

# **George L. Mee Memorial: Community Health Needs Assessment**

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## **INTRODUCTION**

### **PURPOSE OF COMMUNITY HEALTH NEEDS ASSESSMENT**

The Affordable Care Act creates an opportunity for hospital organizations, numerous governmental public health agencies, and other stakeholders to accelerate community health improvement by conducting triennial Community Health Needs Assessments (CHNA) and adopting related implementation strategies that address priority health needs. Under the Affordable Care Act, hospital organizations satisfy their annual community benefit obligations by meeting those new requirements which are described in section 501(r)(3) of the rule. In addition, hospital organizations have new requirements for reporting and for paying taxes.

On April 5, 2013 the IRS published proposed regulations on CHNA for charitable hospitals. The proposed regulations provide guidance on the CHNA requirements of section 501(1)(r)(3) and on the reporting obligations of section 6033. The regulations also provide guidance on the consequences of failing to satisfy any of the section 501(r) requirements. Further guidance is provided within the regulations regarding the community served, steps in assessing the needs, what needs to address and prioritize, soliciting input from the community, and what must be documented.

### **ABOUT GEORGE L. MEE MEMORIAL HOSPITAL**

Southern Monterey County Memorial Hospital was originally founded in 1941. The hospital provides primary health care and access to comprehensive health services in a professional and caring environment. The vision of Mee Memorial Hospital is to be Southern Monterey County's healthcare resource, proving high quality service through direct care, education, and cooperative effort. Located in King City, California, Mee Memorial has 94 licensed beds and is the only hospital within 50 miles.

The present hospital was built in the 1960's facility and a two story addition was completed in 2001. With the dedication of the new hospital building in 1962 the name was changed to Southern Monterey County Memorial Hospital dba George L. Mee Memorial Hospital. This facility is the core of the Mee Memorial Medical System in Southern Monterey County. Also included are comprehensive Rural Health Clinics in King City and Greenfield. In 2007, the second floor of the hospital, which had been "roughed in" during the 2001 construction, was finished to increase the number of beds to 119. Subsequently, 25 beds in the 2001 building were delicensed, reducing the total licensed beds to 94. Throughout the changes and growth, Mee Memorial continues to provide all the residents of South County with highly personalized care, state-of-the-art medical technology and a knowledgeable professional staff. Strong community support continues led by a committed Board of Trustees, dedicated Service League, and long-term Foundation that over the decades has raised several million dollars for the hospital.

With a new management team and progressive and responsible Board of Trustees, Mee Memorial continues to expand its physician base, augment its technology and equipment, promote the hospital and its services, and continue seeking beneficial partnerships within the medical field and community-at-large.

To highlight the scope and breadth of services at Mee Memorial, the hospital staff:

- Handles more than 1,500 admissions and 42,000 outpatient visits a year
- Treats more than 12,000 patients in its 24-hour-a-day emergency room
- Delivers more than 400 babies per year
- Operates rural health clinics in King City and Greenfield with physicians, family nurse practitioners and physician assistants providing primary care and health care examinations with specialists on staff or rotating through the clinics on a regular basis with over 65,000 visits annually.
- Provides occupational medicine and workers' comp services
- Manages a helicopter pad, used extensively to transport patients into and out of the hospital.

Mee Memorial is committed to serving the health care needs of the community. This includes offering an extensive array of services and skilled health care professionals.

Additionally, the Mee Memorial Foundation was established in 1969. The Foundation has raised millions of dollars for the betterment of the hospital. The Foundation's mission is to "equip, modernize, update and make the hospital aesthetically pleasant." Further, the Mee Memorial service league is a dedicated group of men and women who volunteer to aid with community health care and support the Mee Memorial facilities.

## **APPROACH TO COMMUNITY HEALTH NEEDS ASSESSMENT**

Mee Memorial worked with an outside consulting firm, Moss Adams, LLP (Moss Adams) to develop both the CHNA and implementation plan. Mee Memorial worked with Moss Adams to collect demographic and market area information, interview community members and prioritize key community health needs. The process began by reviewing prior market assessment reports and various other studies/reports produced by or for Mee Memorial within the past two years. Moss Adams then worked to analyze current demographic data for the service area population, including population size and growth projections, age distribution, racial and ethnic diversity, socioeconomic factors and health status indicators. In conjunction with Moss Adams, Mee Memorial utilized these key findings to develop a prioritized list of community health needs and create the CHNA and respective implementation plan.

Moss Adams utilized the following data sources to complete the report.

- Mee Memorial market data
- Previously conducted Mee Memorial Strategic Plans
- Community member interviews conducted by Mee Memorial Hospital
- The Nielsen Company
- Bureau of Labor Statistics
- Centers for Disease Control and Prevention
- U.S. Department of Health and Human Services
- County Health Rankings
- Office of Statewide Health Planning (OSHPD)

The Mee Memorial implementation plan was developed based on identified needs and short-term and long-term strategic goals for Mee Memorial. The implementation plan aligns with and expands upon current organizational strategies and programs. The implementation plan will be filed with the Internal Revenue Service using Form 990 Schedule H.

## COMMUNITY SERVED

Mee Memorial defines the hospital's Primary Service Area (PSA) as residents who account for 70–80% of total patient volume. The PSA includes the facility zip code and geographically adjacent zip codes in which Mee Memorial has a strong market presence. Mee Memorial's PSA accounts for 91% of the hospital's inpatient discharges and 77% of ER visits. The PSA consists of the following seven zip codes:

- 93930 King City
- 93927 Greenfield
- 93450 San Ardo
- 93932 Lockwood
- 93928 Jolon
- 93954 San Lucas
- 93426 Bradley



Listed below is a table of demographic information for the PSA. Key highlights include:

- The total population for the PSA in 2014 was 39,621 with a projected growth of 8.1% by 2019;
- Median age is 28.5;
- 81.2% of the PSA is Hispanic;

**DEMOGRAPHICS BY PSA:**

<b>Mee Memorial PSA</b>	<b>PSA (2014)</b>	<b>Projected Change (2014-2019)</b>	<b>Projected % Change (2014-2019)</b>
<b>Population size</b>	39,621	3,217	8.10%
<b>Median Age</b>	28.5	29.6	1.1 years
<b>Percent of Population 0-17</b>	32.5%	680	5.30%
<b>Percent of Population 18-44</b>	41.6%	995	6.00%
<b>Percent of Population 45-64</b>	18.9%	913	18.80%
<b>Percent of Population 65+</b>	7.1%	629	22.50%
<b>Median Household Income</b>	\$51,773	\$55,453	7.10%
<b>Racial and Ethnic Distribution</b>			
<b>Hispanic</b>	81.2%	3,391	10.50%
<b>White Non-Hispanic</b>	14.9%	-440	-7.50%
<b>All Other/Multiple</b>	3.9%	266	17.20%

**DEMOGRAPHICS BY ZIP CODE:**

<b>Mee Memorial PSA</b>	<b>King City</b>		
	<b>PSA (2014)</b>	<b>Projected Change (2014-2019)</b>	<b>Projected % Change (2014-2019)</b>
<b>Population size</b>	17,435	1,442	8.3
<b>Median Age</b>	28.4	29.4	1.0 years
<b>Percent of Population 0-17</b>	32.6%	340	6.0%
<b>Percent of Population 18-44</b>	41.7%	398	5.5%
<b>Percent of Population 45-64</b>	18.4%	451	21.7%
<b>Percent of Population 65+</b>	7.3%	253	19.9%
<b>Median Household Income</b>	\$49,389	\$53,864	9.1%
<b>Racial and Ethnic Distribution</b>			
<b>Hispanic</b>	81.6%	1,537	10.8%
<b>White Non-Hispanic</b>	14.8%	-200	-7.8%
<b>All Other/Multiple</b>	3.6%	105	16.6%

