2019 Community Health Needs Assessment

Dignity Health
French Hospital Medical Center

Adopted: May 16, 2019

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I. Acknowledgements

This project was completed through the cooperative efforts of various individuals, hospital employees, and organizations of San Luis Obispo County that contributed and volunteered their time for the betterment of the community.

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San Luis Obispo County Public Health Department

French Hospital Medical Center Community Benefit Committee

Information provided by these individuals and organizations was compiled and analyzed by the report author, Amanda Tamburro, MPH, www.linkedin.com/in/amanda-tamburro.

II. Executive Summary

The purpose of this community health needs assessment (CHNA) report is to identify and prioritize significant health needs of the community served by Dignity Health's French Hospital Medical Center (FHMC) located in San Luis Obispo, California. 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.

The hospital's dedication to engagement with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with 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 brothers who are poor and disenfranchised; and,
- Partnering with others in the community to improve the quality of life.

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

FHMC's primary service area is unique due to its location on the Central Coast, with the vast unincorporated areas, striking natural beauty, and thriving communities'. Behind the striking natural beauty are geographically isolated communities, that may host one of the 766 homeless individuals in the area. Within FHMC primary service area over 1,600 school-aged children have been classified as homeless by the Department of Education. Underrepresented individuals can be found residing in poverty working in the shadows of the agriculture, tourism, or retail industry.

The communities within FHMC's primary service area are also home to a disproportionate number of aging adults, who reside furthest from FHMC facilities. Almost half of the population in Cambria (49.0%) are age 62 years and over, followed by approximately one-third of the population in Morro Bay. The Health Resources and Services Administration (HRSA) designated Morro Bay as a medically underserved area/population within FHMC's primary service area.

The CHNA process was completed through quantitative and qualitative methods to collect and analyze primary and secondary data. This mixed-methods approach validates data by cross

verifying from multiple sources, providing a broader perspective of the community and population health needs.

In order to gain a thorough understanding of the medically underserved, low-income and minority populations living in FHMC's primary service area, an original community health survey was developed. The community health survey served as a primary data source and was based upon select questions from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System Survey Questionnaire (BRFSS), previous CHNA reports prepared by Dignity Health, and input provided by those representing community benefit/outreach activities at FHMC. The final survey contained a total of 50 questions and was made available to adults age 18 and older in both Spanish and English. Using convenience sampling (non-probability) methods, a total of 380 adults completed the health survey.

Health inequities (unfair and avoidable differences in health status between populations), including poor health status, disease risk factors, limited access to health care, and lack of education, are interrelated and reported among individuals with social, economic, and environmental disadvantages.

During the November 16, 2018 and February 15, 2019 meeting of FHMC's Community Benefit Committee, the results from the community health survey were presented and potential health needs were discussed and deliberated. Based upon perceptions of the community, the known health needs, and secondary health metrics the three most significant health needs were identified. 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 identified needs were validated through primary and secondary data, as compared to state and national rates, as published by the U.S. Centers for Disease Control.

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

1. Access to primary health care, dental care, and behavioral health;
2. Aging, more mature population; and,
3. Chronic disease prevention and management.

The need for an improvement in access to primary health care, dental care, and behavioral health has been substantiated through primary data, secondary data, and the U.S. government agency, HRSA. HRSA has designated professional shortage areas for dental health in the low income migrant farmworker population in Paso Robles, CA and the low income population in San Luis Obispo, CA. The low income population in the City of San Luis Obispo was also designated as a mental health professional shortage area. Individuals with limited resources have the most difficulty accessing health care.

Over 30,000 individuals residing within FHMC primary service area are over the age of 65 and another nearly 25,000 individuals are between the ages of 55 to 65. Individuals over the age of 55 account for over 30% of FHMC's primary service area population. The aging population finds themselves residing in geographically isolated communities, facing challenges with everyday activities such as transportation, housekeeping, personal care, nutrition, food, and finances. Many seniors are living just above the poverty line relying on retirement incomes and diminishing public resources.

Lastly, chronic disease prevention and management is the third identified need within this CHNA Report. Cancer and heart disease are the leading causes of death at local, state, and national levels. In San Luis Obispo County, lung cancer causes the most cancer deaths and is commonly diagnosed at late stage. SLO County ranks almost highest in the state for the incidence of breast cancer and melanoma. In 2017, 50% of Medicare beneficiaries in San Luis Obispo County were treated for hypertension, 18% were treated for diabetes, and 38% were treated for high cholesterol. Within the FHMC primary service area, approximately 67% of the individuals surveyed are either overweight or obese and almost 40% have never had a lifetime cholesterol check.

While potential resources are available to address the identified needs of the community, the needs are too significant for any one organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local business leaders and other institutions. One of the purposes of the Affordable Care Act was to engage healthcare systems to begin to embrace their community's wellness and go beyond the four walls of the hospital.

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

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

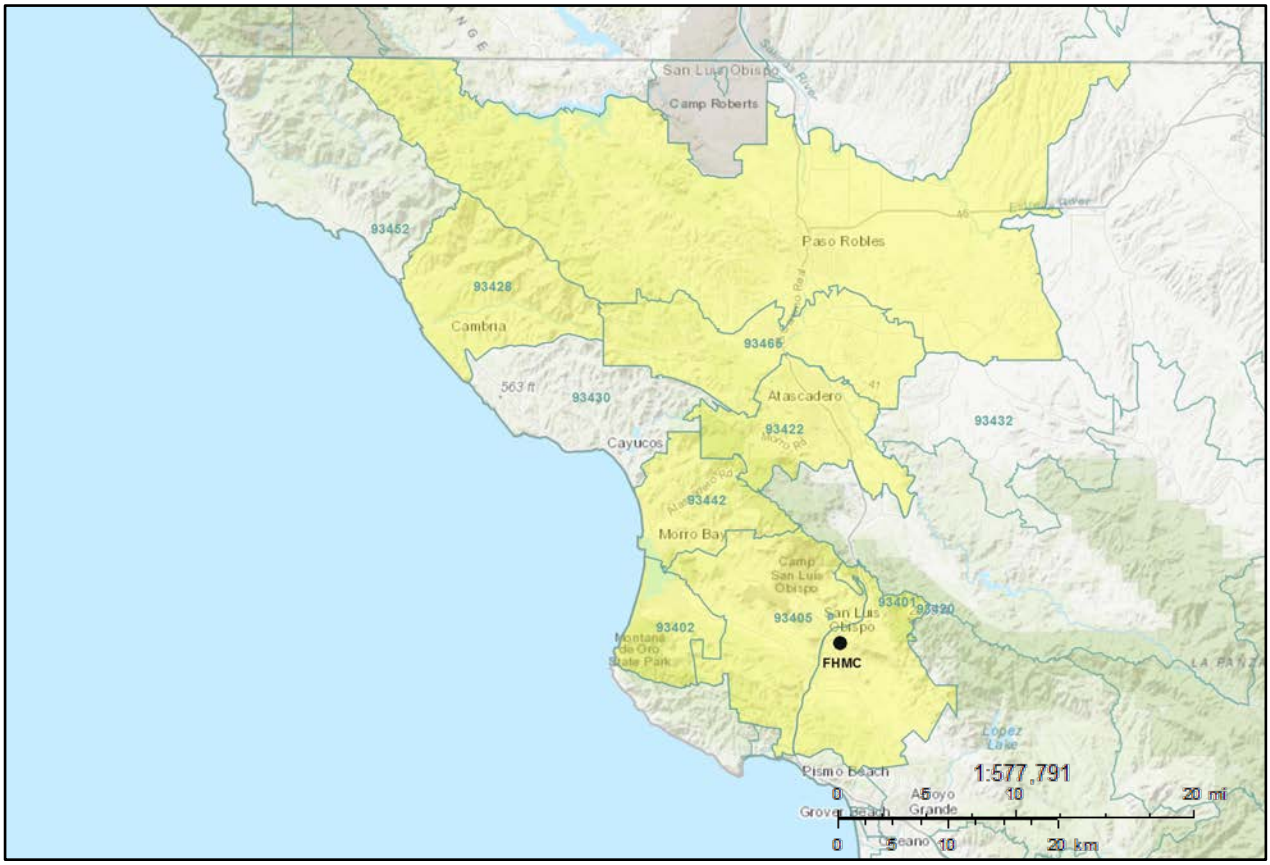
The 2019 CHNA Report was adopted by the FHMC Community Board on May 16, 2019. This report is widely available to the public on the hospital's web site, and a paper copy is available for inspection upon request at FHMC Community Health Office. Written comments on this report can be submitted to FHMC Manager of Community Health at 1911 Johnson Avenue in San Luis Obispo, CA 93401 or you may request a copy by email to CCSAN-CHNA@dignityhealth.org.

III. Community Definition

The primary service area for Dignity Health's French Hospital Medical Center (FHMC) extends over 35-miles from the City of San Luis Obispo to the east, north, and west. FHMC's primary service area is situated entirely in San Luis Obispo (SLO) County and the furthest service area locations to the north and northwest includes agricultural land and open space to county limits.

The primary service area for FHMC will be the focus of this community health needs assessment (CHNA) report and is shown on the following Figure 1. The primary service area for FHMC represents the residence location (zip codes) for 75% of all inpatient discharges. The primary service area is identified through these zip codes and includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

Figure 1. French Hospital Medical Center Primary Service Area



FHMC is located at 1911 Johnson Avenue in the City of San Luis Obispo (SLO), California 93401. FHMC has a primary service area encompassing eight zip codes, including the following:

- San Luis Obispo (93401, 93405);
- Atascadero (93422);
- Templeton (93465);
- Morro Bay (93442);

- Los Osos (93402);
- Cambria (93428); and,
- Paso Robles (93446).

According to the American Community Survey (2013-2017, 5-year average), the City of San Luis Obispo is home to approximately 45,000 individuals, with the entire FHMC primary service area serving over 184,000 individuals. Approximately 71% of the individuals residing in the FHMC service area consider themselves Caucasian, with 20% considering themselves Hispanic or Latino(a). Overall, approximately 18% of individuals residing in the FHMC primary service area are below the poverty level, although 91% have a high school degree or equivalent. The youth population (under age 18) residing within the FHMC primary service area is 17%, and a similar 20% represent those 62 years of age and over.[1] Morro Bay (MUA/P ID: 00395) was identified by the Health Resources and Services Administration (HRSA) as a medically underserved area/population within FHMC's primary service area.[2]

The 2017 Homeless Point-in-Time Report for SLO County documented a total of 766 unsheltered and sheltered individuals in North County (Atascadero, Paso Robles, San Miguel, and Templeton), Coastal Areas (Cambria, Cayucos, Los Osos, and Morro Bay), and the City of San Luis Obispo.[3] According to the California Department of Education, 1,617 students in public schools within FHMC primary service area (grades preschool to 12) were identified as homeless during the 2017-18 school year.[4]

