2022

Community Health Needs Assessment

French Hospital Medical Center

Adopted May 2022

Dignity Health
French Hospital Medical Center

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I. Acknowledgements

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

Dignity Health French Hospital Medical Center's Community Board would like to thank the following individuals and organizations who took time to provide community insight or assisted with the community needs assessment process:

Alison O'Neill (he/him)
Ana Macias
Anabel Gonzales
Aracely Alvarez
Bessy Hoffman
Carmen Aguila
Carmen DeReal
Catalina Darwisch
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Denise Taylor, MD (she/her)
Elda Garcia
Elizabeth Perez
Ester Haldeman
Eustolia Garcia
Heidi Summers
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Jamie Woolf (she/her)
Judith Sanchez
Lola White-Sanborn (she/her)
Leticia Chavez
Leticia Sanchez
Margarita Aguirre
Maria Salvador
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Maria Troy
Michelle Call (she/her/hers)
Mireya Pina
Norma Kimble
Paola Reyes
Patricia Herrera
Rusty Cook
Sam Moore (they/he)
Silvia Saguero
Yadira Hernandez
Herencia Indígena
The Link
San Luis Obispo Food Bank
San Luis Obispo Promotoras
ECHO
Family Service Agency
San Luis Obispo Farmer's Market
The Gala Pride and Diversity Center
Housing Authority of the City of Paso de Robles
Ocean View Manor
Paso Robles Job Fair
Santa Barbara Promotoras
San Luis Obispo County Public Health Department
French Hospital Medical Center's Community Health Education Department
French Hospital Medical Center's Community Benefit Committee

II. Executive Summary

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs for over 186,000 community members served by French Hospital Medical Center (FHMC). The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as, its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

FHMC is located at 1911 Johnson Avenue in the City of San Luis Obispo, California and has a long and rich history of serving the needs of the community since it was founded in 1946, and joined Dignity Health in 2004. Recently, FHMC announced both phases of their new emergency department have opened and is now the most advanced emergency service facility in San Luis Obispo County. FHMC is a 98-bed facility that offers services including cardiac care, critical care, diagnostic imaging, emergency medicine, and obstetrics.

The FHMC community includes zip codes 93401, 93405 (San Luis Obispo), 93402 (Los Osos), 93422 (Atascadero), 93428 (Cambria), 93442 (Morro Bay), 93446 (Paso Robles), and 93465 (Templeton) and is home to 186,377 residents. Approximately 70% of the FHMC community considers themselves White alone, not Hispanic or Latino(a). The Hispanic or Latino(a) population of the FHMC community is approximately one-fifth (20.4%) of the total population, and the Asian community accounts for 4% of the total population. In addition to the residents mentioned above, San Luis Obispo County is home to a transient farmworker population drawn to work in the fields, which includes indigenous migrants from the Mexican states of Oaxaca and Guerrero. These individuals are often monolingual in their native pre-Hispanic indigenous language of Mixtec or Zapotec, and have an estimated population of 17,771 farmworkers in San Luis Obispo County.

The FHMC community is unique due to its location on the Central Coast, with vast unincorporated areas, striking natural beauty, and thriving communities'. Behind the striking natural beauty are geographically isolated communities, that may host one of the 988 individuals experiencing homelessness in the area. Underrepresented individuals can be found residing in poverty working in the shadows of the agriculture, tourism, or retail industry.

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its 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.

The CHNA process was completed through quantitative and qualitative methods to collect and analyze primary and secondary data. This mixed-methods approach validates data by cross verifying from multiple sources, providing a broader perspective of the community and population health needs.

In order to gain a thorough understanding of the medically underserved, low-income and minority populations living in FHMC's primary service area, an original community health survey was developed. A 38-question community health survey served as a primary data source. The community health survey was based upon select questions from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System Survey Questionnaire (BRFSS) and previous CHNA reports prepared by Dignity Health. The final survey was distributed in-person in the community and was available online, to adults age 18 and older, in Spanish, English, and Mixteco.

Using convenience sampling (non-probability) methods, survey responses were collected from 18 different locations within the community, including churches, senior centers, community events, homeless shelters, etc. Survey locations were selected based on the perception of being able to encounter the most vulnerable populations, including the medically underserved, low-income, and minority populations. A total of 403 individuals invested ten minutes of their time and completed the health survey in hopes of bettering their health and bringing better programs to the community.

The significant community health needs identified for the FHMC community extend far beyond health and health care. Social factors, including education, employment status, income level, gender, and ethnicity, all contribute to health inequities. According to the CDC, racial and ethnic minority groups, throughout the United States, experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their White counterparts.[1]

Based upon perceptions of the community, the known health needs, and secondary health metrics, the three most significant health needs were identified. In accordance with Dignity Health policy, the following criteria were utilized to evaluate the prioritization of community needs, including:

- Size or scale of problem (how many impacted);
- Severity of problem;
- Disparity and equity;
- Known effective interventions;
- Resource feasibility and sustainability; and,
- Community support.

Attaining health equity in the FHMC community will require addressing the greatest disparities and helping the pockets of the community that are facing a constant uphill battle with everyday life.

[1] U.S. Department of Health and Human Services, 2022. Centers for Disease Control and Prevention, Health Equity. Retrieved from https://www.cdc.gov/healthequity/racism-disparities/index.html.

The following significant community health needs were determined for this 2022 CHNA report, including:

- Educational attainment;
- Access to primary health care, behavioral health care, and oral health; and,
- Health promotion and prevention.

Education has been described as the most important modifiable social determinant of health, and low educational attainment levels are linked with poor health, more stress, higher poverty, and lower self-efficacy. Overall, 7.5% of the FHMC community (or 9,075 individuals) over the age of 25 did not graduate high school or equivalent. However, the 2022 community health survey found that 38.3% (n=154) survey participants reported they did not complete high school (or equivalent), and nearly 20% (n=79) of survey participants reported they did not complete schooling beyond elementary school. The lowest levels of education found in the community health survey were found in the surveys completed in Spanish or Mixteco.

The need for an improvement in access to primary health care, behavioral health care, and oral health has been substantiated through primary data, secondary data, and HRSA. The Health Resources and Services Administration (HRSA) has designated a mental health professional shortage area in Arroyo Grande/San Luis Obispo (HPSA ID: 7063481715). HRSA also designated Morro Bay as a medically underserved community (MUA/P: 06206).

Lastly, health promotion and prevention is the third identified need within this CHNA Report. Heart disease and cancer are the leading causes of death at local, state, and national levels, while the most vulnerable members of the FHMC community struggle to access health care. If the vulnerable communities are struggling to access health care, they are less likely to understand their current health status and access preventative cancer screenings. Besides difficulty accessing health care, the vulnerable communities face increased risk for heart disease and cancer due to their social determinants of health. They face food insecurity and more often live in areas that have higher levels of pollution. In order to help the most vulnerable communities reduce their chances of developing heart disease, cancer, or another chronic condition, targeted upstream health promotion and prevention is needed.

While potential resources are available to address the identified needs of the community, the needs are too significant for any one organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local business leaders, and other institutions.

This CHNA report was adopted by the French Hospital Medical Center Community Board in May 2022. The report is widely available to the public on the hospital's web site, and a paper copy is available for inspection upon request at FHMC Community Education Office. Written comments on this report can be submitted to FHMC Manager of Community Health at 1911 Johnson Avenue, San Luis Obispo, CA 93401 or you may email CHNA-CCSAN@DignityHealth.org.

III. Community Definition

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 defined community does not exclude any low-income or underserved populations and includes all members of the community. The communities served by FHMC align with the residence location for 75% of all inpatient discharges, as well as the most recent Community Benefit Report. The geographic area of the communities served by FHMC are shown on the following Figure 1.

Figure 1. FHMC Communities' Served

FHMC is located at 1911 Johnson Avenue in the City of San Luis Obispo, CA. The community served by FHMC includes the following:

- 93401 and 93405 (San Luis Obispo);
- 93402 (Los Osos);
- 93422 (Atascadero);
- 93428 (Cambria);

- 93442 (Morro Bay);
- 93446 (Paso Robles); and,
- 93465 (Templeton).

According to the American Community Survey (2016-2020, 5-year average), the FHMC community is home to 186,377 residents, of which, approximately 47,000 reside within the City of San Luis Obispo.[2] Approximately 70% of the FHMC community considers themselves White alone, not Hispanic or Latino(a). The Hispanic or Latino(a) population of the FHMC community is approximately one-fifth (20.4%) of the total population, and the Asian community accounts for 4% of the total population. Additionally, nearly 4% of the FHMC community identifies as two or more races. The FHMC community is home to a youth/young adult population (under age 25) that accounts for over 65,000 residents. However, 36% (23,357) of these reside in zip code 93405 (San Luis Obispo), are between the ages of 18 to 24 years, and are likely affiliated with Cal Poly. High school graduation rates in the FHMC community (age 25 and over) varies by zip code and ranges from a low of 86.6% in zip code 93405 (San Luis Obispo) to a high of 96.9% in 93465 (Templeton).

The FHMC community is home to over 33,000 residents age 65 years and over, or nearly 18% of the FHMC community. The majority of 65 and over residents in the FHMC community reside in Paso Robles, Atascadero, and San Luis Obispo. The U.S. Census reports that the median age in California is 36.7 years, which is lower than the median age of six FHMC communities. The median age in 93428 (Cambria) is 60.9 and in 93442 (Morro Bay) it is 50.7. The median age in 93446 (Paso Robles) just exceeds the state level, however 93402 (Los Osos) and 93465 (Templeton) are approximately 10 points above the state median age.

According to the U.S. Census, 2016-2020 American Community Survey 5-Year Estimates, poverty levels exceed state (12.6%) and national levels (12.8%) in the following FHMC community locations:

- Zip code 93401 (San Luis Obispo), 13.6% of the population are below 100% of the poverty level; and,
- Zip code 93405 (San Luis Obispo), 40.4% or 9,323 individuals are below 100% of the poverty line.

In addition to the residents captured by the formalized data sources above, the transient farmworker population drawn to work in the fields of San Luis Obispo County are supported by indigenous migrants from the Mexican states of Oaxaca and Guerrero. These indigenous migrants are often monolingual in their native pre-Hispanic indigenous language of Mixtec or

[2] U.S. Census Bureau (2022). *2016-2020 American Community Survey 5-Year Estimate.* https://data.census.gov/cedsci/profile?g=1600000US0669196

Zapotec. According to the National Center for Farmworker Health in 2017, there were an estimated 17,771 farmworkers in San Luis Obispo County.[3]

Due to the COVID-19 pandemic, the 2021 local homeless population count in San Luis Obispo County was not completed and delayed to 2022. The 2022 Homeless Census and Survey for San Luis Obispo County was conducted in February 2022, and their results should be referenced and utilized for any future programming once released. The 2019 Homeless Census and Survey for San Luis Obispo County documented 988 sheltered and unsheltered individuals experiencing homelessness in the following FHMC communities:

- 482 individuals in San Luis Obispo;
- 239 individuals in Paso Robles;
- 173 individuals in Atascadero; and,
- 94 individuals in Morro Bay.

In addition, the 2019 Homeless Census and Survey documented 393 sheltered and unsheltered individuals experiencing homelessness in the unincorporated areas of San Luis Obispo County, which includes portions of the FHMC community.

Table 1 below provides U.S. Census population characteristics for the FHMC community and additional details can be found in Appendix A.

[3] National Center for Farmworker Health, 2022. *Agricultural Worker Estimates – 2017.* Retrieved from http://www.ncfh.org/number-of-ag-workers.html.

Table 1. U.S. Census Data (2016-2020) French Hospital Medical Center Community[4]

U.S. Census Data[1]	93401 San Luis Obispo	93402 Los Osos	93405 San Luis Obispo	93422 Atascadero	93428 Cambria	93442 Morro Bay	93446 Paso Robles	93465 Templeton
Total population (2016-2020)	28,751	16,198	36,285	34,005	5,758	10,955	44,960	9,465
Median age (years)	36.1	47	22	39.2	60.5	52.3	40.6	47.7
RACE AND HISPANIC OR LATINO ORIGIN								
One race	94.7%	94.8%	93.2%	95.5%	92.3%	95.4%	93.7%	93.8%
White	82.7%	85.1%	74.3%	89.5%	84.4%	86.1%	84.9%	89.3%
Black or African American	2.7%	0.2%	5.7%	0.7%	0.5%	0.1%	0.2%	0.0%
American Indian and Alaska Native	0.4%	0.8%	0.7%	1.2%	0.4%	0.3%	1.0%	2.8%
Asian	5.0%	3.8%	8.5%	1.6%	1.5%	5.3%	2.5%	1.2%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Some other race	3.9%	4.9%	4.0%	2.5%	5.5%	3.6%	5.0%	0.6%
Two or more races	5.3%	5.2%	6.8%	4.5%	7.7%	4.6%	6.3%	6.2%
Hispanic or Latino origin (of any race)	20.0%	19.7%	16.7%	18.5%	27.6%	12.6%	28.5%	9.8%
White alone, not Hispanic or Latino	69.70%	72.50%	63.90%	76.50%	69.80%	79.20%	65.20%	83.90%

[4] U.S. Census Bureau (2022). 2016-2020 American Community Survey 5-Year Estimates. https://api.census.gov/data/2020/acs/acs5/subject

The Health Resources and Services Administration (HRSA) has identified Medically Underserved Areas/Populations (MUA/P) and Health Professional Shortage Areas (HPSA) in the FHMC community. These designations are provided on the following table.

Table 2. MUA/P and HPSA as Identified by HRSA in the Community[5][6]

Discipline	ID Number	HPSA or Service Area Name	Designation Type	Designation Date
Mental Health	7063481715	MSSA 171/172 – Arroyo Grande/San Luis Obispo	High Needs Geographic HPSA	3/7/22
Primary Care	06206	Morro Bay	Medically Underserved Area	3/15/01

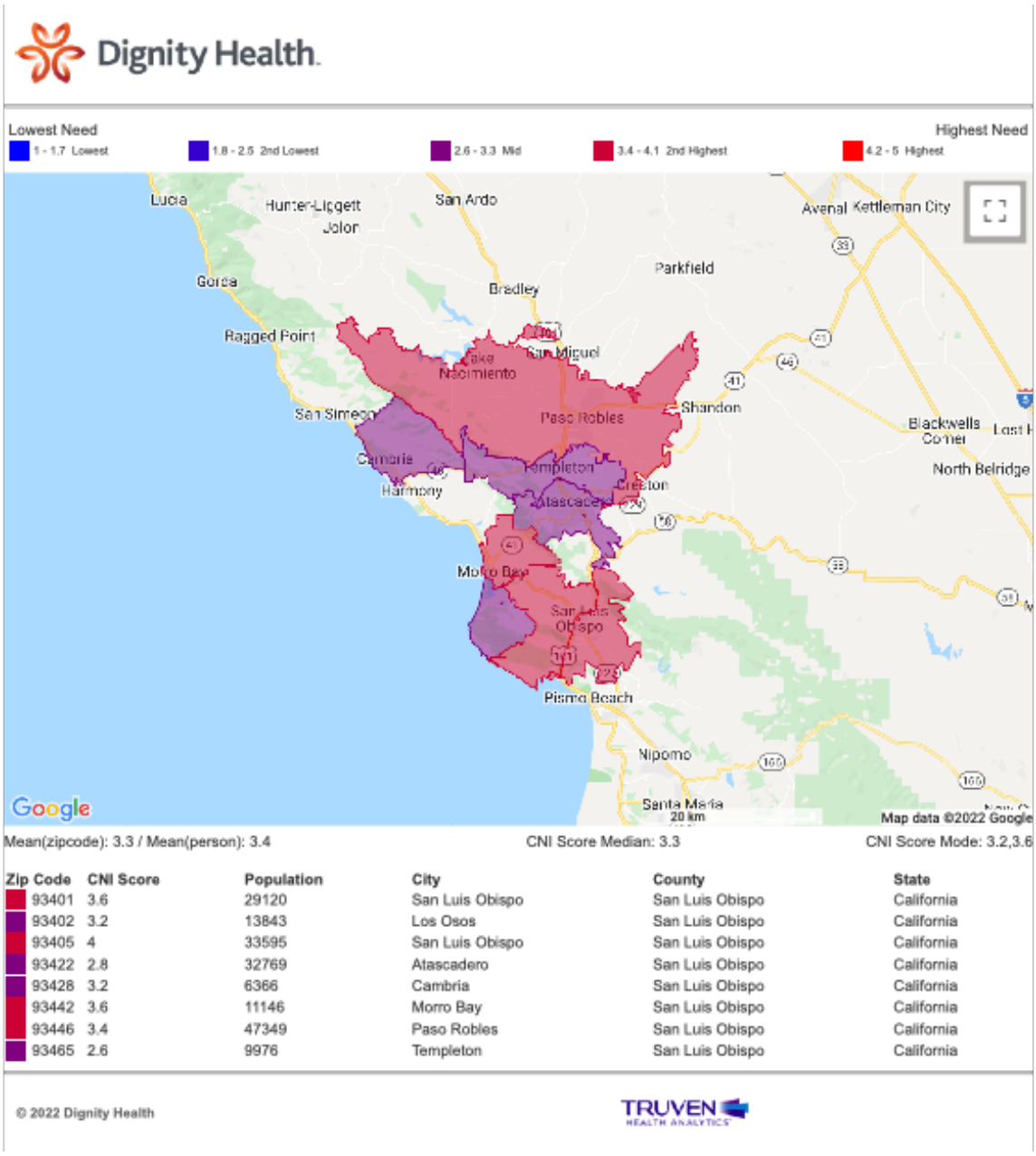
Community Needs Index

One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the zip code level for five factors known to contribute, or are barriers to health care access, including income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.

