2019 Community Health Needs Assessment

Santa Maria Campus

Arroyo Grande Campus

Dignity Health™
Marian Regional Medical Center

Adopted: June 12, 2019

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I. Acknowledgements

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

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

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St. John's Neuman Catholic Church
St. Joseph's Catholic Church
St. Patrick's Catholic Church
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Central Coast Commission for Senior Citizens
Santa Barbara County Public Health Department
San Luis Obispo County Public Health Department
Marian Regional Medical Center's 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 Marian Regional Medical Center. 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 2019 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.

The primary service area for Marian Regional Medical Center has population of just over 225,000 individuals and are served through two campuses, the Santa Maria Campus (MRMC-SM) and the Arroyo Grande Campus (MRMC-AG). MRMC-SM is located at 1400 East Church Street in Santa Maria, California and is a Judeo-Christian healthcare ministry founded by the Sisters of St. Francis in 1940. Between 1940 and present day, MRMC-SM has transformed into a state-of-the-art, 191-bed facility, that is well positioned to serve a continuously growing patient population. The MRMC-AG is located at 345 South Halcyon Road in Arroyo Grande, California and is approximately 15 miles north of the Santa Maria campus. The Arroyo Grande Campus has been serving the health care needs of the Five Cities area since it became a member of Dignity Health in 2004. Major programs and services offered by MRMC include emergency and trauma services, women's health, obstetrics, neonatal intensive care, pediatrics, medical/surgical services, cardiac care, stroke care, critical care, orthopedics, skilled nursing, hospice, rehabilitation, and cancer care.

MRMC-SM campus serves communities within the Santa Maria Valley and has a defined primary service area which includes the City of Santa Maria (93454, 93455, 93458), Guadalupe (93434), Nipomo (93444), and Orcutt (93455). There is a large Hispanic or Latino(a) population living in this service area, nearly 65%, with a non-Hispanic white population of approximately 28%. The MRMC-AG campus, serves the health care needs of Arroyo Grande (93420), Grover Beach (93433), Nipomo (93444), Oceano (93445), and Pismo Beach (93449). Demographics of the MRMC-AG service area indicate 66% of the residents are non-Hispanic white and an estimated 26% are Hispanic or Latino(a). Nipomo (93444) is unique in that it is equidistant between both campuses of Marian Regional Medical Center and is considered within the primary

service area for both campuses. Nipomo demographic information will be included in the MRMC-AG campus discussion to prevent duplication.

Two medically underserved communities have been designated within the MRMC primary service area by the Health Resources and Services Administration (HRSA), including Guadalupe (MUA/P ID: 00301) and Arroyo Grande (MUA/P: 00395).

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 MRMC'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 MRMC. 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, survey responses were collected from 23 different locations within the community, including churches, senior centers, community events, homeless shelters, school events, etc. Survey locations were selected based on their location within MRMC primary service area and the perception of being able to encounter medically underserved, low-income, and minority populations. A total of 866 individuals invested ten minutes of their time and completed the health survey in hopes of bettering their health and bringing better programs to the community.

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 15, 2018 and February 14, 2019 meeting of Marian Regional Medical Center'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 four 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 and compared to state and national levels.

The significant community health needs identified through this 2019 CHNA Report are:

- Education;
- Access to primary health care, including behavioral health;
- Aging, more mature population; and,
- Chronic disease prevention and management.

Low educational attainment was identified in the 2016 CHNA Report and now again in this 2019 CHNA Report. Santa Maria City zip code 93458 is home to over 56,000 people, where one out of every two adults over the age of 25 have not completed high school. According to the U.S. Census, the rate of high school educational attainment in Santa Maria ranks 4th lowest compared to 608 other cities' in the United States. Educational attainment is one of the five social determinants of health, and low educational attainment levels are linked with poor health, more stress, higher poverty, and lower self-efficacy.

The need for an improvement in access to primary health care, including behavioral health has been substantiated through primary data, secondary data, and HRSA. HRSA has designated the low-income migrant farmworker population in Santa Maria, CA and Guadalupe, CA as a health professional shortage area (HPSA ID: 7062407340) for mental health discipline professionals.

The aging, more mature population is often an overlooked population. The greatest population of mature adults resides the furthest from MRMC facilities. Arroyo Grande has been identified as a medically underserved community by HRSA, where almost 30% of the population is 62 years and over.

Lastly, chronic disease prevention and management is the fourth identified need within this CHNA Report. Heart disease and cancer are the leading causes of death at local, state, and national levels. Within the MRMC-SM primary service area, over 50% of the individuals surveyed never had their cholesterol checked. Meanwhile for surveyed individuals who reported receiving a cholesterol screening, approximately 30% reported having high cholesterol. Diabetes rates in the MRMC primary service area were found to be over 7% points higher than state and national levels.

While potential resources are available to address the identified needs of the community, the needs are too significant for any one organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local business leaders and other institutions. The greater Santa Maria Valley and Five Cities area are home to a wealth of organizations, business and non-profits, including our local community

colleges and our own healthcare system. One of the purposes of the Affordable Care Act was to engage healthcare systems to begin to embrace their community's wellness and go beyond the four walls of the hospital.

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

Maintaining respect for the value and worth of each person, while embracing our neighbor and loving them as we love our self, is rooted in Dignity Health's values. Our community has many marginalized, under represented individuals residing in the shadows. In order to reach out to the underrepresented individuals within the community, the walls must be minimalized and open collaboration needs to begin with community organizations, local government, local business leaders and other institutions. 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.

This 2019 CHNA Report was adopted by the Marian Regional Medical Center Community Board on June 12, 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 MRMC's Mission Integration and Education Office in Santa Maria. Written comments on this report can be submitted to MRMC's Mission Integration and Education Office at 1400 E. Church Street, Santa Maria, CA 93454 or you may request a copy by email to CHNA-CCSAN@DignityHealth.org.

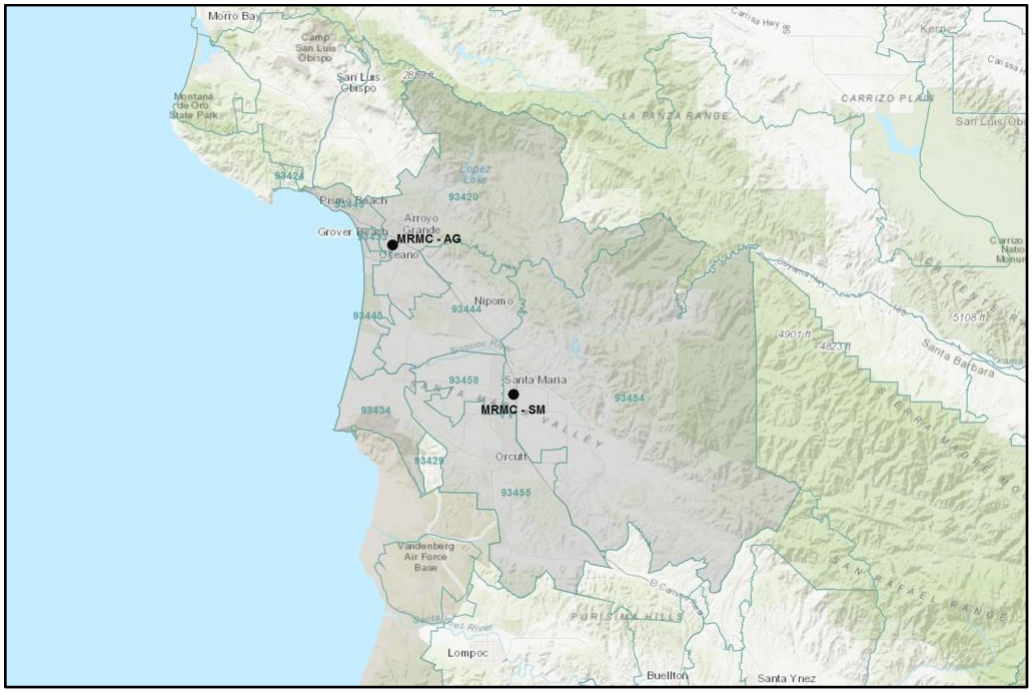
III. Community Definition

Dignity Health's Marian Regional Medical Center of the Central Coast, serves a greater community spanning approximately 50 miles, beginning at the northern ridgeline of the Santa Ynez Mountains and extending northward through Los Olivos, Los Alamos, Lompoc, into the Santa Maria Valley, Arroyo Grande and Pismo Beach, California. This vast area predominantly lies within Santa Barbara County, however, areas north of the Santa Maria River lie within San Luis Obispo County. These areas fully encompass Marian Regional Medical Center's primary and secondary service areas and are home to approximately 300,000 individuals.

The primary service area of Dignity Health Marian Regional Medical Center will be the focus of this CHNA. The primary service area for MRMC 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.

The primary service area for Dignity Health Marian Regional Medical Center has population of just over 225,000 individuals who are served through two campuses, the Santa Maria Campus (MRMC-SM) and the Arroyo Grande Campus (MRMC-AG), as shown on Figure 1.

Figure 1. Dignity Health Marian Regional Medical Center Primary Service Area



Two medically underserved communities have been designated within the MRMC primary service area by the Health Resources and Services Administration (HRSA), including Guadalupe (MUA/P ID: 00301) and Arroyo Grande (MUA/P: 00395). HRSA also has designated the low-

income migrant farmworker population in Santa Maria, CA and Guadalupe, CA as a health professional shortage area (HPSA ID: 7062407340) for mental health discipline professionals. [1]

Santa Maria Campus

Dignity Health Marian Regional Medical Center – Santa Maria campus is located at 1400 East Church Street in Santa Maria, California 93454. MRMC-SM has a primary service area encompassing six zip codes representing four cities and communities, including the following:

- Santa Maria (93454, 93455, 93458);
- Guadalupe (93434);
- Orcutt (93455); and,
- Nipomo (93444).

These communities all lie within Santa Barbara County except Nipomo, which is in southernmost San Luis Obispo County. Nipomo (93444) is unique in that it is equidistant between both campuses of Marian Regional Medical Center and is considered within the primary service area for both campuses. Nipomo demographic information will be included in the MRMC-AG campus discussion to prevent duplication.

According to the American Community Survey (2013-2017, 5-year average), the primary service area for MRMC-SM is home to 148,838 residents, with the majority (70%) residing within Santa Maria City.[2] Santa Maria is the largest city in Santa Barbara County both in land area and population.[3] The primary service area for MRMC-SM is a culturally diverse area with the majority of residents (64.8%) considering themselves of Latino(a) or Hispanic origin.

The primary service area of MRMC-SM is a youthful population, with approximately 30% of all residents being under the age of 18, and only 21.5% identifying as a more mature population, that is over the age of 55. Only 11.7% of the residents are 65 years and over, with the highest concentration of mature adults found in Orcutt.

In respect to educational attainment, over 40% of Santa Maria and Guadalupe residents age 25 and over did not complete high school. Specifically, within Santa Maria City zip code 93458, 53.9% of all adults over age 25 and over did not complete high school and 21.7% of the population resides in poverty. In contrast, the residents of Orcutt have a high school diploma attainment rate of 92.3% and a 6.8% poverty rate.[4]

In addition to the residents captured by the U.S. Census discussed above, the Santa Maria Valley attracts a transient farm-worker population drawn to work in the fields. According to published

[1] 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.

[2] 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.

[3] County of Santa Barbara. *Section G, County Statistical Profile.* Retrieved from https://www.countyofsb.org/ceo/asset.c/2794.

[4] Ibid 3.

reports, it is estimated that Santa Maria is home to a population of 15,000 to 25,000 indigenous Indians from the state Oaxaca and neighboring Guerrero, many of whom are monolingual in one of the many native Mixteco, Zapotec languages. [5] In 2018, MRMC-SM and MRMC-AG treated 388 patients who identified their primary language as Mixteco.

The 2019 Point in Time Count for Santa Barbara County reported 464 homeless individuals residing in Santa Maria. The report also summarized Orcutt was home to seven homeless individuals and 249 homeless individuals were counted in Lompoc. The homeless population in Santa Maria has been increasing annually since 2011.[6]

Specific demographic data and data on key socio-economic indicators for MRMC-AG primary service area compared to county and state levels will be further discussed in Section V. Assessment Data and Findings.

Arroyo Grande Campus

Dignity Health Marian Regional Medical Center – Arroyo Grande campus is located at 345 South Halcyon Road in Arroyo Grande, California 93420. MRMC-AG has a primary service area in San Luis Obispo County that extends from the northern most boundary of the MRMC-SM service area and includes the following communities and zip codes:

- Arroyo Grande (93420);
- Grover Beach (93433);
- Nipomo (93444);
- Oceano (93445); and,
- Pismo Beach (93449).