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

Community Need Index

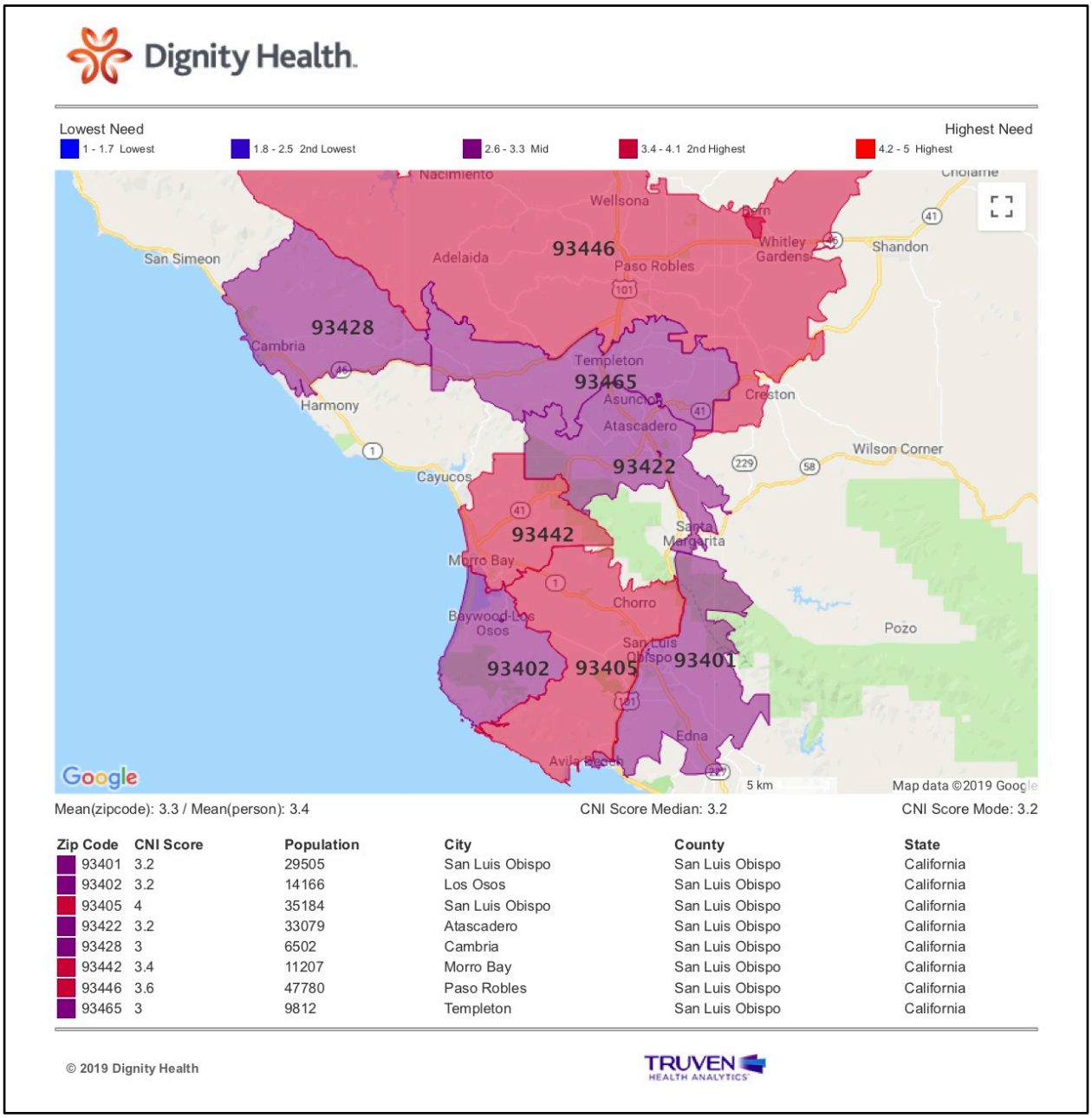
One tool used to assess the community health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for

[1] U.S. Census Bureau (2019). *2013-2017 American Community Survey 5-Year Estimate*. Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.
[2] Department of Health and Human Services (2019). *Health Resources and Service Administration; data.HRSA.gov.* Retrieved from https://data.hrsa.gov/tools/shortage-area/hpsa-find.
[3] Applied Survey Research (2017). *2017 San Luis Obispo County Homeless Point-In-Time Census and Survey.* Retrieved from*: https://www.slocounty.ca.gov/getdoc/97678e2e-81b9-44e4-86d5-5d16a0f5e261/2017-Homeless-Census-and-Survey.aspx*
[4] California Department of Education (2019). *CALPADS UPC Source File (K-12), CALPADS UPC Source File 2017-18.* Retrieved from https://www.cde.ca.gov/ds/sd/sd/filescupc.asp

each census tract 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 within FHMC primary service area range only one point, with the lowest CNI score being three in Templeton and Cambria, to the highest CNI score of four found in the City of San Luis Obispo (93405). Other high CNI scores are 3.6 in Paso Robles (93446) and 3.4 found in Morro Bay (93442). The following Figure 2 depicts the CNI scores for FHMC service area.

Figure 2. Community Need Index



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

Zip Code	CNI Score	Population	City	County	State
93401	3.2	29505	San Luis Obispo	San Luis Obispo	California
93402	3.2	14166	Los Osos	San Luis Obispo	California
93405	4	35184	San Luis Obispo	San Luis Obispo	California
93422	3.2	33079	Atascadero	San Luis Obispo	California
93428	3	6502	Cambria	San Luis Obispo	California
93442	3.4	11207	Morro Bay	San Luis Obispo	California
93446	3.6	47780	Paso Robles	San Luis Obispo	California
93465	3	9812	Templeton	San Luis Obispo	California

TRUVEN HEALTH ANALYTICS

IV. Assessment Process and Methods

The CHNA process was completed through quantitative and qualitative methods to collect and analyze primary and secondary data. This mixed-methods approach validates data by cross verifying from multiple sources, providing a broader perspective of the community and population health needs. The CHNA data collection process took place over seven months and culminated in this CHNA Report. 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 Report, primary data sources included both quantitative and qualitative data. Quantitative data was collected through a community health survey that was collected at locations where members of the community that are low-income, minority, or medically underserved were most likely to be encountered. Qualitative data representing broad interests of the community was collected through a focus group session with FHMC's Community Benefit Committee, and key informant interviews with San Luis Obispo County Public Health Department and the Central Coast Commission for Senior Citizens.

Community Health 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 CHNA reports prepared by Dignity Health, and input provided by those representing community benefit/outreach activities at FHMC. The final survey contained a total of 50 questions and was available in Spanish and English.

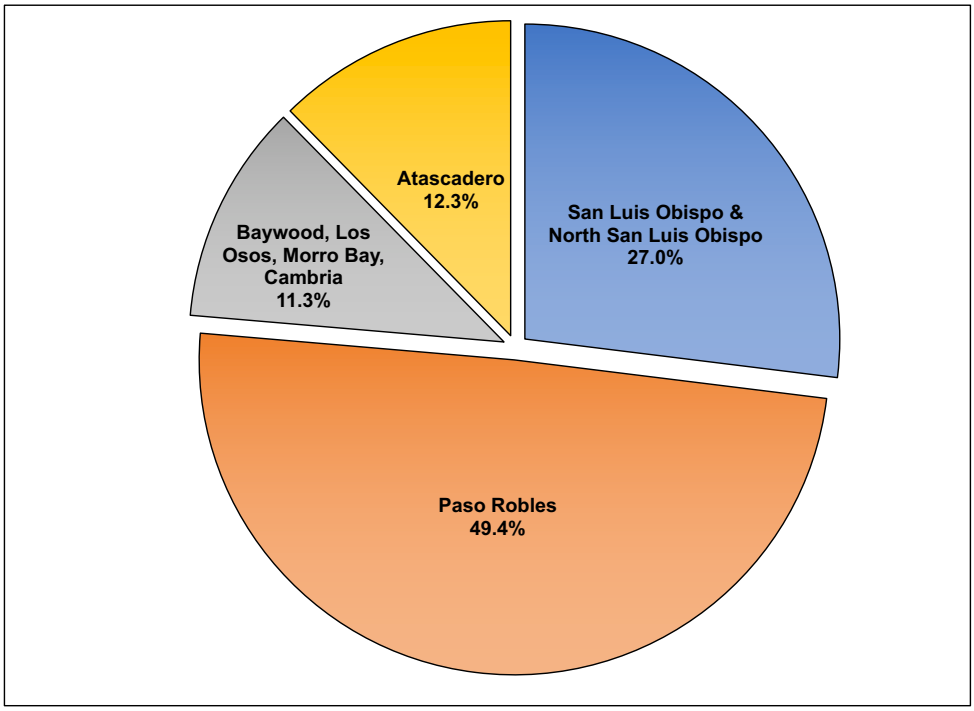
The FHMC Community Health Survey used a convenience sampling strategy (non-probability) to survey adults (age 18 and over) living in the primary service area of FHMC. Survey collection locations were selected based upon the perception of being able to encounter adults of the medically underserved, low income, marginalized, and minority populations within FHMC primary service area. Before any community health surveys were collected, the responsible party at each location was contacted and permission was requested. The 20 survey locations included churches, senior centers, community events, homeless shelters, housing authority locations, and foodbanks. The complete list is provided as Appendix B.

Between July 1, 2018 and September 7, 2018, a total of 380 health surveys were collected by FHMC employees and volunteers, in either English or Spanish, using convenience sampling methods. Community health survey participants were informed that the survey was available in Spanish and English, completely anonymous, and open to any adult over the age of 18 residing in FHMC's primary service area. Each community health survey participant was also informed the survey would take about ten minutes of their time and that results of the survey would help FHMC better understand the community needs. Surveys were either self-completed or, if the

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

The community health survey data was compiled by utilizing an online survey cloud based software. The cloud based software increased data quality and streamlined data analysis. 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. A breakout of survey participants' place of residence is displayed as the following Figure 3.

Figure 3. FHMC Survey Participants' Place of Residence



Broad Interest of Community

Organizations representing the broad interest of the community for this CHNA included the San Luis Obispo County Public Health Department (SLOPHD), Central Coast Commission for Senior Citizens, and FHMC Community Benefit Committee. These organizations were each approached and considered key community stakeholder/informants.

San Luis Obispo County Public Health Department

Representatives from the SLOPHD were initially approached in May 2018 regarding the CHNA process Dignity Health was initiating for their 2019 CHNA Report. Discussions with SLOPHD at this time surrounded the community health survey and the methods that were being utilized. The community health survey questions were also discussed with SLOPHD and their feedback was incorporated. SLOPHD community health needs assessments cycles differ from that of this report, limiting the prospect of a collaborative assessment for 2019. It was agreed upon that

sharing of results would be beneficial for all and that a follow-up call would be scheduled to discuss the results.

A follow-up conversation was held with SLOPHD in January 2019 and the preliminary results of the community health survey were reviewed and discussed. The results of the community health survey aligned with their understanding of the communities. SLOPHD suggested initiating annual focus groups, to better align each organizations implementation plans and develop a formalized community health survey collaboration for 2021, as there are areas of mutual interest for both organizations. SLOPHD stated they are available to support the CHNA and are interested in partnering with Dignity Health during the implementation plan development, to further efforts ultimately helping the most vulnerable within the community. The first collaborative meeting between Dignity Health and SLOPH for the implementation plan development is slated for May 2019.

Central Coast Commission for Senior Citizens

The Central Coast Commission for Senior Citizens was approached to provide input regarding the current status of the aging population within FHMC's primary service area. A discussion was held between Joyce Ellen Lippman, Central Coast Commission for Senior Citizens and Dignity Health in March 2019. Ms. Lippman shared the senior population is a growing population and will continue to grow as individuals are living longer creating a tremendous need. The goal of many seniors is to age well in place, however, assistance is eventually needed within the home for housekeeping, personal care, fall prevention, nutrition, errands, transportation, and finances. For instance, many household and personal care chores that once were easily completed, become more difficult as aging progresses. Keeping seniors safe in their homes throughout the aging process helps to prevent falls. Ms. Lippman also shared that many seniors are living just above the poverty line on retirement incomes and begin to rely on diminishing public resources. The Central Coast Commission for Senior Citizens prepares an Elder Needs Assessment every three to four years and is made available to the public. Each Elder Needs Assessment identifies 'information' as a need by all ages within the community, whether the person is young-old caring for old-old parents or themselves or grandchildren. The Central Coast Commission prepares a 100-page Senior Information Guide for each county annually and prints 40,000 copies for community-wide distribution.

FHMC Community Benefit Committee

The FHMC Community Benefit Committee consists of healthcare providers, community business owners, community board members and hospital administration. These individuals are specifically identified in Appendix C. On November 16, 2018, a meeting was held with the committee regarding their perceived community needs. At the beginning of the meeting, each committee member was asked to document their perception of the two greatest challenges facing the community. The identified challenges were itemized and a collaborative discussion was facilitated to prioritize the greatest needs. The needs identified by the FHMC Community Benefit Committee included, substance abuse, mental health, access to health care,

homelessness, housing, and elder resources. Furthermore, the CHNA preliminary results and report were also discussed with the FHMC Community Benefit Committee on February 15, 2019.