The average CNI score for the FHMC community was 3.3. The CNI scores range from a low of 2.6 in Templeton (93465) to 4 in San Luis Obispo (93401). The following Figure 2 provides further detail for the geographical distribution of CNI scores.[7]

[5] Health Resources and Services Administration, 2022. *MUA Find*. https://data.hrsa.gov/tools/shortage-area/mua-find.
[6] Health Resources and Services Administration, 2022. *HPSA Find*. https://data.hrsa.gov/tools/shortage-area/hpsa-find.
[7] Dignity Health (2022). *Community Need Index*. Retrieved from: http://cni.dignityhealth.org/

Figure 2. FHMC Community Needs Index Scores



Mean(zipcode): 3.3 / Mean(person): 3.4 CNI Score Median: 3.3 CNI Score Mode: 3.2,3.6

Zip Code	CNI Score	Population	City	County	State
93401	3.6	29120	San Luis Obispo	San Luis Obispo	California
93402	3.2	13843	Los Osos	San Luis Obispo	California
93405	4	33595	San Luis Obispo	San Luis Obispo	California
93422	2.8	32769	Atascadero	San Luis Obispo	California
93428	3.2	6366	Cambria	San Luis Obispo	California
93442	3.6	11146	Morro Bay	San Luis Obispo	California
93446	3.4	47349	Paso Robles	San Luis Obispo	California
93465	2.6	9976	Templeton	San Luis Obispo	California

TRUVEN HEALTH ANALYTICS

IV. Assessment Process and Methods

The 2022 CHNA was completed using quantitative and qualitative data from a variety of primary and secondary data sources. Primary data sources included a community health survey, a qualitative community health needs survey, and focus groups of priority populations. Secondary data sources at the local, state, and national level provided quantitative data. This mixed-methods approach validates data by cross verifying from multiple sources, providing a broader perspective of the community and population health needs. Each data source and the process utilized for assessment and collection is described in the following subsections.

Community Health Survey, Vulnerable Populations

As in prior CHNAs, FHMC once again solicited and took into account feedback from the medically underserved, low-income, and minority FHMC community members, including those with limited English proficiency, using an original community health survey.

The original community health survey was developed based upon select questions from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System Survey Questionnaire (BRFSS) and previous CHNA reports prepared by Dignity Health. Input on the community health survey was also provided by the Community Benefit Committee at FHMC and San Luis Obispo County Public Health Department. A cultural competency review of the draft survey and translation into Spanish was completed by Dignity Health's Community Health Education Department. The final survey contained a total of 38-questions and was available in Spanish, English, and Mixteco languages. A copy of the English version can be found in Appendix B.

Prior to launching the community health survey collection, a surveyor training was held on June 3, 2021. The purpose of the training was for all surveyors to understand the process and requirements for survey collection activities. Surveyors were trained how to complete a one-on-one interview with the participant, if they requested assistance to complete the health survey. The community health surveyors were members of the Dignity Health Community Health Department, Herencia Indígena, and the promotores network in San Luis Obispo County.

The anonymous community health surveys were distributed using a convenience sampling strategy (non-probability) to survey adults (age 18 and over) living in the FHMC community. This survey was not designed to be statistically representative of all residents in the community, but rather to provide an understanding of the social and health needs of the most vulnerable adult community members. Therefore, survey collection locations were selected based upon the perception of being able to encounter the target survey population. Before any community health surveys were collected, the responsible party at each location was contacted and permission was requested.

A total of 403 community health surveys were collected between June and July 2021 at 16 different locations in the FHMC community. Survey locations included churches, senior centers,

community events, homeless shelters, housing development locations, farm worker housing, a COVID-19 vaccination site, and foodbanks. Survey participants did not receive any compensation or incentive in exchange for completing the health survey. During this same time period, the community health survey was also input into Survey Monkey and the link to participate was advertised through various local agencies. A complete list of the community locations where surveys were collected can be found in Appendix B.

The community health survey data was compiled in Survey Monkey, which increased data quality and streamlined data analysis. Survey responses were analyzed using IBM SPSS statistics package and the results are discussed in the following chapter of this CHNA Report. Survey responses were analyzed as compared to various independent variables, including, place of residence, educational attainment, race/origin, and age. Complete results from the community health survey are provided in Appendix B.

The community health survey was completed by 403 individuals residing in the FHMC community ranging from 18 to over 90 years of age. As previously stated, purpose of the community health survey was to gain a thorough understanding of the medically underserved, low-income, and minority populations living in the FHMC community. The effort to capture responses from these individuals resulted in nearly half of survey participants (44.0%) electing to complete their community health survey in Spanish, and three individuals completing their health survey interview in Mixteco. Individuals who do not speak English can face challenges in many areas, including access to health care and understanding medical information. The survey participants' place of residence and their community health survey language is provided on the following table.

Table 3. Survey Participants' Place of Residence and Survey Language

Place of Residence	Selected Language to Complete Survey		
	English	Spanish	Mixteco
Atascadero, CA 93442	35	24	0
Cambria, CA 93428	***	10	0
Los Osos, CA 93402	14	***	0
Morro Bay, CA 93442	30	***	0
Paso Robles, CA 93446	75	105	***
San Luis Obispo, CA 93401	42	5	0
San Luis Obispo, CA 93405	11	23	0
Templeton, CA 93465	9	***	0
Other	***	***	0
Totals	222	177	***

** Cell values less than 5 were suppressed.

The community health survey participants' identified race or origin are depicted in the following table.

Table 4. Survey Participants' Identified Race or Origin

Race or Origin	Percent
White	44.0%
Black/African American	<1.0%
Mexican/Mexican American	37.3%
Other Hispanic or Latino	12.3%
Asian or Asian American	2.5%
American Indian or Alaska Native	<1.0%
Native Hawaiian or other Pacific Islander	0.0%
Other	1.5%
Indigenous	1.0%

Broad Interests of Community

Qualitative data were collected from persons representing broad interests of the community using various methods, including an online survey, focus groups, and collaborative meetings with San Luis Obispo County Public Health.

Qualitative Targeted Outreach

A qualitative survey was prepared and distributed to targeted organizations seeking their input to help identify and prioritize significant health needs in the adult and youth population, and identify any potential resources. Dignity Health reached out to various community partners including those representing the following communities: Latino(a); African American; Homeless; LGBTQ+; Seniors; the Community Benefit Committee of the FHMC Community Board; other local health care providers; and county public health departments. The list of organizations that were provided the opportunity to complete the qualitative survey can be found in Appendix C.

The survey was prepared and made available between January 14 – February 4, 2022 using a cloud-based survey software. An email was sent to each organization with the chance to respond to the online survey (via Survey Monkey) or request an open discussion instead. The original survey and email transmission is available in Appendix C and specifically sought feedback on the following six items:

- As an organization and/or community member, what do you view as the top 5 greatest health needs facing our community?
- As an organization or community member, how would you address these needs?
- Are you aware of any potential resources that are available to help address these needs?
- What is the most important youth health need in our community?
- What would you say is the most important thing that can be done to improve child health in our community?

- What is the greatest barrier to child wellness in our community?

A total of 39 responses were received from various individuals between January and February of 2022. These responses were downloaded from the cloud-based survey software and the responses were grouped based on the response. After the responses were grouped, the data was tabulated and utilized in the decision making process of developing the identified needs for this CHNA. Survey response grouping and the tabulated responses can be found in Appendix C.

Gala Pride and Diversity Center

The Gala Pride and Diversity Center supports and empowers people of all sexual orientations, gender identities, and expressions to strengthen and unite the Central Coast Community. The Gala Pride and Diversity Center advocates for the Central Coast's LGBTQ+ community and helps them find support services. A focus group was facilitated by Patty Herrera, MA, Manager of Community Health, Dignity Health Central Coast, with six members of the Gala Pride and Diversity Center via a video conference.

The purpose of the discussion was to discuss the health needs facing LGBTQ+ community of all kinds (transgender, intersex individuals, people with expansive gender or sexual orientations, gender identities, expression, youth, seniors) and discuss their responses to the six qualitative CHNA questions. The focus group participants specifically support the trans and nonbinary people residing in Northern Santa Barbara County and San Luis Obispo County. The Gala participants identified the greatest health needs as follows:

- They want to be treated with dignity and respect, regardless of their gender identity or sexual orientation.
- Access to culturally competent, respectful physicians, behavioral health providers, nurses, and office staff that accept CenCal. Many trans people are underemployed/unemployed, and finding health care that accepts their insurance is a "huge" problem. Focus group participants said they often feel they are treated as a "piece of meat."
- Beyond cultural competency, many times health care is not specialized in addressing their health needs. They "face an uphill battle accessing gender diverse health care" and need local gender affirming providers and specialists that accept CenCal. There are currently only two known providers that take CenCal that specialize in the LGBTQ+ community.
- The focus group participants said they want to feel safe at medical facilities. They spoke of the harsh and discriminatory situations they often face when trying to access local providers and hospitals. Nonbinary people seem to be facing more discrimination in the health care system because they do not fit into a "male" or "female" box.
- Many LGBTQ+ youth face bullying by other classmates and parents "gate keep" and put up "roadblocks" to children seeking care. Unaffirming families often impact the youth mental health and can have youth in crisis.

Community Stakeholder Interview

On April 28, 2022, a community stakeholder interview was facilitated by Patty Herrera, MA, Manager of Community Health, Dignity Health Central Coast and Jean Raymond, RN, MSN, GCNS-BC, who serves as a gerontological clinical nurse specialist for Dignity Health Central Coast, is a faith community nurse at St. Williams Catholic Church in Atascadero, CA, and is also a member of the San Luis Obispo Health Commission. Amanda Tamburro, MPH, consultant and report author also participated in the meeting which was held via video conference.

The purpose of the interview was to discuss the health needs facing senior residents of the FHMC community. Mrs. Raymond stated the greatest challenges facing seniors impact their health status and quality of life, including transportation, housing, food insecurity, and caregiver support.

The FHMC community is home to four senior only housing locations located in Morro Bay, Atascadero, and Paso Robles. The locations of the senior housing are situated in more remote areas of the FHMC community, which creates barriers for seniors to find transportation to activities/appointments outside of their housing development. While there is a senior transport service, navigating the process of arranging a ride can be difficult, especially due to the age of the internet. Many seniors find navigating the internet overwhelming, and give up before making arrangements. They are then encouraged to reach out to the social worker to help them navigate the process, however, the social workers are over-extended trying to support large geographies with limited staff.

Some seniors only source of income is social security, which can be less than $1,000 per month. Seniors struggle to access affordable housing or face monthly housing costs that are a large portion of their monthly income. (According to the U.S. Census, in San Luis Obispo County there are 6,186 rental housing units occupied by residents age 65 or over. 53.1% spend more than 30% of their monthly income on rent.) The transportation, income, and housing struggles leads to food insecurity. Meals that Connect is a program that provides hot meals daily to seniors in San Luis Obispo County. In 2020 and 2021, they delivered 5,000 hot meals daily to seniors in San Luis Obispo County.

The COVID-19 pandemic exacerbated depression and isolation among the senior residents of the FHMC community. The pandemic also placed a strain on caregivers, and caregiver support is vital. Finding quality caregivers can be a challenge and seniors struggle to navigate the caregiver system.

San Luis Obispo County Public Health Department

Representatives from the San Luis Obispo County Public Health Department (SLOPHD) were initially approached in early 2021, regarding the CHNA process Dignity Health was initiating for their 2022 CHNA Report. During this time period COVID-19 was all consuming at both public health departments and limited their ability to fully participate; however periodic status updates were provided throughout 2021.

In January 2022, a one-hour meeting was requested with SLOPHD to share the preliminary results of the community health survey and gather their feedback/input. On February 8, 2022, Dignity Health shared a presentation with SLOPHD that provided a status update of the CHNA process to date, shared preliminary results of the community survey, and requested their feedback/input. SLOPHD was complimentary of Dignity Health's ability to reach the most vulnerable population and agreed with the preliminary results. SLOPHD expressed their desire to collaboratively approach the implementation strategy. Following the adoption of this CHNA, additional meetings will be scheduled with SLOPHD.

Written Comments from 2019 CHNA

FHMC invited written comments on the most recent CHNA Report and Implementation Strategy both in the documents and on the web site, where they are widely available to the public. No written comments have been received at the time of the CHNA report development.

Secondary Data Sources

The CHNA includes a multitude of secondary data indicators that help illustrate the health of the community. Secondary data from local, county, state, and national sources were reviewed and includes data points about demographics, mortality, morbidity, social determinant of health, health behaviors, clinical care, health outcomes, and physical environment. A limitation of the secondary data was that it many times pulls from a larger geographic area that does not align with the demographics of the FHMC community. Additionally, not all secondary data was stratified by demographic characteristics, which limited the ability to identify health disparities.

A multitude of primary and secondary data sources were evaluated and considered for this CHNA Report. The community health survey addressed COVID-19 and attempted to begin to document its impact to the community. Many secondary data sources are three to five years old and do not include the recent trends in health statistics including the detrimental changes in health due to the COVID-19 pandemic.

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

- California Cancer Registry;
- California Department of Education;
- California Department of Public Health;
- CDC Healthy People 2030;
- CDC Morbidity and Mortality;
- Center for Disease Control (CDC) Behavioral Risk Factor Surveillance System;
- County Health Rankings and Roadmaps;
- San Luis Obispo County Public Health Department; and,
- U.S. Census.

All secondary data sources were thoroughly evaluated and every effort was made to use the best available data at the time of report publishing. While there are always data limitations, the assembled data, information, and analyses completed provide a comprehensive identification and description of significant community health needs.

CHNA Report Preparers

This CHNA report and the preceding data collection process was completed as a collaborative effort between Patty Herrera, MA, Manager of Community Health, Dignity Health Central Coast and Amanda Tamburro, MPH, Principal at Tamburro Consulting Group, LLC. Patty has been the champion of community health in Santa Barbara County since 1991. Patty has been responsible for the community health survey data collection process and compilation since 2016. Patty conducted the critical outreach to community partners and contracted and trained her staff, staff from Herencia Indígena, and the promotores networks from San Luis Obispo County to conduct the health survey outreach. Patty also was responsible for managing the community health surveys collected and the data compilation. Amanda was responsible for data analysis and the report preparation. Amanda served as the primary author and lead researcher for the 2016 and 2019 Community Health Needs Assessment reports for Marian Regional Medical Center, Arroyo Grande Community Hospital, and French Hospital Medical Center.

V. Assessment Data and Findings

The data assessment for this CHNA Report will consist of a systematic review of the primary and secondary data sources mentioned above. The data assessment will compare the community against county, state, and national levels, as well as Healthy People 2030 (HP 2030) benchmarks. Data will be analyzed for health and social inequities, health indicators, health behaviors, and health conditions. The analysis will specifically note population segments that are particularly vulnerable or experiencing disproportionate unmet health needs or poor outcomes.

Social Determinants of Health and Barriers to Care

According to the U.S. Centers for Disease Control and Prevention, the conditions of the places where people live, learn, work, and play affect a wide range of health and quality of life risks and outcomes. These factors include economic stability, health care access and quality, education access and quality, neighborhood and built environment, and social and community context; collectively they are known as the social determinants of health (SDOH).[8] SDOH contribute to a wide range of health disparities and inequities and are fundamental in assessing a community.

Economic Stability

Income influences all aspects of an individual's life, including the ability to secure housing, food, transportation, health care, and childcare. Income also impacts an individual's ability to maintain good physical and mental health.
Employment status is linked to several barriers to care, including lack of health insurance, inability to pay for health care services and copays, and the inability to pay for transportation to health care appointments.

