

Marian Regional Medical Center

Hospital HCAI ID: 106420493

Community Benefit 2025 Report and 2026 Plan



Adopted October 2025

A message from

Sue Andersen, President, and Phil Alvarado, Chair of the Dignity Health Marian Regional 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.

Marian Regional 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), Marian Regional Medical Center provided \$61,873,495 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$38,293,578 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

Phil Alvarado
Chairperson, Board of Directors

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At-a-Glance Summary

Hospital HCAI ID: 106420493

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

Community Served 	Marian Regional Medical Center and Arroyo Grande Community Hospital serve the communities of the City of Santa Maria (93454, 93455, and 93458), Orcutt (93455), Guadalupe (93434), Nipomo (93444), Arroyo Grande (93420), Grover Beach (93433), Oceano (93445), and Pismo Beach (93449).
Economic Value of Community Benefit 	\$61,873,495 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits \$38,293,578 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: <ul style="list-style-type: none">• 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: [Community Benefits | Marian Regional Medical Center | Dignity Health](#)

Written comments on this report can be submitted to the MRMC's Community Health Office, 1400 E. Church Street, Santa Maria, CA 93454 or by e-mail to patty.herrera@commonspirit.com.

Our Hospital and the Community Served

About Marian Regional Medical Center

Marian Regional Medical Center is a Dignity Health hospital. Dignity Health is a member of CommonSpirit Health.

Marian Regional Medical Center is a state-of-the-art, 191-bed medical center located in Santa Maria, California. The modern facility is home to a broad array of services including a level II trauma center, a level III neonatal intensive care unit, a nationally recognized cardiac care center, and the Central Coast's only Comprehensive Community Cancer Program as recognized by the Commission on Cancer. Marian has been recognized for quality and patient safety and has received an "A" grade in hospital safety from the Leapfrog Group.

Arroyo Grande Community Hospital is a 67-bed hospital offering health care services to Central Coast residents. The hospital operates the busiest Emergency Department in South San Luis Obispo County and houses the only Acute Rehabilitation Center in San Luis Obispo County offering a wide range of individualized therapies. The facility has achieved prestigious designation as a Primary Stroke Center by the Joint Commission for advanced, comprehensive care for stroke patients. Arroyo Grande Community Hospital has been recognized for quality and patient safety and has received an "A" grade in hospital safety from the Leapfrog Group.

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

Marian Regional Medical Center ("the Hospital") is located at 1400 East Church Street in Santa Maria, Santa Barbara County, California. The Hospital also operates a second facility 17 miles to the north under the same hospital license, Arroyo Grande Community Hospital. Arroyo Grande Community Hospital is located at 345 South Halcyon Road in Arroyo Grande, San Luis Obispo County, California. The Hospital is a member of Dignity Health, which is part of CommonSpirit Health.

The Hospital serves approximately 234,000 individuals from the urban and rural areas of northern Santa Barbara County and southern San Luis Obispo County, California. The community served by the Hospital primarily resides within the incorporated areas of Orcutt, Santa Maria, Guadalupe, Nipomo, Arroyo Grande, Grover Beach, Oceano, and Pismo Beach. The community served by the Hospital includes the following zip codes:

Santa Barbara County

93434 (Guadalupe)
93454 (Santa Maria)
93455 (Santa Maria and Orcutt)
93458 (Santa Maria)

San Luis Obispo County

93420 (Arroyo Grande)
93433 (Grover Beach)
93444 (Nipomo)
93445 (Oceano)
93449 (Pismo Beach)

The Hospital's community does not exclude any low-income or underserved populations and includes all members of the community. The community served by the Hospital aligns with the residence location for more than 75% of all inpatient discharges. Marian Regional Medical Center and Arroyo Grande Community Hospital are the only acute care hospitals serving the community. They are supported by the San Luis Obispo County Public Health Department and Santa Barbara County Public Health Departments.