Written Comments from 2016 Community Health Needs Assessment

FHMC invited written comments on the 2016 CHNA Report and Implementation Strategy both in the documents and on the web site where they are widely available to the public. No written comments have been received at the time of the CHNA report development. However, FHMC will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate staff.

Secondary Data Sources

The CHNA report includes a multitude of secondary data indicators that help illustrate the health of the community. Secondary data from local, county, state, and national sources were reviewed and included as data points for demographics, mortality, morbidity, social determinant of health, health behaviors, clinical care, health outcomes, and physical environment. While secondary data is inexpensive and readily available, many times it covers a population from a larger geographic area than the area being analyzed. While secondary data has typically been statistically validated, it may have been collected several years prior to actual publishing.

This CHNA Report 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:

- California Cancer Registry;
- California Department of Education;
- California Department of Public Health;
- California Health Interview Survey;
- CDC Morbidity and Mortality;
- CDC Youth Risk Behavior Survey Data;
- Center for Disease Control (CDC) Behavioral Risk Factor Surveillance System;
- Centers for Medicare and Medicaid;
- Central Coast Collaborative on Homelessness;
- County Health Rankings and Roadmaps;
- Healthcare Utilization Data;
- San Luis Obispo County Public Health Department; and,
- 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.

CHNA Consultant

This 2019 CHNA Report was prepared by Amanda Tamburro, MPH, Principal at Tamburro Consulting Group, LLC. Amanda earned her Master of Public Health in Community Health Education and conducted a population specific Latino Community Health Needs Assessment Research Report (2013) in Oxnard, California. The Latino Community Health Needs Assessment Report was based upon a statistically relevant bilingual community health survey. In 2014, these report findings were published at the Annual Meeting of the American Public Health Association and in 2015 at the National Conference for the Association of Community Health Improvement. In 2016, as an employee of Dignity Health, Amanda served as the primary author and lead researcher for the 2016 Community Health Needs Assessment Reports for both Marian Regional Medical Center and French Hospital Medical Center.

V. Assessment Data and Findings

According to the U.S. Centers for Disease Control and Prevention, the conditions of the environments in which people are born, live, learn, work, play, worship, and age affects a wide range of health, functioning, and quality of life outcomes and risks.[5] These factors include health behaviors, health care, social and economic environment, and physical environment and are known as the social determinants of health (SDOH). The relationship between the status of a communities' SDOH is fundamental in assessing a community. As SDOH improve, so will individual and population health, as well as health equity.[6]

Demographics

In addition to Section III. Community Profile presented above, there are many factors related to the SDOH to better understand the population FHMC most frequently serves.

The community health survey was completed by 380 participants from FHMC service area ranging from 18 to over 90 years of age. While the following subsections will highlight specific results of the community health survey, the survey questions and comprehensive results are provided in Appendix D.

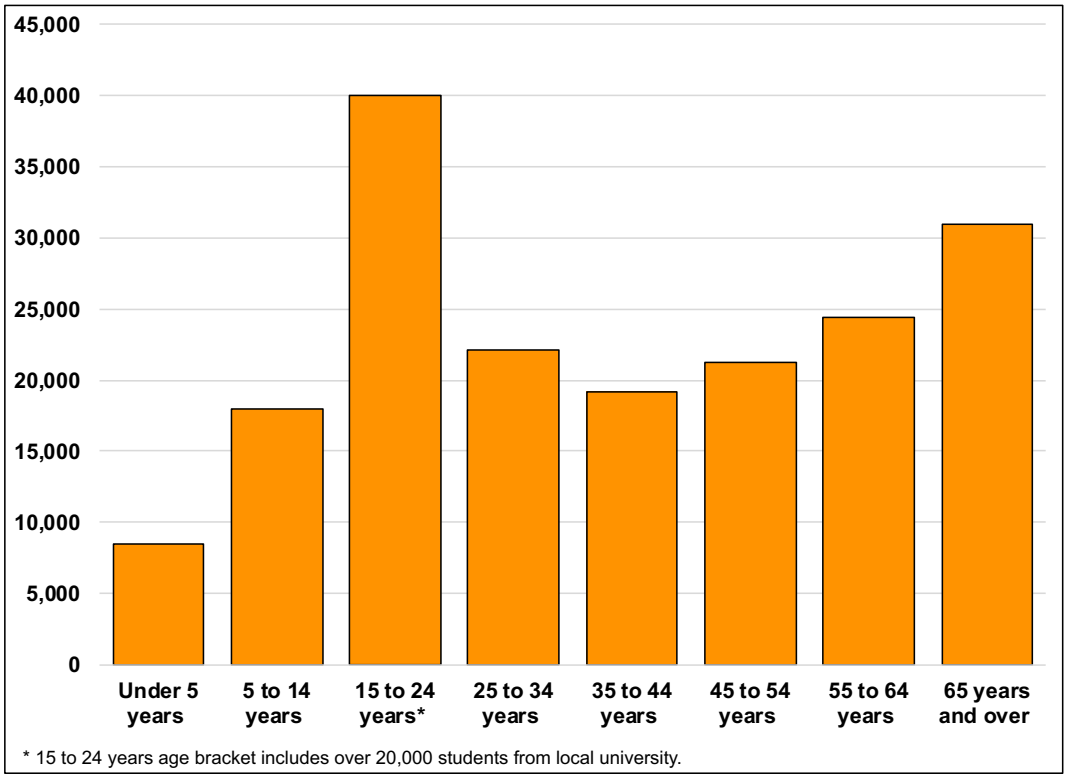
Population by Age

According to the American Community Survey (2013-2017, 5-year average), the median age in the FHMC primary service area ranges from 21.8 years in San Luis Obispo (93405) to 61.7 years in Cambria. The area within San Luis Obispo (93405) has the youngest median age, however, a small percentage of individuals are under the age of 18 (6.2%). This youthful median age is attributed to the young adult population attending the local university. Within the more traditional communities' of FHMC primary service area, the largest population under 18 resides in Northern SLO County and can be found in the communities of Paso Robles, Templeton, and Atascadero. Paso Robles has over 10,000 residents under the age of 18, constituting 22.6% of their total population. This youthful population is contrasted by a more aging population present in Cambria and Morro Bay. Almost half of the population in Cambria (49.0%) are age 62 years and over, followed by approximately one-third of the population in Morro Bay. The greatest number of residents age 65 and over are found in the northern FHMC service area communities of Paso Robles and Atascadero.[7]

The average age of the FHMC Community Health Survey participant was 55.4 and 67.1% (n=253) of the survey participants were female. Overall, approximately 48% of those completing a community health survey were aged 60 or over (n=181). Age distribution for FHMC primary service area is presented on the following Figure 4.

[5] U.S. Department of Health and Human Services, 2018. Centers for Disease Control and Prevent, Social Determinants of Health Retrieved from: https://www.cdc.gov/socialdeterminants/
[6] Ibid 6.
[7] Ibid 2.

Figure 4. FHMC Primary Service Area Population by Age[8]



Race/Ethnicity

The majority of residents (71.2%) within FHMC primary service area identify themselves as white or Caucasian, followed by approximately 20% considering themselves Latino(a) or Hispanic origin. Within FHMC primary service area, Paso Robles (93446) is home to the largest Hispanic or Latino(a) population where approximately 14,200 individuals reside. The City of San Luis Obispo (93401, 93405) is also home to over 10,500 individuals who consider themselves Latino(a) or Hispanic origin.[9]

When FHMC Community Health Survey participants were asked about their race or origin, 46.7% (n=177) identified themselves as white or Caucasian, a similar 44.1% (n=167) responded Hispanic or Latino(a), and 3.4% (n=13) identified themselves Asian or Asian American. The remaining 5.8% represented various origins or races, including Black or African American, American Indian or Alaskan Native, Native Hawaiian or other Pacific Islander, all having too small of cell sizes to report.

Language

Individuals who do not speak English can face challenges in many areas, including access to health care and understanding medical information. According to the American Community Survey (2013-2017, 5 year average), 10,526 individuals, 5 years and over, residing within the

[8] Ibid 1.
[9] Ibid 1.

FHMC primary service area reported they speak English less than "very well." These individuals constitute almost 10% of the entire population within the primary service area.

The purpose of the FHMC Community Health Survey was to gain a thorough understanding of the medically underserved, low-income, and minority populations living in FHMC's primary survey area. The effort to capture responses from these individuals resulted in almost one-third (n=125) of all community health surveys were completed in Spanish.

Education

Educational attainment is one of the five social determinants of health. Low educational attainment levels are linked with poor health, more stress, higher poverty, and lower-self efficacy.[10] While higher educational attainment can play a significant role in shaping employment opportunities, it can also increase the capacity for better decision making regarding ones' health.[11]

According to the U.S. Census, the number of high school graduates age 25 years and over in FHMC primary service area exceeds the reportedly 90.5% in SLO County in all communities, except two. The lesser percentage of 86.4% in the City of San Luis Obispo (93405) can once again be attributed to the local college population, where most individuals are less than 25 and not reported in this calculation. Paso Robles (93446) had the second lowest percentage of high school graduates in FHMC primary service area at 87.2%, they still exceed the rate for the State of California. It should be noted that over half of those 25 years and over residing in the City of San Luis Obispo (93401) have attained a bachelor's degree or higher.[12]

According to the FHMC Community Health Survey, 66.9% (n=253) of survey participants reported attaining a high school diploma, and 16.4% (n=62) of survey participants reported having a 6th grade education or less.

Economic Stability

According to the World Health Organization, higher income and social status are linked to better health. The greater the gap between the richest and the poorest individuals, the greater the differences in health.[13] In 2018, the Federal Poverty Level for one person was $12,140 and for a family of four $25,100.[14]

In the State of California, 15.1% of all residents reside below the poverty level. In SLO County this number improves slightly to 13.8%. Two communities within FHMC's primary service area

[10] World Health Organization (2019). *"Health Impact Assessment (HIA)."* Retrieved from https://www.who.int/hia/evidence/doh/en/

[11] Shanker, J., Ip, E., Khalema, E., Couture, J., et. al. Int J Environ Res Public Health, (2013). *"Education as a Social Determinant of Health: Issues Facing Indigneous and Visible Minority Students in Postsecondary Education in Western Canada."* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3799536/

[12] Ibid 1.

[13] Ibid 10.

[14] U.S. Health and Human Services (2018). "2018 HHS Poverty Guidelines." Retrieved from https://www.acf.hhs.gov/sites/default/files/ocs/2018_hhs_poverty_guidelines.pdf

exceed the state and county levels. In the City of San Luis Obispo (and North San Luis Obispo), specifically those residing in ZIP Codes 93401 and 93405, 20.0% and 42.6% of the individuals reside in poverty, respectively.

According to the California Department of Education, approximately 44% (or >15,000 students) of all public school students residing in the FHMC primary service area were eligible to receive free or reduced price meals during the 2018-19 school year.[15]

Overall, when FHMC Community Health Survey participants were asked if they had over $300 in a savings account, 53.3% (n=195) responded "no" to the question. Further evaluation of these responses reveals a similar 50% of survey participants over the age of 60 do not have $300 in a savings account.

In order 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. FHMC Community Health Survey participants reported that an average of 2.1 adults living in their household, and 0.9 children under the age of 18.

Physical Environment

The physical and built environment surrounding where an individual lives, learns, works, and plays are important to health. Access to the outdoors, commerce, public safety, public transportation, clean water, clean air, sidewalks, parks all impact an individuals' decision making process to further their wellness. When FHMC Community Health Survey participants were asked if they always or often feel safe in their home, over 90% responded "yes."

