Community Health Needs Assessment

Santa Maria Campus

Arroyo Grande Campus

Dignity Health™
Marian Regional Medical Center

Adopted: June 2016

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Appendices

Acknowledgements

This project was completed through the cooperative efforts of various community leaders and community members of northern Santa Barbara County and southern San Luis Obispo County.

Dignity Health Marian Regional Medical Center's Community Board would like to thank the following individuals and organizations who took time to provide community insight or assisted with the survey collection process.

Santa Barbara County Public Health Department
San Luis Obispo County Public Health Department
Santa Barbara County Fifth District Supervisor, Steve Lavagnino
San Luis Obispo County Supervisor, Fourth District Lynn Compton
Santa Barbara County Sheriff Bill Brown
Santa Maria Mayor, Alice Patino
Santa Maria Police Department
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Five Cities Homeless Coalition
1st Five Santa Barbara County
Community Action Commission of Santa Barbara County
Foodbank of Santa Barbara County
Santa Maria Valley YMCA

Executive Summary

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

Marian Regional Medical Center's two campuses, one in Santa Maria and the other in Arroyo Grande, serve the northern portion of Santa Barbara County and the southern-most section of San Luis Obispo County. The Santa Maria campus is a Judeo-Christian healthcare ministry founded by the Sisters of St. Francis of Penance and Christian Charity in 1940. MRMC-SM campus serves communities within the Santa Maria Valley, and has a defined primary service area which includes the City of Santa Maria (93454, 93455, 93458), Guadalupe (93434), and Orcutt (93455). There is a large Hispanic or Latino(a) population living in this service area, over 60%, with a Caucasian population of approximately 30%. Also, MRMC-SM has a secondary service area extending into Buellton (93427), Lompoc (93436 & 93437), Los Alamos (93440), Los Olivos (93441), and Santa Ynez (93460). The MRMC-AG campus, situated 15-miles north of the MRMC-SM campus, has been serving the community since 1962 and became a member of Dignity Health in 2004. MRMC-AG serves the health care needs of Arroyo Grande (93420), Grover Beach (93433), Nipomo (93444), Oceano (93445), and Pismo Beach (93449). Demographics of the MRMC-AG service area indicate 67% of the residents are Caucasian and an estimated 26% are Hispanic or Latino(a).

This CHNA was completed through a compilation of primary and secondary data sources, including an original health needs assessment survey, key stakeholder focus groups, community leader interviews, as well as established secondary public health statistics and U.S. Census data. The health needs assessment survey aimed to gain a thorough understanding of the medically underserved, low-income and minority populations living in each primary service area. The survey was completed by a combined 1,067 individuals from MRMC-SM and MRMC-AG service areas. Using a convenience sampling (non-probability sampling) approach, locations were selected based on the perception of being able to encounter our medically underserved, low-income and minority populations.

The top five significant community health needs identified through this CHNA are education, access to mental health, homelessness or housing, cardiovascular disease and stroke, and cancer screenings. Time and time again community leaders and key stakeholders mentioned homelessness, access to mental health, and education (crime was mentioned, but it relates back to educating our youth) as the greatest challenges affecting our communities. Secondary data

identified cardiovascular disease as well as cancer as significant health concerns for our community. According to the California Vital Statistics, in 2012, the leading cause of death for every 1 out of every 4 people residing in the combined service was diseases of the heart. Based upon State of California Death Profiles, the second leading cause of death in the combined service area is cancer.

Educational attainment level is the one independent variable that closely correlates with an increase in health and wellness. Numerous findings on residents' health indices and health disparities based on educational attainment were found. While educational attainment varies depending on the survey participants' race /ethnicity and place of residence, just under half of all survey participants did not receive a high school diploma and almost 30% reported having a sixth grade education or less. Currently, the least educated are under the age of 50, may lack health insurance, and are parenting the youngest generation.

While potential resources are available to address the identified needs of the community, the needs are too significant for any one organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local business leaders and other institutions. The greater Santa Maria Valley and Five Cities area are home to a wealth of organizations, business and non-profits, including our local community colleges and our own healthcare system. One of the purposes of the Affordable Care Act was to engage healthcare systems to begin to embrace their community's wellness and go beyond the four walls of the hospital.

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

Maintaining respect for the value and worth of each person, while embracing our neighbor and loving them as we love our self, is rooted in Dignity Health's values. Our community has many marginalized, under represented individuals residing in the shadows. In order to reach out to the underrepresented individuals, the walls must be minimalized and open collaboration needs to begin with local and state agencies, as well as, other local businesses and non-profit organizations. If we don't love our neighbor as our self, but rather leave their care for other's to manage, we are not fulfilling our obligation as a community healthcare provider.

This CHNA report was adopted by the Marian Regional Medical Center community board in June 2016. This report is widely available to the public on the hospital's web site, and a paper copy is available for inspection upon request at Marian's Community Health Office. Written comments on this report can be submitted to Marian's Mission Integration and Education Office at 1400 E. Church Street, Santa Maria, CA 93454 or you may request a copy by email to CHNA-CCSAN@DignityHeatlh.org.

Assessment Purpose and Organizational Commitment

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

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

Our Mission

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

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

Our Vision

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

Our Values

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

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

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

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

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

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

Community Definition

Marian Regional Medical Center's Santa Maria (MRMC-SM) campus serves communities within the Santa Maria Valley, and has a defined primary service area which includes the City of Santa Maria (93454, 93455, 93458), Guadalupe (93434), and Orcutt (93455). Also, MRMC-SM has a secondary service area extending into Buellton (93427), Lompoc (93436 & 93437), Los Alamos (93440), Los Olivos (93441), and Santa Ynez (93460). Marian Regional Medical Center's Arroyo Grande (MRMC-AG) campus primary service area extends from the northern most boundary of the Santa Maria service area and includes Arroyo Grande (93420), Grover Beach (93433), Nipomo (93444), Oceano (93445), and Pismo Beach (93449). The towns of Nipomo and Guadalupe are both uniquely situated and almost equidistant between the Santa Maria campus and Arroyo Grande campus.

Santa Maria Campus

According to U.S. Census, MRMC-SM primary and secondary service areas serve over 200,000 individuals all residing within Santa Barbara County. The City of Santa Maria is at the heart of the service area, and the largest, most central city, with smaller cities or communities surrounding Santa Maria to the South and West. The Santa Maria Valley is rooted in history and was first settled in 1874.[1] Oil exploration began and large-oil discoveries were made before the turn of the century. Around that same time, Santa Maria became home to a sugar plant, where sugar beets were processed. Agriculture continues to be significant in the Santa Maria Valley today, with about one in every five jobs tied to agriculture.[2] Agriculture in Santa Barbara County was almost a $1.5 billion industry in 2014 and was the number one contributor to Santa Barbara's economy, contributing a total of $2.8 billion to the local economy and providing 25,370 jobs.[3]

MRMC-SM's primary service area is home to just over 140,000 people, of which 61.2% consider themselves Latino(a) or Hispanic, ranging from a high of 86.1% in Guadalupe and 70.4% in the City of Santa Maria to a low of 23.8% in Orcutt. Poverty rates vary as well, with the City of Santa Maria and Guadalupe having approximately 20% of the population residing in poverty to a low of 6.6% in Orcutt. In addition, just over half of the residents of the City of Santa Maria and Guadalupe reported they attained a high school degree or equivalent. The City of Santa Maria has a youth population (under age 18) that accounts for 30.8% of its' total population, of which 30.7% of youth reside in poverty according to 2014 estimates.[4] Also, in the City of Santa Maria, it is estimated that only 42.8% of households speak only English at home.

[1] City of Santa Maria (2016). *Santa Maria City Profile.* Retrieved from http://www.cityofsantamaria.org/home/showdocument?id=6957.
[2] Ibid
[3]. County of Santa Barbara (2016). *Santa Barbara County Agricultural Production Report, 2014.* Retrieved from http://cosb.countyofsb.org/uploadedFiles/agcomm/crops/2014%20Crop%20Report.pdf.
[4] U.S. Census Bureau (2016). *State and County Quick Facts.* Last revised December 2015. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

MRMC-SMs secondary service area to the west, south, and east, has a smaller population of approximately 71,000 individuals; however, the demographics differ from most parts of MRMC-SM primary service area. The communities considered MRMC-SM secondary service area includes the following: Buellton (93427), Santa Ynez (93460), Lompoc (93436 & 93437), Los Alamos (93440) and Los Olivos (93441). These communities are home to a diverse community as well, with almost half of the population being Caucasian (non-Hispanic white), and Hispanic and Latino(a)s accounting for 40.1% of the population. The high school graduation rate is reported as 81.8%, ranging from a high of 94.9% in Lompoc (93437) to a low of 79.0% in Lompoc (93436). Further information and a tabular summary of U.S. Census data can be found in Appendix A, Tables 1, 2, and 3.

In addition to the residents captured by the U.S. Census discussed above, the Santa Maria Valley attracts a transient farm-worker population drawn to work in the fields. According to published reports, it is estimated that Santa Maria is home to a population of 15,000 to 25,000 indigenous Indians from the state Oaxaca and neighboring Guerrero many of whom are monolingual in one of the many native Mixteco, Zapotec languages. [5] Lastly, the 2016 homeless preliminary count for Santa Maria is an estimated 283 sheltered individuals[6].

Arroyo Grande Campus

The MRMC-AG campus has a primary service area that serves the neighboring cities of Arroyo Grande, Oceano, Grover Beach, and Pismo Beach as well as the area southward through Nipomo to the border of Santa Barbara County. Like much of the Central Coast, the earliest inhabitants of the Arroyo Grande Valley were the Chumash Indians. The Arroyo Grande Valley was found to have particularly fertile ground, and was given the name meaning "wide riverbed" in Spanish. Francis Ziba Branch, originally from New York, saw the area on a hunting expedition during the period when California was part of Mexico. In 1862, the San Luis Obispo Board of Supervisors established the township of Arroyo Grande. Businesses developed along a road called Branch Street to serve local agriculture and a railroad depot was built in 1882. The City of Arroyo Grande, incorporated in 1911, is locally known as one of the "Five Cities," and has an economy that depends heavily on tourism and retail sales.

The MRMC-AG campus serves a different demographic than the MRMC-SM campus. The MRMC-AG service area has a total population of 79,129 individuals, with two-thirds (66.7%) considering themselves white, not Hispanic or Latino(a). The Hispanic and Latino(a) population of the MRMC-AG service area is approximately one-quarter (26.5%) of the total population. The MRMC-AG service areas boasts a 90.3% high school graduation rate, and also serves a mature population with those over the age of 65 accounting for 16.7% of the service area.