The MRMC-AG campus serves a different demographic than the MRMC-SM campus. According to the American Community Survey (2013-2017, 5-year average), the primary service area for MRMC-AG is home to 79,287 residents, with two-thirds (65.5%) considering themselves white, not Hispanic or Latino(a). The Hispanic and Latino(a) population of the MRMC-AG service area is approximately one-quarter (26.2%) of the total population. The MRMC-AG service area has a high school graduation rate of 89.3% for those aged 25 and older. The primary service area for MRMC-AG contrasts the youthful population found in MRMC-SM, with only 20% of the population being under the age of 18 and approximately one-third (36.6%) of the population over the age of 55. Approximately, one in five residents (21.1%) are 65 years and older. Specific demographic data and data on key socio-economic indicators for MRMC-

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

[6] County of Santa Barbara, Community Services. *2019 Point in Time Count.* Retrieved from http://www.countyofsb.org/uploadedFiles/housing/Content/Homeless_Assistance/Documents/PIT_Count_2019_Release_Final.pdf

AG primary service area compared to county and state levels will be further discussed in Section V. Assessment Data and Findings.

The 2017 Homeless Point-in-Time Report for San Luis Obispo County documented a total of 359 unsheltered and sheltered individuals Pismo Beach, Grover Beach, Arroyo Grande, Nipomo, and Oceano.[7]

Further information and a tabular summary of U.S. Census data for MRMC-SM and MRMC-AG primary service areas can be found in Appendix A, Tables 1 and 2.

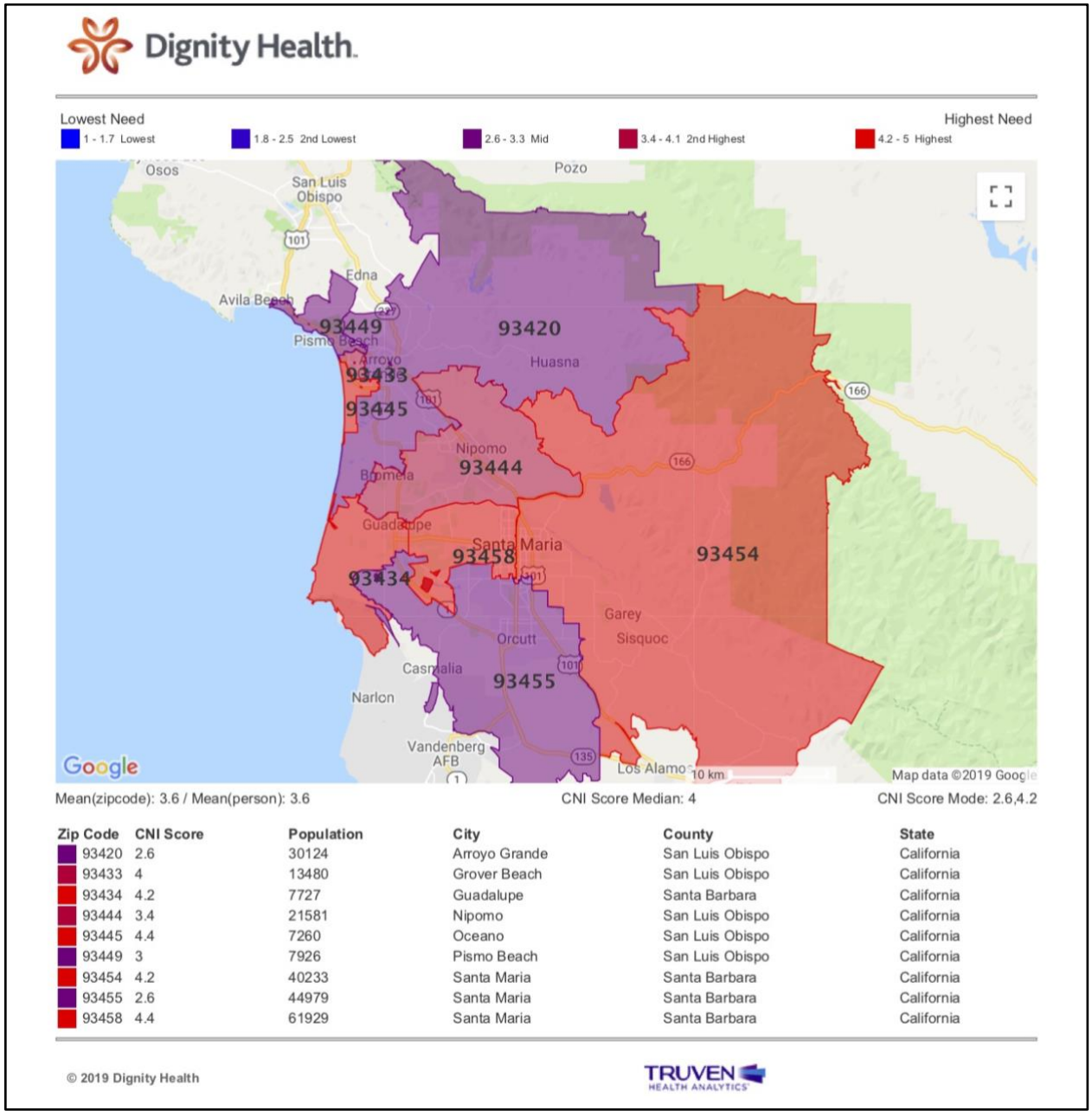
Community Needs Index

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

Aside from Orcutt, the southern half of MRMC's primary service area has CNI scores indicative of areas most in need and having the highest barrier to health care access. The area's most in need have a population exceeding 100,000, which includes the City of Santa Maria and Guadalupe, where CNI scores of range from 4.4 to 4.2. CNI scores decrease moving northward through the primary service area from 3.4 in Nipomo to 2.6 in Arroyo Grande. The following Figure 2 depicts the CNI scores for MRMC primary service area.

[7] 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

Figure 2. Community Needs Index – MRMC Primary Service Area



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 obtained through an original community health survey. The community health survey was collected at locations where low-income, minority, or medically underserved community members were most likely to be encountered. Qualitative data representing broad interests of the community were collected through a focus group session with MRMC's Community Benefit Committee, and key informant interviews with public health departments and Central Coast Commission for Senior Citizens.

Community Health Survey

An original community health 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 MRMC. The final survey contained a total of 50 questions and was made available to adults age 18 and older in both Spanish and English.

The MRMC Community Health Survey used a convenience sampling strategy (non-probability) to survey adults (age 18 and over) living in the primary service area of MRMC. 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 each MRMC primary service area. Before any community health surveys were collected, the responsible party at each location was contacted and permission was requested. The 23 unique survey locations included churches, senior centers, community events, homeless shelters, school events, housing authority locations, farm worker housing, and foodbanks. The complete list is provided as Appendix B.

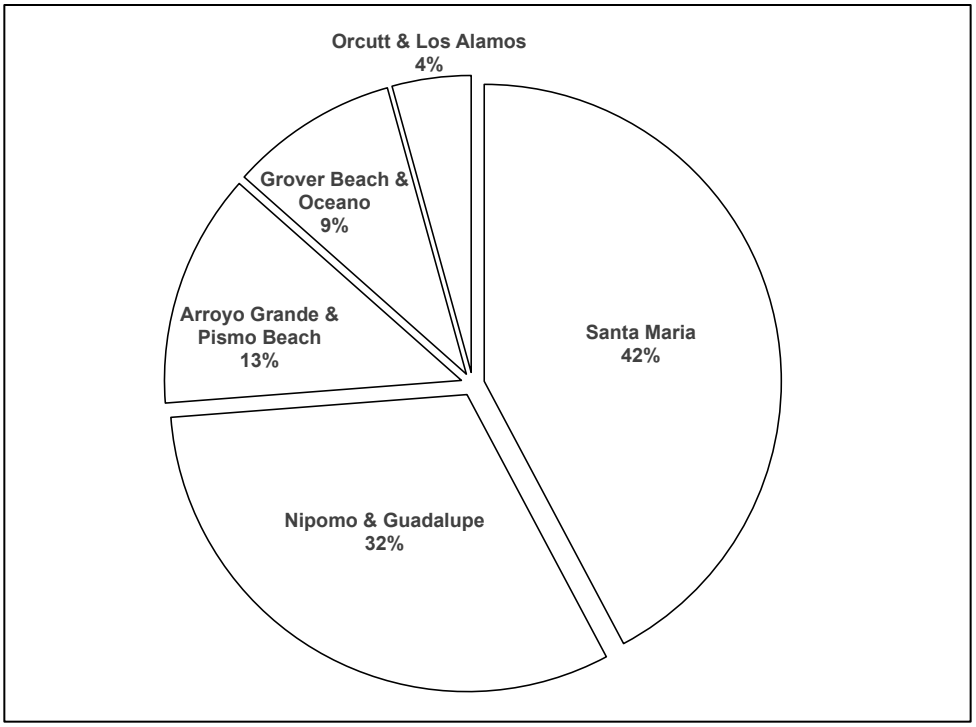
Between July 1, 2018 and September 7, 2018, a total of 866 health surveys were collected by MRMC employees and volunteers, in either English or Spanish, using convenience sampling methods. Community health survey participants were informed that the survey was available in Spanish and English, completely anonymous, and open to any adult over the age of 18 residing in one of MRMC's primary service areas. 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 MRMC better understand the community needs. Surveys were either self-completed or, if the participant did not possess the necessary literacy skills, a MRMC employee or volunteer privately conducted a one-on-one interview with the participant in either English or Spanish. The original health survey was completed by 479 adults residing in MRMC-SM primary service area and 387 adults residing in MRMC-AG primary service area.

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.

Due to the overlapping nature of the two service areas for each campus, the surveys collected within Nipomo and Guadalupe were split between MRMC-SM and MRMC-AG data sets based upon the health survey collection location. A breakout of survey participants' place of residence is displayed as the following Figure 3.

Figure 3. MRMC Survey Participants' Place of Residence



Broad Interest of Community

Organizations representing the broad interest of the community for this CHNA included the Santa Barbara County Public Health Department, San Luis Obispo County Public Health Department, Central Coast Commission for Senior Citizens, and Marian Regional Medical Center Community Benefit Committee. These organizations were each approached and considered key community stakeholder/informants.

County Public Health Departments

Representatives from the Santa Barbara County Public Health Department (SBPHD) and the San Luis Obispo County Public Health Department (SLOPHD) were initially approached in May 2018 regarding the CHNA process Dignity Health was initiating for their 2019 CHNA Report. Discussions with both public health departments surrounded the community health survey and the methods that were being utilized. The community health survey questions were also discussed with the public health department and any feedback was incorporated. Unfortunately, public health departments community health needs assessments cycles differ from that of this report limiting a collaborative assessment. Both public health departments agreed sharing of results would be beneficial for all and that a follow-up call would be scheduled to discuss the results.

Follow-up conversations were held with SBPHD and SLOPHD in January 2019. During each one-hour follow-up conversation, the survey methodologies and preliminary results were discussed. The greatest needs identified for the MRMC community were shared with each public health department. At the conclusion of the conversation, SBPHD stated a desire to provide input and potentially collaborate during the implementation strategy development phase. SLOPHD would like to initiate annual focus groups to better align each organization's implementation plan and develop a formalized community health survey collaboration for 2021. Lastly, SLOPHD stated they are available to support the CHNA and are interested in partnering with Dignity Health to further efforts ultimately helping the most vulnerable within the community.

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 MRMC'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.

MRMC Community Benefit Committee

The MRMC Community Benefit Committee consists of healthcare providers, physicians, educators, 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 MRMC Community Benefit Committee included substance abuse, mental health, educational attainment, health behaviors, juvenile vaping, homelessness, housing, language, health care access, elder resources, and community violence. Furthermore, the CHNA preliminary results and report were also discussed with the MRMC Community Benefit Committee on February 14, 2019.

Written Comments from 2016 Community Health Needs Assessment

MRMC 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, MRMC 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 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 includes data points about 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;
- Santa Barbara 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.[8] 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. The health of the community will only improve if the social determinants of health improve. As the social determinants of health improve, so will individual health, population health, and health equity.[9] In addition to Section III. Community Profile presented above, there are many factors related to the SDOH to better understand the population MRMC most frequently serves.

Demographics

The community health survey was completed by 479 participants from MRMC-SM service area and 387 participants from MRMC-AG 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 results for each question for MRMC-SM and MRMC-AG are provided as Appendix D and E, respectively.