Food deserts are defined by the US Department of Agriculture as areas where at least 500 people or 33% of the census tract's population resides more than one mile (urban or ten miles rural) from a supermarket or a large grocery store. According to SLO County's Community Health Assessment published in 2018, approximately 123,000 people in SLO County live within a USDA-defined food desert. [16]

While local industry is a source of employment and feeds the local economy, it at times may impact the physical environment, potentially exacerbating or increasing the risk factors for chronic disease. In SLO County, the overall value of agricultural production was approximately $925,000,000 in 2017, according to the County of San Luis Obispo's Department of Agriculture/Weights and Measures.[17] In order to produce the high value crops to meet industry

[15] California Department of Education (2019). *Student Poverty FRPM Data.* Retrieved from https://www.cde.ca.gov/ds/sd/sd/filessp.asp
[16] County of San Luis Obispo Health Agency, Public Health Department (2018). *Community Health Assessment.* Retrieved from: http://www.slohealthcounts.org/content/sites/slodph/Community_Health_Assessment_San_Luis_Obispo_County_July2018.pdf
[17] County of San Luis Obispo, Department of Weights and Measures (2018). *2017 Annual Report.* Retrieved from: https://www.slocounty.ca.gov/getattachment/597e9e60-dc50-4d7e-9fe0-d2f8a80f8874/Crop-Report-2017.aspx

standards, the California Department of Pesticide Regulation reported that in 2016 over 3,000,000 pounds of pesticide active ingredients were used in SLO County.[18]

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:

- Access to primary care;
- Access to behavioral health care;
- Access to dental care;
- Access to specialty care;
- Health insurance coverage; and,
- Timeliness.[19]

The community's ability to access health care was measured through four community health survey questions that were compared to available state and national levels. These details are presented on the below Table 1.

Table 1. Access to Health Care Status

Health Behaviors/Status	2019 CHNA	CDC BRFSS[20]		2016 CHNA
	French (N=380)	California	U.S.	French (N=416)
Health care coverage (any kind) (Q15)	87.3%	89.4%	89.5%	81.8%
Visited doctor within past year for routine checkup (Q16)	81.7%	67.6%	70.4%	81.8%
Received dental care in past year (Q18) (BRFSS 2016)	55.6%	67.1%	66.4%	55.7%
Percent needed to see doctor in past year, but could not because of cost (Q19)	21.7%	11.8%	12.4%	26.8%

According to the 2019 FHMC Community Health Survey, 11.1% (n=42) of survey participants reported not having any health insurance coverage. Comparing this result to the 2016 FHMC Community Health Survey, the indicator has improved by decreasing 5.2% from 2016 results, noting a small, but measurable improvement. Similarly, health insurance coverage increased from 81.8% in 2016 to 87.3% in 2019 for FHMC primary service area. Besides cost, the greatest

[18] California Department of Pesticide Regulation (2019). *"Total Pounds of pesticide active ingredients reported in each county and rank in 2015 and 2016."* Retrieved from: https://www.cdpr.ca.gov/docs/pur/pur16rep/lbsby_co_16.pdf

[19] 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.

[20] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data (online). 2016-2017 Data. https://www.cdc.gov/brfss/brfssprevalence/

reason survey participants delayed getting medical care was due to frustration trying to schedule an appointment and waiting too long for the next available appointment.

In contrast to the improvements above, just over half (55.6%) of 2019 FHMC Community Health Survey respondents reported receiving dental care in the past year. This aligns with the 2016 percentage of 55.7%, and is over 10 percentage points less than state and national levels.

Furthermore, the HRSA has designated the low income migrant farmworker population in Paso Robles, CA and the low income population in the City of San Luis Obispo, CA as dental health professional shortage areas (HPSA ID: 6064958051 and 6062701245). HRSA also identified the low income population in the City of San Luis Obispo as a mental health professional shortage area (HPSA ID: 7069300805).[21]

Depending upon an individuals' abilities they may face additional barriers to care. Key informant interviews identified other barriers to care the aging, more mature population may encounter including transportation and prescription costs.

Health Related Quality of Life

Health related quality of life is an individual or a group's perceived physical and mental health over time.[22] The communities' health related quality of life was measured through four community health survey questions that were compared to available state and national levels. Almost half (48.7%) of all survey participants identified their health as "good", approximately one-quarter rated their overall health as poor or fair (26.7%), and approximately one-quarter considered their health very good or excellent (24.6%). The following Table 2 further compares and details the health related quality of life indicators at the community, state, and national level.

Table 2. Survey Participants' Health Related Quality of Life

Health Related Quality of Life	2019 CHNA	SLO County Health Ranking[23]	CDC BRFSS[24]	
	French (N=380)		California	U.S.
Experienced fair or poor overall health (Q9)	26.7%	14.3%	17.6%	17.6%
Average poor physical health days per month (Q10)	6.4	3.8	3.6	4.0
Average poor mental health days per month (Q11)	5.0	3.7	3.5	3.9
Physical, mental, or emotional health prevented usual activities (Q41)	16.8%	NA	22.3%	22.1%

[21] Ibid 2.
[22] Centers for Disease Control and Prevention (2018). *Health-Related Quality of Life (HRQOL)*. Retrieved from https://www.cdc.gov/hrqol/
[23] County Health Rankings and Roadmaps (2019). *San Luis Obispo County.* Retrieved from: http://www.countyhealthrankings.org/app/california/2017/overview
[24] United Health Foundation (2019). *America's Health Rankings, Annual Report (source, CDC Behavioral Risk Factor Surveillance System, 2017)*. Retrieved from https://www.americashealthrankings.org/explore/annual/measure/PhysicalHealth/state/CA.

When survey participants were asked to quantify how many days their physical health or mental health was not good in the past 30 days, over half reported "zero" days. Survey participants from FHMC reported on average approximately five days of poor physical health and poor mental health in the past 30 days. Lastly, almost 80% of FHMC survey respondents reported that they do not have any difficulty doing errands because of a physical, mental, or emotional condition.

Mortality

According to the CDC, cancer and heart disease were the two leading causes of death in SLO County between 2015-2017. Cerebrovascular diseases (stroke) and Alzheimer's disease were identified as the third and fourth leading cause of death in SLO County. When these details are further evaluated based upon gender, there is no change in the top five ranking for females. However, the fourth leading cause of death for males is accidents, followed by chronic lower respiratory disease, and then Alzheimer's disease.[25] Additional details on the top ten leading causes of death in SLO County between 2015-2017 are identified on the following Table 3.

Table 3. 2015-2017 Top Ten Leading Causes of Death, San Luis Obispo County [26]

SLO County Cause of Death	Total Deaths (2015-2017)	Age Adjusted Rate
Malignant neoplasms	1,588	133.5
Diseases of heart	1,538	125.9
Cerebrovascular diseases	598	48.3
Alzheimer's disease	534	41.9
Chronic lower respiratory diseases	448	36.9
Accidents (unintentional injuries)	349	37.9
Diabetes mellitus	171	14.3
Intentional self-harm (suicide)	165	17.1
Influenza and pneumonia	127	10.4
Chronic liver disease and cirrhosis	121	12.4
*All rates are per 100,000. Rates are age adjusted to 2000 US Standard Population.		

San Luis Obispo County's Health Status Profile for 2019 as prepared by the California Department of Public Health has been provided for reference in Appendix E. The county health status profile provides additional information regarding mortality, morbidity, infant mortality, and natality.

[25] Centers for Disease Control and Prevention, National Center for Health Statistics (2019). *Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December 2018.* https://wonder.cdc.gov/controller/saved/D76/D50F709

[26] Ibid 25.

Chronic Conditions

Chronic disease and injury are reported as the leading cause of death, disability, and diminished quality of life in the U.S. and California. Chronic diseases are defined as conditions that last more than one year and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, diabetes, and respiratory diseases accounts for approximately 80% of California's health care expenditures.[27] Chronic conditions many times are caused by unhealthy or risky behaviors, such as tobacco use, unhealthy diet, lack of physical activity, and excessive alcohol use.[28] Aside from heart disease and diabetes, there are other chronic conditions impacting the residents within FHMC's primary service area. Chronic conditions also encompass mental health conditions, including depression and anxiety.

According to the National Council on Aging (NCOA), as individuals' age their risk of developing a chronic condition increases. Approximately 77% of older adults have at least two chronic conditions.[29] NCOA also report that one in four older adults currently experience some mental disorder including depression and anxiety disorders, and dementia.

Cardiovascular Disease

According to the American Heart Association, cardiovascular disease can refer to a number of different conditions including coronary artery disease, heart attack, stroke, heart failure, arrhythmia, and heart valve problems. Heart disease risk factors include high blood pressure, high cholesterol, diabetes, obesity, an individuals' lifestyle, age, and family history.

In SLO County, diseases of the heart were the second leading cause of death between 2015-2017. Cerebrovascular diseases, or stroke and other associated conditions, were the third leading cause of death in SLO County between 2015-2017.[30]

During 2017, Medicare beneficiaries in SLO County were commonly treated for heart disease risk factors, including:

- 51% received service for hypertension (high blood pressure);
- 38% were treated for hyperlipidemia (high cholesterol);
- 27% were treated for ischemic heart disease (build-up of plaque in arteries); and,
- 11% received treatment for atrial fibrillation.[31]

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[27] California Department of Public Health, Division of Chronic Disease and Injury Control (February 2018). *Mission: Promote health and eliminate preventable chronic disease and injury in California.* Retrieved from https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/Pages/DivisionofChronicDiseaseandInjuryControl.aspx.
[28] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (2018). *About Chronic Disease*. https://www.cdc.gov/chronicdisease/about/index.htm
[29] National Council on Aging. *Healthy Aging Facts.* Retrieved from https://www.ncoa.org/uncategorized/healthy-aging-facts/ April 23, 2019.
[30] Ibid 25.
[31] Centers for Medicare and Medicaid Services, Mapping Medicare Disparities, 2017 Data. https://data.cms.gov/mapping-medicare-disparities

The FHMC Community Health Survey included community health survey questions for indicators that are considered risk factors for heart disease and stroke. These indicators are presented on the following Table 4, compared to state and national levels, as well as 2016 FHMC CHNA results. County level secondary data for these indicators was sought and is not readily available or more than ten years old.

Table 4. Prevalence of Heart Disease and Stroke Indicators

Heart Disease and Stroke Indicators	2019 CHNA	2016 CHNA	CDC BRFSS[32]	
	French (N=380)	French (N=416)	California	U.S.
Percent Never Had Lifetime Cholesterol Check (Q23)	39.1%	29.0%	7.8%	9.2%
Informed Blood Cholesterol High (Q24)	32.3%	31.5%	30.8%	33.0%
Lifetime High Blood Pressure (Q21)	38.1%	34.6%	28.4%	32.3%

Diabetes

The prevalence of diabetes in the community varies depending upon an individuals' age and ethnicity and the incidence of diabetes increases as an individual ages. Overall, it is estimated that 6.8% of SLO County residents have been ever diagnosed with diabetes. In SLO County, 18% of Medicare beneficiaries have been treated/received service for diabetes. Furthermore, this prevalence further increases to 28% if only evaluating Hispanic or Latino Medicare beneficiaries in SLO County.

Overall, 18.5% of FHMC Community Health Survey respondents reported a lifetime diabetes diagnosis. Further evaluation of the survey responses indicated that 80% of those participants reporting a lifetime diabetes diagnosis are age 55 and over. Additional diabetes prevalence from primary and secondary sources has been provided on the following Table 5.

Table 5. Diabetes Prevalence

Adult Lifetime Diabetes Diagnosis	Crude Prevalence
United States (CDC BRFSS)[33]	10.5%
California (CDC BRFSS)	10.5%
San Luis Obispo County (CHIS)[34]	6.8%
Medicare Population Diabetes Treatment 2017 San Luis Obispo County (CMS)[35]	18.0%
FHMC Community Health Survey (2019)	18.5%

[32] Ibid 20.
[33] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data (online). 2016-2017 Data. https://www.cdc.gov/brfss/brfssprevalence/
[34] California Health Interview Survey, 2014, 2015, 2016, and 2017 Pooled Average. http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results
[35] Ibid 31.