[5] County of Santa Barbara Community Profile 2015-2016. http://cosb.countyofsb.org/uploadedFiles/phd/Maternal_Child_Health/201542%20MCAH%204%20Community%20Profile%20072215.pdf

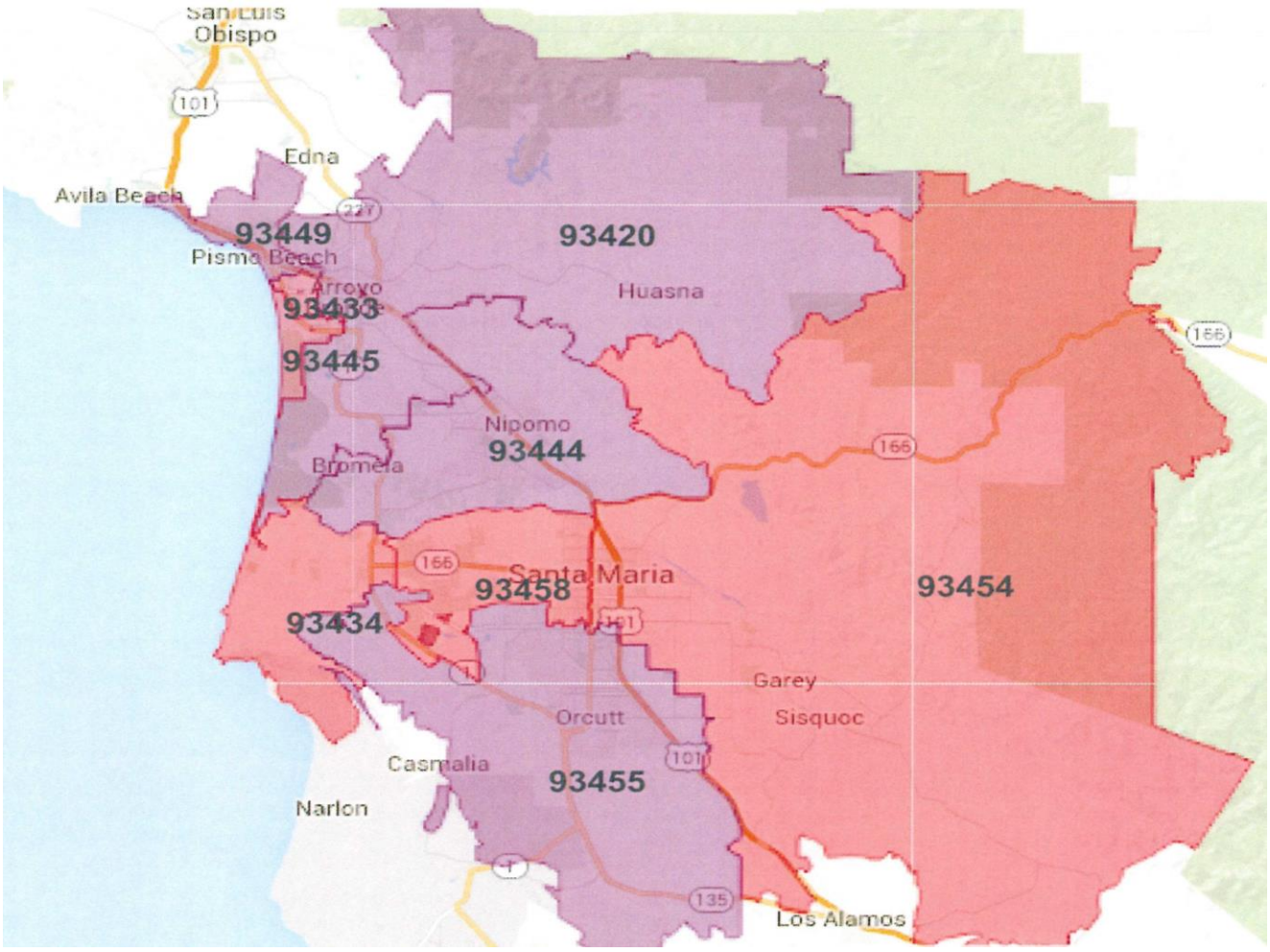
[6] County of Santa Barbara, 2016.

Additional information and a tabular summary of U.S. Census data can be found in Appendix A, Table 4.

Community Needs Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores. CNI scores for the MRMC service area range from a high of 4.6 in Santa Maria to a low of 2.6 in Arroyo Grande, Pismo Beach, Lompoc, and Santa Ynez. The following Figure 1 depicts the CNI scores for the MRMC-SM and MRMC-AG primary service area. Figure 2 depicts the CNI scores for the MRMC-SM secondary service area.

Figure 1. *Truven Analytical Community Needs Index*
MRMC-SM and MRMC-AG Primary Service Area

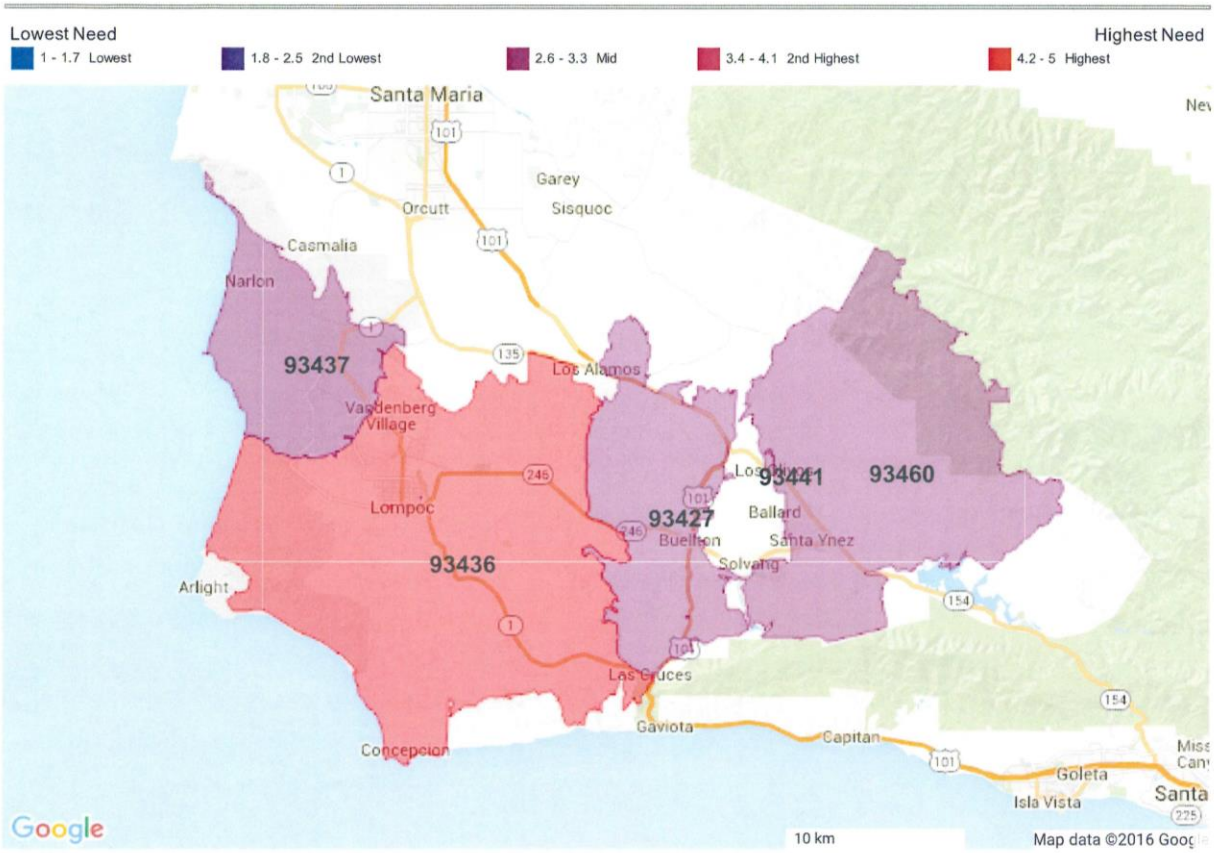


Mean(zipcode): 3.5 / Mean(person): 3.7 CNI Score Median: 3.6 CNI Score Mode: 2.6,4.4

Zip Code	CNI Score	Population	City	County	State
93420	2.6	29535	Arroyo Grande	San Luis Obispo	California
93433	3.6	13004	Grover Beach	San Luis Obispo	California
93434	4.4	7459	Guadalupe	Santa Barbara	California
93444	3	20466	Nipomo	San Luis Obispo	California
93445	3.8	7151	Oceano	San Luis Obispo	California
93449	2.6	7717	Pismo Beach	San Luis Obispo	California
93454	4.4	38739	Santa Maria	Santa Barbara	California
93455	2.8	44208	Santa Maria	Santa Barbara	California
93458	4.6	59346	Santa Maria	Santa Barbara	California

TRUVEN HEALTH ANALYTICS

Figure 2. *Truven Analytical Community Needs Index*
MRMC-SM Secondary Service Area



Mean(zipcode): 3.2 / Mean(person): 4 CNI Score Median: 3 CNI Score Mode: 2.6

Zip Code	CNI Score	Population	City	County	State
93427	3.2	7340	Buellton	Santa Barbara	California
93436	4.4	56022	Lompoc	Santa Barbara	California
93437	2.6	3428	Lompoc	Santa Barbara	California
93441	3	1062	Los Olivos	Santa Barbara	California
93460	2.6	5468	Santa Ynez	Santa Barbara	California

Assessment Process and Methods

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

Primary Data Sources

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

Health Behavior Survey

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

This CHNA was completed using secondary demographics, as described above, and an original health survey aimed to capture the health status of the medically underserved, low income, and minority populations living in each primary service area. Two distinct data sets were collected from the primary service area served by MRMC-SM's campus and MRMC-AG's campus. The original health survey was completed by a combined 1,067 individuals from MRMC-SM and MRMC-AG service areas. Using a convenience sampling (non-probability) approach, locations were selected based on the perception of being able to encounter our medically underserved, low-income and minority populations.

Between July 5, 2015 and September 28, 2015, 1,067 health surveys were collected at 36 different locations, including the library, churches, senior centers, and farms in the MRMC-SM and MRMC-AG service area. The complete list of surveyed locations is provided in Appendix C. Permission was requested from proper authority prior to collecting any community health surveys at each location.

Survey participants were informed that the survey was available in Spanish and English; was completely anonymous; did not ask their name, address, or telephone number; would take about five to ten minutes of their time; and that results of the survey would help MRMC better understand the community needs and potentially increase services in the community. Surveys were either self-completed or, if the participant did not possess the necessary literacy skills, a

MRMC employee or volunteer privately conducted a one-on-one interview with the participant in either English or Spanish.

Health Behavior Survey Analysis

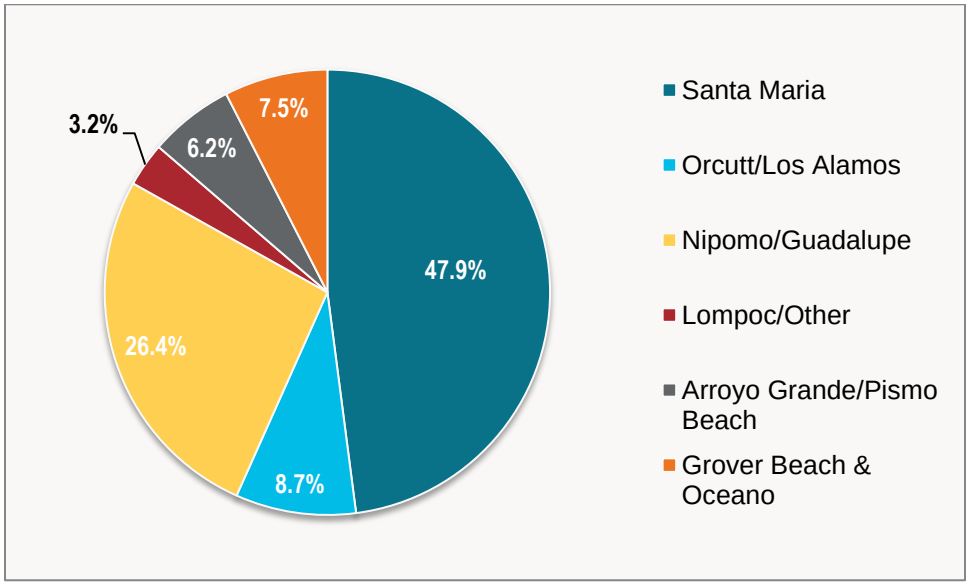
The community health surveys collected were interpreted by coding the survey responses and compiling into an Excel spreadsheet. The compiled data was then reviewed for accuracy and input into the statistical database SPSS (Version 21.0). Surveys were excluded from the database if the survey participant did not complete at least 70% of the survey or did not reside in or adjacent to MRMC's primary service area.

Survey responses were analyzed using descriptive statistics (frequencies, percentages, means, modes, and standard deviations). Survey responses were analyzed as compared to various independent variables, including, place of residence, educational attainment, race/origin, and age. Survey age responses were placed into age brackets based on their reported age for ease in analysis.

Due to the adjacent nature of the two service areas for each campus, and the overlapping secondary service areas, the surveys collected within Nipomo were split between MRMC-SM and MRMC-AG data sets, and those surveys collected within Guadalupe were assigned to MRMC-SM.

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

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



Community Stakeholder Focus Groups

In addition to our health behavior survey, two community stakeholder focus groups were held, one at MRMC-SM campus and the other at MRMC-AG campus. Over 60 individuals from known community organizations were invited via email requesting they consider participating in one of the two focus group sessions. All known community organizations that are in health care or social services were invited having an active presence in either MRMC-SM or MRMC-AG's primary service area.

