COMMUNITY
MEDICAL CENTERS

COMMUNITY MEDICAL CENTERS

2016 Community Health Needs Assessment

Fresno, Kings, Madera and Tulare Counties

November 2016

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Introduction

Community Medical Centers

Community Medical Centers (CMC) is an independent, locally governed, not-for-profit, public-benefit organization. Based in Fresno, California, CMC is the region's largest healthcare provider and private employer. CMC operates Clovis Community Medical Center, Community Regional Medical Center, Community Behavioral Health Center and Fresno Heart & Surgical Hospital (the latter two are campuses of Community Regional Medical Center) as well as skilled nursing, sub-acute, outpatient and other healthcare facilities. We are also home to the only Level 1 trauma center and comprehensive burn unit between Los Angeles and Sacramento. CMC offers physician residency and fellowship programs in conjunction with the University of California, San Francisco.

Commitment to Community Health Improvement

Community Medical Centers' mission statement is built on community investment, improving the health of those we serve, and improving the health of this community, "home" to our over 10,000 employees, physicians, volunteers and 557,000 patients. Over the past two decades, no other hospital organization in the San Joaquin Valley has invested more to ensure access to all patients of this growing region than Community Medical Centers.

The Board of Trustees routinely reviews the organization's community needs assessment results, the annual community benefit report, and our impact in the areas of greatest need. The Board approves the financial allocations to community benefit programs, outreach and education, and the traditional charity care and unreimbursed care delivered every day at Community Medical Centers' facilities. Board committees provide input, direction and counsel on management's community benefit requests and programs, as appropriate.

Senior management has encouraged community-reinvestment initiatives — in programs, facilities and partnerships — to help ensure patient access and a healthier community over the long term. Our community investment initiatives extend beyond the hospital walls, with a commitment to environmental sustainability. In November 2014, Community joined the *Healthier Hospitals Initiative* and has adopted corporate strategies to minimize waste and to promote environmental stewardship. As an example, Clovis Community Medical Center became the first private organization to use recycled water from the City of Clovis for nearly all of the hospital's landscape irrigation.

Many Community Medical Centers' leaders and staff members are engaged in a wide array of community organizations in leadership and volunteer roles, extending our community benefit outreach far beyond dollars invested.

Community benefit and community service are at the heart of Community Medical Centers. Effective community benefit strategies begin with a clear assessment of community health needs.

We are pleased to present the 2016 Community Health Needs Assessment.

Note: The majority of the content in CMC's 2016 Community Health Needs Assessment is the result of a collaborative needs assessment effort among the region's 15 hospitals, facilitated and compiled by the Hospital Council of Northern and Central California, conducted between January – June 2016. The majority of the text that follows is taken directly from the Hospital Council report.

Purpose: Community Health Needs Assessment (CHNA) Report

The Community Health Needs Assessment is intended to provide information that helps hospitals and other community organizations to identify opportunities to improve the health of the community. The CHNA process identifies factors that influence the health of a population and determine the availability of resources that adequately address health concerns. With the information provided in this report, hospital leaders will develop a plan to address community health priorities and build upon the capacity, resources and partnerships of existing programs.

History: Community Health Needs Assessments

In California, community health needs assessment reporting requirements have been in effect since 1994 with passage of Senate Bill 697.

The Patient Protection and Affordable Care Act (ACA) of March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code that were updated February 2015[1]. The new regulations include a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy to address those needs every three years. Reports must be made publicly available.

The notable difference in new the federal statutes mandated as part of the ACA is the emphasis placed on adopting a clear strategy for addressing the needs identified in the assessment process and the application of this requirement. Identified health needs that will either be indirectly or not addressed must also be identified.

This report represents the third time that hospitals in the four-county region of Fresno, Kings, Madera and Tulare have collaborated on the Community Health Needs Assessment process. The Hospital Council of Northern and Central California (Hospital Council) initiated this four-county community health needs assessment report for the first time in 2011. This collaboration supports the completion of the required reporting and fosters opportunity for unified and strategic thinking to address population needs in the region and achieve health equity.

[1] Internal Revenue Bulletin: 2015-5 February 2, 2015 TD 9708 Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return. See https://www.irs.gov/irb/2015-5_IRB/ar08.html

Process: 2016 CHNA

Hospital Council of Northern and Central California

The Hospital Council of Northern and Central California played the lead role in facilitating this CHNA process. The mission of the Hospital Council is to help member hospitals provide high quality healthcare and improve the health status of the communities they serve. Hospital Council brings hospitals together to identify best practices that promote coordinated, quality patient care and improved patient outcomes. Hospital Council has a long standing commitment to advance and support community health initiatives through strategic activities, research and technical assistance to its members.

A Community Benefit Work Group, comprised of representatives from a majority of the region's hospitals, provided oversight and direction to this project.

Consultants

This needs assessment is the second report that Leap Solutions, LLC has developed on behalf of participating hospitals and under the guidance of the Hospital Council. Leading this effort on behalf of Leap Solutions, LLC is senior associate, Maria Hernandez, PhD and Managing Partner and Founder, Scott Ormerod. Consultant Susana Morales-Konishi provided additional support for focus group sessions. All three consultants participated in primary data collection efforts and have prior experience designing community surveys, coordinating community outreach efforts, conducting stakeholder interviews and facilitating focus groups. In addition to these experiences, all have prior work coordinating and facilitating projects in public health departments and hospital systems. Dr. Maria Hernandez shares expertise in community health interventions related to asthma, hospital governance and addressing healthcare outcome inequities.

Key Terms and Definitions Used Throughout this Report

Community: A community is defined as having physical and geographic components as well as socioeconomic and psychosocial factors that define a sense of community. Individuals can be part of multiple communities including geographic, virtual and social. The current focus on community-based participatory research in public health has prompted an evaluation of what constitutes a community.[2] This literature suggests community can be defined as: "a group of people with diverse characteristics who are linked by social ties, share common perspectives and engage in joint action in geographical locations or settings." The World Health Organization similarly defines community as "a group of people living in the same geographic area with some degree of common interests and an easy means of communication."[3] In this report, the definition for community is **the geographic area served by specific hospital facilities and the populations they serve**.

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[2] MacQueen, K., McLellan, E., Metzger, D., Kegeles, S., Straauss, R., Scotti, R., Blanchard, L. and Trotter, R., What Is Community? An Evidence-Based Definition for Participatory Public Health. American Journal of Public Health. 2001 December; 91(12): 1929–1938.

[3] World Health Organization Information, Education and Communication: Lessons from the Past; Perspectives for the Future. Department of Reproductive Health, WHO, Geneva, 2001.

Community Stakeholder: The traditional definition of a stakeholder is "any group or individual who can affect or is affected by the achievement or non-achievement of an organization's objectives."[4] In this context, community stakeholders is defined as the patients, residents in the hospital's service area, health care providers, community leaders and public health department staff within each county in which our hospitals operate.

Health Indicators: Health indicators are the metrics or quantifiable characteristics of an individual, population, or environment and are used to describe one or more aspects of the health of an individual or population. Health indicators can be organized into several categories[5]. In this report, consultants looked at indicators that measure **health status** such as mortality (i.e. death rate, life expectancy), morbidity (rates of diabetes) and mental health status (rates of suicide, depression). Other indicators include **determinants of health** such as economic security, food security, education level and key **health behaviors** (i.e. smoking, limited exercise, or unsafe sex). Another set of indicators reviewed includes **health care access** which considers the affordability of care, the quality of care and patterns of utilization of clinical and preventive services (i.e. immunizations).

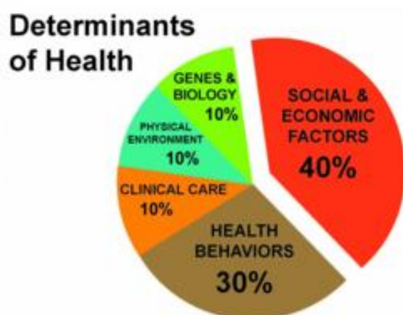

Figure 1: The factors that influence health outcomes

Social Determinants of Health: The conditions in which people live, learn, play and work impact overall health and these conditions are referred to as the social determinants of health[6]. Poverty, education level, limited access to healthy food and substandard housing can have negative impacts on health and quality of life. During the past 10 years a growing body of work has focused on identifying the factors that lead to good health outcomes. This global effort has engaged public health leaders, health researchers, policy makers and health advocates to highlight the "unequal distribution of health-damaging experiences as a toxic combination of poor social policies and programs, unfair economic arrangements and bad politics."[7]

Health Need: A health need is defined as issues and conditions that are disproportionately impacting the health of a particular population. They are identified through a systematic interpretation and analysis of both primary and secondary data on key leading health indicators or metrics.

Primary Data: Primary data is collected or observed directly from firsthand experience using focus groups, individual interviews and surveys of community members served by the hospital and their key stakeholders.

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[4] Freeman, R. E. Strategic Management: A Stakeholder Approach. Boston, MA: Pitman, 1984. appeappe

[5] Institute of Medicine. Leading Health Indicators for Healthy People 2020 Letter Report. Report Brief March 2011 See:http://www.integration.samhsa.gov/images/res/Leading%20Health%20Indicators%20for%20Healthy%20People%202010.pdf

[6] Centers for Disease Control and Prevention. Social Determinants of Health: Know What Affects Health. See: http://www.cdc.gov/socialdeterminants/

[7] CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.

Secondary Data: Secondary data is collected and published by local, state or federal agencies dedicated to public health, population health or targeted populations (i.e. U.S. Centers for Disease Control and Prevention, U.S. Census Community Survey, California Health Interview Survey, etc.) or the publicly available platforms that have summarized this data for widespread use such as Kids Data, County Health Rankings, or Kids Count.

Data Collection Process

As stated, the IRS requires nonprofit hospitals to conduct a needs assessment every three years that includes defining the community the hospital serves and identifying significant health needs in that community. The process for determining the health needs requires collecting reliable public health data to measure against a benchmark (i.e. state averages) and engaging the community to solicit their input on the needs they perceive as the most pressing. The needs assessment process requires that community members participate in prioritizing health needs and that area hospitals identify potential resources available to address those needs.

While the IRS has not defined the criteria and process used for prioritizing the health needs, considerations can include the severity of the health need, the number of community members impacted or the presence of health inequities among segments of the community.

Figure 2 depicts the overall framework for identifying a health need that involves both quantitative (secondary) and qualitative (primary) data.

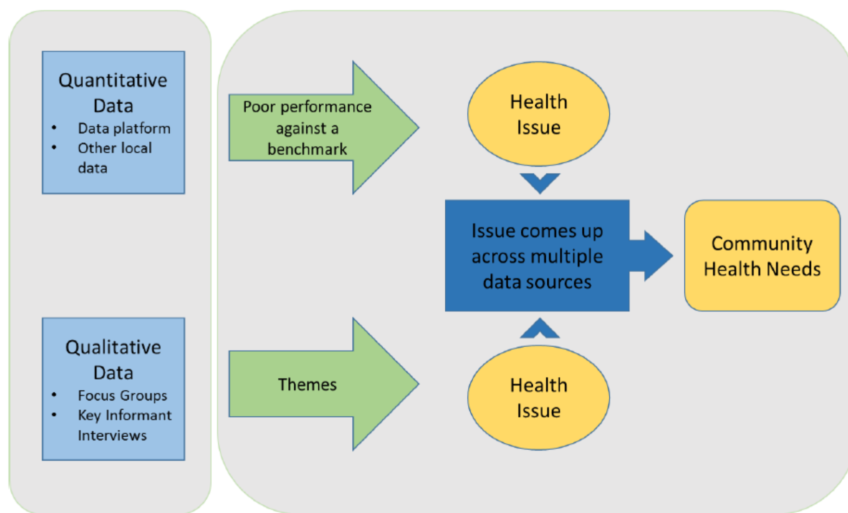

Figure 2: Summary of the overall framework for identifying community health needs.

Once a prioritized list of health needs is identified, hospitals are required to select the needs they will attempt to address. Hospitals are required to create an implementation plan and strategy to address those needs and measure their progress.

Data collection consisted of both primary and secondary sources, described below.

Secondary Data Review—Publicly Available Sources

Leap Solutions reviewed metrics and health indicators identified by the U.S. Centers for Disease Control and Prevention[8] (CDC), the Healthy People 2020 initiative,[9] as well as the most commonly identified health needs in Kaiser Permanente's CHNA Data Platform. Once the analysis was completed, **consultants found that 15 health needs identified by Kaiser Permanente aligned with those defined by both the CDC and Healthy People 2020.** The needs identified are as follows:

- Access to Care
- Breathing Problems (Asthma)
- Cancers
- Climate and Health
- Cardiovascular Disease/Stroke (Heart Disease)
- Diabetes
- Economic Security
- HIV/AIDS/STDS Oral Health
- Maternal, Infant and Child Health
- Mental Health
- Obesity
- Oral Health
- Overall Health
- Substance Abuse
- Violence/Injury Prevention

Using Kaiser Permanente's CHNA Data Platform, consultants conducted an initial review of the secondary data in Fresno, Kings, Madera and Tulare counties and found that the counties perform poorer than the state averages on most of the health indicators associated with the 15 potential health needs.

Primary Data Collection—Community and Stakeholder Engagement

To capture unique points of view on the health needs that significantly impact residents, consultants engaged community residents, healthcare workers and administrators, community leaders in social, health and faith-based organizations, elected officials and others in each of the four counties.

The CHNA community engagement strategy centered on a community health survey that was available to participants in English and Spanish in both an online survey and paper copies **(See Appendix B: Community Health Needs Assessment Survey**). The survey assessed community member and stakeholder perceptions on healthcare access, social, economic and environmental factors influencing health and disease, barriers to healthcare, as well as community assets and resources that promote health. The survey, open to participants between July and December 2015, was completed by over 1,100 healthcare providers and community members in all four counties.

Consultants also conducted 15 focus groups with community residents, hospital staff and leaders in non-profit social, education and ministry sectors across the four counties. Under the direction of the hospital community benefit workgroup, consultants also reached out to 95 key stakeholders for one-on-one stakeholder interviews on perceived health needs—35 stakeholder interviews were completed with participants from the four counties.

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[8] U.S. Centers for Disease Control and Prevention. Community Health Assessment for Population Health Improvement: Resource of Most Frequently Recommended Health Outcomes and Determinants, Atlanta, GA: Office of Surveillance, Epidemiology and Laboratory Services, 2013.

[9] Healthy People 2020 "Leading Health Indicators" See: http://www.healthypeople.gov/2020/Leading-Health-Indicators

For each focus group and one-on-one stakeholder interview, consultants shared the most up-to-date survey results --captured online and in paper form-- as "pulse" of community-wide health perceptions in the four counties and as a starting point of conversation.

Figure 3 summarizes the responses of the CHNA Survey from each county.

County	Total Respondents	Total Health Care Staff	Total Community Responses	% Speaking English at Home	% Speaking Spanish At Home
Fresno	659	560	99	100%	5.90%
Kings	114	56	58	100%	14.49%
Madera	163	28	135[10]	100%	92.02%
Tulare	189	110	79	100%	15.20%

Figure 3: Summary of the total respondents from each county including healthcare staff, community members and the percent of participants speaking Spanish at home.

Identification and Prioritization of Health Needs

In order to identify the health needs for this CHNA, the workgroup met with public health officers from each of the four counties to review the information collected from community members and stakeholders as well as the secondary data for the 15 health needs. The workgroup and health officers reviewed each need based on three criteria:

State Performance: Did the health indicator perform poorer than the state baseline?
Community-Identified Need: Did community members and stakeholders identify the health indicator as a health need?
Disproportionate Impact: Did supporting data show that the indicator impacts certain populations more than others?

The group identified 11 health needs that met the agreed criteria:

(In alphabetical order)

- Access to Care
- Asthma (Breathing Problems)
- Cardiovascular Disease/Stroke (Heart Disease)

[10] Due to an initial low survey response in Madera County, consultants asked the Madera County Department of Public Health to share survey responses that were obtained from participants who completed the paper survey in Spanish, during special outreach efforts within the community. The 135 survey responses in Madera were provided to include in this review of community perspectives.

- Diabetes
- Maternal/Infant Health (Infant Mortality)
- Maternal/Infant Health (Teenage Pregnancy)
- Mental Health
- Obesity
- Oral Health
- Substance Abuse
- Violence/Injury Prevention

Once the 11 health needs were identified using the agreed criteria, the final step in the assessment process required ranking the needs in order of importance. With guidance from the workgroup, consultants reached out to 92 stakeholders in the four counties. Stakeholders were tasked with completing a poll ranking the importance of each health need, based on their particular lens of their county's health status. The following table contains results based on stakeholder's input on the order of importance of each health need in their particular community.

Figure 4 depicts the identified health needs list in order of importance, according to community stakeholders in their respective counties.

Identified Health Need (listed in alphabetical order)	**Fresno**	**Kings**	**Madera**	**Tulare**
Access to Care*†	1	3	2	1
Breathing Problems (Asthma)*†	2	2	4	4
CVD/Stroke (Hypertension)		7	6	
Diabetes*†	3	1	1	2
Maternal and Infant Health (Infant Mortality & Premature Births)	6			
Maternal and Infant Health (Teen or Unintended Pregnancy)		8		6
Mental Health*†	4	5	5	5
Obesity*†	5	4	3	3
Oral Health (Dental Care)*	8	9	8	9
Substance Abuse*	7	6	7	8
Violence/Injury Prevention	9			7

Figure 4: Summary of health needs ranked across all four counties ranked in order of importance by community stakeholders.

Health need not identified

* Health need is common throughout the four-county region.

† Top five common health need throughout the four-county region.

Limitations of Data

The main source for the secondary data was Kaiser Permanente's CHNA Data Platform, a comprehensive online database containing approximately 150 health indicators that help identify broad community health needs. There are some limitations in regard to this data. Due to the rural geography in the four counties, some data was only available in aggregate form, making an assessment of health indicators among different ethnic groups a challenge. This presented challenges when examining health disparities within certain groups in the community. Since secondary data is not always updated on an annual basis, Consultants required referencing older data sets. Participation in the California Health Interview Survey (CHIS) can also pose unique challenges among low-income and undocumented residents who tend to shy from participation in activities that may pose a threat to their immigrant status.

Limitations also center on the use of community input through focus groups, interviews and surveys. Invitations to participate in data collection strategies were coordinated either by the workgroup, subcontracted community nonprofits and/or Leap Solutions, LLC. Workgroup members and the partner organizations that provided support for this CHNA reached out to a broad range of diverse community residents. While this effort did not intend to reach a stratified random sample of participants mirroring the demographic makeup in the region, this information should be seen as a broad and deliberate effort to connect with the community by reaching out to residents and healthcare workers in each county.

Due to the length of the survey, completion of the first 20 questions by health care workers was 69 percent and 81 percent for residents. This means that many surveys were only partially completed.

Communities Served by CMC

Community Medical Centers is located in the heart of California's San Joaquin Valley, an area often referred to as *"Appalachia of the West"* because of our similarities with that region's poverty, unemployment, and health disparities. Our community is incredibly diverse, and we care for patients and their families from all four corners of the world. Our world-class trauma center and burn unit provide care to patients from a wide geography.

Service Area Map

Figure 5: Service Area Map

Population Characteristics

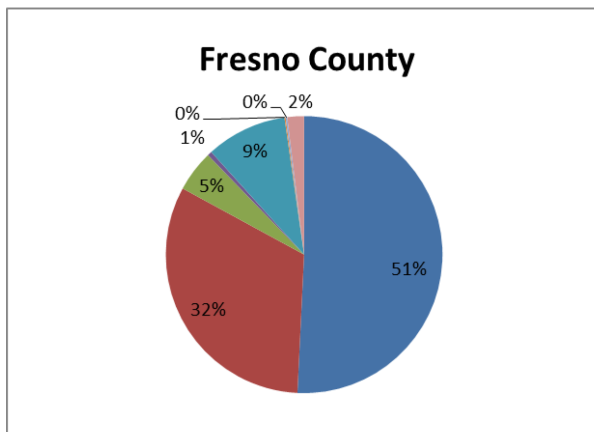
The following demographic information helps to paint a picture of our region and our patients.

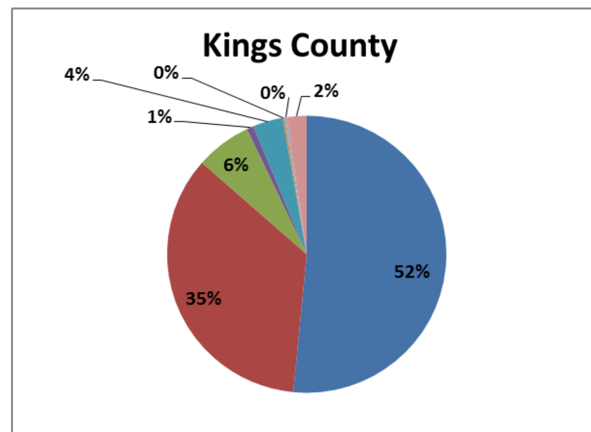
Race and Ethnicity

The largest demographic group in each county is Latinos. Figure 6 shows the total raw population numbers and Figure 7 provides a graphic summary with percentages of major ethnic and racial groups that form the demographics of each county.

	Fresno	Kings	Madera	Tulare
Total Population	939,605	151,806	151,435	446,644
Hispanic or Latino (of any race)	477,078	78,236	82,456	273,533
White	302,091	53,046	56,775	142,669
African American/Black	45,457	9,843	4,641	5,765
American Indian and Alaska Native	4,814	1,200	1,687	3,048
Asian	88,753	5,292	2,942	14,264
Native Hawaiian and Other Pacific Islander	1,216	315	625	412
Some other race	1,786	404	105	415
Two or more races	18,410	3,470	2,204	6,538

Figure 6: Summary of the raw population totals for each county by demographic groups. Data Source: www.chna.org





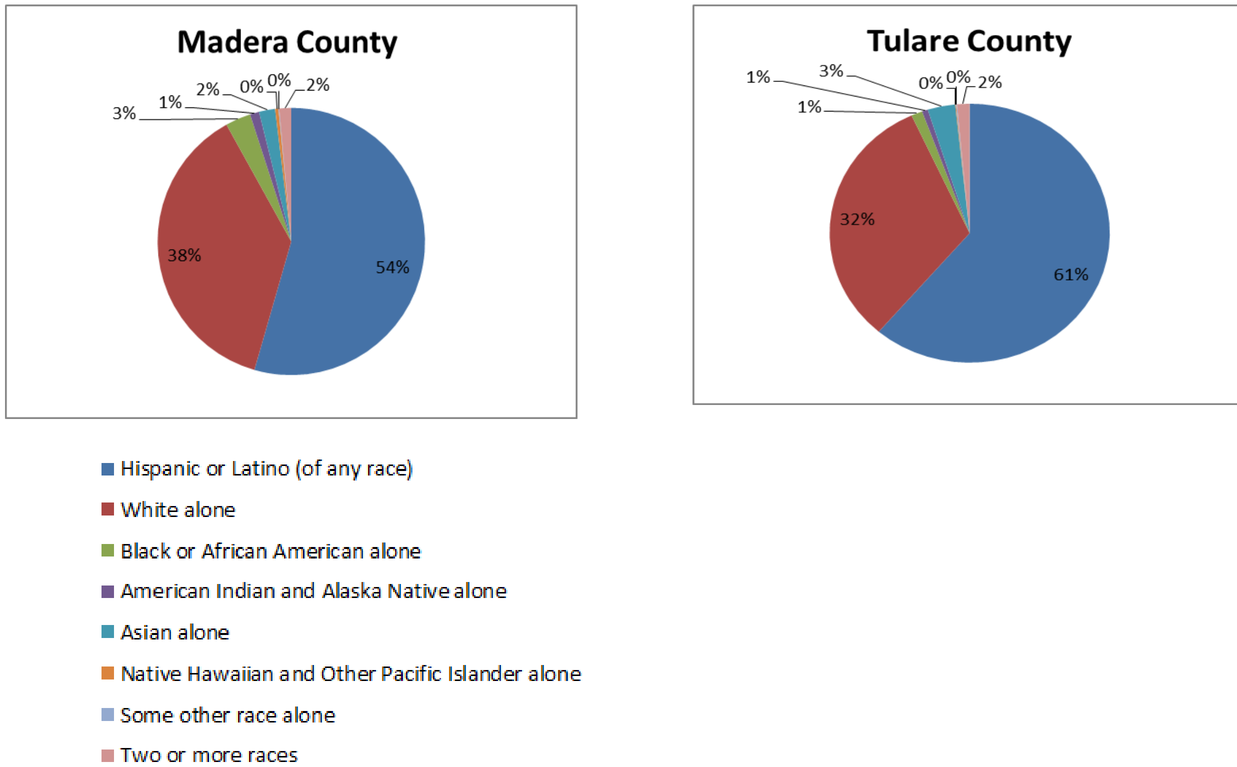


Figure 7: Graphical summary of the population demographics in each of the four counties.