HP 2030 Goal: Help people earn steady incomes that allow them to meet their health needs.

According to the U.S. Census, American Community Survey 5-Year Estimates (2016-2020), one in eight people or 12.6% of California residents live in poverty. These individuals are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. In San Luis Obispo County this number improves 11.1% of all residents live below the poverty level.[9]

In the FHMC community, the poverty rates range from a low of 4.0% in Templeton to a high of 40.4% in San Luis Obispo. According to the U.S. Census, only two zip codes 93401 and 93405 (SLO City) in the FHMC community are exceeding the state poverty rate of 12.6%. Overall, the poverty rate for the City of San Luis Obispo is 28.2%, or more than two times the state rate.

[8] U.S. Department of Health and Human Services, 2022. Centers for Disease Control and Prevention, Social Determinants of Health: Know What Affects Health. Retrieved from: https://www.cdc.gov/socialdeterminants/about.html
[9] U.S. Census Bureau (2022). 2016-2020 American Community Survey 5-Year Estimates. https://data.census.gov/cedsci/table?q=san%20luis%20obispo%20county%20poverty

Furthermore, a review of poverty rates based upon census tracts identified additional areas within the FHMC community where the community is struggling, but the need is lost once the data is aggregated with the other census tracts in the particular zip code. The following figures depict the northern and southern FHMC community and the varying poverty rates based on census tract. It should be noted, this data source is not using the most recent U.S. Census data. The current community situation may have changed due to the lag in data and the COVID-19 pandemic.

Figure 3. Southern FHMC Estimated Percent of All People Living in Poverty (2015-2019)

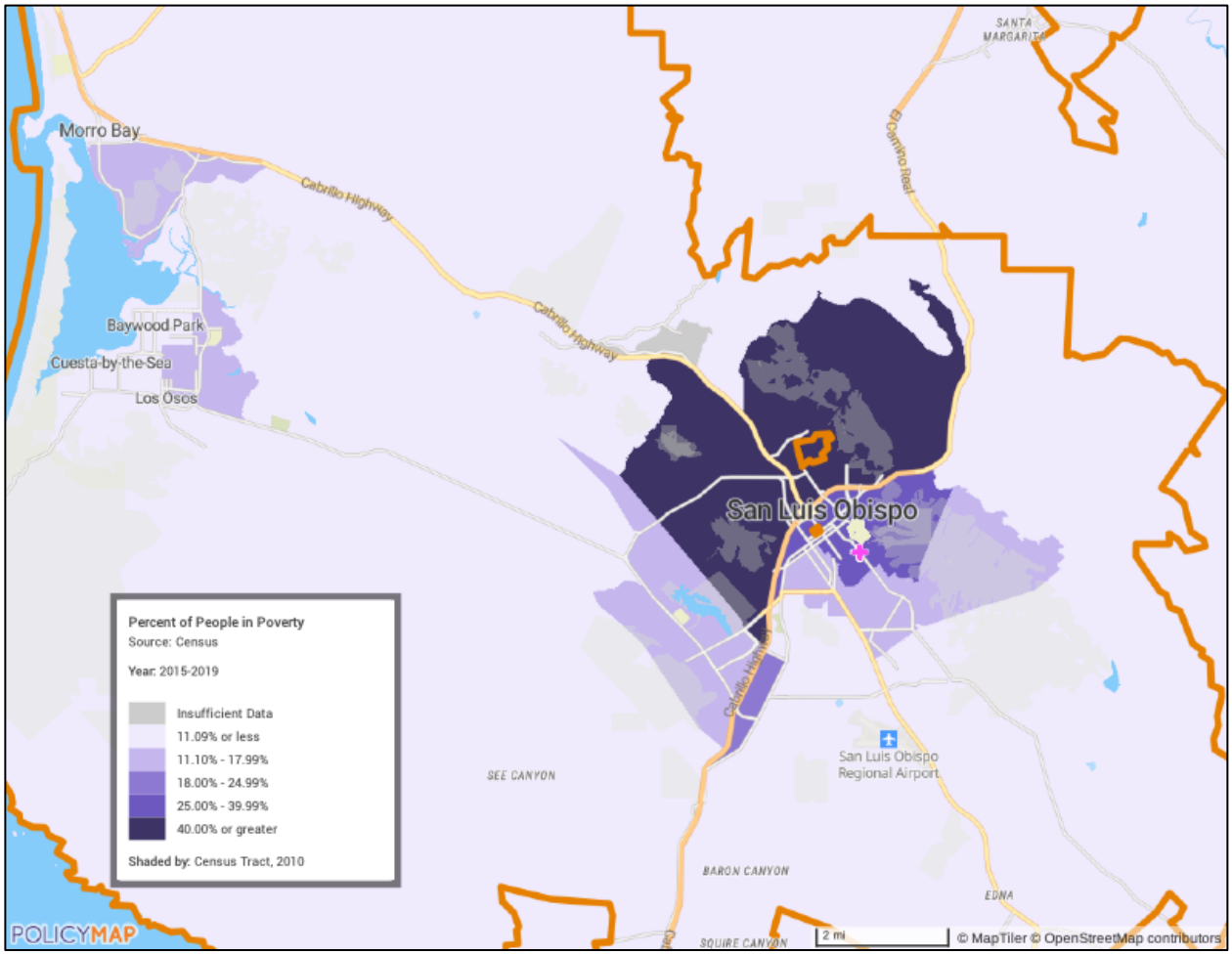
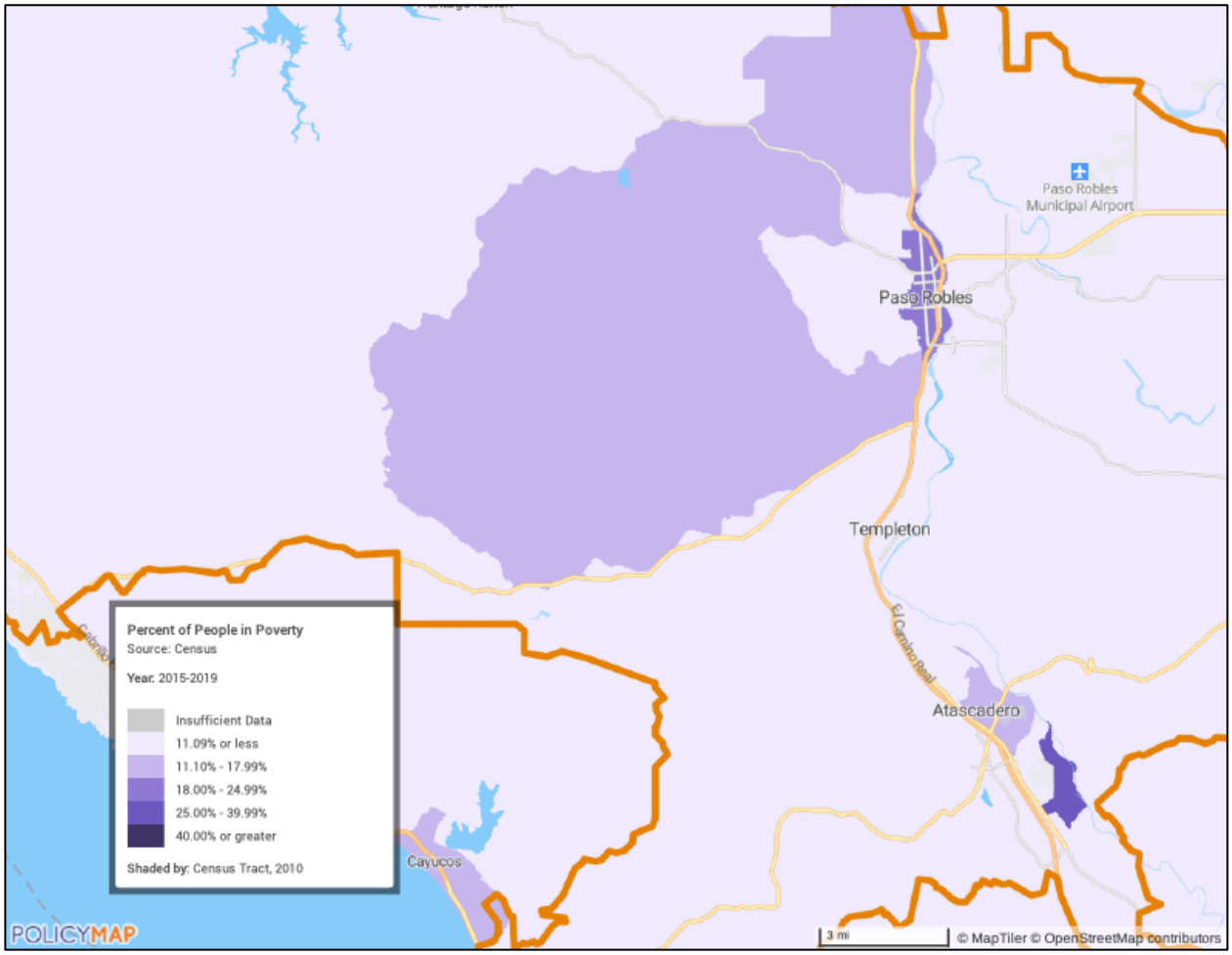


Figure 4. Northern FHMC Estimated Percent of All People Living in Poverty (2015-2019)



According to the 2022 community health survey, when survey participants were asked if they had over $300 in a savings account, 51.3% (n=199) of those residing in the community responded "no" to the question. Over half of the survey participants from zip codes 93405 (San Luis Obispo), 93422 (Atascadero), 93442 (Morro Bay), 93446 (Paso Robles) and 93465 (Templeton) do not have $300 in a savings account. Also, one-third of community health survey participants (32.3%, n=130) reported they suffered a loss of job/employment, due to the COVID-19 pandemic. In addition, 30.5% (n=123) said they have suffered from food insecurity/not having enough food, due to the pandemic

The 2021 poverty guidelines published by the U.S. Department of Health and Human Services, published a poverty guideline of $12,880 for a one person household and $26,500 for a family of four.[10] While the official poverty measure primarily accounts for the cost of food, the Real Cost Measure (RCM), published by the United Ways of California, factors costs related to housing,

[10] U.S. Health and Human Services, 2022. Office of the Assistant Secretary for Planning and Evaluation, 2021 Poverty Guidelines. Retrieved from: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines#threshholds

health care, child care, transportation and other basic needs to reveal what it really costs to live in California. According to their 2021 report, nearly one in three California households do not earn sufficient income to meet basic needs. Of the 33% that do not earn sufficient income to meet basic needs, 97% of these households have at least one working adult. The RCM data for San Luis Obispo County found 26% of households living below the RCM. In San Luis Obispo County, 38% of all households spend more than 30% of their income on housing. The United Way RCM report for San Luis Obispo County can be found in Appendix D.[11]

Education Access and Quality

Education has been described as the most important modifiable social determinant of health.[12] Research has shown that lower educational attainment levels are linked with poor health, more stress, higher poverty, and lower self-efficacy. People with higher levels of education are more likely to be healthier and live longer.

HP 2030 Goal: Increase educational opportunities and help children and adolescents do well in school.

According to the U.S. Census, the highest level of education for the population age 25 and older in the FHMC community was distributed as follows:

- 7.5% had less than a high school diploma or equivalent (or 9,075 individuals);
- 19.3% had high school graduate as their highest level of school completed;
- 36.3% had some college or an associate degree as their highest level of school completed;
- 22.5% had a bachelor's degree as their highest degree; and,
- 14.5% had completed an advanced degree such as a master's degree, professional degree or doctoral degree.[13]

The educational disparity increases as each zip code and race/ethnicity within the FHMC community is examined. According to the U.S. Census, the percent of high school graduates (25 years and over) in the State of California is 83.9% and in San Luis Obispo County it is 91.8%. The rate of high school graduates, age 25 years and over, in the FHMC community ranges from a high of 97.0% in 93465 (Templeton) to a low of 86.6% in 93405 (San Luis Obispo). However, further examination of high school educational attainment or higher, compared to an individuals' Latino(a) status indicates the Latino(a) population has lower educational attainment levels than their White alone, not Latino(a) counterparts. These educational attainment disparities are further depicted on the following table.

[11] United Ways of California, 2022. The Real Cost Measure in California 2021. Retrieved from https://www.unitedwaysca.org/realcost

[12] Rural Health Information Hub, 2022. Improving Education to Address Social Determinants of Health. Retrieved from: https://www.ruralhealthinfo.org/toolkits/sdoh/2/education/index

[13] U.S. Census (2022). 2016-2020 American Community Survey 5-Year Estimates Subject Tables. https://data.census.gov/cedsci/table?q=ZCTA5%2093420%20Populations%20and%20People&g=860XX00US93420,93433,93434,93444,93445,93449,93454,93455,93458&tid=ACSST5Y2020.S0601

Table 5. Race and Hispanic or Latino(a) Origin by Educational Attainment, 2016-2020[14]

U.S. Census Data[1]	93401	93402	93405	93422	93428	93442	93446	93465
White alone, not Hispanic or Latino								
High school graduate or higher	98.1%	96.3%	94.8%	97.0%	99.3%	95.9%	95.6%	98.6%
Bachelor's degree or higher	55.3%	48.9%	49.6%	33.9%	47.6%	45.8%	29.9%	36.0%
Hispanic or Latino Origin								
High school graduate or higher	84.7%	81.7%	70.7%	86.4%	82.0%	73.4%	71.8%	92.4%
Bachelor's degree or higher	28.9%	20.8%	20.0%	13.0%	11.6%	16.8%	15.5%	43.2%

According to the community health survey, 61.7% (n=248) of survey participants reported attaining a high school diploma, and 19.7% (n=79) of survey participants reported having a 6th grade education or less. The educational attainment and average age for the community health survey participants is detailed on the following table.

Table 6. Community Health Survey Participants' Educational Attainment

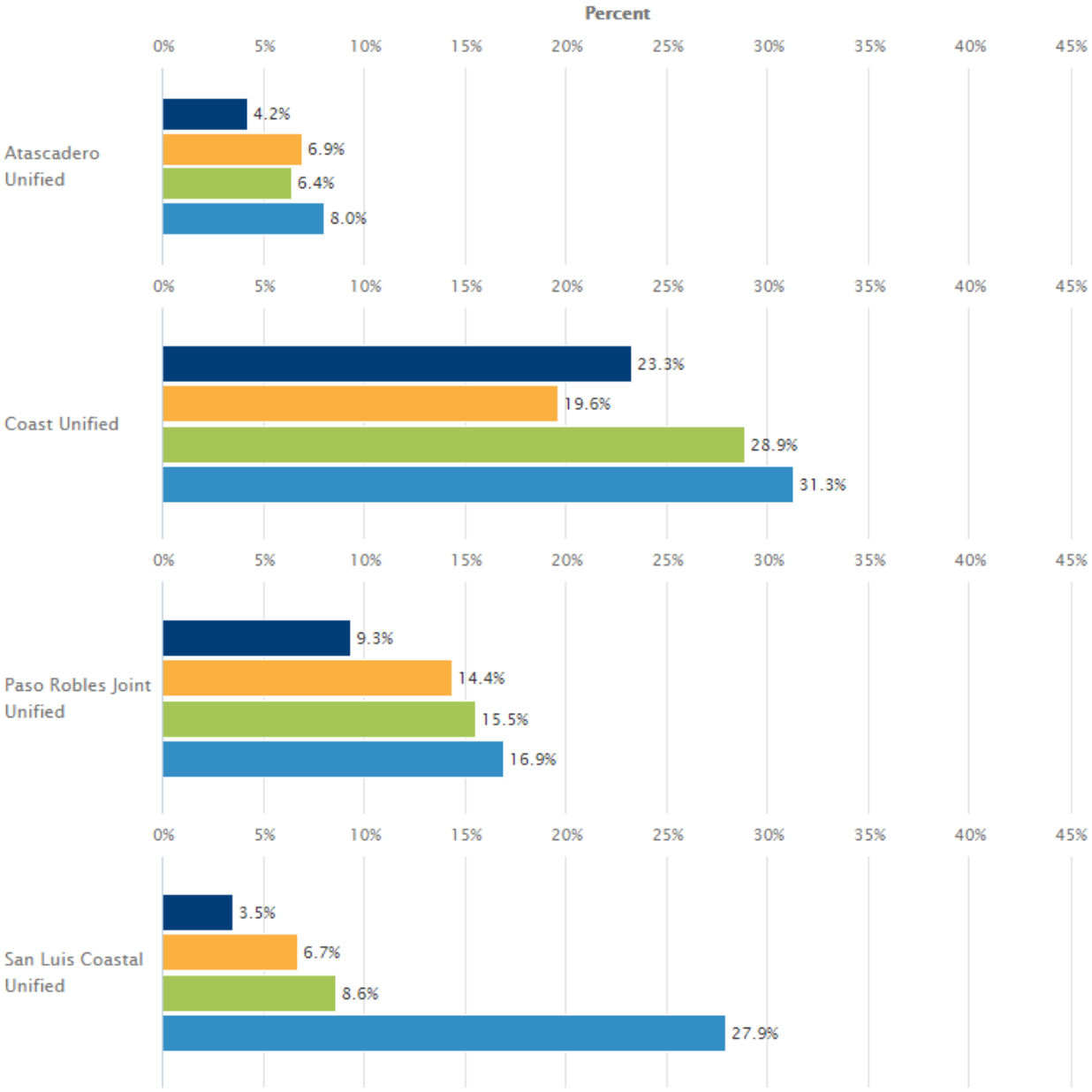
Educational Attainment	n	Percent	Average Age
No formal education	30	7.5%	56.6
Elementary school	49	12.2%	45.8
Jr high or middle school	40	10.0%	47.2
Some high school	35	8.7%	41.2
High school diploma	55	13.7%	43.7
Some college	70	17.4%	51.9
AA, AS, Trade School	39	9.7%	50.6
BA, BS	56	13.9%	48.5
Grad school	28	7.0%	60.5
Preferred not to answer	1	0.0	