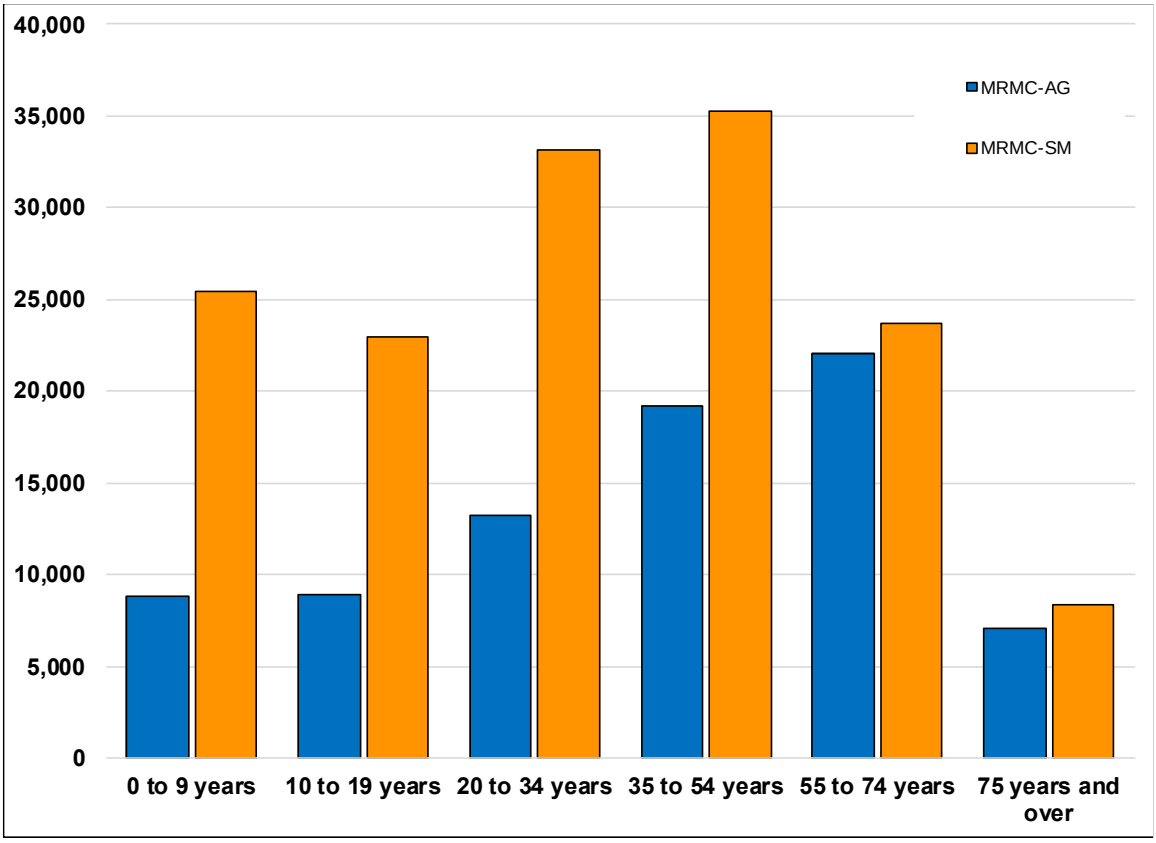
Population by Age

According to the American Community Survey (2013-2017, 5-year average), the median age in the MRMC primary service area ranges from 26.8 years in Santa Maria (93458) to 49.7 years in Orcutt. Within the MRMC-SM service area a more youthful population is found in Guadalupe and Santa Maria City (93458), where approximately 35% of the population is under the age of 18. This youthful population is contrasted by a more aging population found in the MRMC-AG service area. The MRMC-AG primary service area is home to almost 20,000 residents over the age of 62. These 20,000 residents account for one-quarter of the population within the MRMC-AG's primary service area. Furthermore, approximately one-third of the population in Pismo Beach (34%) and Arroyo Grande (29%) are age 62 years and over.[10] The primary service area age distribution for each MRMC campus can be found on the following Figure 4.

The average age of the MRMC-SM Community Health Survey participant was 47.8. The MRMC-AG Community Health Survey participants were similar in age, with an average of 53.6 years. Overall, 67.5% of community health surveys for each MRMC campus service area were completed by females. Approximately 23% of those completing a community health survey in both service areas were aged 65 or over.

[8] 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/
[9] 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/
[10] Ibid 3.

Figure 4. MRMC Primary Service Area Population by Age[11]



Race/Ethnicity

The majority of residents (64.8%) within MRMC-SM primary service area identify themselves as Latino(a) or Hispanic origin, followed by 27.9% who consider themselves as non-Hispanic white. Within MRMC-SM primary service area, Santa Maria City is home to over 100,000 individuals, of which nearly 75% consider themselves as Latino(a) or Hispanic. MRMC-SM Community Health Survey participant's origins aligned with U.S. Census data. When asked about their race or origin, 82.3% (n=392) identified themselves as Hispanic or Latino(a) and 14.1% (n=67) were non-Hispanic white.

The majority of MRMC-AG Community Health Survey participants (59.8%, n=230) identified their race or origin Hispanic or Latino(a). This contrasts U.S. Census data for the MRMC-AG primary service area where a much lesser 26.2% identified themselves as Hispanic or Latino(a) origin.[12]

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), 55,675 individuals, 5 years and over, residing within the

[11] Ibid 3.
[12] Ibid 3.

MRMC primary service area reported they speak English less than "very well." These individuals constitute almost one-quarter of the entire population within the primary service area.

The purpose of the MRMC Community Health Survey was to gain a thorough understanding of the medically underserved, low-income, and minority populations living in MRMC's primary survey area. The effort to capture responses from these individuals resulted in 72.7% (n=348) of all community health surveys were completed in Spanish within the MRMC-SM primary service area. A lesser 55.5% (n=215) of MRMC-AG 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.[13] 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.[14]

According to the U.S. Census, the rate of high school educational attainment in Santa Maria ranks 4th lowest compared to 608 other cities' in the United States.[15] Less than half of the population (46.1%), over the age of 25, residing in Santa Maria zip code 93458 reported attaining high school graduation or equivalent. The low graduation rates in Santa Maria zip code 93458 are further compounded by similarly low rates for the residents of Guadalupe and Santa Maria zip code 93454 at 56.9% and 67.8%, respectively. Educational attainment is one of the five social determinants of health and low educational attainment levels are linked with poor health, more stress, higher poverty, and lower self-efficacy.

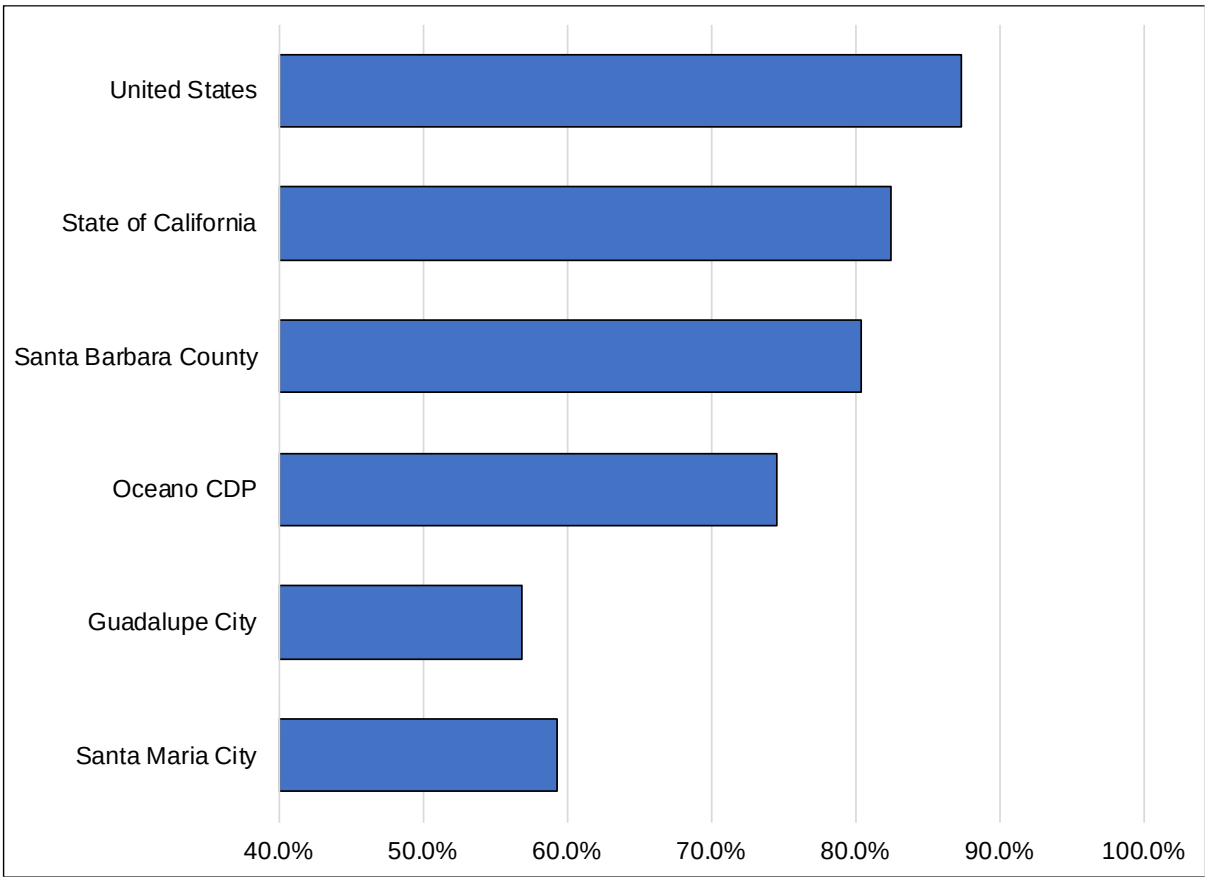
This information is contrasted by higher levels of high school attainment found in Pismo Beach (96.3%), Arroyo Grande (93.8%), Grover Beach (87.0%), and Orcutt/Santa Maria (zip code 93455) (88.8%).[16]

Primary survey data from the MRMC-SM Community Health Survey further documents the severity of low education levels in the most vulnerable population. According to the MRMC-SM Community Health Survey, only 36.6% (n=175) of survey participants reported attaining a high school diploma, and over 40% (n=192) of survey participants reported having a 6th grade education or less. In contrast over half of the survey participants within the MRMC-AG primary service area reported attaining a high school diploma. The communities within MRMC primary

[13] World Health Organization (2019). *"Health Impact Assessment (HIA)."* Retrieved from https://www.who.int/hia/evidence/doh/en/
[14] 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 Indigenous and Visible Minority Students in Postsecondary Education in Western Canada."* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3799536/
[15] U.S. Census Bureau. *American Fact Finder*. Retrieved from: https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t
[16] Ibid 3.

service area whose high school graduation rate is below Santa Barbara County as a whole, are provided on the following Figure 5.

Figure 5. High School Graduate, 2013-2017 (25 years and over)[17]



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.[18] In 2018, the Federal Poverty Level for one person was $12,140 and for a family of four $25,100.[19]

In the State of California, as well as Santa Barbara County, approximately 15% all residents are living below the poverty level. In San Luis Obispo County this number improves slightly to 13.8%. Within the MRMC primary service area, three different communities including Oceano, Santa Maria, and Guadalupe have poverty rates exceeding the state and county.

[17] Ibid 4.
[18] Ibid 10.
[19] 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

According to the California Department of Education, approximately 68% of all public-school students residing in the MRMC primary service area were eligible to receive free or reduced-price meals during the 2018-19 school year.[20]

Overall, when survey participants were asked if they had over $300 in a savings account, over half (n=238, 50.5%) of those residing in the MRMC-SM service area responded "no" to the question. To better understand health survey participants' household status, they were asked the number of children living with them and the number of adults residing with them. In the MRMC-SM survey area, participants reported 2.7 adults per household and in MRMC-AG the number was 2.6. The average number of children residing in each residence was 1.5 for MRMC-SM and 1.0 for MRMC-AG.

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. Over 80% of MRMC Community Health Survey participants reported they always or often feel safe in their home. The largest city within the MRMC primary service area, Santa Maria reported an almost 10% decrease in violent and property crimes in 2017.[21] In 2017, the number of homicides in the City of Santa Maria, decreased from nine in 2016 to three in 2017. Overall, 74.8% of survey participants in the MRMC-SM primary service area identified residing in a single-family dwelling, either a house or apartment, with almost 20% reporting multiple families residing in one dwelling.

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 Santa Barbara County, agriculture is the number one contributor to the County's economy and through the multiplier effect, contributes approximately $2.8 billion to the local economy and provides 25,370 jobs.[22] In order to produce the high value crops to meet industry standards, the California Department of Pesticide Regulation reported that in 2016 over 5,500,000 pounds of pesticide active ingredients were used in Santa Barbara County.[23]

[20] California Department of Education (2019). *Student Poverty FRPM Data.* Retrieved from https://www.cde.ca.gov/ds/sd/sd/filessp.asp
[21] City of Santa Maria (2019). *Crime Statistics.* Retrieved from https://www.cityofsantamaria.org/city-government/departments/police-services/crime-statistics.
[22] County of Santa Barbara, Agricultural Commissioner's Office (2018). *2017 Agricultural Production Report.* Retrieved from: https://countyofsb.org/uploadedFiles/agcomm/Content/Other/crops/2017.pdf
[23] 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

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.[24]

The communities' ability to access health care was measured through four community health survey responses compared to secondary data. These details are presented on the following Table 6.