<b>Greenfield</b>			
<b>Mee Memorial PSA</b>	<b>PSA (2014)</b>	<b>Projected Change (2014-2019)</b>	<b>Projected % Change (2014-2019)</b>
<b>Population size</b>	19,088	1,768	9.3%
<b>Median Age</b>	27.2	28.7	1.5 years
<b>Percent of Population 0-17</b>	34.3%	360	5.5%
<b>Percent of Population 18-44</b>	42.7%	567	7.0%
<b>Percent of Population 45-64</b>	17.5%	544	27.4%
<b>Percent of Population 65+</b>	5.5%	297	28.3%
<b>Median Household Income</b>	\$51,653	\$54,514	5.5%
<b>Racial and Ethnic Distribution</b>			
<b>Hispanic</b>	90.0%	1,829	10.7%
<b>White Non-Hispanic</b>	6.7%	-181	-14.2%
<b>All Other/Multiple</b>	3.3%	120	18.9%

<b>Other Zip Codes</b>			
<b>Mee Memorial PSA</b>	<b>PSA (2014)</b>	<b>Projected Change (2014-2019)</b>	<b>Projected % Change (2014-2019)</b>
<b>Population size</b>	3,098	7	0.2%
<b>Median Age</b>	41	40.4	(-)0.6 years
<b>Percent of Population 0-17</b>	20.5%	-20	-3.1%
<b>Percent of Population 18-44</b>	34.4%	30	2.8%
<b>Percent of Population 45-64</b>	29.9%	-82	-10.5%
<b>Percent of Population 65+</b>	15.2%	79	16.8%
<b>Median Household Income</b>	\$65,470	\$70,187	7.2%
<b>Racial and Ethnic Distribution</b>			
<b>Hispanic</b>	24.9%	25	3.2%
<b>White Non-Hispanic</b>	66.0%	-59	-2.9%
<b>All Other/Multiple</b>	9.1%	41	14.5%

**KEY HEALTH INDICATORS:**

For the purposes of this CHNA and to obtain key health indicator data Mee Memorial utilized Nielsen Claritas, the U.S. Census Bureau and the Monterey County Community Need Assessment. Key health indicators are defined as: poverty, educational attainment and



health insurance coverage. The following tables reflect the demographic data available in each of the health indicators.

**HOUSEHOLD INCOME:**

The below charts indicate household income in the Mee Memorial PSA and was obtained from Nielsen Claritas. The median household income is \$54,229. 22% of residents within the PSA make between \$50,000 and \$74,999.

In comparison, the median household income of Monterey County is \$59,168 which is just below the California overall at \$61,632, but above the United States median of \$53,046. 13% of Monterey County lived below the federal poverty income threshold in 2009, \$10,830 per person annually and \$22,050 for a family of four annually. 40% of the county population lived below 200% (less than \$22,980 per person, \$47,100 per family) of the federal poverty in 2013. Of the residents who were below the poverty line, 40% were children and 73% were Hispanic. As of January 2015, the unemployment rate for Monterey County was at 12% compared to the California State unemployment rate of 6%.

Household Income	2015		2020	
	Estimate	%	Projection	%
<b>Total Households by Income</b>	<b>9,516</b>		<b>10,117</b>	
Income Less than \$15,000	723	7.60%	706	6.98%
Income \$15,000 – \$24,999	980	10.30%	1,038	10.26%
Income \$25,000 – \$34,999	1,110	11.66%	1,085	10.72%
Income \$35,000 – \$49,999	1,576	16.56%	1,604	15.85%
Income \$50,000 – \$74,999	2,146	22.55%	2,338	23.11%
Income \$75,000 – \$99,999	1,218	12.80%	1,313	12.98%
Income \$100,000 – \$124,999	744	7.82%	797	7.88%
Income \$125,000 – \$149,999	380	3.99%	450	4.45%
Income \$150,000 – \$199,999	422	4.43%	483	4.77%
Income \$200,000 – \$249,999	101	1.06%	156	1.54%
Income \$250,000 – \$499,999	92	0.97%	114	1.13%
Income \$500,000 or more	24	0.25%	33	0.33%

**BY AGE OF  
HOUSEHOLDER:**

Description	Householder Income			
	Age 15 - 24	Age 25 - 34	Age 35 - 44	Age 45 - 54
<b>Household Totals</b>	<b>387</b>	<b>1,831</b>	<b>2,181</b>	<b>1,976</b>
% of Total Households	4.1%	19.2%	22.9%	20.8%
<b>Income Less than \$15,000</b>	<b>47</b>	<b>83</b>	<b>82</b>	<b>126</b>
% Across Age Ranges	6.5%	11.5%	11.3%	17.4%
% Within Age Range	12.1%	4.5%	3.8%	6.4%
<b>Income \$15,000 - \$24,999</b>	<b>56</b>	<b>247</b>	<b>226</b>	<b>81</b>
% Across Age Ranges	5.7%	25.2%	23.1%	8.3%
% Within Age Range	14.5%	13.5%	10.4%	4.1%
<b>Income \$25,000 - \$34,999</b>	<b>75</b>	<b>301</b>	<b>287</b>	<b>139</b>
% Across Age Ranges	6.8%	27.1%	25.9%	12.5%
% Within Age Range	19.4%	16.4%	13.2%	7.0%
<b>Income \$35,000 - \$49,999</b>	<b>45</b>	<b>357</b>	<b>413</b>	<b>284</b>
% Across Age Ranges	2.9%	22.7%	26.2%	18.0%
% Within Age Range	11.6%	19.5%	18.9%	14.4%
<b>Income \$50,000 - \$74,999</b>	<b>114</b>	<b>438</b>	<b>522</b>	<b>434</b>
% Across Age Ranges	5.3%	20.4%	24.3%	20.2%
% Within Age Range	29.5%	23.9%	23.9%	22.0%
<b>Income \$75,000 - \$99,999</b>	<b>45</b>	<b>177</b>	<b>241</b>	<b>342</b>
% Across Age Ranges	3.7%	14.5%	19.8%	28.1%
% Within Age Range	11.6%	9.7%	11.0%	17.3%
<b>Income \$100,000 - \$124,999</b>	<b>3</b>	<b>127</b>	<b>201</b>	<b>212</b>
% Across Age Ranges	0.4%	17.1%	27.0%	28.5%
% Within Age Range	0.8%	6.9%	9.2%	10.7%
<b>Income \$125,000 - \$149,999</b>	<b>1</b>	<b>57</b>	<b>92</b>	<b>117</b>
% Across Age Ranges	0.3%	15.0%	24.2%	30.8%
% Within Age Range	0.3%	3.1%	4.2%	5.9%
<b>Income \$150,000 - \$199,999</b>	<b>1</b>	<b>40</b>	<b>100</b>	<b>149</b>
% Across Age Ranges	0.2%	9.5%	23.7%	35.3%
% Within Age Range	0.3%	2.2%	4.6%	7.5%
<b>Income \$200,000 or more</b>	<b>0</b>	<b>4</b>	<b>17</b>	<b>92</b>
% Across Age Ranges	0.0%	1.8%	7.8%	42.4%
% Within Age Range	0.0%	0.2%	0.8%	4.7%
<b>Median Household Income</b>	<b>\$40,167</b>	<b>\$46,954</b>	<b>\$53,951</b>	<b>\$70,622</b>