According to the American Community Survey (2019-2023, 5-year Estimates), the overall community served by both facilities of the Hospital is home to 234,668 residents. The community is ethnically diverse with over half (56%) of the residents identifying as Hispanic or Latino(a) origin, and approximately one-third (36%) consider themselves White alone, not Hispanic or Latino(a). The remaining community members either identify as Asian (4%), two or more races (3%), or members of the Black community (1%). Nearly half (113,771) of the community served by the Hospital are members of Medi-Cal.

The Hospital serves the City of Santa Maria which has approximately 110,000 residents, of which 79.3% of the population identify themselves as Hispanic or Latino(a). Comparing Santa Maria to all U.S. cities with populations over 100,000, it has the 8th highest proportion of Hispanic or Latino(a) residents.

The Hospital supports two distinct communities: approximately two-thirds of the community reside in Santa Barbara County (153,637 individuals) and commonly utilizes Marian Regional Medical Center, and one-third of the community resides in southern San Luis Obispo County (81,031 individuals), and frequents Arroyo Grande Community Hospital.

Northern Santa Barbara County

Approximately 70% of the northern Santa Barbara County community consider themselves of Hispanic or Latino(a) origin, with a much lesser 23% identifying as White alone, not Hispanic or Latino(a). The remaining community members either identify as Asian (4%), two or more races (2%), or members of the Black community (1%).

Approximately one in seven (14.3%) live below the federal poverty level, which increases to 28.2% in Guadalupe (93434) and 17.9% in Santa Maria (93458). In the City of Santa Maria only 62.8% of the population 25 years and older have attained a high school degree or equivalent. Over half (57%) of the community members residing in northern Santa Barbara County speak a language other than English, and one in four (26.2%) speak English less than very well. Overall, the youth and young adult population residing in the community is robust and accounts for approximately 40% of the population with a median age of 32.3. According to CenCal, over half (61.5%) of the community are members of CenCal with 87,951 CenCal members residing in the City of Santa Maria.

Southern San Luis Obispo County

The community served by the Hospital that resides in southern San Luis Obispo County is the inverse of the Santa Barbara County community. Overall, 61.4% of community members identify as White alone, not Hispanic or Latino(a) and a lesser 29.4% identify as Hispanic or Latino(a). The remaining 9% primarily identify as Asian alone (2.8%) or two or more races (4.6%), with approximately 1% identifying themselves as members of the Black community.

Approximately 8.6% of the southern San Luis Obispo County community live below the federal poverty level, which is less than the rate for the entire county (12.8%) and for the state (12.0%). Over 42% of community members living in southern San Luis Obispo County have public health insurance coverage, with one in four covered by CenCal, and about 5% have no health insurance coverage. The southern San Luis Obispo County community has a median age of 45.5, with over a third (38%) being 55 and older.

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/content/dam/dignity-health/pdfs/chna/2025/MRMC-AG-CHNA-2025.pdf>

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:

● American Post 534	● Sylvia Barnard
● Aracely Alvarez	● Lisa Brado
● Sandy Avalos	● Rebecca Britton

- California Farmworkers Foundation
- Jennifer Camacho
- Irene Castro
- Central Coast Dignity Health Community Benefit Committee
- Dina Chanley
- City of Santa Maria: Mussell Senior Center
- City Net
- Nanor Darakdjian
- Family Service Agency
- Irebid Gilbert
- Good Samaritan Shelter
- Amelia Grover
- Herencia Indígena
- Jennifer Maharry
- Cynthia Maldonado
- Mixteco/Indígena Community Organizing Project (MICOP)
- Mission Hope Center
- Candice Monge
- Nicole Moses
- National Association for the Advancement of Colored People (NAACP)
- Oasis Senior Center
- Oceano Boys and Girls Club
- One Community Action
- Pacific Pride
- Elizabeth Perez
- Lawanda Pruitt
- Dr. Luke Rawlings
- Rescue Mission
- Miriam Roque
- Chris Rutledge
- Santa Barbara County Public Health
- Santa Barbara County Promotores Collaborative
- San Luis Obispo County Public Health
- Santa Barbara County Public Health
- Santa Maria Valley Youth and Family Center
- Abel Salvador Flores
- Judith Sanchez
- Areclia Sencion
- Elizabeth Snyder
- Denise Sullivan
- Heidi Summers
- Dr. Reagan Summers
- Veronica Tomilloso
- Christina Trezza-Horn
- Silvano Vazquez Hernandez