Cancer

Historically, cancer has been the leading cause of death in SLO County and was the second leading cause of death in 2017. Aside from cancer screening tests, there are vaccines and healthy choices that can reduce an individual's risk of cancer, such as limiting alcohol and tobacco use, skin protection, maintaining a healthy weight, and physical fitness. Cancer disparities are thought to reflect the relationship of socioeconomic factors, culture, diet, stress, the environment, and biology. The poor and medically underserved are less likely to have recommended cancer screening tests than those who are medically well served. They are also more likely to be diagnosed with late-stage cancer that may have been treated more effectively if diagnosed earlier.[36]

According to the California Cancer Registry, 7,515 cancer cases occurred in SLO County between 2011 and 2015. The California Cancer Registry determined the crude rate of cancer for SLO County and then adjusted it for age, so that an "apples to apples" comparison could be completed between the 58 counties in California. These rates were ranked from highest to lowest, with SLO County being ranked 11th highest in the state overall. When the rates for specific cancers were ranked for each county, SLO County has the second highest incidence of melanoma and the third highest incidence of breast cancer as compared to all counties' in California.[37] The ten most common cancer sites with age adjusted rates for the county and state are provided on the following Table 6.

Table 6. San Luis Obispo County Age-Adjusted Invasive Cancer Incidence Rates (2011-2015)[38]

Site	San Luis Obispo County		State of California	
	Total Cases	Age Adjusted Rate*	Age Adjusted Rate*	SLO County Rank
All Sites	7,515	427.8	395.2	11
Breast, Female	1,218	140.7	120.6	3
Prostate, Males	958	105.3	97.1	9
Lung and Bronchus	832	45.4	42.2	21
Melanoma of the Skin	749	43.9	21.6	2
Colon & Rectum	586	33.0	35.5	NA
Non-Hodgkin Lymphoma	355	20.3	18.2	7
Urinary Bladder, invasive and insitu	343	18.8	16.8	17
In Situ Breast, Female	255	28.3	28.2	17
Kidney and Renal Pelvis	223	13.1	13.9	NA
Pancreas	194	10.8	11.4	NA
* All rates are per 100,000. Rates are age adjusted to the 2000 US Standard Population.				

[36] National Cancer Institute, "Cancer Disparities" Retrieved from https://www.cancer.gov/about-cancer/understanding/disparities Last Updated March 11, 2019.
[37] California Cancer Registry, "Age-Adjusted Invasive Cancer Incidence Rates by County in California, 2011-2015." Retrieved from https://www.cancer-rates.info/ca/. Last updated Jan 2018.
[38] Ibid 37.

Cancer was identified as causing 2,557 deaths in SLO County between 2011-2015. Lung and bronchus cancer were the leading cause of death for these individuals. The following Table 7 provides the leading cancer mortality rates by site for SLO County between 2011-2015, as provided by the California Cancer Registry.

Table 7. San Luis Obispo County Age-Adjusted Cancer Mortality Rates (2011-2015)[39]

Site	San Luis Obispo County		California
	Total Deaths	Age Adjusted Rate*	Age Adjusted Rate*
All Sites	2,557	139.8	146.6
Lung and Bronchus	576	31.5	32.0
Prostate, Males	149	18.2	19.6
Colon & Rectum	231	12.5	13.2
Breast, Female	208	22.4	20.1
Miscellaneous	207	11.4	NA
* All rates are per 100,000. Rates are age adjusted to the 2000 US Standard Population.			

Between the years 2015, 2016, and 2017, FHMC encountered a total of 962 observed new cases of cancer from SLO County residents. The majority of the individuals FHMC served reside within the communities of San Luis Obispo City, Los Osos, Morro Bay, and Arroyo Grande. Further evaluation of these 962 cases, the top four most frequently encountered types of cancer for males and females were breast, lung, bladder, and prostate cancers. Additional details and a gender breakout are provided on the following Table 8.

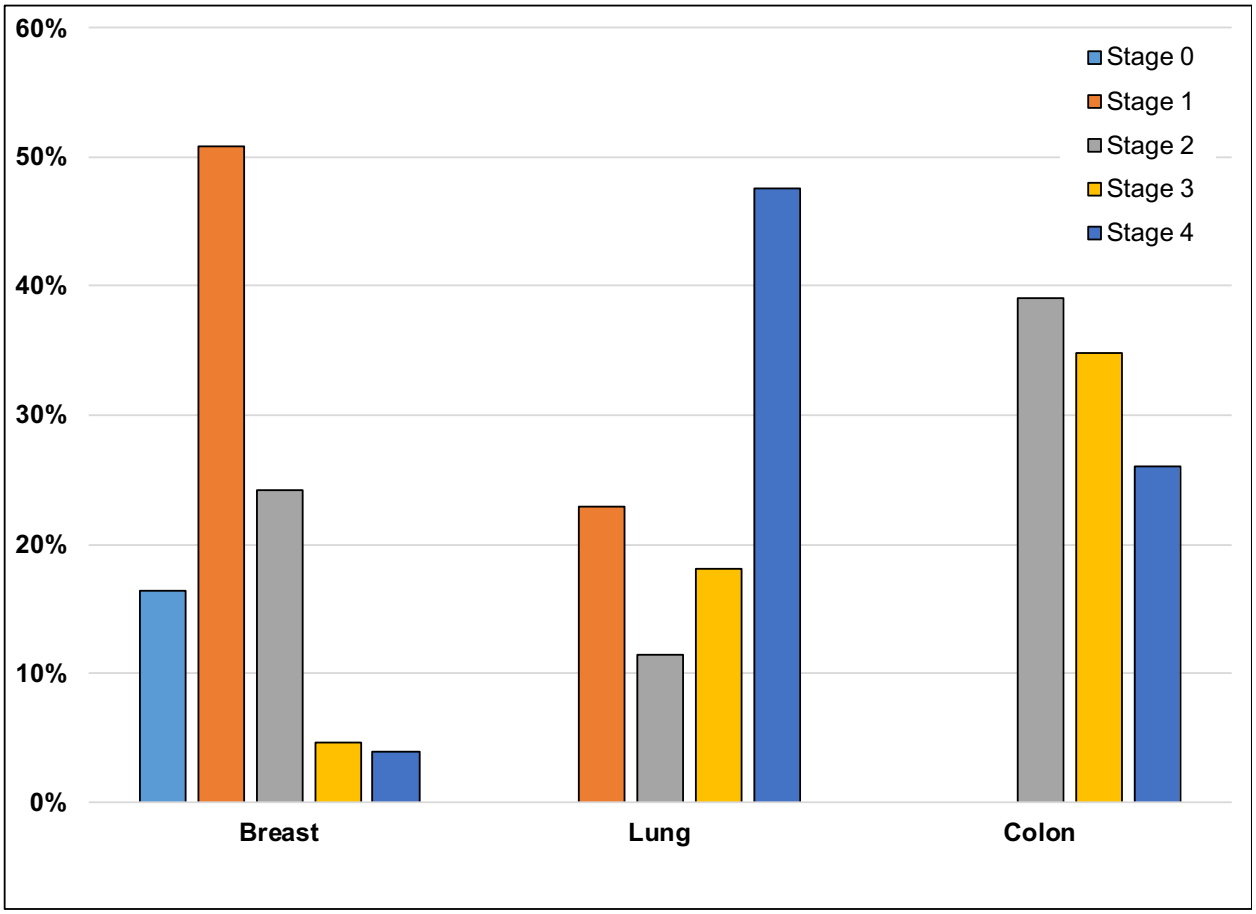
Table 8. FHMC Most Commonly Encountered Cancer Sites, by Gender (2015-2017)[40]

Ranking	Overall	Males	Females
No. 1	Breast	Bladder	Breast
No. 2	Lung & Bronchus	Prostate	Lung & Bronchus
No. 3	Bladder	Lung & Bronchus	Colon
No. 4	Colon	Oral Cavity & Pharynx	Non-Hodgkin Lymphoma

During evaluation of the varying stages of cancer at the time of encounter, it has been realized that nearly half (47.6%) of all lung cancer cases encountered by FHMC between 2015 and 2017 were Stage 4 cancers and similarly caused the most cancer deaths, as discussed above. Figure 5 depicts stages by site for the most commonly encountered cancers.

[39] Ibid 37.
[40] Dignity Health Central Coast Cancer Registry, 2019.

Figure 5. FHMC Encountered Breast, Lung, and Colon Site Cancers by Stage



The FHMC Community Health Survey also asked individuals aged 50 and over if they have received a lifetime colonoscopy screening. However, since the survey was published the American Cancer Society released an updated guideline for colorectal cancer screening and reduced the initial screening age to 45 for adults of average risk. For FHMC Community Health Survey respondents age 50 and over, 69.1% reported receiving a lifetime colonoscopy screening, which is an increase of 5.1% from the prior CHNA.

The 2019 FHMC Community Health Survey asked females about their cancer screening habits related to women's health. In comparing results from the 2016 FHMC Community Health Survey to 2019 data, the percentage of women in North SLO County reporting an annual mammogram increased by 10% over a three year period.

Additional cancer screening details are presented on the following Table 9, as compared to state and national levels.

Table 9. Cancer Prevention Prevalence

Cancer Screenings	2019 CHNA	CDC BRFSS[41]		2016 CHNA
	French (N=380)	California	U.S.	French (N=416)
Lifetime Colonoscopy (Age 50+) (Q28)	69.1%	60.9%	63.5%	64.0%
Lifetime Colonoscopy (Age 45+)	64.2%	NA	NA	NA
Mammogram Past Year (Women, 40+) (Q30)	68.1%	74.3%	72.5%	66.0%
Pap Test Past 3-years (Women, 18+) (Q32)	60.6%	81.6%	79.8%	66.4%

Health Behaviors

Healthy behaviors can help reduce an individual's risk of developing chronic conditions and improve mental wellness. These healthy behaviors include maintaining a healthy weight, avoiding tobacco, limiting the amount of alcohol consumed and physical fitness. The status of these health behaviors was measured through several community health survey questions.

These indicators are presented on the following Table 10, as compared to county, state, and national levels. The results are further discussed in the below sub-sections.

Table 10. Health Behaviors

Health Behaviors/Status	2019 CHNA	CDC BRFSS[42]		CHIS[43]
	French (N=380)	California	U.S.	SLO County
Percent Overweight (Q43)	35.3%	35.8%	35.3%	36.9%
Percent Obese (Q43)	32.3%	25.1%	31.3%	22.8%
Percent Current Smokers (Q44)	4.9%	11.3%	17.1%	11.9%
Alcohol Consumption, Percent Reporting Binge Drinking (Q48)	11.2%	17.6%	17.4%	NA

Obesity, Diet and Exercise

Body mass index (BMI) for each participant was calculated based on self-reported height and weight. When BMI was calculated for the community health survey participants, approximately 67% of all community health survey participants responding to this question had BMIs considered overweight or obese. In comparison, secondary data for SLO County published by the California Health Information Survey reported a similar number of overweight individuals but a lesser obesity level of 22.8%.

Overall, 70.6% of FHMC Community Health Survey participants reported participating in an exercise or physical activity at least three times per week. However, nearly half (46.1%)

[41] Ibid 20.
[42] Ibid 20.
[43] California Health Interview Survey, 2015, 2016, and 2017 Pooled Average. http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results

reported they are not eating 5-9 servings of fruits and/or vegetables daily on a regular basis (always or frequently).

Smoking

While the number of adult FHMC Community Health Survey participants that reported smoking cigarettes every week was less than 5%, the same is not true for the youth of SLO County. According to SLO County's Community Health Assessment, the 2015-2016 California Healthy Kids Survey reported 19% of San Luis Obispo eleventh graders have ever smoked a whole cigarette, which is a decrease from 36% in 2007-2009. However, in the same survey, 39% of eleventh graders reported they ever used an e-cigarette or other vaping device, with 14% stating they used one in the past 30 days.[44]

Social and Emotional Wellness

According to SLO County's – 2018 Community Health Assessment, social and emotional wellness includes our emotional well-being, psychological well-being, and social well-being. Social and emotional wellness is essential to a person's well-being.