Description	Householder Income			
	Age 55 - 64	Age 65 - 74	Age 75 - 84	Age 85+
<b>Household Totals</b>	<b>1,589</b>	<b>940</b>	<b>437</b>	<b>175</b>
% of Total Households	16.7%	9.9%	4.6%	1.8%
<b>Income Less than \$15,000</b>	<b>132</b>	<b>99</b>	<b>91</b>	<b>63</b>
% Across Age Ranges	18.3%	13.7%	12.6%	8.7%
% Within Age Range	8.3%	10.5%	20.8%	36.0%
<b>Income \$15,000 - \$24,999</b>	<b>103</b>	<b>133</b>	<b>94</b>	<b>40</b>
% Across Age Ranges	10.5%	13.6%	9.6%	4.1%
% Within Age Range	6.5%	14.1%	21.5%	22.9%
<b>Income \$25,000 - \$34,999</b>	<b>140</b>	<b>92</b>	<b>51</b>	<b>25</b>
% Across Age Ranges	12.6%	8.3%	4.6%	2.3%
% Within Age Range	8.8%	9.8%	11.7%	14.3%
<b>Income \$35,000 - \$49,999</b>	<b>245</b>	<b>143</b>	<b>69</b>	<b>20</b>
% Across Age Ranges	15.5%	9.1%	4.4%	1.3%
% Within Age Range	15.4%	15.2%	15.8%	11.4%
<b>Income \$50,000 - \$74,999</b>	<b>345</b>	<b>207</b>	<b>71</b>	<b>15</b>
% Across Age Ranges	16.1%	9.6%	3.3%	0.7%
% Within Age Range	21.7%	22.0%	16.2%	8.6%
<b>Income \$75,000 - \$99,999</b>	<b>257</b>	<b>120</b>	<b>31</b>	<b>5</b>
% Across Age Ranges	21.1%	9.9%	2.5%	0.4%
% Within Age Range	16.2%	12.8%	7.1%	2.9%
<b>Income \$100,000 - \$124,999</b>	<b>146</b>	<b>46</b>	<b>8</b>	<b>1</b>
% Across Age Ranges	19.6%	6.2%	1.1%	0.1%
% Within Age Range	9.2%	4.9%	1.8%	0.6%
<b>Income \$125,000 - \$149,999</b>	<b>85</b>	<b>21</b>	<b>5</b>	<b>2</b>
% Across Age Ranges	22.4%	5.5%	1.3%	0.5%
% Within Age Range	5.3%	2.2%	1.1%	1.1%
<b>Income \$150,000 - \$199,999</b>	<b>86</b>	<b>36</b>	<b>9</b>	<b>1</b>
% Across Age Ranges	20.4%	8.5%	2.1%	0.2%
% Within Age Range	5.4%	3.8%	2.1%	0.6%
<b>Income \$200,000 or more</b>	<b>50</b>	<b>43</b>	<b>8</b>	<b>3</b>
% Across Age Ranges	23.0%	19.8%	3.7%	1.4%
% Within Age Range	3.1%	4.6%	1.8%	1.7%
<b>Median Household Income</b>	<b>\$62,645</b>	<b>\$50,362</b>	<b>\$31,569</b>	<b>\$21,125</b>

## **EDUCATIONAL ATTAINMENT:**

Educational attainment for Mee Memorial PSA is indicated in the table below (Lockwood and Bradley are combined in San Ardo and King City census tracts). On average 25% of residents have a high school diploma in King City and Greenfield and 13% have a bachelor's degree. Additionally, the poverty rate for individuals with less than a high school diploma ranges from 22.8 – 28.2%. Further, in Monterey County, 1 in 5 ninth to twelfth grade students will drop out of school and one third of adults will not have achieved a high school diploma or the equivalent. Looking at these statistics and factoring in race, 22% of Hispanic students did not complete school, compared to 13% of White students and 9% of Asian students. 56% of the Hispanic population 25 or older did not achieve their high school diploma, compared to 7% of white residents from 2005 – 2009.

Educational Attainment	Greenfield	King City	San Ardo
	Estimate	Estimate	Estimate
<b>Population 18 to 24 years</b>	2,289	1,958	858
Less than high school graduate	37.8%	38.9%	11.3%
High school graduate (includes equivalency)	25.4%	27.6%	20.2%
Some college or associate's degree	34.1%	32.8%	65.6%
Bachelor's degree or higher	2.6%	0.7%	2.9%
<b>Population 25 years and over</b>	9,292	9,079	2,391
Less than 9th grade	36.5%	32.4%	11.4%
9th to 12th grade, no diploma	12.6%	16.4%	6.7%
High school graduate (includes	23.6%	26.5%	25.6%
Some college, no degree	13.9%	12.9%	25.3%
Associate's degree	5.3%	4.4%	12.1%
Bachelor's degree	6.9%	5.2%	13.8%
Graduate or professional degree	1.2%	2.2%	5.2%
<b>Poverty Rate for Population 25+</b>			
Less than high school graduate	22.8%	24.1%	28.2%
High school graduate (includes	13.7%	19.1%	7.3%
Some college or associate's degree	9.2%	10.2%	9.1%
Bachelor's degree or higher	4.7%	5.0%	5.1%

## INSURANCE STATUS:

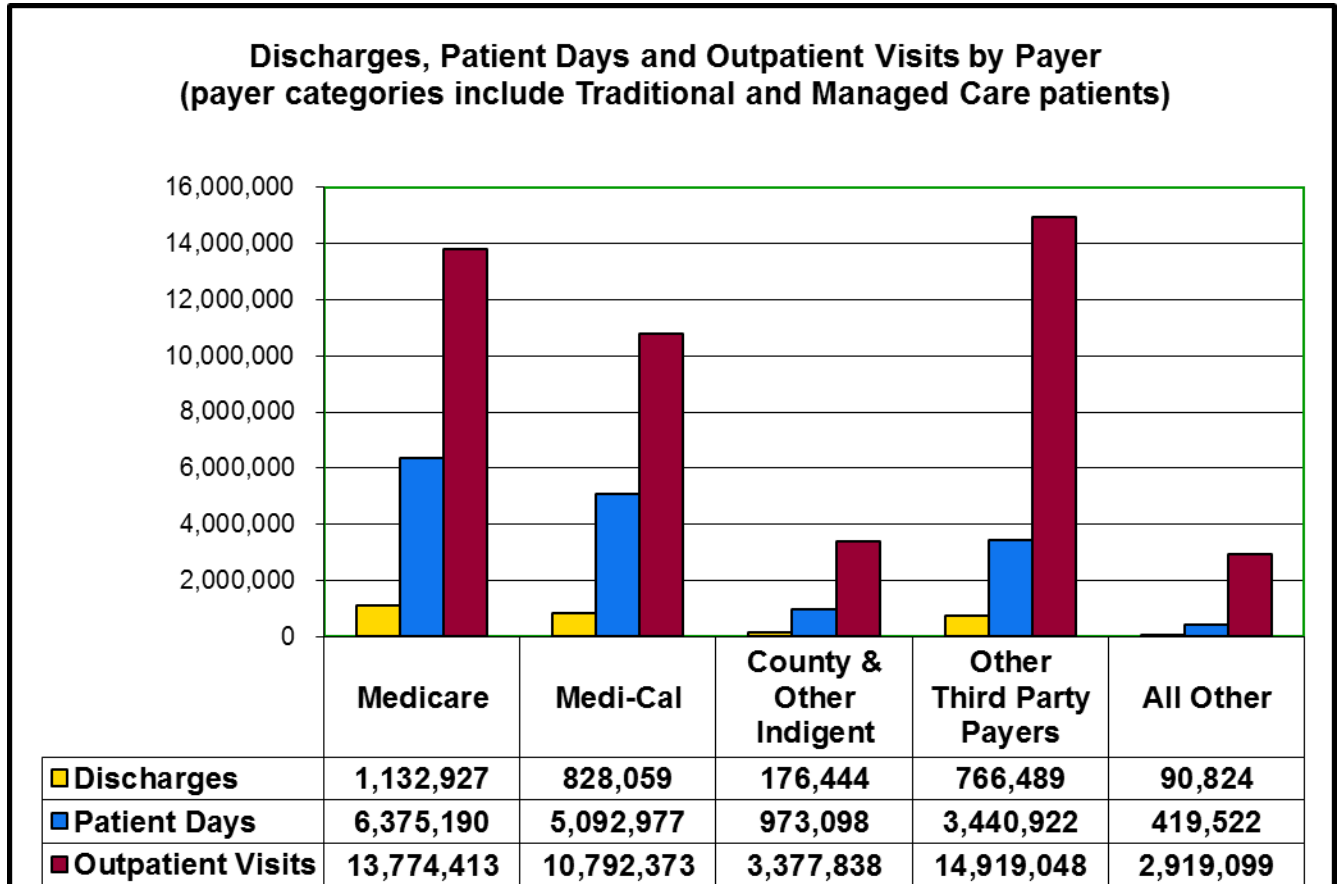
Insurance status for Monterey County is based on 2014 OSHPD data. 23.8% of Monterey County is uninsured. 40.4% of individuals discharged from a hospital in Monterey County are self-pay. In Monterey County, Hispanic residents were three times as likely to be uninsured versus white residents. The Hispanic population had the greatest number of uninsured at 25.1%, followed by other races at 23.4%, Asian/Pacific Islander at 12.7, and finally White at 8%.

