French Hospital Medical Center

Hospital HCAI ID: 106400480

Community Benefit 2025 Report and 2026 Plan

Adopted October 2025

Dignity Health®
A member of CommonSpirit

A message from

Sue Andersen, President, and Boyd G. Carano, Chair of the Dignity Health French Hospital Medical Center Community Board.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social drivers of health.

French Hospital Medical Center shares a commitment with others to improve the health of our community and promote health equity, and delivers programs and services to help achieve that goal. The Community Benefit 2025 Report and 2026 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2025 (FY25), French Hospital Medical Center provided $18,028,250 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred $22,185,585 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital's board reviewed, approved and adopted the Community Benefit 2025 Report and 2026 Plan at its October 24, 2025 meeting.

Thank you for taking the time to review this report and plan. We welcome any questions or comments, which can be submitted using the contact information in the At-a-Glance section of this report.

Sue Andersen
President/CEO

Boyd G. Carano
Chairperson, Board of Directors

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At-a-Glance Summary

Hospital HCAI ID: 106400480

Report Period Start Date: July 1, 2024 **Report Period End Date**: June 30, 2025

Community Served	The primary service area for French Hospital Medical Center (FHMC) encompasses the areas of San Luis Obispo (93401, 93405), Atascadero (93422), Templeton (93465), Morro Bay (93442), Los Osos (93402), Cambria (93428) and Paso Robles (93446). The overall service area for FHMC extends from the City of San Luis Obispo to the East, North, and West into the unincorporated areas of San Luis Obispo County to the county limits.
Economic Value of Community Benefit	$18,028,250 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits $22,185,585 in unreimbursed costs of caring for patients covered by Medicare fee-for-service. Community benefit expenses for services to vulnerable populations and to the broader community are listed by category in the Economic Value of Community Benefit section of this report.
Significant Community Health Needs Being Addressed	The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are: ● Priority 1: Culturally sensitive and accepting healthcare trusted by the community. ● Priority 2: Readily available healthcare and navigation assistance in patients' spoken language. ● Priority 3: Unmet vital conditions, including transportation, finances, housing (including the unhoused population), education, the environment, and childcare. ● Priority 4: Access to improved behavioral health, including substance use disorder treatment, and navigation of services with a special emphasis on the unhoused population.
FY25 Programs and Services	The hospital delivered several programs and services to help address identified significant community health needs. These included: Cancer Prevention and Screenings; Cardiovascular Disease and Stroke lectures and screenings; Chronic Disease Self-Management workshops; Diabetes Prevention and Management and Diabetes

	Education Empowerment Program (DEEP). A Matter of Balance Fall Prevention program. The Street Medicine Program was expanded to three outings a month to address the health concerns of the unsheltered.
FY26 Planned Programs and Services	For FY26, the hospital plans to continue to offer the chronic disease and diabetes self-management workshops via the ZOOM platform and in-person. Increase cancer awareness on the importance of early detection for colon, breast, and cervical cancer. Continue to offer and expand to Arroyo Grande Community Hospital and French Hospital Medical Center the Proyecto Colibrí: Mixteco Cultural Sensitivity Training to all staff. Collaborate with the Transition Care Center workgroup on billing for community health worker services under Cencal and Medicaid programs.

This document is publicly available online at:
https://www.dignityhealth.org/central-coast/locations/frenchhospital/about-us/community-benefits

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

Our Hospital and the Community Served

About French Hospital Medical Center

French Hospital Medical Center is a Dignity Health hospital. Dignity Health is a member of CommonSpirit Health.

French Hospital Medical Center is a state-of-the-art, 98-bed acute care hospital located in San Luis Obispo, California. French's Oppenheimer Family Center for Emergency Medicine is the area's most advanced emergency services center. The modern facility is home to the Copeland, Forbes, and Rossi Cardiac Care Center, San Luis Obispo County's premier cardiac center, providing the latest cardiac and imaging technology, and the Hearst Cancer Resource Center offering free education, resources and support to cancer patients and their families. French has received 27 Straight A's in hospital Safety from the Leapfrog Group and a CMS 5 star Hospital rating.

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

Financial Assistance for Medically Necessary Care

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

Description of the Community Served

French Hospital Medical Center (FHMC) serves a community that extends over 35-miles in San Luis Obispo County including the communities of the City of San Luis Obispo, Atascadero, Templeton, Morro Bay, Los Osos, Cambria, and Paso Robles. The FHMC community does not exclude any low-income or underserved populations and includes all members of the community. The communities served by the Hospital align with the residence location (contiguous zip codes) for 75% of all inpatient discharges, excluding areas served by Dignity Health Arroyo Grande Community Hospital, which is included in the Marian Regional Medical Center needs assessment. The community served by FHMC is supported by the San Luis Obispo County Public Health Department, Adventist Health Sierra Vista Regional Medical Center, and Adventist Health Twin Cities Community Hospital.