Community stakeholder focus groups were held on December 7, 2015 at MRMC-AG campus and December 8, 2015 at MRMC-SM's campus. The focus groups were attended by thirteen key informants, including health professionals, social service providers, and other community leaders. Participants included individuals who work with low-income, minority, or medically underserved populations. Both groups used the nominal group process and were asked the following set of questions:

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

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

Community Leader Interviews

Community leader interviews were conducted between February and April 2016, as an additional source of qualitative data to further evaluate those who represent the broad interests of the community. Interview requests were made to various community leaders, and five, 30-minute community leader interviews were completed within MRMC's service area, including the following:

- Santa Barbara County Fifth District Supervisor Steve Lavagnino;
- San Luis Obispo Fourth District Supervisor Lynn Compton;
- Santa Barbara County Sheriff Bill Brown;
- Santa Maria Mayor Alice Patino; and,
- Santa Maria Police Department Representatives.

Each community leader was asked the following two similar questions, after a brief introduction on the purpose of a CHNA, including:

- What do you view as the biggest challenges facing your community currently?
- What do you view as the greatest strengths of your community?

A summary of each conversation can be found in Appendix E.

Public Health Departments

Representatives from the Santa Barbara County Public Health Department (SBPHD) and the San Luis Obispo Public Health Department (SLOPHD) were approached in May/June 2015 regarding the community health survey Dignity Health was going to be undertaking, and to gauge their interest in acting as a collaborative partner through the process. Both public health departments agreed sharing of results would be beneficial for all.

SBPHD was undertaking a similar survey within the county for their own needs assessment report, using different collection modalities and a different, but similar survey instrument. The results of their survey as well as MRMC's CHNA raw data were shared, however; this CHNA was published before SBPHD's final report, limiting data incorporation. During conversations between SBPHD and Dignity Health regarding the needs of northern Santa Barbara County, both entities were in agreement on the greatest community needs.

SLOPHD is a collaborative partner in the Community Action Partnership of San Luis Obispo County (CAPSLO), which also undertakes a community survey and contains health components, but has other community related questions. SLOPHD decided that due to Dignity Health's timeline for this CHNA, a closer collaboration should be evaluated in 2018, during the next CHNA cycle and Dignity Health would share their community health survey results.

Written Comments Received about MRMC-SM and MRMC-AG June 2013 CHNA

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

Secondary Data Sources

As previously discussed, many questions in the community health survey were based upon the CDCs BRFSS, which is a secondary data source. A secondary data source is information that has been collected by others, is typically readily available, and is inexpensive to obtain. However, many times secondary data covers a population from a larger geographic area than the area being analyzed, such as state or national level. While secondary data has typically been statistically validated, it may have been collected several years prior to actual publishing.

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

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

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

Assessment Data and Findings

The health and well-being of a population is impacted by many factors beyond the reach of an individual's decision-making ability and health/healthcare. Although health begins at home, complex, integrated, and overlapping factors affect an individuals' health, functioning, and quality of life outcomes and risks.[7] These factors include health behaviors, health care, social and economic environment, and physical environment, encompassing topics such as access to care, quality of care, education, employment, income, and crime. The relationship between how population groups experience "place" and the impact of a "place" on health is fundamental in assessing a community and is known as the social determinants of health. Researchers suggest that between 10% and 25% of your health status is determined by the medical care you receive. While genetics play a role, our lifestyle choices coupled with the other social determinants of health account for the remainder of health outcomes.[8]

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

The community health survey results to each question for MRMC-SM and MRMC-AG are provided as Appendix F and G, respectively.

Survey Participants

The community health survey was completed by 591 participants from MRMC-SM service area and 391 participants from MRMC-AG service area ranging from 18 to 97 years of age. The average age of the MRMC-SM survey participant was 47 and 67.5% (n=387) of the survey participants were female. When MRMC-SM survey participants were asked about their race or origin, 63.6% (n=375) identified themselves as Hispanic or Latino(a), 3.9% (n=23) were Indigenous Indian (from Oaxaca or Guerrero), and 26.9% (n=159) were Caucasian. The MRMC-AG survey participants were similar with an average age of 48 years, 56.6% (n=213) were completed by females, and 56.1% (n=217) considered their race as Hispanic or Latino(a). Just under half of all surveys for both service areas were completed in Spanish (n=275, 46.5% MRMC-SM) (n=195, 49.9% MRMC-AG).

Educational attainment varies depending on the survey participants' race /ethnicity and place of residence. When evaluating both data sets, just under half of all survey participants have not received a high school diploma (n=278, 47.7% MRMC-SM) (n= 282, 46.5% MRMC-AG) and

[7] World Health Organization, 2016. Retrieved from http://www.who.int/social_determinants/sdh_definition/en/.
[8] Booske, B., Athens, J., et al. *County Health Rankings Working Paper, Different Perspectives For Assigning Weights to Determinants of Health, February 2010.* University of Wisconsin Population Health Institute, 2016.

similarly, approximately 28% ([n=165 MRMC-SM] [n=111 MRMC-AG]) of all community survey participants reported they have a sixth grade education or less in both service area surveys. The highest level of educational attainment reported for each geographic area is best described by the following Table 1.

Table 1. *Community Health Survey Participants' Educational Attainment by Residence*

Survey Participants' Educational Attainment	Santa Maria	Arroyo Grande/ Pismo Beach	Orcutt/ Los Alamos	Nipomo/ Guadalupe	Grover Beach/ Oceano
No. of Survey Responses	n=461	n=60	n=85	n=255	n=72
No Education/Elementary School	41%	32%	7%	17%	25%
Jr. High/Middle School	15%	8%	4%	12%	17%
Some High School	6%	7%	4%	7%	6%
Total Percent Without High School Diploma	**62%**	**47%**	**14%**	**36%**	**47%**
High School Diploma	9%	10%	16%	16%	21%
Some College	14%	13%	27%	18%	8%
Associates Degree/Trade School	6%	15%	20%	8%	8%
Bachelor's Degree/Grad School	10%	15%	22%	21%	15%

In addition, if evaluating educational attainment for all health survey participants residing in the City of Santa Maria (N=461), 40.5% (n=187) reported the highest level of education attained was 6th grade or less, and 38.1% (n=176) reported attaining their high school diploma or equivalent.

To better understand health survey participants' household status, they were asked the number of children living with them and the number of adults residing with them. In the MRMC-SM survey area, participants reported 2.4 adults per household and in MRMC-AG the number was 2.5. The average number of children residing in each residence was 1.5 for MRMC-SM and 1.2 for MRMC-AG.

The Latino(a)/Hispanics surveyed from the community are the least educated, feel the least safe in their homes and over 60% (n=351, MRMC-SM & MRMC-AG) do not have $300 in a savings account. Overall, when survey participants were asked if they had over $300 in a savings account 52.9% (n=567; did not answer=24) of those residing in the MRMC-SM service area reported they do not have $300 in a savings account, and in MRMC-AG service area a lesser 44.0% (n=373, did not answer=18) reported they did not have $300 in a savings account. Upon further evaluation, the younger the survey participant the least likely they are to have $300 in a savings account, from a high of 68.4% (n=39) of 18 to 25 year old to a low of 16.7% those 76 and older. However, for survey participants aged 66 to 75 almost 1 in 3 do not have $300 in a savings account (n=24, 32.9%).

Overall, approximately 20% of those completing a community health survey in both service areas were aged 66 or over, and represent over half of all Caucasians surveyed in both service

areas. The mature population responding to the community health survey accounted for approximately 20% of all survey's collected.

Health Related Quality of Life

The communities' health related quality of life was measured through four community health survey questions that were compared to state and national levels. Over one-third of MRMC-AG survey participants (n=387; did not answer=6) rated their overall health as excellent or very good, however a lesser amount responded the same in MRMC-SM (n=139, 23.5%). No discernable differences were found when evaluating the responses to this question as compared to race, age, and location of residence, however, statistical significance was found when survey responses from MRMC-SM were compared to survey participants' educational attainment. In addition, Table 2 below provides those experiencing fair or poor overall health from the community survey in comparison to state and national responses.

Table 2. *Community Health Survey Participants' Experience Fair or Poor Overall Health*

Community Health Benchmark	MRMC-SM (N=591)	MRMC-AG (N=391)	CDC BRFSS[9]	
			CA Rate	US Rate
Experience Fair or Poor Overall Health	23.1%	14.5%	18.1%	16.8%

In addition, community health survey respondents were asked how many days in the past 30 days was their physical health and mental health not good. Survey participants from MRMC-SM and MRMC-AG reported 5 days and 3.9 days, respectively, of poor physical health in the past 30 days. Similarly, when health survey participants were asked about any poor mental health days during the past 30 days, MRMC-AG responded 3.5 days and MRMC-SM responded 4.8 days.

While quantitative data from the community health survey does not necessarily ascertain a behavioral health need, the need has been substantiated through qualitative data from key stakeholder and community leader interviews. The topic is raised again by community organizations, political leaders, emergency department staff, and public health departments.

The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability. Recent figures suggest that, in 2004, approximately 1 in 4 adults in the United States had a mental health disorder in the past year – most commonly anxiety or depression – and 1 in 17 had a serious mental illness.[10]

[9] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. Retrieved May 02, 2016 http://wwwdev.cdc.gov/brfss/brfssprevalence/.

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

Lastly, 85.9% and 87.0% in MRMC-SM and MRMC-AG, respectively, reported that they do not have any difficulty doing errands because of a physical, mental, or emotional condition.

In 2010, the California state average reported 7.0% of all births were by mothers under the age of 20. In comparison, teen mothers accounted for only 5.0% of all births in the MRMC-AG service area. However when evaluating the MRMC-SM service area, 10% of all mothers were under the age of 20, ranging from and a high of 15% in Guadalupe (93434) and 12% in Santa Maria (93458) to a low of 1.7% in Lompoc (93437).[11]

Access to Health Care

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

- Health insurance coverage;
- Health care services (usual source of care);
- Timeliness; and,
- Primary care physicians.[12]

The community health survey addressed these topics and found that health insurance disparities are found across the entire survey population, and are further amplified when evaluating different health survey demographics. These details are best described on the following Table 3.

Health insurance status and education level attainment also affect how regularly an individual visits a physician for a routine checkup. Overall, almost 3 out 4 participants in the MRMC-SM survey visited a physician in the past year (n=430, 73.5%); however a lesser 62.9% (n=241) was reported by the MRMC-AG survey participants. Similarly, in both service areas, approximately 58% reported visiting a dentist in the past year (n=338, 58.2% MRMC-SM) (n=241, 62.9% MRMC-AG). About 1 in 5 participants reported delaying medical care because they had to wait too long for an appointment and half of survey participants reported they did not delay in getting medical care. Also, a similar 1 in 5 participants did not seek medical care in the past year because of the cost (n=148, 25.8% MRMC-SM) (n=83, 21.6% MRMC-AG).

[11] California Department of Public Health (2016). *Birth Records-2012.* Retrieved from https://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx

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

Table 3. *Community Health Survey Participants' Health Insurance Coverage and Disparities*

Percent Individuals with Any Kind Health Insurance Coverage (Including Restricted)	MRMC-SM	MRMC-AG	CDC BRFSS[13]	
			CA Rate (2014)	US Rate (2014)
All Community Health Survey Participants (MRMC-SM, n=586; MRMC-AG, n=383)	75.5%	68.2%	85.2%	87.6%
Latino(a)/Hispanic Health Insurance Coverage	66.8%	55.0%		
Participants with No Formal Education (MRMC-SM, n=31)	35.2%	---		
Participants with Elementary Education (grade 6 or less) (MRMC-SM, n=135; MRMC-AG, n=90)	59.2%	45.6%		
Participants with Jr. High/Middle School Education (MRMC-SM, n=71; MRMC-AG, n=51)	64.8%	52.9%		
Participants with Some College (MRMC-SM, n=92, MRMC-AG, n=54)	92.4%	90.7%		
26-55 Year Olds (MRMC-SM, n=322)	65.2%	---		
18-45 Year Olds (MRMC-AG, n=184)	---	50.5%		

When survey participants were asked how they access community health related resources, the majority (n=280, 52.1%) reported relying on friends or family as their source of information.