Type of Current Health Insurance	% of Population
Uninsured	23.8%
Medicare & Medicaid	3.2%
Medicare & Others	13.2%
Medicare Only	1.7%
Medicaid	7.8%
Employment Based	45.1%
Privately Purchased	3.5%
Healthy Family/Other Public	1.7%

Insurance coverage for Monterey County based on 2014 OSHPD discharge data:

Patient Coverage	Patients	% of All Patients
Medicare	7,072	9.2%
Medicare - Managed Care	0	0.0%
Medi-Cal	12,015	15.6%
Medi-Cal - Managed Care	14,425	18.8%
County Indigent / CMSP / MISP	0	0.0%
Healthy Families	586	0.8%
Private Insurance	11,397	14.8%
Self-Pay / Sliding Fee	31,053	40.4%
Free	285	0.4%
All Other Payers	6	0.0%
<b>Total Patients</b>	<b>76,839</b>	<b>100.0%</b>

The following graph shows the discharges, patient days and outpatient visits per payer at Mee Memorial for 2014.



The following chart shows the 2015 payer mix for Mee Memorial. Medi-Cal is by far the largest payer at 52.4% of charges. The payer “other” indicates the percent of care that was provided through either self –pay or charity care.

Payer	% of Charges
Medi-Cal	52.40%
Medicare	22.24%
Commercial	17.31%
Other	8.05%

## LEADING CAUSES OF DEATH:

The chart below illustrates the leading causes of death for Monterey County from the California Department of Health Services from 2005 to 2008.

<b>Monterey County's Five Leading Causes of Death by Race/Ethnic Groups, 2005-2008</b> (Measured as age-adjusted rate per 100,000 people based on U.S. 2000 Standard Population)					
#	Total for All Race/ Ethnic Groups	Hispanic	White, Non-Hispanic	Asian/ Pacific Islander	African American
1	Heart Disease 154	Heart Disease 125	Heart Disease 168	Heart Disease 120	Cancer 267
2	Cancer 135	Cancer 89	Cancer 156	Cancer 104	Heart Disease 249
3	Stroke 37	Stroke 31	CLRD 38	Stroke 39	Stroke 80
4	CLRD 31	Diabetes Mellitus 28	Stroke 36	Diabetes Mellitus 21	Diabetes Mellitus 61
5	Unintentional Injury 29	Influenza/ Pneumonia 25	Unintentional Injury 36	Influenza/ Pneumonia 17	CLRD 39

## COLLABORATORS

### MOSS ADAMS

Mee Memorial worked with Moss Adams to develop the CHNA and implementation plan. Moss Adams provides accounting, tax, and consulting services to public and private middle-market enterprises in many different industries. Founded in 1913 and headquartered in Seattle, Moss Adams has 27 locations in Washington, Oregon, California, Arizona, New Mexico, Kansas, and Texas.

Moss Adams is one of the 15 largest accounting and consulting firms in the United States. Moss Adams is also a founding member of Praxity, AISBL, a global alliance of independent accounting firms providing clients with local expertise in the major markets of North America, South America, Europe, and Asia.



## **DATA COLLECTION METHODS**

### **PRIMARY DATA COLLECTION**

Primary data collection consisted of interviews and data analysis centered on the broad interests of the Mee Memorial PSA and overall Monterey County Community. Key informant interviews were performed in October 2015. Data collection was completed between September and December 2015.

Data collection included primary service area demographics, key indicators of health and insurance information. The following sources and data sets were utilized for this assessment:

- The Nielsen Company
- Bureau of Labor Statistics
- Centers for Disease Control and Prevention
- U.S. Department of Health and Human Services
- County Health Rankings
- Office of Statewide Health Planning (OSHPD)

## **COMMUNITY INPUT**

### **INTERVIEWEE LIST**

Mee Memorial completed the following key informant interviews during October 2015. Individuals were chosen based on their involvement within the community and potential willingness to participate. Additionally, in accordance with current CHNA requirements, a table has been provided indicating which individuals meet the following interviewee criteria: special knowledge in public health, public health department employee, member of medically underserved population. Full Interview notes can be found in the appendix.

1. Lilia Chagolla, Central California Alliance for Health (CCAH)
2. Stephen Tully, Ph.D., MSW, BA, Social Services Manager, Mee Memorial Hospital Social Services
3. Janet Buttgereit, PCIC Safety Manager, Buttgereit, Pettit & Davis

4. Dr. Daniel Moirao, State Administrator, South Monterey County Joint Union High School District
5. Sharon Riley, Kinship Center, SoMoCo
6. Theresa Rouse Ed.D., Superintendent, King City Union School District
7. Amy Phillips, Public Affairs Officer, U.S. Army Garrison Fort Hunter Liggett
8. Jenna Arroyo, HR Manager, Rava Ranches

CHNA Interviewee	Public Health Knowledge	Public health department	Members of medically underserved, low-income, and minority populations
Lilia Chagolla, Central California Alliance for Health (CAAH)	X	X	X
Stephen Tully, Ph.D., MSW, BA, Social Services Manager, Mee Memorial Hospital Social Services	X	X	
Janet Buttgereit, PCIC Safety Manager, Buttgereit, Pettitt & Davis	X		
Dr. Daniel Moirao, State Administrator, South Monterey County Joint Union High School District	X		
Sharon Riley, Kinship Center, SoMoCo	X	X	
Theresa Rouse Ed.D., Superintendent, King City Union School District	X		X
Amy Phillips, Public Affairs Officer, U.S. Army Garrison Fort Hunter Liggett	X		X
Jenna Arroyo, HR Manager, Rava Ranches	X		X

## INTERVIEW QUESTIONS

Interviewees were asked the following questions during their respective interviews:

### Interviewee Background:

- Describe your role within the community.
- How long have you lived in this community?