Table 6. Access to Health Care Status

Health Behavior/Status	2019 CHNA		CDC BRFSS[25]	
	MRMC-SM (N=479)	MRMC-AG (N=387)	California	U.S.
Health care coverage (any kind) (Q15)	59.8%	74.0%	89.4%	89.5%
Visited doctor within past year for routine checkup (Q16)	74.2%	83.8%	67.6%	70.4%
Received dental care in past year (Q18) (BRFSS 2016)	59.1%	63.1%	67.1%	66.4%
Percent needed to see doctor in past year, but could not because of cost (Q19)	29.1%	22.7%	11.8%	12.4%

According to the 2019 MRMC Community Health Survey, one out of every three individuals does not have any health insurance coverage. Comparing the results between the 2019 and 2016 community health survey, there has not been a measurable improvement, but a decline. Health insurance coverage rates have decreased from 67.7% in 2016 to 59.8% in 2019 for MRMC-SM primary service area. Besides cost, the greatest reason survey participants delayed getting medical care was due to the waiting time in the physician's office.

Two medically underserved communities have been designated within the MRMC primary service area by the Health Resources and Services Administration (HRSA), including Guadalupe (MUA/P ID: 00301) and Arroyo Grande (MUA/P: 00395). In addition, the Health Resources and Services Administration (HRSA) has designated the low-income migrant farmworker

[24] 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.
[25] 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/

population in Santa Maria, CA and Guadalupe, CA as a health professional shortage area (HPSA ID: 7062407340) for mental health discipline professionals. [26]

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.[27] The communities' health related quality of life was measured through four community health survey questions that were compared to available state and national levels. Over 50% of all survey participants identified their health as "good," and about 20% rated their overall health as poor or fair.

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 MRMC-SM and MRMC-AG each reported on average approximately five days of poor physical health and poor mental health in the past 30 days. Lastly, 85.9% and 87.0% in MRMC-SM and MRMC-AG, respectively, reported that they do not have any difficulty doing errands because of a physical, mental, or emotional condition. The following Table 7 further compares and details the health related quality of life indicators at the community, state, and national level.

Table 7. Survey Participants' Health Related Quality of Life

Health Related Quality of Life	2019 CHNA		CDC BRFSS[28]	
	MRMC-SM (N=479)	MRMC-AG (N=387)	California	U.S.
Experienced fair or poor overall health (Q9)	22.2%	20.8%	17.6%	17.6%
Percent, "Zero" days of poor physical health (Q10) (BRFSS 2016)	51.4%	54.9%	66.4%	64.8%
Percent, "Zero" days of poor mental health (Q11) (BRFSS 2016)	53.4%	57.9%	65.2%	65.8%
Physical, mental, or emotional health prevented usual activities (Q41) (BRFSS 2016)	18.0%	11.1%	22.3%	22.1%

[26] 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

[27] Centers for Disease Control and Prevention (2018). *Health-Related Quality of Life (HRQOL)*. Retrieved from https://www.cdc.gov/hrqol/

[28] 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/

Mortality

According to Santa Barbara County Public Health Department Reports, the leading cause of death in 2017 for county residents was diseases of the heart. In Santa Barbara County, the average age at death was 77 years of age, with men dying at a younger age than women. The mean age at death was 74 for men and 81 for women. One in every four deaths in 2017 was caused by heart disease (753 deaths) and there were 634 deaths from all types of cancer.[29] Together, cancer and heart disease were the underlying cause in almost half (46%) of all deaths of Santa Barbara County residents. For women, Alzheimer's disease was the third-leading cause of death for women. It should be noted that accidents through unintentional injury, mental and behavioral disorder, and intentional self-harm, suicide were ranked 6, 7, and 10, respectively.[30]

According to the CDC, in San Luis Obispo County, the leading cause of death in 2017 was heart disease with 562 deaths. This number is closely followed by all types of cancers with 521 deaths. In contrast to Santa Barbara County, cerebrovascular disease ranked third with 201 deaths and Alzheimer's disease was ranked fourth in San Luis Obispo County. However, if data is combined from 2015, 2016, and 2017, all types of cancer becomes the leading cause of death followed by heart disease. Similar to Santa Barbara County, unintentional injury and intentional self-harm were ranked fifth and seventh, respectively, during the period between 2015-2017.[31]

Santa Barbara County and San Luis Obispo County's Health Status Profile Reports for 2019, as prepared by the California Department of Public Health, have been provided for reference in Appendix F.[32] The county health status profile provides additional information regarding mortality, morbidity, infant mortality, and natality.

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.[33] Chronic conditions many

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[29] Santa Barbara County Public Health Department (2018). *Table. Leading 10 Causes of Death, Santa Barbara County 2017.* Retrieved from: https://countyofsb.org/uploadedFiles/phd/PROGRAMS/Epidemiology/Age_Adjusted_Death_Rate_spreadsheets%202017.pdf

[30] Santa Barbara County Public Health Department (2018). *2017 Santa Barbara County Mortality Supplemental Documentation.* Retrieved from: https://countyofsb.org/uploadedFiles/phd/PROGRAMS/Epidemiology/Death/SBC%20Death%20Rate%20document%202017.pdf

[31] 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

[32] California Department of Public Health, Vital Records Data and Statistics (2019). *County Health Status Profiles 2019. Retrieved from:* https://www.cdph.ca.gov/Programs/CHSI/Pages/Individual-County-Data-Sheets.aspx#S

[33] 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.

times are caused by unhealthy or risky behaviors, such as tobacco use, unhealthy diet, lack of physical activity, and excessive alcohol use.[34] Aside from heart disease and diabetes, there are other chronic conditions impacting the residents within MRMC'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. [35] NCOA also report that one in four older adults currently experience some mental disorder including depression and anxiety disorders, and dementia. In Santa Barbara County, Alzheimer's disease was the third leading cause of death in 2017.[36]

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. Diseases of the heart were the leading cause of death in Santa Barbara and San Luis Obispo Counties in 2017.

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

- 48% received service for hypertension (high blood pressure);
- 35% were treated for hyperlipidemia (high cholesterol);
- 21% were treated for ischemic heart disease (build-up of plaque in arteries); and,
- 9% received treatment for atrial fibrillation.[37]

The MRMC 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 8, compared to local, state, and national levels.

[34] 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
[35] National Council on Aging. *Healthy Aging Facts.* Retrieved from https://www.ncoa.org/uncategorized/healthy-aging-facts/ April 23, 2019.
[36] Ibid 30.
[37] Centers for Medicare and Medicaid Services, Mapping Medicare Disparities, 2017 Data. https://data.cms.gov/mapping-medicare-disparities

Table 8. Prevalence of Heart Disease and Stroke Indicators

Heart Disease and Stroke Indicators	2019 CHNA		CDC BRFSS[38]		
	MRMC-SM (N=479)	MRMC-AG (N=387)	Santa Maria City	California	U.S.
Percent Never Had Lifetime Cholesterol Check (Q23)	50.1%	37.8%	NA	7.8%	9.2%
Informed Blood Cholesterol High (Q24)	29.5%	38.3%	34.5%	30.8%	33.0%
Lifetime High Blood Pressure (Q21)	33.3%	35.9%	27.9%	28.4%	32.3%

Diabetes

The prevalence of diabetes in the community varies depending upon an individuals' age and ethnicity. Secondary data sources also vary widely. According to California Health Information System, 6.1% of Santa Barbara County adults had a lifetime diabetes diagnosis. However, according to the Centers for Medicare and Medicaid, they treated 33% of Hispanic or Latino Medicare beneficiaries from Santa Barbara County for diabetes in 2017. Overall, in Santa Barbara County, 21% of Medicare beneficiaries have been treated/received service for diabetes. San Luis Obispo County follows similar trends in their diabetes prevalence rates.

The MRMC community health survey asked participants if they ever received a diabetes diagnosis (lifetime). Overall, 17.7% of community health survey participants residing within the MRMC-SM primary service area reported a lifetime diabetes diagnosis. Similarly, 16.9% of MRMC-AG community health survey participants reported a lifetime diabetes diagnosis. Additional diabetes prevalence from primary and secondary sources has been provided on the following Table 9.

Table 9. Diabetes Prevalence

Adult Lifetime Diabetes Diagnosis	Crude Prevalence
United States (CDC BRFSS) [39]	10.5%
California (CDC BRFSS)	10.5%
Santa Maria, CA (CDC BRFSS)	11.1%
San Luis Obispo County (CHIS) [40]	6.8%
Santa Barbara County (CHIS)	6.1%
Medicare Population Diabetes Treatment Santa Barbara County (CMS) [41]	21%
Medicare Population Diabetes Treatment San Luis Obispo County (CMS)	18%
MRMC-SM Community Health Survey (2019)	17.7%
MRMC-AG Community Health Survey (2019)	16.9%

[38] Ibid 25.
[39] 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/
[40] California Health Interview Survey, 2014, 2015, 2016, and 2017 Pooled Average. http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results
[41] Ibid 37.

Cancer

As mentioned above, the second leading cause of death in Santa Barbara and San Luis Obispo Counties' was cancer 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.[42]

According to the California Cancer Registry, between 2011 and 2015, 9,805 cancer cases occurred in Santa Barbara County and 7,515 occurred in San Luis Obispo County. The California Cancer Registry determined the crude rate of cancer for each 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 Santa Barbara County being ranked 14th highest in the state overall. The ten most common cancer sites with age adjusted rates for the county and state are provided on the following Table 10.

Table 10. Age-Adjusted Invasive Cancer Incidence Rates (2011-2015)[43]

Site	Santa Barbara County		San Luis Obispo County		State of California		
	Total Cases	Age Adjusted Rate*	Total Cases	Age Adjusted Rate*	Age Adjusted Rate*	SB County Rank	SLO County Rank
All Sites	9,805	420.1	7,515	427.8	395.2	14	11
Breast, Female	1,583	132.31	1,218	140.7	120.6	12	3
Prostate, Males	1,052	95.0	958	105.3	97.1	28	9
Lung and Bronchus	929	39.0	832	45.4	42.2	38	20
Melanoma of the Skin	800	34.0	749	43.9	21.6	10	2
Colon & Rectum	792	33.8	586	33.0	35.5	27	NA
Urinary Bladder, invasive and insitu	484	20.1	343	18.8	16.8	15	17
Non-Hodgkin Lymphoma	451	19.1	355	20.3	18.2	17	7
Kidney and Renal Pelvis	338	14.5	223	13.1	13.9	21	NA
In Situ Breast, Female	311	27.2	255	28.3	28.2	20	17
Pancreas	286	12.2	194	10.8	11.4	14	35
* All rates are per 100,000. Rates are age adjusted to the 2000 US Standard Population.							

[42] National Cancer Institute, "Cancer Disparities" Retrieved from https://www.cancer.gov/about-cancer/understanding/disparities Last Updated March 11, 2019.

[43] 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.

Cancer was identified as causing 3,385 deaths in Santa Barbara County between 2011-2015. Lung and bronchus cancer were the leading cause of death for these individuals. The following Table 11 provides the leading cancer mortality rates by site for Santa Barbara County and San Luis Obispo County between 2011-2015, as provided by the California Cancer Registry.

Table 11. Age-Adjusted Cancer Mortality Rates (2011-2015)[44]

Site	Santa Barbara County		San Luis Obispo County		California
	Total Deaths	Age Adjusted Rate*	Total Deaths	Age Adjusted Rate*	Age Adjusted Rate*
All Sites	3,385	139.9	2,557	139.8	146.6
Lung and Bronchus	639	26.5	576	31.5	32.0
Prostate, Males	217	20.4	149	18.2	19.6
Colon & Rectum	277	11.5	231	12.5	13.2
Breast, Female	256	20.0	208	22.4	20.1
Miscellaneous	245	10.2	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, MRMC encountered a total of 5,332 observed new cases of cancer at their MRMC-SM and MRMC-AG campuses. Further evaluation of these cases identified the top five most frequently encountered cancers for males and females were breast, prostate, lung, colon, and non-Hodgkin lymphoma. Additional details and a gender breakout are provided on the following Table 12.