Prevention Quality Indicators

Prevention Quality Indicators (PQI) measure hospital visits for health "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[14] Thus, the incidence of hospitalizations for these ambulatory care sensitive conditions (ACSC) can "provide insight into the community health care system or services outside the hospital setting." This can include the availability and accessibility of primary and preventive health care services. PQI data also can be used to help identify health disparities.

For health care delivered at MRMC-SM and MRMC-AG between July 1, 2014 and June 30, 2015 (FY15), there were 1,089 cases of hospital admission for ambulatory care sensitive conditions. This constitutes 5.8 percent of all inpatient cases. The largest numbers of ACSC cases were for bacterial pneumonia (206), congestive heart failure (202), COPD or asthma in older adults (135), urinary tract infection (130), and low birth weight (101).[15]

[13] Ibid 9.
[14] Agency for Healthcare Research and Quality (January 2016). *Prevention Quality Indicators Overview*. Retrieved from http://qualityindicators.ahrq.gov/modules/pqi_resources.aspx.

[15] Dignity Health data analyzed with McKesson Performance Analytics.

Examining inpatient PQI data by health coverage status can be used as a proxy to identify disparities by income. [16] For PQI cases 33.9% overall were for Medicaid patients. However, Medicaid patients composed a significantly larger proportion of PQI cases for asthma in younger adults (81.7%), low birth weight (73.8%), diabetes short term complications (54.2%), and perforated appendix (48.6%).

Heart Disease and Stroke

According to California Vital Statistics, in 2012 the leading cause of death for every 1 out of 4 people residing in the MRMC-SM and MRMC-AG service area was diseases of the heart, aligning with the California state-wide rate within two percentage points.[17]

Primary quantitative data from the community health survey has been compared to readily available secondary data representing the State of California and the U.S. These indicators have been summarized and are presented on the following Table 4.

Table 4. *Community Health Survey Participants' Heart Disease and Stroke Indicators*

Heart Disease and Stroke Indicators	MRMC-SM	MRMC-AG	CDC BRFSS[18]	
			CA Rate (2014)	US Rate (2014)
Lifetime Cholesterol Check	57.9%	50.1%	78.6%	80.1%
Lifetime Cholesterol Check, *Participants with Elementary Education (MRMC-SM, n=135; MRMC-AG, n=92)*	49.6%	25.0%	78.6%	80.1%
Lifetime Cholesterol Check, *Participants with BS/BA/Grad School (MRMC-SM, n=79; MRMC-AG, n=71)*	73.4%	80.2%	78.6%	80.1%
Informed Blood Cholesterol High	32.6%	27.6%	37.7%	38.4%
Had Heart Attack	2.3%	2.1%	3.5%	4.4%
Lifetime High Blood Pressure	32.0%	30.0%	28.7%	31.4%

Once again, further evaluation into the data indicates those individuals with a high school diploma or less; have less access to healthcare; and report up to 25 percentage points below the overall percentage for lifetime cholesterol check. The likelihood of having a lifetime cholesterol check increases as a survey participants' educational attainment increases. The same instance can be said with high cholesterol, except it is the inverse. The higher education levels have higher rates of diagnosed high cholesterol since they have had a lifetime cholesterol check.

[16] Dignity Health data analyzed with McKesson Performance Analytics.
[17] California Department of Public Health (2016). *Death Profiles by ZIP – 2012.* Retrieved from https://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx.
[18] Ibid 13.

Lastly, to further magnify the importance of health insurance and the role it plays in an individuals' ability to access healthcare, only 36.0% (n=50) of survey participants without any health insurance have had a lifetime cholesterol check in MRMC-SM service area. In contrast, those participants who are insured, almost 70% (n=272) have had a lifetime cholesterol check in MRMC-SM service area. This pattern can be duplicated again with multiple indicators.

Cancer Screening and Prevalence

In the U.S., the overall rate of cancer (excluding skin cancer) is 6.8% as compared to California at 6.0%[19]. Based upon State of California Death Profiles, the second leading cause of death in the MRMC-SM and MRMC-AG service area is cancer. [20] Overall, 9.7% (n=57) from MRMC-SM and 13.7% (n=53) from MRMC-AG of community health survey participants reported a lifetime cancer diagnosis.

The community health survey asked participants about their cancer screening habits related to women's and men's health and colonoscopies. Overall, approximately two-thirds of all women received the age appropriate breast cancer or cervical cancer screening. A similar two-thirds of participants over the age of 50 have had at least one colon cancer screening, which aligns with state and national rates. Cancer screening details from the community health survey are depicted on the following Table 5.

Table 5. *Community Health Survey Participants' Reported Cancer Screening*

Cancer Screenings	MRMC-SM	MRMC-AG	CDC BRFSS[21]	
			CA Rate (2014)	US Rate (2014)
Lifetime Colonoscopy (Age 50+)	65.2%	66.8%	66.6%	69.3%
Mammogram Past Year (Women, 40+)	67.0%	68.1%	---	---
Pap Test Past 3-years (Women, 18+)	65.4%	61.7%	75.2%	75.2%

Chronic Disease

According to the CDC, about half of all adults in the U.S. or 117 million people, had one or more chronic health conditions. One out of four adults had two or more chronic health conditions.[22] Chronic disease also encompasses the above discussed cardiovascular disease and cancer, these two diseases account for almost half of all deaths in the MRMC-SM and MRMC-AG service areas.

[19] Ibid 9.
[20] California Department of Public Health (2016). *Death Profiles by ZIP – 2012.* Retrieved from https://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx.
[21] Ibid 19
[22] U.S. Department of Health and Human Services (2016). *Chronic Disease Overview (2016).* Retrieved from http://www.cdc.gov/chronicdisease/overview

Overall, 16.3% (n=94) of MRMC-SM community health survey participants reported they have been told by their doctor they have diabetes. Meanwhile, only 7.8% (n=30) of the community health survey participants from MRMC-AG reported having diabetes. The MRMC-SM diabetes prevalence exceeds both state (10.3%) and national (10.0%) rates.

Overall the highest rates of asthma diagnosis can be found in the Nipomo/Guadalupe survey participants, with 18.8% (n=154, MRMC-AG) of residents reporting a lifetime diagnosis of asthma. This exceeds both state (12.7%) and national (13.8%) rates.

Modifiable Health Risks

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

Overall, both groups of survey participants reported they eat fruit less than twice daily and likewise for vegetables. The community health survey participants reportedly consume just over one can of soda or other sugar sweetened drink per day.

When BMI was calculated for the survey participants, over half (n=323, 54.7% MRMC-SM, n=211) (53.9% MRMC-AG) of the survey participants responding to this question had BMIs exceeding the normal range (overweight or obese). BMI measurements that fall within the range of 18.5 to 24.9 are considered to be normal weight. BMI measurements between 25.0 and 29.9 are considered to be overweight and those greater than 30.0 are considered obese.

Prioritized Description of Significant Community Health Needs

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

On December 6 and 7, 2015, key community leaders were invited to participate in a nominal group process to identify, prioritize, and discuss health issues for the community, based on their knowledge of the community. Based on these discussions and subsequent discussions with key community leaders, the three greatest needs facing our community were substantiated. Again community leaders and key stakeholders mentioned homelessness, access to mental health, and education (crime was mentioned, but it relates back to educating our youth).

Educational attainment level is again the one independent variable that closely correlates with an increase in health and wellness. This community health survey documents the health needs of the vulnerable population served by MRMC-SM and MRMC-AG. Numerous findings on residents' health indices and health disparities based on educational attainment were found. While educational attainment varies depending on the survey participants' race /ethnicity and place of residence, just under half of all survey participants did not receive a high school diploma and almost 30% reported having a sixth grade education or less. Currently, the least educated are under the age of 50, may lack health insurance, and are parenting the youngest generation. Preventative health care is most likely not being obtained by these individuals, which may eventually lead to a wave of unmanaged chronic disease.

In 2016, the community benefit committee reviewed the identified needs. In accordance with Dignity Health policy, the following criteria were also utilized to evaluate the prioritization of community needs, including:

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

Based upon these criteria, the key stakeholder input, the community survey, and the community leader interviews, the following needs depicted on Table 6 have been identified for the MRMC-SM and MRMC-AG service areas.

Table 6. *Prioritization of Significant Community Health Needs*

Ranking	Significant Community Health Need
1	**Education** • 62% of survey participants from Santa Maria do not have a high school diploma; • 47% of survey participants from Arroyo Grande/Pismo Beach do not have a high school diploma; • 47% of survey participants from Grover Beach/Oceano do not have a high school diploma; • 36% of survey participants from Nipomo/Guadalupe did not finish high school. • 47.9% of MRMC-SM without a high school degree had health insurance. • 30% of all residents in Santa Maria are under the age of 18, and 30% of those under the age of 18, reside in poverty. • The youth population in Santa Maria exceeds the total senior population in the entire MRMC-SM service area. • Undereducated youth perpetuate life of crime and a lack of a talented workforce.
2	**Access to Mental Health** • Substantiated through community stakeholder interviews, key stakeholder nominal group process, and MRMC-SM ED data. • Known lack of available resources in the community.
3	**Homelessness or Housing** • Substantiated through community stakeholder interviews and key stakeholder nominal group process. • Affordable Housing • Youth Homelessness Problem • Lack of Homeless Shelters in 5 Cities • One Homeless Shelter in Santa Maria
4	**Cardiovascular Disease and Stroke** • Number one cause of death in MRMC-SM & MRMC-AG service area. • Basic screening efforts have not been completed (i.e., lifetime cholesterol check) • Over half of the population is either overweight or obese. • Lack of providers
5	**Cancer Screenings** • Second leading cause of death in MRMC-SM and MRMC-AG service area. • Depending on screening, 30 to 40% of those eligible for the screening have not completed. • Lack of providers

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

Resources Potentially Available to Address Needs

While potential resources are available to address the needs of the community, the needs are too significant for any one organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local business leaders, and institutions. The greater Santa Maria Valley and 5 Cities area are home to a wealth of organizations, businesses, and non-profits, including a local community college and our own Marian Regional Medical Center, including the following:

1. 1st Five Santa Barbara County
2. 5 Cities Homeless Coalition
3. Alan Hancock Community College
4. Alliance for Pharmaceutical Access, Inc.
5. Alzheimer Association
6. Area Agency on Aging
7. Beatitude House
8. Boys and Girls Club, Oceano
9. Boys and Girls Club, Santa Maria
10. CASA
11. Catholic Charities
12. Central Coast Collaborative on Homelessness (C3H)
13. Central Coast Literacy Council
14. Central Coast Rescue Mission
15. Children's Resource Network
16. City of Santa Maria Recreation and Parks Department
17. Community Action Partnership in San Luis Obispo (CAPSLO)
18. Community Counseling Center
19. Community Health Center of the Central Coast
20. Community Partners in Caring
21. Domestic Violence Solutions
22. Family Care Network
23. Food Bank of Santa Barbara County
24. GenSpan Foundation
25. Guadalupe Family Resource Center
26. Guadalupe Dunes
27. Guadalupe Senior Center
28. Good Samaritan Shelter

29. Habitat for Humanity
30. Lucia Mar Unified School District's Family in Transitions
31. Okerblom Clinic
32. Pacific Pride
33. People Self Help Housing
34. Prado Day Center
35. Salvation Army
36. Santa Barbara County Public Health Department
37. Santa Barbara County Promotor(a) Coalition
38. San Luis Obispo County Public Health Department
39. Santa Maria Bonita School District
40. Santa Maria Valley Discovery Museum
41. SLO Noor Clinic
42. St. John Neumann Catholic Church, St. Joseph Catholic Church, St. Patrick's Catholic Church, St. Francis Catholic Church,
43. St. Peter's Episcopal Church
44. The Link & South County S.A.F.E.
45. THRIVE (Cradle to Career), Guadalupe and Santa Maria
46. Transitions Mental Health Association
47. University of California at Davis, Cooperative Extension
48. Women's Shelter
49. YMCA

MRMC's two campuses will continue to build community capacity by strengthening partnerships among various, local community-based organizations.