Linguistically Isolated

The diversity of the region is reflected in the wide range of languages spoken in each County. Slightly more than 20 percent of the entire region's population over age five has a limited English proficiency. Among all four counties **84 percent of residents with limited English proficiency speak Spanish**; 10.26 percent speak Asian or Pacific Island Languages and 4.7% speak Indo-European Languages[11].

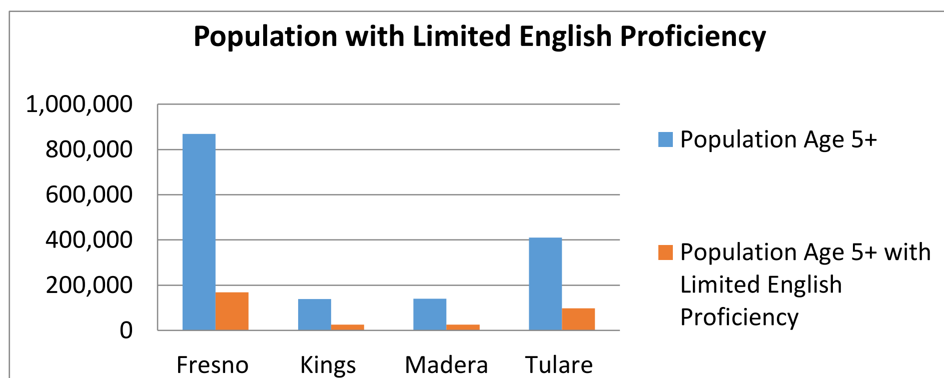


Figure 8: Graphical summary of the number of residents with limited English proficiency. Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

[11] Data source: American Survey

Age

The four counties are home to a large number of young residents, particularly in Fresno County where 29 percent of the population is under age 18. Fresno and Tulare Counties have the largest number of children relative to other age groups as is seen in Figures 9 and 10.

	CA	Fresno	Kings	Madera	Tulare
Age 0 -17	24.20%	29.28%	27.66%	28.10%	31.98%
Age 18 – 64	63.67%	60.12%	63.86%	59.82%	58.1%

Figure 9: Summary of the population age distribution of all four counties. Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

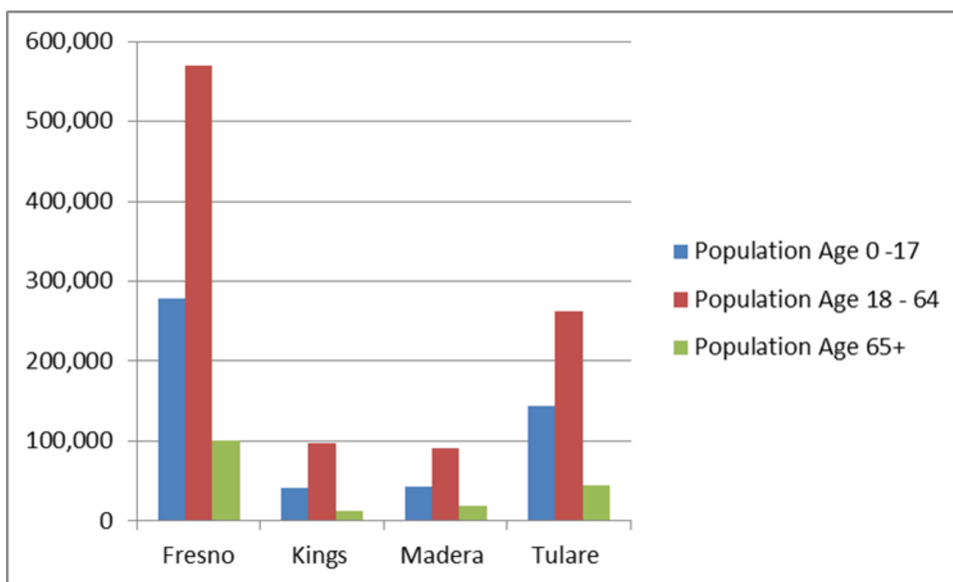


Figure 10: Graphically shows the population age distribution of all four counties.
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Socioeconomic Status—Poverty

Poverty is a significant social determinant of health. The lack of economic resources impacts housing choices, food options and overall lifestyle choices. Within the four counties, a disproportionate number of residents live at or below the federal poverty level. For a family of three, the income level is set at $20,090. In each county, **nearly a quarter of the population lives in poverty**.

In addition to these traditional metrics on income and poverty rates, the total impact of poverty is now being measured with renewed focus on local conditions that exacerbate the impact of low income. The United Way of California has documented the additional factors that weigh heavily on low-income

families throughout the state such as housing, health care, child care and transportation costs[12]. **Appendix F** contains the Real Cost Measure in California profiles for each of the four counties showing the additional number of families who are struggling to meet basic needs.

Any indicator that misses the California benchmark is highlighted in red. All indicators in green show a better performance than the state.

	CA	Fresno	Kings	Madera	Tulare
Percent of Households Below Real Cost Measure (RCM)	31%	**39%**	**37%**	**39%**	**43%**
Percent of Households with children age 6 or younger struggling	51%	**63%**	**63%**	**61%**	**64%**

Figure 11: Highlights two of the Real Cost Measures on the impact of poverty in all four counties.

Unemployment in the Central Valley, unlike other areas of the State, remains at double digits. Focus group data suggests that unemployment contributes to broad level of financial stress in many households. **Per capita income ranges from $17,894 in Tulare County to $20,208 in Fresno County and all are substantially lower than the California average of $29,527**. Figure 12 provides an overview of the socio economic level in the region.

Population Characteristics: Socioeconomic Level-Poverty[13]	**CA Average**	**Fresno**	**Kings**	**Madera**	**Tulare**
Percent of Households Where Costs Exceeds 30% of Income	45.89%	**43.78%**	**38.48%**	**43.15%**	**42.43%**
Percent of Families with Income Over $75,000	46.75%	**32.98%**	**31.11%**	**29.2%**	**28.37%**
Per Capita Income	$29,527	**$20,208**	**$18,429**	**$17,847**	**$17,894**
Percent of Households with Public Assistance Income	3.97%	**7.88%**	**5.32%**	**5.77%**	**9.10%**
Percent of Population Under 18 Living in Poverty	22.15%	**37.05%**	**30.32%**	**32.94%**	**35.83%**
Percent of Population Under 18 Living 200% below the Federal Poverty Level (FPL)	45.95%	**63.13%**	**60.84%**	**65.48%**	**66.64%**
Percent of Total Population Living in Poverty	15.94%	**25.96%**	**21.0%**	**22.80%**	**26.18%**
Percent of Total Population Living 200% below the FPL	35.91%	**50.05%**	**48.13%**	**51.01%**	**53.98%**
Percent Total Population with Income at or Below 50% FPL	6.91%	**11.33%**	**9.54%**	**9.29%**	**10.55%**

[12] Struggling to Get By: The Real Cost Measure in California 2015. United Ways of California. See: https://www.unitedwaysca.org/images/StrugglingToGetBy/Struggling_to_Get_By.pdf

[13] Data Source: CHNA.org

Unemployment Rate	7.20%	11.0%	11.50%	13.50%	12.20%
Households with No Motor Vehicles	7.77%	9.25%	6.70%	5.86%	6.73%

Figure 12: Summary of the economic conditions in all four counties.

Socioeconomic Status—Education

Education or educational attainment is strongly linked to health outcomes. A 25-year old in the US without a high school diploma today will die nine years sooner than college graduates[14]. People with more education live longer, experience better health outcomes and tend to practice health-promoting behaviors (i.e. getting regular exercise, refraining from smoking, or getting timely medical checkups, immunizations or screenings).[15] **Unfortunately, over a quarter of the population in each county of the region, lacks a high school diploma**. Within each county, less than 20 percent of the population has a bachelor's degree compared to 30 percent of California as a whole. While graduation rates are strong across the four counties, those with a HS diploma appear not to be staying in the area. Figure 13 summarizes the social determinants of health related to education.

Population Characteristics: Socioeconomic Level- Education[16]	CA Average	Fresno	Kings	Madera	Tulare
Cohort High School Graduation Rates (*students receiving a HS diploma within 4 years)*	85.7%	85.0%	75.2%	87.9%	87.8%
Percent Population Age 25 with Associate's Degree or Higher	38.43%	27.9%	20.42%	21.56%	21.06%
Percent of Population without a High School Diploma[17]	18.76%	26.94%	29%	31.5%	31.99%
Persons with a Bachelor's Degree or Higher (age 25 and over)	30.7%	19.6%	12.9%	13.6%	13.3%

Figure 13: Highlights of the key data on the education level of the residents in all four counties. NOTE: The cohort graduation rate is defined as "The number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class. From the beginning of 9th grade (or the earliest high school grade), students who are entering that grade for the first time form a cohort that is "adjusted" by adding any students who subsequently transfer into the cohort and subtracting any students who subsequently transfer out, emigrate to another country, or die."

[14] Virginia Commonwealth University Center on Society and Health. Education: It Matters More to Health Than Ever Before. January 2014. Available at the Robert Wood Johns Library See: http://www.rwjf.org/en/library/research/2014/01/education--it-matters-more-to-health-than-ever-before.html?cid=XEM_A7864

[15] Issue Brief 5: Exploring the Social Determinants of Health: Education and Health. Robert Wood Johnson Foundation, April 2011 Accessed here: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70447

[16] Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES.

[17] Data Source: US Census Bureau, American Community Survey. 2009-13 and Quick Facts US Census, Data 2014

Community Rankings

In addition to looking at specific demographic data, there are several community indices that have emerged in the past 10 years to rank regions on several factors. The **Community Need Index** (CNI) was developed in 2005 as a collaborative effort between Dignity Health, Solucient LLC and Thompson Reuters. The CNI looks at the link between community need, access to care and preventable hospitalizations. It takes into account known barriers to healthcare access (income, culture/language, education, insurance, and housing) and uses indicators within each barrier to rank the ability of residents to access care[18].

A **score of 1** indicated community with the lowest socioeconomic barriers or lowest need while a **score of 5** represents a community with the highest degree of socioeconomic barriers. Scores are aggregated and averaged for a final CNI score across the five barriers to health care access. Figure 17 below indicates that all four counties have conditions that make it difficult to access health care.

	Fresno	Kings	Madera	Tulare
Weighted Average	4.6	4.4	4.7	4.6
Median CNI Score	3.6	4.8	5.0	3.6

Figure 14: Summary of Community Need Index Scores across all 4 counties. Data Source: Community Needs Index Interactive available at: http://cni.chw-interactive.org

The Robert Wood Johnson Foundation (RWJ), in collaboration with the University of Wisconsin Population Health Institute, hosts a national database that provides an overall rank for each county of every state using a common and consistent ranking system[19]. **Within California's 58 counties the overall rank for Fresno is 49, Kings ranks 43, Madera ranks 46 and Tulare ranks 45**. Each of the four counties fall in the bottom half of California Counties for Health Outcomes, Quality of Life, Health Factors, Health Behaviors, Clinical Care, Social and Economic Factors and Physical Environment. The one exception is Kings County where it ranks in the upper half of the state's counties for Length of Life and Health Behaviors. Figure 15 shows the summary of results across all major factors ranked in this system.

The overall rank for **Health Outcomes** is comprised of **four separate ratings** for health behaviors, clinical care, social and economic factors, and physical environment.

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[18] *Improving Public Health and Preventing Chronic Disease*, Catholic Healthcare West, 2007 available at: http://www.dignityhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/212782.pdf

[19] County Health Rankings and Roadmaps: Building A Culture of Health County by County, 2015. See: http://www.countyhealthrankings.org/app/california/2015/compare/snapshot?counties=019%2B031%2B039%2B107

County	Overall Health Outcomes Rank	Mortality Rank	Morbidity Rank	Health Factors
Fresno	42 of 56	38	45	53
Kings	40 of 56	40	41	49
Madera	45 of 56	33	56	47
Tulare	47 of 56	42	49	56

Figure 15: Summary of County Health Rankings assigned to four counties in our region. Data Source: County Health Rankings.

The ranking system[20] used by RWJ is based on a "conceptual model of population health that includes both Health Outcomes (length and quality of life) and Health Factors (determinants of health).
The results of the data suggest that in the Fresno, Kings, Madera and Tulare counties concentrated poverty, poor air quality, limited education, language isolation and the significant percent of population that live within a Health Professional Shortage Area (HPSA) raise substantial challenges for the most disadvantaged members of the population who seek health care.

	Rank Level Compared to the 58 Counties in CA			
Ranking Area	**Fresno**	**Kings**	**Madera**	**Tulare**
Health Outcomes	49	43	46	45
Length of Life	35	28	34	39
Quality of Life	54	53	52	48
Health Factors	54	49	45	56
Health Behaviors	46	24	36	49
Clinical Care	43	56	46	53
Social & Economic Factors	56	49	46	55
Physical Environment	42	55	50	51

Figure16: Summary of the County Health Rankings California 2015

This data affirms that Community's service region faces significant challenges to support the health and quality of life of residents, challenges that our Board, executives, physicians and staff rise up to meet every single day. Considering the wide range of health indicators reviewed for each of the 15 potential health needs, it is useful to understand where each of the four counties rank overall within California.

[20] Booske, B., Athens, J., Kindig, D., Park, H. and P. Remington. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health" February 2010 See: http://www.countyhealthrankings.org/sites/default/files/differentPerspectivesForAssigningWeightsToDeterminantsOfHealth.pdf

Health Needs, Associated Metrics and Indicators

This section of the CHNA report summarizes the 15 common health needs that were reviewed during the initial stage of this assessment process. Each health need is defined here and the various indicators or metrics associated with that health need are summarized in the following table(s). Throughout this section any reference for the definitions or key concepts associated with each health need are listed as footnotes. The data associated with the specific indicator is in two lists referenced in **Appendix A** for sources in the CHNA and those in other external sources.

Any indicator that misses the California benchmark is highlighted in red. All indicators in green show a better performance than the state.

Access to Care

Access to health care is defined as "the timely use of personal health services to achieve the best health outcomes"[21]. There are four essential elements of access to care: coverage, services, timeliness and workforce. As the diversity of the region's patient populations continues to grow, the importance of a health care workforce that is culturally appropriate is essential to achieve access and health equity. The barriers to obtain healthcare services include a lack of availability, high cost of care and lack of insurance coverage. Lack of adequate coverage makes it difficult for people to get the healthcare they need and when they do get care, burdens them with large medical bills.

Figure 17 summarizes key indicators that reflect on resident's access to care. A key factor impacting the region as a whole is the low rate of primary care physicians in the region and consequently the high range of the population that lives within a Health Professional Shortage Area (HPSA). Over a quarter of adults in the region do not have access to a regular physician. Another factor that exacerbates access to care is the high rate of adults and children that lack insurance. These factors impact rates of preventable hospitalizations, potential years of life lost and the number of people who do not receive preventative care.

Health Need: Access to Care	**CA Average**	**Fresno**	**Kings**	**Madera**	**Tulare**
Rate of Primary Care Physicians per 100,000 residents	72.2	**64.0**	**37.7**	**46.0**	**42.5**
Population Living within a HPSA[22]	25.18%	**81.67%**	**100%**	**100%**	**100%**
Preventable Hospitalizations: Discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive[23]	45.3	**53.1**	**62.6**	**49**	**59.1**

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[21] Healthy People 2020, www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

[22] Data Source: US Department of Health & Human Services

[23] Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

Health Need: Access to Care	CA Average	Fresno	Kings	Madera	Tulare
Percentage Mothers with Late or No Prenatal Care[24]	18.1%	13.7%	26.2%	26.3%	26.0%
Infant Mortality Rate per 1,000 Births[25]	5	6.3	5.7	5.2	5.6
Percent of Children Without Insurance[26]	7.89%	6.90%	8.10%	9.27%	7.39%
Years of Potential Life Lost, Rate per 100,000 Population[27]	5.6	7.0	6.4	6.7	7.4
Population with No Insurance -Adults	23.91%	26.96%	24.61%	29.78%	28.95%
Percent Adults without Regular Doctor[28]	27.13%	25.05%	27.42%	29.92%	33.48%
Percent Adults Without Any Regular Doctor[29]	27.13%	25.05%	27.42%	29.92%	33.48%
Percent Population Age 65 with Pneumonia Vaccination (Age-Adjusted)	63.40%	59.50%	69.30%	68.20%	58.70%
Percent Medicare Enrollees with Diabetes with Annual Exam	81.46%	81.99%	73.92%	85.33%	79.99%
Percent Adults with High Blood Pressure Not Taking Medication	30.30%	27.96%	20.81%	19.54%	37.71%

Figure 17: Summary of health indicators associated with Access to Care

Asthma (Breathing Problems)

Asthma is a chronic lung disease that inflames and narrows the airways. It causes recurring periods of wheezing, chest tightness, shortness of breath and coughing, which often occurs at night or early in the morning.

Figures 18 and 19 provide a summary of the high rates of asthma in the region and the rates of emergency department visits and hospitalizations due to asthma.

Health Need: Asthma (CHRONIC DISEASE) [30]	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults with Asthma	14.21%	15.79%	17.34%	16.69%	14.62%
Percent of Children Diagnosed with Asthma	15.40%	21.30%	22.30%	11.50%	10.30%

Figure 18: Summary of the percent of adults and children diagnosed with asthma in the four counties.

[24] Data Source: Centers for Disease Control and Prevention
[25] Data Source: Centers for Disease Control and Prevention
[26] Data Source: US Census Bureau
[27] University of Wisconsin Population Health Institute, County Health Rankings 2014 Source Geography: County
[28] Data Source: Centers for Disease Control and Prevention
[29] Data Source: Centers for Disease Control and Prevention
[30] Data source: Center for Disease Control and Prevention

Asthma Related ED Visits/Hospitalizations for Children and Adults[31]	ED Visits Children per 10,000		Hospitalizations Children per 10,000		ED Visits Adults per 10,000	Hospitalizations Adults per 10,000
	0 - 4	5 - 17	0 -4	5 – 17	18 – 64	18 - 64
Fresno	**226.0**	**100.5**	**42.8**	**15.4**	**51.3**	**8.1**
Kings	**206.1**	**116.0**	**36.9**	**9.9**	**73.8**	**9.7**
Madera	**248.8**	**121.4**	**29.9**	**9.9**	**46.2**	**2.3**
Tulare	**117.1**	**57.4**	**21.8**	**6.1**	**41.5**	**6.5**
California	113.2	67.1	22.1	7.8	39.8	5.4

Figure 19: Summary of the emergency department and Hospitalizations for children and adults in the four counties

Cancer

Cancer is the name given to a collection of related diseases with similar characteristics. In all types of cancer, some of the body's cells begin to divide without stopping and spread into surrounding tissues. Cancer can start almost anywhere in the human body; cancer cells differ from normal cells by the way they grow out of control and become invasive. There are over 100 different kinds of cancer. Genetic changes that cause cancer can be inherited from either parent. They can also arise during a person's lifetime as a result of errors that occur as cells divide or because of damage to DNA caused by certain environmental exposures to substances such as the chemicals in tobacco smoke and radiation, such as ultraviolet rays from the sun. [32]

Health Need: Cancers [33]	CA Average	Fresno	Kings	Madera	Tulare
Cancer Mortality, Age Adjusted Death Rate (Per 100,000 Pop.)	152.9	**153.0**	**147.1**	**147.3**	**155.4**
Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)	122.4	**110.32**	**114.8**	**104.7**	**104.5**
Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.)	7.80	**8.30**	**11.10**	**11.80**	**10.70**
Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)	41.5	**38.7**	**38.6**	**40.9**	**39.7**
Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)	49.5	**52.7**	**50.8**	**52.2**	**52.5**
Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.)	136.4	**132.9**	**120.7**	**123.5**	**114.6**

Figure 20: Summary of the Cancer rates in the four counties.

[31] Data Source: California Breathing 2012

[32] "What is Cancer" National Cancer Institute. See http://www.cancer.gov/about-cancer/what-is-cancer

[33] Data source: Center for Disease Control

Climate and Health

The Centers for Disease Control has called attention to the potential interaction between climate change and public health. As different parts of the planet see fluctuations in total rainfall, extreme heat and cold, drought, rising sea levels, intensified storms and air pollution, there is the potential for new health hazards in different segments of the population[34]. The risk of higher rates of infectious disease or breathing problems due to air pollution or increased pollens and the risk of injury in heavy storms are all examples of the way climate change may impact public health.

Passage of California SB 535 requires a review of air quality in communities thought to be disproportionally burdened with multiple sources of pollution. Key data are summarized at the Office of Environmental Health Hazard Assessment using the CalEnviroScreen. Table 29 summarizes key data on pollution and asthma related ED visits for each county. Table 32 provides a summary of select data from the CalEnviroScreen platform.

Health Need: Climate and Health	**CA Average**	**Fresno**	**Kings**	**Madera**	**Tulare**
Percent of Days Exceeding Standards[35]	2.47%	**6.5%**	**4.26%**	**3.36%**	**6.70%**

Figure 21: Summary of the percent of days where the air quality in each county exceeds standards.

[34] Climate and Health. Center for Disease Control See: http://www.cdc.gov/climateandhealth/default.htm

[35] Data Source: Centers for Disease Control and Prevention

Health Need: Climate and Health—Air Quality (Social Determinant of Health)[36] *The CalEnviroScreen 2.0 Score ranges from 1- 100 and is based on a calculation of the region's pollution burden and population characteristics.*					
	CalEnviroScreen 2.0 Score Range (CES 2.0 Score)	**Age Adjusted Asthma related ED visits per 10,000 (Asthma)**	**Total pounds of selected active pesticide ingredients (Pesticides)**	**Diesel PM emissions from on-road and non-road sources (Diesel PM)**	**Pollution Burden Score**
Fresno (130 census tracts)	Range: **89.72 – 37.52** Average: **54.03**	Range: **132.4 – 33.30** Average: **74.99**	Range: **96,414.46 - 23.70** Average: **3,507.57**	Range: **60.37 – 2.45** Average: **27.69**	Range **9.58 – 5.34** Average: **6.92**
Kings (14 census tracts)	Range: **68.62 - 36.64** Average: **46.77**	Range **92.57 – 37.91** Average: **74.09**	Range: **328.00 – 68.40** Average: **103.44**	Range: **22.41 – 2.38** Average: **10.74**	Range: **7.38 – 4.9** Average: **6.25**
Madera (12 census tracts)	Range: **58.46- 37.97** Average: **49.64**	Range: **86.24 - 51.70** Average: **78.37**	Range: **512.11 - 75.8** Average: **265.45**	Range: 20.84 – 3.1 Average: **11.80**	Range: **7.49 – 5.58** Average: **6.86**
Tulare (49 census tracts)	Range: **63.46 - 37.13** Average: **47.02**	Range: **67.61 – 30.48** Average: 49.09	Range: **704.51 – 1.28** Average: **129.03**	Range: **24.64- 2.01** Average: **8.9**	Range: **7.76-4.87** Average: **6.23**
FOR COMPARISON Santa Barbara County (1 census tract)	**37.34**	**28.76**	**23.90**	**8.70**	**5.60**

Figure 22: Summary of select data from the CalEnviroScreen Platform looking at overall measures of pollution and asthma rates in the four-county census tracts. Santa Barbara County scores are provided for comparison. The CalEnviroScreen 2.0 Score is based on the pollution burden and population characteristics that weigh key risk factors.