Table 12. MRMC Most Commonly Encountered Cancer Sites, by Gender (2015-2017)[45]

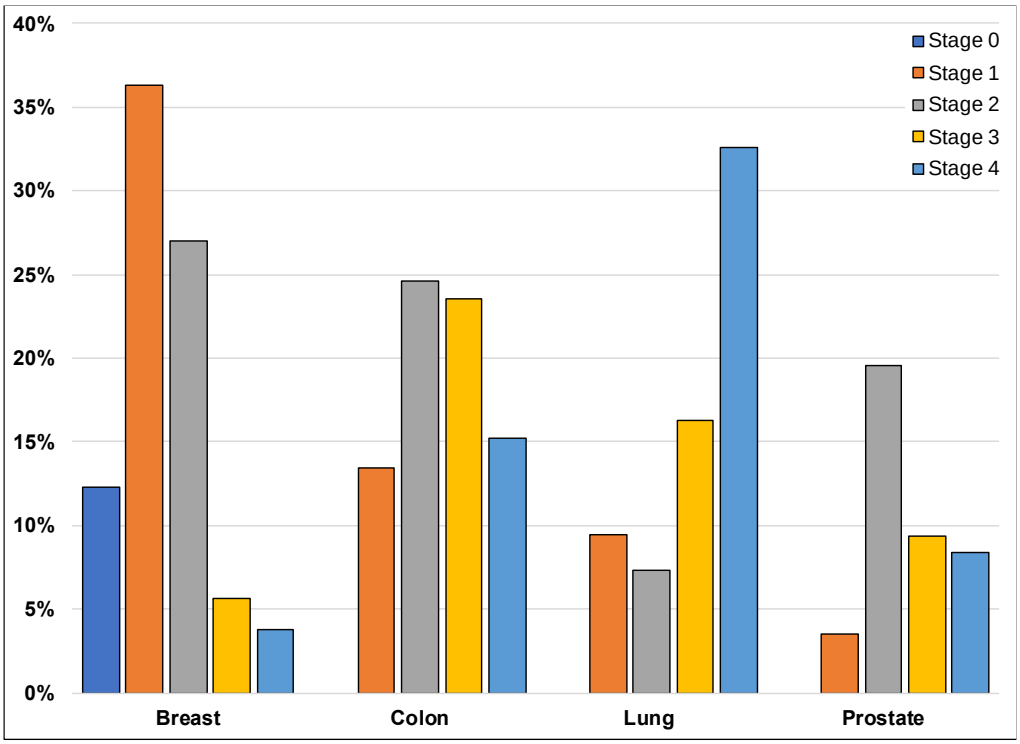
Ranking	Overall	Males	Females
No. 1	Breast	Prostate	Breast
No. 2	Prostate	Lung & Bronchus	Lung & Bronchus
No. 3	Lung & Bronchus	Bladder	Colon
No. 4	Colon	Non Hodgkin Lymphoma	Non Hodgkin Lymphoma
No. 5	Non-Hodgkin Lymphoma	Colon	Uterine

During evaluation of the varying stages of cancer at the time of encounter, it has been realized that 33% of all lung cancer cases encountered by MRMC between 2015 and 2017 were Stage 4 cancers and similarly caused the most cancer deaths, as discussed above. Figure 13 depicts stages by site for the most commonly encountered cancers.

[44] Ibid 43.

[45] Dignity Health Central Coast Cancer Registry, 2019.

Figure 13. MRMC Encountered Breast, Colon, Lung, Prostate Cancers by Stage[46]



In 2018, MRMC community health surveyors asked female survey participants about their cancer screening habits related to women's health. In 2016, 67.0% of women surveyed reported receiving an annual mammogram. In 2019, 76.4% of women surveyed for this CHNA reported receiving an annual mammogram, resulting in an increase of nearly 10% over three years.

The MRMC community health survey also asked all survey participants aged 45 and older if they have received a lifetime colonoscopy screening. These results were analyzed using the American Cancer Society's updated guidelines for colorectal cancer screening which reduced the initial screening age to 45 for adults of average risk. State and national rates presented in the below table are based on the screening at age 50. Cancer screening details are presented on the following Table 14, as compared to state and national levels.

Table 14. Cancer Prevention Prevalence

Cancer Screenings	2019 CHNA		CDC BRFSS[47]	
	MRMC-SM (N=479)	MRMC-AG (N=387)	California	U.S.
Lifetime Colonoscopy (Age 45+) (Q28)	54.7%	62.6%	60.9%	63.5%
Mammogram Past Year (Women, 40+) (Q30)	76.4%	79.8%	74.3%	72.5%
Pap Test Past 3-years (Women, 18+) (Q32)	70.0%	67.9%	81.6%	79.8%

[46] Ibid 45.
[47] Ibid 25.

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 15, as compared to state and national levels. The results are further discussed in the below sub-sections.

Table 15. Survey Participants' Health Behaviors/Status

Health Behaviors/Status	2019 CHNA		CDC BRFSS[48]	
	MRMC-SM (N=479)	MRMC-AG (N=387)	California	U.S.
Percent Overweight (Q43)	36.7%	38.3%	35.8%	35.3%
Percent Obese (Q43)	36.3%	33.0%	25.1%	31.3%
Percent Current Smokers (Q44)	4.7%	5.2%	11.3%	17.1%
Alcohol Consumption, Percent Reporting Binge Drinking (Q48)	12.6%	9.2%	17.6%	17.4%

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, over 70% of all community health survey participants responding to this question had BMIs considered overweight or obese. BMI measurements that fall within the range of 18.5 to 24.9 are considered to be normal weight. BMI measurements between 25.0 and 29.9 are considered to be overweight and those greater than 30.0 are considered obese.

Overall, 60.2% of MRMC-SM community health survey participants reported participating in an exercise or physical activity at least three times per week. The rate increases to 66.0% for MRMC-AG community health survey participants. In addition, over half of all community health survey participants reported they are eating 5-9 servings of fruits and/or vegetables daily on a regular basis (always or frequently).

Smoking

The number of adult MRMC community health survey participants that reported smoking cigarettes every week was approximately 5%. This rate remained relatively unchanged when the same survey participants were asked about their e-cigarette or electronic vaping product use.

According to the 2017-2018 California Healthy Kids Survey, MRMC primary service area eleventh grade student's electronic cigarette (in the past 30 days) use ranged from a low of 6%

[48] Ibid 25.

for Santa Maria Joint Union High School students to a high of 18% of Lucia Mar Unified eleventh grade students. [49]

Social and Emotional Wellness

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 overall well-being.

Intentional harm was ranked as the 8th leading cause of death between 2015-2017 in Santa Barbara and San Luis Obispo Counties.[50] In 2017, 13% of Santa Barbara County and San Luis Obispo County Medicare beneficiaries were treated for depression.[51] In addition, according to the California Health Interview Survey between 2015-2017, 20.5% of adults in Santa Barbara County reported needing help for emotional/mental health problems or use of alcohol/drugs.[52] At MRMC, the most commonly encountered social and emotional conditions are anxiety, possible alcohol concern, and depression.

According to the 2017-2018 California Healthy Kids Survey, MRMC primary service area ninth grade students exhibited higher rates of considering suicide than those in eleventh grade. Approximately, 19% of ninth grade students at Lucia Mar Unified and Orcutt considered suicide, while a lesser 16% of 9th grade students at Santa Maria Join Union High School reported considering suicide.[53]

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. Over 25% of MRMC community health survey participants reported knowing a friend or family member who was addicted to drugs. Additionally, between 10-12% reported knowing a family member or close friend who has had a near death or death experience related to a drug overdose. When potential overdose encounters by MRMC were evaluated, the number of encounters has steadily declined during 2018 calendar year.

[49] California Department of Education (CDE) (2019). *California Health Kids Survey Most Recent Data (2017-18).* Retrieved from: https://calschls.org/reports-data/dashboard/.
[50] Ibid 30.
[51] Ibid 37.
[52] Ibid 40.
[53] Ibid 49.

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 MRMC 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).

Low educational attainment was identified in the 2016 CHNA and now again in this 2019 CHNA Report. Educational attainment is one of the five social determinants of health and low educational attainment levels are linked with poor health, more stress, higher poverty, and lower self-efficacy. Santa Maria City zip code 93458 is home to over 56,000 people, where one out of every two adults over the age of 25 have not completed high school.

The need for an improvement in access to primary health care and behavioral health has been has been substantiated through primary data, secondary data, and HRSA. HRSA has designated two medically underserved communities within the MRMC primary service area, including Guadalupe (MUA/P ID: 00301) and Arroyo Grande (MUA/P: 00395). The low income migrant farmworker population in Santa Maria, CA and Guadalupe, CA was also designated as a health professional shortage area (HPSA ID: 7062407340) for mental health discipline professionals. Individuals with limited resources have the most difficulty accessing health care, including the homeless.

The communities within MRMC's primary service area are also home to a disproportionate number of aging adults. 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 fourth identified need within this CHNA Report. Heart disease and cancer are the leading causes of death at local, state, and national levels. In Santa Barbara and San Luis Obispo Counties, lung cancer causes the most cancer deaths and is commonly diagnosed at late stage. In 2017, 48% of Medicare beneficiaries in Santa Barbara County were treated for hypertension, 21% were treated for diabetes, and 35%

were treated for high cholesterol. Within the MRMC-SM primary service area, over 70% of the individuals surveyed are either overweight or obese and almost 50% 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 16.

Table 16. Prioritization of 2019 Significant Community Health Needs

Ranking	2019 Significant Community Health Need
1	**Education** • 53.9% of residents over age 25 residing in Santa Maria, 93458 do not have a high school diploma or equivalent. • 43.1% of residents over age 25 residing in Guadalupe do not have a high school diploma or equivalent. • 32.2% of residents over age 25 residing in Santa Maria, 93454 do not have a high school diploma or equivalent. • 30% of all residents in Santa Maria are under the age of 18, and 30% of those under the age of 18, reside in poverty. • The youth population in Santa Maria exceeds the total senior population in the entire MRMC-SM service area. • Undereducated youth perpetuate life of crime and a lack of a talented workforce.
2	**Access to Primary Health Care, Including Behavioral Health** • Substantiated through qualitative and quantitative primary data sources. • State of California reports that 9.6% of ED patients are actually admitted to hospital. • Guadalupe and Arroyo Grande have been designated by the Health Resources and Services Administration (HRSA) as two medically underserved communities. • HRSA designated low income migrant farmworker population in Santa Maria and Guadalupe as health professional shortage area for mental health discipline professionals. • Almost 30% of survey participants in MRMC-SM needed to see a doctor in past year but could not due to cost. • The high number of homeless in MRMC primary service area are also impacted.
3	**Aging, More Mature Population** • Within MRMC-SM primary service area, the greatest population of mature adults resides furthest from MRMC. • 25% of the MRMC-AG population is over the age of 62. • Arroyo Grande have been designated by HRSA, as a medically underserved community and 29% are 62 years and over. • Alzheimer's disease was listed as the 3rd leading cause of death for women in Santa Barbara County.
4	**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). • Over 70% of the population is either overweight or obese. • Lack of providers. • Depending on screening, 30 to 40% of those eligible for the screening have not completed. • The high number of homeless in MRMC primary service area are also impacted.

VII. Resources Potentially Available to Address Needs

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

Education

- Alan Hancock Community College
- Boys and Girls Club, Oceano
- Boys and Girls Club, Santa Maria
- Catholic Churches
- City of Santa Maria, Recreation and Parks Department
- City of Santa Maria's Mayor Task Force for Youth?
- County of Santa Barbara
- Cuesta College and Foundation
- Discovery Museum
- Five Cities Homeless Coalition
- Good Samaritan Shelter --
- Little House by the Park (Guadalupe Family Resource Center)
- Local Agriculture
- Other Shelters
- Santa Maria Valley YMCA
- United Way

Access to Primary Health Care, Including Behavioral Health

- 5 Cities Homeless Coalition
- Alliance for Pharmaceutical Access
- Caregiver Workshops and Support Groups
- Child Abuse Listening Mediation (CALM)
- City of Santa Maria's Mayor Task Force for Youth
- Community Active Commission (CAC)
- Community Counseling Center
- Community Health Clinics of Central Coast (CHC)

- Council on Alcohol and Drug Abuse (CADA)
- Family Resource Agency's Santa Maria Valley Youth and Family
- Good Samaritan Shelter
- Home for Good/United Way
- Pacific Health Centers of the Central Coast
- Planned Parenthood of Santa Barbara, Ventura, and San Luis Obispo Counties, Inc.
- Santa Barbara County Department of Behavioral Wellness-Planning the inpatient behavioral health unit in northern Santa Barbara County
- Santa Barbara County Promotores Coalition
- Santa Barbara County Public Health
- San Luis Obispo County Public Health
- Santa Maria Valley Fighting Back
- Transitions Mental Health Association

Aging, More Mature Population

- Area Agency on Aging
- Catholic Charities
- Community Active Commission (CAC)
- Oasis Senior Center
- Santa Barbara County Public Health
- Santa Maria Parks and Recreation: Edwin Mussel Senior Center
- San Luis Obispo County Public Health

Chronic Disease Prevention and Management

- Community Health Centers of the Central Coast (CHC)
- Family Pediatric Group
- Pacific Health Centers of the Central Coast
- Santa Barbara County Public Health
- San Luis Obispo County Public Health

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

VIII. Impact of Actions Taken Since the Preceding CHNA

Educational attainment, access to mental health, homelessness or housing, cardiovascular disease or stroke, and cancer screenings 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 MRMC's Annual Community Benefit Report and Plan.

Priority Area 1: Education

- Explored utilizing medical literacy tool to help providers assess appropriate level to teach patients about health related matters (discharge instruction, prevention, etc.)
- Partnering with Community Action Commission Front Porch Project to work with underage young girls.
- Implemented Dove Soap self-esteem program to build self-worth and importance of me.
- Pacific Coast Health and CHC outreach
- Regularly participate in community events centered around the Latino community offering free health screenings.

Priority Area 2: Access to Mental Health

- Provided education and support groups to Mixteco and Spanish speaking women for post-partum depression.
- Offer support groups to individuals with cancer, diabetes, stroke, grief and perinatal mood and anxiety disorders.
- Mommy and Me classes.
- Provided care transitions coordinators.
- Developing a Behavioral Health inpatient facility in Santa Maria
- Dignity Health Community Grants
    - Encourages local community agencies to support clients with mental health
    - Work with community based organizations who provide mental health services by providing facility use, in kind printing for workshop and/or brochures
- Partnering with Community Action Commission Front Porch Project to work with underage young girls.
- Implemented Dove Soap self-esteem program to build self-worth and importance of me.