### Most prevalent health issues faced by residents of King City/South County

- What do you think are the top three factors influencing the quality of health in the community?
- What are the greatest contributors? (Environment? Individual behavior?)
- What are the greatest health-related needs you are seeing in the community?
- If you serve this population can you speak to your experience in working with community members?
- Who is the most vulnerable to these issues? (The elderly? Children? Teens?)
- How would you prioritize these health issues that impact the community?

### **Ways to address these prevalent health issues**

- What do you think is the level of care and insurance coverage available in the community?
- What do you think are the current barriers and facilitators to accessing health care?
- What is the most valuable health resource in your community that supports the health of the community?

### **Opportunities for improvement in access to health care and addressing priority health issues**

- If you could direct the future services for Mee Memorial, what are the top three things you would recommend they start doing? Stop doing? Do more of?

### **KEY INTERVIEW FINDINGS:**

Preliminary findings from the key community member interviews centered on the following community health needs:

- **Behavioral health services**
  - Mental health services
  - Substance Abuse programs
- **Youth health education**
  - High teen pregnancy rate
  - Sex Education is not comprehensive
  - General health classes for teens – eating habits, exercise etc.
  - Parental education classes
- **Chronic disease management**
  - Diabetes, blood pressure, asthma, obesity
- **Home health services for elderly and disabled**

Additionally, all interview participants indicated that they would like to see stronger collaborations between Mee Memorial and other health care organization within Monterey County. Interviewees cited that many community members are not aware of current programs and collaborations that could help them gain access to health care services. Further, many respondents identified that the key to addressing these community health needs is to go out into the community and partner with local organizations. Mee Memorial

plans to address this finding through increased collaborations. Future plans will be further discussed in the implementation plan.

## **PRIORITIZED HEALTH NEEDS**

In accordance with IRS requirements, Mee Memorial identified health needs that included requisites for the improvement or maintenance of health status in both the community at large and in particular parts of the Mee Memorial PSA. Mee Memorial also identified measures and resources that are currently available or will be available to the medically underserved population.

Through the demographic analysis of Mee Memorial's PSA it was reinforced that there are a large number of people within the community who have limited financial resources, are of child bearing age, potentially linguistically isolated and primarily of Hispanic origin. Additionally, it was revealed that there will be a 22.5% projected increase in individuals over the age of 65 by 2019. Due to these key demographic indicators, Mee Memorial seeks to continue their focus on serving vulnerable and underserved individuals and providing high quality, efficient health care services.

The following criteria were used to prioritize the community health needs. Criteria were determined based on industry best practices and feedback provided to Mee Memorial by the Monterey County Department of Public Health:

- Alignment with facility's strengths/priorities/mission
- Magnitude – number of people impacted by problem
- Opportunity for partnership
- Addresses disparities of subgroups
- Existing resources and programs to address problem
- Solution could impact multiple problems
- Importance of problem to community
- Consequences of not intervening

The following list of community health needs was compiled based on the key informant interviews Melissa Grindstaff and Katherine Gilmer performed in October 2015, the Monterey County Health Needs Assessment and prior strategic planning work performed by Carol Davis in 2012 and 2013. This is a draft list that is subject to change and reflects input from all the aforementioned sources. The goal is to distill down the list of needs to reflect the issues Mee Memorial specifically selects to target.

### **PRIORITIZED NEEDS:**

1. Chronic disease management
  - a. Diabetes, blood pressure, obesity
  - b. Asthma services and education
2. Access to health care services
  - a. Insurance partnering
  - b. Long wait times in the clinics with overflow into the ER
  - c. Outreach: Access to diagnostic testing and screening – Mammograms, colonoscopy, STD etc.
  - d. Poison/Anti Venom Control
  - e. Access to outpatient services
  - f. Specifically, the anticipated expansion of the Greenfield Clinic and replacement of the existing Mee Memorial King City Clinic.
3. Primary care physician shortage
4. Lack of care coordination between hospital, clinic and providers
  - a. Actively implemented EMR and substantially improving the coordination of care.
5. Cultural Competency – Indigenous population

### **NEEDS BEING ADDRESSED THROUGH PARTNERSHIP ONLY:**

1. Behavioral health services
  - a. Mental health services
  - b. Substance Abuse programs
2. Youth health education
  - a. High teen pregnancy rate
  - b. Sex Education
  - c. General health classes for teens – eating habits, exercise etc.

- d. Parental education classes
- 3. Injuries – both to self and accidental injuries at work
- 4. Specialist physician shortage – specifically oncology, dialysis, cardiology, OBGYN
- 5. Translational services – specifically indigent dialects (Oaxacan, Triqui etc.)

**NEEDS THE HOSPITAL WILL NOT ADDRESS:**

- 1. Home health services for elderly and disabled
- 2. Lack of inpatient dialysis
- 3. Dental/Vision Care

IRS regulations state that the CHNA must include a description of potential measures and resources identified through the CHNA to address the significant health needs of the community. The below chart is a listing of these measures and resources:

<b>Prioritized Community Health Need</b>	<b>Potential Measures</b>	<b>Mee Memorial and Community Resources</b>
<b>Chronic Disease Management</b>	1. Population with chronic diseases (diabetes, blood pressure, obesity) 2. Reduced barriers in access to chronic disease management	SVMH: Cardiologic Clinic, MMH Urology Clinic, MMH Diabetes Clinic, MMH Dialysis Center
<b>Access to Health Care Services</b>	1. Population with Insurance Coverage 2. Reduced ait times in clinic and ED 3. Increased use of diagnostic testing 4. Reduced barrier to accessing care	MMH Outpatient Clinics SVMH: Cardiologic Clinic, MMH Urology Clinic, MMH Diabetes Clinic, MMH Dialysis Center
<b>Primary Care Physician Shortage</b>	1. Reduced barriers to accessing primary care	MMH Outpatient Clinics
<b>Care Coordination</b>	1. Reduced barriers to accessing care 2. Reduced ait times in clinic and ED	Newly Installed EHR
<b>Cultural Competency</b>	1. Increased linguistic services 2. Increase in patient satisfaction scores	Linguee Services CCAH Interpreter Services

**Current Monterey County Public Health Collaborations:**

- 4 Cities for Peace
- Building Healthy Communities – East Salinas

- Child Abuse Prevention Council
- Coalition for Tobacco-Free Monterey County
- Coalition of Homeless Services Providers
- Communities for Sustainable Monterey County
- Community Alliance for Safety and Peace (CASP)
- Communities Organized for Relational Power in Action (COPA)
- Early Childhood Development Initiative (ECDI)
- Gonzales Community Collaborative
- Health in All Policies
- Healthy Mothers, Healthy Babies
- Literacy Campaign Monterey County
- Monterey County Children's Council
- Monterey County Cradle to Career Community Partnership
- Monterey County HIV Planning Group
- Monterey County Immunization Coalition
- Monterey County Child Care Planning Council
- Monterey County Vulnerable Infant Care Coordination Collaborative
- Monterey County Regional Health Development Group
- Nonprofit Alliance for Monterey County
- Nutrition and Fitness Collaborative of the Central Coast
- Preventing Alcohol Related Trauma
- Safety Net Integration Committee
- Seaside Leadership Team
- Sexual Assault Response Team Coalition
- South County Outreach Efforts (SCORE)
- Impact Monterey County

# APPENDIX

## INTERVIEW NOTES

### INTERVIEW: JANET BUTTGEREIT

#### INTERVIEWEE BACKGROUND:

- **Describe your role within the community.**
  - Works with 21 different Ag companies in the area – workers comp and safety.
  - Chairwoman of the MMH Board, past school board president.
- **How long have you lived in this community?**
  - Born and raised in community.