Impact of Actions Taken Since the Preceding CHNA

Access to healthcare services, emergency room utilization, clinical conditions, and mental health were identified as significant health needs in the 2013 CHNA. Below are examples of the known impacts and actions taken since the immediately preceding CHNA that directly address identified significant health needs. In addition, the hospital campuses' annual Community Benefit Reports and Plans describe actions and impacts in greater details. The most recent such reports are available at http://www.dignityhealth.org/cm/content/pages/community-benefit-reports.asp, and earlier years' reports can be requested from Marian's Mission Integration and Education Office at 1400 E. Church St., Santa Maria, CA 93454 or from CSAN-CHNA@dignityhealth.org.

Priority Area 1: Access to Healthcare Services

- Financial assistance for uninsured/underinsured and low income residents
    - For FY14 and FY 15 combined (FY16 not included because the fiscal year was not complete at the time the CHNA was finished), $6.75 million in financial assistance was provided to more than 13,000 persons.
- Transportation vouchers for discharged patients with no transportation home
- CenCal qualify discharge ER patients for Medi-Cal
- Central Coast Service Area of Dignity Health links to Health Home with primary care provider
- Patient Care Coordinator provide a smooth transitions for discharged patients to home
- Okerblom Clinic
- Community Health Centers of the Central Coast
- Catholic Worker Free Clinic
- Pacific Pride

Priority Area 2: Emergency Room Utilization

- Operation of Pacific Central Coast Health Center's community clinics in Santa Maria and the addition of 16 other clinics throughout MRMC-SM and MRMC-AG service areas.
- Partner with Good Samaritan Shelter and 5 Cities Homeless Coalition to serve medically fragile discharged patients with respite care.
- Alliance for Pharmaceutical Access, Inc.
    - Local non-profit qualifying those in need of prescription drugs, increasing access for those who are underinsured or uninsured. Referrals to APA made for in-patients.
- Patient Care Coordinators
    - Helps to decrease Emergency Department utilization by offering case management to discharged patients.
- Patient Dashboard allows for referrals to services and programs at the time of discharge.
- Access, Coordination and Expansion (ACE) Program

    - Collaborative team to support eligible individuals between the ages of nineteen and sixty-five with incomes below 138% of the federal poverty level.
    - Provide education, training and resources to this patient population, all designed to support the patient's self-management of their health
- Okerblom Clinic
- Catholic Worker Free Clinic
- Care Transitions: Clinical coordinator for Heart Failure, COPD and Asthma

Priority Area 3: Clinical Conditions

- Healthy for Life Nutrition Lecture Workshop
    - Provides bilingual nutrition education
- Healthier Living: Your Life Take Care
    - Bilingual self-management work shop for those with chronic illness and their caregivers. There is an increased attendance completion rate and a significant self-reporting post intervention of ER utilization
- Physical Activity
    - Zumba, Yoga and children's Zumbatomics
- Community Blood Pressure Checks
- Maternal Outreach
    - Infant CPR, Sibling class
- Screenings
    - Community Blood Pressure Checks, Balance and Fall Prevention, Prostate, Skin and Lung Cancer Screenings,
- Grief and Stroke Support Groups
- Heart Aware
- Community Grants – Diabetes Impact Group, Hepatitis C Screening,
- Oaxacan Advocacy and Support is provided to the local Indigenous Indians from Oaxaca and Guerrero.
- Medically Fragile Homeless
- Mission Hope offers health education, support groups, self-help support and a nurse navigator to support cancer patients to successfully navigate the system.
- Marian Regional Medical Center campus in Santa Maria is designated as a "Tobacco Free campus"
- Home Care/Hospice Services
- Outpatient Palliative Care

Priority Area 4: Mental Health

- Developing a Behavioral Health inpatient facility in Santa Maria
- Dignity Health Community Grants
    - Encourages local community agencies to support clients with mental health

    - Work with community based organizations who provide mental health services by providing facility use, in kind printing for workshop and/or brochures
- Academy Health granted MRMC-SM a $98,000 grant with the objective of creating a web-based resource detailing postpartum resources and to improve screening and treatment of postpartum depression.

Both campuses have strengthened relationships with the local school districts. People Self Help Housing in San Luis Obispo and Santa Barbara Counties are strong advocates of promoting our health related programs and the use of space at the community centers located on property. The MRMC Foundation has worked diligently to strengthen our resource infrastructure and secured funding for a grant recently awarded for Postpartum Depression, a recognized mental health need in the Santa Maria Service Area with over 3,000 births a year. MRMC-SM and MRMC-AG both have Human Trafficking Task Forces to address the issues of Human Trafficking of underage children and young adults. Interdepartmental relationships have grown stronger with the Community Education Office moving adjacent to the new hospital building providing more accessibility for participation in meetings to address community health needs. Ongoing collaboration with Post Acute Care Services, Care Transitions and the Care Coordinators has proven to be integral when addressing community needs outside the walls of the hospital.

Appendix A: U.S. Census Data

Table 1. MRMC-SM Primary Service Area Population

U.S. Census Data	City of Santa Maria	Orcutt CDP	Guadalupe (93434)	Total Primary Service Area	Percent
Total Population Estimate, 2014	103,410	30,266	7,178	**140,854**	**---**
Population under 5 years, 2010	9.9%	5.3%	12.6%	**12,746**	**9.0%**
Population 65 years and over, 2010	9.4%	17.6%	8.2%	**15,636**	**11.1%**
White alone, not Hispanic or Latino(a), 2010	21.7%	68.0%	8.9%	**43,660**	**31.0%**
Hispanic or Latino(a), 2010 (Percent)	70.4%	23.8%	86.1%	**---**	**---**
Hispanic or Latino(a) Population, 2010	72,801	7,203	6,180	**86,184**	**61.2%**
Below Poverty Level, Percent, 2010-2014	21.3%	6.6%	20.7%	**25,510**	**18.1%**
High School Graduate, 2010-2014	58.9%	91.0%	55.0%	**92,398**	**65.6%**

Table 2. MRMC-SM Secondary Service Area Population

U.S. Census Data	Buelleton (93427)	Santa Ynez (93460)	Lompoc (93436)	Lompoc (93437)	Los Alamos (93440)	Los Olivos (93441)	Total Secondary Service Area	Percent
Total Population Estimate, 2014	5,505	5,255	54,017	3,464	1,472	1,530	**71,243**	**---**
Population under 5 years, 2010	6.2%	4.4%	7.1%	16.9%	6.8%	3.3%	**5,144**	**7.2%**
Population 65 years and over, 2010	13.6%	20.0%	11.7%	0.2%	14.4%	7.5%	**8,453**	**11.9%**
White alone, not Hispanic or Latino(a), 2010	63.4%	74.7%	42.5%	50.9%	52.3%	80.9%	**34,144**	**47.9%**
Hispanic or Latino(a), 2010 (Percent)	30.1%	19.4%	44.9%	22.8%	47.7%	11.5%	**---**	**---**
Hispanic or Latino(a) Population, 2010	1,657	1,019	24,254	790	702	176	**28,598**	**40.1%**
Below Poverty Level, Percent, 2010-2014	10.4%	5.3%	18.4%	8.8%	13.1%	13.6%	**11,496**	**16.1%**
High School Graduate, 2010-2014	86.9%	90.0%	79.0%	94.9%	91.3%	94.2%	**58,259**	**81.8%**

Table 3. MRMC-SM Service Area Population Totals

U.S. Census Data	MRMC-SM Primary Service Area	MRMC-SM Secondary Service Area	MRMC-SM Overall Service Area	MRMC-SM Overall Percent
Total Population Estimate, 2014	**140,854**	**71,243**	**212,097**	**---**
Population under 5 years, 2010	**12,746**	**5,144**	**17,890**	**8.4%**
Population 65 years and over, 2010	**15,636**	**8,453**	**24,089**	**11.4%**
White alone, not Hispanic or Latino(a), 2010	**43,660**	**34,144**	**77,803**	**36.7%**
Hispanic or Latino(a), 2010 (Percent)	**---**	**---**		**---**
Hispanic or Latino(a) Population, 2010	**86,184**	**28,598**	**114,782**	**54.1%**
Below Poverty Level, Percent, 2010-2014	**25,510**	**11,496**	**37,006**	**17.4%**
High School Graduate, 2010-2014	**92,398**	**58,259**	**150,658**	**71.0%**

Table 4. MRMC-AG Primary Service Area Population

U.S. Census Data	Arroyo Grande (93420)	Nipomo (93444)	Grover Beach (93433)	Oceano (93445)	Pismo Beach (93449)	Totals	Percent
Total Population Estimate, 2014	30,076	20,466	13,505	7,151	7,931	**79,129**	**---**
Population under 5 years, 2010	4.9%	6.8%	6.6%	6.7%	3.2%	**4,490**	**6%**
Population 65 years and over, 2010	20.2%	12.6%	11.8%	12.4%	26.0%	**13,196**	**17%**
White alone, not Hispanic or Latino, 2010	76.9%	54.3%	62.3%	47.4%	85.0%	**52,786**	**67%**
Hispanic or Latino(a), 2010 (Percent)	15.7%	39.8%	29.2%	47.8%	9.3%	**---**	**---**
Hispanic or Latino(a) Population, 2010	4,722	8,145	3,943	3,418	738	**20,967**	**26%**
Below Poverty Level, Percent, 2010-2014	7.4%	13.4%	13.3%	18.5%	6.5%	**8.603**	**11%**
High School Graduate, 2010-2014	86.1%	94.1%	85.6%	72.1%	96.0%	**71,429**	**90%**

Appendix B: Community Health Survey

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

1. My age is _____ years.

2. Where do you live?

   _____ Santa Maria 93454 93455 93458
   _____ Orcutt/Los Alamos (93455 & 93440)
   _____ Nipomo/Guadalupe (93444 & 93434)
   _____ Lompoc (93436 & 93437)
   _____ Arroyo Grande & Pismo Beach (93420 & 93449)
   _____ Grover Beach & Oceano (93433 & 93445)
   _____ Other _____

3. I am: Male Female

4. What is the highest grade or year of school you completed? (Please mark with a "√".)

   _____ No formal education
   _____ Elementary school (6th grade or less)
   _____ Junior High or Middle School (7th to 8th grade)
   _____ Some High School
   _____ High School Diploma
   _____ Some College
   _____ Associate of Arts Degree (AA, AS)
   _____ Trade School (electrician, mechanic)
   _____ Bachelors Degree (BA, BS)
   _____ Graduate School

5. How many children under the age of 18 live in your house? _____

6. And how many adults live in your house? _____

7. What do you consider as your race or origin? (Please mark with a "√".)

   _____ American Indian or Alaska Native
   _____ Asian
   _____ Black or African American
   _____ Hispanic or Latino(a)
   _____ Indigenous Indian (from Oaxaca or Guerrero)
   _____ Native Hawaiian or Other Pacific Islander
   _____ White
   _____ Other _____

Wellness

1. In general how would you rate your health?

   Poor Fair Good Very Good Excellent

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

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

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

   ____ Arthritis
   ____ Asthma
   ____ Cancer
   ____ Chronic Pain
   ____ Diabetes
   ____ Chronic Lung Disease
   ____ Heart Disease
   ____ High Blood Pressure
   ____ Parkinson's Disease
   ____ Other _____

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

   Yes No Don't know/Not sure

5. How many times did you eat fruit yesterday? _____ times

6. How many times did you eat vegetables yesterday? _____ times

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

Health Care Access

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

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

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

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

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

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

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

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

    Yes No Don't know/Not sure

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

____ They did not answer the phone.
____ You had to wait too long for an appointment.
____ The wait in the waiting room was too long.
____ You had to work.
____ You had no way to get there.
OR
____ *I did not delay getting medical care or did not need medical care.*

14. How do you access community health related resources

Newspaper Radio TV Internet

Health Conditions

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

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

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

Yes *No* *Don't know/Not sure*

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

Yes No Don't know/Not sure

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

Yes No Don't know/Not sure

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

Yes No Don't know/Not sure

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

Yes *No* *Don't know/Not sure*

5. Have you ever had a heart attack?

Yes No Don't know/Not sure

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

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

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

Yes No Don't know/Not sure

7. Have you ever been diagnosed with asthma?

Yes No Don't know/Not sure

8. Have you ever had a cancer diagnosis?

Yes No Don't know/Not sure

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

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

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

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

Yes No Don't know/Not sure

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

Yes No Don't know/Not sure

Women's Health

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

Yes No Don't know/Not sure

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

Yes No Don't know/Not sure

Men's Health

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

Yes No Don't know/Not sure

Other Topics

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

____ Employed as _____
____ Retired
____ Homemaker
____ Full-time Student
____ Unemployed
____ Unable to work

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

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

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

    Yes No Don't know/Not sure

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

    Yes No Don't know/Not sure

19. I am _____ feet _____ inches tall and weigh _____ lbs.

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

    Yes No Don't know/Not sure

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

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

    Never Safe Rarely Safe Sometimes Safe Often Safe Always Safe

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

    Yes No Don't know/Not sure

THANK YOU FOR COMPLETING THE SURVEY!

