 8 post = 100% of total goal reached</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 - Q4: Hosted 0 meetings -Goal not reached.</p> <p>9. Offer one physician led education focused on breast cancer. Q1 - Q4: 1 Breast cancer education panel offered in October for Q2 = 100% of total goal reached</p> <p>10. Provide 10 screenings. Offer 1 education about colorectal cancer. Q1 - Q4: Hosted 0 screenings or education about colorectal cancer -Goal not reached .</p>
Hospital's Contribution / Program Expense	FHMC provided in kind space, nutritional services, advertisement, and printing. Program Expense: \$ 98,127
FY 2025 Plan	
Program Goal / Anticipated Impact	<p>1. Health Fairs / Outreach: Participate in one health fair = 6 for FY25</p> <p>2. Mammograms: Offer 10 mammogram clinic dates, with a target of 10 patients each clinic = 100 free mammograms in FY 25.</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.</p> <p>4. Spanish Support Group: Host a Spanish speaking monthly support group with local collaborators, with a goal of in-person groups = 6 groups for FY 25.</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 one physician led education focused on HPV prevention and HPV related cancers.</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

1. Support Lay Patient Navigators and track the number of health fairs and contacts made to the Hispanic community.
2. Participate in all the Latino Health Coalition and French Hospital health fairs.
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.
4. Schedule regular meetings with the breast cancer screening health community collaborators for continued promotion and awareness of these free clinics and services.
5. Grow the collaboration with Spanish radio for public announcements and radio interviews.
6. Offer cancer resources and cancer literature to those attending the free clinical breast cancer screenings, in both English and Spanish.
7. Distribute flyers in the north county to churches, schools, vineyards, community health centers and health fairs.
8. Distribute a support group flyer to all newly diagnosed Spanish-speaking to cancer patients.
9. Create and distribute Spanish flyers for all HCRC programs where appropriate.
10. Collaborate with free clinics to support health care disparities.
11. Create appropriate targeted posts for Facebook in Spanish.
12. Coordinate with Oncology practices in SLO County to support Spanish-speaking patients' understanding of diagnosis and access to care.
13. Offer Spanish language patient folders for all newly diagnosed patients.
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.
15. Update the Spanish page to the HCRC website quarterly, with appropriate support tools.



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 2024 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 increasing the intake of fruits and vegetables, walking and self-relaxation such as prayer and/or meditation. (FY2024 goal was achieved.)2. A total of 40 individuals attended the DEEP workshop which was a 5% increase from FY23. (FY 2024 goal was achieved.)3. 50 one-on-one individual sessions were conducted by the dietician at SLO Noor free clinic. This meets > 100% goal.4. 31 individuals attended the quarterly diabetes support group. This meets >100% goal.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 family history of the disease. (FY 2024 was achieved.).
Hospital's Contribution / Program Expense	FHMC provided in kind space, nutritional services, advertisement, and printing. Program Expense: \$ 168,166

FY 2025 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 FY2024 results. (total for FY 24 was 40) 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. Offer four DEEP education class series with Registered Dietitian involvement. 6. Offer ongoing support through quarterly educational group meetings/lectures via ZOOM. 7. 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. 8. Offer ongoing support through quarterly educational group meetings/lectures via ZOOM. 9. 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.

Community Health Improvement Grant Program

Significant Health Needs Addressed	<ul style="list-style-type: none"> • Educational Attainment • Access to 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 hospital's most recent Community Health Needs Assessment report.

FY 2024 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	Nine accountable care communities were funded that help address: Education Attainment, Access to primary health care, behavioral health and oral health, and Health Promotion and Prevention.
Hospital's Contribution / Program Expense	Provided press releases to the local newspaper, media and \$424,496 in grant money awarded to the community for the purpose of improving the quality of life of the residents of Northern Santa Barbara County and San Luis Obispo County.