The educational level of parents has been linked to the academic and economic success of their children. The following four charts were published by the California Department of Education and depict the highest level of parental education for students in the Atascadero Unified, Coast Unified, Paso Robles Join Unified, San Luis Coastal Unified and Templeton Unified school districts. Children with less-educated parents are less likely to succeed in school. Children from

[14]U.S. Census (2022). 2016-2020 American Community Survey 5-Year Estimates Subject Tables. https://data.census.gov/cedsci/table?g=0500000US06079_860XX00US93401,93402,93405,93422,93428,93442,93446,93465&tid=ACSST5Y2020.S1501

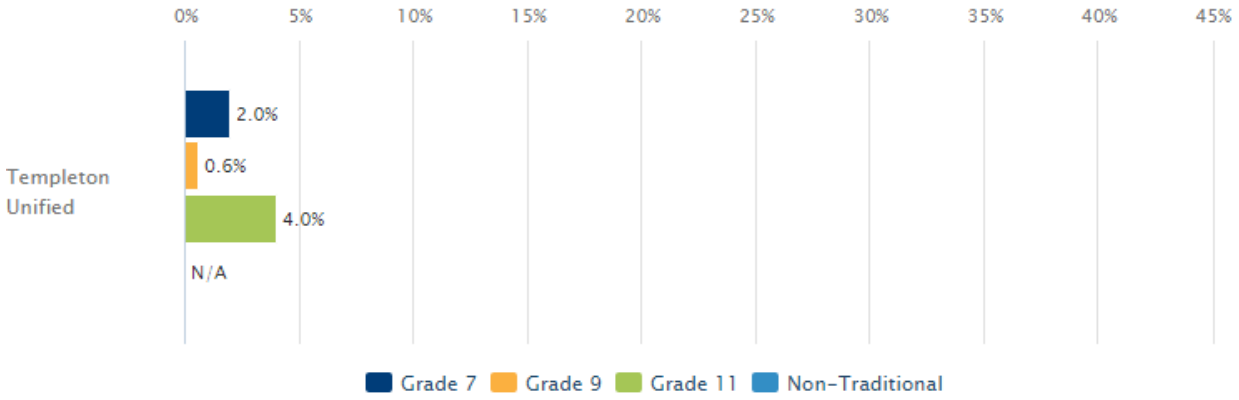
low-income families, children with disabilities, and children who regularly experience social discrimination (i.e., bullying) are more likely to struggle with math and reading. [15]

Figure 5. Percent of Parents that Did Not Finish High School, by Child's Grade Level: 2015-2017[16]



[15] U.S. Department of Health and Human Services, 2022. Healthy People 2030, Education Access and Quality. Retrieved from: https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality

[16] WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS (2022). California Dept. of Education (Mar. 2019). https://www.kidsdata.org/topic/2152/parent-education-grade/Bar#fmt=2669&loc=1300,1298,1294,1296,1304&tf=122&pdist=33&ch=69,305,306,431,1316&sort=loc



Definition: Highest level of education completed by parents of public school students in grades 7, 9, 11, and non-traditional programs (e.g., in 2015-2017, an estimated 40.3% of California 7th graders had at least one parent who completed a 4-year college degree).

Neighborhood and Built Environment

The physical and built environment surrounding where an individual lives, learns, works, and plays are important to health. Access to the outdoors, commerce, public safety, public transportation, clean water, clean air, sidewalks, and parks all impact an individual's decision-making process to further their wellness.

HP 2030 Goal: Create neighborhoods and environments that promote health and safety.

While local industry is a source of employment and feeds the local economy, it at times may impact the physical environment, potentially exacerbating or increasing the risk factors for chronic disease. According to the 2020 San Luis Obispo County Annual Crop Report the total gross crop value for 2020 was $978,675,000.[17] In order to produce the high value crops to meet industry standards, in 2018 the California Department of Pesticide Regulation (CA DPR) reported that 3,055,467 pounds of pesticide were used to treat 1,498,665 acres in San Luis Obispo County. San Luis Obispo County was ranked 16th of all California counties for total pounds of pesticide applied.[18] The Top 5 Pesticides used in San Luis Obispo County are listed on the following Table 7.

[17] San Luis Obispo County, Department of Agriculture (2021). *2020 Annul Crop Report.* https://www.slocounty.ca.gov/Departments/Agriculture-Weights-and-Measures/All-Forms-Documents/Information/Crop-Report/Crop-Report-Current/Crop-Report-2020.pdf

[18] California Department of Pesticide Regulation (2022). *Total Pounds, Applications, and Acres Treated by County: 2018.* https://www.cdpr.ca.gov/docs/pur/pur18rep/top5lists/county_subtotals.pdf

Table 7. Top 5 Pesticides by Pounds – 2018[19]

Pesticide	*Pounds*
1. Sulfur	648,886
2. Chloropicrin	643,370
3. Sodium bromide	302,121
4. 1,3-dichloropropene	242,792
5. Mineral oil	192,282

One of the most commonly used pesticide by total pounds in the FHMC community is chloropicrin. Chloropicrin is listed by The National Institute for Occupational Safety and Health (NIOSH) as a lung damaging agent and is severely irritating to the lungs, eyes, and skin. Chloropicrin is used as a soil fumigant and historically was used as a chemical warfare agent (military designation, "PS") and a riot control agent. Chloropicrin (PS) has the characteristics of tear gas and was used in large quantities during World War I and stockpiled during World War II, but is no longer authorized for military use.[20]

Another commonly used pesticide in the FHMC community that is listed above is 1,3-dichloropropene. 1,3-dichloropropene has been classified by the U.S. Environmental Protection Agency (EPA) as a probable human carcinogen-based on sufficient evidence of carcinogenicity in animals.[21]

Aside from the over three-million of pounds of pesticides that were used to insure the production of quality agricultural products, the air quality in the San Luis Obispo County is impacted by wildfires and dust.

The air quality in San Luis Obispo County in 2020 declined as compared to previous years as a result of historic wildfire impacts. Particulate concentration records for the county were broken with record highs measured on 10 days. The highest levels of particulate matter were recorded in Paso Robles and Atascadero in August 2020. Wildfire impacts also led to increased ozone concentrations in Past Robles and Atascadero exceeding state and federal standards in August 2020.[22]

According to the 2022 community health survey, 12.8% (n=51) of survey participants responded that they have been diagnosed with asthma. Similarly, 13.3% (n=50) of 2019 FHMC CHNA

[19] California Department of Pesticide Regulation (2022). *The Top Five Chemicals by Pounds in each County in 2018 and the Top Five Commodities.* https://www.cdpr.ca.gov/docs/pur/pur18rep/top5lists/top_5_pesticides_by_pounds.pdf

[20] Centers for Disease Control and Prevention, The National Institute for Occupational Safety and Health (NIOSH), 2022. *Chloropicrin (PS): Lung Damaging Agent*. https://www.cdc.gov/niosh/ershdb/emergencyresponsecard_29750034.html

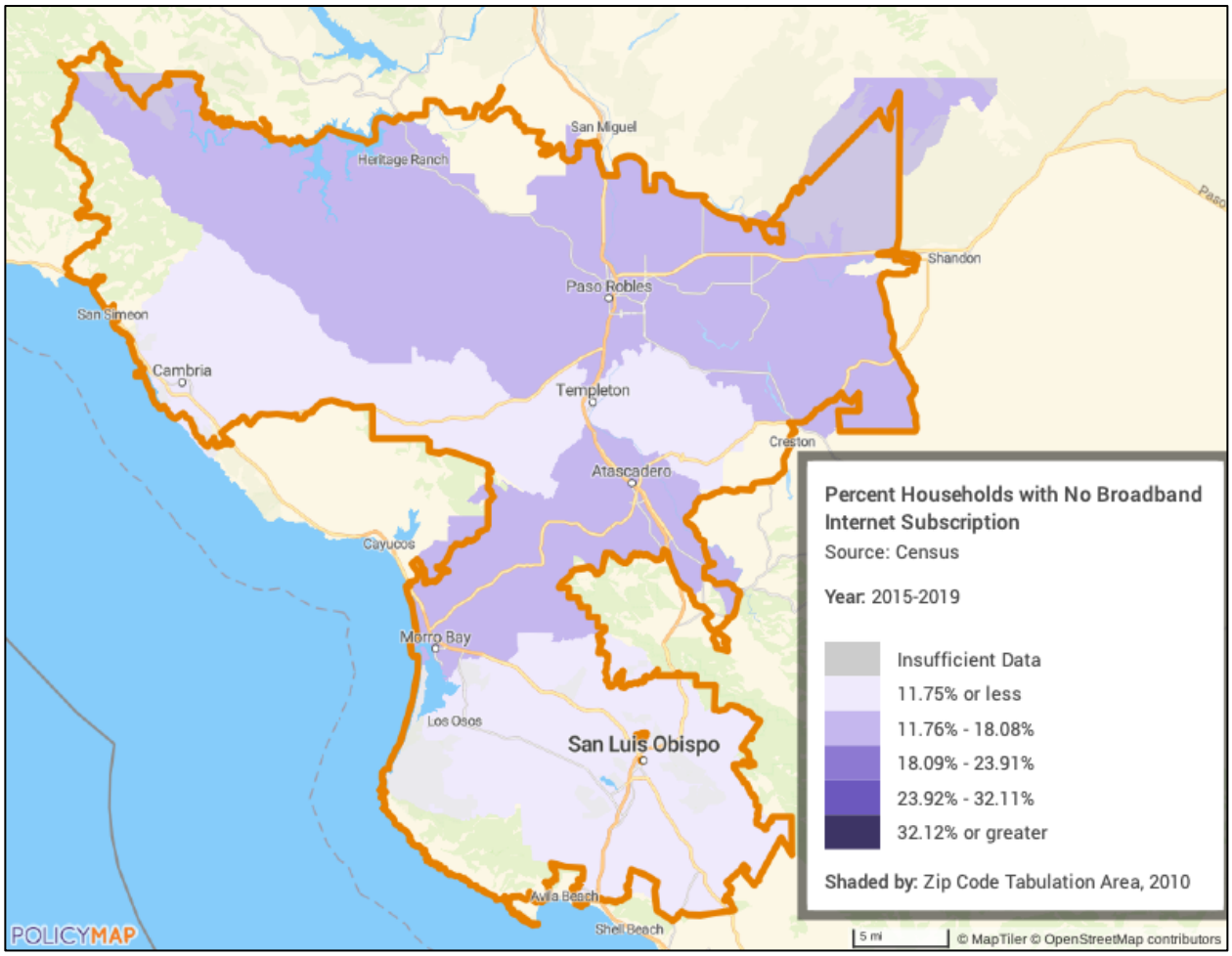
[21] United States Environmental Protection Agency, IRIS, 2022. *1,3-Dichloropropene.* https://iris.epa.gov/ChemicalLanding/&substance_nmbr=224

[22] San Luis Obispo County, Air Pollution Control District, 2022. *Report on 2020 Air Quality in San Luis Obispo County.* https://storage.googleapis.com/slocleanair-org/images/cms/upload/files/%28E-2%29.pdf

survey participants reported being diagnosed with asthma. According to the CDC, 9.1% of adults in San Luis Obispo County currently have asthma.[23]

Following the COVID-19 pandemic, the importance of access to broadband internet was amplified and disparities in access were exposed. In the FHMC community, broadband internet subscriptions vary by geographic location and are presented in the following figure. As more health systems are using internet-based communication and health care tools, internet access is important to improve health and health literacy. The HP2030 objective is to increase the proportion of adults with broadband access to the Internet.

Figure 6. FHMC Community without Broadband Internet



[23] Centers for Disease Control and Prevention, 500 Cities and Places Data Portal (2022). Local Data for Better Health, 2019 County Data Released 2021. https://chronicdata.cdc.gov/browse?category=500+Cities+%26+Places

Social and Community Context

The social and community context in which people live and work includes the relationships between neighbors and their social and civic connections. Social and community context can be evaluated through the following indicators:

- Discrimination;
- Incarceration and crime;
- Social cohesion and social connectedness; and,
- Community capacity.

HP 2030 Goal: Increase social and community support.

The FHMC community is home to a number of churches, schools, gyms, parks, senior centers, and farmer's markets that can be used by the community and foster community engagement. An example of the multitude of community organizations supporting the FHMC community are provided in Section 7. According to the voting records for San Luis Obispo County, nearly 88% of registered voters cast ballots in the 2020 presidential election.[24]

The violent crime rate is the measurement of homicide, forcible rape, robbery and aggravated assault that occur in a community compared to the total population. According to SLO Health Counts, the violent crime rate for San Luis Obispo County was 295.5 crimes per 100,000 people in 2020. This rate is below the state rate of 437.0 and the national rate of 379.4.[25]

Discrimination and bullying/teasing can have detrimental effects on an individual, especially students. One goal of HP 2030 is to reduce bullying of transgender students. According to the California Department of Education, between 2017-2019, 34% of 11th grade students in San Luis Obispo County reported being harassed or bullied in the past 12 months.[26]

Aside from having broadband internet access as discussed above, understanding health conditions and having needed health literacy to understand health conditions are indicators of social and community context. As individuals use computers to better understand their health conditions, having social support (family and friends) to talk with is also important and improve health navigation.

[24] County of San Luis Obispo, 2020. *Elections Summary Report, November 3, 2020 Consolidated Presidential General Election, Final Official Election Results.* https://www.slocounty.ca.gov/Departments/Clerk-Recorder/Forms-Documents/Elections-and-Voting/Past-Elections/General-Elections/2020-11-03-Presidential-General/Reports-and-Results/ElectionSummaryReportRPT_FINAL-OFFICIAL_2020-11-03.pdf
[25] Conduent Healthy Communities (2022). *SLO Health County, Violent Crime Rate, 2020.* https://www.slohealthcounts.org/indicators/index/view?indicatorId=522&localeId=277
[26] California Department of Education (CDE) (2022). *California Health Kids Survey Most Recent Data (2019-20).* https://calschls.org/reports-data/public-dashboards/secondary-student/

Health Care Access and Quality

HP 2030 Goal: Increase access to comprehensive, high-quality health care services.

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health. Out of pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care, and medications), and medical debt is common among both insured and uninsured individuals. Vulnerable populations, including seniors, monolingual Spanish speaking, Indigenous, LGBTQ+, and homeless are particularly at risk for insufficient health insurance coverage; people with lower incomes are often uninsured and minorities account for over half of the uninsured population.[27]

The communities' ability to access health care was measured through multiple community health survey responses compared to secondary data. The qualitative survey responses identified access to health care and access to behavioral health care as the two greatest needs facing the community, including the youth population. Select details are presented on the following Table 8.