The community served by the Hospital includes the following zip codes:

- 93401 and 93405 (City of San Luis Obispo)
- 93402 (Los Osos)
- 93422 (Atascadero)
- 93424 (Avila Beach)
- 93428 (Cambria)
- 93442 (Morro Bay)
- 93446 (Paso Robles)
- 93465 (Templeton)

The zip codes mentioned above represent the geographic areas assigned by the U.S. Postal Service for delivery purposes. However, the U.S. Census does not provide population estimates based on zip code, but rather uses “Zip Code Tabulation Areas (ZCTAs) 2020”. ZCTA 2020 differs slightly and at times is located within a larger geographic zip code, such as 93405.

To accurately report U.S. Census information, the following ZCTAs 2020 (within zip code 93405) were also included in the community served analysis:

- ZCTA 93407 and 93410 (California Polytechnic State University);
- ZCTA 93409 (California Men’s Colony)

According to the American Community Survey (2019-2023, 5-Year Estimate), the FHMC community is home to 187,261 residents, with nearly 68% of the community identifying as White alone, not Hispanic or Latino(a). Approximately one in five (21.7%) community members identify themselves as Hispanic or Latino(a). The communities with the most individuals that identify themselves as Hispanic or Latino(a) are Paso

Robles (93446) (13,895) and Atascadero (93422) (7,258). The Asian community accounts for 3.8% of the total population, there are 2,249 Black community members (1.2%), and nearly 5% of the community identifies themselves as two or more races.

Excluding ZCTA 93407, 93410, and 93409, approximately one in five individuals within the FHMC community (18.3%) reside in poverty, exceeding county (13.5%) and state (12.0%) rates. This accounts for approximately 6% of families and 13% of individuals in the community who are living below 100% of the federal poverty level. Over 35% of the residents of the community have public health insurance coverage. One in four San Luis Obispo County residents is covered by Medi-Cal/CenCal, and about 6% of community members have no health insurance coverage. Nearly one-third (32.3%) of the community is age 55 and older, and many reside in the more geographically isolated communities. Approximately half of the community members in each of the following locations are age 55 and older: Morro Bay (93442), Cambria, (93428), and Avila Beach (93424).

Approximately 20,000 18 to 24-year-olds within the community can be attributed to California Polytechnic State University. The campus has been assigned ZCTAs 93407 and 93410, which are located within zip code 93405.

Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited, to conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in May 2025. The hospital makes the CHNA report widely available to the public online and a written copy is available upon request.

CHNA web address:
https://www.dignityhealth.org/central-coast/locations/frenchhospital/about-us/community-benefits

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;

- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Individuals and Community Groups that Attended or Engaged in the CHNA:

- 5 Cities Homeless Coalition
- 805 Street Outreach
- Aracely Alvarez
- Wendy Blacker
- Sylvia Barnard
- Rebecca Britton
- Ramie Castilleja
- Irene Castro
- Central Coast Dignity Health Community Benefit Committee
- Center for Family Strengthening
- Nanor Darakdjian
- First 5 San Luis Obispo County
- Lisa Fraser
- GALA Pride and Diversity Center
- Irebid Gilbert
- Good Samaritan Shelter
- Amelia Grover
- Hearst Cancer Resource Center
- Herencia Indígena
- Housing Authority Of Paso Robles: Oak Park
- Housing Authority of Paso Robles: Chet Dotter
- The Link Family Resource Center
- Fernanda Lucas
- Mixteco/Indígena Community Organizing Project (MICOP)
- Nicole Moses
- National Association for the Advancement of Colored People (NAACP)
- Julie Neggemann
- Janna Nichols
- Oceano Boys and Girls Club
- Elizabeth Perez
- Lawanda Pruitt
- Dr. Luke Rawlings
- Ingrid Rodriguez
- San Luis Obispo County Promotores Collaborative
- San Luis Obispo County Public Health
- Judith Sanchez
- Elizabeth Snyder
- Heidi Summers
- Dr. Reagan Summers
- Christina Trezza-Horn

- Silvano Vazquez Hernandez
- Cesar Vega
- Betain Webb
- Youthworks

Vulnerable Populations Represented by These Groups:

- Veterans
- Seniors at Mussell Senior Center
- Youth Santa Maria
- Mixteco Mothers (Herencia Indígena)
- Spanish Speaking Mothers
- Mixteco Speaking Farmworkers
- LGBTQ+
- Black Community (NAACP)
- Unsheltered individuals

This community benefit report also includes programs delivered during fiscal year 2025 that were responsive to needs prioritized in the hospital's previous CHNA report.

Significant Health Needs

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

Significant Health Need	Description	Intend to Address?
Culturally sensitive and accepting healthcare trusted by the community.	Provide health care services that acknowledges the patient's culture and traditions to enhance trust among provider and patient.	☑
Readily available health care and navigation assistance in the patients' spoken language.	Provide interpretation services, forms and literature in the patient's preferred language.	☑
Unmet vital condition, including transportation, finances, housing (including the unhoused population), education,the environment, and childcare	Barriers to basic needs can affect an individual's health in all aspects: body, mind, and spirit.	☑
Access to improved behavioral health, including substance use disorder treatment, and navigation of services with a special emphasis on the unhouse.	Developing low barrier criteria to behavioral health and substance abuse disorder treatments to most neediest.	☑

2025 Report and 2026 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY25 and planned activities for FY26, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

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

Creating the Community Benefit Plan

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

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

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

The programs and initiatives described here were selected on the basis of the current 2025 CHNA report, and Healthy People 2030 was utilized when identifying program goals and developing measurable outcomes. These key programs are

continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Central Coast Community Benefit Committee, senior leadership, Community Board and the national CommonSpirit Health community health system office (Dignity Health) receive regular program updates.