FY 2025 Plan

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 and programs with an emphasis for those identified priorities : Educational Attainment, Access to Health Care, Behavioral Health, and Dental Care, Health Promotion and Prevention.
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. Coach ACCs to provide more concise, comprehensive quarterly measurable outcomes. 3. Funded ACCs will present at Community Benefit Committee meetings.



Physician Mentoring 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 interested in pursuing a career in healthcare.
Program Goal / Anticipated Impact	To encourage local high school and college students to pursue a career in the medical health field.

FY 2024 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">1. 55 students were accepted to the mentoring program indicating a 5% increase from FY 2023 48 students.2. 60 doctors and medical assistants enrolled to participate in the mentoring program.3. 20 nurses enrolled to participate in the mentoring program FY 2024 goal achieved.
Hospital's Contribution / Program Expense	FHMC provided in kind space, advertisement, and printing. Program Expense: \$ 31,136

FY 2025 Plan

Program Goal / Anticipated Impact	To encourage local high school and college students to pursue a career in the medical health field. <ol style="list-style-type: none">1. Increased enrollment in the program by 5% baseline for FY 2024 was 55.2. Increased participation among medical providers by 2% baseline for FY 2024 was 80.
Planned Activities	<ol style="list-style-type: none">1. Increase outreach to high school, colleges and alternative schools throughout the Central Coast service area.2. Contact high school and college counselors asking them for student referrals to the program.3. Increase recruitment of local physicians and obtain referrals to gain participation.4. Collaborate with the hospital department managers, directors, and administration to gain participation of the patient care nurses.

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| | 5. Highlight program in the Community Health electronic newsletter which is distributed to community partners including medical facilities throughout the central coast area. |
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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** – French Hospital Medical Center regularly sponsors training for medical students, nurses, and other students in the healthcare field. Hundreds of hours each year are committed to providing a clinical setting for undergraduate training and internships for dietary professionals, technicians, physical therapists, social workers, pharmacists, and other health professionals from universities and colleges.
- **San Luis Obispo Housing Trust Fund (SLOHTF)** is a nonprofit Community Development Financial Institution, with a mission to increase the supply of affordable housing for very low, and low-to-moderate income residents of San Luis Obispo County, including households with special needs. SLOHTF was approved for a \$3.0 million loan in August 2023. Loan proceeds will increase HTF's revolving loan fund and will be used for a variety of affordable housing developments, serving individuals and families at 80% or lower area-median-income. SLOHTF plans to use funds for three affordable housing projects, which will create 126-units of housing for very low, and low-to-moderate income families in San Luis Obispo County, California."
- 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. In FY 2024 MSH has already touched the lives of 52 victims of human trafficking and provided over 111 clinical visits to support their physical and mental health needs.
- French Hospital Medical Center has established a contract with **Herencia Indígena**, a local agency which provides culturally appropriate Mixteco interpreters to support medical staff and the Mixteco community residing in San Luis Obispo County.
- **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
- **Homeless Health Initiative:** In September 2020 Marian and Arroyo Grande launched their Homeless Health Initiative program 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, and works closely with the multi-disciplinary team on care plans for these patients.. 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.
- **The Street Medicine Outreach Program** team partners 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 125 unsheltered individuals in the north county: Paso Robles and Atascadero.

- 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 2,089 lactation consultations for FY 2024.
- 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 FY2024 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, CenCal, 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 benefits is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Department of Health Care Access and Information in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of financial assistance, Medicaid, other means-tested programs and Medicare 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.