Table 8. Access to Health Care Status

Health Behavior/Status	2022 CHNA (N=403)	2019 CHNA (N=380)	CDC BRFSS[28]	
			California	U.S.
Health care coverage (any kind) (Q10)	67.6%	81.2%	89.3%	89.3%
No health care coverage any kind (Q10)	18.3%	11.1%	10.7%	10.7%
Visited doctor within past year for routine checkup (Q12)	67.8%	81.7%	65.6%	76.0%
Received dental care in past year (Q14) (BRFSS 2016)	56.2%	55.6%	64.6%	66.7%

Comparing 2022 community health survey results to the 2019 community health surveys, health insurance coverage rates have decreased 13.6% from 2019 levels. Additionally, 13.1% (n=52) of 2022 community health survey participants reported they only have medical restricted, emergency, or pregnancy restricted Medi-Cal. A disparity exists between the community health survey completion language (Spanish versus English) and their health insurance status. Overall,

[27] Office of Disease Prevention and Health Promotion, 2022. *Access to Health Services.* Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-health

[28] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health (2022). BRFSS Prevalence & Trends Data (online). 2020 Data. https://www.cdc.gov/brfss/brfssprevalence/

176 survey participants completed the community health survey in Spanish, one-third of these individuals reported not having any health insurance (32.4%, n=57) and another 21.0% (n=37) reported they only have medical restricted, emergency, or pregnancy restricted Medi-Cal. Lastly, of the survey participants that reported not having any health insurance (n=73), 78.1% (n=57) completed the survey in Spanish.

An additional analysis of the health insurance status for survey participants, age 65 or younger (not eligible for Medicare), found disparities in the FHMC community with increased levels of survey participants with no health insurance or only emergency Medi-Cal:

- 73.4% (n=22) of survey participants from 93405 (San Luis Obispo) reported having no health insurance or only medical restricted, emergency, or pregnancy restricted Medi-Cal; and,
- 42.1% (n=64) of survey participants from 93446 (Paso Robles) reported having no health insurance coverage or only medical restricted, emergency, or pregnancy restricted Medi-Cal.

The 2022 community health survey results for oral health align with 2019 FHMC CHNA results and are consistently below state and national rates. Approximately, only one out of every two (56.2%; n=223) survey participants reporting visiting a dentist in the past year. Survey participants that delayed getting medical care in 2022 cited cost as the primary reason, followed by fear of COVID-19.

Mortality

The most recent publicly available mortality data is from 2020, published by both the CDC and also the California Health and Human Services Agency.

A review of the 2020 California mortality data, by the California Department of Public Health, revealed that after many years of decreasing death rates in California, the rate increased substantially (15.9%) in 2020, and continued to increase in 2021. This increase in deaths, or excess mortality, is due to COVID-19 and other causes of death. The excess mortality differed by race/ethnicity, with the greatest increase among the Latino(a) population. Compared to prior years, deaths increased 34.1% among the Latino(a) population, and 7.8% among Whites. As the year continued, excess mortality increased within all racial groups, and the disparities between groups increased.[29]

The following table lists the top five leading causes of death in 2020 for San Luis Obispo County. A full data table detailing total deaths and the age-adjusted rate per 100,000 for years 2018-2020 can be found in Appendix E.

[29] California Department of Public Health, Fusion Center, 2021. Data Brief: 2020 Increases in Deaths in California. https://skylab.cdph.ca.gov/communityBurden/_w_e8c2a1be/xMDA/2020_Excess_Mortality-FINAL.pdf

Table 9. Top 5 Leading Causes of Death San Luis Obispo County– 2020[30]

All Origins	*Latino(a) Population*
Cancer	Cancer
Heart disease	Heart disease
Cerebrovascular disease	Accidents (unintentional injuries)
Accidents (unintentional injuries)	COVID-19
Alzheimer disease	Diabetes mellitus

As depicted in the above table, the leading cause of death in San Luis Obispo County was cancer followed closely by heart disease. Heart disease and cancer can be attributed to approximately 42-43% of all deaths occurring between 2018-2020 in San Luis Obispo County. In San Luis Obispo County, accidents (unintentional injuries) were the third leading cause of death for the Latino(a) community (between 2018-2020).[31]

The top five leading causes of death for Californians between 2018-2020, were as follows:

1. Heart disease,
2. Cancer,
3. Alzheimer disease,
4. Cerebrovascular diseases, and
5. Accidents (unintentional injuries).

One length of life measure is premature death, which is tabulated through the years of potential life lost before age 75 per 100,000 (age-adjusted). Secondary data for the years of potential life lost (YPLL) from 2017-2019 was available at the national, state, and county level. Overall, the State of California is considered the healthiest state in the nation for having the lowest years of potential life lost before age 75 (5,703 years), compared to the national rate of 7,337 years.[32] The YPLL for San Luis Obispo County was 5,200 years.[33]

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

[30] Centers for Disease Control and Prevention, National Center for Health Statistics (2021). Underlying Cause of Death 2018-2020 on CDC WONDER Online Database. https://wonder.cdc.gov/controller/datarequest/D158;jsessionid=204610BAE540A9B597F1C0F6C79D
[31] Ibid 29.
[32] United Health Foundation (2022). *American's Health Rankings analysis of CDC Wonder, Multiple Cause of Death Files (2019).* https://www.americashealthrankings.org/explore/annual/measure/YPLL/state/CA
[33] County Health Rankings (2022). *2021 County Health Rankings Premature Death (data from 2017-2019).* *https://www.countyhealthrankings.org/app/california/2021/measure/outcomes/1/datasource*

Chronic Conditions

Chronic disease and injury are reported as the leading cause of death, disability, and diminished quality of life in the U.S. and California. Chronic diseases are defined as conditions that last more than one year and require ongoing medical attention or limit activities of daily living or both. Chronic conditions many times are caused by unhealthy or risky behaviors, such as tobacco use, unhealthy diet, lack of physical activity, and excessive alcohol use.[34] Chronic conditions also encompass mental health conditions, including depression and anxiety.

Heart Disease and Stroke

According to the American Heart Association, cardiovascular disease can refer to a number of different conditions including coronary artery disease, heart attack, stroke, heart failure, arrhythmia, and heart valve problems. Heart disease risk factors include high blood pressure, high cholesterol, diabetes, obesity, an individual's lifestyle, age, and family history. In 2020, diseases of the heart was the second leading cause of death in San Luis Obispo County.

HP 2030 Goal: Improve cardiovascular health and reduce deaths from heart disease and stroke.

The community health survey included questions that are considered risk factors for heart disease and stroke. These indicators are presented on the following Table 10 and are compared to state and national levels.

Table 10. Prevalence of Heart Disease and Stroke Indicators

Heart Disease and Stroke Indicators	2022 CHNA (N=403)	2019 CHNA (N=380)	CDC BRFSS[35]	
			California	U.S.
Lifetime Cholesterol Check (Q22)	57.0%	58.3%	87.8%	86.6%
Informed Blood Cholesterol High (Q23)	29.1%	32.3%	29.9%	33.1%
Lifetime High Blood Pressure (Q20)	30.1%	38.1%	27.8%	32.3%

[34] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (2018). *About Chronic Disease*. https://www.cdc.gov/chronicdisease/about/index.htm
[35] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health (2022). BRFSS Prevalence & Trends Data (online). 2019 Data. https://www.cdc.gov/brfss/brfssprevalence/

Diabetes

The prevalence of diabetes in the community varies depending upon an individual's age and ethnicity. The community health survey asked participants (Q25) if they were ever told by a doctor they had diabetes, pre-diabetes, or gestational diabetes. Primary and secondary data sources were evaluated and presented on the following table.

HP 2030 Goal: Reduce the burden of diabetes and improve quality of life for all people who have, or are at risk for, diabetes.

Table 11. Diabetes Prevalence

Have you ever been told by a doctor you have diabetes?	2022 CHNA (N=403)	2019 CHNA (N=380)	CDC BRFSS[36]	
			California	U.S.
Yes	11.6%	18.5%	9.8%	10.6%
Yes, pregnancy related	0.8%	2.4%	1.6%	0.9%
No, pre-diabetes or borderline diabetes	13.6%	4.5%	3.4%	1.8%

The community health survey revealed pre-diabetes rates four times the state level. Survey participants reporting a diabetes diagnosis in 2022 is below 2019 levels, but still above state and national levels.

Cancer

As mentioned above, in 2020 cancer was the leading cause of death in San Luis Obispo County. Aside from cancer screening tests, there are vaccines and healthy choices that can reduce an individual's risk of cancer, such as limiting alcohol and tobacco use, skin protection, maintaining a healthy weight, and physical fitness. Cancer disparities are thought to reflect the relationship of socioeconomic factors, culture, diet, stress, the environment, and biology. The poor and medically underserved are less likely to have recommended cancer screening tests than those who are medically well served. They are also more likely to be diagnosed with late-stage cancer that may have been treated more effectively if diagnosed earlier.[37]

HP 2030 Goal: Reduce new cases of cancer and cancer-related illness, disability, and death.

According to the California Cancer Registry, between 2015 and 2017, 4,855 cancer cases occurred in San Luis Obispo County. The California Cancer Registry determined the crude rate of cancer for each county and then adjusted it for age, so that an "apples to apples" comparison

[36] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health (2022). BRFSS Prevalence & Trends Data (online). 2020 Data. https://www.cdc.gov/brfss/brfssprevalence/

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

could be completed between the 58 counties in California. These rates were ranked from highest to lowest, with San Luis Obispo County being ranked 10th highest in the state overall. The most common cancer sites with age adjusted rates for the county and state are provided on the following Table 12.

Table 12. Age-Adjusted Invasive Cancer Incidence Rates (2013-2017)[38]

Site	San Luis Obispo County		California
	Total Cases	Age Adjusted Rate*	Age Adjusted Rate*
All Sites	7,913	429.2	393.8
Lung and Bronchus	836	43.0	40.9
Prostate, Males	1040	107.3	91.2
Colon & Rectum	596	32.2	34.8
Breast	1,335	75.7	64.4
* All rates are per 100,000. Rates are age adjusted to the 2000 US Standard Population.			

Cancer mortality rates are provided by the California Cancer Registry. A 5-year profile for the most recent data available (2013-2017) of the leading cancer mortality rates by site for San Luis Obispo County is provided on the following table.

Table 13. Age-Adjusted Cancer Mortality Rates (2013-2017)[39]

Site	San Luis Obispo County		California
	Total Deaths	Age Adjusted Rate*	Age Adjusted Rate*
All Sites	2,642	137.9	142.0
Lung and Bronchus	586	30.5	29.4
Prostate, Males	160	18.8	19.7
Colon & Rectum	231	12.0	12.6
Breast	202	11.1	10.7
Miscellaneous	206	10.6	9.6
* All rates are per 100,000. Rates are age adjusted to the 2000 US Standard Population.			

The 2022 community health survey asked multiple questions regarding survey participant's cancer screening history. Female survey participants over the age of 40, were asked if they received a mammogram in the past year. According to 2022 community health survey, 65.1%

[38] California Cancer Registry (2022). Age-Adjusted Cancer Incidence Rates in California, All Sites, 2013-2017. https://www.cancer-rates.info/ca/

[39] California Cancer Registry (2022). Age-Adjusted Cancer Mortality Rates in California, All Sites, 2013-2017. https://www.cancer-rates.info/ca/

(n=95) of females over the age of 40 reported receiving a mammogram in the past year. Further evaluation into the health insurance status of females age 40 and older revealed the following:

- For women age 40 and over with health insurance, 30.5% (n=33) did not receive their annual mammogram.
- The highest rates of women that did not receive an annual mammogram in each zip code can be found in 93442 (Morro Bay) (61.1%; n=11) and 93401 (San Luis Obispo) (57.9%; n=11).

Community health survey participants over the age of 45 were asked about their colorectal screening habits and if they ever had a lifetime colonoscopy. Additional questions were asked of survey participants to determine if they ever were screened for lung cancer through a CT scan, as well as a prostate cancer screening question. The community health survey results related to cancer prevention have been tabulated and are provided on the following table.

Table 14. Cancer Prevention Prevalence

Cancer Screening Questions	2022 CHNA	CDC BRFSS[40]	
		California	U.S.
Lifetime lung cancer screening (CT) (Q27)	13.3%	N/A	N/A
Lifetime colonoscopy (Age 45+) (Q28)	56.5%	N/A	N/A
Mammogram Past Year (Women, 40+) (Q29)	65.1%	66.2%	71.5%
Pap Test Past 3-years (Women, 18-65) (Q30)	61.6%	79.3%	77.7%
Prostate Cancer Screening (Men, 50+)(Q31)	58.5%	N/A	N/A

Health Behaviors

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

Obesity, Diet and Exercise

Body mass index (BMI) for each participant was calculated based on self-reported height and weight. When BMI was calculated for the community health survey participants, over 71.8% of all 2022 community health survey participants responding to this question (n=340) had BMIs considered overweight or obese. BMI measurements that fall within the range of 18.5 to 24.9 are considered to be normal weight. BMI measurements between 25.0 and 29.9 are considered to be

[40] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health (2022). BRFSS Prevalence & Trends Data (online). 2020 Data. https://www.cdc.gov/brfss/brfssprevalence/

overweight and those greater than 30.0 are considered obese. Overall, 65.4% of community health survey participants reported participating in an exercise or physical activity at least three times per week.

Smoking

Community health survey participants were asked two questions related to their smoking habits. Survey participants were asked if they ever smoked on average at least one pack of cigarettes per day for 20 years, or two packs a day for 10 years. Overall, 10.4% or 41 individuals, out of 403, responded "yes" to this question. Furthermore, community health survey participants were asked if they used any of the following the products in the past 30 days, this includes cigarettes, e-cigarettes, cigars, cigarillos, chewing tobacco, pipes, or smoking marijuana. Cigarettes were used the most, with 13.4% of survey participants saying they used cigarettes in the past 30 days. Over 9% of survey participants said they smoked marijuana and a lesser 5.7% said they used e-cigarettes or vape. According to the California Healthy Kids Survey, 25% of 11th grade students in San Luis Obispo County (2017-2019 data) reported currently vaping.[41]

Social and Emotional Wellness

Social and emotional wellness includes our emotional well-being, psychological well-being, and social well-being. Social and emotional wellness is essential to a person's overall well-being.

Intentional harm was ranked as the 10th leading cause of death between 2018-2020 in San Luis Obispo County.[42] According to the CDC's 500 Cities and PLACES Data in 2019, 12.9% of adults in San Luis Obispo County reported their mental health was not good for more than 14 days in the past month.[43] This secondary data from 2019 is not representative of the social and emotional impact on the community due to the COVID-19 pandemic. Over 30% of 2022 community health survey participants responded that they (or a member of their household) needed to talk to a health care professional about problems like stress, emotional problems, family, drugs, or alcohol.

Research suggests that LGBTQ+ individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Discrimination against LGBTQ+ persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide.

According to the California Healthy Kids Survey most recent data (2020-21), 15% of 9th grade students and 19% of 11th grade students in San Luis Obispo County reported considering suicide

[41] California Department of Education (CDE) (2019). *California Health Kids Survey Most Recent Data (2017-18).* Retrieved from: https://calschls.org/reports-data/dashboard/.
[42] Ibid 34.
[43] Centers for Disease Control and Prevention, 500 Cities and Places Data Portal (2022). Local Data for Better Health, 2019 County Data Released 2021. https://chronicdata.cdc.gov/browse?category=500+Cities+%26+Places

between 2017-2019. However, this secondary data, while the most recent available does not include any potential impacts from the pandemic.[44]

Substance Abuse

Substance abuse is a high risk behavior that can lead to immediate or long-term health problems, and ultimately impacts individuals, families, and communities. The California Overdose Surveillance Dashboard provides opioid-related death and hospitalization information at the county level. The most recent data provided is from 2020 and is presented below:[45]

- San Luis Obispo County (total population 283,159)
    - 151 emergency department visits related to any opioid overdose
    - 36 hospitalizations related to any opioid overdose
    - 132,358 prescriptions were written for opioids.

[44] California Department of Education (CDE) (2019). *California Health Kids Survey Most Recent Data (2017-18).* Retrieved from: https://calschls.org/reports-data/dashboard/.
[45] California Department of Public Health (2022). California Overdose Surveillance Dashboard 2020 data. https://skylab.cdph.ca.gov/ODdash/

VI. Prioritized Description of Significant Community Health Needs

The significant community health needs identified for the FHMC community extend far beyond health and health care. Social factors, including education, employment status, income level, gender, and ethnicity all contribute to health inequities. According to the CDC, racial and ethnic minority groups throughout the United States, experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their White counterparts.[46]

Health inequities are systematic differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies. Health inequities can be best addressed by setting a goal to attain health equity in the community. Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.

The significant community health needs were thoughtfully determined by the Dignity Health Community Health Education Department. Primary and secondary quantitative data, as well as the qualitative data and the anecdotal stories all pointed to the following priorities. The same concerns and needs consistently rose to the surface and were repeated time and time again. In accordance with Dignity Health policy, the following criteria were also utilized to evaluate the prioritization of community needs, including:

- Size or scale of problem (how many impacted),
- Severity of problem,
- Disparity and equity,
- Known effective interventions,
- Resource feasibility and sustainability, and
- Community support.