Dignity Health Employee or Volunteer

Interviewer _____ Location_____ Date _____

Sub ID _____ Data Input: Y N By _____

Source:

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

Appendix C: Community Health Survey Collection Locations

1. Boy and Girls Club
2. Cal State Autoparts
3. Central Coast Senior Center
4. Community Action Commission (CAC) Nipomo
5. Elwin Mussell Senior Center
6. Good Samaritan Center
7. Guadalupe Family Services Center
8. La Placita Laundromat
9. La Tapatia Grocery Store
10. Oasis Senior Citizens Center
11. Oceano Family Resource Center
12. Oceano Head Start
13. People Self Help Housing - Cawalti Court
14. People Self Help Housing - Courtland
15. People Self Help Housing - Mariposa
16. People Self Help Housing - Oak Forest
17. People Self Help Housing - Riverview Apartments, Guadalupe
18. People Self Help Housing - Valentine Court
19. Preisker Park
20. Santa Barbara County Education Office; THRIVE
21. Santa Maria Library
22. Senior Citizens Center, Nipomo
23. Skyline Flowers
24. South Pine Ave.
25. St. Francis of Assisi Catholic Church
26. St. John Neumann Catholic Church
27. St. John's Lutheran Church
28. St. Joseph's Catholic Church
29. St. Patrick's Catholic Church
30. St. Peter's Episcopal Church
31. Tally Farms
32. Veteran's Memorial Community Center, Santa Barbara County Education Office; THRIVE
33. Vons
34. Waller Park
35. Washboard Laundromat
36. WIC, Guadalupe

Appendix D: Community Stakeholder Focus Groups

MRMC-AG Forum – December 7, 2015

Organizations Attending: Community Health Centers of Central Coast, Katherine Guthrie (Dignity Health), Janna Nichols (5 Cities Homeless Coalition), Anne Robin (San Luis Obispo County), and Krista Vega.

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

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

Detailed responses:

- An increased growth of covered individuals leads to not enough providers.
- The undocumented are not covered.
- Senior population cannot afford care because of their low budgets and high deductibles.
- The access to specialty care is not complete, there is no continuation of care or no standardized referral care is in place (i.e. dermatology, GI, cardiovascular, neuro).
- Affordable housing is insufficient; low income and increase in rent is leading to evictions, which then increases the homeless population.
- Lack of providers for behavioral health; mental health.

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

- Veterans are typically sent elsewhere for health care.
- Stigma and fear of behavioral health can be minimized by offering trainings.
- The high levels of addictions can be diminished by an increase in access to mental health care and offering inpatient detox.
- Working as a community to attract providers, increase recruitment efforts.
- Working together for grants.
- A healthy and sustained collaboration is not in place, hospitals and other health care providers should overlook business interest.
- Primary care network collaboration, focus on patient centered care.
- Emergency rooms can increase quiet room space for mental health care.
- Increase the number of translators and navigators.
- Improve transportation for residents.

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

- Collaboration and communication between agencies is bettering.
- Partnerships are being created.

- Accommodating number of care services for mental health, i.e. behavioral health integration- navigation, housing, care, and wellness. ---- Care is coming to patient.
- Patient centered care is progressing.
- Collaborative care with HIE: Health Information Exchange.
- Quality care has increased.
- Currently more collaboration between counties.
- The Latino Outreach Council is slowly increasing bilingual employment.
- Promotoras are on the rise.

MRMC-SM Forum – December 8, 2015

Organizations Attending: Teressa Johnes (1st Five Santa Barbara County), Holly Carmodv (Community Action Commission Santa Barbara), Steve Mahr and Noemi Velasquez (Community Health Centers of Central Coast), Melissa Fontaine and Sunita Jethmalani (Foodbank of Santa Barbara County), and Andrea Martinez (Santa Maria Valley YMCA).

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

- Basic Needs: healthy food, clothing
- Safe and affordable housing
- Senior Support Services
- Access to education about services i.e. community wide services
- Unemployment: living wages, career training, counseling for youth
- Physical Health: education, promotion, and access
- Health Insurance
- Access to safe childcare services for low income farm workers
- Diabetes and heart disease
- Culturally sensitive advocacy
- Violence
- Access to dental care

Each participant identified two items, but there was not agreement regarding prioritization.

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

- Physicians connecting resources, educate patients on community resources
- Preventative health services
- Culturally sensitive navigators or wellness ambassadors
- Health Information Exchange
- Expand partnership programs
- Transparency of medical costs
- Fear among undocumented

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

- Head Start
- Collaboration
- Quality of Care
- Agriculture community provides an abundance of fresh produce
- Strong and supportive community

Appendix E: Summary of Community Leader Interviews

The following provides a summary of each 30-minute community leader discussion regarding their perspective of the community they represent and its strengths and weaknesses/needs.

Santa Barbara County Fifth District Supervisor, Steve Lavagnino
February 27, 2016

Supervisor Steve Lavagnino's Fifth District of Santa Barbara County includes the northern half of the City of Santa Maria and the unincorporated area extending eastward along the Santa Barbara County line into the Los Padres National Forest.

Supervisor Lavagnino identified three concerns currently facing his community. He felt the greatest concern within his district currently was the violence in the City of Santa Maria. He viewed it as a societal issue, involving a transient, immigrant community.

The second concern identified by Supervisor Lavagnino is the severe lack of behavioral health beds and services in North Santa Barbara County. He said many times families are forced to seek treatment for their family members outside the county and do not have the means to visit them.

The third concern identified by the Supervisor is the homeless population in Northern Santa Barbara County. There is currently a lack of affordable housing, perpetuating the homeless problem for individuals that have not chosen to be homeless. An initiative that was undertaken in Santa Barbara City is now beginning in Santa Maria.

San Luis Obispo County Fourth District Supervisor Lynn Compton
April 29, 2016

Supervisor Lynn Compton's Fourth District includes Arroyo Grande, Oceano, and Nipomo, and the southern unincorporated areas of San Luis Obispo County, including Edna Valley and areas along Highway 166.

Supervisor Compton felt the greatest concerns facing the community currently was homelessness and access to mental health. She explained that the homeless population includes a transient population, as well as, homeless teens that are "couch surfing." Unfortunately, homeless shelters in the Arroyo Grande area have not been able to pass local city council. Mental health treatment is also related, however, currently a facility does not exist in southern San Luis Obispo County and those requiring treatment are sent out of county.

Some advantages she sees for the community in her District are the Community Health Centers (CHC) that are serving the Latino(a) and Hispanic population in Nipomo. In addition, a dental CHC was recently opened in Nipomo.

City of Santa Maria Mayor Alice Patino – March 8, 2016

The City of Santa Maria Mayor Alice Patino shared many strengths of her City. Previous administrations in Santa Maria bolstered the infrastructure including the library, roads, and fire stations. Santa Maria is home to many parks, youth centers, and community health centers.

However, the city is home to many unwed mothers and home to families whose parents don't speak English. Currently, in some families only the child speaks English and they selectively translate for their parents. These issues have allowed for children to not be entirely truthful with their parents and become involved in crime and gang activity.

Santa Maria Police Department Representatives – March 8, 2016

Two representatives were interviewed from the Santa Maria Police Department. They viewed homelessness as a concern for their community and it is an issue they regularly address. They categorize homelessness individuals as to falling into three categories, either they you are able to help get them off the street, they are from a transient population that have chosen this lifestyle, or they have mental health or substance abuse issues. The police spend most of their time trying to overcome the gaps in the mental health care system locally. There is a lack of behavioral health resources in Northern Santa Barbara County.

They did explain that the police department is currently conducting community outreach efforts, and they now have resource officers in the schools and are trying to begin other outreach initiatives to the community.

Illegal drug use is also a concern they are regularly facing. Currently, methamphetamine is rampant among the homeless community as it is cheap and highly addictive.

Santa Barbara County Sheriff Bill Brown – March 8, 2016

Sheriff Bill Brown was interviewed regarding the portion of his area that falls under MRMC-SM service area. Sheriff Brown shared that in regards to substance abuse, methamphetamine use is prevalent in Northern Santa Barbara County particularly, and across the county there is a lot of abuse of prescription drugs, and an increase in the number of heroin over doses and deaths. He shared that the City of Lompoc has a homeless shelter, but in the unincorporated areas adjacent to the community the homeless reside in a camp in a river bed.

The second concern Sheriff Brown discuss was the local gang activity. He said they are most prevalent in Santa Maria and Lompoc, predominantly Hispanic or Latino(a) and multi-generational.

.

Appendix F: Summary of MRMC-SM Service Area Community Health Survey Results (N=591)

Demographics

Q1. Average age 47 years. (n=591) SD: 18.5

Q2. Where do you live? (n=586; did not answer=5)

(n=367, 62.6%)	Santa Maria (93454, 93455, 93458)
(n=85; 14.5%)	Orcutt/Los Alamos (93455 & 93440)
(n=103; 17.6%)	Nipomo/Guadalupe (93444 & 93434)
(n=31; 5.3%)	Lompoc (93436, 93437) & Other

Q3. Gender (n=573; did not answer = 18)

(n=186; 32.5%)	Male
(n=387; 67.5%)	Female

Q4. What is the highest grade or year of school you completed? (n=586; did not answer = 5)

(n=31; 5.3%)	No formal education
(n=135; 23.0%)	Elementary school (6th grade or less)
(n=71; 12.1%)	Junior High or Middle School (7th to 8th grade)
(n=45; 7.7%)	Some High School
(n=76; 13.0%)	High School Diploma
(n=94; 16.0%)	Some College
(n=54; 9.2%)	Associate of Arts Degree (AA, AS) & Trade School
(n=80; 13.7%)	Bachelor's Degree (BA, BS) & Graduate School

Q5. Average children under the age of 18 live in household? (n=581; did not answer=10)
Average = 1.5 (SD = 1.5)

Q6. Average adults live in household? (n=585; did not answer=6)
Average = 2.4 (SD = 1.3)

Q7. What do you consider as your race or origin? (n=589; did not answer=2)

(n=375; 63.6%)	Hispanic or Latino(a)
(n=23; 3.9%)	Indigenous Indian (from Oaxaca or Guerrero)
(n=159; 26.9%)	White
(n=32; 5.4%)	Other

(Other: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander)

Wellness

Q1. In general how would you rate your health? (n=590; did not answer=1)

(n=18; 3.1%)	Poor
(n= 118; 20.0%)	Fair
(n=315; 53.4%)	Good
(n=101; 17.1%)	Very Good

(n=38; 6.4%) Excellent

Q2. How many days during the last 30 days was your physical health not good?
(n=462; did not answer=129)
Average = 13 (Of those answering at least 1 day) excludes "0"

Q3. Chronic Conditions (n=591)

(n=95; 16.1%) Arthritis	(n=12; 2.0%) Chronic Lung Disease
(n=32; 5.4%) Asthma	(n=17; 2.9%) Heart Disease
(n=12; 2.0%) Cancer	(n=134; 22.7%) High Blood Pressure
(n=56; 9.5%) Chronic Pain	(n=83; 14.0%) Diabetes
(n=54; 9.1%) Other	