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.	<input checked="" type="checkbox"/>
Readily available health care and navigation assistance in the patients' spoken language.	Provide interpretation services, forms and literature in the patient's preferred language.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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 Mission Hope Cancer 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	<ul style="list-style-type: none">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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Schwartz Rounds	<ul style="list-style-type: none">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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Peer to Peer Support	<ul style="list-style-type: none">A peer to peer support program for staff to decrease anxiety, depression, stress, and burnout.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, MRMC 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	<ul style="list-style-type: none">Language identifier tool that pinpoints the town where the patient's preferred dialect is from to match to the correct interpreter.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dignity Health Interpreter Certification program	<ul style="list-style-type: none">Program that certifies bilingual staff who pass a written and oral exam to provide interpreter services to patients.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<ul style="list-style-type: none">Fund projects whose goal is to meet the vital condition(s) of providing basic needs, housing, transportation, and childcare.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Financial Assistance Programs	<ul style="list-style-type: none">Financial assistance programs are offered to medically underserved individuals to cover basic needs, hospital bills, transportation vouchers, and hotel vouchers.The cancer resource center also provides financial assistance for basic needs (mortgage payment assistance, rent, gas cards) to community members affected by cancer.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Transportation	<ul style="list-style-type: none">The cancer centers provide vouchers for transportation. Transportation for discharged patients is also provided by a third-party through care coordination.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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	<ul style="list-style-type: none">• Fund projects whose goal is to improve behavioral health, offer substance use disorder treatment, and navigation services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Wellness Support Groups	<ul style="list-style-type: none">• 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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Wellness Center (Crisis Stabilization Unit)	<ul style="list-style-type: none">• The Behavioral Wellness Center provides a safe haven for those individuals experiencing a mental health crisis.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Substance Use Navigation Program	<ul style="list-style-type: none">• Dedicated social workers assist patients presenting with Substance Use Disorder to link with appropriate resources.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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	<ul style="list-style-type: none">• 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.

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Activities Summary	<ol style="list-style-type: none">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	<ol style="list-style-type: none">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.

	<p>(FY 2024 – 105 women attended the Mommy Hour and the PMAD support group goal was achieved.)</p> <p>4. A total of 16 referrals to appropriate community resources were given this quarter FY 2025. (FY 2024 – 15 community referral's)</p>
Hospital's Contribution / Program Expense	<p>MRMC provided in kind space, advertisement, and printing.</p> <p>Program Expense: \$6,678</p>
FY 2026 Plan	
Program Goal / Anticipated Impact	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ul style="list-style-type: none">• 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	Marian Cancer Care Program at both Arroyo Grande and Santa Maria campuses addresses medical, physical, social, financial, spiritual and emotional needs of cancer patients and their families. The Center provides expert care while advancing the understanding of early diagnosis, treatment, and prevention of cancer. Social and rehabilitative support services are provided for cancer patients, their families and loved ones that include consultations with oncology nurses, social workers, certified cancer exercise trainers and registered dietician.
Population Served	Navigation services for vulnerable populations.
Program Goal / Anticipated Impact	The goal of the Marian Cancer program at both Arroyo Grande and Santa Maria campuses is to reduce cancer-related disparities in a largely rural and medically underserved population through the increase of health education as well as cancer awareness, prevention activities, screenings and genetic counseling. Additionally patient navigation, nutritional counseling, cancer rehabilitation and psychosocial support services.