Attaining health equity in the FHMC community will require addressing the greatest disparities and helping the pockets of the community that are facing a constant uphill battle with everyday life. The following paragraphs provide a prioritized list of the significant health needs identified through the CHNA.

Priority 1: Educational attainment

Educational attainment is one of the five social determinants of health, and low educational attainment levels are linked with poor health, more stress, higher poverty, and lower self-efficacy. Overall, 7.5% of the FHMC community (or 9,075 individuals) over the age of 25 did not graduate high school or equivalent. However, the 2022 community health survey found that

[46] U.S. Department of Health and Human Services, 2022. Centers for Disease Control and Prevention, Health Equity. Retrieved from https://www.cdc.gov/healthequity/racism-disparities/index.html.

38.3% (n=154) survey participants reported they did not complete high school (or equivalent). In addition, nearly 20% (n=79) of survey participants reported they did not complete schooling beyond elementary school. The lowest levels of education found in the community health survey were found in the surveys completed in Spanish or Mixteco. According to the U.S. Census, the high school graduation rate (age 25 and over) for the FHMC community is below the state level of 83.9% in the following communities:

- 93402 (Los Osos) Latino(a) – 81.7%;
- 93405 (San Luis Obispo) Latino(a) – 70.7%;
- 93428 (Cambria) Latino(a) – 82.0%;
- 93442 (Morro Bay) Latino(a) – 73.4%; and
- 93446 (Paso Robles) Latino(a) – 71.8%.

A review of parents' educational attainment for the different high schools in the FHMC community found 27.9% of 11th grade San Luis Coastal Unified students' parents did not finish high school. Children with less-educated parents are less likely to succeed in school, and they may not reach their full potential.

Priority 2: Access to primary health care, behavioral health care, and oral health

The need for an improvement in access to primary health care, behavioral health care, and oral health has been substantiated through primary data, secondary data, and HRSA. HRSA has designated Morro Bay (MUA/P ID: 06206) as a medically underserved community within the FHMC community. Mental health professional shortages were designated for Arroyo Grande/San Luis Obispo (HPSA ID: 7063481715).

Even if the community was not struggling with documented shortages of health care providers and medically underserved areas, inadequate health insurance coverage is one of the largest barriers to health care access. The vulnerable populations within the FHMC community includes seniors, monolingual Spanish speaking individuals, Indigenous, homeless, and LGBTQ+ individuals. Many vulnerable communities are well documented as being either uninsured, or underinsured, and face limited providers willing to treat them unless they can private pay. In addition, some vulnerable populations may not have jobs that offer them paid time off, or sick time, to leave work and go to a middle of the day physician's appointment or preventative screening. If they do take the time off of work, they will lose their pay for the day or potentially their position. Many are faced with choosing between going to a doctor or keeping their job and feeding their family.

Aside from difficulty in accessing all types of health care, the vulnerable populations and aging community struggle with navigating the health care system. The lack of educational attainment mentioned and language barrier creates a situation that many find intimidating and difficult to navigate.

Priority 3: Health promotion and prevention

Heart disease and cancer are the leading causes of death at local, state, and national levels. As documented above, the most vulnerable members of the FHMC community struggle to access health care. If the vulnerable communities are struggling to access health care, they are less likely to understand their current health status and access preventative cancer screenings. Besides difficulty accessing health care, the vulnerable communities face increased risk for heart disease and cancer due to their social determinants of health. They face food insecurity and more often live in areas that have higher levels of pollution. In order to help the most vulnerable communities reduce their chances of developing heart disease, cancer, or another chronic condition, targeted upstream health promotion and prevention is needed. Therefore, health promotion and prevention is the third significant health need within this CHNA Report.

Within the FHMC community, 57.0 % (n=228) of the 2022 community health survey participants had a lifetime cholesterol check. Meanwhile an early indicator for heart disease in 43.0% of survey participants is unknown. Another risk factor for heart disease is obesity. Overall 71.8% of the 2022 survey participants had BMIs that were considered overweight or obese.

The 2022 community health survey asked multiple questions regarding survey participants' cancer screening history. Overall 65.1% (n=95) of female survey participants over the age of 40 reported receiving a mammogram in the past year. Community health survey participants over the age of 45 were asked about their colorectal screening habits and if they ever had a lifetime colonoscopy. Only 56.5% (n=118) of eligible survey participants reported having a lifetime colonoscopy.

Lastly, good health requires proper. Nearly one-third of the community health survey participants reported (30.5%; n=123) reported having food insecurity/not having enough food, due to the COVID-19 pandemic.

VII. Resources Potentially Available to Address Needs

While potential resources are available to address the needs of the community, the needs are too significant for any one organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local business leaders, and institutions. San Luis Obispo County is home to a wealth of organizations, businesses, and non-profits, including colleges and universities.

The resources potentially available to address the identified significant health needs includes the following organizations, facilities, and programs:

Educational Attainment

- Catholic Churches
- San Luis Obispo County Public Library
- Prado 40
- El Camino Homeless Organization (ECHO)
- United Way
- Cal Poly
- First 5
- Center for Family Strengthening
- CAPSLO (Community Action Partnership of SLO County
- Boys and Girls Club
- People Self Help Housing
- Paso Robles Housing Authority
- Los Osos Cares Resource Center
- The LINK

Access to primary health care, behavioral health care, and oral health

- Alliance for Pharmaceutical Access
- Community Counseling Center
- Community Health Clinics of Central Coast (CHC)
- Pacific Health Centers of the Central Coast
- Planned Parenthood of Santa Barbara, Ventura, and San Luis Obispo Counties, Inc.
- San Luis Obispo County Public Health
- Transitions Mental Health Association
- SLO Noor Foundation
- CAPSLO (Community Action Partnership of SLO County)

- Herencia Indígena
- Hearst Cancer Resource Center
- FHMC Women's Imaging Center

Health Promotion and Prevention

- Area Agency on Aging
- Catholic Charities
- Community Health Centers of the Central Coast (CHC)
- Pacific Health Centers of the Central Coast
- San Luis Obispo County Public Health Department
- Center for Family Strengthening
- SLO Noor Foundation
- CAPSLO (Community Action Partnership of SLO County
- Hearst Cancer Resource Center
- Herencia Indígena
- Planned Parenthood of Santa Barbara, Ventura, and San Luis Obispo Counties, Inc.
- Cal Poly Women's Mobile Clinic
- The Salvation Army
- People Self Help Housing
- Paso Robles Housing Authority
- Latino Health Coalition
- Los Osos Cares Resource Center
- The LINK

VIII. Impact of Actions Taken Since the Preceding CHNA

Following the 2019 CHNA Report and Implementation Plan, FHMC worked tirelessly to address the identified health needs. Since July 2019, FHMC provided $29,804,216 in community benefits, detailed in the following table.

Table 15. FHMC Community Benefits Summary, FY20 and FY21

Period	7/1/2019 – 6/30/2020		7/1/2020 – 6/30/2021	
Community Benefit Category	Persons	Net Benefit	Persons	Net Benefit
Benefits for Poor				
Financial Assistance	1,666	$1,201,312	1,616	$916,690
Medicaid	10,670	$9,375,861	12,133	$14,469,653
Community Services	12,097	$1,074,191	9,147	$1,348,805
Totals for Poor	24,435	$11,665,344	22,896	$16,735,148
Benefits for Broader Community				
Community Services	8,557	$711,624	4,769	$692,100
Totals for Broader Community	8,557	$711,624	4,769	$692,100
TOTAL COMMUNITY BENEFIT	**32,992**	**$12,376,968**	**27,665**	**$17,427,248**

In addition to addressing the identified 2019 community health needs, FHMC expended an unprecedented effort and focus on helping the community through the COVID-19 pandemic. When the stay home orders and COVID-19 restrictions began to be lifted, FHMC remained vigilant and proactive in collaborating with San Luis Obispo County Public Health Department, and accessing the needs of our community partners. Due the resurgence of COVID-19 and the Delta Variant, the bilingual COVID-19 Information line was reactivated and staffed by the FHMC Community Health with the focus of assisting those callers needing help obtaining a vaccine appointment. Bilingual vaccine public service announcements were developed and aired on the local radio stations and television stations. Ongoing collaboration efforts between San Luis Obispo County Public Health, Community Health Centers of the Central Coast, and Dignity Health's Community Education Department focused on developing COVID-19 vaccine education outreach to the Latino(a) population which resulted in the establishing mobile vaccine clinics in strategic neighborhoods in San Luis Obispo County.

Besides addressing the unexpected impact from the COVID-19 pandemic, the 2019 CHNA Report identified the following health needs:

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

The following subsections provide select details and impacts from the various community benefit programs currently addressing each 2019 identified health need. Further information can be found in the most recent community benefit report.

Access to primary health care, including behavioral health

- Funded Accountable Care Communities (ACC) whose goal is to provide access to health care, medical prescriptions, and behavioral health care.
- Provided financial assistance programs to cover basic needs, hospital bills, transportation vouchers, hotel vouchers.
- Completed the expansion of the FHMC Emergency Department.
- FHMC Breast feeding clinic provided a total of 2,158 free lactation consultations to mothers in FY 2021.
- Provide monthly Perinatal Mood and Anxiety disorder support group (PMAD) served 526 mother in FY 2021.
- Hearst Cancer Resource Center's (HCRC) lay bilingual patient navigator helped a total of 1,627 persons navigate medical and basic needs in FY 2021.
- HCRC's bilingual lay patient navigator establish a bilingual support group.
- HCRC's Self-Help programs served 326 persons.
- Support groups at the HCRC served 429 persons.

Aging, more mature population

- Funded Accountable Care Communities (ACC) whose goal is to provide access to health care, medical prescriptions, and behavioral health care.
- Provided free evidence based self-management disease workshops.
- Provided financial assistance programs to cover basic needs, hospital bills, transportation vouchers, hotel vouchers.
- The Faith Community Nursing/Health Ministry program addressed the spiritual, physical, mental, and social health of the individual in their faith community. Currently, there are 9 trained community faith nurses who support their congregation in various ways. Some provide free blood pressure screens, COVID-19 vaccines, and flu vaccines. Some give informal community resources referrals. A total of 596 individuals were served in this program in FY21.

Chronic disease and management

- Funded Accountable Care Communities (ACC) whose goal is to provide access to health care, medical prescriptions, and behavioral health care.
- Provided free evidence based self-management disease workshops.

- In FY2021, a total of 220 participants attended the ZOOM Healthy for Life workshops indicating an 18% increase from last year. A total of 144 participants attended the ZOOM DEEP workshops which indicated a 15 % increase from last year.
- Provided 192 free screening mammograms to women who are uninsured or underinsured in FY 2021.
- Hearst Cancer Education Prevention presentations served 154 persons.

Appendix A: FHMC Community, Population Details

U.S. Census Data[1]	93401 (San Luis Obispo)	93402 (Los Osos)	93405 (San Luis Obispo)	93422 (Atascadero)	93428 (Cambria)	93442 (Morro Bay)	93446 (Paso Robles)	93465 (Templeton)
Total population (2016-2020)	28,751	16,198	36,285	34,005	5,758	10,955	44,960	9,465
AGE								
Under 5 years	4.3%	5.4%	1.7%	5.8%	2.6%	3.5%	6.1%	3.0%
5 to 17 years	10.9%	13.3%	4.8%	15.4%	8.8%	10.0%	15.3%	19.5%
18 to 24 years	16.0%	7.4%	57.9%	8.9%	4.2%	7.8%	7.4%	3.7%
25 to 44 years	27.4%	22.7%	16.0%	24.7%	11.1%	19.2%	25.3%	20.1%
45 to 54 years	11.5%	10.1%	5.6%	11.5%	12.7%	13.0%	12.5%	14.0%
55 to 64 years	12.9%	15.0%	5.7%	16.3%	18.4%	16.0%	13.8%	17.4%
65 to 74 years	9.9%	15.7%	4.6%	10.9%	25.1%	16.8%	11.9%	11.0%
75 years and over	7.2%	10.5%	3.7%	6.4%	17.0%	13.7%	7.7%	11.2%
Median age (years)	36.1	47	22	39.2	60.5	52.3	40.6	47.7
SEX								
Male	52.5%	51.2%	56.3%	49.6%	49.1%	47.1%	48.7%	46.9%
Female	47.5%	48.8%	43.7%	50.4%	50.9%	52.9%	51.3%	53.1%
RACE AND HISPANIC OR LATINO ORIGIN								
One race	94.7%	94.8%	93.2%	95.5%	92.3%	95.4%	93.7%	93.8%
White	82.7%	85.1%	74.3%	89.5%	84.4%	86.1%	84.9%	89.3%
Black or African American	2.7%	0.2%	5.7%	0.7%	0.5%	0.1%	0.2%	0.0%
American Indian and Alaska Native	0.4%	0.8%	0.7%	1.2%	0.4%	0.3%	1.0%	2.8%
Asian	5.0%	3.8%	8.5%	1.6%	1.5%	5.3%	2.5%	1.2%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Some other race	3.9%	4.9%	4.0%	2.5%	5.5%	3.6%	5.0%	0.6%
Two or more races	5.3%	5.2%	6.8%	4.5%	7.7%	4.6%	6.3%	6.2%
Hispanic or Latino origin (of any race)	20.0%	19.7%	16.7%	18.5%	27.6%	12.6%	28.5%	9.8%
White alone, not Hispanic or Latino	69.70%	72.50%	63.90%	76.50%	69.80%	79.20%	65.20%	83.90%
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH								
Population 5 years and over	27,514	15,330	35,671	32,025	5,606	10,574	42,225	9,183

Appendix A: FHMC Community, Population Details

U.S. Census Data[1]	93401 (San Luis Obispo)	93402 (Los Osos)	93405 (San Luis Obispo)	93422 (Atascadero)	93428 (Cambria)	93442 (Morro Bay)	93446 (Paso Robles)	93465 (Templeton)
Speak language other than English	16.7%	12.8%	17.5%	10.8%	21.1%	11.9%	21.6%	5.3%
Speak English "very well"	12.8%	7.0%	13.8%	8.0%	13.5%	8.8%	13.8%	4.3%
Speak English less than "very well"	3.9%	5.8%	3.7%	2.8%	7.6%	3.1%	7.8%	0.9%
MARITAL STATUS								
Population 15 years and over	25,055	13,616	34,342	28,003	5,192	9,907	36,447	7,642
Never married	41.3%	27.3%	75.7%	29.0%	16.6%	28.8%	25.1%	18.9%
Now married, except separated	41.4%	56.3%	15.5%	53.8%	62.4%	45.9%	55.6%	66.0%
Divorced or separated	13.0%	11.1%	6.2%	12.1%	13.6%	17.9%	14.3%	9.0%
Widowed	4.3%	5.2%	2.6%	5.0%	7.5%	7.5%	4.9%	6.1%
EDUCATIONAL ATTAINMENT								
Population 25 years and over	19,779	11,976	12,928	23,766	4,855	8,623	32,032	6,980
Less than high school graduate	4.6%	6.6%	13.4%	5.1%	5.1%	8.2%	10.1%	3.0%
High school graduate (includes equivalency)	14.1%	15.5%	16.4%	23.8%	18.7%	12.5%	23.8%	18.3%
Some college or associate's degree	29.2%	33.7%	31.3%	40.1%	36.6%	36.4%	39.5%	41.8%
Bachelor's degree	29.9%	26.9%	20.8%	20.6%	21.8%	22.0%	18.5%	22.4%
Graduate or professional degree	22.2%	17.3%	18.1%	10.3%	17.8%	20.9%	8.0%	14.4%
INDIVIDUALS' INCOME IN THE PAST 12 MONTHS (IN 2020 INFLATION-ADJUSTED DOLLARS)								
Population 15 years and over	25,055	13,616	34,342	28,003	5,192	9,907	36,447	7,642
$1 to $9,999 or loss	15.2%	14.6%	38.0%	11.2%	11.3%	11.3%	11.0%	12.8%
$10,000 to $14,999	7.3%	8.5%	8.3%	6.9%	7.4%	9.5%	6.3%	4.9%
$15,000 to $24,999	11.5%	11.3%	8.9%	12.6%	13.8%	12.0%	12.1%	10.0%
$25,000 to $34,999	9.6%	10.1%	6.3%	11.7%	12.2%	7.7%	13.1%	9.3%
$35,000 to $49,999	12.4%	12.8%	3.7%	13.0%	12.3%	12.5%	13.2%	10.5%
$50,000 to $64,999	9.1%	10.2%	2.7%	8.8%	7.7%	9.8%	10.0%	7.7%
$65,000 to $74,999	4.2%	3.8%	1.7%	5.2%	4.4%	6.8%	3.8%	8.2%
$75,000 or more	23.5%	19.3%	9.3%	20.1%	20.5%	19.3%	19.9%	27.6%

Appendix A: FHMC Community, Population Details

U.S. Census Data[1]	93401 (San Luis Obispo)	93402 (Los Osos)	93405 (San Luis Obispo)	93422 (Atascadero)	93428 (Cambria)	93442 (Morro Bay)	93446 (Paso Robles)	93465 (Templeton)
Median income (dollars)	$38,411	$35,966	$10,627	$37,586	$35,100	$38,818	$36,609	$47,713
POVERTY STATUS IN THE PAST 12 MONTHS								
Population for whom poverty status is determined	28,303	16,137	23,078	33,670	5,757	10,838	44,828	9,371
Below 100 percent of the poverty level	13.60%	9.30%	40.40%	5.90%	10.60%	8.30%	7.90%	4.00%
100 to 149 percent of the poverty level	6.90%	5.80%	6.80%	5.60%	7.90%	3.90%	8.60%	2.50%
At or above 150 percent of the poverty level	79.50%	85.00%	52.70%	88.50%	81.50%	87.80%	83.50%	93.50%

Source:

1. Source: U.S. Census Bureau (2022). 2016-2020 American Community Survey 5-Year Estimates. https://api.census.gov/data/2020/acs/acs5/subject

Appendix B: Community Health Survey, Vulnerable Populations

Dignity Health.