Within the report area, 40.35, or 10.88% of days exceeded the emission standard of 75 parts per billion (ppb). This indicator reports the percentage of days per year with Ozone (O^3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

[36] Data source: SB 535 List of Disadvantaged Communities

Report Area	Total Population	Average Daily Ambient Ozone Concentration	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Report Area	1,676,476	49.83	40.35	11.06%	**10.88%**
Fresno	930,450	49.89	42.39	11.61%	**11.50%**
Kings	152,982	47.97	17.63	4.83%	**4.63%**
Madera	150,865	48.27	19.91	5.46%	**5.67%**
Tulare	442,179	50.80	49.05	13.44%	**13.50%**
California	37,253,956	41.14	8.93	2.45%	2.65%

Figure 23: Summary of days exceeding the emission standard of 75 parts per billion (ppb). Note: This indicator is compared with the state average. Data Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. Source geography: Tract

Cardiovascular Disease/Stroke

Heart disease continues to be the leading cause of death for both men and women in the US. Coronary artery disease is the most common type of heart disease that affects the blood flow to the heart and is associated with risk factors such as high blood pressure, high LDL cholesterol and smoking[37]. According to the CDC, "More than 600,000 Americans die of heart disease each year. That's one in every four deaths in this country."[38] In addition, there is growing evidence demonstrating that income inequality, access to economic opportunity and educational attainment have a great impact on the rates of death from heart disease.

[37] http://www.cdc.gov/heartdisease/facts.htm

[38] CDC: Deaths: Final Data for 2009. www.cdc.gov/nchs/data/nvsr60n/nvsr60_o3.pdf

Health Need: Heart Disease[39]	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults with Heart Disease	3.45%	**3.70%**	**3.86%**	**3.55%**	**2.70%**
Heart Disease Mortality Rate per 100,000	158.4	**175.6**	**187.4**	**191.5**	**201.8**
Percentage of Medicare Beneficiaries with Heart Disease	26.1%	**27.38%**	**32.83%**	**29.49%**	**31.32%**
Percent Adults with High Blood Pressure	26.2%	**27.8%**	**31.2%**	**33.6%**	**28.8%**
Percentage of Medicare Beneficiaries with High Blood Pressure	51.51%	**55.01%**	**58.57%**	**55.43%**	**59.41%**

Figure 24: Summary of the rate of heart disease in the four counties.

Diabetes

Diabetes occurs when the body cannot produce sufficient insulin, a hormone that the body needs to absorb and use blood glucose—the body's primary source of energy. Diabetes will result in elevated blood glucose levels and other metabolic abnormalities that can lead to lowered life expectancy, heart disease, kidney failure, amputations of legs and adult onset blindness.[40]

Health Need: Diabetes (CHRONIC DISEASE) [41]	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults with Diagnosed Diabetes (Age-Adjusted)	8.05%	**9%**	**8.7%**	**8%**	**7.4%**
Percentage of Medicare Beneficiaries with Diabetes	26.64%	**31.37%**	**32.52%**	**30.37%**	**31.83%**

Figure 25: Summary of the percent of diagnosed Diabetes in the four counties.

[39] Data source: Centers for Disease and Control, Centers for Medicare and Medicaid Services

[40] Healthy People 2020 Topics and Objectives: Diabetes See http://www.healthypeople.gov/2020/topics-objectives/topic/diabetes

[41] Data source: Centers for Disease and Control, Centers for Medicare and Medicaid Services

Economic Security

Economic security is defined as "the degree to which individuals are protected against hardship causing economic losses"[42]. The long term stress of poverty or economic insecurity is associated with a shorter life span[43], chronic disease and poor mental health[44]. Continued work on the rise of income inequality in the US have further focused on two dimensions of economic insecurity that are of key concern for public health: "the risk of large, involuntary expenditures—such as medical out-of-pocket (MOOP) expenditures —and the capacity of individuals or households to use their wealth to reduce the effect of income changes on consumption"[45].

The following tables provide a summary on economic security and food insecurity for the four-county region.

Health Need: Economic Security-Poverty [46] (Social Determinant of Health)	**CA Average**	**Fresno**	**Kings**	**Madera**	**Tulare**
Percent of Households Where Costs Exceeds 30% of Income	45.89%	**43.78%**	**38.48%**	**43.15%**	**42.43%**
Percent of Families with Income Over $75,000	46.75%	**32.98%**	**31.11%**	**29.20%**	**28.37%**
Per Capita Income	$29,527	**$20,208**	**$18,429**	**$17,847**	**$17,894**
Percent of Households with Public Assistance Income	3.97%	**7.88%**	**5.32%**	**5.77%**	**9.10%**
Percent of Population Under 18 Living in Poverty	22.15%	**37.05%**	**30.32%**	**32.94%**	**35.83%**
Percent of Population Under 18 Living 200% below the Federal Poverty Level (FPL)	45.95%	**63.13%**	**60.84%**	**65.48%**	**66.64%**
Percent of Total Population Living in Poverty	15.94%	**25.96%**	**21.0%**	**22.80%**	**26.18%**
Percent of Total Population Living 200% below the FPL	35.91%	**50.05%**	**48.13%**	**51.01%**	**53.98%**
Percent Total Population with Income at	6.91%	**11.33%**	**9.54%**	**9.29%**	**10.55%**

[42] "The Economic Security Index: A New Measure for Research and Policy Analysis" The San Francisco Federal Reserve Bank Working Paper Series See: http://www.frbsf.org/economic-research/files/wp12-21bk.pdf

[43] Bosworth, B. and K. Burke "Differential Mortality and Retirement in the Retirement Benefits in the Health and Retirement Study. Brookings Institute, 2014. http://www.brookings.edu/~/media/research/files/papers/2014/04/differential-mortality-retirement-benefits-bosworth/differential_mortality_retirement_benefits_bosworth_version_2.pdf

[44] Pabayo, R., Kawachi, I. and S. Gilman. "Income Inequality among American States and the Incidence of Major Depression", Journal of Epidemiology and Community Health. September 2013

[45] Hacker, J., The Great Risk Shift: The New Economic Insecurity and the Decline of the American

Dream, rev. and exp. ed., New York: Oxford University Press, 2008

[46] Data source: American Community Survey, Department of Labor and Statistics

or Below 50% FPL					
Unemployment Rate	7.20%	**11.0%**	**11.5%**	**13.50%**	**12.20%**
Households with No Motor Vehicles	7.77%	**9.25%**	**6.70%**	**5.86%**	**6.73%**

Figure 26: Summary of the Economic Security Index for the four counties.

Health Need: Economic Security-Food Insecurity (SOCIAL DETERMINANT OF HEALTH)[47] [48]	**CA Average**	**Fresno**	**Kings**	**Madera**	**Tulare**
Percent Students Eligible for Free School Lunch	56.33%	**74.53%**	**65.72%**	**76.6%**	**72.74%**
Percent of Population with Food Insecurity	16.24%	**18.91%**	**18.0%**	**16.0%**	**17.71%**
Percent of Households Receiving Supplemental Nutrition Assistance Program Benefits	8.07%	**18.15%**	**13.82%**	**15.71%**	**21.42%**
Grocery Store Establishments, Rate per 100,000 Population	21.7	**25.26**	**18.30**	**24.53**	**26.01**
Percent Low Income Population with Low Food Access	3.4%	**6.75%**	**7.62%**	**4.77%**	**6.87%**
Percent of Total Population with Low Food Access	14.31%	**16.99%**	**33.22%**	**12.28%**	**14.84%**
Limited Access to Healthy Food	3.0%	**5.0%**	**6.0%**	**8.0%**	**8.0%**
SNAP-Authorized Retailers, Rate per 100,000 Population	63.93	**103.93**	**79.09**	**98.1**	**103.58**
WIC-Authorized Food Store Rate (Per 100,000 Pop.)	15.8	**30.97**	**18.2**	**22.9**	**24**

Figure 37: Summary of the Economic Security –Food Insecurity index in the four counties.

HIV/AIDS and Sexually Transmitted Disease

HIV is the Human Immunodeficiency Virus, which weakens a person's immune system by destroying the cells that normally fight disease or infection. The virus is spread through certain body fluids that can lead to an Acquired Immune Deficiency Syndrome or AIDS. HIV reduces T-cells in the body that makes it harder for the body to fight off infection and become vulnerable to opportunistic infections and/or cancers. AIDS can be acquired through unsafe sex or contaminated syringes. Other sexually transmitted diseases (STD) are also considered to assess the health status of a population. These include chlamydia, gonorrhea, hepatitis, herpes, human papillomavirus virus (HPV), pelvic inflammatory disease and syphilis. Figure 28 summarizes the rates of HIV, AIDS and STDs.

[47] Data source: US Census Bureau, County Business Patterns

[48] Data source: Department of Agriculture, Economic Research Service

Health Need: HIV, AIDS and Sexually Transmitted Diseases (HEALTH OUTCOMES)[49]	CA Average	Fresno	Kings	Madera	Tulare
Population with HIV/ AIDS Rate per 100,000	363	**200.7**	**176.7**	**150.7**	**67.4**
Chlamydia Infection Rate per 100,000	444.9	**639**	**362.9**	**430.9**	**449.6**
Gonorrhea Infection Rate per 100,000	89.09	**157.3**	**28.6**	**77.8**	**37**

Figure 28: Summary of the HIV, AIDS and STD rates in the four counties.

Maternal, Infant and Child Health

Maternal and Infant Health refers to the indicators that capture the health of women during and after pregnancy (anemia, diabetes, hypertension, or postpartum depression) as well as birth outcomes (preterm birth, birth weight, birth defects and sudden infant death syndrome). Figures 29 and 30 provide a summary of Child and Maternal Health Indicators and Birth Outcomes for the four counties.

Health Need: Child and Maternal Health [50]	CA Average	Fresno	Kings	Madera	Tulare
Infant Mortality Rate (Per 1,000 Births)	5	**6.3**	**5.7**	**5.2**	**5.6**
Percent of Mothers with No or Late Prenatal Care	18.1%	**13.7%**	**26.2%**	**26.3%**	**26.0%**
Teen Birth Rate (Per 1,000 Population) for women age 15 – 19	23.2	**39.0**	**41.2**	**41.8**	**43.5**
Percent of Preterm Births	8.8%	**10.2%**	**8.0%**	**8.1%**	**9.9%**
Percent Low Birth Weight Births	6.8%	**7.5%**	**6.4%**	**6.4%**	**6.2%**
Kindergartners with all required Vaccinations	90.4%	**95.2%**	**96.7**	**93.0%**	**96.5%**
Percent of Children Physically Fit at Grade 9	64.2%	**57.7%**	**59.4%**	**59.1%**	**59.4%**
Percent of Children Overweight or Obese	38.0%	**42.7%**	**43.5%**	**44.1%**	**43.8%**
Percent of Children Without Insurance[51]	7.89%	**6.90%**	**8.10%**	**9.27%**	**7.39%**
Percent of Children Diagnosed with Asthma	15.4%	**21.3%**	**22.3%**	**11.5%**	**10.3%**

[49] Data source: US Department of Health & Human Services

[50] Data source: US Department of Health & Human Services

[51] Data Source: US Census Bureau

Health Need: Child and Maternal Health [50]	CA Average	Fresno	Kings	Madera	Tulare
Substantiated Cases of Child Abuse and Neglect per 1,000	8.7	8.4	10.9	8.4	8.1
Median Number of Months in Foster Care	15.2	17.5	13.6	8.6	13.4
Percent of Children Completing High School	80.8%	78.8%	80.3%	79.8%	82.6%

Figure 29: Summary of the Child and Maternal Health Indicators in the four counties.

Percent of Infants born with low birth weight among different ethnic groups.	CA	Fresno	Kings	Madera	Tulare
African American/Black	28.3	55.3	-	-	-
American Indian/Alaska Native	28.9	-	-	-	
Asian American	4.8	24.2	-	-	-
Hispanic/Latino	34.9	49.9	48.5	51.8	51.8
White	9.2	14.5	31.0	17.2	22.1
Multi-Racial	16.5	25.4	-	-	-

Figure 30: Summary of the Birth Outcomes in the four counties.

Mental Health

Mental disorders are health conditions that are characterized by alterations in thinking, mood and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death.[52]

According to the 2013 California Health Care Almanac, 1 in 20 adults suffer from a serious mental illness, while the rate for children is much higher: 1 in 13. It is reported that 1 in 4 adults suffer from some form of mental illness (depression is the most prevalent). Half of adults and two thirds of children did not get treatment for mental health disorders. One of the factors most often correlated with mental illness is living in poverty.[53]

[52] Healthy People 2020 http://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders

[53] California Healthcare Almanac: Mental Health Care in California-Painting a Picture, 2013. See www.chcf.org

Health Indicator: Mental Health[54]	CA Average	Fresno	Kings	Madera	Tulare
Percentage of Medicare Beneficiaries with Depression	13.39%	**11.36%**	**14.14%**	**11.21%**	**12.23%**
Suicide, Age Adjusted Death Rate per 100,000	10.2	**8.8**	**7.7**	**14.8**	**10.4**

Figure 31: Summary of the rates of suicide in the region and the percent of Medicare beneficiaries with depression

Other challenges to addressing mental health issues are the need for both mental health professionals and facilities to provide acute care. The region has few resources to address the mentally ill. Figure 42 highlights the shortage of psychiatric beds and psychiatrists.

	Fresno	Kings	Madera	Tulare
Total Psychiatric Beds Available per 100,000[55]	8.13	0	6.12	13.97
Psychiatrists per 100,000 people[56]	12.3	6.5	9.2	5.6

Figure 32: Summary of the key resources in the region to serve the mentally ill.

Figure 33 reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Report Area	Total Population Age 18+	Estimated Population Without Adequate Social / Emotional Support	Crude Percentage	Age-Adjusted Percentage
Report Area	1,155,489	312,213	27%	**27.1%**
Fresno	644,619	176,626	27.4%	**27.4%**
Kings	110,079	21,686	19.7%	**21.4%**
Madera	106,961	26,633	24.9%	**24.9%**

[54] Data source: Centers for Disease and Control
[55] Source: "California's Acute Psychiatric Bed Loss" California Hospital Association, 2012
Torrey, E. F., Entsminger, K., Geller, J., Stanley, J. and Jaffe, D. J. (2008). "The Shortage of Public Hospital Beds for Mentally Ill Persons."
[56] Ibid. California Healthcare Almanac

Report Area	Total Population Age 18+	Estimated Population Without Adequate Social / Emotional Support	Crude Percentage	Age-Adjusted Percentage
Tulare	293,830	87,268	29.7%	**29.5%**
California	27,665,678	6,805,757	24.6%	24.6%

Figure 33: Summarizes the percent of adults aged 18 and older who self-report that they receive insufficient social and emotional support. Note: This indicator is compared with the state average.Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Obesity and Physical Activity

Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. An individual's Body Mass Index, or BMI, is used as a screening tool for overweight or obesity.[57] It is estimated that there are roughly 30 comorbid conditions associated with severe obesity. These include diabetes mellitus (occurs in 15 to 25 percent of obese patients), heart disease, gastroesophageal reflux, stress urinary incontinence, abdominal hernia, nonalcoholic steatohepatitis (NASH) and debilitating joint disease. Obesity is also associated with an increased incidence of uterine, breast, ovarian, prostate and colon cancer, skin infections, urinary tract infections, migraine headaches, and depression.[58]

Health Need: Obesity[59]	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults Overweight	35.85%	**34.94%**	**52%**	**37%**	**36.50%**
Percent Adults with BMI > 30.0 (Obese)	22.32%	**28.7%**	**24.8%**	**26.6%**	**29.4%**
Percent of Children Overweight or Obese[60]	38.0%	**42.7%**	**43.5%**	**44.1%**	**43.8%**

Figure 34: Summary of the percentages of overweight and obese adults and children in all four counties.

[57] Defining Adult Overweight and Obesity. CDC Division of Nutrition, Physical Activity and Obesity See: http://www.cdc.gov/obesity/adult/defining.html

[58] Obesity: Prevalence and Risk Factors Cleveland Clinic, March 2013 See: http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/endocrinology/obesity/

[59] Data source: Centers for Disease and Control

[60] **:** Babey, S. H., et al. (2011). A patchwork of progress: Changes in overweight and obesity among California 5th-, 7th- and 9th-graders, 2005-2010. UCLA Center for Health Policy Research and California Center for Public Health Advocacy. Funded by RWJF; California Department of Education, Physical Fitness Testing Research Files.

Within the report area, 214,590 or 18.9% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Report Area	1,141,732	214,590	18.9%
Fresno	640,000	121,600	19.1%
Kings	105,598	19,430	19%
Madera	104,541	20,490	19.3%
Tulare	291,593	53,070	18.3%
California	27,701,915	4,618,067	16.6%

Figure 35: Summary of percent of adults with no reported leisure time or physical activity. This indicator is compared with the state average. Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. Figure 36 reports low income and low food access.

Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Fresno	930,450	62,798	6.75%
Kings	152,982	11,651	7.62%
Madera	150,865	7,202	4.77%
Tulare	442,179	30,364	6.87%
California	37,253,956	1,268,036	3.4%

Figure 36: Summary of percent of low income population with low food access. This indicator is compared with the state average. Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

Oral Health

Oral Health refers to the absence of tooth decay, gum disease, jaw joint diseases and oral cancers. It also is used to describe the access to dental care to prevent any of these diseases that can greatly impact quality of life.

Health Need: Oral Health[61]	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults with Poor Dental Health	11.3%	12.0%	8.8%	19.4%	12.2%
Percent of Adults with No Dental Exam in the past 12 months	30.5%	39.0%	36.0%	28.9%	37.2%
Children aged 2 -11 with no dental exam in the last 6 – 12 months[62]	3.9%	23.7%	5.9%	29.4%	7.5%

Figure 37: Summary of the percent of adults with poor dental health and those with no dental exam in the last 12 months and children age 2 -11 who saw a dentist 6 – 12 months ago.

Overall Health

Overall Health is defined by the World Health Organization as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity"[63].

Health Indicator: Overall Health[64]	CA Average	Fresno	Kings	Madera	Tulare
Percent Adults with Poor or Fair Health (Age-Adjusted)	18.4%	23.4%	26.9%	31.1%	24.6%

Figure 38: Summary of the percent of adults in each county who self-report poor or fair health.

Figure 39 reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

[61] Data source: Centers for Disease and Control

[62] Data Source: UCLA Center for Health Policy Research, California Health Interview Survey. Accessed at http://www.chis.ucla.edu/ (Aug. 2013).

[63] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

[64] Data source: Centers for Disease and Control

Report Area	Total Population, Census 2010	Total Premature Deaths, 2011-2013 Average	Total Years of Potential Life Lost, 2011-2013 Average	Years of Potential Life Lost, Rate per 100,000 Population
Report Area	1,676,476	5,237	115,009	**6,860**
Fresno	930,450	2,916	64,225	**6,903**
Kings	152,982	431	9,712	**6,349**
Madera	150,865	497	10,342	**6,855**
Tulare	442,179	1,393	30,729	**6,950**
California	37,253,956	104,209	1,977,392	5,308

Figure 39: Summarizes Years of Potential Life Lost (YPLL) before 75 per 100,000 population. Note: This indicator is compared with the state average. Data Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2011-13. Source geography: County

Substance Abuse

Substance abuse, also referred to as "substance use disorder"[65], is defined as a dependency on mind and behavior altering substances. It is associated with family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse and crime. The health impact of substance abuse can lead to many negative health outcomes including: cardiovascular conditions, sexually transmitted diseases and HIV.[66]

Health Indicator: Substance Abuse [67]	CA Average	Fresno	Kings	Madera	Tulare
Estimated Adults Drinking Excessively (Age-Adjusted Percentage)	17.2%	**16.8%**	**14.0%**	**14.7%**	**18.2%**
Percent Population Smoking Cigarettes (Age-Adjusted)	12.8%	**13.5%**	**12.6%**	**13.6%**	**14.3%**
Percent Adults Ever Smoking 100 or More Cigarettes	36.95%	**31.27%**	**31.01%**	**37.81%**	**31.35%**

Figure 40: Summary of the percent of adults drinking and smoking excessively in all four counties.

[65] Mental Health and Substance Use Disorders See: http://www.mentalhealth.gov/what-to-look-for/substance-abuse/

[66] Healthy People 2020 Topics. See: http://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Substance-Abuse

[67] Data source: Centers for Disease and Control

Violence/Injury Prevention

Violence/Unintentional Injury refer to indicators that assess the rate of homicide, auto related accidents or injuries to pedestrians in a community.

Health Indicator: Violence/Injury Prevention[68]	CA Average	Fresno	Kings	Madera	Tulare
Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)	28.5	38.4	37.5	41.3	35.4
Motor Vehicle Crash Death, Age-Adjusted Death Rate (Per 100,000 Pop.)	7.9	13.2	13.9	18.2	13.2
Pedestrian Motor Vehicle Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)	2.0	2.5	2.0	2.7	2.6
Homicide, Age-Adjusted Death Rate (Per 100,000 Pop.)	5.1	7.4	5.7	5.8	7.9

Figure 41: Summary of the rate of accidental injury and homicide for all four counties.

The figure below reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Report Area	1,687,772	8,505	503.8
Fresno	933,180	5,068	543.1
Kings	154,318	614	397.9
Madera	152,616	796	521.4
Tulare	447,658	2,027	452.7
California	37,649,242	160,015	425

Figure 42: Summary of violent crime rates. This indicator is compared with the state average.Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12. Source geography: County

[68] Data source: Centers for Disease and Control, US Department of Transportation

Health Inequities

A confluence of demographic factors in this region –low income, limited education and being uninsured—create a unique dynamic for the residents in the four counties that impacts health inequities in each of the 15 potential health needs reviewed for this CHNA. Using the information provided in the Real Cost Measure reviews for each county, the largest share of poor individuals in the region are Latino, African American and Asian. Figure 43 shows that the percent of racial and ethnic minority families living below the real cost measure in each county is over twice that of whites. Figure 44 shows that it is also the case that the largest share of poor are those who are foreign born and non-citizens.

	Percent Below Real Cost Measure (RCM)[69]			
Race/Ethnicity	**Fresno**	**Kings**	**Madera**	**Tulare**
Latino	53%	55%	48%	56%
African Am	53%	35%	51%	52%
Asian	40%	44%	33%	31%
White	21%	19%	31%	25%

Figure 43: Summary of the percent of families living below the RCM in each county by race and ethnicity.

	Percent Below Real Cost Measure (RCM)			
Citizenship/Nativity	**Fresno**	**Kings**	**Madera**	**Tulare**
Foreign Born, Non-Citizen	70%	63%	63%	73%
Foreign Born, Naturalized	40%	36%	33%	42%
US Born Citizen	31%	32%	33%	33%

Figure 44: Summary of the percent of families living below the RCM in each county by citizenship status

The number of individuals with less than a high school diploma is also overrepresented among families living below the Real Cost Measure as seen in Table 10-3.