Community Health Core Strategies

The hospital intends that program activities to help address significant community health needs reflect a strategic use of resources. CommonSpirit Health has established three community health improvement core strategies to help ensure that program activities overall address strategic aims while meeting locally-identified needs.

- Extend the care continuum by aligning and integrating clinical and community-based interventions.
- Implement and sustain evidence-based health improvement program initiatives.

- Strengthen community capacity to achieve equitable health and well-being.

Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment. They are organized by health need and include statements of goals and anticipated impact, and any collaboration with other organizations in their delivery.

Health Need: Culturally sensitive and accepting healthcare trusted by the community

Strategy or Program	Summary Description	Active FY25	Planned FY26
Colibrí Project: Cultural Awareness Training	• Training will equip clinicians with cultural knowledge and tools to be utilized when caring for our Mixteco speaking population, increase patient-provider trust,decrease moral distress caregiver staff that occurs when medically indicated options are declined.	☑	☑
Schwartz Rounds	• Schwartz Rounds is a gathering, a debriefing in which it has been shown to increase teamwork, interdisciplinary communication, and appreciation for the roles and contributions of colleagues from different disciplines; to decrease feelings of stress and isolation, and more openness to giving and receiving support; increase insight into the social and emotional aspects of patient care; and increase feelings of compassion.	☐	☑
Peer to Peer Support	• A peer to peer support program for staff to decrease anxiety, depression, stress, and burnout .	☐	☑

Goal and Impact: To improve patient trust, health outcomes and healthcare experiences by sharing cultural, historical and language differences when serving the community.

Collaborators: Herencia Indígena, Marian Residency Program, FHMC Mission, and hospital departments.

Health Need: Readily available healthcare and navigation assistance in patients' spoken language

Strategy or Program	Summary Description	Active FY25	Planned FY26
Heritage Language Identifier Tool	• Language identifier tool that pinpoints the town where the patient's preferred dialect is from to match to the correct interpreter.	☐	☑
Dignity Health Interpreter Certification program	• Program that certifies bilingual staff who pass a written and oral exam to provide interpreter services to patients.	☐	☑

Goal and Impact: To improve patient communication between health care team and patient to enhance health outcomes and healthcare experiences.

Collaborators: Hospital Administration, all hospital departments, and Pacific Central Coast Health Centers.

Health Need: Unmet vital conditions, including transportation, finances, housing (including the unhoused population), education, the environment, and childcare

Strategy or Program	Summary Description	Active FY25	Planned FY26
Community Health Improvement Grant program	• Fund projects whose goal is to meet the vital condition(s) of providing basic needs, housing, transportation, and childcare.	☑	☑
Financial Assistance Programs	• Financial assistance programs are offered to medically underserved individuals to cover basic needs, hospital bills, transportation vouchers, and hotel vouchers. • The cancer resource center also provides financial assistance for basic needs (mortgage payment assistance, rent, gas cards) to community members affected by cancer.	☑	☑
Patient Transportation	• The cancer centers provide vouchers for transportation. Transportation for discharged patients is also provided by a third-party through care coordination.	☑	☑

Goal and Impact: To help address the unmet vital conditions among the most marginalized in the community.

Collaborators: Planned collaboration with not for profit community partners, hospital care coordination team, transition care center, Mission Hope, Hearst Cancer Resource Center and Pacific Central Coast Health Centers.

Health Need: Access to improved behavioral health, including substance use disorder treatment, and navigation of services with a special emphasis on the unhoused population

Strategy or Program	Summary Description	Active FY25	Planned FY26
Community Health Improvement Grant Program	• Fund projects whose goal is to improve behavioral health, offer substance use disorder treatment, and navigation services.	☑	☑
Behavioral Wellness Support Groups	• Community support groups that provide mental health support to families and individuals that are impacted by perinatal mood and anxiety disorder (PMAD), diabetes, and other chronic illnesses.	☑	☑
Behavioral Wellness Center (Crisis Stabilization Unit)	• The Behavioral Wellness Center provides a safe haven for those individuals experiencing a mental health crisis.	☑	☑
Substance Use Navigation Program	• Dedicated social workers assist patients presenting with Substance Use Disorder to link with appropriate resources.	☑	☑

Goal and Impact: Improve access to behavioral health, substance use disorder treatments, and implementation of navigation services.

Collaborators: Hospital care coordination team, transition care center, behavioral wellness team, community health department, community homeless service providers, community substance use providers, and community mental health providers.

Community Health Improvement Grants Program

One important way the hospital helps to address community health needs is by awarding restricted financial grants to non-profit organizations working to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations related to CHNA priorities.

In FY25, the hospital awarded the grants below totaling $468,000. Some projects also may be described elsewhere in this report. The figures below represent grant awards that the hospital made in conjunction with Arroyo Grande Community Hospital and French Hospital Medical Center.