#### MOST PREVALENT HEALTH ISSUES FACED BY RESIDENTS OF KING CITY/SOUTH COUNTY:

- **What do you think are the top three factors influencing the quality of health in the community?**
  - Preventative care
  - Diabetes
  - Obesity
- **What are the greatest contributors? (Environment? Individual behavior?)**
  - Poverty levels.
  - Lack of initiative to take responsibility for preventive care/don't take advantage of care.
- **What are the greatest health-related needs you are seeing in the community?**
  - Preventive care.
  - Don't know how to take care of children in the first few years of life; they are not taught, no Cheetos, no soda, etc....
- **If you serve this population can you speak to your experience in working with community members?**
  - Workers who have diabetes take longer to heal when injured.
  - Due to poverty issues, diabetics don't get medications.
  - Lack of knowledge in understanding the seriousness of diabetes if left untreated.
- **Who is the most vulnerable to these issues? (The elderly? Children? Teens?)**
  - Youth, Hispanic children.
- **How would you prioritize these health issues that impact the community?**



- They all go hand in hand.

#### **WAYS TO ADDRESS THESE PREVALENT HEALTH ISSUES:**

- **What do you think is the level of care and insurance coverage available in the community?**
  - There are many that fall through the cracks.
- **What do you think are the current barriers and facilitators to accessing health care?**
  - Antiquated and rural plant, hospital needs to be updated.
  - Not enough resources, or specialty medicine – i.e. and endocrinologist.
  - Rural area – few people have access to transportations.
- **What is the most valuable health resource in your community that supports the health of the community?**
  - Mee Memorial Hospital without a doubt, it is needed in this community.

#### **OPPORTUNITIES FOR IMPROVEMENT IN ACCESS TO HEALTH CARE AND ADDRESSING PRIORITY HEALTH ISSUES:**

- **If you could direct the future services for Mee Memorial, what are the top three things you would recommend they start doing? Stop doing? Do more of?**
  - Find a way to build a new/nice clinic, update the antiquity.
  - More widespread community support. People know it is needed but do not support it.
  - More outreach on preventative care.

## INTERVIEW: DR. DANIEL MOIRAO

### INTERVIEWEE BACKGROUND:

- **Describe your role within the community.**
  - State Administrator for KCHS District – appointed by the state.
  - Schools cover the area of Greenfield to San Lucas/San Ardo.
- **How long have you lived in this community?**
  - Four years as State Administrator

### MOST PREVALENT HEALTH ISSUES FACED BY RESIDENTS OF KING CITY/SOUTH COUNTY:

- **What do you think are the top three factors influencing the quality of health in the community?**
  - Not knowing what you do not know – lack of knowledge, naivety.
  - Financial (poverty)
  - Two groups;
    1. Disenfranchised and need to be educated;
    2. Those who are over committed with no time for other things.
- **What are the greatest contributors? (Environment? Individual behavior?)**
  - Health care being more easily available to more people, including undocumented residents.
  - Again, not knowing what you do not know – lack of knowledge, naivety
  - Lack of education on options to be had
- **What are the greatest health-related needs you are seeing in the community?**
  - Education on teen pregnancy – how to keep babies healthy, get kids to wait, prevent pregnancies, prevent multiple pregnancies.
  - Nutrition and healthy lifestyles/obesity.
  - Dental and vision care.
- **Who is the most vulnerable to these issues? (The elderly? Children? Teens?)**
  - Teenagers.
  - Elderly/mothers & father (grandparents) responsible for raising the babies.
  - School aged children lacking care by parents.
- **How would you prioritize these health issues that impact the community?**
  - Teenage pregnancy.
  - Nutrition and healthy lifestyles – how to raise a healthy child.
  - Obesity.

## **WAYS TO ADDRESS THESE PREVALENT HEALTH ISSUES:**

- **What do you think is the level of care and insurance coverage available in the community?**
  - Not sure if access to Covered California was spread across all groups/ethnicities. If people understood their options with it.
- **What do you think are the current barriers and facilitators to accessing health care?**
  - Not knowing how to access it
  - Fearful of commitment – how is it going to get paid for? Lack of money.
  - Lack of access to transportation
- **What is the most valuable health resource in your community that supports the health of the community?**
  - As simple as it may seem; Rite Aid. A lot of poor tend to go the pharmacist for simple answers without paying for a visit; without being fearful of going to an establishment that may question their legality.

## **OPPORTUNITIES FOR IMPROVEMENT IN ACCESS TO HEALTH CARE AND ADDRESSING PRIORITY HEALTH ISSUES:**

- **If you could direct the future services for Mee Memorial, what are the top three things you would recommend they start doing? Stop doing? Do more of?**
  - Easy access – partner with schools to have a mobile clinic or kiosk on the school grounds.
  - Collaborate with schools to educate parents and have more outreach for things such as vaccines, preventative care on school grounds at school functions.
  - “Starbucks” model – go to where the people are, i.e. schools, grocery stores, etc....
  - Have an orientation with new doctors to tour schools. Get familiar with schools – helping to recruit more doctors, but also to build awareness with the doctors of what is needed in the schools.

## INTERVIEW: SHARON RILEY

### Interviewee Background:

- **Describe your role within the community.**
  - Director of Mental Health Services with Kinship Center
- **How long have you lived in this community?**
  - She has been with the Kinship Center in King City for over a year but has been a resident of Monterey County for over 40 years.

### MOST PREVALENT HEALTH ISSUES FACED BY RESIDENTS OF KING CITY/SOUTH COUNTY:

- **What do you think are the top three factors influencing the quality of health in the community?**
  - Access to services – not enough services
  - Transportation problems
  - Cultural influence – fear keeps people from seeking services
  - Transient population – brings TB in from Mexico
- **What are the greatest contributors? (Environment? Individual behavior?)**
  - Poverty
  - Do not have access/transportation for health care
  - Lower levels of education
  - Cultural influence – stigma associated with getting health care
- **What are the greatest health-related needs you are seeing in the community?**
  - Mental Health needs – ER services have to go to Salinas. Have a psychiatrist at MMH.
  - Lack of services available – more specialty medicine, i.e. mental health services
  - Dental health (specialty)
- **Who is the most vulnerable to these issues? (The elderly? Children? Teens?)**
  - Children – they are affected by what the parents are capable of providing.
- **How would you prioritize these health issues that impact the community?**
  - Having specialty services – providers, i.e. psychiatrist

### WAYS TO ADDRESS THESE PREVALENT HEALTH ISSUES:

- **What do you think is the level of care and insurance coverage available in the community?**
  - People are not informed enough about the ACA – lack of knowledge and resources are available to them.

- **What do you think are the current barriers and facilitators to accessing health care?**
  - Lack of services.
  - Lack of transportation services.
  - Access to transportation.
  - Lack of education or ignorance to knowing what options are available to them – especially amongst the undocumented residents.
  