	Fresno	**Kings**	**Madera**	**Tulare**
Less than High School	68%	63%	62%	71%
High School Diploma	49%	42%	43%	44%
Some College/Vocational	33%	32%	35%	34%
College Degree or Higher	12%	10%	11%	11%

Figure 45: Summary of the percent of families living below the RCM in each county by education level

The following health indicators have all been associated with poor outcomes when looked at by race, gender and socioeconomic status[70]:

- Life Expectancy
- Premature Birth
- Infant Mortality
- Heart Disease
- Obesity
- Mental Health

[69] Struggling to Get By: The Real Cost Measure in California 2015

[70] CDC Health Disparities & Inequalities Report-United States 2013. See: http://www.cdc.gov/minorityhealth/CHDIReport.html

- Preventable Hospitalizations
- Cancer
- Suicide
- HIV Infection Rates
- Asthma
- Substance Abuse

The CDC *Health Disparities and Inequalities Report for 2013* highlights four key findings that impact health inequities on a national scale:

- **Cardiovascular disease** is the leading cause of death in the United States. Non-Hispanic black adults are at least 50 percent more likely to die of heart disease or stroke prematurely (i.e., before age 75 years) than their non-Hispanic white counterparts.[71]
- The prevalence of **adult diabetes** is higher among Hispanics, non-Hispanic Blacks and those of other or mixed races than among Asians and non-Hispanic whites. Prevalence is also higher among adults without college degrees and those with lower household incomes[72].
- The **infant mortality** rate for non-Hispanic Blacks is more than double the rate for non-Hispanic whites. Rates also vary geographically, with higher rates in the South and Midwest than in other parts of the country.
- Men are far more likely to commit suicide than women, regardless of age or race/ethnicity, with overall rates nearly four times those of women. For both men and women, **suicide rates** are highest among American Indians/Alaska Natives and non-Hispanic whites.[73]

[71] CDC. Coronary heart disease and stroke deaths—United States, 2009. In: CDC health disparities and inequalities report—United States, 2013. MMWR 2013;62(No. Suppl 3):155-8.

[72] CDC. Diabetes—United States, 2006 and 2010. In: CDC health disparities and inequalities report—United States, 2013. MMWR 2013;62(No. Suppl 3):97-102

[73] CDC. Suicides—United States, 2005-2009. In: CDC health disparities and inequalities report—United States, 2013. MMWR 2013;62(No. Suppl 3):177-81.

A Summary of Community Perspectives: Qualitative Data

This section includes a summary of the focus group discussions held in each County and relevant comments related to each health need/discussion topic.

Fresno County

Health
The most frequently chosen concerns among Fresno County respondents were mental health issues, breathing problems and obesity. Among community respondents however, the issues that raised the most concern included poor birth outcomes and domestic violence.

Social and Economic
Focus group participants identified poverty, homelessness and gangs as the biggest social and economic problems in the region. Community members identified racism/discrimination, poor access to grocery stores and inadequate public transportation.

Healthy Environment
Stakeholders identified air pollution, too many hot days and not enough safe places to be physically active as top concerns in the CHNA Survey. Community members pointed to poor housing conditions, not enough places nearby to buy healthy and affordable foods, not enough sidewalks and/or bike paths and home is too far from shopping, work and school.

Behaviors
Fresno County survey participants listed drug abuse, lack of exercise and poor eating habits as the three behaviors that most affect health in their community. Community respondents listed life stress as a key factor that affects the community's health.

Health Care
CHNA survey participants were concerned with waiting time to see the doctor and high co-pays and deductibles. The third most common factor listed by health care workers is medication affordability. Among community members, the reason was no health insurance. Community members selected lack of transportation, not enough doctors here and doctors not speaking languages found in the community as top concerns in accessing health care.

Children and Adolescents
Stakeholders identified mental health issues and violence as challenges facing youth in the community.

Key Stakeholder Interviews
Key stakeholders interviewed in Fresno, identified mental health, obesity and diabetes as the biggest health problems. They identified poverty and not enough local jobs as the biggest social and economic problems. According to the feedback gathered, the region's air pollution and the limited number of places to buy affordable and healthy foods are key obstacles to having a healthy environment. The three behaviors identified that influence health in the community are poor eating habits, alcohol abuse

and lack of exercise. When asked what makes it difficult to get health care, the responses focused on lack of health insurance, access to pharmacies and lack of sufficient insurance claim coverage for care

Kings County

Health
Kings County CHNA Survey participants identified diabetes, obesity, mental health issues and breathing problems as top concerns. Community participants however, identified sexually transmitted diseases, teen pregnancy and child abuse or neglect as concerns.

Social and Economic
Health care staff and community members identified lack of local jobs, poverty and lack of interesting or wholesome youth activities as challenges in the community. Community members identified gangs as a challenge.

Healthy Environment
Stakeholders identified air pollution, pesticide use and not enough safe places to be physically active as the three biggest obstacles to having a healthy environment in the community by health care workers. Community members listed lack of sidewalks and/or bike paths, unsafe drinking water, speeding and traffic.

Behaviors
CHNA Survey health care respondents in Kings County identified alcohol abuse, drug abuse, lack of exercise and poor eating habits as the three behaviors that most affect health in their community. Community respondents identified drug abuse and talking or texting while driving as key behaviors that affect the community's health.

Health Care
When asked what three things make it hard for people to get health care, the three most common reasons selected by all respondents were medication affordability, lack of transportation and long wait times to see the doctor as top concerns. Community members also identified high co-pays, deductibles, and lack of adequate insurance coverages as challenges.

Children and Adolescents
Health care workers and community members identified mental health issues and youth violence s as the greatest behavior concerns for children and adolescents in Kings County.

Key Stakeholder Interviews
Stakeholders identified obesity, asthma, heart disease and mental health n as the biggest health problems by the key stakeholders interviewed in Kings County. They also identified poverty and lack of local jobs as the biggest social and economic problems. According to feedback gathered, the region's air pollution and poor housing conditions are key obstacles to having a healthy environment. The three behaviors that influence health in the community, according to stakeholders are drug abuse, lack of exercise and poor eating habits. When asked what makes it difficult to get health care, the responses focused on the difficulty of enrolling in Medi-Cal, difficulty accessing health care services at night or

weekends and medication affordability.

Madera County

Health
The three major health problems identified were heart disease, breathing problems and mental health concerns.

Social and Economic
The social and economic problems identified by CHNA Survey respondents included lack of local jobs, poverty, low education, inadequate public transportation and homelessness.

Healthy Environment
Health care workers identified air pollution, too many hot days and not enough sidewalks and/or bike paths as challenges to a healthy community.

Behaviors
The three behaviors most affecting community health in Madera County include poor eating habits, drug abuse and smoking/tobacco use.

Health Care
When respondents were asked, what three things make it hard for people to get health care, the two most common reasons identifies were high co-pays, deductibles and medication affordability**.** There was a four-way tie between lack of transportation, physician shortages and long wait times to see a doctor and lack of access to physicians at nights or on weekends.

Children and Adolescents
Respondents identified mental health issues and youth violence as the biggest concern for youth in Madera County. Residents and community members who completed the Spanish language survey were asked a slightly different question that suggests breathing problems (asthma) is the highest-ranking concern. Tied for second most frequent concerns were bullying and alcoholism.

Key Stakeholder Interviews
Key stakeholders interviewed in Madera County identified mental health, diabetes and teen pregnancy as the biggest health problems. They identified poverty and education as the biggest social and economic problems. According to stakeholders, the region's air pollution and the limited number of places to buy affordable and healthy foods are key obstacles to having a healthy environment. The three behaviors that influence health in the community identified by stakeholders include lack of exercise, drug abuse and poor eating habits. When asked what makes it difficult to get health care, responses focused on physician shortages, inadequate insurance coverage and difficulty accessing health care services at night or on weekends.

Tulare County

Health

In Tulare County the three major health problems identified by health care workers were diabetes, obesity and mental health issues. Among community members, breathing problems and teen pregnancy were identified as health problems.

Social and Economic

When asked what the three biggest social and economic problems were in Tulare County, health care workers and community members selected lack of local jobs, poverty and not enough education. Homelessness and inadequate transportation were also identified as problems.

Healthy Environment

Air pollution, too many hot days and not enough places nearby to buy healthy and affordable foods were identified as the three biggest obstacles to having a healthy environment.

Behaviors

Tulare County respondents identified drug abuse, lack of exercise and poor eating habits as the three behaviors that most affect health in their community. Community members also identified alcohol abuse and unsafe sex as top concerns.

Health Care

The three most common challenges in accessing health care in Tulare County identified by respondents was the as lack of health insurance, physician shortages and long wait times to see a doctor. Community members also identified lack of adequate insurance coverage and physician language gaps.

Children and Adolescents

Both health care workers and community members identified the greatest behavior concerns for children and adolescents in Tulare County as mental health issues and youth violence.

Key Stakeholder Interviews

Key stakeholders interviewed in Tulare County, identified breathing problems and mental health as the biggest health problems. They identified poverty, lack of local jobs and lack of healthy youth activities as the biggest social and economic problems. According to stakeholders, the region's air pollution, too many hot days and lack of places to be physically active are the key obstacles to having a healthy environment. The three behaviors that influence health in the community identified were poor eating habits, drug abuse and lack of exercise. When asked what makes it hard for people to get health care, the responses focused on long wait times to see a doctor, physician shortages and difficulty accessing health care services at night or on weekends.

CHNA Survey Responses on Available Community Resources

Residents who completed the CHNA Survey were asked to note resources in their community that addressed the needs about which they were most concerned.

Fresno County Resources

In Fresno County, 557 respondents provided a written answer to this question. Table 12.1 shows a summary of general themed responses and a list of specific programs that were lifted up as resources.

Response	Specific Examples
Unknown, Don't Know, or Not Sure	--
None or very little	Not enough resources and very limited resources
After School Programs	
Nutritional Programs	Food banks, free-lunch programs at schools, Cal Fresh
Housing	Housing Authority, Section 8, MAP Point for the Homeless, Poverello House, Rescue Mission
Non Profit and Faith Based Resource Centers	Churches, Marjaree Mason Center, West Care, Barrios Unidos (sex education)
Child or Youth Focused Programs	First 5 Fresno County
Workforce or Job Related	Job fairs, job training
Hospitals, Clinics,	Emergency Rooms, community clinics, Children's Hospital, Lifestyle Wellness Programs at Saint Agnes
County and State Programs	Shelters, Exodus (Mental Health),
Miscellaneous	Central California Asthma Coalition, Building Healthy Neighborhoods,

Figure 46: Summary of resources in Fresno County identified in the CHNA Survey

Kings County Resources

In Kings County, 96 respondents provided a written answer to this question. Table 12.2 shows a summary of general themed responses and a list of identified resources.

Response	Specific Examples
Unknown, Don't Know, or Not Sure	--
None or very little	Resources are very limited
After School Programs	
Nutritional Programs	Farmer's markets, church food banks
Housing	Low income housing
Non Profit and Faith Based Resource Centers	
Child or Youth Focused Programs	First 5, library
Workforce or Job Related	One-Stop Job Center
Hospitals, Clinics,	Baby friendly hospital initiative
County and State Programs	Kings Behavioral Services, Kings County 211
Miscellaneous	

Figure 47: Summary of Kings County Resources identified in the CHNA Survey

Madera County Resources

The Madera County survey used by the Public Health Department did not include this question and thus the resources mentioned during the focus groups are the only ones collected for Madera County.

Response	Specific Examples
Unknown, Don't Know, or Not Sure	--
None or very little	Resources are very limited
After School Programs	
Nutritional Programs	Madera County healthy eating programs, Farmer's markets, church food banks
Housing	-
Non Profit and Faith Based Resource Centers	-
Child or Youth Focused Programs	First 5
Workforce or Job Related	-
Hospitals, Clinics,	Camarena Health, Children's Hospital
County and State Programs	-
Miscellaneous	-

Figure 48: Summary of Madera County Resources identified by community respondents

Tulare County Resources

In Tulare County, 164 respondents provided a written answer to this question. Table 12.4 shows a summary of general themed responses and a list of identified resources.

Response	Specific Examples
Unknown, Don't Know, or Not Sure	--
None or very little	
After School or School Based Programs	No Child Left Behind, Universal Preschool
Nutritional Programs	FoodLink, WIC
Housing	Housing Authority
Non Profit and Faith Based Resource Centers	One Stop, United Way of Tulare, Rescue Mission, Poverello House, Mission Center
Family, Child or Youth Focused Programs	Central California Family Crisis Center, First Five, Dinuba Children's Services, Parenting Networks, Boys and Girls Club, Quinto Sol, ProYouth HEART
Workforce or Job Related	EDD, Community Services Employment Training, Workforce Investment Department
Hospitals, Clinics,	Sierra View Medical Center, Rural Health Clinics, Federally Qualified Health Clinics, Valley Children's Healthcare

Other City, County and State Programs	Health and Human Services, Libraries, Parks and Recreation, Police
Miscellaneous	Water Distribution Centers

Figure 49: Summary of Tulare County Resources identified in the CHNA Survey

Key comments:

- *"Many resources are destination bound and with no transportation or after hours care it is hard to access."*
- *"Welfare and other government provided services; however, barriers still exist due to low education and language barriers."*

Evaluation of Impact Statement: 2013 CHNA and CMC Response

In response to the December 2014 Final IRS Rules for Charitable Hospitals, this section provides an evaluation of Community Medical Center's efforts to address the community health needs identified in the 2013 Community Health Needs Assessment.

Review: Key Findings of CHNA 2013

After a review of the primary and secondary data, stakeholder interviews, and focus group results, community benefit leaders from each hospital participating in the CHNA collaborative prioritized the findings of the CHNA. The CHNA work group used four criteria to prioritize the results:

Impact: *Which of the leading indicators, if improved, would make the greatest impact on health, quality of life and health disparities?*
Severity: *Which of the leading indicators is associated with the most severe negative health repercussions in the region?*
Resources: *Which of the leading indicators can be addressed with existing resources across the study region?*
Outcome: *Which of the leading indicators, if addressed effectively, would yield the most visible improvement in our mortality and morbidity rates?*

Using those criteria, the **high priority indicators and health needs** selected were:

- Access to Care
- Obesity
- Overweight/Physical Activity
- Mental Health
- Diabetes
- Poverty
- Education

These needs were identified in CMC service area that includes Fresno, Kings, Madera and Tulare counties.

Each hospital's specific implementation plans based on the 2013 CHNA are available here:
Community Regional Medical Center
Clovis Community Medical Center

Obesity/Physical Activity/Diabetes

Diabetes Care Center
Community Regional's Diabetes Care Center provides quality comprehensive diabetes self-management education to adults 18 years and older with Type 1 and Type 2 diabetes as well as those diagnosed with pre-diabetes. The self-management model helps patients learn how to engage with their doctor to improve their care and advance their treatment. The Center offers the Valley's only high-risk gestational

diabetes education program to pregnant women and those with pre-existing diabetes prior to pregnancy. Patients learn about glucose monitoring, nutrition, meal planning, exercise and the psychosocial aspects surrounding diabetes self-management. Bilingual education classes are offered to patients with uncontrolled diabetes through the center's "Diabetes in Control" program. The Diabetes Care Center treated nearly 3,600 patients in Fiscal Year 2014 and 2015—66% of patients were covered by Medi-Cal.

The Diabetes Care Center provides patients with information on nutrition and physical activity and is part of Community's response to the "Obesity and Physical Activity" identified health need.

Diabetes Medical Home

The Diabetes Medical Home at Community Regional's Ambulatory Care Center was established in April 2012 to provide primary care to patients with diabetes. The program provides a patient-centered, team-based approach for treatment of patients with a hemoglobin A1C of 7.0 or above and who frequently visit the emergency department. The diabetes medical home team is led by a medical director and staffed by a nurse practitioner, registered nurse, medical assistant, social worker and outreach specialist. The medical home team goal is to aid patients in improving their quality of life through self-management. Patients in the diabetes medical home receive customized care and services that include medication support, transportation to and from clinical visits, diabetic medical equipment support, glucose monitor education and education classes among others. In Fiscal Year 2014 and 2015, Community Regional's diabetes medical home provided clinical care and support services to 345 patients—50% of these patients were covered by Medi-Cal.

Upon closer analysis, comparing patients who had been seen 12 months prior to their engagement with the medical home as well as 12 months after, this patient population experienced a 36% reduction in 30-day all-cause readmission rates and an 18% reduction in Emergency Department utilization.

The Diabetes Medical Home provides patients with information on nutrition and physical activity and is part of Community's response to the "Obesity and Physical Activity" identified health need.

Fresno Community Health Improvement Partnership (FCHIP)

Recognizing our responsibility to serve as a role model in community health and prevention, in October 2014, Fresno Heart & Surgical Hospital, a Community Regional campus facility, in collaboration with the Hospital Council of Northern and Central California, convened a broad multi-stakeholder group that included healthcare providers, K-12 and higher education professionals, dieticians, professional chefs and others seeking a unified, community-wide strategy to address diabetes. In October 2015, this group became part of the Fresno Community Health Improvement Partnership (FCHIP) and the first-ever Fresno Diabetes Collaborative was formed. The group, co-chaired by Community's Vice President of Population Health, is working to align resources around diabetes and reduce this community 'epidemic.

Weight Loss and Bariatric Surgery Support Groups

Clovis Community currently offers counseling and support to patients that have undergone bariatric surgery as well as medical weight loss interventions. The monthly support groups are held three times per month and help patients navigate life during pre and post medical intervention. Support groups, led by clinical staff, provide patients with extensive education aimed at achieving long-term health. Education topics include exercise, nutrition, social issues and general support.

Fresno Heart & Surgical Hospital, hosted 225 bariatric and weight loss support groups during Fiscal Years 2014 and 2015. Support groups, open to all patients that have undergone bariatric surgery regardless of treating medical facility, provide patients information and resources on diet, nutrition, exercise as well as emotional and psychological support for the pre and post-surgical period. Support groups, provided both in-person and via online web stream, are facilitated by either a nutritionist, psychologist, RN or physiologist. Fresno Heart and Surgical Hospital hosts an average of 10 support groups per month and participants vary from 5 to 50 patients per session.

Campus Walking Trail
Physical activity is an important element of a healthy community. To that end, Clovis Community has developed a park-like environment with walking trails surrounding the campus. The 2.5-mile walking trail is lined with drought resistant vegetation and is open to Clovis Community employees, patients and community members. A Radin Breast Care Center cancer support group includes weekly educational walks with trained nursing staff.

Public Seminar on Healthy Eating
In September 2014, Clovis Community offered its free monthly lecture series, "HealthQuest," with a focus on obesity. The lecture, "Get Inspired to Change your Relationship with Food," helped attendees explore their personal relationship with food and provided healthy alternatives for effective weight management and overall health. More than 200 people attended the free seminar and were able to sample easy-to-prepare and healthy recipes.

Food Day Event 2014
Clovis Community continued its commitment to provide patients and families with increased opportunities for health and access to healthy, locally grown produce. In October 2014, Clovis Community celebrated its first annual Food Day Event for patients and employees. Event participants received health education and were instructed on how to prepare heart-healthy recipes. An estimated 800 patients, community members and employees participated in Food Day activities at Community Medical Centers' campuses.

Mental Health

Community Conversations: Mental Health
Community plays a lead role in Community Conversations: *Mental Health* taskforce. In partnership with a wide range of community leaders and stakeholders that include Fresno County Department of Behavioral Health, healthcare providers, non-profit organizations, law enforcement agencies and entities serving individuals and families suffering from mental health and substance abuse issues, the taskforce aims to seek and implement best practice models for care coordination and support to individuals suffering from mental health conditions. The group established the first-of-its kind *Multi-Agency Access Point (MAP) at the Poverello House.* The MAP Point's goal is to provide linkages to individuals in need of a broad range of community resources including social services, mental health and substance abuse services, healthcare and housing, among others. This collective impact effort to address mental health challenges in the region is led by Community's Vice President for Population Health and Community Engagement.

In its first year, *MAP Point at the Pov* served 3,447 individuals and families, connecting many of them to housing, mental health services and other resources. These linkages resulted in burden reductions for law enforcement and hospital emergency rooms.

Mental Health Integration Program
In September 2013, Community Regional in collaboration with Fresno County Department of Behavioral Health established the Mental Health Integration Program (I.M.P.A.C.T) at the Deran Koligian Ambulatory Care Center. The program's coordinated care model adds mental health professionals and a consulting psychiatrist to the primary care team to provide diagnosis, treatment plan and outcomes tracking for patients that present mild to moderate depression and anxiety. The goal is to identify and treat mild-to-moderate depression and anxiety in patients visiting our internal medicine, family practice, women's and children's clinics. In the program's first 18 months, there was an overall 36 percent decrease in Patient Health Questionnaire (PHQ9)scores—a screening, diagnosing, monitoring and measuring resource used by clinicians to treat depression.

The I.M.P.A.C.T. program is overseen by a faculty psychiatrist who develops individually tailored prescription and counseling intervention plans for patients with mild to moderate depression and/or anxiety. There is a growing body of evidence directly linking mental health to physical health, thus integrating mental health interventions in the primary care setting

I.M.P.A.C.T. is also helping address the severe shortage of behavioral health care providers in the Valley by serving as an instruction site for graduate medical students. While completing rounds with the directing psychiatrist, residents learn to develop patient-specific treatment plans to address anxiety and depression.

Emergency Department Involuntary Holds and Care Coordination
Community Regional's Emergency Department continues to offer crisis intervention through case management and 5150/1799 "involuntary hold" protocols in conjunction with Fresno County Department of Behavioral Health. Community Regional's case managers assisted patients and families with coordination of care to Community's Behavioral Care Center and Fresno County's Behavioral Health services division as well as linkage to social services. In Fiscal Years 2014 and 2015, Community Regional's Emergency Department received close to 15,600 visits from patients placed under involuntary holds requiring case management services—translating to an average of 22 encounters per day. In Fiscal Years 2014 and 2015, Clovis Community's Emergency Department received close to 1,400 visits from patients placed under involuntary holds requiring case management services.

Community Behavioral Health Center (CBHC)
Community Regional's Behavioral Health Center houses Fresno County's largest 24-hour adult psychiatric care facility with 61 inpatient beds. Patients admitted both voluntarily and involuntarily to CBHC receive a wide range of services including adult care, medication management, recreation, individual and group therapy, among others. CBHC leadership participate in regional stakeholder conversations on mental health.

Public Seminar on Stress Management
In April 2014, Clovis Community offered its monthly, no-cost, "HealthQuest," public lecture series with a focus on stress. The lecture, "Stress Management- Tips to a More Productive and Less Stressful Life,"

helped attendees evaluate and access stress triggers in their everyday life and how to effectively manage it. An average of 120 attendees participate in the monthly health education seminars.

Mental Health Advocacy
In February 2016, Community's Vice President for Population Health & Community Engagement was appointed by Governor Brown to the state's Mental Health Services Oversight & Accountability Commission (Proposition 63). The commission's goal is to oversee statewide implementation of the Mental Health Services Act, advise the Governor and Legislature on mental health policy and develop strategies to overcome stigma. Community will continue its commitment to advocate for improved coordinated care, access and resources for families and individuals suffering with mental health disorders on a local, regional and state-wide level.

Access to Care

Chronic Disease Medical Homes
Community Regional created three medical homes aimed at providing a team-based approach to primary care for patients with complex chronic disease including diabetes, heart failure and chronic lung. Community Regional's medical homes are overseen by medical directors and staffed by nurse practitioners, registered nurses, clinical pharmacists, social workers and outreach specialists. The medical home model provides patients with customized care coordination that includes transportation to and from appointments, bilingual after hours support by specially-trained staff, bilingual support groups as well as a walk-in clinic. In Fiscal Year 2014 and 2015, Community Regional's medical homes provided care to nearly 2,400 patients—56% of these patients were covered by Medi-Cal.