Grant Recipient	Project Name	Health Needs Addressed	Amount
Five Cities Meals on Wheels	Meals on Wheels	Food insecurity among Seniors	$78,000
Good Samaritan	Recuperative Care Housing Navigation	Access to health care	$ 78,000
Heats Aligned Inc	Heart Aligned Inc Financial Assistance Program	Access to basic needs	$ 78,000
One Community Action	Por VIDA!	Educational Attainment	$ 78,000
One Cool Earth	School Garden Nutrition Program	Food insecurity	$ 78,000
The Cecilia Fund	The Cecilia Project	Access to oral health	$ 78,000

Program Highlights

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

Behavioral Wellness Support	
Significant Health Needs Addressed	• Culturally sensitive and accepting healthcare trusted by the community. • Readily available healthcare and navigation assistance in patients' spoken language. • Access to improved behavioral health, including substance use disorder treatment, and navigation of services with a special emphasis on the unhoused population.
Program Description	The program provides mental health support through individualized and group support.
Population Served	Underserved population that are seeking mental health support
Program Goal / Anticipated Impact	To support individuals living with a chronic illness and/ or pregnant and postpartum women and their families by facilitating access to needed medical, social and behavioral health services to achieve a healthier self.

FY 2025 Report	
Activities Summary	1. Recruited and invited participants that completed the Chronic Disease Self Management program (CDSMP) and/or Diabetes Empowerment Education Program (DEEP) to the monthly support groups. 2. Used Cerner, to find limited English speaking postpartum women that would be contacted and invited to participate in Cambio de Vida con un Bebé, our culturally sensitive program name to be more discerning of the stigma attached to depression. 3. Assisted at least 25 patients with referrals to community resources such as support for lactation, parenting, basic needs, and other relevant need
Performance / Impact	1. A total of 6 unduplicated individuals attended the chronic illness support group FY 2025 and a total of 14 unduplicated individuals attended the Spanish Diabetic Support group. (FY 2024 – 15 total unduplicated goal was achieved.) 2. A total of 25 unduplicated pregnant women attended The Pregnancy Hour support group FY2025. (FY 2024 – 24 unduplicated pregnant women goal was not achieved.) 3. A total of 110 pregnant and postpartum women attended the Mommy Hour and the PMAD support group for FY 2025. (FY

	2024 – 105 women attended the Mommy Hour and the PMAD support group goal was achieved.) 4. A total of 16 referrals to appropriate community resources were given this quarter FY 2025. (FY 2024 – 15 community referral's)
Hospital's Contribution / Program Expense	FHMC provided in kind space, advertisement, and printing. Program Expense: $11,764
FY 2026 Plan	
Program Goal / Anticipated Impact	1. 10% of the support group participants will be able to self report that they contacted the community resource that was given to them. (FY2025 – 16 baseline referrals) 2. 80% of the support group participants will identify 2 self management tools they are using.
Planned Activities	1. Recruit and invite participants that completed the CDSMP and/or DEEP to the monthly support groups. 2. Using Cerner, to find limited English speaking postpartum women who will then be contacted and invited to participate in Cambio de Vida con un Bebé, our culturally sensitive program name to be more discerning of the stigma attached to depression. 3. Develop, implement ,and document the number of referrals given to participants and outcome of the referral. 4. Develop and implement a tracking tool to document the self management tools being used by participants.

Cancer Prevention and Screening

Significant Health Needs Addressed	• Culturally sensitive and accepting healthcare trusted by the community. • Readily available healthcare and navigation assistance in patients' spoken language. • Access to improved behavioral health, including substance use disorder treatment, and navigation of services with a special emphasis on the unhoused population. • Unmet vital conditions, including transportation, finances, housing (including the unhoused population), education, the environment, and childcare.
Program Description	FHMC's Hearst Cancer Resource Center (HCRC) addresses medical, physical, social, financial, spiritual and emotional needs of cancer patients and their families. HCRC provides expert care while advancing the understanding of early diagnosis, treatment, and prevention of cancer. Social, emotional and educational support services are provided for cancer patients, their families and loved ones that include consultations with oncology nurses, social workers, certified cancer exercise trainer and registered dietician and bilingual patient navigators.
Population Served	Navigation services for vulnerable populations.
Program Goal / Anticipated Impact	Offering patient bilingual navigation , health education, along with support of patient care, in their own language, offers patients a better understanding of how to access the resources, which allows the patient to make more educated decisions and be involved in their own care.

FY 2025 Report

Activities Summary	1. Health Fairs / Outreach: Participate in one health fair = 6 for FY25 2. Mammograms: Offer 10 mammogram clinic dates, with a target of 10 patients each clinic = 100 free mammograms in FY 25. 3. Support female patients to enroll in the Every Woman Counts program to gain sustained access to free annual mammograms and PAP smears. Enroll 40 new patients annually. = 34 for FY25 4. Spanish Support Group: Host a Spanish speaking monthly support group with local collaborators, with a goal of in-person groups = 9 groups for FY 25.