*Cannot report Parkinson's Disease- cell size too small
Other: Allergies, brain injury, carpal tunnel syndrome, depression, hepatitis C, glaucoma, kidney stones, osteoporosis, thyroid, ulcers

Q4. Do you currently participate in any physical activities or exercises, for example, walking, running, or any other physical fitness activity at least three times a week? (n=574; did not answer=17)

(n=417; 72.6%) Yes
(n=154; 26.8%) No
(n=3; 0.5%) Don't know/Not sure

Q5. How many times did you eat fruit yesterday? (n=576; did not answer=15)
Average = 1.8

Q6. How many times did you eat vegetables yesterday? (n=580; did not answer=11)
Average = 1.5

Q7. Yesterday, I drank ____ glasses or cans of soda or other sugar sweetened drinks.
(n=537; did not respond=54) Average = 1

Health Care Access

Q8. Do you have any kind of health insurance (including prepaid plans, HMOs, private insurance, Medicare, or Medi-Cal/CenCal)? (n=585; did not respond=6)

(n=397; 67.7%) Yes
(n=45; 7.7%) Yes, only restricted/ emergency Medi-Cal
(n=139; 23.7%) No
(n=4;0 .7%) Don't know/Not sure

Q9. How long has it been since you last visited a doctor for a routine checkup?
(n=585; did not answer=6)

(n=430; 73.5%) Within the past year (1 to 12 months ago)
(n=71; 12.1%) Within the past 5 years (1 to 5 years ago)
(n=30; 5.1%) 5 or more years ago
(n=24; 4.1%) Never
(n=30; 5.1%) Don't know/Not sure

Q10. In the last 12 months, how many times did you go to an emergency room to get care for yourself? (n=560; did not answer=31)

7.8% participants responded ≥ 2 times/year; Average 2.8 (n=44)

Q11. How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to a dental specialist, such as an orthodontist. (n=580; did not answer=11)

(n=338; 58.2%)	Within the past year (1 to 12 months ago)
(n=114; 19.6%)	Within the past 5 years (1 to 5 years ago)
(n=52; 9.0%)	5 or more years ago
(n=38; 6.5%)	Never
(n=38; 6.5%)	Don't know/Not sure

Q12. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (n=584; did not answer=7)

(n=148; 25.3%)	Yes
(n=413; 70.7%)	No
(n=23; 3.9%)	Don't know/Not sure

Q13. Besides cost, were there other reasons you delayed getting medical care during the past 12 months? (n=467; did not answer=124)

(n=18; 3.9%)	They did not answer the phone.
(n=81; 17.3%)	You had to wait too long for an appointment.
(n=36; 7.7%)	The wait in the waiting room was too long.
(n=55; 11.8%)	You had to work.
(n=23; 4.9%)	You had no way to get there.
(n=254; 54.4%)	I did not delay getting medical care or did not need medical care.

Q14. How do you access community health related resources? (n=537; did not answer=54)

(n=280; 52.1%)	Friends/Family
(n=48; 8.9%)	Newspaper
(n=81; 15.1%)	Radio
(n=54; 10.1%)	TV
(n=74; 13.8%)	Internet

Health Conditions

Q15. Have you EVER been told by a doctor, nurse or other health professional that you have high blood pressure? (n=584; did not answer=7)

(n=187; 32.0%)	Yes
(n=8; 1.4%)	Yes, but female told only during pregnancy
(n=15; 2.6%)	Told borderline high or pre-hypertensive
(n=358; 61.3%)	No
(n=16; 2.7%)	Don't know / Not sure

a. If yes, do you currently take medicine to control your high blood pressure? (n=187)

(n=120; 64.2%)	Yes
(n=67; 35.8%)	No
(n=1; 0.3%)	Don't know/Not sure

Q16. Have you ever been told by a doctor that you suffered from a stroke? (n=582; did not answer=9)

(n=12; 2.1%)	Yes
(n=565; 97.1%)	No
(n=5; 0.9%)	Don't know/Not sure

Q17. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (n=589; did not answer=2)

(n=341; 57.9%)	Yes
(n=229; 38.9%)	No
(n=19; 3.2%)	Don't know/Not sure

Q18. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (n=580; did not answer=11)

(n=189; 32.6%)	Yes
(n=376; 64.8%)	No
(n=15; 2.6%)	Don't know/Not sure

a. If yes, do you currently take medicine to control your high cholesterol? (n=187; did not answer=2)

(n=100; 53.5%)	Yes
(n=87; 46.5%)	No

Q19. Have you ever had a heart attack? (n=582; did not answer=9)

(n=12; 2.1%)	Yes
(n=560; 96.2%)	No
(n=10; 1.7%)	Don't know/Not sure

Q20. Have you ever been told by a doctor that you have diabetes? (n=577; did not answer=14)

(n=94; 16.3%)	Yes
(n=15; 2.6%)	Yes, but only during my pregnancy (female only)
(n=27; 4.7%)	No, but pre-diabetes or borderline diabetes
(n=427; 73.9%)	No
(n=14; 2.4%)	Don't know / Not sure

a. If yes, do you take medicine to control your diabetes? (n=91, did not answer=3)

(n=75; 82.4%)	Yes
(n=16; 17.6%)	No

Q21. Have you ever been diagnosed with asthma? (n=581, did not respond=10)

(n=52; 9.0%)	Yes
(n=523; 90.0%)	No
(n=6; 1.0%)	Don't know/Not sure

Q22. Have you ever had a cancer diagnosis? (n=586; did not answer 5)

(n=57; 9.7%)	Yes
(n=525; 89.6)	No
(n=4; 0.7%)	Don't know/Not sure

a. If yes, what type (breast, skin, lung, etc.)? _____

Most Common Types: Breast, Skin, Colon, Prostate, Lung, Kidney, Uterine, Brain

Q23. How many different medications (including vitamins, over the counter medicines, and prescription medications) do you take on a daily basis? (n=499; did not answer=92)

Average: 2.5 (S.D. = 3.0) (Of those who take at least 1) excludes "0"

Q24. Have you ever told your loved ones what they should do, if you were not able to make your own medical decisions? (n=584; did not answer=7)

(n=218; 37.3%)	Yes
(n=358; 61.3%)	No

Q25. A colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam?

Men over the age of 50 who have had a colonoscopy (n=82)

(n=50; 61.0%)	Yes
(n=32; 39.0%)	No
(n=0)	Don't Know/ Not Sure

Women over the age of 50 who have had a colonoscopy (n=165)

(n=111; 67.3%)	Yes
(n=52; 31.5%)	No
(n=2; 1.2%)	Don't Know/Not Sure

Women's Health

Q26. For women, a mammogram is an x-ray of each breast to look for breast cancer. Have you had a mammogram in the past year? (n=221)

Women over the age of 40 who have had a mammogram

(n=148; 67.0%)	Yes
(n=72; 32.6%)	No
(n=1; 0.3%)	Don't Know/Not Sure

Q27. A Pap test is a test for cancer of the cervix. Have you had a Pap test during the past three years? (n=367)

Women over the age of 21 who have had a pap test:

(n=240; 65.4%)	Yes
(n=120; 32.7%)	No
(n= 7; 1.9%)	Don't Know/ Not Sure

Men's Health

Q28. For men, a prostate cancer screening can be done through a blood test (called PSA test) or a digital rectal exam. Have you ever been checked for prostate cancer? (n=114)

Men over the age of 40 who have had a PSA test

(n=61; 53.5%) Yes
(n=49; 43.0%) No
(n=4; 3.5%) Don't Know/ Not Sure

Q29. Are you currently…. (n=572; did not answer=19)

(n=263; 46.0%) Employed
(n=113; 19.8%) Retired
(n=99; 17.3%) Homemaker
(n=25; 4.4%) Full-time Student
(n=41; 7.2%) Unemployed
(n=31; 5.4%) Unable to work

Employment Type (n=178; did not answer=413)

(n=71; 12%) Agriculture
(n=7; 1.2%) Management
(n=7; 1.2%) Education
(n=12; 2.0%) Health Care
(n=41; 6.9%) Customer Service
(n=39; 6.6%) Professional
(n=1; 0.2%) Self-Employed

Q30. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the last 30 days was your mental health not good? (n=468; did not answer=123)

Average = 4.8 (S.D = 8.74) (Includes "0")

Q31. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (n=574; did not answer=17)

(n=77; 13.4%) Yes
(n=493; 85.9%) No
(n=4; 0.7%) Don't know/Not sure

Q32. Are you the caretaker for any adult other than yourself? (n=573; did not answer=18)

(n=81; 14.1%) Yes
(n=488; 85.2%) No
(n=4; 0.7%) Don't know/Not sure

Q33. I am _____ feet _____ inches tall and weigh _____ lbs.

(n=455; did not answer=136)
(n=12; 2.0%) Underweight
(n=120; 20.3%) Normal
(n=179; 30.3%) Overweight
(n=144; 24.4%) Obese

Q34. If you drank alcoholic beverages in the past 30 days, did you ever consume more than 5 drinks for a man or 4 drinks for a woman at one time? (n=577; did not answer=14)

(n=68; 11.8%)	Yes
(n=506; 87.7%)	No
(n=3; 0.5%)	Don't know/Not sure

Q35. Does anyone in your household smoke, including tobacco products, e-cigarettes, etc.? (n=585; did not answer=6)

(n=51; 8.7%)	Yes
(n=534; 91.3%)	No
(n=0; 0%)	Don't know/Not sure

Q36. How safe do you feel in your current living situation? (n=565; did not answer=26)

(n=26; 4.6%)	Never Safe
(n=32; 5.7%)	Rarely Safe
(n=50; 8.8%)	Sometimes Safe
(n=114; 20.2%)	Often Safe
(n=343; 60.7%)	Always Safe

Q37. Do you have over $300 in a savings account? (n=567; did not answer=24)

(n=247; 43.6%)	Yes
(n=300; 52.9%)	No
(n=20; 3.5%)	Don't know/Not sure

Language of Survey Responses (N=591)

(n= 316; 53.5%)	English
(n=275; 46.5%)	Spanish

Appendix G: Summary of MRMC-AG Service Area Community Health Survey Results (N=391)

Demographics

Q1. Average age 48 years. (n=391) SD: 19.3

Q2. Where do you live? (n=389; did not answer=2)

(n=99; 25.4%)	Santa Maria (93454, 93455, 93458)
(n=60; 15.4%)	Arroyo Grande & Pismo Beach (93420 & 93449)
(n=154; 39.6%)	Nipomo/Guadalupe (93444 & 93434)
(n=73; 18.8%)	Grover Beach & Oceano (93433 & 93445)
(n=3; 0.8%)	Other

Q3. Gender (n=376; did not answer=15)

(n=163; 43.4%)	Male
(n=213; 56.6%)	Female

Q4. What is the highest grade or year of school you completed? (n=385; did not answer=6)

(n=19; 4.9%)	No formal education
(n=92; 23.9%)	Elementary school (6th grade or less)
(n=53; 13.8%)	Junior High or Middle School (7th to 8th grade)
(n=18; 4.7%)	Some High School
(n=48; 12.5%)	High School Diploma
(n=55; 14.1%)	Some College
(n=29; 7.5%)	Associate of Arts Degree (AA, AS) & Trade School
(n=32; 8.3%)	Bachelor's Degree (BA, BS)
(n=39; 10.1%)	Graduate School

Q5. Average children under the age of 18 live in household? (n=378; did not answer=13)

Average = 1.2 (S.D. = 1.4)

Q6. Average adults live in household? (n=389; did not answer=2)

Average = 2.5 (S.D. = 1.4)

Q7. What do you consider as your race or origin?(n=387; did not answer=4)

(n=12; 3.1%)	American Indian or Alaska Native
(n=217; 56.1%)	Hispanic or Latino(a)
(n=15; 3.9%)	Indigenous Indian (from Oaxaca or Guerrero)
(n=128; 33.1%)	White
(n=15; 3.9%)	Other

(Other: Asian, Black or African American, Native Hawaiian or Pacific Islander)

Wellness

Q1. In general how would you rate your health? (n=387; did not answer=6)