FY 2025 Report

Activities Summary	<ol style="list-style-type: none">1. Maximized the use of both lay and nurse navigators to assess the psychosocial needs of each patient via the Distress Screening Tool, refer as needed to available psychosocial support services.2. Provide cancer prevention and screening information through counseling and support services, outreach events, social media platforms, radio and print material.3. Provide the necessary financial support for genetic counseling to medically underserved patients in need of assistance.
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	<p>4. Provide the necessary financial support and/or transport to medically underserved patients in need of assistance.</p> <p>5. Continue to utilize the support of the lay patient navigator and dietitian to educate participants in medically underserved communities on healthy behaviors that can assist in cancer prevention, mitigating cancer symptoms and decrease the incidence of chronic illness. Encourage target population patients to seek further support through one on-one nutrition counseling.</p> <p>6. Identify medically eligible patients to enroll in the Cancer Rehabilitation Program; conduct a 4 week post program, telephonic follow-up to track how many patients continue to utilize the exercise activities and knowledge gained, thereby lowering the risk of recurrence</p>
Performance / Impact	<p>FY25 had an 18% increase on medically underserved cancer patients that have been screened and referred to psychosocial support, nutritional counseling, nurse navigator support, social services support , and support classes. There was an 11% increase in patients that were referred for smoking cessation. The lung screening program screened 1419 and 9 new cancer cases were identified. 88 patients were assisted financially in genetic counseling totaling \$28,120 (SM:\$16,320/FC: \$8,600).</p> <p>Transportation services assisted in 3,595 transports to medically underserved. There was a 73% decrease in nutrition services, but a new dietitian has been hired and we anticipate an increase for FY26. 91% of patients contacted four weeks following their cancer rehabilitation program completion reported the use of continued exercise.</p>
Hospital's Contribution / Program Expense	<p>MRMC provided in kind space, advertisement, and printing.</p> <p>Program Expense: \$357,170</p>
FY 2026 Plan	
Program Goal / Anticipated Impact	<p>The goal of the Marian cancer program at both Arroyo Grande and Santa Maria campuses is to reduce cancer related disparities in a largely rural and medically underserved population through the increase of health education as well as cancer awareness, prevention activities, screening and genetic counseling. Additionally patient navigation, nutritional counseling, cancer rehabilitation and psychosocial support services. A new dietitian has been hired to support patients undergoing cancer treatment.</p>
Planned Activities	<p>1. Free Prostate screening clinic 09/2025</p> <p>2. Girls Night out 10/2025</p>

- 3. Navigating Grief during the Holiday 12/2025
- 4. Free Skin Cancer Screening Clinic 03/2026
- 5. National Cancer Survivors Day 2026



Chronic Disease Prevention & Self Management

Significant Health Needs Addressed	<ul style="list-style-type: none">• 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	<ol style="list-style-type: none">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	<ol style="list-style-type: none">1. 100% of the DEEP and CDSMP graduates were able to self-report that they were still practicing 2 of the workshop skills in their daily lives. The most popular skills mentioned were increasing the intake of fruits and vegetables ,walking and self-relaxation such as prayer and/or meditation. (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.)

	<ol style="list-style-type: none"> 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	<p>MRMC provided in kind space, advertisement, and printing.</p> <p>Program Expense: \$ 242,162</p>
FY 2026 Plan	
Program Goal / Anticipated Impact	<ol style="list-style-type: none"> DEEP and CDSMP participants will show a 10% increase on their Self-Efficacy assessment rating. 80% of the DEEP and CDSMP participants will self report on 2 self management tools they are using
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Planned Activities	<ol style="list-style-type: none"> Promote the Dignity Health Wellness workshops on community health quarterly newsletter, social media, hospital website, and other media outlets. Implement Self-Efficacy Assessment Tool to DEEP and CDSMP participants pre and post intervals during the 6 week workshop. Track scoring of the Self-Efficacy Assessment Tool. 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. Track the self management responses of the CDSMP and DEEP participants on a spreadsheet.
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Community Health Improvement Grant Program