CHNA 2022
Questionnaire

1. What is your age? (If under 18, STOP survey.) _____

2. Where do you live?

Arroyo Grande, CA 93420	Oceano, CA 93445
Atascadero, CA 93422	Orcutt, CA 93455
Cambria, CA 93428	Paso Robles, CA 93446
Grover Beach, CA 93433	Pismo Beach, CA 93449
Guadalupe, CA 93434	San Luis Obispo, CA 93401
Los Osos, CA 93402	Santa Maria, CA 93454
Morro Bay, CA 93442	Santa Maria, CA 93455
Nipomo, CA 93444	Santa Maria, CA 93458
North San Luis Obispo, CA 93405	Other (please specify): _____

3. What is your gender identity?

Male	Nonbinary
Female	Genderfluid
Transgender male	Other (please specify): _____
Transgender female	

4. What is the highest grade or year of school you completed?

No formal education	Some college
Elementary school (6th Grade or less)	Associate of arts degree (AA, AS)
Junior high or middle school (7th to 8th Grade)	Trade school (electrician, mechanic)
Some high school	Bachelor's degree (BA, BS)
High school diploma	Graduate school

5. What best describes your current housing situation?

Single family home (house, trailer)	Student living situation (dorm, multiple students in one house, etc.)
Single family in an apartment	Homeless shelter
Multiple families living together in one house, apartment, or trailer	Vehicle or tent
Temporarily staying with others	Other (please specify):_____

6. What do you consider as your race or origin?

White	Asian or Asian American
Black or African American	American Indian or Alaska Native
Mexican or Mexican American	Native Hawaiian or other Pacific Islander
Other Hispanic, Latino(a) or Spanish	Other (please specify):_____

7. Please check all that currently apply to you.

Veteran	Temporarily employed
Active duty military	Unemployed and looking for work
Agricultural worker	Homemaker
Work full-time, year-round	Retired
Work part-time, year-round	Unable to work
Work part-time, but want full-time work	Other (please specify): _____

Appendix B: Community Health Survey, Vulnerable Populations

8. In general, how would you rate your health?

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

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

☐ Yes ☐ No ☐ Don't know/not sure

10. Do you have any kind of health insurance (including prepaid plans, HMO's private insurance, Medicare or Medi-Cal/CenCal)?

☐ Yes ☐ No ☐ Don't know/not sure

☐ Yes, but only medical restricted, emergency, or pregnancy restricted Medi-Cal

11. Have you ever received any of the following vaccinations? (Check all that apply.)

Pneumonia or pneumococcal	Shingles or zoster
Tdap-Tetanus, Diphtheria and Pertussis (or whooping cough)	HPV (asked of those 11-45, also called the cervical cancer or genital warts vaccine)
Flu	COVID-19

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

Within the past year (1-12 months ago)	Never
Within the past 5 years (1-5 years ago)	Don't Know/Not Sure
5 or more years ago	

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

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

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

15. Please mark all the reasons you delayed getting medical care during the last twelve months.

I did not delay getting medical care	Fear of COVID-19
Cost	Frustrated trying to schedule an appointment
Loss of health insurance	Wait too long for next available appointment or to see doctor
Public charge	
Other (please specify): _____	

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

☐ Yes ☐ No ☐ I was not prescribed medication ☐ Don't know/not sure

17. Have you or a member of your household needed to talk to a health care professional about problems like stress, emotional problems, family, drugs or alcohol?

☐ Yes ☐ No ☐ Don't know/not sure

Appendix B: Community Health Survey, Vulnerable Populations

18. Due to the COVID-19 pandemic, have you and/or your family experienced any of the following (mark all that apply)?

Loss of job/employment	Utilities turned off
Food insecurity/not having enough food	Emotional/spiritual loss
Loss of health insurance	Grief/loss of family or friend
Eviction	

19. Please select your top three concerns about growing older (aging)?

Health	Loneliness	Transportation
Physical assistance	Safety	Memory
Finances	Abuse or neglect	Other: _____

20. Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?

Yes	No
Yes, but only during my pregnancy	Don't know/not sure
Told borderline high or pre-hypertensive	

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

☐ Yes ☐ No ☐ Don't know/not sure

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

☐ Yes ☐ No ☐ Don't know/not sure

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

☐ Yes ☐ No ☐ Don't know/not sure

24. Have you ever had a heart attack?

☐ Yes ☐ No ☐ Don't know/not sure

25. Have you ever been told by a doctor that you have diabetes?

Yes	No, but pre-diabetes or borderline diabetes
Yes, but only during my pregnancy	Don't know/not sure
No	

26. Have you ever been diagnosed with asthma?

☐ Yes ☐ No ☐ Don't know/not sure

27. Have you ever been screened for lung cancer through a CT or CAT scan (when you lie flat on your back on a table and a donut shaped x-ray machine takes a scan)?

☐ Yes ☐ No ☐ Don't know/not sure

28. A colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems and typically begins at age 45. Have you ever had this exam?

☐ Yes ☐ No ☐ Don't know/not sure

29. **For women**, a mammogram is an x-ray of each breast to look for breast cancer and screenings typically begin at age 40. Have you had a mammogram in the past year?

☐ Yes ☐ No ☐ Don't know/not sure

30. **For women**, a Pap test is a test for cancer of the cervix. Have you had a Pap test during the past three years?

☐ Yes ☐ No ☐ Don't know/not sure

31. **For men**, a prostate cancer screening can be done through a blood test (called PSA test) or a digital rectal exam. Screenings typically begin at age 50. Have you ever been checked for prostate cancer?

☐ Yes ☐ No ☐ Don't know/not sure

32. I am aware of the cancer services offered at (check all that apply):

Mission Hope Cancer Center (Santa Maria)
Mission Hope Cancer Center (Arroyo Grande)
Hearst Cancer Resource Center (San Luis Obispo)

33. Do you or do you live with anyone who uses street drugs or misuses prescription medications?

☐ Yes ☐ No ☐ Don't know/not sure

34. Thinking back, have you ever smoked on average at least one pack of cigarettes per day for 20 years or two packs a day for 10 years?

☐ Yes ☐ No ☐ Don't know/not sure

35. In the past 30 days, have you used any of the following products (check all that apply)?

Cigarettes
E-cigarettes or vaping
Cigars, cigarillos, little cigars
Chewing tobacco, snuff
Pipes
Smoke marijuana

36. I am _____ feet _____ inches tall and weigh _____ pounds.

37. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Considering all types of alcoholic beverages, how many times during the past 30 days did you have more than 5 drinks for a man or 4 drinks for a woman at one time?
_____ days

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

☐ Yes ☐ No ☐ Don't know/not sure

Source:
Most survey questions adapted from Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Questionnaire*. Atlanta, Georgia: US. Department of Health and Human Services, CDC, 2019.

OFFICE USE ONLY

Interviewer No.: _____

Survey Language: _____

Location No.: _____

Data Input: Y N By: _____

Appendix B: Community Health Survey, Vulnerable Populations

Community Health Survey Location	City
Cambria Food Distribution	Cambria
Cuesta College Food Distribution	Paso Robles
ECHO	Paso Robles
Family Service Agency	San Luis Obispo
Farmer's Market, Mobile COVID-19 Vaccine Clinic	San Luis Obispo
GALA Center	San Luis Obispo
Morro Bay Veterans Hall, Foodbank Distribution	Morro Bay
Oak Park Housing (Housing Authority of the City of Paso de Robles)	Paso Robles
Ocean View Manor	Morro Bay
Paso Robles Job Fair	Paso Robles
Paso Robles Senior Center, Foodbank Distribution	Paso Robles
Salvation Army, Foodbank Distribution	San Luis Obispo
Southbay Community Center, Food Distribution	Los Osos
St. Rose, Food Distribution	
The Link	Atascadero

Appendix B: Community Health Survey, Vulnerable Populations

2022 FHMC Community Health Survey Results (N=403)

1. What is your age?

AVERAGE -->		49.1	years

2. Where do you live?

Atascadero, CA 93422	n=	59	14.6%
Cambria, CA 93428	n=	13	3.2%
Los Osos, CA 93402	n=	17	4.2%
Morro Bay, CA 93442	n=	32	7.9%
North San Luis Obispo, CA 93405	n=	34	8.5%
Paso Robles, CA 93446	n=	184	45.7%
San Luis Obispo, CA 93401	n=	47	11.7%
Templeton, CA 93465	n=	10	2.5%
Other	n=	7	1.7%

3. What is your gender identity?

Male	n=	137	34.0%
Female	n=	260	64.5%
Transgender male	n=	3	0.7%
Transgender female	n=	0	0.0%
Nonbinary	n=	1	0.2%
Genderfluid	n=	2	0.5%
Other	n=	0	0.0%
Prefer not to answer	n=	0	

4. What is the highest grade or year of school you completed?

No formal education	n=	30	7.5%
Elementary school	n=	49	12.2%
Jr high or middle school	n=	40	10.0%
Some high school	n=	35	8.7%
High school diploma	n=	55	13.7%
Some college	n=	70	17.4%
AA, AS	n=	32	8.0%
Trade school	n=	7	1.7%
BA, BS	n=	56	13.9%
Grad school	n=	28	7.0%
Prefer not to answer	n=	1	

5. What best describes your current housing situation?

Single family home	n=	190	47.9%
Single family in an apartment	n=	120	30.2%
Multiple families living together in one house, apartment, or trailer	n=	38	9.6%
Temporarily staying with others	n=	16	4.0%
Student living situation	n=	7	1.8%
Homeless shelter	n=	14	3.5%
Vehicle or tent	n=	5	1.3%
Other	n=	7	1.8%
Prefer not to answer	n=	6	

Appendix B: Community Health Survey, Vulnerable Populations

6. What do you consider as your race or origin?

White	n=	176	44.0%
Black/African American	n=	3	0.8%
Mexican/Mexican American	n=	149	37.3%
Other Hispanic or Latino	n=	49	12.3%
Asian or Asian American	n=	10	2.5%
American Indian or Alaska Native	n=	3	0.8%
Native Hawaiian or other Pacific Islander	n=	0	0.0%
Other	n=	6	1.5%
Indigenous	n=	4	1.0%
Prefer not to answer	n=	3	

7. Please check all that currently apply to you.

Veteran	n=	13	3.2%
Active Duty Military	n=	0	0.0%
Agricultural worker	n=	50	12.4%
Work full-time, year-round	n=	98	24.3%
Work part-time, year round	n=	46	11.4%
Work part-time, but want full-time work	n=	29	7.2%
Temporarily employed	n=	15	3.7%
Unemployed and looking for work	n=	29	7.2%
Homemaker	n=	47	11.7%
Retired	n=	74	18.4%
Unable to work	n=	29	7.2%
Other	n=	21	5.2%

8. In general, how would you rate your health?

Poor	n=	10	2.5%
Fair	n=	60	15.1%
Good	n=	230	57.8%
Very Good	n=	69	17.3%
Excellent	n=	29	7.3%
Prefer not to answer	n=	5	

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

No	n=	134	33.8%
Yes	n=	259	65.4%
Don't know/not sure	n=	3	0.8%
Prefer not to answer	n=	7	

Appendix B: Community Health Survey, Vulnerable Populations

10. Do you have any kind of health insurance (including prepaid plans, HMO's private insurance, Medicare or Medi-Cal/CenCal)?

No	n=	73	18.3%
Yes	n=	269	67.6%
Don't know/not sure	n=	4	1.0%
Yes, but only medical restricted, emegency, or pregnancy restricted Medi-Cal	n=	52	13.1%
Prefer not to answer	n=	5	

11. Have you ever received any of the following vaccinations? (Check all that apply.)

Pneumonia or pneumococcal	n=	118	29.3%
Pneumonia or pneumococcal (age 65 and over)	n=	45	52.3%
Tdap	n=	186	46.2%
Flu	n=	266	66.0%
Shingles	n=	67	16.6%
Shingles (age 50 and over)	n=	40	21.4%
HPV (18-49)	n=	50	12.4%
COVID-19	n=	297	73.7%

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

Within the past year	n=	267	67.8%
Within the past 5 years	n=	69	17.5%
5 or more years ago	n=	31	7.9%
Never	n=	10	2.5%
Don't know/not sure	n=	17	4.3%
Prefer not to answer	n=	9	

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

	n=	359	100.0%
0	n=	269	74.9%
1	n=	51	14.2%
2	n=	24	6.7%
3	n=	7	1.9%
4	n=	3	0.8%
5	n=	1	0.3%
6		1	0.3%
7		2	0.6%
10		1	0.3%
12	n=		
Prefer not to answer	n=	44	

Appendix B: Community Health Survey, Vulnerable Populations

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

Within the past year	n=	223	56.2%
Within the past 5 years	n=	80	20.2%
5 or more years ago	n=	57	14.4%
Never	n=	16	4.0%
Don't know/not sure	n=	21	5.3%
Prefer not to answer	n=	6	

15. Please mark all the reasons you delayed getting medical care during the last twelve months.

I did not delay getting medical care	n=	175	43.4%
Cost	n=	113	28.0%
Loss of health insurance	n=	24	6.0%
Public charge	n=	20	5.0%
Fear of COVID-19	n=	62	15.4%
Frustrated trying to schedule an appointment	n=	36	8.9%
Wait too long for next available appointment or to see doctor.	n=	41	10.2%
Other (please specify):	n=	15	

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

No	n=	261	66.4%
Yes	n=	73	18.6%
Don't know/not sure	n=	12	3.1%
I was not prescribed medication	n=	47	12.0%
Prefer not to answer	n=	10	

17. Have you or a member of your household needed to talk to a health care professional about problems like stress, emotional problems, family, drugs or alcohol?

No	n=	260	66.2%
Yes	n=	121	30.8%
Don't know/not sure	n=	12	3.1%
Prefer not to answer	n=	10	

18. Due to the COVID-19 pandemic, have you and/or your family experienced any of the following (mark all that apply)?

Loss of job/employment	n=	130	32.3%
Food insecurity/not having enough food	n=	123	30.5%
Loss of health insurance	n=	19	4.7%
Eviction	n=	16	4.0%
Utilities turned off	n=	17	4.2%
Emotional/spiritual loss	n=	118	29.3%
Grief/loss of family or friend	n=	124	30.8%

19. Please select your top three concerns about growing older (aging)?

Health	n=	313	77.7%
Physical assistance	n=	74	18.4%
Finances	n=	219	54.3%
Loneliness	n=	139	34.5%
Safety	n=	78	19.4%
Abuse or neglect	n=	34	8.4%
Transportation	n=	38	9.4%
Memory	n=	146	36.2%
Other	n=	10	2.5%

20. Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?