Priority Area 3: Homelessness and Housing

- Community grant to 5 Cities Homeless Coalition and Peoples' Self Help Housing.
- Good Samaritan Homeless Respite Care program provides respite care to homeless discharged patients.
- MRMC donates amenity bags containing personal hygiene products to Good Samaritan Shelter and 5 Cities Homeless Coalition;

Priority Area 4: Cardiovascular Disease and Stroke

- 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.
- Dignity Health Community Grants
    - Encourages local community agencies to support clients with mental health
    - Work with community based organizations who provide mental health services by providing facility use, in kind printing for workshop and/or brochures
- FAST Fridays Stroke assessments in community.
- MRMC provides telephonic support to discharged heart failure patients.

Priority Area 5: Cancer Screenings

- Increased awareness of cancer prevention and available screenings through focused outreach and education activities in target population.
- Provide hereditary risk assessments and genetic counseling referrals for people identifying with a family history of cancer.
- Cancer exercise specialist designs group, individual and aquatic exercise programs that promote recovery in patients, alleviates cancer symptoms and reduces reoccurrence rates.
- Provided cancer support groups and psychosocial counseling for cancer patients, survivors and caregivers.
- Provided bilingual and culturally relevant cancer nutrition counseling services.

Appendix A: U.S. Census Data

Table 1. MRMC-SM Primary Service Area Population

U.S. Census Data[1]	93454 (Santa Maria)	93458 (Santa Maria)	93455 (Orcutt & Santa Maria)	Guadalupe City	MRMC-SM Primary Service Area	Santa Barbara County	State of California
Total Population, 2010	36,448	55,431	41,684	7,080	140,643	423,895	37,253,956
Total Population Estimate, 2013-2017	40,333	56,702	44,490	7,313	148,838	442,996	38,982,847
Median Age	31.3	26.8	39.5	27.7	---	33.7	36.1
White alone, not Hispanic or Latino(a)	9,850	5,520	25,711	462	41,543	200,723	14,777,594
Hispanic or Latino(a), 2013-2017	27,276	48,061	14,556	6,487	96,380	198,556	15,105,860
Asian alone	1,944	2,448	2,135	219	6,746	23,003	5,427,928
Black or African American alone	524	406	477	28	1,435	8,307	2,161,459
Native Hawaiian or Other Pacific Islander	64	9	116	0	189	494	138,238
Two or more races	454	249	1,286	79	2,068	10,928	1,140,164
American Indian	102	9	148	38	297	1,287	137,813
Under 18 years	11,674	19,624	10,398	2,533	44,229	99,286	9,114,720
18 years and over	28,659	37,078	34,092	4,780	104,609	343,710	29,868,127
62 years and over	6,218	5,093	8,983	792	21,086	76,233	6,375,911
65 years and over	5,169	4,048	7,571	636	17,424	63,210	5,148,448
High School Graduate (25 years and over)	67.8%	46.1%	88.8%	56.9%	---	80.4%	82.5%
Bachelor's degree or higher (25 years and ove	15.7%	7.0%	28.8%	7.0%	---	33.3%	32.6%
Individuals below poverty level	16.8%	21.7%	7.2%	16.1%	---	15.4%	15.1%
Foreign Born Population	11,867	23,647	5,998	2,440	43,952	101,762	10,518,488
Speak English less than "very well"	10,284	21,317	3,766	2,181	37,548	72,763	6,703,770

Source:

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

Table 2. MRMC-AG Primary Service Area Population

U.S. Census Data[1]	93444 (Nipomo)	93445 (Oceano)	93433 (Grover Beach)	93449 (Pismo Beach)	93420 (Arroyo Grande)	MRMC-AG Primary Service Area	San Luis Obsipo County	State of California
Total Population, 2010	19,244	7,173	13,162	7,657	28,413	75,649	269,637	37,253,956
Total Population Estimate, 2013-2017	20,049	7,714	13,524	8,060	29,940	79,287	280,119	38,982,847
Median Age	43.9	36.9	35.5	54.1	49.7	---	39	36.1
White alone, not Hispanic or Latino(a)	11,736	3,180	7,952	6,772	22,299	51,939	194,355	14,777,594
Hispanic or Latino(a), 2013-2017	7,061	3,839	4,279	641	4,944	20,764	62,174	15,105,860
Asian alone	506	449	393	181	1,424	2,953	9,998	5,427,928
Black or African American	258	0	316	129	121	824	4,958	2,161,459
Native Hawaiian or Other Pacific Islander	0	0	126	0	92	218	280	138,238
Two or more races	419	246	357	321	866	2,209	7,008	1,140,164
American Indian	69	0	101	16	180	366	1,237	137,813
Under 18 years	4,284	1,852	3,435	879	5,791	16,241	50,766	9,114,720
18 years and over	15,765	5,862	10,089	7,181	24,149	63,046	229,353	29,868,127
62 years and over	4,878	1,594	2,370	2,758	8,749	20,349	62,028	6,375,911
65 years and over	3,975	1,313	1,875	2,370	7,215	16,748	50,662	5,148,448
High School Graduate, 2013-2017 (25 years & ov	87.3%	74.1%	87.0%	96.3%	93.8%	---	90.5%	82.5%
Bachelor's degree or higher (25 years & over)	28.4%	15.7%	26.2%	45.2%	36.4%	---	34.0%	32.6%
Individuals below poverty level	8.6%	18.5%	13.8%	8.4%	6.7%	---	13.8%	15.1%
Foreign Born Population	2,810	1,707	1,406	631	2,371	8,925	29,109	10,518,488
Speak English less than "very well"	2,128	1,464	1,068	174	1,265	6,099	18,127	6,703,770

Source:

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

Appendix B: Community Health Survey Collection Locations

Community Health Survey Location Name	City
Christian Family Church of God	Santa Maria
Good Samaritan Shelter	Santa Maria
Little House by the Park, Guadalupe	Guadalupe
Oasis Senior Community Center	Orcutt
Oceano Family Resource Center Foodbank Distribution	Oceano
Oceano Senior Center	Oceano
Peoples' Self-Help Housing, Oak Forest	Arroyo Grande
Peoples' Self-Help Housing, Courtland	Arroyo Grande
Peoples' Self-Help Housing, Cawalti	Arroyo Grande
Peoples' Self-Help Housing, Riverview	Guadalupe
Peoples' Self-Help Housing, Mariposa	Orcutt
Peoples' Self-Help Housing, Valentine Court II	Santa Maria
Peoples' Self-Help Housing, La Brisa Apartment	Arroyo Grande
Peoples' Kitchen	Grover Beach
Santa Maria Bonita School District: Thrive	Santa Maria
Santa Maria Parks and Recreation: Edwin Mussel Senior Center	Santa Maria
St. Joseph's Catholic Church – Foodbank Distribution	Nipomo
St. Joseph's Catholic Church	Nipomo
St. John's Lutheran Church	Arroyo Grande
St. John's Neuman Catholic Church	Santa Maria
St. John's Neuman Catholic Church Festival	Santa Maria
St. Patrick's Catholic Church	Arroyo Grande
St. Peter's Episcopal Church	Santa Maria

Appendix C: MRMC Community Benefit Committee Roster FY2018

Kathy Castello
Hospital Community Board Member

David Duke, M.D.
Physician Advisor
Case Management & Utilization Review

Sister Pius Fahlstrom, OSF
Ret. Financial Analyst / Religious Sponsor

Terry Fibich
Hospital Community Board Member

Bill Finley
VP / Chief Financial Officer

Katherine Guthrie
Senior Regional Director, Cancer Services

Dr. Melvin Lopez
Pacific Central Coast Health Centers

Chelsea Leitchen
Chaplain, Marian Regional Medical Center

Flora Washburn
Manager, Chaplaincy Services & Pastoral Care

Dora Robles
Manger of Clinical Operations
Pacific Central Coast Health Centers

Tina McEvoy, RN
Care Transitions, Service Area Coordinator

Anne Rigali
Foundation Board Member

Heidi Summers, MN, RN
Senior Director, Education and Mission Integration

Kathleen Sullivan, Ph.D., RN
Vice President, Post-Acute Care Services

Elizabeth Snyder, MHA
Vice President, Pacific Central Coast Health Centers

Michelle Franco, Director of Clinical Operations, Pacific Central Coast Health Centers

Sandy Underwood
Senior Community Education Coordinator

Appendix D: MRMC-SM Service Area Community Health Survey Results (N=479)

Demographics

Q1. Average age 47.8 years. (n=479) SD: 16.2

Q2. Where do you live? (n=479)

(n=364, 76.0%)	Santa Maria (93454, 93455, 93458)
(n=37; 7.7%)	Orcutt/Los Alamos (93455 & 93440)
(n=74; 15.5%)	Nipomo/Guadalupe (93444 & 93434)
(n=4; 0.8%)	Other

Q3. Gender (n=477; did not answer = 2)

(n=155; 32.5%)	Male
(n=322; 67.5%)	Female

Q4. What is the highest grade or year of school you completed? (n=478; did not answer = 1)

(n=34; 7.1%)	No formal education
(n=158; 33.1%)	Elementary school (6th grade or less)
(n=63; 13.2%)	Junior High or Middle School (7th to 8th grade)
(n=48; 10.0%)	Some High School
(n=68; 14.2%)	High School Diploma
(n=41; 8.6%)	Some College
(n=25; 5.2%)	Associate of Arts Degree (AA, AS) & Trade School
(n=25; 5.2%)	Bachelor's Degree (BA, BS)
(n=16; 3.4%)	Graduate School

Q5. What type of housing situation are you currently living in? (n=472; did not answer = 7)

(n=353; 74.8%)	Single family dwelling (house, apartment)
(n=92; 19.5%)	Multiple families living in one dwelling
(n=20; 4.2%)	Homeless shelter
(n=7; 1.5%)	Other

Q6. Average children under the age of 18 live in household? (n=476; did not answer=3)

Average = 1.5 (SD = 1.6)

Q7. Average adults live in household? (n=473; did not answer=6)

Average = 2.7 (SD = 1.4)

Q8. What do you consider as your race or origin? (n=476; did not answer=3)

(n=392; 82.3%)	Hispanic or Latino(a)
(n=67; 14.1%)	White
(n=17; 3.6%)	Other

Wellness

Q9. In general, how would you rate your health? (n=473; did not answer=6)

(n=17; 3.6%)	Poor
(n=88; 18.6%)	Fair
(n=298; 63.0%)	Good
(n=54; 11.4%)	Very Good
(n=16; 3.4%)	Excellent

Q10. How many days during the last 30 days was your physical health not good?

(n=459; did not answer=20)
51.4% (n=236) survey participants responded with "0"
15.9% (n=73) survey participants responded with >14 days
Average = 5.5; Std. Deviation=9.7

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=464; did not answer=17)
53.4% (n=248) survey participants responded with "0"
14.0% (n=65) survey participants responded with >14 days
Average=4.9; Std. Deviation= 8.9

Q12. Please mark any chronic diseases listed below that you currently suffer from. (n=479)

None (n=204)
Arthritis, rheumatoid arthritis, lupus, fibromyalgia, etc. (n=85)
Chronic Lung Disease (COPD, emphysema, chronic bronchitis, etc.) (n=10)
Asthma (n=19)
Heart Disease (heart failure, heart attack, angina, etc.) (n=15)
High Blood Pressure (n=115)
Chronic Pain (n=44)
Alzheimer's, dementia, or other cognitive impairment disorder (n=6)
Diabetes (n=82)
Cancer (n=15)
Other (n=55)
*Cannot report: HIV, Parkinson's Disease- cell size too small
Other: 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=475; did not answer=4)

(n=286; 60.2%)	Yes	(Decrease from 2015 data)
(n=178; 37.5%)	No	
(n=11; 2.3%)	Don't know/Not sure	

Q14. Do you eat 5-9 servings of fruits and/or vegetables a day? (n=475; did not answer=4)

(n=136; 28.6%)	Always
(n=120; 25.3%)	Frequently
(n=167; 35.2%)	Sometimes
(n=39; 8.2%)	Rarely
(n=13; 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=475; did not respond=4)

(n=284; 59.8%)	Yes (decrease of 7.9% from 2015 data)
(n=38; 8.0%)	Yes, only restricted/ emergency Medi-Cal
(n=147; 30.9%)	No (increase by 7.2% from 2015 data)
(n=6; 1.3%)	Don't know/Not sure

Q16. How long has it been since you last visited a doctor for a routine checkup?
(n=473; did not answer=6) (Minimal change between 2015 and 2018)

(n=351; 74.2%)	Within the past year (1 to 12 months ago)
(n=63; 13.3%)	Within the past 5 years (1 to 5 years ago)
(n=19; 4.0%)	5 or more years ago
(n=26; 5.5%)	Never
(n=14; 3.0%)	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=461; did not answer=18)

80.5% participants responded with zero emergency visits; (n=371)
13.7% participants responded one visit/year; (n=63)
5.9% participants responded ≥ 2 times/year; Up to 10 times per year; (n=27)

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=472; did not answer=7)

(n=279; 59.1%)	Within the past year (1 to 12 months ago)
(n=89; 18.9%)	Within the past 5 years (1 to 5 years ago)
(n=40; 8.5%)	5 or more years ago
(n=37; 7.8%)	Never
(n=27; 5.7%)	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=471; did not answer=8)

(n=137; 29.1%)	Yes
(n=319; 67.7%)	No
(n=15; 3.2%)	Don't know/Not sure

Q20. Besides cost, were there other reasons you delayed getting medical care during the past 12 months (check all that apply)?