	5. Offer 3 community educational lectures in Spanish, either in-person or recorded, or supported through live translation in Spanish.=2 for FY25 6. Offer newsletter articles, program appropriate flyers and literature in Spanish and English = 4 Newsletters, 5 Flyers for FY25 7. Post to social media in Spanish with appropriately targeted messages to support the education of the community. = 6 posts per year for FY25 8. Support the education of SLO County about the importance of HPV Vaccines in reducing future cancers. Host a one physician led education focused on HPV prevention and HPV related cancers. None for FY2025 9. Offer one physician led education focused on breast cancer.=1 for FY25 10. Provide 10 screenings.-None for FY25 Offer 1 education about colorectal cancer.= 1 for FY25
Performance / Impact	1. Our Spanish-speaking bilingual patient navigators participated in 5 community health fairs, falling just short of the goal of 6. They were able to reach 716 community members total at these health fairs. 2. HCRC also facilitated 109 charity mammograms that took place outside of the scheduled mammogram clinics, bringing the total number of mammograms provided to underserved community members this fiscal year to 191. 3. Nine support groups in Spanish were offered in collaboration with Corazón Latino in Paso Robles with an HCRC bilingual navigator present to help facilitate. There was an average of 5 participants with cancer in attendance at each group. 4. Two community education presentations were provided specifically for Spanish-speaking community members, both in Paso Robles. The September topic was on skin cancer and presented by a local medical oncologist and dermatologist, and the April presentation was on the topic of Navigating the Healthcare System by another local medical oncologist. The presentations were well-received with translation provided by one of the HCRC bilingual patient navigators. 5. No newsletters were offered in Spanish this FY, however, 4 education presentation advertisement flyers were

	translated into Spanish and distributed by the bilingual patient navigators. 6. Two TV spots were aired this FY on Univision, a Spanish TV station, including an introduction to HCRC services and the importance of mammograms. 7. A radio spot was recorded by a bilingual navigator on the resources available to the community through HCRC and the importance of self-exams for early cancer detection
Hospital's Contribution / Program Expense	FHMC provided in kind space, advertisement, and printing. Program Expense: $475,753
FY 2026 Plan	
Program Goal / Anticipated Impact	Provide health education, navigation services, coordination of care, and practical support to vulnerable community members, in their own language, in order to eliminate barriers to care for equal access to healthcare, ensure timely treatment when applicable, assist with better understanding of available resources and access to those resources, enhance the ability to make informed healthcare decisions, and inspire health behaviors that promote cancer prevention and early detection.
Planned Activities	1. Health Fairs / Outreach: Participate in a minimum of 8 community-based health fairs by HCRC bilingual navigators to provide outreach and education to community members and network with partner agencies. 2. Mammograms: Offer 10 mammogram clinics with Spanish translation available with a target of 10 patients each clinic for a total of 100 free mammograms. 3. Every Woman Counts (EWC): Assist at least 40 female patients to enroll in the EWC program to gain sustained access to free annual mammograms and PAP smears.. 4. Spanish Support Group: Co-facilitate at least 6 monthly support groups in Spanish with local collaborators, either in-person or via an online platform at the discretion of the facilitators. 5. Community Education Presentations: Offer 8 community educational presentations in Spanish,

either in-person, recorded, or supported through live translation.

6. Printed Materials: Develop and distribute 4 newsletters, one per quarter, in Spanish containing educational articles and information on upcoming events. Create and distribute advertisement flyers for each of the 8 community education presentations noted in goal 5.

7. Spanish media: Collaborate with local Spanish media agencies to create and disseminate a minimum of 6 informational and educational segments via TV, radio, and/or social media platforms.

8. HPV Education: Provide one community education presentation on HPV-related cancers and the importance of HPV prevention to reduce risk of developing such cancers.

9. Community Cancer Education Presentations: Provide physician expert led community education presentations on breast cancer and colon cancer including information on early detection and recurrence prevention. Offer in both English and Spanish.

10. Skin Cancer: Provide one physician expert led community education presentation on skin cancer, including prevention and early detection information in both English and Spanish. Provide the opportunity for skin cancer screenings performed by qualified physicians for a minimum of 20 community members at this event.

Chronic Disease Prevention & Self Management	
Significant Health Needs Addressed	• Culturally sensitive and accepting healthcare trusted by the community. • Readily available healthcare and navigation assistance in patients' spoken language.
Program Description	Dignity Health Wellness evidence base workshops offer the participant the ability to learn skills that will enhance their capability of managing their chronic disease and help others identify tools that will help them make healthier life choices to prevent/ reduce the acute/long term complications from chronic disease.
Population Served	Underserved population emphasizing outreach to seniors.
Program Goal / Anticipated Impact	Improve the confidence level of the workshop participants in their self-management and/or prevention of their chronic disease.
FY 2025 Report	
Activities Summary	1. Promoted the Dignity Health Wellness workshops on community health quarterly newsletter, social media, hospital website, and other media outlets. 2. Contacted and asked workshop HFL participants at 1 month after completion of the workshop to identify 2 risk factors for heart disease, stroke, and diabetes type 1. 3. Contacted and asked workshop CDSMP and DEEP participants at 1 month after completion of the workshop to self-report 2 self-management skills that they have continued to practice. 4. Tracked the responses of the HFL, CDSMP, and DEEP on a spreadsheet. 5. Offered four DEEP education class series with Registered Dietitian involvement. 6. Offering ongoing support through quarterly educational group meetings/lectures via ZOOM. 7. Offering ongoing support through quarterly educational group meetings/lectures via ZOOM.
Performance / Impact	1. 100% of the DEEP and CDSMP graduates were able to self-report that they were still practicing 2 of the workshop skills in their daily lives. The most popular skills mentioned were increasing the intake of fruits and vegetables ,walking and self-relaxation such as prayer and/or meditation. (FY2025 goal was achieved.) 2. A total of 77 individuals attended the DEEP workshop which was a 5% increase from FY24. (FY 2025 goal was achieved.)