Significant Health Needs Addressed	<ul style="list-style-type: none">• 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	<p>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 :</p> <ul style="list-style-type: none">• 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	<ol style="list-style-type: none">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	<ul style="list-style-type: none">• 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	<ol style="list-style-type: none">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	<ol style="list-style-type: none">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" Marian Regional 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	<ul style="list-style-type: none">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	<ol style="list-style-type: none">Increased outreach to high school, colleges and alternative schools throughout the Central Coast service area.Contacted high school and college counselors asking them for student referrals to the program.Increased recruitment of local physicians and obtaining referrals to gain participation.Collaborated with the hospital department managers, directors, and administration to gain participation of the patient care nurses.Highlighted program in the Community Health electronic newsletter which is distributed to community partners including medical facilities throughout the central coast area.
Performance / Impact	<ol style="list-style-type: none">Increased enrollment in the program by 5% baseline for FY 2024 was 55. FY 2025 49 students enrolled. Did not meet the increase.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	MRMC provided in kind space, advertisement, and printing. Program Expense: \$48,249

FY 2026 Plan

Program Goal / Anticipated Impact	<ol style="list-style-type: none">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	<ol style="list-style-type: none">1. Increase outreach to high school, colleges and alternative schools throughout the Central Coast service area.2. Contact high school and college counselors asking them for student referrals to the program.3. Increase recruitment of local physicians and obtain referrals to gain participation.4. Collaborate with the hospital department managers, directors, and administration to gain participation of the patient care nurses.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.

- **Medically Fragile Respite Care** – Patients discharged from MRMC or AGCH- that are homeless need a secure place to stay while recovering from their hospital stay. Good Samaritan Shelter in Santa Maria provides respite beds for these homeless medically fragile patients.
- **Health Professions Education** – Both the MRMC and AGCH regularly sponsor 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 Marian Regional Medical Center is immensely proud to sponsor its established and highly successful **Obstetrics and Gynecology (OB/GYN) Residency Program**. This dynamic four-year program, designed for 12 residents, has consistently played a vital role in addressing the critical, nationwide need for OB/GYN physicians, making a significant and proven impact within our local region. Access to comprehensive women's health services, including prenatal care, childbirth, and gynecological support, is fundamental for the well-being of women, mothers, and families. This program directly strengthens our local healthcare infrastructure, ensuring that essential services are not only available but delivered by highly trained and compassionate physicians who understand our community's needs. The OB/GYN program holds full ACGME accreditation, a consistent demonstration of its unwavering commitment to providing superior, high-quality training and education year after year. This assures our community that the physicians providing women's health services are trained to the highest national standards, equipped with the latest knowledge and skills.
- The **Family Medicine (FM) Residency Program**, a three-year post-graduate training program accredited by the Accreditation Council for Graduate Medical Education (ACGME), continues to stand as a beacon of excellence in its mission: to cultivate and recruit highly skilled primary care physicians who are deeply invested in serving our communities. Primary care physicians are the cornerstone of a healthy community. They provide essential preventive care, manage chronic conditions, and build long-term relationships with patients, leading to better health outcomes for everyone. The program is directly addressing the nationwide shortage of these vital providers, ensuring that

families in our area have access to comprehensive, compassionate care. With a robust cohort of 18 residents, the program boasts an unparalleled academic foundation. The program has a consistent achievement of a 100% FM board certification passing rate, a testament to the rigorous training and dedication to producing exceptional physicians. This commitment to excellence ensures that the doctors serving our community are of the highest caliber.

- The Marian Family Residency and the Community Health Department continue with their **Street Medicine Outreach Program** which has offered very basic health and basic needs assessments to 578 unsheltered individuals in the service area of MRMC. The Street Medicine conducts two monthly outings every month covering several homeless encampments in the community.
- **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 **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.
- **Behavioral Wellness Center (Crisis Stabilization Unit)** The Behavioral Wellness Center provides a safe haven for those individuals experiencing a mental health crisis.
- Marian Regional Medical Center continues to contract with **Herencia Indígena**, a local agency which provides culturally appropriate Mixteco interpreters to support medical staff and the Mixteco community. Herencia Indígena has extended their services to the Women's clinic and the Family Medicine Center which are part of the Pacific Health Centers of the Central Coast.
- Marian Regional Medical Center received a Common Spirit Health Mission and Ministry Grant for the **Mixteco Birthing Project**. The project developed a culturally sensitive training for staff. The project name is the Colibrí project. The 2.5 hour training was offered 5 times.