- **What is the most valuable health resource in your community that supports the health of the community?**
  - MMH and emergency health services

**OPPORTUNITIES FOR IMPROVEMENT IN ACCESS TO HEALTH CARE AND ADDRESSING PRIORITY HEALTH ISSUES:**

- **If you could direct the future services for Mee Memorial, what are the top three things you would recommend they start doing? Stop doing? Do more of?**
  - Psychiatric services/mental health/child psychiatrist
  - Mobile units
  - Immunization programs for children – partnering with schools to educate students and parents

## INTERVIEW: THERESA ROUSE

### INTERVIEWEE BACKGROUND:

- **Describe your role within the community.**
  - Superintendent for KC Union School District – Kindergarten through 8<sup>th</sup> grades, 4 school sites and over 2600 students
  - 4<sup>th</sup> year with school district
- **How long have you lived in this community?**
  - Has lived in Greenfield for over 3 years.

### MOST PREVALENT HEALTH ISSUES FACED BY RESIDENTS OF KING CITY/SOUTH COUNTY:

- **What do you think are the top three factors influencing the quality of health in the community?**
  - Teen pregnancy/multiple pregnancies
  - Poverty
  - Obesity/Diabetes
  - Gang and drug problems
- **What are the greatest contributors? (Environment? Individual behavior?)**
  - Poverty/Economics
  - Boredom – nothing to do
- **What are the greatest health-related needs you are seeing in the community?**
  - Diabetes – poverty leads to poor nutrition and childhood obesity.
  - Building healthy habits becomes more difficult as an adult.
  - Asthma – related to agriculture, wind and ground water.
- **Who is the most vulnerable to these issues? (The elderly? Children? Teens?)**
  - Young – Six & seven years old
  - Elderly – over 65
- **How would you prioritize these health issues that impact the community?**
  - Teenage pregnancy and parent education classes → health and nutritionally deprived; break the cycle. Would like to see the community gather together to educate teens and parents.

#### **WAYS TO ADDRESS THESE PREVALENT HEALTH ISSUES:**

- **What do you think is the level of care and insurance coverage available in the community?**
  - Most have Medi-Cal, but a large population is uninsured and need care as well.
- **What do you think are the current barriers and facilitators to accessing health care?**
  - Undocumented status leaves patients afraid to reach out for help and assistance.
  - Lack of knowledge and information on what is available for them.
  - Lack of a mobile clinic. People would go to a mobile clinic rather than an establishment – they trust schools, etc.
- **What is the most valuable health resource in your community that supports the health of the community?**
  - Mee Memorial and all its clinics, when there is availability.

#### **OPPORTUNITIES FOR IMPROVEMENT IN ACCESS TO HEALTH CARE AND ADDRESSING PRIORITY HEALTH ISSUES:**

- **If you could direct the future services for Mee Memorial, what are the top three things you would recommend they start doing? Stop doing? Do more of?**
  - More widely available screenings for preventative care such as HIV & STD screenings
  - Easy to work with preventative care is crucial.
  - Partner with community to discuss and get involved with decreasing the teen pregnancy rate.

## **INTERVIEW: FORT HUNTER LIGGETT - AMY PHILLIPS, NATHANIEL KIDD, AND MASTER SARGENT MAJOR HALESTOCK**

### **INTERVIEWEE BACKGROUND:**

- **Describe your role within the FHL community.**
  - Amy is Public Affairs Officer
  - Nathaniel is Practice Manager/COR at Medical Aid Station, Ft. Hunter Liggett
  - Master Sargent Major Halestock, military officer
- **How long have you lived in this community?**
  - Amy has been at FHL for over 1 year
  - Nathaniel at FHL for over 3 years
  - Master Sargent Major Halestock 1 year

### **MOST PREVALENT HEALTH ISSUES FACED BY RESIDENTS OF KING CITY/FORT HUNTER LIGGETT:**

- **What do you think are the top three factors influencing the quality of health in the community?**
  - Remote area.
  - Access to health care -> restricted to Tri-Care with limited doctors who accept it.
  - Stress – stress of day to day work and being in a remote area.
- **What are the greatest contributors? (Environment? Individual behavior?)**
  - Lack of specialty physicians.
  - Behavioral health needs.
  - Military forms – lack of knowledge/familiarity of the military’s forms – need a civilian liaison.
  - Lack of fast- track program – continuity.
- **What are the greatest health-related needs you are seeing in the community?**
  - Behavioral health care.
  - A clinic/hospital that can handle the load when having a large exercise.
  - Snake bites -> anti-venom or poison control.
  - A liaison to help with the most updated documents and yearly requirements that will be on hand when at MMH.
- **Who is the most vulnerable to these issues? (The elderly? Children? Teens?)**
  - Soldiers – A strong need to get in and get out of health care unit.
  - Civilians needing specialty care.



- **How would you prioritize these health issues that impact the community?**
  - Specialty care – orthopedics.
  - Behavioral health program needed.

#### **WAYS TO ADDRESS THESE PREVALENT HEALTH ISSUES:**

- **What do you think is the level of care and insurance coverage available in the community?**
  - Again, Tri-Care is not widely accepted.
  - Need liaison to help with paper work.
- **What do you think are the current barriers and facilitators to accessing health care?**
  - Geographic boundaries.
  - Portal healthcare – Twin Cities has a health care portal set up for FHL that allows the clinics/FNP to see all test and lab results and allows soldiers to see as well.
  - Allow FNP to be more proactive in care – such a health portal.
- **What is the most valuable health resource in your community that supports the health of the community?**

#### **OPPORTUNITIES FOR IMPROVEMENT IN ACCESS TO HEALTH CARE AND ADDRESSING PRIORITY HEALTH ISSUES:**

- Radiology open 24 hours with doctor on hand to read screenings – ultrasounds, MRI are limited in time slots.
- Portal access to health records.

## INTERVIEW: JENNA ARROYO

### INTERVIEWEE BACKGROUND:

- **Describe your role within the community.**
  - HR Manager at Rava Ranches – one the largest employers in King City.
  - Involved in community such as having three children in the school systems, Girl Scouts, baseball, and volleyball teams, Heritage Foundation, and PTO.
- **How long have you lived in this community?**
  - 13 years at Rava's and has lived in Gonzales most her life while moving to King City 7 years ago.

### MOST PREVALENT HEALTH ISSUES FACED BY RESIDENTS OF KING CITY/SOUTH COUNTY:

- **What do you think are the top three factors influencing the quality of health in the community?**
  - Diet – lack of nutrition
  - Diabetes
  - High blood pressure
  - High Cholesterol
- **What are the greatest contributors? (Environment? Individual behavior?)**
  - Lack of participating health screenings – don't do preventative health check-ups.
  - Cost – poverty prevents them from doing it.
  - Need to work – getting the time off to go for preventative care – need the money, need to be at work.
- **What are the greatest health-related needs you are seeing in the community?**
  - Adequate every day health care clinics
  - More specialty care –
    - Especially for women, OB/GYN
    - Chiropractor
    - Pain Management
- **Who is the most vulnerable to these issues? (The elderly? Children? Teens?)**
  - Elderly – become diagnosed and there is not patience with them from family members or doctors, or no compassion
    - See elderly patients sooner when there is a waiting line
- **How would you prioritize these health issues that impact the community?**
  - More specialty care such as chiropractor, behavioral health services and pain management

### **WAYS TO ADDRESS THESE PREVALENT HEALTH ISSUES:**

- What do you think is the level of care and insurance coverage available in the community?
  - Most people do not know about health care coverage or options available to them.
  - Rava Ranches provides insurance to all employees – it is up to them to use it.
  - Lack of knowledge and all of it can be overwhelming.
  - They don't take care of themselves then end up in ER.
  
- **What do you think are the current barriers and facilitators to accessing health care?**
  - Income – having to work to earn money instead of taking a day off for preventative care or waiting until they are very sick and using the ER after work hours.
  