Care Transition Clinic
During Fiscal Year 2014, Community Regional established a Care Transition Clinic to facilitate prompt access to patients who are discharged from the hospital and are not linked to a primary care provider or are unable to access their primary care provider within a 7-10 day window. Lack of timely access to primary care after a hospital discharge was identified as a primary contributing factor to hospital readmissions. Care Transition Clinic aims to establish patient connections to primary care and also provides a "warm handoff" to the medical provider. For patients with established care providers, the Care Transition Clinic communicates with providers on follow-up appointments and continuing care. The Care Transition team consists of a medical directors, registered nurses, social workers and outreach specialists. The physician in this clinic also works closely with Community Home care to provide medical advice and prevent readmissions. In Fiscal Year 2014 and 2015, the Care Transition team had 906 patient encounters while serving 714 patients—69% of these patients were covered by Medi-Cal.

Fresno Medical Respite Center
Community was a founding hospital partner that established the Fresno Medical Respite Center in July 2011. The Center houses eight beds for homeless men and women at the Fresno Rescue Mission in downtown Fresno. The Center provides patients a place for 'safe discharge' and where they can continue their recovery. The Respite Center helps reduce patients' length of stay due to lack of discharge alternatives—opening up hospital beds for critically-ill patients. In fiscal year 2014 and 2105, Community Medical Centers provided $100,000 to support the Medical Respite Center. In 2014-2015, the Center provided care to more than 100 patients. Since its opening, the Medical Respite Center has saved an estimated 6400 inpatient hospital days totaling at least $4.6 million.

Emergency Department Expansion
Clovis Community operates a busy Emergency Department. With the region's growing population and since the passage of the Affordable Care Act, Clovis Community has seen an increase in the number of patients seeking care at the Emergency Department— there was an increase of 23,000 patient visits between Fiscal Year 2012 and 2015. In order to provide increased access to care, Clovis Community invested in a $330 million hospital expansion that included a nearly 25,000 square foot addition to the emergency room. The department expansion increased the number of emergency treatment stations from 18 to 42.

Federal Advocacy Efforts for the Central Valley
In July 2015, Community Medical Center's CEO, Tim Joslin testified before the U.S. House of Representative's Ways and Means Committee hearing on rural health. Advocating in favor of Congressional revision of its graduate medical education funding formula, Mr. Joslin highlighted the Valley's healthcare challenges that include concentrated poverty, language barriers, low education levels and higher than average rates of asthma, lung disease, diabetes and obesity. In underlining the Valley's urgent need for increased federal funding towards graduate medical education, Mr. Joslin stressed that federally funded resident positions have remained stagnant at 1997 levels, despite a one third increase in the area's population.

Poverty

Hospital Presumptive Eligibility
Community Regional's staff in collaboration with Fresno County's Department of Social Services (DSS), received training to enroll uninsured patients to Medi-Cal via the Hospital Presumptive Eligibility (HPE) program. Patients seen in the in-patient and out-patient setting that meet Medi-Cal eligibility are enrolled in the program, providing them coverage for the visit and a direct linkage to continuing coverage with Fresno County DSS. A total of 150 members of Community Regional's registration staff in admitting, emergency department, radiology, lab and clinics have registered 8,700 patients to Medi-Cal through the HPE program. In order to enroll patients to the HPE program, each employee participated in 6-8 hours of training and follow-up with Fresno County DSS personnel.

Education

Graduate Medical Education
Each year more than 200 doctors from UCSF, one of the top medical schools in the country, receive specialized education at Community Regional through the UCSF Fresno Medical Education Program. Since the program's launch 40 years ago, more than 30% of resident graduates have stayed to practice medicine in the Valley. Residencies and fellowships are offered in emergency medicine, cardiology and pulmonary medicine, orthopedics, general surgery, critical surgical care, obstetrics/gynecology, pediatrics, internal medicine, family practice, oral and maxillofacial surgery, general dentistry, pharmacy, wilderness medicine and psychiatry and others.

Inpatient Health Education

In order to aid patients and their families to understand and effectively manage their clinical condition and medications post discharge, in August 2014, Community Regional completed the installation of *GetWellNetwork*—a bedside, on-demand, interactive video system. *GetWellNetwork*'s health education videos are offered to all hospitalized patients and their families in both English and Spanish. Since its implementation, 90% of Community Regional patients and families in the inpatient setting have watched the videos and 60% of patients have interacted with Medication Data Sheets. In Fiscal Years 2014 and 2015, Community Regional invested $1.3 million to upgrade 655 hospital beds with updated bilingual health information and hardware. As part of its expansion, Clovis Community added the *GetWellNetwork* system in 2012 totaling a $428,000 investment in hardware and software for 176 beds.

Community Outreach at Yokomi Elementary School
In May 2015, Community participated and helped organize the Yokomi Neighorhood Block Party & Health Fair that brought together collaborative efforts by several partners including Every Neighborhood Partnership, Building Neighborhood Capacity, Bringing Broken Neighborhoods Back to Life and Yokomi Elementary representatives. The block party, attended by nearly 300 students, parents and neighbors was at Yokomi Elementary and provided attendees with information on health, nutrition, exercise, compression-only CPR, healthcare coverage, and recycling.

Free Public Health Education Seminars
In April 2014 Clovis Community launched the "HealthQuest" Lecture Series. The monthly series held at Clovis Community's H. Marcus Radin Conference Center is available at no-cost and open to the public. Topics for the HealthQuest lecture series include heart disease, stress management, concussion awareness, palliative care, Alzheimer's Dementia and others. An average of 120 attendees participate in the monthly health education seminars.

Consolidated Community Benefits in Fiscal Year 2014 & 2015

The CHNA results are used, in large measure, to drive our hospital system's community benefit expenditures. Community serves as the area's "safety-net" provider and, in Fiscal Year 2014 and 2015, provided $356 million in "community benefits" – which includes the costs of charity care and uncompensated services to the medically underserved – equating to 13.9% of our total expenses.

Benefit	FY 2014 Contribution	FY 2015 Contribution	2-Year Total Contribution
Unreimbursed cost of direct medical care for the poor and underserved			
Charity care	7,403,000	3,751,000	11,154,000
Unreimbursed cost of caring for Medi-Cal patients	100,454,000	99,925,000	200,379,000
MISP Shortfall	7,544,000	0	7,544,000
Medical education shortfall	70,446,000	64,796,000	135,242,000
Continuing medical education	213,000	201,000	414,000
Spiritual support services	244,000	235,000	479,000
Interpreters	156,000	240,000	396,000
Community outreach	135,000	133,000	268,000
Total quantifiable community benefits	**$186,595,000**	**$169,281,000**	**$355,876,000**
% of Total Operating Expenses	**15.8%**	**12.2%**	**13.9%**

Figure 50: Community Medical Centers' Community Benefit investments for FY 2014 & 2015

Conclusion

At a time when national healthcare reform continues to focus on access to care, health outcomes, and cost of care delivery, the challenges faced by the poor, undocumented, and those with limited education are deeply felt in California's Central Valley. Even with the support of community benefit programs, nonprofit organizations and faith-based institutions, residents in the region still report challenges in accessing healthcare, including costs, availability and difficulties in establishing a primary care provider.

The health needs identified in this assessment—obesity, diabetes, asthma, mental health, dental care, substance abuse, maternal and infant health—can all be influenced by improved access to care as well as through stronger community and population health-driven collaborations. This *Community Health Needs Assessment* has highlighted the interaction of residents' health needs with socioeconomic conditions that require broad community interventions. The need for a deep understanding and commitment to broad multidisciplinary approaches to addressing the identified needs will shape future endeavors to respond to these needs.

The environmental conditions that continue to be part of the ecosystem in the region also require improved education and coordinated resources that engage community, housing, and health service providers. Pollution associated with agricultural activities and ozone levels combine with the high number of hot days in the Central Valley to pose unique challenges.

The Hospital Council and the Community Benefit Workgroup appreciates that increased coordinated care among providers and health education will improve health outcomes in the communities served. Continued collaborative partnerships between hospitals and cross-sector stakeholders are critical in addressing the prioritized local health needs. The 2016 *Community Health Needs Assessment* report findings will be used by regional and individual hospital leaders to create recommendations and action plans to address the community's identified health needs.

Community Medical Centers remains committed to improve the health status of the community by providing access to high quality care for our patient population and to build community systems where individuals can become more empowered to improve and maintain their own health. Through increased collaboration with cross-sector community partners and a deeper understanding of the social determinants of health influencing our community's health needs, Community Medical Centers will leverage funding, expertise and talent to achieve measureable positive health outcomes.

Community health improvement is rooted in our mission and is lived out in our health system every day, thanks to the staff, our physician partners, and volunteers.

CMC FY 2017-2019 Consolidated Implementation Plan

As further outlined in the Affordable Care Act (2010) and the 2014 IRS final regulations, hospitals and health systems are required to submit a good-faith implementation plan to address the priority needs identified in the *Community Health Needs Assessment* (CHNA) as well as acknowledge any priority needs they may *not* be addressing (due to capacity, duplicative work already existing in the community, etc.).

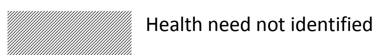
Community Medical Centers (CMC) presents our system-wide implementation plan to address the major health needs in this region, both as a health system and in collaboration with community partners. This consolidated implementation plan covers our two licensed hospitals, Community Regional Medical Center (CRMC) and Clovis Community Medical Center (CCMC), and is prepared in accordance to final regulations for charitable hospitals published by the Internal Revenue Service on Dec. 29, 2014.

As you review this plan, it is important to note that specific, measurable goals and objectives will be set for each strategy and reported during the next CHNA process.

Priority Health Needs in the Region

Identified Health Need (listed in alphabetical order)	Fresno	Kings	Madera	Tulare
Access to Care*†	1	3	2	1
Breathing Problems (Asthma)*†	2	2	4	4
CVD/Stroke (Hypertension)		7	6	
Diabetes*†	3	1	1	2
Maternal and Infant Health (Infant Mortality & Premature Births)	6			
Maternal and Infant Health (Teen or Unintended Pregnancy)		8		6
Mental Health*†	4	5	5	5
Obesity*†	5	4	3	3
Oral Health (Dental Care)*	8	9	8	9
Substance Abuse*	7	6	7	8
Violence/Injury Prevention	9			7

Figure 1: Summary of health needs ranked across all four counties ranked in order of importance by community stakeholders.


Health need not identified

* Health need is common throughout the four-county region.

† Top five common health need throughout the four-county region.

Implementation Plan to Address 2016 Health Needs

True to our mission and core values, Community Medical Centers (CMC) is committed to improving the health of the community. Driven by the 2016 *Community Health Needs Assessment* findings, CMC will invest time and resources to address the top five health needs that were consistently identified in our four county services area:

- Access to Care
- Breathing Problems (Asthma)
- Diabetes
- Mental Health
- Obesity

CMC will continue its leadership with existing collective impact efforts and community-based organizations, other hospitals and health care providers to address the remaining health needs identified in the 2016 *Community Health Needs Assessment* process: cardiovascular disease/stroke; maternal & infant health, including infant mortality/premature births and teen pregnancy; oral health; substance abuse; and violence/injury prevention.

Access to Care

Community Medical Centers

Developing Health and Housing Pilot Project
CMC, in partnership with the Fresno City and County Housing Authority, will pilot a place-based health project in a low-income, subsidized housing complex in Central Fresno. The project will assess for the specific health needs and/or challenges faced by families, including drivers behind their higher-than-average emergency room utilization for low-acuity complaints. Once the data has been assessed, we will partner with California State University, Fresno and their mobile health van to provide aligned interventions and collect data on our impact.

Goals: Improved access to more timely health care; reduced ER utilization; improved health outcomes for families in this neighborhood

Community Regional Medical Center

Supporting Fresno Medical Respite Center
In partnership with the Fresno Rescue Mission, CRMC will support this respite service to provide homeless patients with a safe place for them to continue their recovery and receive additional home health, social service, and other support services after their hospital stay. The Medical Respite Center will serve patients from all hospitals in the Fresno metropolitan region.

Goals: Reduced length of stay; improved recovery and health outcomes; consistent links to ongoing social services necessary for full recovery and return to the community

Establishing first hospital-based MAP Point Project at Community's Ambulatory Care Center

CRMC's Deran Koligian Ambulatory Care Center will serve as one of eight locations in urban and rural Fresno County linking residents to health, behavioral and social services. In collaboration with Kings View Corporation, Centro La Familia Advocacy Services and the Poverello House, the MAP (Multi-Agency Access Partnership) Point housed near our Ambulatory Care Center will provide our patients, their families and neighborhood residents with much-needed linkages to social services upon leaving the hospital, including additional outpatient treatment, substance abuse treatment, mental health treatment and healthcare insurance enrollment.

Goals: Reduced readmissions; improved recovery and health outcomes; consistent links to ongoing social services necessary for full recovery and return to the community, with particular emphasis on mental health and substance abuse needs as well as housing, both essential to overall health

Strengthening Chronic Disease Medical Homes

CRMC will continue to provide a team-based healthcare approach in its chronic disease medical homes. The team-based care model consists of a physician, nurse practitioner, nurse, case manager and outreach worker. Team members ensure that patients **diagnosed diabetes, congestive heart failure and chronic obstructive pulmonary** disease receive appropriate and timely care, medications and transportation to appointments. Intense case management is provided to patients facing hardships, including linkages to community resources.

Goals: Reduced readmissions; improved recovery and health outcomes; increased compliance with medication and other prescribed treatments

Navigating Medi-Cal Eligibility

CRMC admitting staff will continue efforts to link uninsured patients who visit our hospital with much-needed Medi-Cal coverage. Through a partnership with Fresno County Department of Social Services (DSS), admitting staff will "presumptively" enroll patients that meet Medi-Cal eligibility requirements. Presumptive eligibility grants patients 60-day coverage—Medi-Cal coverage becomes permanent once the patient completes the enrollment process with DSS.

Goals: Increased number of patients with a payer source; reduced volumes of bad debt

Ensuring Seamless Care Transition Services

Care transition services will ensure that patients who lack a designated primary care provider and yet require continuing care after discharge receive 'seamless' care and assistance in establishing primary, specialty and home health care 'homes.' Care transition services will also help patients set-up follow-up appointments, help with transportation services, and other help to address a patient's barriers to continuing care.

Goals: Reduced readmissions; improved recovery and health outcomes; consistent links to ongoing social services necessary for full recovery and return to the community

Clovis Community Medical Center

Enhance and Maximize Emergency Department Access
A CCMC multi-disciplinary team made up of physicians, administrative personnel, nursing and ancillary staff will establish a protocol to reduce treatment time and increase capacity of the newly expanded Emergency Department. Performance improvement projects will center on improved access to care and timely treatment of patients seeking emergency medical care.

Goals: Improved patient flow; improved access to care; reduced ED wait times

Sponsor Cancer Survivors and Caregivers Support Groups
CCMC will continue to provide patients, their families and caregivers a space for monthly gatherings that will center on resources, support services and peer counseling. CCMC cancer survivor support groups are free and offered once a month. All support groups open to any community member that has been affected by cancer.

Goals: Continued access to CCMC and health care providers; improved health outcomes and recovery

Breathing Problems (Asthma)

Community Medical Centers

Engage in Regional Clean Air Collaborative Efforts
CMC will continue to participate in collaborative local and regional efforts addressing clean air quality initiatives such as Fresno County Health Improvement Partnership's Land Use and Planning group.

Goals: Support community collaboratives to improve the air quality in the Central Valley

Community Regional Medical Center

Sustain Chronic Lung Disease Program
CRMC, in partnership with UCSF Fresno, will continue its evidence-based, in-home intervention program for patients with chronic lung disease. The program re-establishes linkages to care for patients with severe asthma. The team-based program consists of a medical director, nurse practitioner, registered nurse, respiratory therapist and outreach worker. The care team provides patients with an in-home assessment of potential asthma triggers, lung function test and education on asthma and inhaler use.

Goals: Decreased emergency room utilization; increased compliance with inhaler use and other medications; improved health outcomes and quality of life

Launch Pediatric Asthma Education Program
CRMC's Pediatric Asthma Education Program will focus on providing education to young patients that are newly-diagnosed or have issues with adherence to clinical visits and/or medications. The program

will provide patients and families with self-management health information aimed at preventing asthma episodes, hospitalizations and visits to the emergency room.

Goals: Increase the number of physician referrals to the Pediatric Asthma Education Program; reduce ER visits and hospitalizations due to asthma complications; increase medication compliance and proper medication use.

Clovis Community Medical Center

HealthQuest: Asthma
CCMC's monthly health education seminar, HealthQuest, will host a special asthma edition to provide asthma patients and their family with timely and relevant information on asthma trigger prevention as well as the latest medical and drug therapies. HealthQuest is free and open to the public.

Goals: Increased public awareness of asthma

Expand Pulmonary Services
CCMC will expand pulmonology services, including additional physician specialists to assist with expedited diagnosis and treatment, as well as increase outpatient pulmonary function testing hours.

Goals: Improved access to early diagnosis, intervention and access to asthma care

Diabetes

Community Medical Centers

Lead Fresno County Diabetes Collaborative
Community Medical Centers will continue its leadership role in Fresno County Health Improvement Partnership's diabetes collaborative. The workgroup seeks cross-sector collaboration in addressing rising diabetes rates in the county, aims to increase diabetes and pre-diabetes awareness, screenings and linkages to continuing care. The collaborative will align interventions and public outreach/education with measurable health outcomes among healthcare providers, schools, non-profit organizations and public health.

Goals: Increased collaboration and reduced duplication among the community's diabetes organizations/services; increased public awareness of diabetes and pre-diabetes

Diabetes Information Campaigns
CMC will actively engage with the broader community around diabetes prevention, awareness and education through online communication platforms, campus and community health activities. Community will continue to provide diabetes and pre-diabetes prevention and awareness education through partnerships with local non-profit organizations, parent support groups and schools.

Goals: Increased public awareness of diabetes and pre-diabetes

Community Regional Medical Center

Continue Diabetes Care Center
CRMC's Diabetes Care Center will continue to provide care, education and interventions through its high-risk diabetes in pregnancy program. The program will continue to provide patients and their families with diabetes self-management education, healthy eating habits and controlling diabetes during pregnancy.

Goals: Improved patient outcomes

Strengthen Diabetes Medical Home
CRMC's diabetes medical home provides coordinated care for patients from a multi-disciplinary team consisting of a physician, nurse practitioner, nurse, case manager and outreach worker. Team members ensure that patients diagnosed diabetes receive appropriate and timely care, medications and transportation to appointments. Intense case management is provided to patients facing hardships, including directly linking patients to community resources.

Goals: Reduced readmissions; reduced diabetes-related ER visits; improved medication compliance; improved health outcomes; consistent links to ongoing social services

Clovis Community Medical Center

HealthQuest: Diabetes
Clovis Community's monthly health education series will feature a community health information seminar on diabetes. The special diabetes edition will inform the public about the signs of pre-diabetes, effective diabetes self-management strategies and tips for an active and healthy lifestyle. HealthQuest is free and open to the public.

Goals: Increased public awareness of diabetes

Creation of a Limb Preservation Program
In order to improve care and reduce or eliminate the severity of amputations among patients diagnosed with diabetes, CCMC will create a formal limb preservation program. The patient-centered program will consist of a multi-disciplinary care team that will include a vascular surgeon, interventional radiologist, hospitalist, podiatrist and others.

Goals: Improve health outcomes and quality of life; reduce and/or eliminate severity of amputations related to diabetes

Mental Health

Community Medical Centers

Leading Mental Health Advocacy

In February 2016, Community's Vice President for Population Health & Community Engagement was appointed by California Governor Brown to the state's Mental Health Services Oversight & Accountability Commission (Proposition 63). The commission's goal is to oversee statewide implementation of the Mental Health Services Act, advise the Governor and Legislature on mental health policy and develop strategies to overcome the stigma associated with mental illness. CMC will continue its commitment to advocate for improved coordinated care, access and resources for families and individuals suffering with mental health disorders on a local, regional and state-wide level.

Goals: Increased visibility for CMC at the State level; increased advocacy for mental health programs and services in the Central Valley

Leading Community Conversations: Mental Health
CMC will continue to lead this cross-sector discussion and collaboration to facilitate access and service coordination for individuals affected by mental illness. CMC will support the expansion of the Multi-Agency Access Partnership (MAP) across Fresno County, including the MAP site to be located at the Community Regional campus. *Community Conversations* on mental health will seek to address mental health services for children and substance abuse issues/services related to physical health.

Goals: Improved local systems for mental health and substance abuse care; reduced impacts on ER due to mentally ill consumers seeking care; reduced LOS in the ER by mentally ill consumers awaiting additional care/placements in the community or in mental health facilities

Community Regional Medical Center

Integrating Primary Care and Mental Health Care
CRMC will partner with Fresno County Department of Behavioral Health to develop primary care medical homes for patients with mental illness. The medical homes will provide timely, team-based care to address patient's physical and mental health.

Goals: Improved access to care for mentally ill individuals; reduced ER volumes by those in need of mental health care; improved health outcomes through the integration of physical and mental health

Community Behavioral Health Center
Community Regional will continue to operate the Community Behavioral Health Center— a 61-bed, in-patient facility providing 24-hour care to adults in need of acute psychiatric care.

Clovis Community Medical Center

Increased Clinical Training to Address Involuntary Holds
Clinical personnel will receive additional training on how to best provide care and interventions for increasing number of patients under 5150/1799 involuntary mental health holds through a partnership with Clovis Police Department with a goal to ensure mental health patients receive appropriate services.

Goals: Reduced ER wait times by those in need of mental health care; decreased LOS in ER for mentally ill consumers awaiting additional care/placements; strengthened partnership with local law enforcement around the care of these patients

HealthQuest: Mental Health
In order to provide community-wide awareness on mental illness, CCMC will host a special mental health edition of its HealthQuest series. The no-cost informational seminar will provide community members with information on mental health, resources available in the community and treatment options for persons suffering from mental illness.

Goals: Increased public awareness of mental health

Establishing Tele-psychology Services
Addressing the serious shortage of mental health providers in the Central Valley, CCMC will establish a tele-psych services program for patients requiring mental health evaluations in the ED. Tele-psych services, via closed television circuit, will provide timely and efficient evaluations by a licensed mental health professional.

Goals: Improve access to mental health services; reduce ER wait times; improve ER patient throughput; reduce ER LOS by mentally ill consumers requiring additional care.

Obesity

Community Medical Center

Celebrate Food Day at Community Medical Centers' Campuses
Community Medical Centers will continue its commitment to provide patients and families with increased opportunities for nutrition, health and access to healthy, locally grown produce. Community will continue to host and sponsor activities and events centered on healthy eating and nutritious recipes. Food Day events will be celebrated throughout Community campuses and will be open to patients, their families and community members at large.

Goals: Increase public/employee awareness about nutrition, healthy eating, and healthy weight

Explore community-based collaborative opportunities around obesity
CMC will research and ultimately implement at least three community-based physical activity/obesity prevention programs in neighborhoods surrounding CRMC.

Goals: Increase physical activity and healthy eating resources, skills and behaviors in children and families.

Engage in Collaborative Efforts on Obesity
CMC will continue to participate in broad, community-wide efforts to address obesity through partnerships with the Fresno County Public Health Department, non-profit organizations and schools.