(n=5; 1.3%)	Poor
(n= 51; 13.2%)	Fair
(n=198; 51.2%)	Good
(n=80; 20.7%)	Very Good
(n=51; 13.2%)	Excellent

Q2. How many days during the last 30 days was your physical health not good? (n=293; did not answer=98)

Average 3.86

Q3. Chronic Conditions (n=391)

(n=58; 14.8%)	Arthritis	(n=10; 2.6%)	Chronic Lung Disease
(n=20; 5.1%)	Asthma	(n=23; 5.9%)	Heart Disease
(n=14; 3.6%)	Cancer	(n=65; 16.7%)	High Blood Pressure
(n=28; 7.2%)	Chronic Pain	(n=0; 0.0%)	Parkinson's Disease
(n=25; 6.4%)	Diabetes	(n=41; 10.5%)	Other

Other: Allergies, anemia, back pain, fibromyalgia, depression, hepatitis C, knee problems, neuropathy, tremors, seizures, migraines

Q4. Do you currently participate in any physical activities or exercises, for example, walking, running, or any other physical fitness activity at least three times a week? (n=372; did not answer=19)

(n=259; 69.6%)	Yes
(n=109; 29.3%)	No
(n=4; 1.1%)	Don't know/Not sure

Q5. How many times did you eat fruit yesterday? (n=379; did not answer=12)

Average = 1.9

Q6. How many times did you eat vegetables yesterday? (n=379; did not answer=12)

Average = 1.6

Q7. Yesterday, I drank ____ glasses or cans of soda or other sugar sweetened drinks. (n=351; did not respond=40)

Average = 1.3

Health Care Access

Q8. Do you have any kind of health insurance (including prepaid plans, HMOs, private insurance, Medicare, or Medi-Cal/CenCal)? (n=383; did not respond=8)

(n=243; 63.4%)	Yes
(n=24; 6.3%)	Yes, only restricted/ emergency Medi-Cal
(n=107; 27.9%)	No
(n=9; 2.3%)	Don't know/Not sure

Q9. How long has it been since you last visited a doctor for a routine checkup? (n=383; did not answer=8)

(n=241; 62.9%) Within the past year (1 to 12 months ago)
(n=53; 13.8%) Within the past 5 years (1 to 5 years ago)
(n=30; 7.8%) 5 or more years ago
(n=33; 8.6%) Never
(n=26; 6.8%) Don't know/Not sure

Q10. In the last 12 months, how many times did you go to an emergency room to get care for yourself? (n=352; did not answer=39)

Average = 0.20

Q11. How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to a dental specialist, such as an orthodontist. (n=385; did not answer=6)

(n=222; 57.7%) Within the past year (1 to 12 months ago)
(n=62; 16.1%) Within the past 5 years (1 to 5 years ago)
(n=31; 8.1%) 5 or more years ago
(n=33; 8.6%) Never
(n=37; 9.6%) Don't know/Not sure

Q12. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (n=384; did not answer=7)

(n=83; 21.6%) Yes
(n=291;75.6%) No
(n=23; 3.9%) Don't know/Not sure

Q13. Besides cost, were there other reasons you delayed getting medical care during the past 12 months? (n=281; did not answer=110)

(n=9; 3.2%) They did not answer the phone.
(n=65; 23.1%) You had to wait too long for an appointment.
(n=17; 6.0%) The wait in the waiting room was too long.
(n=30; 10.7%) You had to work.
(n=8; 2.8%) You had no way to get there.
(n=152; 54.1%) I did not delay getting medical care or did not need medical care.

Q14. How do you access community health related resources? (n=342; did not answer=49)

(n=207; 60.5%) Friends/Family
(n=18; 5.3%) Newspaper
(n=42; 12.3%) Radio
(n=26; 7.6%) TV
(n=49; 14.3%) Internet

Health Conditions

Q15. Have you EVER been told by a doctor, nurse or other health professional that you have high blood pressure? (n=383; did not answer=8)

(n=115; 30.0%) Yes
(n=3; .8%) Yes, but female told only during pregnancy
(n=7; 1.8%) Told borderline high or pre-hypertensive
(n=233; 60.8%) No
(n=25; 6.5%) Don't know / Not sure

a. If yes, do you currently take medicine to control your high blood pressure? (n=114; did not answer=1)

(n=76; 66.7%)	Yes
(n=36; 31.6%)	No
(n=2; 1.8%)	Don't know/Not sure

Q16. Have you ever been told by a doctor that you suffered from a stroke? (n=382; did not answer=9)

(n=17; 4.5%)	Yes
(n=360; 94.2%)	No
(n=5; 1.3%)	Don't know/Not sure

Q17. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (n=389; did not answer=2)

(n=195; 50.1%)	Yes
(n=181; 46.5%)	No
(n=13; 3.3%)	Don't know/Not sure

Q18. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (n=370; did not answer=21)

(n=102; 27.6%)	Yes
(n=258; 69.7%)	No
(n=10; 2.7%)	Don't know/Not sure

a. If yes, do you currently take medicine to control your high cholesterol? (n=99; did not answer=3)

(n=50; 50.5%)	Yes
(n=49; 49.5%)	No

Q19. Have you ever had a heart attack? (n=384; did not answer=7)

(n=9; 2.3%)	Yes
(n=371; 96.6%)	No
(n=4; 1.0%)	Don't know/Not sure

Q20. Have you ever been told by a doctor that you have diabetes? (n=387; did not answer=4)

(n=30; 7.8%)	Yes
(n=10; 2.6%)	Yes, but only during my pregnancy (female only)
(n=17; 4.4%)	No, but pre-diabetes or borderline diabetes
(n=315; 81.4%)	No
(n=15; 3.9%)	Don't know / Not sure

a. If yes, do you take medicine to control your diabetes? (n=29, did not answer=1)

(n=21; 72.4%)	Yes
(n=8; 27.6%)	No

Q21. Have you ever been diagnosed with asthma? (n=384, did not respond=7)

(n=35; 9.1%) Yes
(n=346; 90.1%) No
(n=3; .8%) Don't know/Not sure

Q22. Have you ever had a cancer diagnosis? (n=387; did not answer 4)

(n=53; 13.7%) Yes
(n=333; 86.0) No
(n=1; .3%) Don't know/Not sure

Cancer Types: Breast, colon, cervical, skin, leukemia, kidney, lung, prostate, throat, uterine, thyroid, intestine cancer

Q23. How many different medications (including vitamins, over the counter medicines, and prescription medications) do you take on a daily basis? (n=323; did not answer=68)

Average = 2.6 (S.D. = 3.3)
(n=28; 7.2%) Don't know or are not sure (n=391)

Q24. Have you ever told your loved ones what they should do, if you were not able to make your own medical decisions? (n=384; did not answer=7)

(n=153; 39.8%) Yes
(n=229; 59.6%) No
(n=2; 0.5%) Don't know/Not sure

Q25. A colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam?
(Participants > 50 years n=172)

(n=115; 66.8%) Yes
(n=55; 31.2%) No
(n=2; 1.2%) Don't know/Not sure

Women's Health

Q26. For women, a mammogram is an x-ray of each breast to look for breast cancer. Have you had a mammogram in the past year? (n=144)

Women over the age of 40 who have had a mammogram

(n=98, 68.1%) Yes
(n=45, 31.3%) No
(n=1, 0.7%) Don't know/Not sure

Q27. A Pap test is a test for cancer of the cervix. Have you had a Pap test during the past three years? (n=206)

(n=127, 61.7%) Yes
(n=79, 38.3%) No

Men's Health

Q28. For men, a prostate cancer screening can be done through a blood test (called PSA test) or a digital rectal exam. Have you ever been checked for prostate cancer? (Male participants age >50 years; n=58)

(n=37, 63.8%)	Yes
(n=21, 36.2%)	No
(n=0)	Don't know/Not sure

Q29. Are you currently…. (n=379; did not answer=12)

(n=246; 64.9%)	Employed
(n=81; 21.4%)	Retired
(n=21; 5.5%)	Homemaker
(n=5; 1.3%)	Full-time Student
(n=13; 3.4%)	Unemployed
(n=13; 3.4%)	Unable to work

Q30. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the last 30 days was your mental health not good? (n=303; did not answer = 88)

Average days: 3.4 (S.D. =7.0, including "0")

Q31. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (n=378; did not answer=13)

(n=43; 11.4%)	Yes
(n=392; 87.0%)	No
(n=6; 1.6%)	Don't know/Not sure

Q32. Are you the caretaker for any adult other than yourself? (n=381; did not answer=10)

(n=61; 16.0%)	Yes
(n=315; 82.7%)	No
(n=5; 1.3%)	Don't know/Not sure

Q33. I am _____ feet _____ inches tall and weigh _____ lbs. (n=322; did not answer=69)

(n=9; 2.3%)	Underweight
(n=102; 26.1%)	Normal
(n=112; 28.6%)	Overweight
(n=99; 25.3%)	Obese

Q34. If you drank alcoholic beverages in the past 30 days, did you ever consume more than 5 drinks for a man or 4 drinks for a woman at one time? (n=385; did not answer=6)

(n=61; 15.8%)	Yes
(n=319; 82.9%)	No
(n=5; 1.3%)	Don't know/Not sure

Q35. Does anyone in your household smoke, including tobacco products, e-cigarettes, etc.? (n=385; did not answer=6)

(n=35; 9.1%)	Yes
(n=350; 90.9%)	No
(n=0; 0%)	Don't know/Not sure

Q36. How safe do you feel in your current living situation? (n=372; did not answer=19)

(n=15; 4.0%)	Never Safe
(n=10; 2.7%)	Rarely Safe
(n=38; 10.2%)	Sometimes Safe
(n=54; 14.5%)	Often Safe
(n=255; 68.5%)	Always Safe

Q37. Do you have over $300 in a savings account? (n=373; did not answer=18)

(n=187; 50.1%)	Yes
(n=164; 44.0%)	No
(n=22; 5.9%)	Don't know/Not sure

Language of Survey Responses (n=391)

(n=196; 50.1%)	English
(n=195; 49.9%)	Spanish

Appendix H: Data Comparison Needs

Community Health Benchmark	MRMC-SM (N=591)	MRMC-AG (N=391)	CDC BRFSS		CDC Healthy People 2020		
			CA Rate	US Rate	Target Rate	2020 Topic & Objective	
General Health Status							
Experience Fair or Poor Overall Health	23.1%	14.5%	18.1%	16.8%	---	---	
Access to Health Care							
Percent needed to see doctor in past year, but could not because of cost.	25.3%	21.6%	13.5%	13.1%	**9%**	AHS-6.1	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.
Visited dentist within past year	58.2%	57.7%	65.1%	65.3%	**49%**	OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.
Health Insurance Coverage (Any Kind) (Including Restricted)	75.5%	68.2%	85.2%	87.6%	**100.0%**	AHS-1.1	Increase the proportion of persons with medical insurance.
Heart Disease and Stroke							
Lifetime Cholesterol Check	57.9%	50.1%	78.6%	80.1%	**82.1%**	HDS-6	Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.
Informed Blood Cholesterol High	32.6%	27.6%	37.7%	38.4%	**13.50%**	HDS-7	Reduce the proportion of adults with high total blood cholesterol levels.
Lifetime High Blood Pressure	32.0%	30.0%	28.7%	31.4%	**26.90%**	HDS-5.1	Reduce the proportion of adults of hypertension.
Take Medicine to Control High Blood Pressure	34.9%	32.5%	---	---	**69.50%**	HDS-11	Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure.
Chronic Health Indicators							
Lifetime Asthma Diagnosis	9.0%	9.1%	12.7%	13.8%	---	---	
Lifetime Diabetes Diagnosis	16.3%	7.8%	10.3%	10.0%	---	---	
Cancer Screening							
Lifetime Colonoscopy (Age 50+)	65.2%	66.8%	66.6%	69.3%	---	---	
Mammogram Past Year (Women, 40+)	67.0%	68.1%	---	---	**81%**	C-17	Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.
Pap Test Past 3-years (Women, 18+)	65.4%	61.7%	75.2%	75.2%	---	---	

Note: --- Indicates data was not available that was like data to compare.

Orange highlight denotes community health survey data does not meet CDC HP2020 target.