	3. 100% of the HFL graduates were able to identify 2 risk factors for heart and stroke. The 2 most mentioned were being overweight and family history of the disease. (FY 2025 was achieved.)
Hospital's Contribution / Program Expense	FHMC provided in kind space, advertisement, and printing. Program Expense: $126,509
FY 2026 Plan	
Program Goal / Anticipated Impact	1. DEEP and CDSMP participants will show a 10% increase on their Self-Efficacy assessment rating. 2. 80% of the DEEP and CDSMP participants will self report on 2 self management tools they are using. 3. Eight one on one nutrition counseling sessions will be held each quarter at the Noor clinic.
Planned Activities	1. Promote the Dignity Health Wellness workshops on community health quarterly newsletter, social media, hospital website, and other media outlets. 2. Implement Self-Efficacy Assessment Tool to DEEP and CDSMP participants pre and post intervals during the 6 week workshop. 3. Track scoring of the Self-Efficacy Assessment Tool. 4. Contact and ask workshop CDSMP and DEEP participants at 1 month after completion of the workshop to self-report 2 self-management skills that they have continued to practice. 5. Track the self management responses of the CDSMP and DEEP participants on a spreadsheet. 6. Partnered with the SLO Noor clinic by providing one on one nutrition and diabetes education counseling and to encourage these patients to attend ongoing community classes and various health promotion classes.

Community Health Improvement Grant Program	
Significant Health Needs Addressed	• Culturally sensitive and accepting healthcare trusted by the community. • Readily available healthcare and navigation assistance in patients' spoken language. • Unmet vital conditions, including transportation, finances, housing (including the unhoused population), education, the environment, and childcare. • Access to improved behavioral health, including substance use disorder treatment, and navigation of services with a special emphasis on the unhoused population.
Program Description	This program provides 501(c) 3 "accountable care communities" the opportunity to apply for funds designed to meet the hospital's health priorities identified in the Community Health Needs. Non-profit agencies will serve target populations identified in the CHNA providing services, activities and events to improve quality of life.
Population Served	Undeserved populations
Program Goal / Anticipated Impact	Grant funds will be awarded to organizations in the hospital service area which align with the hospital's most recent Community Health Needs Assessment report.
FY 2025 Report	
Activities Summary	A press release was sent to the media to inform the central coast of the upcoming Dignity Health Improvement Grant program. A grant criteria informational sheet was posted on the hospital website. The local grant representative facilitated any questions that came from potential applicants. The grantees were invited to present on their project's progress at the quarterly community benefit meetings. Mid-year and final reports were collected from the grantees and sent to the system office by the due date.
Performance / Impact	Six community projects were funded that help address: Education Attainment, Access to primary health care, behavioral health and oral health, and Health Promotion and Prevention.
Hospital's Contribution / Program Expense	Provided press releases to the local newspaper, media and $468,000 in grant money awarded to the community for the purpose of improving the quality of life of the residents of Northern Santa Barbara County and San Luis Obispo County.

FY 2026 Plan	
Program Goal / Anticipated Impact	Grant funds will be awarded to organizations in the hospital service area ” which align with the hospitals Community Health Needs Assessment and programs with an emphasis for those identified priorities : ● Priority 1: Culturally sensitive and accepting health care trusted by the community. ● Priority 2: Readily available health care in the patients' spoken language. ● Priority 3: Unmet vital conditions, including transportation, finances, housing (including the unhoused population), education, the environment, and childcare. ● Priority 4: Behavioral health, including substance use disorder, and navigation of services with a special emphasis on the unhoused population.
Planned Activities	1. The Director of Community health will hold a virtual grant informational workshop for all eligible community partners within the central coast. 2. The Director of Community Health will schedule RFP voting committee meetings according to the need. 3. Funded projects will submit quarterly and final project reports.