- **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.
- Employees donated to the following drives: Street Medicine Sock Drive, Salvation Army Angel Tree and Vitalant Blood drives
- Hospital staff serves on many community committees and boards in the service area such as: Cencal Health, Santa Maria Boys and Girls Club, Community Partners in Care, Santa Barbara County Education Office's Promotoras Coalition, Children & Family Resource Services, Family Service Agency, and SB County Human Trafficking Task Force.

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. Medicare reported here excludes Medicare reported as part of Graduate Medical Education.

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	\$11,300,221		\$11,300,221
Medi-Cal	\$33,655,500		\$33,655,500
Other Means-Tested Government (Indigent Care)			
Sum Financial Assistance and Means-Tested Government Programs	\$44,955,721		\$44,955,721
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Other Benefits			
Community Health Improvement Services	\$2,664,362	\$641,496	\$3,305,858
Community Benefit Operations	\$170,983	\$0	\$170,983
Health Professions Education	\$0	\$11,819,331	\$11,819,331
Subsidized Health Services	\$0	\$0	\$0
Research	\$0	\$264,093	\$264,093
Cash and In-Kind Contributions for Community Benefit	\$1,357,509	\$0	\$1,357,509
Other Community Benefits	\$0	\$0	\$0
Total Other Benefits	\$4,192,854	\$12,724,920	\$16,917,774
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Community Benefits Spending			
Total Community Benefits	\$49,148,575	\$12,724,920	\$61,873,495
Medicare	\$38,293,578		\$38,293,578
Total Community Benefits with Medicare	\$87,442,153	\$12,724,920	\$100,167,073

Hospital Board and Committee Rosters

Marian Regional Medical Center Community Board Roster FY 2026

AGUILERA-HERNANDEZ, MARIBEL, Esq.
Attorney / City Public Representative

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

ALVARADO, PHIL, Chair
Retired School District Superintendent

CASH, CHIEF MICHAEL
City of Guadalupe Police/Fire Chief,
Director of Public Health

CHAVEZ, LORENA
Agriculture Business Owner

SUN, SYLVIA, ESQ.
Attorney at Law / MRMC Foundation Board Chair

EDDS, HOLLY, EdD, Immediate Past / Executive Committee and Board Quality Chair
Superintendent / Educator, Orcutt School District

FAHLSTROM, SISTER PIUS, OSF
Religious Representative, Sisters of St. Francis

FIBICH, TERRY
Retired Fire Chief

FLORES, HON. ROGELIO FLORES, Ret.
Retired Superior Court Judge

FROST, JUDY
Finance / Organizational Management

JUAREZ, MARIO, ESQ.
Attorney

LOPEZ, MELVIN, M.D.
Physician / Family Medicine

MCCABE, SISTER ELLEN, OSF
Religious Representative, Sisters of St. Francis

OFIEALI, IJEOMA, M.D., Secretary
Physician / Hospitalist
RAILSBACK, ROB
Insurance Agency Businessman / AGCH Foundation Board Chair

SNIDER, MARGAUX, M.D., Vice Chair
Physician / Emergency Services

STILWELL, JASON, Ph.D.
Retired City Manager, Santa Maria

WALTHERS, KEVIN G., Ph.D.
College President / Superintendent

FELDMAN, DANIELE, M.D.
Maternal and Fetal Medicine / President of the Medical Staff

RAYBURN, SISTER PAT, OSF (Religious Sponsor Representative)
Member, Sisters Founding Council

SPRENGEL, JULIE (CommonSpirit Health Representative)
President, CommonSpirit Health, California Region

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
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