French Hospital Medical Center					
Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare)					
For period from 07/01/2023 through 06/30/2024					
	<u>Persons</u>	<u>Expense</u>	<u>Offsetting Revenue</u>	<u>Net Benefit</u>	<u>% of Expenses</u>
<u>Benefits for Poor</u>					
Financial Assistance	1,968	\$2,118,703	\$0	\$2,118,703	0.9%
Medicaid	17,069	\$38,530,390	\$28,988,809	\$9,541,581	4.2%
Community Services					
A - Community Health Improvement Services	13,653	\$1,042,351	\$21,888	\$1,020,463	0.5%
E - Cash and In-Kind Contributions	1,207	\$182,996	\$0	\$182,996	0.1%
G - Community Benefit Operations		\$124,677	\$0	\$124,677	0.1%
Totals for Community Services	14,860	\$1,350,024	\$21,888	\$1,328,136	0.6%
Totals for Benefits for Poor	33,897	\$41,999,117	\$29,010,697	\$12,988,420	5.7%
<u>Benefits for Broader Community</u>					
Community Services					
A - Community Health Improvement Services	9,176	\$969,879	\$11,147	\$958,732	0.4%
B - Health Professions Education	109	\$132,396	\$0	\$132,396	0.1%
Totals for Community Services	9,285	\$1,102,275	\$11,147	\$1,091,128	0.5%
Totals for Broader Community	9,285	\$1,102,275	\$11,147	\$1,091,128	0.5%
Totals - Community Benefit	43,182	\$43,101,392	\$29,021,844	\$14,079,548	6.2%
Medicare	62,374	\$101,350,903	\$76,228,033	\$25,122,870	11.1%
Totals Including Medicare	105,556	\$144,452,295	\$105,249,877	\$39,202,418	17.3%

*For the Medicaid provider fee program effective for the two-year period of January 1, 2023 - December 31, 2024, the State of California received Centers for Medicare & Medicaid Services approval in December 2023. As such, during the fiscal year July 1, 2023 - June 30, 2024, the hospital recognized provider fee net income of \$3,943,314 covering 18 months dating back to January 2023. Subtracting the six months of net provider fee attributable to the prior fiscal year, FY24 Medicaid net benefit would be \$11,663,420 and total community benefit including Medicare would be \$41,324,257.

Hospital Board and Committee Rosters

French Hospital Medical Center Community Board Roster FY 2025

Terrance L Harris

Chair of the Board

VP, Strategic Enrollment Management, CPSU,
SLO

Boyd G Carano

Vice-Chair

Retired Partner, Vinson & Elkins, LLP

Wyatt Mello

Secretary

President & CEO and EVP, Mello Group

Sue Andersen

President & CEO, French Hospital Medical
Center, Marian Regional Medical Center,
Arroyo Grande Community Hospital

Luke Faber, MD

Surgeon, CC Cardiothoracic Surgical Assoc.

Dave Garth

President/CEO, SLO Chamber of Commerce,
Retired

Rachel Hulburd

Attorney-at-Law, Ronca Law

Aaron Kromhout, MD

OB/GYN, Chief of Staff - FHMC

Bianca Lin, MSN, RN

Nurse Educator/Retired Nursing Director

Thomas L Miller, MD

Radiologist, retired

Anita Robinson

Banking Executive, Retired – Past Chair

Charlene Rosales

Deputy Director, Mission Community Services
Corp

Dale Rowland, MD

Pediatrician, Retired

Marcia Scott, RN

Nursing Education Director, Retired

Ke-Ping Tsao, MD

Plastic Surgeon, Retired

Kris Yetter

President, Promega Biosciences
Foundation Board Chair

**French Hospital Medical Center
Community Benefit Committee Roster FY 2025**

Charlene Rosales
Director of Governmental Affairs
Chair of the Committee

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

Terrance L Harris
VP, Strategic Enrollment Management, CPSU,
SLO

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

Fr. Russell Brown
Retired Pastor, SLO Old Mission Church

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

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

John Dunn
Retired SLO City Manager

Sue Andersen
President & CEO, French Hospital Medical
Center

Daniel Farnum
VP Ancillary Services

Peter Kang, MDiv, MA
Manager, Mission Integration Spiritual Care

Tessa Espinoza
Chief Philanthropy Officer

Shannon D Acquisto
Hearst Cancer Resource Center
FHMC Program Coordinator