Community Regional Medical Center

Support Diabetes Nutrition and Weight Management Group

As a complimentary service to patients being served in the Diabetes Medical Home, Community Regional will continue to host support groups to assist patients in managing diabetes through nutrition label education, diet and exercise counseling. The support groups are led by CRMC's case management team members and are available in both English and Spanish. Support groups are free and open to patients and their families.

Goals: Improve weight and diabetes health outcomes through an emphasis on healthy weights

Clovis Community Medical Center

Provide Healthier Dining Options
Partnering with the American Heart Association and other community organizations, CCMC will provide nutrition information in hospital dining areas and via e-mail, blogs and on our website. Targeted information will promote nutrition and healthy eating tips.

Goals: Increased patient/family and employee awareness of and access to healthier dining options

Encourage Physical Activity on the Campus Walking Trail
Physical activity is an important element of a healthy community. To that end, CCMC has developed a park-like environment with walking trails surrounding the campus. The 2.5-mile walking trail is lined with drought resistant vegetation and is open to Clovis Community employees, patients and community members.

Goals: Increased physical activity by patients, families, employees and the community

Additional Health Priorities

Cardiovascular disease/Stroke
Community Medical Centers will continue to provide stroke education awareness through key partnerships in the community.

Maternal and Infant Health
Infant mortality and premature births
CMC will continue its leadership role in Fresno County's Pre-Term Birth Initiative—a cross-sector, collective impact effort aiming to increase the numbers of healthy, full term babies born in Fresno County. Members of CMC's leadership and clinical teams will continue to collaborate in activities and efforts as expert advisors and participants in community interventions to reduce the number of preterm births in Fresno County.

Teen Pregnancy
CMC will align with existing efforts addressing teen pregnancies led by established collaboratives and partners such as the Central Valley Community Foundation and others.

Oral Health (Dental Care)

CMC will continue to operate the ACC Dental Clinic for patients that lack access to quality and affordable dental care.

Substance Abuse

CMC will align to relevant interventions on substance abuse in the community-wide *Conversations on Mental Health* collaborative.

Violence/Injury Prevention

CRMC's Trauma Prevention program will continue to provide education on injury prevention in the community—including fall/injury, distracted driving and others. CRMC will continue to promote community-wide awareness and education on concussions and traumatic brain injury of student athletes and young children.

Appendices

Appendix A: Secondary Data Sources Cited in this Report
Appendix B: Community Health Needs Assessment Survey
Appendix C: Community Health Needs Assessment Survey Results by County
Appendix D: Focus Group List
Appendix E: Stakeholder List
Appendix F: New Measure of Poverty: Fresno, Kings, Madera, Tulare County
Appendix G: Profiles on 11 Health Needs
Appendix H: Comprehensive Four County Health Needs Review

APPENDIX A: Secondary Data Sources Cited in This Document

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APPENDIX B: Community Health Needs Assessment Survey

Thank you for taking a moment to complete this survey on behalf of the Hospital Council of Northern and Central California (Hospital Council). Leap Solutions, LLC is working in partnership with Hospital Council to conduct a regional community health needs assessment for the nonprofit hospitals in Fresno, Kings, Madera and Tulare County. Your response to these questions will help us identify perceived health needs and community conditions that impact the health of the communities in this region. Your response is anonymous and only a summary of responses will be used to inform the final set of health need priorities and key strategies for the region.

Service Area Demographics

1. In which county do you live? -Fresno -Kings -Madera - Tulare

2. As a community member, please identify the hospital where you typically receive health care services?

3. Please indicate the place where you and your family receive primary health care services.
   a. Doctor's Office
   b. Urgent Care
   c. Free Community Health clinic/Health Fair
   d. School Based Health Center
   e. Hospital Emergency Department
   f. Other:

4. Are you a staff member of a health care facility? Y or No

5. If so, for which hospital do you work?

6. What community health challenges do you experience most in your department? (Select Top 3)
   □ Lack of preventive care
   □Lack of health knowledge
   □Language barriers
   □Access to resources
   □Care Compliance
   □Understanding of coverage
   □Under-insured
   □Uninsured

7. What department do you work in?

8. What is your home zip code?

9. Please rate the overall health of your community.
   □ Excellent □ Good □ Ok □ Poor □ Very Poor □ Don't Know

10. Please rate how well your county works to help solve community problems?
□ Excellent □ Good □ Ok □ Poor □ Very Poor □ Don't Know

11. What are the three biggest health problems in your community? (Please choose three)

□ Age-related health problems (like arthritis, Alzheimer's)
□ Cancer
□ Tooth problems
□ Heart disease
□ Infectious diseases(e.g., hepatitis or TB)
□ Mental health issues (e.g., depression)
□ Motor vehicle injuries (including pedestrian and bicycle accidents)
□ Poor birth outcomes (e.g., baby underweight)
□ Breathing problems/asthma, COPD
□ Sexually transmitted diseases
□ Youth violence (like gang fights, murders)
□ Domestic violence
□ Stroke
□ Teens getting pregnant
□ Suicide
□ Alcoholism
□ Diabetes
□ Child abuse or neglect
□ Obesity
□ Other: ____________

12. What are the three biggest social and economic problems in your community (Choose three)

□ Not enough local jobs
□ Poverty
□ Overcrowded housing
□ Homelessness
□ Not enough education/high school drop-outs
□ Gangs
□ Racism and discrimination
□ No health insurance
□ Not enough interesting activities for youth
□ Fear of crime
□ Not enough healthy food
□ Inadequate public transportation
□ Not enough police and firefighters
□ Other

13. What are the three biggest obstacles to having a healthy environment in your community? Choose three

□ Air pollution (dirty air)
□ Pesticide use
□ Poor housing conditions
□ Home is too far from shops, work, school
□ Too many hot days
□ Cigarette smoke
□ Not enough sidewalks and bike paths
□ Trash on streets and sidewalks
□ Flooding problems
□ Unsafe drinking water
□ Not enough safe places to be physically active (i.e. parks)
□ Not enough places nearby to buy healthy and affordable foods
□ Not enough public transportation
□ Speeding/Traffic
□ No sidewalks or street lights
□ Other

14. What are the three behaviors that most affect health in your community? Choose three

□ Alcohol abuse (drinking too much)
□ Driving while drunk/on drugs
□ Drug abuse
□ Lack of exercise
□ Poor eating habits
□ Not getting "shots" (vaccines) to prevent disease
□ Smoking/tobacco use
□ Unsafe sex (e.g., not using condom or birth control)
□ Using weapons/guns
□ Not getting regular checkups by the doctor
□ Life stress/not able to deal with life stresses
□ Teenage sex
□ Talk/texting and driving
□ Other

15. In your opinion, is store window advertising of tobacco, alcohol and sugary beverages a problem in your community?

□Not a problem
□ A big problem
□ A small problem
□ A medium problem
□ I don't know
□ Other:

16. What three things make it hard to get healthcare in your community? Choose three.

□ It is NOT hard to get health care
□ No health insurance
□ Medi-Cal is too hard to get
□ Medi-Cal is too hard to use
□ No health care available at night or weekends
□ Can't get off work to see a doctor
□ The only place to go is the emergency room
□ Can't afford medicine
□ Covered California/Obama Care is too hard to get
□ Covered California/Obama Care is too hard to use
□ No transportation
□ Not enough doctors here
□ Waiting time to see the doctor is too long
□ Doctors and staff don't speak languages found in our community
□ High co-pays and deductibles
□ Other

17. What are the greatest behavior concerns children and adolescents face in your community?
    a. Mental health issues (e.g. depression)
    b. Domestic violence
    c. Alcoholism
    d. Motor vehicle injuries
    e. Youth violence (gang fights, murders)
    f. Suicide
    g. Other

18. What are the greatest needs of children and their families in your community?

19. What resources are available to help address these issues identified above?

20. When you think about the resources and services that help members of your community stay health, what three organizations stand out (Example: health and Human Services, YMCA, Boys and Girls Club)

21. Which of your three choices above do you see taking a leadership role at improving the health of your community?

22. What are the five most important parts of a healthy thriving community? Choose three

□Safe place to raise kids
□Parks and recreation facilities
□ Community involvement
□ Jobs
□ Affordable housing
□ Time for family

□ Good air quality
□ Low crime and violence
□ Services for elders
□ Access to healthcare
□ Good schools
□ Inexpensive childcare
□ Access to healthy food
□ Green/open spaces
□ Diversity is respected
□ Support agencies (e.g., social workers, churches and temples)
□ People know how to stay healthy
□ Other:

23. What are two things that make you most proud of your community?

24. What activities would energize you enough to become involved (or more involved) in building a healthier community?

25. What are the two things you would like to improve in your community?

Please tell us about yourself:

26. What is your age? ______________

27. Please indicate your gender. Choose one:
□ Female □ Male □ Other:

28. What is your highest educational level? Choose one:
□ Less than high school
□ High school diploma
□ GED
□ Some college
□ College degree
□ Graduate/professional degree
□ Other:

29. How many people live in your household?
1 2 3 4 5 Other (please explain):

30. How would you rate your health in general? Choose one.
□ Excellent □ Very Good □ Good □ Fair □ Poor □ Don't Know

31. Please rate your family's overall health Choose one answer
□ Excellent □ Very Good □ Good □ Fair □ Poor □ Don't Know

32. Please rate how well your neighbors and your county work together to help solve community problems?
□ Excellent □ Very Good □ Good □ Fair □ Poor □ Don’t Know

33. What is your annual household income? Choose one:

□ Less than $10,000
□ $10,000 to $14,999
□ $15,000 to $24,999
□ $25,000 to $34, 999
□ $35,000 to $49,999
□ $50,000 to $74,999
□ $75,000 to $99,999
□ $100,000 to $149,000
□ $150,000 to $199,999
□ $200,000 or more
□ Don’t know

34. What language(s) do you speak at home? Choose one:
□ English □ Spanish □ Other:

35. How well do you speak English? Choose one:
□ Very well □ Well □ Not well □ Not at all

36. What race and ethnic group do you most identify with? Check all that apply:
☐ Black/African American
☐ White/Caucasian
☐ Asian (if checked, please select a choice below):
  o Cambodian
  o Chinese
  o Korean
  o Hmong
  o Vietnamese
  o Filipino
  o Pakistani
  o Japanese
  o Thai
  o Laotian
  o East Indian
  o Native Hawaiian or Pacific Islander
  o Other: ______

☐ Hispanic/Latino (if checked, please select a choice below):
o Mexicano
o Salvadoreño

o Puertorriqueño
o Nicaragüense
o Other: ______

☐ Native American/Alaska Native (Indicate your tribal affiliation or Indigenous Community below):

☐ Other: ________

Thank you very much for your participation!

APPENDIX C: Community Health Needs Assessment Survey Results by County

Fresno CHNA Survey Results

The following tables provide the detailed summary of responses by Fresno County health care workers and Community Members to four central questions about health challenges, socioeconomic challenges facing their community, factors that challenge the health of their community, behaviors that influence the health of their community and what challenges exist to get healthcare in their community. We have also included responses to a question on the biggest behavioral health challenges facing children. ***Items in bold are those selected 20% or more of the time by community members responding to the CHNA Survey.***

Fresno County	Responses	
Q11: In your opinion, what are the three (3) biggest health problems in your community? (Please choose three)	Health care Workers	Community Members
	Total N=437	**Total N= 87**
Age-related health problems (example: arthritis, Alzheimer's, dementia)	14.6%	10.30%
Cancer	18.3%	12.6%
Teeth problems	5.3%	5.7%
Heart disease	28.1%	18.40%
Stroke	8.2%	1.1%
Infectious diseases (example: hepatitis or tuberculosis)	2.7%	5.7%
Mental health issues (example: depression or schizophrenia)	40.7%	43.7%
Motor vehicle injuries (including pedestrian or bicycle injuries)	2.10%	1.1%
Poor birth outcomes (example: premature, still-born, malnourished)	1.8%	17.2%
Breathing problems (example: asthma, COPD)	46.7%	41.4%
Sexually transmitted diseases	3.2%	2.3%
Youth violence (example: results from gang fights, murders)	8.0%	4.6%
Teen pregnancy	7.1%	5.7%
Domestic violence	5.5%	10.3%
Suicide	1.1%	1.1%
Alcoholism	7.8%	8.0%
Diabetes	39.8%	36.8%
Child abuse or neglect	4.6%	6.9%
Elder abuse or neglect	0.9%	1.1%
Obesity	47.4%	49.4%
Other (please specify)	5.9%	16.1%

Fresno County	**Responses**	
Q12: In your opinion, what are the three (3) biggest social and economic problems in your community (Please choose three)	Health care Workers **Total N=437**	Community Members **Total N= 87**
Not enough local jobs	34.3%	32.2%
Poverty	53.1%	70.1%
Overcrowded housing	2.1%	5.7%
Homelessness	38.0%	27.6%
Not enough education (example: not finishing high school)	33.9%	33.3%
Gangs	36.6%	20.7%
Racism and discrimination	5.5%	17.2%
No health insurance	26.5%	11.5%
Not enough interesting or wholesome youth activities	14.4%	16.1%
Fear of crime	17.6%	12.6%
Poor access to grocery stores	1.4%	12.6%
Poor access to drinking water	2.3%	5.7%
Inadequate public transportation	11.2%	18.4%
Not enough police and/or firefighters	12.4%	2.3%
Other (please specify)	10.8%	13.8%

Fresno County	**Responses**	
Q13: In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community? (Please choose three)	Health care Workers **Total N=437**	Community Members **Total N= 87**
Air pollution (dirty air)	83.5%	78.2%
Pesticide use	18.5%	10.3%
Poor housing conditions	21.7%	26.4%
Home is too far from shopping, work, school	3.4%	12.6%
Too many hot days	40.0%	14.9%
Cigarette smoke	17.8%	6.9%
Not enough sidewalks and/or bike paths	5.9%	17.2%
Trash on streets and/or sidewalks	10.3%	5.7%
Flooding problems	0.7%	0.0%
Unsafe drinking water	7.1%	4.6%
Not enough safe places to be physically active (example: parks, playgrounds)	26.3%	43.7%
Not enough places nearby to buy healthy and affordable foods	20.4%	25.3%
Not enough public transportation	15.8%	18.4%
Speeding and/or traffic	12.4%	8.0%
No sidewalks and/or street lights	2.7%	4.6%
Other (please specify)	13.3%	23.0%

Fresno County	**Responses**	
Q14: In your opinion, what are the three (3) behaviors that most affect health in your community? (Please choose three)	Health care Workers	Community Members
	Total N=437	**Total N= 87**
Alcohol abuse (drinking too much alcohol)	30.2%	19.5%
Driving while drunk or on drugs	17.2%	10.3%
Drug abuse	46.5%	32.2%
Lack of exercise	48.5%	48.3%
Poor eating habits	59.0%	56.3%
Not getting "shots" (Vaccines/immunizations to prevent disease)	3.7%	2.3%
Smoking/tobacco use	16.2%	5.7%
Unsafe sex (not using condom or birth control)	5.5%	6.9%
Using weapons (knives, guns, etc.)	9.6%	10.3%
Not getting regular checkups by the doctor	24.5%	28.7%
Life stress (not able to deal with life stresses)	16.7%	47.1%
Teenage sex	2.3%	3.4%
Talking or texting while driving	16.0%	12.6%
Other (please specify)	4.1%	16.1%

Fresno County	**Responses**	
Q16: In your opinion, what three (3) things make it hard to get healthcare in your community? (Please choose three)	Health care Workers	Community Members
	Total N=437	**Total N= 87**
It is NOT hard to get healthcare	18.1%	10.3%
No health insurance	28.8%	29.9%
Medi-cal / Medi-care is too hard to get	8.7%	6.9%
Medi-cal / Medi-care is too hard to use	7.6%	9.2%
No healthcare available at night or on weekends	12.8%	14.9%
Insurance doesn't cover the care needed	23.6%	27.6%
There isn't a pharmacy close to me	1.8%	0.0%
Can't get off work to see a doctor	9.8%	9.2%
The only place to go is to the emergency room	11.2%	4.6%
Can't afford medicine	29.3%	23.0%
Covered California / Obama Care is too hard to get	6.2%	3.4%
Covered California / Obama Care is too hard to use	14.2%	4.6%
No transportation	11.4%	21.8%
Not enough doctors here	20.6%	32.2%
Waiting time to see the doctor is too long	33.6%	40.2%
Doctors and staff don't speak languages found in our community	3.4%	10.3%
High co-pays and deductibles	48.3%	28.7%
Other (please specify)	10.5%	23.0%

Fresno County	**Responses**	
Q17: What are the greatest behavioral concerns children and adolescents face in your community?	Health care Workers	Community Members
	Total N=437	**Total N= 87**
Mental health issues (e.g. depression)	33.2%	39.1%
Domestic violence	9.4%	6.9%
Alcoholism	7.3%	9.2%
Motor vehicle injuries (including pedestrian and bicycle accidents)	5.5%	8.0%
Youth violence (gang fights, murders)	32.0%	23.0%
Suicide	3.4%	0.0%
Other (please specify)	9.2%	13.8%

Fresno County Focus Group Outcomes

A total of five focus groups were held in Fresno County with attendance ranging from 4 to 24 individuals. Two groups were comprised largely of community leaders in nonprofit and public agencies serving a wide range of populations throughout the county. Three other focus groups were conducted with residents in Fresno and Selma in both English and Spanish to meet the needs of the participants. Listed below are the highlights of the most common responses to the survey data and the discussions.

Fresno County Focus Group Themes				
Q11 In your opinion, what are the three (3) biggest health problems in your community?	**Q12** In your opinion, what are the three (3) biggest social and economic problems in your community?	**Q13** In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community?	**Q14** In your opinion, what are the three (3) behaviors that most affect health in your community?	**Q16** In your opinion, what three (3) things make it hard to get healthcare in your community?
• Obesity • Diabetes • Cancer • Breathing Problems • Mental health	• High poverty rates • Lack of quality of education • Lack of vocational programs • Lack of quality housing • No access to higher education • Transportation	• Poverty • Lack of access to free parks • No access to quality healthy food	• Teen pregnancy • Lack of access to health care • Stress	• Inability to pay for medications or copays are too high • Not enough medical providers • Lack of quality health insurance

In addition to soliciting the participants' comments on the five primary questions on health needs, they also discussed what resources would help address their concerns and what was already working well. In Fresno County respondents emphasized more community engagement and involvement of residents and regional efforts to address known health concerns.

What are some key services you believe would help address these challenges?
• Upstream interventions • Regional initiatives • Advisory Councils • Health Fairs • Parental Engagement
What ONE effort that would make the greatest impact on health outcomes in your community?
• Upstream health initiatives • Improved economic conditions • Improved community infrastructure for healthy living
Are you aware of any NEW programs or services that were created in the last three years that have the potential to address your community's health needs?
• Fresno school/PD (focus on children overcoming life) • Fresno movement promoting reading • Fresno County Community Health Improvement Partnership (Robust public health presence/stepping/inform infrastructure by listening to community) • Barrios Unidos (community organization)
What would you say is currently working well to address health needs in your community?
• Non-profit collaboration • Affordable Care Act • Federally Qualified Health Clinics i.e., Clinica Sierra Vista – but concern with high fees and long delay in getting appointments. • Non-Governmental Organizations • Health Fairs • Charitable Care

Fresno Key Stakeholder Interview Outcomes

A total of 19 Interviews were conducted with key stakeholders in Fresno County. These interviews were approximately 45 – 60 minutes in length and were conducted in person or by phone. Consultants asked each stakeholder to provide their own perspective on the five key survey questions. Listed below are the overall results of their rankings assigned to items selected by at least 2 or more interviewees.

Q11: In your opinion, what are the three (3) biggest health problems in your community?
Respondents raised mental health and obesity as equally high concerns followed by diabetes and breathing problems.

Mental Health			Obesity			Diabetes			Breathing Problems		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q12: In your opinion, what are the three (3) biggest social and economic problems in your community?
Respondents ranked poverty and not enough local jobs as the most important underlining root cause in their communities.

Poverty			Not enough local jobs			Homelessness			Not enough education			Gangs		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q13: In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community?
Respondents in Fresno were very concerned with air pollution in their communities.

Air pollution			Not enough places to buy affordable healthy foods			Not enough places to be physically active			Too many hot days		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q14: In your opinion, what are the three (3) behaviors that most affect health in your community?
Respondents were equally concerned with poor eating habits, alcohol consumption and lack of exercise in their communities—no one item was ranked the first priority.

Poor eating habits			Alcohol			Lack of exercise			Life stress		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q16: In your opinion, what three (3) things make it hard to get healthcare in your community?
Key stakeholders in Fresno tied in their rankings for the absence of health insurance, lack of nearby pharmacies and health insurance not covering the needed care as the top factors that make it hard to get healthcare. There were also several other factors tied for second.

No health insurance			No pharmacy close by			Insurance doesn't cover care needed		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Can't afford medicine			Medical, Medicare is too hard to use			Waiting time to see the doctor is too long			Not enough doctors here			Not enough doctors here and Covered California too hard to use		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Only place to go is the ED			High copays and deductibles			Doctors or staff don't speak language of community		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

The CHNA Survey also asked health care workers to comment on their specific perspective of challenges they see in their own facilities. The figure 57 below shows that in Fresno County the more common issues were a lack of health knowledge, language barriers and a general challenge in accessing existing resources.

FRESNO COUNTY:	**Responses**	
Q6: What community health challenges do you experience most in your department?	Health care Workers	Community Members
	Total N=437	Total N= NA
Lack of preventative care	38.6%	
Lack of health knowledge	48.7%	
Language barriers	42.3%	
Access to resources	38.7%	
Care compliance	38.2%	
Understanding of coverage	34.6%	
Under-insured	22.1%	
Un-insured	20.5%	
Other (please specify)	16.2%	

Kings County CHNA Survey Results

The following tables provide the detailed summary of responses by Kings County health care workers and community members to four central questions about health challenges, socioeconomic challenges facing their community, factors that challenge the health of their community, behaviors that influence the health of their community and what challenges exist to get healthcare in their community. Included are responses to a question on the biggest behavioral health challenges facing children.

Items in bold are those selected 20% or more of the time by community members responding to the CHNA Survey.