No	n=	254	64%
Yes	n=	119	30%
Don't know/not sure	n=	10	3%
Yes, but only during my pregnancy	n=	4	1%
Told borderline high	n=	9	2%
Prefer not to answer	n=	7	

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

No	n=	372	93%
Yes	n=	19	5%
Don't know/not sure	n=	7	2%
Prefer not to answer	n=	5	

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

No	n=	153	38%
Yes	n=	228	57%
Don't know/not sure	n=	19	5%
Prefer not to answer	n=	3	

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

No	n=	270	68%
Yes	n=	116	29%
Don't know/not sure	n=	13	3%
Prefer not to answer	n=	4	

24. Have you ever had a heart attack?

No	n=	381	96%
Yes	n=	13	3%
Don't know/not sure	n=	3	1%
Prefer not to answer	n=	6	

25. Have you ever been told by a doctor that you have diabetes?

No	n=	282	71%
Yes	n=	46	12%
Don't know/not sure	n=	11	3%
Yes, but only during my pregnancy	n=	3	1%
No, but pre-diabetes or borderline diabetes	n=	54	14%
Prefer not to answer	n=	7	

26. Have you ever been diagnosed with asthma?

No	n=	342	86%
Yes	n=	51	13%
Don't know/not sure	n=	6	2%
Prefer not to answer	n=	4	

27. Have you ever been screened for lung cancer through a CT or CAT scan (when you lie flat on your back on a table and a donut shaped x-ray machine takes a scan)?

No	n=	337	84%
Yes	n=	53	13%
Don't know/not sure	n=	9	2%
Prefer not to answer	n=	4	

28. A colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems and typically begins at age 45. Have you ever had this exam?

Total	n=	209	100%
No	n=	90	43%
Yes	n=	118	56%
Don't know/not sure	n=	1	0%
Prefer not to answer	n=	2	

29. For women, a mammogram is an x-ray of each breast to look for breast cancer and screenings typically begin at age 40. Have you had a mammogram in the past year?

Total	n=	146	100%
No	n=	51	35%
Yes	n=	95	65%
Don't know/not sure	n=		0%
Prefer not to answer	n=	7	

30. For women, a Pap test is a test for cancer of the cervix. Have you had a Pap test during the past three years? (Women between 18-65)

Total	n=	242	100%
No	n=	92	38%
Yes	n=	149	62%
Don't know/not sure	n=	1	0%
Prefer not to answer	n=	18	

Appendix B: Community Health Survey, Vulnerable Populations

31. For men, a prostate cancer screening can be done through a blood test (called PSA test) or a digital rectal exam. Screenings typically begin at age 50. Have you ever been checked for prostate cancer?

Total	n=	65	100%
No	n=	25	38%
Yes	n=	38	58%
Don't know/not sure	n=	2	3%
Prefer not to answer	n=	6	

32. I am aware of the cancer services offered at (check all that apply):

Mission Hope Cancer Center (Santa Maria)	n=	24	6%
Mission Hope Cancer Center (Arroyo Grande)	n=	19	5%
Hearst Cancer Resource Center (San Luis Obispo)	n=	82	20%

33. Do you or do you live with anyone who uses street drugs or misuses prescription medications?

No	n=	357	91%
Yes	n=	26	7%
Don't know/not sure	n=	9	2%
Prefer not to answer	n=	11	

34. Thinking back, have you ever smoked on average at least one pack of cigarettes per day for 20 years or two packs a day for 10 years?

No	n=	348	89%
Yes	n=	41	10%
Don't know/not sure	n=	4	1%
Prefer not to answer	n=	10	

35. In the past 30 days, have you used any of the following products (check all that apply).

Cigarettes	n=	54	13%
E-cigarettes or vaping	n=	23	6%
Cigars, cigarillos, little cigars	n=	8	2%
Chewing tobacco, snuff	n=	8	2%
Pipes	n=	7	2%
Smoke marijuana	n=	37	9%

36. Body Mass Index (BMI)

Average ==>	28.1

37. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Considering all types of alcoholic beverages, how many times during the past 30 days did you have more than 5 drinks for a man or 4 drinks for a woman at one time? _____ days

Total Responses	n=	334	100%
No	n=	262	78%
Yes	n=	72	22%
Average of those reporting greater than or = to 1.		5.08	

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

No	n=	199	51%
Yes	n=	173	45%
Don't know/not sure	n=	16	4%
Prefer not to answer	n=	15	

SURVEY LANGUAGE

English	n=	222	55.2%
Spanish	n=	177	44.0%
Mixteco	n=	3	0.7%

Completed Face to Face	n=	376	93.3%
Online	n=	27	6.7%

Appendix C: Qualitative Targeted Outreach

Distribution List of Organizations for Qualitative Survey

1. Allan Hancock Community College
2. Boys and Girls Club, Oceano
3. Boys and Girls Club, Santa Maria
4. Catholic Churches
5. City of Santa Maria, Recreation and Parks Department
6. County of Santa Barbara
7. Five Cities Homeless Coalition
8. Good Samaritan Shelter
9. Little House by the Park (Guadalupe Family Resource Center)
10. Santa Maria Valley YMCA
11. United Way
12. UCSB
13. Cal Poly
14. Alliance for Pharmaceutical Access
15. CommUnify (new name for Community Active Commission (CAC))
16. Community Counseling Center
17. Community Health Clinics of Central Coast (CHC)
18. Santa Maria Valley Youth and Family
19. Good Samaritan Shelter
20. Planned Parenthood of Santa Barbara, Ventura, and San Luis Obispo Counties, Inc.
21. Santa Barbara County Department of Behavioral Wellness
22. Santa Barbara County Promotores Coalition
23. Santa Barbara County Public Health
24. San Luis Obispo County Public Health
25. Santa Maria Valley Fighting Back
26. Transitions Mental Health Association
27. Area Agency on Aging
28. Oasis Senior Center
29. Community Health Centers of the Central Coast (CHC)
30. Gala Pride and Diversity Center
31. ECHO (El Camino Homeless Organization)
32. Center for Family Strengthening
33. Family Service Agency
34. CAPSLO (Community Action Partnership of SLO County)
35. Herencia Indígena
36. Promotores Collaborative of SLO County
37. MRMC Community Benefits Committee of the Board
38. FHMC Community Benefits Committee of the Board

Appendix C: Qualitative Targeted Outreach

Monday, March 28, 2022 at 20:11:28 Eastern Daylight Time

Subject: 2022 Dignity Health Community Health Needs Assessment Survey
Date: Wednesday, January 12, 2022 at 12:42:37 PM Eastern Standard Time
From: Patty Herrera CA-Santa Maria
To: Patty Herrera CA-Santa Maria
CC: Amanda Tamburro, Heidi Summers CA-Santa Maria

Good morning,
Dignity Health Central Coast Hospitals is currently working on our 2022 Community Health Needs Assessment (CHNA) Report. We are asking for your input to help identify and prioritize significant health needs and identify potential resources.

Please let us know what your community health concerns are by completing our community health survey found here https://www.surveymonkey.com/r/QCG6PWL by February 4, 2022.

The responses collected will be included in our 2022 CHNA Report and will help guide our program development for community health over the next three years.

Please let me know if you have any questions or would prefer to have an open discussion instead.

Thank you,

Patty Herrera, MA

Manager of Community Health

Dignity Health CA Central Coast

1400 East Church St.

Santa Maria, CA 93454

805-739-3593 (Marian)

805-542-6268 (French)

805-331-0381 (cell)

(Note my change in email: patty.herrera@commonspirit.org)

patty.herrera@commonspirit.org

Compassion | Integrity | Inclusion | Collaboration | Excellence

Page 1 of 2

Appendix C: Qualitative Targeted Outreach

Thank you for participating in our survey! Your responses will be compiled and included in our 2022 Community Health Needs Assessment Report. While there are many community health needs facing communities across our state and nation, we ask that your responses are specific to Northern Santa Barbara County and San Luis Obispo County. As a reminder, community health needs can include a wide range of topics such as social inequities, institutional inequities, living conditions, risk behaviors, and chronic disease and prevention.

1. What community do you most commonly serve, or what community are you a member?

2. As an organization and/or community member, what do you view as the top 5 greatest health needs facing our community? Please be as specific as possible.
   Response #1
   Response #2
   Response #3
   Response #4
   Response #5

3. As an organization or community member, how would you address these needs?

4. Are you aware of any potential resources that are available to help address these needs?

The next three questions will focus on the youth population (under 18 years of age) residing within our community.

5. What would you say is the most important youth health need in our community?

6. What would you say is the most important thing that can be done to improve child health in our community?
7. What is the greatest barrier to child wellness in our community?

Please provide the following information if you wish to be identified as a contributor to our 2022 CHNA Report.

Name

Title (if applicable)

Organization (if applicable)

City/Town

Appendix C: Qualitative Targeted Outreach

2. As an organization and/or community member, what do you view as the top 5 greatest health needs facing our community?

	No. of Mentions					
	Rank #1	Rank #2	Rank #3	Rank #4	Rank #5	Total
Access to healthcare	**7**	**7**	**7**	**7**	**7**	**35**
Access to healthcare, homeless	1	1				2
Caregiver support	1	1		1	1	4
Chronic disease	**3**	**3**	**3**	**3**	**3**	**15**
COVID-19	**6**	**6**	**4**	**5**	**4**	**25**
Dental Care, Access	2	2	2	2		8
Gender diverse healthcare	1	1	1	1		4
Health education	1	1	1	1	1	5
Health equity	1	1	1	1	1	5
Health literacy	1	1	1	1	1	5
Homelessness	1	1	1	1		4
Housing	4	4	4	4	4	20
Individual financial resources	1	1	1	1	1	5
Mental health, Access	**6**	**6**	**6**	**6**	**6**	**30**
Mental health, Adolescents	1	1	1	1	1	5
Other	1	1	1			3
Substance abuse disorders	1	1	1	1	1	5
Grand Total	39	39	35	36	31	

5. What would you say is the most important youth health need in our community?

Response	No. of Mentions
Covid-19	1
Access to healthcare	1
Basic needs	1
Dental Health	1
Educational attainment	1
Health education	4
Mental health	**16**
Mental health, access	1
Obesity	2
Other	3
Substance Abuse Disorder	2
Vaccinations	2
Grand Total	35

Appendix D: United Way Real Cost Measure, Santa Barbara County and San Luis Obispo County

San Luis Obispo County
The Real Cost Measure in California 2021

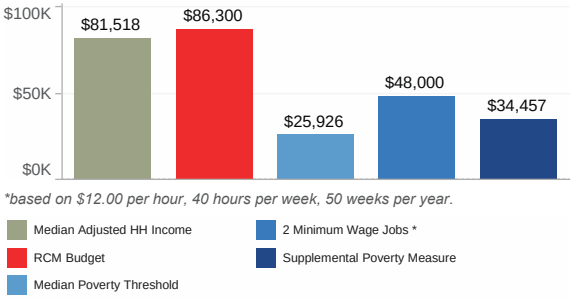
United Ways of California

The Real Cost Measure (RCM) estimates the amount of income required to meet basic needs (the "Real Cost Budget") for a given household type in a specific community. The Real Cost Measure builds a bare-bones budget that reflects constrained yet reasonable choices for essential expenses: housing, food, transportation, health care, taxes and child care.

If any results show blank values, that indicates the sample size is too small to illustrate Real Cost Measure results. Per our methodology, estimates with a cell size of greater than 5,000 are assumed to be accurate within +/-1% based on design factor analysis. Cell sizes less than 5,000 are suppressed.

# of Households below Real Cost Measure	% of Households below Real Cost Measure	% of Households below Real Cost Measure with at least 1 Working Adult
22,408	26%	96%

Annual Income Comparison
(based on a household of 2 adults, 1 pre-schooler, 1 school-aged child)



*based on $12.00 per hour, 40 hours per week, 50 weeks per year.

Household Budgets

	1 Adult	2 Adults	2 Adults 1 Pre-schooler 1 School-aged
Housing	$12,708	$14,352	$18,504
Food	$4,128	$7,572	$11,688
Health Care	$2,364	$4,740	$9,480
Child Care	$0	$0	$17,448
Transportation	$5,376	$10,740	$10,740
Miscellaneous	$2,460	$3,744	$6,780
Taxes/Credits	$4,703	$5,907	$11,660
FINAL BUDGET	$31,739	$47,055	$86,300

Households of color struggle disproportionately...
- Across the county, African Americans and Latinos have a disproportionate number of households with incomes below the Standard. In this area, of the 22,408 households below the Real Cost Measure, None are Latino.

Families with children face a larger barrier to economic security...
- None of households with children under six struggle, a rate much greater than that of the rest of the county.
- Single mothers are most likely to struggle. None in the county are below the Real Cost Measure.

Families work, but don't earn enough...
- 96% of households below RCM have at least one working adult.
- 63% of heads of household who work are employed full time and year round.
- A family of four (2 adults, 1 infant, 1 school-aged child) would need to hold more than 2 full time, minimum-wage jobs to achieve economic security.**

High housing costs are a major challenge for struggling households...
- 38% of all households in the county spend more than 30% of their income on housing.

**based on $12.00 per hour, 40 hours per week, 50 weeks per year.

Education	# below RCM	% below RCM
Less than High School		
High School Diploma or Equivalent		
Some College, Assoc. or Voc.	9,958	34%
College degree or higher	5,385	14%

Ethnicity	# below RCM	% below RCM
Latino		
African American		
Asian American/Pacific Islander		
White	16,501	25%
Native American/Alaska Native		

Household Type	# below RCM	% below RCM
Single Mothers		
Seniors		
Married Couples	7,134	21%
Informal Families	8,183	40%

Citizenship/Nativity	# below RCM	% below RCM
Foreign Born, Non-Citizen		
Foreign Born, Naturalized		
Born a US Citizen	18,855	25%

Support for this county profile is made possible by Wacker Wealth Partners.

Findings drawn from The Real Cost Measure in California 2021, by United Ways of California in partnership with B3 Consults. Data calculated for this geographic profile is from 2019. For detailed methodology, visit http://unitedwaysca.org/realcost.

Appendix E: Mortality

County	San Luis Obispo County			
Population	All Origins		Hispanic or Latino origin	
Leading Causes of Death	Deaths	Age Adjusted Rate	Deaths	Age Adjusted Rate
All Causes	7,380	606.6	638	500.1
Malignant neoplasms	1,666	132.9	143	116.1
Diseases of the heart	1,412	110.0	95	77.5
Cerebrovascular diseases	774	58.1	47	42.3
Accidents (unintentional injuries)	393	50.6	57	31.7
Alzheimer disease	390	30.4	27	26.2
Chronic lower respiratory diseases	387	25.0	17	Unreliable
Chronic liver disease and cirrhosis	161	15.9	31	20.1
Essential hypertension and hypertensive renal disease	152	11.6	11	Unreliable
Diabetes mellitus	148	14.7	26	19.7
Intentional self-harm (suicide)	146	15.8	10	Unreliable
Influenza and pneumonia	142	11.2	Unreliable	Unreliable
COVID-19	116	9.2	22	17.5

Source:

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 2018-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/ucd-icd10-expanded.html

Appendix F: County Health Status Profiles

SAN LUIS OBISPO COUNTY'S HEALTH STATUS PROFILE FOR 2019

FOR PUBLIC RELEASE

MORTALITY

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

MORBIDITY

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

INFANT MORTALITY

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

NATALITY

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

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

BREASTFEEDING

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

CENSUS

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

- Rates, percentages and confidence limits are not calculated for zero events.
***** Rates are deemed unreliable when based on fewer than 20 data elements.
<0.1 Indicates lower confidence limit is less than 0.1 but greater than 0.0.
<11.0 Refers to Data De-Identification Guidelines (DDG) used to assess risk of publicly released data; as a result, suppression and masking have been applied to this tabular data.
a Healthy People (HP) 2020 National Objective has not been established.
b HP 2020 National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death files. California's data exclude multiple/contributing causes of death.
c Prevalence data are not available in all California counties to evaluate the HP 2020 National Objective STD-1, as the objective is restricted to females who are 15-24 years old and identified at a family planning clinic, and males and females under 24 years old who participate in a national job-training program.
M Met (M) refers to the Healthy People 2020 National objectives only.
NM Not Met (NM) refers to the Healthy People 2020 National objectives only.
NA Not Applicable (NA) refers to the Healthy People 2020 National Objectives only.
LNE Low Number Evaluated; rates/percentages are masked per Data De-Identification Guidelines.
Notes Crude death rates, crude case rates, and age-adjusted death rates are per 100,000 population. Birth cohort infant death rates are per 1,000 live births.
The age-specific birth rates are per 1,000 female population aged 15 to 19 years old.
Previous refers to previous period rates. These periods vary by type of rate: Mortality 2012-2014, Morbidity 2012-2014, Infant Mortality 2011-2013, Natality 2012-2014, Census 2016.
† California Department of Public Health, Office of AIDS, Surveillance Section reporting periods are: Current Period 2014-2016, Previous Period 2011-2013.
Sources California Department of Finance. Demographic Research Unit. 2018. State and county population projections 2010-2060. Sacramento: California Department of Finance. January 2018.
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