Health Equity: Healthcare on Their Terms	
Significant Health Needs Addressed	• Culturally sensitive and accepting healthcare trusted by the community. • Readily available healthcare and navigation assistance in patients' spoken language.
Program Description	Offering hospital staff opportunities of self growth, cultural awareness, and increased understanding of the community they serve within the walls of the hospital.
Population Served	All Hospital Staff and consumers of Dignity Health services.
Program Goal / Anticipated Impact	To improve patient trust, health outcomes and healthcare experiences by sharing cultural, historical and language differences when serving the community..
FY 2025 Report	
Activities Summary	New program for FY 2026.
Performance / Impact	
Hospital's Contribution / Program Expense	
FY 2026 Plan	
Program Goal / Anticipated Impact	1. 80% of the Colibrí Project training attendees will be able to identify 2 cultural norms on their post survey.. 2. 40% of the hospital patient interfacing staff will report that they use the Mixteco Language tool most of the time.
Planned Activities	1. Offer Colibrí Project: Cultural Sensitive training 6 times a year. 2. Expand the Colibrí Project to French Hospital Medical Center. 3. Research other cultural sensitivity training opportunities. 4. Implement Healthcare Humility series. 5. Implement "Schwartz Round" French Hospital Medical Center. 6. Implement Peer to Peer Support in all 3 hospitals.

	7. Implement the Heritage Language Tool Identifier and track its usage among hospital departments.. 8. Reinstate Dignity Health Interpreter Certification Program. 9. Propose to incentivise the Dignity Health Interpreter Certification Program.. 10. Implement "implicit bias" activities at department huddles. 11. Research Body Language training opportunities.

Physician Mentoring Program

Significant Health Needs Addressed	• Unmet vital conditions, including transportation, finances, housing (including the unhoused population), education, the environment, and childcare.
Program Description	Local central coast students shadow physicians and other healthcare professionals from various specialties to give them an opportunity to see the variety and importance of the medical profession.
Population Served	High School students interested in pursuing a career in healthcare.
Program Goal / Anticipated Impact	To encourage local high school and college students to pursue a career in the medical health field.
FY 2025 Report	
Activities Summary	1. Increased outreach to high school, colleges and alternative schools throughout the Central Coast service area. 2. Contacted high school and college counselors asking them for student referrals to the program. 3. Increased recruitment of local physicians and obtaining referrals to gain participation. 4. Collaborated with the hospital department managers, directors, and administration to gain participation of the patient care nurses. 5. Highlighted program in the Community Health electronic newsletter which is distributed to community partners including medical facilities throughout the central coast area.
Performance / Impact	1. Increased enrollment in the program by 5% baseline for FY 2024 was 55. FY 2025 49 students enrolled. Did not meet the increase. 2. Increased participation among medical providers by 2% baseline for FY 2024 was 80. FY 2025 74 health providers participated. Did not meet the increase.
Hospital's Contribution / Program Expense	FHMC provided in kind space, advertisement, and printing. Program Expense: $48,249

FY 2026 Plan	
Program Goal / Anticipated Impact	1. Increase by 5% the number of health providers to participate in the mentoring program. 2. Expand the mentoring program into two other health professions.
Planned Activities	1. Increase outreach to high school, colleges and alternative schools throughout the Central Coast service area. 2. Contact high school and college counselors asking them for student referrals to the program. 3. Increase recruitment of local physicians and obtain referrals to gain participation. 4. Collaborate with the hospital department managers, directors, and administration to gain participation of the patient care nurses. 5. Highlight program in the Community Health electronic newsletter which is distributed to community partners including medical facilities throughout the central coast area.

Other Community Health and Community Building Programs

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

Health Professions Education – French Hospital Medical Center regularly sponsors training for medical students, nurses, and other students in the healthcare field. Hundreds of hours each year are committed to providing a clinical setting for undergraduate training and internships for dietary professionals, technicians, physical therapists, social workers, pharmacists, and other health professionals from universities and colleges.

The **Medical Safe Haven (MSH) program** at the Family Medicine Center at Marian Regional Medical Center, an area highly impacted by human trafficking. The MSH program creates a safe space where medical providers can offer ongoing care for victims and survivors of human trafficking, sex and/or labor, through the use of survivor-informed practices that help to minimize further trauma. In FY 2025 MSH has already touched the lives of 52 victims of human trafficking and provided over 111 clinical visits to support their physical and mental health needs.

French Hospital Medical Center has established a contract with **Herencia Indígena**, a local agency which provides culturally appropriate Mixteco interpreters to support medical staff and the Mixteco community residing in San Luis Obispo County.

Human Trafficking (Suspected Abuse Task Force) – This initiative was launched in FY 2015 . Key healthcare personnel within the Dignity system of care partnered to form the Suspected Abuse Task Force with a primary goal of education, process/protocol, and policy implementation.

San Luis Obispo Housing Trust Fund (SLOHTF) is a nonprofit Community Development Financial Institution, with a mission to increase the supply of affordable housing for very low, and low-to-moderate income residents of San Luis Obispo County, including households with special needs. SLOHTF was approved for a $3.0 million loan in August 2023. Loan proceeds will increase HTF's revolving loan fund and will be used for a variety of affordable housing developments, serving individuals and families at 80% or lower area-median-income. SLOHTF plans to use funds for three affordable housing projects, which will create 126-units of housing for very low, and low-to-moderate income families in San Luis Obispo County, California.