Kings County	**Responses**	
Q11: In your opinion, what are the three (3) biggest health problems in your community? (Please choose three)	Health care Workers **Total N=40**	Community Members **Total N= 55**
Age-related health problems (example: arthritis, Alzheimer's, dementia)	5.00%	5.50%
Cancer	15.0%	9.1%
Teeth problems	2.5%	7.3%
Heart disease	27.5%	10.9%
Stroke	2.5%	0.0%
Infectious diseases (example: hepatitis or tuberculosis)	0.0%	0.0%
Mental health issues (example: depression or schizophrenia)	37.5%	43.6%
Motor vehicle injuries (including pedestrian or bicycle injuries)	0.0%	3.6%
Poor birth outcomes (example: premature, still-born, malnourished)	0.0%	0.0%
Breathing problems (example: asthma, COPD)	37.5%	36.4%
Sexually transmitted diseases	2.5%	9.1%
Youth violence (example: results from gang fights, murders)	5.0%	3.6%
Teen pregnancy	17.5%	27.3%
Domestic violence	2.5%	5.5%
Suicide	2.5%	0.0%
Alcoholism	12.5%	14.5%
Diabetes	67.5%	54.5%
Child abuse or neglect	0.0%	7.3%
Elder abuse or neglect	0.0%	0.0%
Obesity	57.5%	50.9%
Other (please specify)	5.0%	10.9%

Kings County	Responses	
Q12: In your opinion, what are the three (3) biggest social and economic problems in your community? (Please choose three)	Health care Workers **Total N=40**	Community Members **Total N= NA**
Not enough local jobs	50.0%	52.7%
Poverty	60.0%	60.0%
Overcrowded housing	0.0%	7.3%
Homelessness	27.5%	23.6%
Not enough education (example: not finishing high school)	40.0%	34.5%
Gangs	25.0%	30.9%
Racism and discrimination	2.5%	1.8%
No health insurance	20.0%	20.0%
Not enough interesting or wholesome youth activities	40.0%	27.3%
Fear of crime	5.0%	7.3%
Poor access to grocery stores	5.0%	3.6%
Poor access to drinking water	0.0%	7.3%
Inadequate public transportation	7.5%	12.7%
Not enough police and/or firefighters	2.5%	5.5%
Other (please specify)	15.0%	5.5%

Kings County	Responses	
Q13: In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community? (Please choose three)	Health care Workers **Total N=40**	Community Members **Total N= 55**
Air pollution (dirty air)	80.0%	74.5%
Pesticide use	32.5%	23.6%
Poor housing conditions	15.0%	18.2%
Home is too far from shopping, work, school	2.5%	10.9%
Too many hot days	30.0%	30.9%
Cigarette smoke	20.0%	10.9%
Not enough sidewalks and/or bike paths	10.0%	16.4%
Trash on streets and/or sidewalks	0.0%	9.1%
Flooding problems	0.0%	0.0%
Unsafe drinking water	7.5%	12.7%
Not enough safe places to be physically active (example: parks, playgrounds)	40.0%	34.5%
Not enough places nearby to buy healthy and affordable foods	37.5%	20.0%
Not enough public transportation	7.5%	10.9%
Speeding and/or traffic	2.5%	9.1%
No sidewalks and/or street lights	5.0%	3.6%
Other (please specify)	10.0%	14.5%

Kings County	**Responses**	
Q14: In your opinion, what are the three (3) behaviors that most affect health in your community? (Please choose three)	Health care Workers	Community Members
	Total N= 40	**Total N= 55**
Alcohol abuse (drinking too much alcohol)	35.0%	20.0%
Driving while drunk or on drugs	2.5%	5.5%
Drug abuse	35.0%	58.2%
Lack of exercise	67.5%	40.0%
Poor eating habits	72.5%	56.4%
Not getting "shots" (Vaccines/immunizations to prevent disease)	0.0%	1.8%
Smoking/tobacco use	10.0%	10.9%
Unsafe sex (not using condom or birth control)	12.5%	16.4%
Using weapons (knives, guns, etc.)	2.5%	1.8%
Not getting regular checkups by the doctor	22.5%	21.8%
Life stress (not able to deal with life stresses)	22.5%	23.6%
Teenage sex	2.5%	12.7%
Talking or texting while driving	10.0%	23.6%
Other (please specify)	5.0%	7.3%

Kings County	**Responses**	
Q16: In your opinion, what three (3) things make it hard to get healthcare in your community? (Please choose three)	Health care Workers	Community Members
	Total N=40	**Total N= NA**
It is NOT hard to get healthcare	22.5%	10.9%
No health insurance	22.5%	16.4%
Medi-cal / Medi-care is too hard to get	5.0%	9.1%
Medi-cal / Medi-care is too hard to use	17.5%	18.2%
No healthcare available at night or on weekends	25.0%	29.1%
Insurance doesn't cover the care I need	12.5%	21.8%
There isn't a pharmacy close to me	2.5%	3.6%
Can't get off work to see a doctor	15.0%	16.4%
The only place to go is to the emergency room	2.5%	7.3%
Can't afford medicine	35.0%	32.7%
Covered California / Obama Care is too hard to get	2.5%	3.6%
Covered California / Obama Care is too hard to use	10.0%	3.6%
No transportation	32.5%	12.7%
Not enough doctors here	30.0%	32.7%
Waiting time to see the doctor is too long	35.0%	34.5%
Doctors and staff don't speak languages found in our community	10.0%	3.6%
High co-pays and deductibles	17.5%	29.1%
Other (please specify)	2.5%	14.5%

Kings County	**Responses**	
Q17: What are the greatest behavioral concerns children and adolescents face in your community?	Health care Workers	Community Members
	Total N=	Total N= 135
Mental health issues (e.g. depression)	37.5%	32.7%
Domestic violence	7.5%	10.9%
Alcoholism	12.5%	0.0%
Motor vehicle injuries (including pedestrian and bicycle accidents)	0.0%	0.0%
Youth violence (gang fights, murders)	30.0%	41.8%
Suicide	0.0%	3.6%
Other (please specify)	12.5%	10.9%

Kings County Focus Group Outcomes

One focus group of 24 individuals was conducted in Kings County comprised of community members leading community organizations. Listed below are their responses to the survey questions reviewed during the focus groups and the group discussions.

KINGS COUNTY FOCUS GROUP THEMES				
Q11 In your opinion, what are the three (3) biggest health problems in your community?	**Q12** In your opinion, what are the three (3) biggest social and economic problems in your community?	**Q13** In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community?	**Q14** In your opinion, what are the three (3) behaviors that most affect health in your community?	**Q16** In your opinion, what three (3) things make it hard to get healthcare in your community?
• Obesity • Diabetes • Mental health • Substance abuse	• Poverty • Lack of jobs • No activities for youth • Lack of education • No grocery stores nearby	• Air Pollution • Lack of green spaces	• Substance abuse • Poor eating habits • Lack of exercise • Stress • Lack of parental engagement	• Poor Transportation

In addition to soliciting the participants' comments on the five primary questions on health needs, they also discussed what resources would help address their concerns and what was already working well. In Kings County, respondents suggested health education and more community based clinics would be key opportunities to improve the health of their community.

What are some key services you believe would help address these challenges?

- Upstream interventions
- More community clinics
- Health education especially in rural areas

What ONE effort that would make the greatest impact on health outcomes in your community?

- Health education
- Upstream health initiatives

Are you aware of any NEW programs or services that were created in the last three years that have the potential to address your community's health needs?

- School-based health centers,
- Kings Partnership for Prevention

What would you say is currently working well to address health needs in your community?

- Federally Qualified Health Centers and rural health network
- Public outreach improving with coordinated efforts

Kings County Key Informant Interviews

A total of 3 stakeholder interviews were conducted in Kings County to gather their perspective on five key questions. These interviews were approximately 45 – 60 minutes in length and were conducted in person or by phone. Consultants asked each stakeholder to provide their own perspective on the five key survey questions. Listed below are the overall results of their rankings assigned to items selected by interviewees.

Q11: In your opinion, what are the three (3) biggest health problems in your community?
Respondents raised breathing problems and obesity as the most important.

Obesity			Breathing problems			Heart disease			Mental health		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q12: In your opinion, what are the three (3) biggest social and economic problems in your community?

Respondents said the lack of local jobs as well as poverty were the most pressing issues in their communities.

Not local enough jobs			Poverty			Not enough education			Wholesome youth activities		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q13: In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community?

Respondents spoke of air pollution and poor housing conditions as the most pressing issues in their communities.

Air pollution			Poor housing			Not enough places to be physically active			Too many hot days		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q14: In your opinion, what are the three (3) behaviors that most affect health in your community?

Respondents were very concerned with drug abuse in their communities and as well as overall wellness and nutrition issues.

Drug abuse			Lack of exercise			Poor eating habits		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q16: In your opinion, what three (3) things make it hard to get healthcare in your community?

Respondents were very concerned healthcare being overall hard to use and the lack of access to care and the inability to afford the medicine they need.

MediCal too hard to get			No healthcare available at night or on weekends			Can't afford medicine			Not enough health insurance			Waiting time to see doctor too long			High co-pays and deductibles		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

The CHNA Survey also asked health care workers to comment on their specific perspective of challenges they see in their own facilities. The figure below shows that in Kings County, health care workers pointed

out a lack of health knowledge, language barriers and access to resources as key community health challenges.

Kings County	**Responses**	
Q6: What community health challenges do you experience most in your department? (Please select your top three challenges)	Health care Workers	Community Members
	Total N=50	Total N= NA
Lack of preventative care	30.0%	
Lack of health knowledge	**56.0%**	
Language barriers	**44.0%**	
Access to resources	**46.0%**	
Care compliance	30.0%	
Understanding of coverage	36.0%	
Under-insured	20.0%	
Un-insured	20.0%	
Other (please specify)	18.0%	

Madera CHNA Survey Results

The following tables provide the detailed summary of responses by Madera County health care workers and community members to four central questions about health challenges, socioeconomic challenges facing their community, factors that challenge the health of their community, behaviors that influence the health of their community and what challenges exist to get healthcare in their community. Also included are responses to a question on the biggest behavioral health challenges facing children.
Items in bold are those selected 20% or more of the time by <u>community members</u> responding to the CHNA Survey.

Madera County	**Responses**	
Q11: In your opinion, what are the three (3) biggest health problems in your community? (Please choose three)	Health care Workers	Community Members
	Total N=28	Total N= 135
Age-related health problems (example: arthritis, Alzheimer's, dementia)	23.8%	7.52%
Cancer	9.5%	24.06%
Teeth problems	9.5%	23.31%
Heart disease	38.1%	8.27%
Stroke	4.8%	1.50%
Infectious diseases (example: hepatitis or tuberculosis)	0.0%	1.51%
Mental health issues (example: depression or schizophrenia)	38.1%	9.77%
Motor vehicle injuries (including pedestrian or bicycle injuries)	9.5%	12.03%
Poor birth outcomes (example: premature, still-born, malnourished)	0.0%	6.02%
Breathing problems (example: asthma, COPD)	38.1%	28.57%
Sexually transmitted diseases	0.0%	6.77%
Youth violence (example: results from gang fights, murders)	19.0%	15.04%
Teen pregnancy	9.5%	12.03%
Domestic violence	4.8%	10.53%
Suicide	0.0%	0.75%
Alcoholism	9.5%	25.56%
Diabetes	28.6%	32.33%
Child abuse or neglect	4.8%	4.51%
Elder abuse or neglect	0.0%	0.0%
Obesity	42.9%	36.84%
Other (please specify)	9.5%	6.02%

Madera County	**Responses**	
Q12: In your opinion, what are the three (3) biggest social and economic problems in your community? (Please choose three)	Health care Workers Total N=28	Community Members Total N= 135
Not enough local jobs	42.9%	54.14%
Poverty	28.6%	30.08%
Overcrowded housing	4.8%	18.05%
Homelessness	33.3%	21.05%
Not enough education (example: not finishing high school)	42.9%	24.81%
Gangs	23.8%	24.81%
Racism and discrimination	0.0%	16.54%
No health insurance	23.8%	18.05%
Not enough interesting or wholesome youth activities	19.0%	16.54%
Fear of crime	0.0%	13.53%
Poor access to grocery stores	0.0%	9.7%
Poor access to drinking water	0.0%	0.0%
Inadequate public transportation	**33.3%**	9.02%
Not enough police and/or firefighters	28.6%	6.77%
Other (please specify)	19.0%	25.0%

Madera County	**Responses**	
Q13: In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community? (Please choose three)	Health care Workers Total N=28	Community Members Total N= 135
Air pollution (dirty air)	57.1%	52.63%
Pesticide use	19.0%	42.86%
Poor housing conditions	4.8%	25.56%
Home is too far from shopping, work, school	14.3%	11.28%
Too many hot days	38.1%	15.79%
Cigarette smoke	19.0%	20.03%
Not enough sidewalks and/or bike paths	33.3%	9.7%
Trash on streets and/or sidewalks	4.8%	24.81%
Flooding problems	0.0%	3.76%
Unsafe drinking water	4.8%	10.53%
Not enough safe places to be physically active (example: parks, playgrounds)	28.6%	14.29%
Not enough places nearby to buy healthy and affordable foods	19.0%	10.53%
Not enough public transportation	28.6%	6.77%
Speeding and/or traffic	14.3%	8.27%
No sidewalks and/or street lights	4.8%	11.28%
Other (please specify)	9.5%	4.51%

Madera County	**Responses**	
Q 14: In your opinion, what are the three (3) behaviors that most affect health in your community? (Please choose three)	Health care Workers	Community Members
	Total N=28	Total N=135
Alcohol abuse (drinking too much alcohol)	28.6%	50.38%
Driving while drunk or on drugs	14.3%	33.83%
Drug abuse	38.1%	41.35%
Lack of exercise	28.6%	28.57%
Poor eating habits	61.9%	31.84%
Not getting "shots" (Vaccines/immunizations to prevent disease)	4.8%	10.53%
Smoking/tobacco use	33.3%	13.53%
Unsafe sex (not using condom or birth control)	4.8%	5.6%
Using weapons (knives, guns, etc.)	14.3%	8.27%
Not getting regular checkups by the doctor	23.8%	28.57%
Life stress (not able to deal with life stresses)	14.3%	17.29%
Teenage sex	0.0%	7.52%
Talking or texting while driving	28.6%	24.06%
Other (please specify)	4.8%	0.75%

Madera County	**Responses**	
Q16: In your opinion, what three (3) things make it hard to get healthcare in your community? (Please choose three)	Health care Workers	Community Members
	Total N= 28	Total N= 135
It is NOT hard to get healthcare	23.8%	7.52%
No health insurance	14.3%	45.86%
Medi-cal / Medi-care is too hard to get	0.0%	23.31%
Medi-cal / Medi-care is too hard to use	0.0%	7.52%
No healthcare available at night or on weekends	23.8%	15.79%
Insurance doesn't cover the care I need	14.3%	0.0%
There isn't a pharmacy close to me	9.5%	0.0%
Can't get off work to see a doctor	9.5%	11.28%
The only place to go is to the emergency room	9.5%	11.28%
Can't afford medicine	42.9%	32.33%
Covered California / Obama Care is too hard to get	9.5%	2.26%
Covered California / Obama Care is too hard to use	9.5%	2.26%
No transportation	23.8%	8.27%
Not enough doctors here	23.8%	5.26%
Waiting time to see the doctor is too long	23.8%	25.56%
Doctors and staff don't speak languages found in our community	0.0%	17.29%
High co-pays and deductibles	52.4%	15.04%
Other (please specify)	9.5%	2.26%

Madera County	Responses	
Q17: What are the greatest behavioral concerns children and adolescents face in your community?	Health care Workers	Community Members*
	Total N= 28	
Mental health issues (e.g. depression)	23.8%	
Domestic violence	0.0%	
Alcoholism	9.5%	
Motor vehicle injuries (including pedestrian and bicycle accidents)	9.5%	
Youth violence (gang fights, murders)	47.6%	
Suicide	0.0%	
Other (please specify)	9.5%	

*** Community members in Madera County who completed the CHNA Survey provided by Madera County Department of Public Health were asked a slightly different: What are the three biggest health problems facing children ages 0 – 18 in your community?**

Health Concern Facing Children in Madera	Percent (N=135)
Lack of Prenatal Care	4.5%
Not enough doctors	6.7%
Teeth problems	2.5%
Mental health issues	4.5%
Motor vehicle injuries (including pedestrian and bicycle accidents)	5.2%
Poor birth outcomes	6.0%
Breathing problems/asthma	29.1%
Sexually transmitted diseases	4.5%
Youth violence	11.9%
Domestic violence	4.5%
No health insurance	10.5%
Suicide	1.5%
Teens getting pregnant	9.0%
Bullying	13.4%
Alcoholism	13.4%
Drug Abuse	7.5%
Malnutrition	3.0%
Poverty	9.0%
Sometimes we don't have enough food to feed our kids	5.2%
Child abuse or neglect	9.7%
Lack of affordable childcare	9.7%
Diabetes	9.0%
Obesity	2.6%
Other	5.2%

Madera County Focus Group Responses

A total of two focus groups were held in Madera County one of which was comprised of 4 residents and another with 18 participants representing community members and community leaders. Listed below are the most common responses to our review of the survey data and the discussions on each of the five questions.

Madera Focus Group Themes				
Q11 In your opinion, what are the three (3) biggest health problems in your community?	**Q12** In your opinion, what are the three (3) biggest social and economic problems in your community?	**Q13** In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community?	**Q14** In your opinion, what are the three (3) behaviors that most affect health in your community?	**Q16** In your opinion, what three (3) things make it hard to get healthcare in your community?
• Obesity • Breathing problems • Alcoholism • Substance abuse • Dental care • STD's	• Homelessness • Gangs • Poverty	• Not enough safe places to be physically active (for youth) • Lack of jobs	• Teen sex • Lack of preventive care • Stress • Poor eating habits • Lack of exercise	• Lack of public transportation • Lack of quality health insurance • Can't afford medicine

In addition to soliciting the participants' comments on the five primary questions on health needs, they were also engaged in discussions on what they view would help address their concerns and what may be working well. Listed below are the responses from Madera County respondents showing they favored greater community engagement, outreach and involvement to address coordinated care needs, especially for mental health issues.

What are some key services you believe would help address these challenges?
• Upstream Interventions • Coordinated care, especially for mental health issues • Community advisory councils
What ONE effort that would make the greatest impact on health outcomes in your community?
• More education • More upstream health initiatives

Are you aware of any NEW programs or services that were created in the last three years that have the potential to address your community's health needs?

- Community clinic
- Neighborhood stabilization programs
- Healthy eating programs

What would you say is currently working well to address health needs in your community?

- Community Clinic
- Community Outreach

Madera Key Stakeholder Interviews

The stakeholder interviews in Madera County were conducted with 22 community leaders and in two separate group settings with healthcare staff at Valley Children's Healthcare and Madera Community Hospital with approximately 9 and 11 participants, respectively. The results reflect the consensus of these group sessions.

Q11: In your opinion, what are the three (3) biggest health problems in your community?
Respondents raised diabetes and mental health as the most pressing issue in their community.

Diabetes			Mental health			Teen pregnancy			Breathing problems			Child abuse and neglect		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Obesity		
1st	2nd	3rd

Q12: In your opinion, what are the three (3) biggest social and economic problems in your community?
Respondents said poverty and not enough educations were the most pressing issues in their community.

Poverty			Not enough education			Homelessness			Gangs			Not enough local jobs		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q13: In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community?
Key stakeholders in Madera County said not having enough places to buy healthy affordable food and air pollution are the pressing issues in their community.

Not enough places nearby to buy healthy affordable foods			Air pollution			Too many hot days		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q14: In your opinion, what are the three (3) behaviors that most affect health in your community?
Key stakeholders rated lack of exercise and drug abuse as the behaviors that most affect health in their communities.

Lack of exercise			Drug abuse			Poor eating habits			Unsafe sex			Life stress		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q16: In your opinion, what three (3) things make it hard to get healthcare in your community?
Respondents in Madera County view the lack of doctors, insurance not covering the care needed and not enough facilities open at night or weekends all equally important in access to health care.

Not enough doctors here			Insurance doesn't cover care needed			No healthcare available at night or on weekends			Waiting time to see doctor is too long			The only place to go is the ED			High co-pays and deductibles		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

In Madera County health care workers pointed to a lack of care compliance, language barriers and a tie between lack of health knowledge and lack of insurance.

Madera County	Responses	
Q6 What community health challenges do you experience most in your department? (Please select your top three challenges)	Health care Workers Total N=25	Community Members Total N= NA
Lack of preventative care	28.0%	
Lack of health knowledge	**36.0%**	
Language barriers	**44.0%**	
Access to resources	20.0%	
Care compliance	**56.0%**	
Understanding of coverage	32.0%	
Under-insured	28.0%	
Un-insured	**36.0%**	
Other (please specify)	20.0%	

Tulare CHNA Survey Results

The following tables provide the detailed summary of responses by Tulare County health care workers and community members to four central questions about health challenges, socioeconomic challenges facing their community, factors that challenge the health of their community, behaviors that influence the health of their community and what challenges exist to get healthcare in their community
Items in bold are those selected 20% of the time by <u>community members</u> responding to the CHNA Survey.

Tulare County	**Responses**	
Q11: In your opinion, what are the three (3) biggest health problems in your community? (Please choose three)	Health care Workers	Community Members
	Total N=93	Total N= 72
Age-related health problems (example: arthritis, Alzheimer's, dementia)	11.8%	13.9%
Cancer	16.1%	11.1%
Teeth problems	3.2%	4.2%
Heart disease	20.4%	22.2%
Stroke	4.3%	1.4%
Infectious diseases (example: hepatitis or tuberculosis)	2.2%	0.0%
Mental health issues (example: depression or schizophrenia)	39.8%	50.0%
Motor vehicle injuries (including pedestrian or bicycle injuries)	0.0%	0.0%
Poor birth outcomes (example: premature, still-born, malnourished)	1.1%	1.4%
Breathing problems (example: asthma, COPD)	35.5%	44.4%
Sexually transmitted diseases	1.1%	1.4%
Youth violence (example: results from gang fights, murders)	2.2%	4.2%
Teen pregnancy	12.9%	25.0%
Domestic violence	4.3%	8.3%
Suicide	1.1%	4.2%
Alcoholism	8.6%	9.7%
Diabetes	72.0%	37.5%
Child abuse or neglect	1.1%	5.6%
Elder abuse or neglect	0.0%	1.4%
Obesity	57.0%	44.4%
Other (please specify)	5.4%	9.7%

Tulare County	**Responses**	
Q12: In your opinion, what are the three (3) biggest social and economic problems in your community? (Please choose three)	Health care Workers Total N=93	Community Members Total N= 72
Not enough local jobs	35.5%	45.8%
Poverty	74.2%	69.4%
Overcrowded housing	3.2%	6.9%
Homelessness	26.9%	37.5%
Not enough education (example: not finishing high school)	44.1%	36.1%
Gangs	28.0%	25.0%
Racism and discrimination	1.1%	0.0%
No health insurance	26.9%	15.3%
Not enough interesting or wholesome youth activities	19.4%	20.8%
Fear of crime	6.5%	5.6%
Poor access to grocery stores	2.2%	2.8%
Poor access to drinking water	12.9%	12.5%
Inadequate public transportation	4.3%	11.1%
Not enough police and/or firefighters	4.3%	2.8%
Other (please specify)	10.8%	8.3%

Tulare County	**Responses**	
Q13: In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community? (Please choose three)	Health care Workers Total N=93	Community Members Total N= 72
Air pollution (dirty air)	80.6%	76.4%
Pesticide use	21.5%	18.1%
Poor housing conditions	30.1%	37.5%
Home is too far from shopping, work, school	4.3%	5.6%
Too many hot days	31.2%	33.3%
Cigarette smoke	22.6%	12.5%
Not enough sidewalks and/or bike paths	8.6%	9.7%
Trash on streets and/or sidewalks	4.3%	1.4%
Flooding problems	0.0%	0.0%
Unsafe drinking water	15.1%	13.9%
Not enough safe places to be physically active (example: parks, playgrounds)	28.0%	20.8%
Not enough places nearby to buy healthy and affordable foods	30.1%	27.8%
Not enough public transportation	7.5%	13.9%
Speeding and/or traffic	4.3%	5.6%
No sidewalks and/or street lights	2.2%	2.8%
Other (please specify)	9.7%	20.8%

Tulare County	**Responses**	
Q14: In your opinion, what are the three (3) behaviors that most affect health in your community? (Please choose three)	Health care Workers	Community Members
	Total N=93	Total N= NA
Alcohol abuse (drinking too much alcohol)	33.3%	38.9%
Driving while drunk or on drugs	5.4%	4.2%
Drug abuse	52.7%	61.1%
Lack of exercise	45.2%	38.9%
Poor eating habits	62.4%	59.7%
Not getting "shots" (Vaccines/immunizations to prevent disease)	1.1%	0.0%
Smoking/tobacco use	15.1%	9.7%
Unsafe sex (not using condom or birth control)	6.5%	13.9%
Using weapons (knives, guns, etc.)	8.6%	11.1%
Not getting regular checkups by the doctor	25.8%	15.3%
Life stress (not able to deal with life stresses)	28.0%	30.6%
Teenage sex	6.5%	6.9%
Talking or texting while driving	7.5%	5.6%
Other (please specify)	2.2%	4.2%

Tulare County	**Responses**	
Q16: In your opinion, what three (3) things make it hard to get healthcare in your community? (Please choose three)	Health care Workers	Community Members
	Total N=	Total N= NA
It is NOT hard to get healthcare	18.3%	16.7%
No health insurance	30.1%	38.9%
Medi-cal / Medi-care is too hard to get	7.5%	4.2%
Medi-cal / Medi-care is too hard to use	14.0%	11.1%
No healthcare available at night or on weekends	19.4%	22.2%
Insurance doesn't cover the care I need	16.1%	23.6%
There isn't a pharmacy close to me	1.1%	1.4%
Can't get off work to see a doctor	10.8%	9.7%
The only place to go is to the emergency room	15.1%	5.6%
Can't afford medicine	29.0%	26.4%
Covered California / Obama Care is too hard to get	7.5%	8.3%
Covered California / Obama Care is too hard to use	7.5%	9.7%
No transportation	15.1%	11.1%
Not enough doctors here	38.7%	29.2%
Waiting time to see the doctor is too long	35.5%	31.9%
Doctors and staff don't speak languages found in our community	4.3%	11.1%
High co-pays and deductibles	23.7%	27.8%
Other (please specify)	6.5%	11.1%

Tulare County	**Responses**	
Q17: What are the greatest behavioral concerns children and adolescents face in your community?	Health care Workers	Community Members
	Total N=	Total N= NA
Mental health issues (e.g. depression)	35.5%	44.4%
Domestic violence	5.4%	8.3%
Alcoholism	5.4%	4.2%
Motor vehicle injuries (including pedestrian and bicycle accidents)	1.1%	1.4%
Youth violence (gang fights, murders)	40.9%	26.4%
Suicide	4.3%	4.2%
Other (please specify)	7.5%	11.1%

Tulare Focus Group Responses

Four different focus groups were conducted in Tulare County that included a small session with residents in Tulare County. Some were comprised of residents, youth and health care workers. Listed below is a summary of the major themes that emerged in the focus groups.