(n=315)	Not applicable
(n=52)	Frustrated trying to schedule an appointment
(n=52)	Wait too long for next available appointment
(n=57)	Wait too long to see doctor at appointment
(n=20)	No paid time off from work
(n=16)	No way to get to appointment
(n=21)	Other

Health Conditions

Q21. Have you EVER been told by a doctor, nurse or other health professional that you have high blood pressure? (n=474; did not answer=5)

(n=158; 33.3%)	Yes
(n=4; 0.9%)	Yes, but female told only during pregnancy
(n=12; 2.5%)	Told borderline high or pre-hypertensive
(n=284; 59.9%)	No
(n=16; 3.4%)	Don't know / Not sure

Q22. Have you ever been told by a doctor that you suffered from a stroke?

(n=477; did not answer=2)

(n=15; 3.1%)	Yes
(n=456; 95.6%)	No
(n=6; 1.3%)	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=477; did not answer=2)

(n=215; 45.1%)	Yes (Decreased by ~10% from 2016)
(n=239; 50.1%)	No
(n=23; 4.8%)	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=478; did not answer=1)

(n=141; 29.5%)	Yes
(n=312; 65.3%)	No
(n=25; 5.2%)	Don't know/Not sure

Q25. Have you ever had a heart attack? (n=476; did not answer=3)

(n=13; 2.7%)	Yes
(n=454; 95.4%)	No
(n=9; 1.9%)	Don't know/Not sure

Q26. Have you ever been told by a doctor that you have diabetes? (n=475; did not answer=4)

(n=84; 17.7%)	Yes
(n=15; 3.2%)	Yes, but only during my pregnancy (female only)
(n=20; 4.2%)	No, but pre-diabetes or borderline diabetes
(n=350; 73.7%)	No
(n=6; 1.3%)	Don't know / Not sure

Q27. Have you ever been diagnosed with asthma? (n=475, did not answer=4)

(n=37; 7.8%)	Yes
(n=427; 89.9%)	No
(n=11; 2.3%)	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 45 and over. (n=256)

(n=140; 54.7%)	Yes (decrease from 2015 of 11.6 pts, could be due to lowered threshold)
(n=110; 43.0%)	No
(n=6; 2.3%)	Don't know/

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

"No" Responses	Count
Did not know I needed it	41
Do not have health care provider	7
Do not have insurance	6
Do not have transportation	3
Fear of results	8
Other	24
Too young	5
Grand Total	94

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=212)

Women over age 40 and over who have had a mammogram

(n=162; 76.4%)	Yes (increase 9.4% from 2015)
(n=48; 22.6%)	No (decrease 10.0% from 2015)
(n=2; 0.9%)	Don't Know/Not Sure

Q31. If "no", please tell us why?

"No" Responses	Count
Did not know I needed it	12
Do not have insurance	4
I do not have a health care provider	4
Other	21
I'm too young	2
I am afraid of the results	4
Grand Total	46

Notes:
17 participants that reported "no" to Question 30 do not have health insurance, all except one is Spanish speaking.
30 participants that responded "no" to Question 30 reported having some form of health insurance. 19 of which are English speaking and all have attained a high school diploma or higher (up to graduate school level).

Q32. A Pap test is a test for cancer of the cervix. Have you had a Pap test during the past three years? (n=310) Women over the age of 21 who have had a pap test:

(n=217; 70.0%)	Yes
(n=88; 28.4%)	No
(n= 5; 1.6%)	Don't Know/ Not Sure

Q33. If "no", please tell us why?

"No" Responses	Count
Do not have health care provider	7
Do not have insurance	8
Fear or results	5
Did not know I needed it	26
Other	30
Too young	3
Grand Total	79

Q34. I am aware of the cancer services offered at (check all that apply) (n=479)

(n=395; 82.5%)	Mission Hope Cancer Center (Santa Maria)
(n=40; 8.3%)	Coastal Cancer Care Center (Pismo Beach)
(n=14; 2.9%)	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=475; did not answer=4)

(n=172; 36.2%)	Yes
(n=291; 61.3%)	No
(n=12; 2.5%)	Don't know/Not sure

Q36. Do you know of a friend or family member who is addicted to drugs? (n=475; did not answer=4)

(n=122; 25.7%)	Yes
(n=340; 71.6%)	No
(n=13; 2.7%)	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=474; did not answer=5)

(n=47; 9.9%)	Yes
(n=418; 88.2%)	No
(n=9; 1.9%)	Don't Know/Not Sure

Q38. I have received the following vaccines (check all that apply): (n=479)

(n=148)	Pneumonia or pneumococcal
(n=258)	Tdap-Tetanus, Diptheria, and Pertussis
(n=325)	Flu
(n=70)	Shingles or zoster (50 years and older)
(n=24)	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=473; did not answer=6)

(n=69; 14.6%)	I was not prescribed medication
(n=72; 15.2%)	Yes
(n=309; 65.3%)	No
(n=23; 4.9%)	Don't Know/Not Sure

Q40. Are you currently (check all that apply)…. (n=479)

(n=231; 48.2%)	Employed for wages
(n=37; 7.7%)	Self-employed
(n=59; 12.3%)	Retired
(n=106; 22.1%)	Homemaker
(n=15; 3.1%)	A Student
(n=15; 3.1%)	Out of work over one year
(n=7; 1.5%)	Out of work less than one year
(n=18; 3.7%)	Unable to work
(n=6; 1.3%)	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=468; did not answer=11)

(n=84; 18.0%)	Yes
(n=377; 80.6%)	No
(n=7; 1.5%)	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=455; did not answer=24)

(n=5; 1.1%)	Underweight (BMI<18.5)
(n=118; 25.9%)	Normal (BMI between 18.5-24.9)
(n=167; 36.7%)	Overweight (BMI between 25.0-29.9)
(n=165; 36.3%)	Obese (BMI 30.0 and over)

Q44. How many packs of cigarettes do you smoke per week? Of participants reporting, (n=464; did not answer=15)

95.3% (n=442) reported smoking zero packs of cigarettes per week.

Q45. Do you use an e-cigarette or other electronic vaping product? (n=472; did not answer=7)

(n=448; 94.9%)	Never
(n=8; 1.7%)	Once
(n=6; 1.3%)	Rarely
(n=5; 1.1%)	Occasionally
(n=5; 1.1%)	Every Day

Q46. What are your top three concerns about growing older (aging)? (Age 55 and over; n=133)

	Rank 1	Rank 2	Rank 3	n=
Health	n=83	n=28	n=22	133
Physical Assistance	n=6	n=42	n=21	69
Finances	n=14	n=40	n=23	77
Loneliness	n=22	n=22	n=23	68
Safety	n=7	n=19	n=14	40
Abuse or neglect	n=0	n=6	n=5	11
Transportation	n=1	n=6	n=24	31
Memory	n=22	n=11	n=4	73

Q47. Other responses include: Burden on children/family

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=476; did not answer=3)

(n=60; 12.6%)	Yes
(n=412; 86.6%)	No
(n=4; 0.8%)	Don't know/Not sure

Q49. How safe do you feel in your current living situation? (n=478; did not answer=1)

(n=7; 1.5%)	Never Safe
(n=17; 3.6%)	Rarely Safe
(n=43; 9.0%)	Sometimes Safe
(n=91; 19.0%)	Often Safe
(n=320; 66.9%)	Always Safe

Q50. Do you have over $300 in a savings account? (n=471; did not answer=8)

(n=201; 42.7%)	Yes
(n=238; 50.5%)	No
(n=32; 6.8%)	Don't know/Not sure

Language of Survey Responses (N=479)

(n=131; 27.4%)	English
(n=348; 72.7%)	Spanish (significant increase from 2016; yet results are unchanged)

Appendix E: MRMC-AG Service Area Community Health Survey Results (N=387)

Demographics

Q1. Average age 53.6 years. (n=387) SD: 17.1 (Increase 5 years)

Q2. Where do you live? (n=387; did not answer=0)

(n=110; 28.4%) Arroyo Grande & Pismo Beach (93420 & 93449)
(n=198; 51.2%) Nipomo/Guadalupe (93444 & 93434)
(n=79; 20.4%) Grover Beach & Oceano (93433 & 93445)

Q3. Gender (n=377; did not answer = 10)

(n=122; 32.3%) Male
(n=255; 67.5%) Female

Q4. What is the highest grade or year of school you completed? (n=386; did not answer = 1)

(Similar educational attainment to 2016)

(n=20; 5.2%)	No formal education
(n=69; 17.9%)	Elementary school (6th grade or less)
(n=45; 11.7%)	Junior High or Middle School (7th to 8th grade)
(n=44; 11.4%)	Some High School
(n=55; 14.2%)	High School Diploma
(n=55; 14.2%)	Some College
(n=28; 7.3%)	Associate of Arts Degree (AA, AS) & Trade School
(n=41; 10.6%)	Bachelor's Degree (BA, BS)
(n=29; 7.5%)	Graduate School

Q5. What type of housing situation are you currently living in? (n=375; did not answer = 12)

(n=292; 77.9%)	Single family dwelling (house, apartment)
(n=63; 16.8%)	Multiple families living in one dwelling
(n=20; 5.3%)	Other (street; homeless camp; homeless shelter; staying with others on temporary basis; vehicle)

Q6. Average children under the age of 18 live in household? (n=380; did not answer=7)

Average = 1.0 (SD = 1.4)

Q7. Average adults live in household? (n=387; did not answer=0)

Average = 2.6 (SD = 1.5)

Q8. What do you consider as your race or origin? (n=385; did not answer=2)

(n=230; 59.8%)	Hispanic or Latino(a)
(n=131; 34.0%)	White or Caucasian
(n=24; 6.2%)	Other

Q9. In general, how would you rate your health? (n=384; did not answer=3)

(n=48; 12.5%)	Poor
(n=32; 8.3%)	Fair
(n=214; 55.7%)	Good
(n=69; 18.0%)	Very Good
(n=21; 5.5%)	Excellent

Wellness

Q10. How many days during the last 30 days was your physical health not good?

(n=361; did not answer=24)
54.9% (n=198) survey participants responded with "0"
15.0% (n=54) survey participants responded with >14 days
Average = 5.0; Std. Deviation = 9.1

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=363; did not answer=24)
Average=5.0; Std. Deviation= 9.2
57.9% (n=210) survey participants reported "0 days"
16.3% (n=59) survey participants responded with >14 days

Q12. Please mark any chronic diseases listed below that you currently suffer from. (n=387)

None (n=119)
Arthritis, rheumatoid arthritis, lupus, fibromyalgia, etc. (n=97)
Chronic Lung Disease (COPD, emphysema, chronic bronchitis, etc.) (n=10)
Asthma (n=21)
Heart Disease (heart failure, heart attack, angina, etc.) (n=21)
High Blood Pressure (n=105)
Chronic Pain (n=55)
Diabetes (n=57)
Cancer (n=22)
Other (n=53)
*Cannot report Parkinson's Disease; Alzheimer's, or HIV- cell size too small
Other: 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=385; did not answer=2)

(n=254; 66.0%)	Yes
(n=121; 31.4%)	No
(n=10; 2.6%)	Don't know/Not sure

Q14. Do you eat 5-9 servings of fruits and/or vegetables a day? (n=384; did not answer=3)

(n=108; 28.1%)	Always
(n=98; 25.5%)	Frequently
(n=130; 33.9%)	Sometimes
(n=31; 8.1%)	Rarely
(n=17; 4.4%)	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=380; did not answer=7)

(n=281; 74.0%)	Yes (Increase of 10.6% from 2015 data)
(n=17; 4.5%)	Yes, only restricted/ emergency Medi-Cal
(n=79; 20.8%)	No (Decrease of 7.1% from 2015 data)
(n=3; 0.8%)	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=10)

(n=316; 83.8%)	Within the past year (1 to 12 months ago)
(n=31; 8.2%)	Within the past 5 years (1 to 5 years ago)
(n=11; 2.9%)	5 or more years ago
(n=11; 2.9%)	Never
(n=8; 2.1%)	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=14)

78.8% participants responded with zero emergency visits; (n=294)
12.6% participants responded one visit/year; (n=47)
8.6% participants responded ≥ 2 times/year; Up to 10 times per year; (n=32)

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=385; did not answer=2)

(n=243; 63.1%)	Within the past year (1 to 12 months ago)
(n=62; 16.1%)	Within the past 5 years (1 to 5 years ago)
(n=36; 9.4%)	5 or more years ago
(n=32; 8.3%)	Never
(n=12; 3.1%)	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=383; did not answer=4)

(n=87; 22.7%)	Yes
(n=281; 73.4%)	No
(n=15; 3.9%)	Don't know/Not sure

Q20. Besides cost, were there other reasons you delayed getting medical care during the past 12 months (check all that apply)?