AIM Healthy Fund-In 2017, CommonSpirit provided funding to Nonprofit Finance Fund as they launched AIM Healthy, an investment vehicle providing tailored loans to health centers and human services providers to enable them to expand services and

provide integrated and comprehensive care to low-income clients as they navigate healthcare delivery and payment reforms. "

The **Street Medicine Outreach Program** team partners with the Salvation Army of San Luis Obispo to address the needs of those unsheltered in the north county. The outings are conducted every third Thursday of the month. The team is composed of two physicians, a social worker, and two community health workers. Since March 2023 the team have encountered 158 unsheltered individuals in the north county: Paso Robles and Atascadero.

Our **Prenatal and New Parent Education Program** provided education to mothers, and their partners, regarding prenatal preparation, birth classes and family support classes. Our breastfeeding clinic in San Luis Obispo clinic has provided 1,909 lactation consultations for FY 2025.

Behavioral Wellness Center (Crisis Stabilization Unit) The Behavioral Wellness Center provides a safe haven for those individuals experiencing a mental health crisis.

Employees donated to the following drives: Salvation Army Angel Tree, SLO Food Bank Turkey Trot, and Vitalant Blood drives.

French Hospital Medical Center engages in a variety of essential community building activities as a means to further the mission of advocacy, partnership, and collaboration. Activities during FY2025 included executive, system leadership and staff involvement in community boards such as: Hospital Council of Northern and Central California Board, American Heart Association, Adult Services Policy Council, Long Term Ombudsman program, SLO County Farmworker Task Force, CenCal, SLO County Human Trafficking Task Force, and Promotores Collaborative of SLO County.

Economic Value of Community Benefit

The economic value of all community benefits is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Department of Health Care Access and Information in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid, other means-tested programs and Medicare is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

Financial Assistance and Means-Tested Government Programs	Vulnerable Population	Broader Community	Total
Traditional Charity Care	$1,794,689		$1,794,689
Medi-Cal	$14,097,407		$14,097,407
Other Means-Tested Government (Indigent Care)	$0		$0
Sum Financial Assistance and Means-Tested Government Programs	**$15,892,096**		**$15,892,096**
Other Benefits			
Community Health Improvement Services	$974,453	$558,821	$1,533,274
Community Benefit Operations	$129,217	$0	$129,217
Health Professions Education	$0	$311,737	$311,737
Subsidized Health Services	$0	$0	$0
Research	$0	$0	$0
Cash and In-Kind Contributions for Community Benefit	$161,926	$0	$161,926
Other Community Benefits			$0
Total Other Benefits	**$1,265,596**	**$870,558**	**$2,136,154**
Community Benefits Spending			
Total Community Benefits	**$17,157,692**	**$870,558**	**$18,028,250**
Medicare	$22,185,585		$22,185,585
Total Community Benefits with Medicare	**$39,343,277**	**$870,558**	**$40,213,835**

Hospital Board and Committee Rosters

French Hospital Medical Center
Community Board Roster FY 2026

BOYD G CARANO
Chair of the Board
Retired Partner, Vinson & Elkins, LLP

WYATT MELLO
Vice-Chair
Business Owner, Mello Group

TERRANCE L HARRIS
Secretary
VP, Strategic Enrollment Management, CPSU, SLO

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

CAMERSON COTTON
Attorney-at-Law, Andre, Morris & Buttery

DAVE GARTH
President/CEO, SLO Chamber of Commerce, Retired

TINA HADAWAY-MELLIS, RN, MBA
Asst VP for Student Affairs Health & Wellbeing, Cal Poly

CAROLYN HERZOG
Chief Investment Officer, Corvus Wealth Advisors
Foundation Board Chair

RACHEL HULBURD
Attorney-at-Law, Ronca Law

AARON KROMHOUT, MD
OB/GYN, Chief of Staff - FHMC

BIANCA LIN , MSN, RN
Nurse Educator/Retired Nursing Director

THOMAS L MILLER, MD
Radiologist, retired

PIYAL PATEL, DO
Hospitalist, Vituity

ANITA ROBINSON
Banking Executive, Retired – Past Chair

CHARLENE ROSALES
Business & Advocacy Consultant, RAE Consulting

DALE ROWLAND, MD
Pediatrician, Retired

MARCIA SCOTT, RN
Nursing Education Director, Retired

KE-PING TSAO, MD
Plastic Surgeon, Retired

TODD TUGGLE
Fire Chief, City of San Luis Obispo

Central Coast
Community Benefit Committee Roster FY 2026

Charlene Rosales
Business & Advocacy Consultant, RAE Consulting
Chair of the Committee

Fr. Russell Brown
Retired Pastor, SLO Old Mission Church

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

John Dunn
Retired SLO City Manager

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

Daniel Farnum
VP Ancillary Services

Tony Cowans
Director,Mission Integration Spiritual Care

Tessa Espinoza
Chief Philanthropy Officer

Julie Neiggemann
Director, Hearst Cancer Resource Center
FHMC Program Coordinator

Angela Fissell
Diabetes Prevention and Self-Management
FHMC Program Coordinator

Cynthia Maldonado RN
Supervisor Cancer Outreach Registry

David O. Duke, MD
Physician Advisor
Case Management & Utilization Review

Frost, Judy
Finance / Organizational Management

Matt Richardson
Division VP | Chief Financial Officer
Dignity Health CA Central Coast

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

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

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

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