Intentional harm was ranked as the 8th leading cause of death between 2015-2017 in SLO County. In 2017, 34 of the deaths occurring that year in SLO County were individuals over the age of 55. This equates to twice the age adjusted suicide rate for the entire population.[45]

In SLO County, 13% of SLO County Medicare beneficiaries were treated for depression in 2017.[46] In addition, according to the California Health Interview Survey between 2015-2017, 17.9% of adults reported needing help for emotional/mental health problems or use of alcohol/drugs.[47] At FHMC, the most commonly encountered social and emotional conditions are anxiety and depression.

Substance Abuse

Substance abuse is a high risk behavior that contributes to costly social, physical, mental, and public health problems, ultimately impacting individuals, families, and communities. According to San Luis Obispo County's Community Health Assessment, approximately 10% of adults in San Luis Obispo County have some form of substance use disorder.[48] Over 20% of FHMC Community Health Survey participants reported knowing a friend or family member who was addicted to drugs. Additionally, over 13% reported knowing a family member or close friend who has had a near death or death experience related to a drug overdose.

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[44] Ibid 16.
[45] Ibid 25.
[46] Ibid 31.
[47] Ibid 44.
[48] Ibid 16.

VI. Prioritized Description of Significant Community Health Needs

The disparities presented in the previous subsections have the greatest impact on individuals with limited resources. The needs of the community FHMC most frequently serves, extends far beyond health and healthcare and into the social determinants of health. 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).

The need for an improvement in access to primary health care, dental care, and behavioral health has been substantiated through primary data, secondary data, and the U.S. government agency, HRSA. HRSA has designated professional shortage areas for dental health in the low income migrant farmworker population in Paso Robles, CA and the low income population in San Luis Obispo, CA. The low income population in the City of San Luis Obispo was also designated as a mental health professional shortage area. Individuals with limited resources have the most difficulty accessing health care, including the homeless adults and school-aged children within FHMC's primary service area.

The communities within FHMC's primary service area are also home to a disproportionate number of aging adults, who reside furthest from FHMC facilities. Almost half of the population in Cambria (49.0%) are age 62 years and over, followed by approximately one-third of the population in Morro Bay. HRSA designated Morro Bay as a medically underserved area/population within FHMC's primary service area. The aging population finds themselves residing in geographically isolated communities, facing challenges with everyday activities such as transportation, housekeeping, personal care, nutrition, food, and finances. Many seniors are living just above the poverty line relying on retirement incomes and diminishing public resources.

Lastly, chronic disease prevention and management is the third identified need within this CHNA Report. Cancer and heart disease are the leading causes of death at local, state, and national levels. In SLO County, lung cancer causes the most cancer deaths and is commonly diagnosed at late stage. SLO County ranks almost highest in the state for the incidence of breast cancer and melanoma. In 2017, 50% of Medicare beneficiaries in San Luis Obispo County were treated for hypertension, 18% were treated for diabetes, and 38% were treated for high cholesterol. Within the FHMC primary service area, approximately 67% of the individuals

surveyed are either overweight or obese and almost 40% have never had a lifetime cholesterol check. Individuals with limited resources, including homeless, have the most difficulty accessing healthcare and also struggle with chronic disease prevention and management.

For ease, these above needs are also summarized and presented on the following Table 11.

Table 11. Prioritization of 2019 Significant Community Health Needs

Ranking	2019 Significant Community Health Need
1	Access to Primary Health Care, Dental Care, and Behavioral Health • Individuals with limited resources are most commonly affected. • Substantiated through qualitative and quantitative primary data sources. • Morro Bay has been designated by the Health Resources and Services Administration (HRSA) as a medically underserved area/population. • HRSA designated low income migrant farmworker population in Paso Robles and the low income population in San Luis Obispo a dental health professional shortage area. • HRSA also designated the low income population in San Luis Obispo as a mental health professional shortage area. • Over 20% of survey participants in FHMC needed to see a doctor in past year but could not due to cost. • Only 55.6% of FHMC survey participants reported visiting the dentist in the past year. • The high number of homeless in FHMC primary service area are also impacted
2	Aging, More Mature Population • Within FHMC primary service area, the greatest population of mature adults resides furthest from FHMC. • 49% of the residents of Cambria are over the age of 62. One-third of the residents of Morro Bay are over the age of 62. • Morro Bay has been designated by HRSA as a medically underserved community, although Dignity Health does have a newly established health center in Morro Bay. • Cancer and diseases of the heart are the leading causes of death in San Luis Obispo County. • The aging community struggles with everyday activities including transportation and finances.
3	Chronic Disease Prevention and Management • All cancers and heart disease are the leading cause of death. • Basic screening efforts have not been completed (i.e., lifetime cholesterol check). • 67% of the population is either overweight or obese. • Lack of health care providers. • Lifetime diabetes diagnosis for FHMC primary service area is almost twice state and national rates. • The high number of homeless in FHMC primary service area are also impacted.

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

VII. Resources Potentially Available to Address Needs

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

FHMC campus will continue to build community capacity by strengthening partnerships among local community-based organizations, including the following:

Access to Primary Health, Including Behavioral Health

- 5 Cities Homeless Coalition
- Access Support Network
- Alliance for Pharmaceutical Access
- Center for Family Strengthening
- Community Action Partnership in San Luis Obispo (CAPSLO)
- Community Health Center of the Central Coast
- Food Bank of San Luis Obispo County
- GALA Center
- Housing Authority of the City of San Luis Obispo
- Latino Health Coalition
- Mental Health Evaluation Team
- North County Connection
- Pacific Health Centers of the Central Coast
- Paso Cares & Safe Family Resource Center
- Paso Robles Housing Authority
- Planned Parenthood of Santa Barbara, Ventura, and San Luis Obispo Counties, Inc.
- Promotores Collaborative of San Luis Obispo County
- RISE San Luis Obispo County
- San Luis Obispo County Public Health Department
- SLO Noor Clinic
- Transitions Mental Health Association

Aging, More Mature Population

- Alliance for Pharmaceutical Access
- Area Agency on Aging
- Catholic Charities
- Community Action Partnership in San Luis Obispo (CAPSLO)
- Hospice of San Luis Obispo County

- Housing Authority of the City of San Luis Obispo
- Paso Robles Housing Authority
- San Luis Obispo County Public Health Department
- Wilshire Community Services

Chronic Disease Prevention and Management

- California Polytechnic State University
- Cuesta Community College
- Housing Authority of the City of San Luis Obispo
- San Luis Obispo County Public Health Department
- SLO Noor Clinic
- University of California, Cooperative Extension

VIII. Impact of Actions Taken Since the Preceding CHNA

Access to health care, including behavioral health, homelessness/housing, cancer screenings, and cardiovascular disease or stroke were identified as significant health needs in the 2016 CHNA Report. Below are examples of the known impacts and actions taken since the immediately preceding CHNA that directly address identified significant health needs. These actions are also described in further detail in FHMC's Annual Community Benefit Report and Plan.

Priority Area 1: Access to Health Care, Including Behavioral Health

- Provided Community Grant to SLO Noor Foundation for free primary medical care.
- Alliance for Pharmaceutical Access provides access to prescriptions for un/underinsured.
- Pacific Coast Health and CHC outreach
- Regularly participate in community events centered around the Latino community offering free health screenings.

Priority Area 2: Homelessness/Housing

- FHMC funded a community grant to Recuperative Care Program which provides both shelter, medical care, and case managing with the goal of meeting all the basic needs, medical care, and mental health of individual needs.
- FHMC funded the Housing Authority of the City of San Luis Obispo, Anderson Hotel, to reserve a room for FHMC homeless discharged patients that need respite care.
- FHMC donated amenity bags to Prado Day Homeless Shelter and El Camino Homeless Organization shelter.

Priority Area 3: Cancer Screenings

- Bilingual/bicultural lay patient educator provided cancer awareness lectures and participated in local health events throughout SLO county.
- Cancer care program offered free screening mammograms to women who are un/underinsured.
- These programs successfully increased the annual rate of mammograms in women age 40 and over; in Northern SLO County by 10%.

Priority Area 4: Cardiovascular Disease and Stroke

- Community health educators provided cardiovascular disease and stroke awareness information and risk assessments at community health events/lectures.
- FAST Fridays Stroke assessments in community.
- FHMC offers disease self-management workshops.
- FHMC provides telephonic support to discharged heart failure patients.
- Community health educators provide evidence-based Chronic Disease Self-Management Program developed by Stanford School of Medicine and DEEP was developed by the University of Illinois.

Appendix A: U.S. Census Data

Table 1. FHMC Primary Service Area Population

U.S. Census Data[1]	San Luis Obispo (93401)	Los Osos (93402)	San Luis Obispo (93405)	Atascadero (93422)	Morro Bay (93442)	Templeton (93465)	Cambria (93428)	Paso Robles (93446)	FHMC Primary Service Area	San Luis Obsipo County	State of California
Total Population, 2010	28,033	14,318	35,440	31,375	10,789	9,153	6,314	43,714	179,136	269,637	37,253,956
Total Population Estimate	29,108	15,730	35,534	33,221	11,084	8,905	6,155	44,911	184,648	280,119	39,536,652
Median Age	34.4	47.4	21.8	38.7	49.8	45.4	61.7	40.2	---	39	36.1
White alone, not Hispanic or Latino	21,424	12,167	22,790	25,670	8,966	7,259	4,602	28,584	131,462	194,355	14,777,594
Hispanic or Latino(a)	5,232	2,326	5,450	5,627	1,452	1,173	1,248	14,289	36,797	62,174	15,105,860
Asian alone	1,226	517	3,354	736	267	45	201	495	6,841	9,998	5,427,928
Black or African American	391	28	2,466	237	140	18	25	658	3,963	4,958	2,161,459
Native Hawaiian or Other Pacific Islander	0	52	31	31	61	0	0	0	175	280	138,238
Two or more races	819	517	1,226	856	177	171	152	734	4,652	7,008	1,140,164
American Indian	16	162	211	36	82	219	0	135	861	1,237	137,813
Under 18 years	4,822	2,789	2,188	7,336	1,576	2,163	625	10,143	31,642	50,766	9,114,720
18 years and over	24,286	12,941	33,346	25,885	9,508	6,742	5,530	34,768	153,006	229,353	29,868,127
62 years and over	5,469	4,472	3,489	6,802	3,583	2,089	3,020	8,857	37,781	62,028	6,375,911
65 years and over	4,322	3,603	2,751	5,524	3,110	1,686	2,565	7,370	30,931	50,662	5,148,448
High School Graduate (25 years & over)	93.7%	93.2%	86.4%	94.8%	91.3%	96.0%	93.0%	87.2%	---	90.5%	82.5%
Bachelor's degree or higher (25 years & over)	51.3%	42.0%	37.0%	33.2%	37.3%	37.4%	41.7%	24.4%	---	34.0%	32.6%
Individuals below poverty level	20.0%	10.5%	42.6%	8.1%	9.6%	4.5%	9.1%	11.5%	---	13.8%	15.1%

Note:

1. Except where noted, the source of all data: U.S. Census Bureau (2019). 2013-2017 American Community Survey 5-Year Estimate. Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

Appendix B: Community Health Survey Collection Locations

Community Health Survey Location Name	**City**
Anderson Hotel	San Luis Obispo
Canyon Creek Apartments	Paso Robles
CAPSLO- Childcare Resource Center	San Luis Obispo
Carmel Apartments	San Luis Obispo
Chet Dotter Senior Housing	Paso Robles
Creekside Apartments	San Luis Obispo
Creston Gardens Apartments.	Paso Robles
Cuyucos Community Church- Foodbank Distribution	Cuyucos
ECHO	Atascadero
GALA (Gay and Lesbian Alliance) Pride Fest	San Luis Obispo
Grace Baptist Church Foodbank Distribution	San Luis Obispo
Morro Bay Veterans Hall Foodbank Distribution	Morro Bay
Oak Park Apartments	Paso Robles
Oceanside Gardens/Oceanview Manor	Morro Bay
Salvation Army SLO - Foodbank Distribution	San Luis Obispo
San Luis Obispo Mission De Tolosa	San Luis Obispo
Scott Senior Community Center-Foodbank Distribution	San Luis Obispo
SLO Senior FOODBANK Distribution	San Luis Obispo
St. Williams Church	Atascadero
Virginia Peterson Foodbank Distribution	Paso Robles