- **What is the most valuable health resource in your community that supports the health of the community?**
  - Mee Memorial and its clinics, health fairs, community education and info
  - Wellness and preventative health is important at Rava Ranches to keep workers healthy and reliable in the work force.

### **OPPORTUNITIES FOR IMPROVEMENT IN ACCESS TO HEALTH CARE AND ADDRESSING PRIORITY HEALTH ISSUES:**

- **If you could direct the future services for Mee Memorial, what are the top three things you would recommend they start doing? Stop doing? Do more of?**
  - Going out in the community – having a mobile station that provides services or information
  - Partner with schools and other events around town to get more information out – for instance, a school assembly or open house. Need to reach parents and even students to educate their parents.

## INTERVIEW: LILIA

### INTERVIEWEE BACKGROUND:

- **Describe your role within the community.**
  - Agency is the Medi-Cal Managed care plan. Medical Payor for Monterey County.
  - Mee Memorial has a huge percentage.
  - Collaborate on UM, Care Management and work with needs patients.
  - Monterey County Operations director – community liaison as well, partner with various members in the community improve access and health.
  - Has done work on ACA and preparation.
  - Also do regular regional joint hospital operations meetings.
  
- **How long have you lived in this community?**
  - Been in position for 6 years. Have worked in the area for 11 years.

### MOST PREVALENT HEALTH ISSUES FACED BY RESIDENTS OF KING CITY/SOUTH COUNTY:

- **What do you think are the top three factors influencing the quality of health in the community?**
  - Access to health care.
  - Cultural differences – mostly Spanish speaking community, indigenous populations who do not speak Spanish).
  - Literacy/education level.
- **What are the greatest contributors? (Environment? Individual behavior?)**
  - Socio economic status.
  - Language barriers.
  - Majority of population is low income, monolingual with very different beliefs.
  - Cultural stigmas that add barriers to treatment.
  - Majority of patients do not have a high school education and have a very low literacy level.
  
- **What are the greatest health-related needs you are seeing in the community?**
  - More health providers – specialists and primary care.
    - Specifically, specialty care.
    - Behavioral health providers.
    - Substance abuse.
    - Chronic disease management.

- **If you serve this population, can you speak to your experience in working with community members?**
- **Who is the most vulnerable to these issues? (The elderly? Children? Teens?)**
  - Most influenced/effected – children, teens
  - 46 and younger – family components
- **How would you prioritize these health issues that impact the community?**
  - Behavioral health and substance abuse first, housing issues need to be addressed as well.
  - Next address the physical health.

#### **WAYS TO ADDRESS THESE PREVALENT HEALTH ISSUES:**

- **What do you think is the level of care and insurance coverage available in the community?**
- **What do you think are the current barriers and facilitators to accessing health care?**
  - Proximity to health centers.
  - Few people have access to transportation.
  - Large # of people do not have health insurance – 80K- 100K people do not have insurance (in Santa Cruz, Monterey and Merced counties) → roughly 40,000 who are eligible for Medi-Cal including children are eligible for Medi-Cal but still uninsured.
  - A lot of opportunities for people to have medical.
  - May 2016 – have been directed to serve the undocumented children (6-7,000 kids in Monterey County.)
  - Opportunities for Mee Memorial to help identify Medi-Cal population.
  - Low income health plans – emergency needs at Mee Memorial.
- **What is the most valuable health resource in your community that supports the health of the community?**

#### **OPPORTUNITIES FOR IMPROVEMENT IN ACCESS TO HEALTH CARE AND ADDRESSING PRIORITY HEALTH ISSUES:**

- **If you could direct the future services for Mee Memorial, what are the top three things you would recommend they start doing? Stop doing? Do more of?**
  - Telemedicine process – probability of having many specialists.
  - Education to the community on why health is important.
  - Better coordination between Mee Memorial and primary care providers
  - Behavioral health.
  - Wait time at clinics is excessive due to increase in insured population.

- Access issues - working on that.

## INTERVIEW: STEVE TULLY

### INTERVIEWEE BACKGROUND:

- **Describe your role within the community.**
- **How long have you lived in this community?**
  - 52 years; at Mee for 4 years; before that worked for the County.

### MOST PREVALENT HEALTH ISSUES FACED BY RESIDENTS OF KING CITY/SOUTH COUNTY:

- **What do you think are the top three factors influencing the quality of health in the community?**
  - Teenage pregnancies – 14/15 having babies → 67% of babies to teenage pregnancies are delivered at Mee Memorial.
  - Behavioral health needs.
  - Home healthcare.
- **What are the greatest contributors? (Environment? Individual behavior?)**
  - Housing issues – culturally have several families in one house, teenagers will get pregnant just to move out.
  - No parent education classes, no sex education classes.
  - Opening of Kinship center – could take about 60 people. Have waiting lists for people.
  - Significant amount of teenage health issues – behavioral health, sex education.
- **What are the greatest health-related needs you are seeing in the community?**
  - Home health care – only have 2 home health agencies, many people who don't qualify for SNF but need aides. Home health radius isn't large enough to reach out to the entire population.
  - Postpartum depression – mostly teenagers, have to send up north to Salinas
  - Substance abuse issues – programs are there, but only in Spanish, those who are non-Spanish speakers do not go.
  - Tremendous needs for local programs.
  - Alternatives to violence for teenagers and young children, domestic violence issues → anger management etc.
  - Behavioral health Program.
- **Who is the most vulnerable to these issues? (The elderly? Children? Teens?)**
  - Teenagers
  - Elderly
  - School aged children who do not have access to school guidance counselors.

- **How would you prioritize these health issues that impact the community?**
  - Teenage pregnancy and parent education classes → issue of Planned Parenthood being located next to the grocery store.
  - Indigent dialect population has very odd and different cultures. i.e., don't breastfeed for four days post birth. Huge cultural issue. Don't have a written language.
  - Home health care – elderly population is very isolated.

#### **WAYS TO ADDRESS THESE PREVALENT HEALTH ISSUES:**

- **What do you think is the level of care and insurance coverage available in the community?**
  - Medi-Cal is a huge population – especially for children.
  - Undocumented workers – have emergency medical.
  - Postpartum depression issue where mom can't get counseling and have help.
- **What do you think are the current barriers and facilitators to accessing health care?**
  - Geographic boundaries.
  - Cultural stigmas – different generations, different priorities.
  - Access to transportation.
  - Huge gang issues and gang activities → parents work three to four jobs and don't watch the children and don't know what they are doing.
- **What is the most valuable health resource in your community that supports the health of the community?**
  - Mee Memorial and all its components. Truly care about the community and want to see it get better. Continue to try every day.

#### **OPPORTUNITIES FOR IMPROVEMENT IN ACCESS TO HEALTH CARE AND ADDRESSING PRIORITY HEALTH ISSUES:**

- **If you could direct the future services for Mee Memorial, what are the top three things you would recommend they start doing? Stop doing? Do more of?**
  - Telemedicine - Specifically tele-psychiatry and a mobile crisis unit.
  - County is starting a mobile crisis team in Soledad – assessment for 5150's. Currently have to be sent to Natividad which is 50 minutes away.
  - Behavioral health counseling.
  - Diabetes care program – started. Needs to be continued.
  - Drug and alcohol abuse program/rehab → staffed program, either through the hospital or through the community.
  - Videos for different dialects.
  - Postpartum depression program.
  - \*\*ESRD – full scope medical, 1/3 are Medi-Cal.
  - Improvement to transplants.



- Program to help document people.