(n=228)	Not applicable
(n=40)	Frustrated trying to schedule an appointment
(n=49)	Wait too long for next available appointment
(n=45)	Wait too long to see doctor at appointment
(n=14)	No paid time off from work
(n=15)	No way to get to appointment
(n=17)	Other

Health Conditions

Q21. Have you EVER been told by a doctor, nurse or other health professional that you have high blood pressure? (n=384; did not answer=3)

(n=138; 35.9%)	Yes
(n=5; 1.3%)	Yes, but female told only during pregnancy
(n=16; 4.2%)	Told borderline high or pre-hypertensive
(n=212; 55.2%)	No
(n=13; 3.4%)	Don't know / Not sure

Q22. Have you ever been told by a doctor that you suffered from a stroke? (n=384; did not answer=3)

(n=12; 3.1%)	Yes
(n=367; 95.6%)	No
(n=5; 1.3%)	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=384; did not answer=3)

(n=230; 59.9%)	Yes (Decreased by ~10% from 2016)
(n=145; 37.8%)	No
(n=9; 2.3%)	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=384; did not answer=3)

(n=147; 38.3%)	Yes
(n=226; 58.9%)	No
(n=11; 2.9%)	Don't know/Not sure

Q25. Have you ever had a heart attack? (n=383; did not answer=4)

(n=12; 3.1%)	Yes
(n=361; 94.3%)	No
(n=10; 2.6%)	Don't know/Not sure

Q26. Have you ever been told by a doctor that you have diabetes? (n=385; did not answer=2)

(n=65; 16.9%) Yes
(n=8; 2.1%) Yes, but only during my pregnancy (female only)
(n=18; 4.7%) No, but pre-diabetes or borderline diabetes
(n=287; 74.5%) No
(n=7; 1.8%) Don't know / Not sure

Q27. Have you ever been diagnosed with asthma? (n=383, did not answer=4)

(n=41; 10.7%) Yes
(n=338; 88.3%) No
(n=4; 1.0%) 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 over the age of 45* Standard has changed.

(n=243 aged participants; did not answer=6)
(n=152; 62.6%) Yes
(n=86; 35.4%) No
(n=11; 4.5%) Don't know/Not sure

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

"No" Responses	Count
I didn't know it was necessary	26
Other	7
I am too young	6
I don't have health insurance	5
I don't have a healthcare provider	4
Did not want one	2
Don't want to do it	2
I don't know	2
No transportation	2
No money	1
Too scared of appt	1

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=198)

Women over age 40 and over who have had a mammogram

(n=158; 79.8%) Yes (Increase of 11.7% from 2015 data)
(n=39; 19.7%) No (Decrease of 11.6% from 2015 data)
(n=1; 0.5%) Don't Know/Not Sure

Q31. If "no", please tell us why?

"No" Responses	Count
Did not know I needed it	9
Do not have health care provider	2
Do not have insurance	4
Fear or results	5
Other	11
Too young	4
Grand Total	**35**

Q32. A Pap test is a test for cancer of the cervix. Have you had a Pap test during the past three years?
Women age 21 and over who have had a pap test(n=246) :

(n=167; 67.9%) Yes
(n=76; 30.9%) No
(n=3; 1.2%) Don't Know/ Not Sur

Q34. I am aware of the cancer services offered at (check all that apply) (n=387)

(n=167; 43.2%) Mission Hope Cancer Center (Santa Maria)
(n=69; 8.2%) Coastal Cancer Care Center (Pismo Beach)
(n=79; 20.4%) 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=381; did not answer=6)

(n=183; 48.0%) Yes
(n=190; 49.9%) No
(n=8; 2.1%) Don't know/Not sure

Q36. Do you know of a friend or family member who is addicted to drugs?
(n=383; did not answer=4)

(n=103; 26.9%) Yes
(n=263; 68.7%) No
(n=17; 4.4%) 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=379; did not answer=8)

(n=44; 11.6%) Yes
(n=324; 85.5%) No
(n=11; 2.9%) Don't Know/Not Sure

Q38. I have received the following vaccines: (n=387)

(n=148) Pneumonia or pneumococcal
(n=221) Tdap-Tetanus, Diptheria, and Pertussis
(n=266) Flu
(n=86) Shingles or zoster (50 years and older)
(n=21) 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=376; did not answer=11)

(n=43; 11.4%)	I was not prescribed medication
(n=59; 15.7%)	Yes
(n=249; 66.2%)	No
(n=25; 6.7%)	Don't Know/Not Sure

Q40. Are you currently…. (n=387)

(n=143)	Employed for wages
(n=32)	Self-employed
(n=112)	Retired
(n=65)	Homemaker
(n=3)	A Student
(n=15)	Out of work over one year
(n=4)	Out of work less than one year
(n=10)	Unable to work
(n=10)	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=378; did not answer=9)

(n=42; 11.1%)	Yes
(n=328; 86.8%)	No
(n=8; 2.1%)	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=363; did not answer=24)

(n=5; 1.4%)	Underweight (BMI<18.5)
(n=99; 27.3%)	Normal (BMI between 18.5-24.9)
(n=139; 38.3%)	Overweight (BMI between 25.0-29.9)
(n=120; 33.0%)	Obese (BMI 30.0 and over)

Q44. How many packs of cigarettes do you smoke per week? Of participants reporting (n=364), 94.8% (n=345) reported smoking zero packs of cigarettes per week.

Q45. Do you use an e-cigarette or other electronic vaping product? (n=377; did not answer=10)

(n=353; 93.6%)	Never
(n=5; 1.3%)	Once
(n=9; 2.4%)	Rarely
(n=7; 1.9%)	Occasionally
(n=3; .8%)	Every Day

Q46. What are your top three concerns about growing older (aging)? (Age 55 and over; n=177)

	Rank 1	Rank 2	Rank 3	Rank 4	n=
Health	n=121	n=18	n=9		148
Physical Assistance	n=25	n=6	n=3	n=4	38
Finances	n=56	n=11	n=5	n=9	81
Loneliness	n=31	n=11	n=2	n=10	54
Safety	n=30	n=4	n=3	n=6	43
Abuse or neglect	n=10	n=1	n=4		15
Transportation	n=14	n=2	n=1	n=5	22
Memory	n=69	n=6	n=4	n=20	99

Q47. Other responses include: Burden on children/family

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=379; did not answer=8)

(n=35; 9.2%) Yes
(n=337; 88.9%) No
(n=7; 1.9%) Don't know/Not sure

Q49. How safe do you feel in your current living situation? (n=379; did not answer=8)

(n=6; 1.6%) Never Safe
(n=14; 3.7%) Rarely Safe
(n=61; 16.1%) Sometimes Safe
(n=31; 8.2%) Often Safe
(n=267; 70.5%) Always Safe

Q50. Do you have over $300 in a savings account? (n=376; did not answer=11)

(n=193; 51.3%) Yes
(n=162; 43.1%) No
(n=21; 5.6%) Don't know/Not sure

Language of Survey Responses (n=387)

(n=172; 44.4%) English
(n=215; 55.5%) Spanish

Appendix F: County Health Status Profiles 2019

SANTA BARBARA 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
15	ALL CAUSES	3,170.3	708.8	596.9	575.7	618.2	a	610.3	597.7
15	ALL CANCERS	670.3	149.9	130.4	120.3	140.5	161.4	137.4	147.9
4	COLORECTAL CANCER	46.3	10.4	8.9	6.5	11.9	14.5	12.5	13.0
11	LUNG CANCER	128.3	28.7	24.9	20.5	29.3	45.5	27.5	25.5
44	FEMALE BREAST CANCER	56.7	25.5	20.8	15.7	26.9	20.7	18.9	21.4
14	PROSTATE CANCER	35.7	15.8	16.1	11.2	22.3	21.8	19.4	22.6
19	DIABETES	87.7	19.6	16.8	13.4	20.7	b	21.2	14.5
42	ALZHEIMER'S DISEASE	225.7	50.4	38.5	33.4	43.7	a	35.7	31.0
19	CORONARY HEART DISEASE	413.0	92.3	75.1	67.7	82.5	103.4	87.4	85.2
18	CEREBROVASCULAR DISEASE (STROKE)	180.7	40.4	32.4	27.5	37.2	34.8	36.3	35.1
7	INFLUENZA/PNEUMONIA	53.0	11.8	9.5	7.1	12.5	a	14.2	11.2
17	CHRONIC LOWER RESPIRATORY DISEASE	166.0	37.1	31.0	26.2	35.8	a	32.0	26.0
19	CHRONIC LIVER DISEASE AND CIRRHOSIS	54.3	12.1	11.9	8.9	15.5	8.2	12.2	12.5
19	ACCIDENTS (UNINTENTIONAL INJURIES)	176.3	39.4	36.7	31.1	42.3	36.4	32.2	25.5
14	MOTOR VEHICLE TRAFFIC CRASHES	40.7	9.1	8.3	5.9	11.2	12.4	9.5	6.4
32	SUICIDE	60.0	13.4	12.9	9.9	16.6	10.2	10.4	11.2
19	HOMICIDE	15.3	3.4 *	3.3 *	1.9	5.5	5.5	5.2	2.5 *
17	FIREARM RELATED DEATHS	35.3	7.9	7.5	5.2	10.4	9.3	7.9	5.6
29	DRUG INDUCED DEATHS	71.3	15.9	16.0	12.5	20.2	11.3	12.7	12.3

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
27	HIV/AIDS INCIDENCE (AGE 13 AND OVER)†	610.3	164.2	151.2	177.3	a	397.7	155.1
46	CHLAMYDIA INCIDENCE	2,351.0	525.6	504.3	546.8	c	514.6	431.5
10	GONORRHEA INCIDENCE FEMALE AGE 15-44	141.0	151.5	126.5	176.5	251.9	252.4	82.8
7	GONORRHEA INCIDENCE MALE AGE 15-44	180.0	175.1	149.5	200.6	194.8	444.8	76.2
36	TUBERCULOSIS INCIDENCE	12.7	2.8 *	1.5	4.9	1.0	5.3	6.0
	CONGENITAL SYPHILIS	<11.0	NM *	2.7	120.1	9.6	44.4	LNE *
	PRIMARY SECONDARY SYPHILIS FEMALE	<11.0	NM *	0.3	4.2	1.3	3.5	LNE *
11	PRIMARY SECONDARY SYPHILIS MALE	30.3	13.5	9.1	19.2	6.7	26.2	7.8 *

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
18	INFANT MORTALITY: ALL RACES	26.3	4.6	3.0	6.8	6.0	4.4	3.4 *
	INFANT MORTALITY: ASIAN/PI	<11.0	M *	0.3	27.8	6.0	3.2	-
	INFANT MORTALITY: BLACK	<11.0	NM *	1.6	132.5	6.0	9.8	-
16	INFANT MORTALITY: HISPANIC	17.0	4.6 *	2.7	7.4	6.0	4.4	3.7 *
	INFANT MORTALITY: WHITE	<11.0	M *	0.7	6.5	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
32	LOW BIRTHWEIGHT INFANTS	380.7	6.8	6.1	7.5	7.8	6.9	6.1
28	FIRST TRIMESTER PRENATAL CARE	4,337.7	78.1	75.8	80.4	77.9	83.5	76.8
5	ADEQUATE/ADEQUATE PLUS PRENATAL CARE	4,712.3	84.9	82.5	87.3	77.6	77.9	83.2

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
29	BIRTHS TO MOTHERS AGED 15-19	353.3	18.5	16.6	20.4	a	15.7	23.1

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
24	BREASTFEEDING INITIATION	4,751.7	96.0	93.2	98.7	81.9	94.0	95.3

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
21	PERSONS UNDER 18 IN POVERTY	15,975.0	15.5	15.3	15.7	a	19.3	19.4

- 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.
Sources California Department of Finance. Demographic Research Unit. 2018. State and county population projections 2010-2060. Sacramento: California Department of Finance. January 2018.
California Department of Public Health, California Comprehensive Master Death Files, [2015-2017] Compiled, August 2018.
California Department of Public Health, Office of AIDS, Surveillance Section, Data Requested, August 2018.
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California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Program, Data Requested, July 2018.
U.S. Census Bureau, Small Area Income and Poverty Estimates. http://www.census.gov/data/datasets/2016/demo/saipe/2016-state-and-county.html, Accessed, July 2018.

Appendix F: County Health Status Profiles 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.

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<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.

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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.

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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.

Sources
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California Department of Public Health: 2015-2017 Birth Statistical Master Files.
California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2015-2017, Date Requested, July 2018.
California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Program, Data Requested, July 2018.
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