Appendix C: FHMC Community Benefit Committee Roster FY2018

John Dunn
Chair of the Committee
Retired SLO City Manager
FHMC Community Board Member

Fr. Russell Brown
Pastor, SLO Old Mission Church

Patricia Gomez
Attorney–at-Law
FHMC Community Board Member

Aaron Steed
CEO
Meathead Movers & Mini Storage
FHMC Community Board Member

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

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

Denise Gimbel, MPH, RN
Cardiovascular Disease & Stroke – FHMC Program Coordinator

Patricia Herrera, MS
Community Benefits/ Outreach Coordinator
Dignity Health Wellness –FHMC Program Coordinator

Beverly Kirkhart
Hearst Cancer Resource Center – FHMC Program Coordinator

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

Heidi Summers, MN, RN
Senior Director, Mission Integration and Education
Central Coast Service Area

Sandy Underwood
Senior Community Education Coordinator
Central Coast Service Area

Tina McEvoy, RN
Care Transitions, Service Area Coordinator

Appendix D: Community Health Survey Results (N=380)

Demographics

Q1. What is your age? Average age 55.4 years. (n=380) SD: 18.4 (Increase 6.4 years)

Q2. Where do you live? (n=380; did not answer=0)

(n=92; 24.2%)	San Luis Obispo (93401)
(n=188; 49.5%)	Paso Robles (93446)
(n=10; 2.6%)	North San Luis Obispo (93405)
(n=43; 11.3%)	Baywood, Los Osos, Morro Bay, Cambria (93402, 93442, 93428)
(n=47; 12.4%)	Atascadero (93422, 93453)

Q3. Gender (n=377; did not answer = 3)

(n=124; 32.9%)	Male
(n=253; 67.1%)	Female

Q4. What is the highest grade or year of school you completed? (n=378; did not answer = 2)

(n=18; 4.8%)	No formal education
(n=44; 11.6%)	Elementary school (6th grade or less)
(n=29; 7.7%)	Junior High or Middle School (7th to 8th grade)
(n=34; 9.0%)	Some High School
(n=73; 19.3%)	High School Diploma
(n=73; 19.3%)	Some College
(n=27; 7.1%)	Associate of Arts Degree (AA, AS) & Trade School
(n=37; 9.8%)	Bachelor's Degree (BA, BS)
(n=43; 11.4%)	Graduate School

Q5. What type of housing situation are you currently living in? (n=375; did not answer = 5)

(n=314; 83.7%)	Single family dwelling (house, apartment)
(n=36; 9.6%)	Multiple families living in one dwelling
(n=12; 3.2%)	Homeless shelter
(n=13; 3.5%)	Other

Q6. Average children under the age of 18 live in household? (n=373; did not answer=7)

Average = 0.9 (SD = 1.3)

Q7. Average adults live in household? (n=379; did not answer=1)

Average = 2.1 (SD = 2.7)

Q8. What do you consider as your race or origin? (n=379; did not answer=1)

(n=167; 44.1%)	Hispanic or Latino(a)
(n=177; 46.7%)	White or Caucasian
(n=13; 3.4%)	Asian or Asian American
(n=22; 5.8%)	Other

Wellness

Q9. In general, how would you rate your health? (n=378; did not answer=2)

(n=23; 6.1%)	Poor
(n= 78; 20.6%)	Fair
(n=184; 48.7%)	Good
(n=64; 16.9%)	Very Good
(n=29; 7.7%)	Excellent

Q10. How many days during the last 30 days was your physical health not good?
(n=367; did not answer=13)
Average = 5.83; Std. Deviation = 9.7
51.5% (n=189) survey participants reported "0 days"

Q11. 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=365; did not answer=15)
Average=5.0; Std. Deviation= 8.9
57.0% (n=208) survey participants reported "0 days"

Q12. Please mark any chronic diseases listed below that you currently suffer from. (n=380)
None (n=138)
Arthritis, rheumatoid arthritis, lupus, fibromyalgia, etc. (n=93)
Chronic Lung Disease (COPD, emphysema, chronic bronchitis, etc.) (n=13)
Asthma (n=19)
Heart Disease (heart failure, heart attack, angina, etc.) (n=38)
High Blood Pressure (n=101)
Chronic Pain (n=67)
Diabetes (n=73)
Cancer (n=17)
Other (n=50)
Other: HIV, Alzheimer's or dementia, high cholesterol, valley fever, aches/pains, migraine, kidney disease, MS, thyroid disorder

Q13. 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=378; did not answer=2)

(n=267; 70.6%)	Yes
(n=105; 27.8%)	No
(n=6; 1.6%)	Don't know/Not sure

Q14. Do you eat 5-9 servings of fruits and/or vegetables a day? (n=377; did not answer=3)
.

(n=88; 23.3%)	Always
(n=103; 27.3%)	Frequently
(n=118; 31.3%)	Sometimes
(n=58; 15.4%)	Rarely
(n=10; 2.7%)	Never

Health Care Access

Q15. Do you have any kind of health insurance (including prepaid plans, HMOs, private insurance, Medicare, or Medi-Cal/CenCal)? (n=378; did not answer=2)

(n=307; 81.2%)	Yes (6.7% improvement from 2016)
(n=23; 6.1%)	Yes, only restricted/ emergency Medi-Cal
(n=42; 11.1%)	No (decrease 5.2% from 2016)
(n=6; 1.6%)	Don't know/Not sure

Q16. How long has it been since you last visited a doctor for a routine checkup? (n=377; did not answer=3)

(n=308; 81.7%)	Within the past year (1 to 12 months ago)
(n=43; 11.4%)	Within the past 5 years (1 to 5 years ago)
(n=13; 3.4%)	5 or more years ago
(n=9; 2.4%)	Never
(n=4; 1.1%)	Don't know/Not sure

Q17. In the last 12 months, how many times did you go to an emergency room to get care for yourself? (n=373; did not answer=7)

72.9% participants responded with zero emergency visits; (n=272)
15.0% participants responded one visit/year; (n=56)
12.1% participants responded ≥ 2 times/year; Up to 10 times per year; (n=45)

Q18. 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=376; did not answer=4)

(n=209; 55.6%)	Within the past year (1 to 12 months ago)
(n=94; 25.0%)	Within the past 5 years (1 to 5 years ago)
(n=40; 10.6%)	5 or more years ago
(n=24; 6.4%)	Never
(n=9; 2.4%)	Don't know/Not sure

Q19. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (n=374; did not answer=6)

(n=81; 21.7%)	Yes (5.1% reduction from 2016)
(n=279; 74.6%)	No
(n=14; 3.7%)	Don't know/Not sure

Q20. Besides cost, were there other reasons you delayed getting medical care during the past 12 months? (n=380)

(n=227; 59.7%)	Not applicable
(n=42; 11.0%)	Frustrated trying to schedule an appointment
(n=41; 10.8%)	Wait too long for next available appointment
(n=37; 9.7%)	Wait too long to see doctor at appointment
(n=16; 4.2%)	No paid time off from work
(n=12; 3.1%)	No way to get to appointment
(n=26; 6.8%)	Other

Health Conditions

Q21. Have you EVER been told by a doctor, nurse or other health professional that you have high blood pressure? (n=378; did not answer=2)

(n=144; 38.1%)	Yes
(n=2; 0.5%)	Yes, but female told only during pregnancy
(n=8; 2.1%)	Told borderline high or pre-hypertensive
(n=217; 57.4%)	No
(n=7; 1.9%)	Don't know / Not sure

Q22. Have you ever been told by a doctor that you suffered from a stroke? (n=379; did not answer=1)

(n=26; 6.9%)	Yes
(n=351; 92.6%)	No
(n=2; 0.5%)	Don't know/Not sure

Q23. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (n=379; did not answer=1)

(n=221; 58.3%)	Yes (Decrease of 8.6% from 2016)
(n=148; 39.1%)	No
(n=10; 2.6%)	Don't know/Not sure

Q24. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (n=378; did not answer=2)

(n=122; 32.3%)	Yes
(n=245; 64.8%)	No
(n=11; 2.9%)	Don't know/Not sure

Q25. Have you ever had a heart attack? (n=379; did not answer=1)

(n=25; 6.6%)	Yes
(n=349; 92.1%)	No
(n=5; 1.3%)	Don't know/Not sure

Q26. Have you ever been told by a doctor that you have diabetes? (n=378; did not answer=2)

(n=70; 18.5%)	Yes
(n=9; 2.4%)	Yes, but only during my pregnancy (female only)
(n=17; 4.5%)	No, but pre-diabetes or borderline diabetes
(n=278; 73.5%)	No
(n=4; 1.1%)	Don't know / Not sure

Q27. Have you ever been diagnosed with asthma? (n=377, did not respond=3)

(n=50; 13.3%)	Yes (4.7% increase from 2016)
(n=324; 85.9%)	No
(n=3; 0.8%)	Don't know/Not sure

Q28. 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?

Evaluating responses for individuals age 50 and over.

(n=230 aged participants)

(n=159; 69.1%) Yes (No change)
(n=67; 29.1%) No
(n=4; 1.8%) Don't know/Not sure

Evaluating responses for individuals age 45 and over.

(n=254 aged participants)

(n=163; 64.2%) Yes
(n=87; 34.2%) No
(n=4; 1.6%) Don't know/Not sure

Q29. If "no", please tell us why?

"No" Responses	Count
Did not know I needed it	26
Do not have health care provider	2
Do not have insurance	2
Fear of results	11
No transportation	2
Other	22
Too young	13
Grand Total	**78**

Women's Health

Q30. 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=182)

Women age 40 and over who have had a mammogram

(n=124; 68.1%) Yes
(n=54; 29.7%) No
(n=4; 2.2%) Don't Know/Not Sure

Looking at 2019 data collected in North San Luis Obispo County (all areas except San Luis Obispo proper), 70% of all survey participants (women, age 40 or over) reported having an annual mammogram. This is an increase of 10% from 2016 data (60%).

Q31. If “no”, please tell us why?

"No" Responses	Count
Did not know I needed it	12
Do not have health care provider	2
Do not have insurance	3
Fear of results	1
No transportation	1
Other	25
Grand Total	**44**

Q32. A Pap test is a test for cancer of the cervix. Have you had a Pap test during the past three years? (n=241)

Women age 21 and over who have had a pap test:

(n=146; 60.6%) Yes (Decrease 5.8%)
(n=90; 37.3%) No
(n= 5; 2.1%) Don’t Know/ Not Sure

Q33. If “no”, please tell us why?

"No" Responses	Count
Did not know I needed it	30
Do not have insurance	3
Do not have health care provider	4
No transportation	3
Other	36
Fear of results	1
Grand Total	**77**

Q34. I am aware of the cancer services offered at (check all that apply) (n=380)

(n=80; 21.1%) Mission Hope Cancer Center (Santa Maria)
(n=32; 8.4%) Coastal Cancer Care Center (Pismo Beach)
(n=135; 35.5%) Hearst Cancer Resource Center (San Luis Obispo)

Q35. Have you ever told your loved ones what they should do, if you were not able to make your own medical decisions? (n=374; did not answer=6)

(n=185; 49.5%) Yes (improvement of 10.3% from 2016)
(n=180; 48.1%) No
(n=9; 2.4%) Don’t Know/Not Sure

Q36. Do you know of a friend or family member who is addicted to drugs? (n=376; did not answer=4)

(n=81; 21.5%) Yes
(n=279; 74.2%) No
(n=16; 4.3%) Don’t Know/Not Sure

Q37. Do you know a family member or close friend who has had a near death or death experience related to a drug overdose? (n=375; did not answer=5)

(n=49; 13.1%) Yes
(n=321; 85.6%) No
(n=5; 1.3%) Don't Know/Not Sure

Q38. I have received the following vaccines: (n=380)

(n=142) Pneumonia or pneumococcal
(n=163) Tdap-Tetanus, Diptheria, and Pertussis
(n=254) Flu
(n=78) Shingles or zoster (50 years and older)
(n=18) HPV (18-49)

Q39. Not including over the counter medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

(n=375; did not answer=5)

(n=34; 9.1%) I was not prescribed medication
(n=42; 11.2%) Yes
(n=285; 76.0%) No
(n=14; 3.7%) Don't Know/Not Sure

Q40. Are you currently…. (n=380)

(n=129) Employed for wages
(n=30) Self-employed
(n=131) Retired
(n=52) Homemaker
(n=6) A Student
(n=10) Out of work over one year
(n=4) Out of work less than one year
(n=28) Unable to work
(n=12) Other

Q41. 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=375; did not answer=5)

(n=63; 16.8%) Yes
(n=299; 79.7%) No
(n=13; 3.5%) Don't know/Not sure

Q42 How tall are you? (Response included with Q43.)