Tulare Focus Group Themes				
Q11 In your opinion, what are the three (3) biggest health problems in your community?	**Q12** In your opinion, what are the three (3) biggest social and economic problems in your community?	**Q13** In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community?	**Q14** In your opinion, what are the three (3) behaviors that most affect health in your community?	**Q16** In your opinion, what three (3) things make it hard to get healthcare in your community?
• Cancer • Mental health • Dental care • Poor outcomes • Teen pregnancy • Domestic violence • Diabetes	• Segregated communities • Poor quality of education • Poverty • Housing • Gangs	• Air pollution • Lack of green spaces • Gang violence	• STD's • Substance abuse • Stress	• Transportation

In addition to soliciting the participants' comments on the five primary questions on health needs, they were also engaged in discussions on what they view would help address their concerns and what may be working well. Many perceive the fundamental challenge rests in the concentrated poverty that remains in the region as a whole, made much worse by the drought that has impacted the primary employers in farming and agriculture. Respondents also favored greater collaboration that would allow for more upstream health interventions.

What are some key services you believe would help address these challenges?
• Upstream interventions • Collaboration • More access to care
What ONE effort that would make the greatest impact on health outcomes in your community?
• Economic conditions • Improved community infrastructure • Upstream health initiatives
Are you aware of any NEW programs or services that were created in the last three years that have the potential to address your community's health needs?
• Doctor's Academy (health careers program) • Pharmacy School • Teaching Health Center • Community's (Valley) Coordinate Health Program • Valley Children's Healthcare program to address diabetes • School-based clinic by Sierra Vista • San Joaquin Valley PRIME • FBHC (4 wg) TCE - focusing on youth • Off the Front (Obesity Prevention, School-Based) • Pre-term birth initiative (men and women) • UCSF Health Policy Institute (FCHIP) • Farmer's Market Providing Fresh Foods/Accept WIC
What would you say is currently working well to address health needs in your community?
• Public health outreach by public agencies • Faith based, charitable care • Hospital providers

Tulare County Key Stakeholder Interviews

A total of 10 interviews were conducted with key stakeholders in Tulare County. These interviews were approximately 45 – 60 minutes in length and were conducted in person or by phone. Consultants asked each stakeholder to provide their own perspective on the five key survey questions. Listed below are the overall results of their rankings assigned to items selected by interviewees.

Q11: In your opinion, what are the three (3) biggest health problems in your community?
Respondents viewed breathing problems and mental health as the most important health concerns facing their community.

Breathing problems			Mental health			Diabetes			Obesity		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q12: In your opinion, what are the three (3) biggest social and economic problems in your community?
Respondents in Tulare County viewed poverty and lack of local jobs as the most pressing issues in their communities.

Poverty			Not enough local jobs			Not enough interesting youth activities			Not enough education		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q13: In your opinion, what are the three (3) biggest obstacles to having a healthy environment in your community?
Respondents ranked air pollution and too many hot days in their community as the key obstacles to a healthy environment.

Air pollution			Too many hot days			Not enough places to by physically active			Poor housing conditions			Not enough places nearby to buy health food		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q14: In your opinion, what are the three (3) behaviors that most affect health in your community?
Respondents were very concerned with poor eating and drug abuse in their communities as the key behaviors that most affect health in their community.

Poor eating			Drug abuse			Lack of exercise		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

Q16: In your opinion, what three (3) things make it hard to get healthcare in your community?
Respondents were very concerned healthcare being overall hard to use and the lack of access to care on the weekends.

Waiting time to see the doctor is too long			Not enough doctors here			No healthcare available at night or on weekends		
1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd

In Tulare County shared a concern about the lack of health knowledge, lack of preventative care and access to resources as key challenges.

Tulare County	**Responses**	
Q6: What community health challenges do you experience most in your department? (Please select your top three challenges)	Health care Workers Total N=100	Community Members Total N= NA
Lack of preventative care	**50.0%**	
Lack of health knowledge	**53.0%**	
Language barriers	19.0%	
Access to resources	**47.0%**	
Care compliance	44.0%	
Understanding of coverage	28.0%	
Under-insured	20.0%	
Un-insured	22.0%	
Other (please specify)	17.0%	

APPENDIX D: Focus Group List

	FOCUS GROUP LOCATION	TYPE OF FOCUS GROUP	TOTAL	TARGET GROUP(S) REPRESENTED	DATE
	Location	**Respondent's title/role and organization or focus group name**		**List all that apply.** **A - Health representative** **B – Minority** **C – Medically underserved** **D – Low-income**	**Date**
1.	Madera County Valley Children's Healthcare	Healthcare providers	9	A	7/20/15
2.	Madera County Camarena Health Oakhurst	Community members and Healthcare provider	3	B, C, D	8/24/15
3.	Madera County Madera Community Hospital	Healthcare providers	7	A	7/20/15
4.	Madera County	Community Leaders and Community Representatives	18	A, B, C, D	8/24/15
5.	Fresno County Fresno Pacific North Campus	Community Leaders and Community Representatives	20	A, B, C, D	8/25/15
6.	Fresno County Helm home Fresno	Community Members	12	B, C, D	8/25/15
7.	Fresno County Saint Agnes Medical Center	Healthcare provider	10	A	8/26/15
8.	Fresno County Fresno Pacific North Campus Fresno	Community Leaders and Community Representatives Group		B, C, D	8/26/15

	FOCUS GROUP LOCATION	TYPE OF FOCUS GROUP	TOTAL	TARGET GROUP(S) REPRESENTED	DATE
	Location	**Respondent's title/role and organization or focus group name**		**List all that apply.** **A - Health representative** **B – Minority** **C – Medically underserved** **D – Low-income**	**Date**
9.	Fresno County Selma	Community Members	12	B, C, D	11/12/15
10.	Tulare County Sierra View Medical Center Potterville	Community Members	23	B, C, D	8/26/15
11.	Tulare County Kaweah Delta Healthcare District Visalia	Healthcare providers	27	A	8/27/15
12.	Tulare County The Lifestyle Center Visalia	Community Leaders and Community Representatives	11	A, B, C, D	8/27/15
13.	Kings County Kings County Behavioral Health Hanford	Community Leaders and Community Representatives	28	A, C	8/27/15
14.	Tulare County Viscaya Gardens Dinuba	Community Leaders and Community Representatives	11	B, C, D	8/27/15
15.	Tulare County Tule River Nation	Elders and Tribal Council Members	3	B, C, D	8/27/15

APPENDIX E: Stakeholder Interviews

	NAME/TITLE	INSTITUTION	SOURCING:	DATE OF INTERVIEW
	Gilda Zarate	Madera Public Health Department	Public Health/Latino Community Expertise	7/20/15
	Nichole Mosqueda	Camarena Health	Service Provider (healthcare)	7/20/15
	David Pomaville, Director	Fresno Department of Public Health	Public Health	7/21/15
	Lemuel Mariano, YLI Specialist	Youth Leadership Institute	Latino Community	7/21/15
	Cruz Avilla, ED	Poverello House	Service Provider (homeless)	7/21/15
	Lowell Ens, ED,	Stone Soup	Service Provider (Hmong Community)	7/21/15
	Suzie Skadan, Dir Health Svcs,	Visalia Unified	Service Provider (healthcare)	7/21/15
	Artie Padilla, ED	Every Neighborhood Partnership	Community Member	7/21/15
	Sher Moua	Fresno Center for New Americans	Community Member (Latino)	7/21/15
	John Strubert, CEO	Clovis Community Medical Center	Service Provider (healthcare)	7/31/15
	Evan Rayner, CEO	Madera Community Hospital	Service Provider (healthcare)	7/20/15
	Dr Soldo, CMO	Saint Agnes Medical Center	Service Provider (healthcare)	7/22/15
	Nancy Hollingsworth, CEO	Saint Agnes Medical Center	Service Provider (healthcare)	7/22/15
	Stacy Vaillancourt, CAO	Saint Agnes Medical Center	Service Provider (healthcare)	7/22/15
	Lori Wightman, CNO	Saint Agnes Medical Center	Service Provider (healthcare)	7/22/15
	Jonathan Felton, COO	Saint Agnes Medical Center	Service Provider (healthcare)	7/22/15
	Wanda Holderman, CEO,	Fresno Heart & Surgical Hospital	Service Provider (healthcare)	7/23/15
	-Jeffrey Hudson, VP Pt Care	Sierra View Medical Center	Service Provider (healthcare)	7/23/15
	Ron Wheaton, VP Phys Recruit	Sierra View Medical Center	Service Provider (healthcare)	7/23/15

	NAME/TITLE	INSTITUTION	SOURCING:	DATE OF INTERVIEW
	Melissa Fuentes, Director of Social Services	Sierra View Medical Center	Service Provider (healthcare)	7/23/15
	Shay Moore, ED Clinical Manager	Sierra View Medical Center	Service Provider (healthcare)	7/23/15
	Donna Hefner, CEO	Sierra View Medical Center	Service Provider (healthcare)	7/23/15
	Karen Haught, County Health Officer	Tulare County Health and Human Services Agency	Service Provider (healthcare)	7/23/15
	Betty Jones, Director of Infection Prevention	Sierra View Medical Center	Service Provider (healthcare)	7/23/15
	Pam Avilla, Instructor	Porterville High School Health Academy, Pathways	Community Member	7/23/15
	Susan Chapman	Adventist Health	Service Provider (healthcare)	7/24/15
	Keith Winkler, Health Director	Kings County Public Health	Public Health	7/24/15
	Lindsay Mann, CEO	Kaweah Delta Healthcare District Hospital	Service Provider (healthcare)	7/24/15
	Jeff Garner	Kings County Action Organization	Community Member	7/24/15
	Karen Buckley, CNO	Community Regional Medical Center	Service Provider (healthcare)	8/7/15
	Xee Thao, Social Worker, Board Member	Stone Soup	Community Member (Hmong Community)	8/25/15
	Cassandra Joubert, Director	Central California Children's Institute	Community Member (children & youth)	8/25/15
	Wayne Ferch, CEO	Adventist Health/Adventist Medical Centers	Service Provider (healthcare)	9/2/15
	Dr Rouillard, MD Physician in Chief	Kaiser Permanente	Service Provider (healthcare)	9/3/15
	Dawan Utecht, Director	Fresno County Behavioral Health	Service Provider (Mental Health)	9/8/15
	Preston Prince, Director	Fresno County Housing Authority	Service Provider (housing)	9/9/15

APPENDIX F: New Measure of Poverty

The Real Cost Measure in California

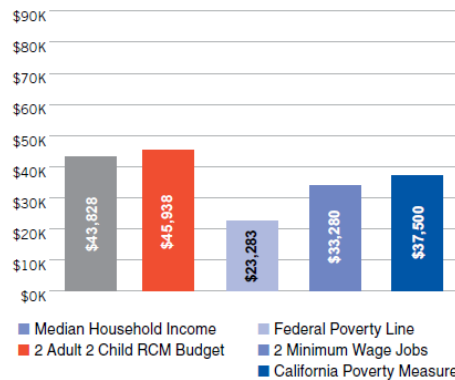
Fresno

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 childcare.

Total Households Below Real Cost Measure	Percent of Households Below Real Cost Measure	Percent of Households below Real Cost Measure Which Have at Least One Working Adult
88,442	39%	86%

2012 Annual County Income Comparison

(Based on a household of 2 adults, 1 infant and 1 school-age child)



Three Real Cost Budgets for the County

	1 Adult	2 Adults	2 Adults, 1 Infant, 1 School-Age Child
Housing	$7,656	$8,424	$9,948
Food	$2,370	$4,741	$9,152
Health Care	$1,566	$3,132	$6,263
Transportation	$4,442	$8,885	$8,885
Childcare (net)	-	-	$9,491
Miscellaneous	$1,603	$2,518	$3,425
Taxes/Credits	$929	$999	($1,225)
Final Budget	**$18,566**	**$28,698**	**$45,938**

The Real Cost Measure in Fresno

Households of color struggle disproportionately...

- Across the state, African Americans and Latinos have a disproportionate number of households with incomes below the Real Cost Measure. In this area, of the 88,442 households below the Real Cost Measure, 52,480 are Latino.

Families with children face a larger barrier to economic security.

- 63% of households with children under six struggle, a rate significantly higher than the rest of the county.
- Single mothers are most likely to struggle. 74% percent in the county are below the Real Cost Measure.

Families work, but don't earn enough...

- 86% of households below RCM have at least one working adult.
- 62% of heads of household who work are employed full-time and year round.
- A family of four (2 adults, one infant, one school-age 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...

- 46% of all households in the county spend more than 30% of their income on housing.

Education	% Below RCM
Less than High School	68%
High School Diploma	49%
Some College/Vocational	33%
College Degree or Higher	12%

Household Type	% Below RCM
Single Mother	74%
Seniors	29%
Married Couple	30%
Informal Family	30%

Race/Ethnicity	% Below RCM
Latino	53%
African American	53%
Asian American	40%
White	21%

Citizenship/Nativity	% Below RCM
Foreign Born, Non-Citizen	70%
Foreign Born, Naturalized	40%
U.S. Born Citizen	31%

Data drawn from Struggling to Get By: The Real Cost Measure in California 2015 *by United Ways of California in partnership with B3 Consults. For the full report go to http://unitedwaysca.org/realcost.*

United Way
United Ways of California

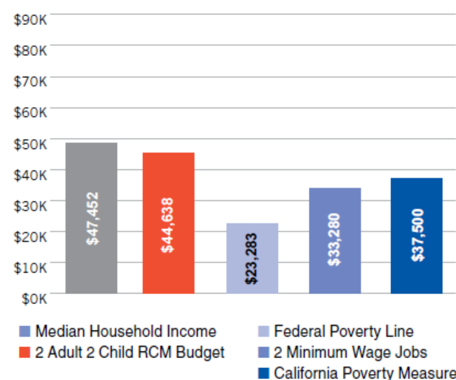
Kings

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 childcare.

Total Households Below Real Cost Measure	Percent of Households Below Real Cost Measure	Percent of Households below Real Cost Measure Which Have at Least One Working Adult
12,288	37%	86%

2012 Annual County Income Comparison

(Based on a household of 2 adults, 1 infant and 1 school-age child)



Three Real Cost Budgets for the County

	1 Adult	2 Adults	2 Adults, 1 Infant, 1 School-Age Child
Housing	$7,908	$8,424	$9,780
Food	$2,344	$4,688	$9,050
Health Care	$1,532	$3,063	$6,126
Transportation	$4,345	$8,690	$8,690
Childcare (net)	-	-	$8,992
Miscellaneous	$1,613	$2,486	$3,365
Taxes/Credits	$941	$956	($1,364)
Final Budget	**$18,682**	**$28,307**	**$44,638**

The Real Cost Measure in Kings

Households of color struggle disproportionately...

- Across the state, African Americans and Latinos have a disproportionate number of households with incomes below the Real Cost Measure. In this area, of the 12,288 households below the Real Cost Measure, 7,962 are Latino.

Families with children face a larger barrier to economic security.

- 61% of households with children under six struggle, a rate significantly higher than the rest of the county.
- Single mothers are most likely to struggle. 64% percent in the county are below the Real Cost Measure.

Families work, but don't earn enough...

- 86% of households below RCM have at least one working adult.
- 69% of heads of household who work are employed full-time and year round.
- A family of four (2 adults, one infant, one school-age 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.

Data drawn from Struggling to Get By: The Real Cost Measure in California 2015 *by United Ways of California in partnership with B3 Consults. For the full report go to http://unitedwaysca.org/realcost.*

Education	% Below RCM
Less than High School	63%
High School Diploma	42%
Some College/Vocational	32%
College Degree or Higher	10%

Household Type	% Below RCM
Single Mother	64%
Seniors	35%
Married Couple	32%
Informal Family	26%

Race/Ethnicity	% Below RCM
Latino	55%
African American	35%
Asian American	44%
White	19%

Citizenship/Nativity	% Below RCM
Foreign Born, Non-Citizen	63%
Foreign Born, Naturalized	36%
U.S. Born Citizen	32%

The Real Cost Measure in California

United Way
United Ways of California

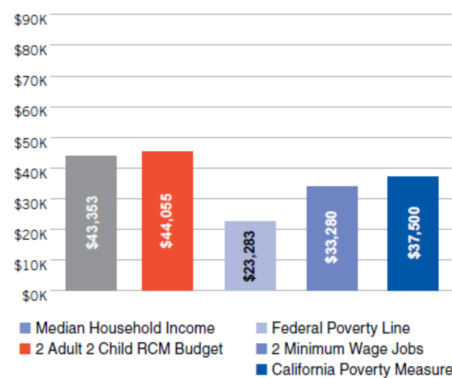
Madera

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 childcare.

Total Households Below Real Cost Measure	Percent of Households Below Real Cost Measure	Percent of Households below Real Cost Measure Which Have at Least One Working Adult
12,445	39%	94%

2012 Annual County Income Comparison

(Based on a household of 2 adults, 1 infant and 1 school-age child)



Three Real Cost Budgets for the County

	1 Adult	2 Adults	2 Adults, 1 Infant, 1 School-Age Child
Housing	$7,188	$7,548	$9,624
Food	$2,351	$4,701	$9,075
Health Care	$1,545	$3,089	$6,179
Transportation	$4,382	$8,764	$8,764
Childcare (net)	-	-	$8,474
Miscellaneous	$1,547	$2,410	$3,364
Taxes/Credits	$853	$848	($1,425)
Final Budget	**$17,865**	**$27,361**	**$44,055**

The Real Cost Measure in Madera

Households of color struggle disproportionately...

- Across the state, African Americans and Latinos have a disproportionate number of households with incomes below the Real Cost Measure. In this area, of the 12,445 households below the Real Cost Measure, 7,250 are Latino.

Families with children face a larger barrier to economic security.

- 63% of households with children under six struggle, a rate significantly higher than the rest of the county.
- Single mothers are most likely to struggle. 68% percent in the county are below the Real Cost Measure.

Families work, but don't earn enough...

- 94% of households below RCM have at least one working adult.
- 58% of heads of household who work are employed full-time and year round.
- A family of four (2 adults, one infant, one school-age 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...

- 43% of all households in the county spend more than 30% of their income on housing.

Data drawn from Struggling to Get By: The Real Cost Measure in California 2015 *by United Ways of California in partnership with B3 Consults. For the full report go to http://unitedwaysca.org/realcost.*

Education	% Below RCM
Less than High School	62%
High School Diploma	43%
Some College/Vocational	35%
College Degree or Higher	11%

Household Type	% Below RCM
Single Mother	68%
Seniors	46%
Married Couple	34%
Informal Family	37%

Race/Ethnicity	% Below RCM
Latino	48%
African American	51%
Asian American	33%
White	31%

Citizenship/Nativity	% Below RCM
Foreign Born, Non-Citizen	63%
Foreign Born, Naturalized	33%
U.S. Born Citizen	33%

The Real Cost Measure in California

United Way
United Ways of California

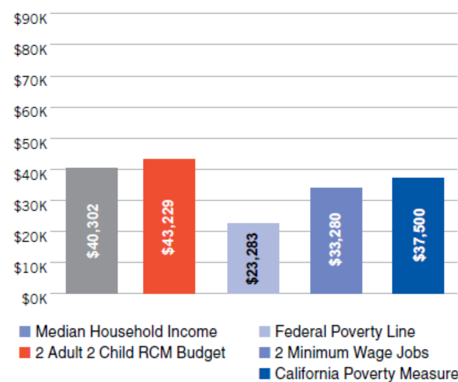
Tulare

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 childcare.

Total Households Below Real Cost Measure	Percent of Households Below Real Cost Measure	Percent of Households below Real Cost Measure Which Have at Least One Working Adult
45,012	43%	86%

2012 Annual County Income Comparison

(Based on a household of 2 adults, 1 infant and 1 school-age child)



Three Real Cost Budgets for the County

	1 Adult	2 Adults	2 Adults, 1 Infant, 1 School-Age Child
Housing	$6,696	$7,488	$8,700
Food	$2,345	$4,689	$9,053
Health Care	$1,557	$3,115	$6,229
Transportation	$4,418	$8,836	$8,836
Childcare (net)	-	-	$8,643
Miscellaneous	$1,502	$2,413	$3,282
Taxes/Credits	$794	$846	($1,514)
Final Budget	**$17,312**	**$27,387**	**$43,229**

The Real Cost Measure in Tulare

Households of color struggle disproportionately...

- Across the state, African Americans and Latinos have a disproportionate number of households with incomes below the Real Cost Measure. In this area, of the 45,012 households below the Real Cost Measure, 32,277 are Latino.

Families with children face a larger barrier to economic security.

- 64% of households with children under six struggle, a rate significantly higher than the rest of the county.
- Single mothers are most likely to struggle. 67% percent in the county are below the Real Cost Measure.

Families work, but don't earn enough...

- 86% of households below RCM have at least one working adult.
- 55% of heads of household who work are employed full-time and year round.
- A family of four (2 adults, one infant, one school-age 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...

- 45% of all households in the county spend more than 30% of their income on housing.

Education	% Below RCM
Less than High School	71%
High School Diploma	44%
Some College/Vocational	34%
College Degree or Higher	11%

Household Type	% Below RCM
Single Mother	67%
Seniors	41%
Married Couple	37%
Informal Family	34%

Race/Ethnicity	% Below RCM
Latino	56%
African American	52%
Asian American	31%
White	25%

Citizenship/Nativity	% Below RCM
Foreign Born, Non-Citizen	73%
Foreign Born, Naturalized	42%
U.S. Born Citizen	33%

Data drawn from Struggling to Get By: The Real Cost Measure in California 2015 *by United Ways of California in partnership with B3 Consults. For the full report go to http://unitedwaysca.org/realcost.*