Q43. How much do you weigh? Information was used to calculate survey participants body mass index (BMI). (n=371; did not answer=9)

(n=8; 2.2%) Underweight (BMI<18.5)
(n=112; 30.2%) Normal (BMI between 18.5-24.9)
(n=131; 35.3%) Overweight (BMI between 25.0-29.9)
(n=120; 32.3%) Obese (BMI 30.0 and over)

Q44. How many packs of cigarettes do you smoke per week? (n=365; did not answer=15)
Average = 0.14; Std Deviation = 0.89;
(n=347 or 95.1% Reported smoking zero packs of cigarettes per week.

Q45. Do you use an e-cigarette or other electronic vaping product? (n=374; did not answer=6)

(n=347; 92.8%)	Never
(n=5; 1.3%)	Once
(n=13; 3.5%)	Rarely
(n=6; 1.6%)	Occasionally
(n=3; .8%)	Every Day

Q46. What are your top three concerns about growing older (aging)?
For survey participants over 55 (n=213).

Topic	Rank 1	Rank 2	Rank 3
#1. Health	121	18	9
Physical assistance	25	6	3
#3. Finances	56	11	5
Loneliness	31	11	2
Safety	30	4	3
Abuse or neglect	10	1	
Transportation	14	2	1
#2. Memory	69	6	4
Other			

Q47. Other responses include:

Q48. 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=373; did not answer=7)

(n=42; 11.2%)	Yes (5.5% reduction from 2016)
(n=327; 87.7%)	No
(n=4; 1.1%)	Don't know/Not sure

Q49. How safe do you feel in your current living situation? (n=377; did not answer=3)

(n=4; 1.1%)	Never Safe
(n=7; 1.8%)	Rarely Safe
(n=25; 6.6%)	Sometimes Safe
(n=53; 14.1%)	Often Safe
(n=288; 76.4%)	Always Safe (improvement of 10.6% from 2016)

Q50. Do you have over $300 in a savings account? (n=366; did not answer=14)

(n=152; 41.5%)	Yes
(n=195; 53.3%)	No
(n=19; 5.2%)	Don't know/Not sure

Language of Survey Responses (N=380) (Similar language breakout)

(n=255; 67.1%)	English (2016 was 70.2%)
(n=125; 32.9%)	Spanish

Appendix E: San Luis Obispo County Health Status Profile 2019

SAN LUIS OBISPO COUNTY'S HEALTH STATUS PROFILE FOR 2019

FOR PUBLIC RELEASE

MORTALITY

RANK ORDER	HEALTH STATUS INDICATOR	2015-2017 DEATHS (AVERAGE)	CRUDE DEATH RATE	AGE-ADJUSTED DEATH RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	HP 2020 NATIONAL OBJECTIVE	AGE-ADJUSTED DEATH RATE CALIFORNIA CURRENT	AGE-ADJUSTED DEATH RATE COUNTY PREVIOUS
19	ALL CAUSES	2,428.0	873.1	609.9	584.6	635.2	a	610.3	608.2
16	ALL CANCERS	528.0	189.9	130.6	119.0	142.1	161.4	137.4	141.9
18	COLORECTAL CANCER	44.7	16.1	11.2	8.1	15.0	14.5	12.5	13.0
18	LUNG CANCER	112.3	40.4	27.4	22.2	32.5	45.5	27.5	31.7
33	FEMALE BREAST CANCER	39.0	28.7	19.3	13.7	26.4	20.7	18.9	23.5
24	PROSTATE CANCER	34.0	23.9	18.9	13.1	26.4	21.8	19.4	19.0
13	DIABETES	56.3	20.3	13.9	10.5	18.0	b	21.2	12.6
46	ALZHEIMER'S DISEASE	177.7	63.9	41.1	35.0	47.2	a	35.7	19.8
10	CORONARY HEART DISEASE	275.3	99.0	65.8	57.8	73.8	103.4	87.4	70.8
52	CEREBROVASCULAR DISEASE (STROKE)	199.7	71.8	47.6	40.8	54.3	34.8	36.3	52.7
10	INFLUENZA/PNEUMONIA	42.3	15.2	10.2	7.4	13.8	a	14.2	9.6
24	CHRONIC LOWER RESPIRATORY DISEASE	149.3	53.7	36.1	30.2	42.0	a	32.0	33.3
25	CHRONIC LIVER DISEASE AND CIRRHOSIS	40.3	14.5	12.4	8.9	16.9	8.2	12.2	13.9
21	ACCIDENTS (UNINTENTIONAL INJURIES)	116.7	42.0	38.3	30.9	45.7	36.4	32.2	34.6
19	MOTOR VEHICLE TRAFFIC CRASHES	27.3	9.8	9.8	6.5	14.2	12.4	9.5	10.0
39	SUICIDE	55.0	19.8	17.1	12.9	22.3	10.2	10.4	16.5
9	HOMICIDE	5.7	2.0 *	2.2 *	0.8	5.0	5.5	5.2	1.7 *
15	FIREARM RELATED DEATHS	23.7	8.5	7.5	4.8	11.1	9.3	7.9	9.5
35	DRUG INDUCED DEATHS	50.0	18.0	17.5	13.0	23.1	11.3	12.7	13.8

MORBIDITY

RANK ORDER	HEALTH STATUS INDICATOR	2015-2017 CASES (AVERAGE)	CRUDE CASE RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	HP 2020 NATIONAL OBJECTIVE	CRUDE CASE RATE CALIFORNIA CURRENT	CRUDE CASE RATE COUNTY PREVIOUS
33	HIV/AIDS INCIDENCE (AGE 13 AND OVER)†	519.0	215.0	196.5	233.5	a	397.7	274.5
35	CHLAMYDIA INCIDENCE	1,162.7	418.1	394.1	442.1	c	514.6	351.6
11	GONORRHEA INCIDENCE FEMALE AGE 15-44	76.7	154.3	121.7	192.9	251.9	252.4	64.8
6	GONORRHEA INCIDENCE MALE AGE 15-44	103.0	172.4	139.1	205.7	194.8	444.8	92.2
10	TUBERCULOSIS INCIDENCE	3.0	1.1 *	0.2	3.2	1.0	5.3	1.2 *
	CONGENITAL SYPHILIS	<11.0	NM *	<0.1	167.6	9.6	44.4	LNE *
	PRIMARY SECONDARY SYPHILIS FEMALE	<11.0	M *	<0.1	4.9	1.3	3.5	LNE *
7	PRIMARY SECONDARY SYPHILIS MALE	12.0	8.4 *	4.4	14.7	6.7	26.2	LNE *

INFANT MORTALITY

RANK ORDER	HEALTH STATUS INDICATOR	2014-2016 DEATHS (AVERAGE)	BIRTH COHORT (BC) INFANT DEATH RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	HP 2020 NATIONAL OBJECTIVE	BC INFANT DEATH RATE CALIFORNIA CURRENT	BC INFANT DEATH RATE COUNTY PREVIOUS
20	INFANT MORTALITY: ALL RACES	12.7	4.8 *	2.6	8.3	6.0	4.4	6.1 *
	INFANT MORTALITY: ASIAN/PI	<11.0	NM *	<0.1	63.0	6.0	3.2	-
8	INFANT MORTALITY: BLACK	0.0	-	-	-	6.0	9.8	-
	INFANT MORTALITY: HISPANIC	<11.0	NM *	2.5	15.0	6.0	4.4	LNE *
	INFANT MORTALITY: WHITE	<11.0	M *	1.2	8.1	6.0	3.6	LNE *

NATALITY

RANK ORDER	HEALTH STATUS INDICATOR	2015-2017 BIRTHS (AVERAGE)	PERCENT	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	HP 2020 NATIONAL OBJECTIVE	PERCENTAGE CALIFORNIA CURRENT	PERCENTAGE COUNTY PREVIOUS
11	LOW BIRTHWEIGHT INFANTS	154.3	5.9	5.0	6.9	7.8	6.9	5.9
24	FIRST TRIMESTER PRENATAL CARE	2,050.7	79.5	76.1	83.0	77.9	83.5	80.3
2	ADEQUATE/ADEQUATE PLUS PRENATAL CARE	2,220.0	86.3	82.7	89.9	77.6	77.9	86.9

RANK ORDER	HEALTH STATUS INDICATOR	2015-2017 BIRTHS (AVERAGE)	AGE-SPECIFIC BIRTH RATE	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	HP 2020 NATIONAL OBJECTIVE	AGE-SPECIFIC BIRTH RATE CALIFORNIA CURRENT	AGE-SPECIFIC BIRTH RATE COUNTY PREVIOUS
13	BIRTHS TO MOTHERS AGED 15-19	108.3	10.4	8.5	12.4	a	15.7	14.2

BREASTFEEDING

RANK ORDER	HEALTH STATUS INDICATOR	2015-2017 BREASTFED (AVERAGE)	PERCENT	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	HP 2020 NATIONAL OBJECTIVE	PERCENTAGE CALIFORNIA CURRENT	PERCENTAGE COUNTY PREVIOUS
7	BREASTFEEDING INITIATION	2,183.3	97.4	93.3	100.0	81.9	94.0	97.1

CENSUS

RANK ORDER	HEALTH STATUS INDICATOR	2016 NUMBER	PERCENT	95% CONFIDENCE LIMITS LOWER	95% CONFIDENCE LIMITS UPPER	HP 2020 NATIONAL OBJECTIVE	PERCENTAGE CALIFORNIA CURRENT	PERCENTAGE COUNTY PREVIOUS
9	PERSONS UNDER 18 IN POVERTY	5,537.0	10.7	10.4	11.0	a	19.3	14.5

- Rates, percentages and confidence limits are not calculated for zero events.

***** Rates are deemed unreliable when based on fewer than 20 data elements.

<0.1 Indicates lower confidence limit is less than 0.1 but greater than 0.0.

<11.0 Refers to Data De-Identification Guidelines (DDG) used to assess risk of publicly released data; as a result, suppression and masking have been applied to this tabular data.

a Healthy People (HP) 2020 National Objective has not been established.

b HP 2020 National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death files. California's data exclude multiple/contributing causes of death.

c Prevalence data are not available in all California counties to evaluate the HP 2020 National Objective STD-1, as the objective is restricted to females who are 15-24 years old and identified at a family planning clinic, and males and females under 24 years old who participate in a national job-training program.

M Met (M) refers to the Healthy People 2020 National objectives only.

NM Not Met (NM) refers to the Healthy People 2020 National objectives only.

NA Not Applicable (NA) refers to the Healthy People 2020 National Objectives only.

LNE Low Number Evaluated; rates/percentages are masked per Data De-Identification Guidelines.

Notes Crude death rates, crude case rates, and age-adjusted death rates are per 100,000 population. Birth cohort infant death rates are per 1,000 live births.

The age-specific birth rates are per 1,000 female population aged 15 to 19 years old.

Previous refers to previous period rates. These periods vary by type of rate: Mortality 2012-2014, Morbidity 2012-2014, Infant Mortality 2011-2013, Natality 2012-2014, Census 2016.

† California Department of Public Health, Office of AIDS, Surveillance Section reporting periods are: Current Period 2014-2016, Previous Period 2011-2013.

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