COMMUNITY
HEALTH SYSTEM

COMMUNITY HEALTH NEEDS ASSESSMENT

2025 - 2028

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Section 1: Introduction

Community Health System is pleased to present its 2025-2028 Community Health Needs Assessment (CHNA).

About the Community Health Needs Assessment

A Community Health Needs Assessment (CHNA) is an all-inclusive data collection and analysis tool used to determine key health needs in a community. The 2010 Patient Protection and Affordable Care Act (ACA) mandated not-for-profit hospital organizations to conduct a community health needs assessment every three years to maintain their status as a not-for-profit provider with the U.S. Internal Revenue Service (IRS). Figure 1 depicts the (CHNA) process and how the cycle continues after the report is completed.

The assessment is used by Community Health System (CHS) to provide a deeper understanding of the health status, needs, disparities and desires of the communities the hospital system serves. Findings from this assessment will guide CHS in its quest to identify, develop and implement actionable strategies to improve the health and wellbeing of residents in the Central Valley.

FIGURE 1: COMMUNITY HEALTH NEEDS ASSESSMENT CYCLE

About Community Health System

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Community Health System

Community Health System (CHS) is a locally owned, nonprofit healthcare system based in Fresno, California. Established in 1897, CHS is the region's largest healthcare provider and private employer. With over 10,780 employees and 2,500 affiliated physicians, CHS serves a 15,000 square-mile area that includes Fresno, Kings, Madera and Tulare counties in California's Central Valley, a designated Health Professional Shortage Area (HPSA). CHS is made up of Community Medical Centers (hospitals and outpatient centers), Community Provider Network (affiliated physicians) and Community Care Health (health plan). For over 125 years, CHS has been investing in this region — growing a healthcare system that supports the community and serves Central Valley residents.

Community Medical Centers (CMC) operates its facilities under two hospital licenses: Community Regional Medical Center and Clovis Community Medical Center. Fresno Heart & Surgical Hospital, Community Behavioral Health Center and Community Subacute & Transitional Care Center operate under the Community Regional license. CMC also operates a cancer institute, Community Cancer Institute, and several outpatient healthcare facilities. Every three years, The Joint Commission inspects participating hospitals and facilities included on the same license to gauge the quality of care. CHS hospitals are fully accredited.

Community Regional Medical Center

Community Regional Medical Center has 685 licensed beds and offers Central California's highest level of medical care. Community Regional is home to the only Level I Trauma Center and Comprehensive Burn Center between Los Angeles and Sacramento and serves as the area's "safety net" provider, caring for the region's most vulnerable populations. Community Regional is a leader in comprehensive neuroscience services, has a Level 3 NICU (neonatal intensive care unit) and operates a full-service 58,000 square-foot emergency department—one of the busiest in California.

Fresno Heart & Surgical Hospital

Fresno Heart & Surgical Hospital is a specialty hospital in Central California with 57-licensed beds. Fresno Heart & Surgical is known for its excellent patient experience and exemplary bariatric, cardiac, endocrine, neuro and vascular surgery services.

Community Behavioral Health Center

Community Behavioral Health Center operates 73 beds under the Community Regional license and is the largest inpatient mental health facility in Fresno County for those in need of acute psychiatric care. Behavioral Health Center provides 24-hour care to patients based on their level of need.

Community Subacute & Transitional Care Center

Community Subacute & Transitional Care Center is a 106-bed facility providing inpatient care for chronic, subacute conditions and complex illnesses that require 24-hour medical supervision. Community Subacute provides patients with treatment that is consistent with an acute care center's effectiveness while in a comfortable long-term care setting.

Clovis Community Medical Center

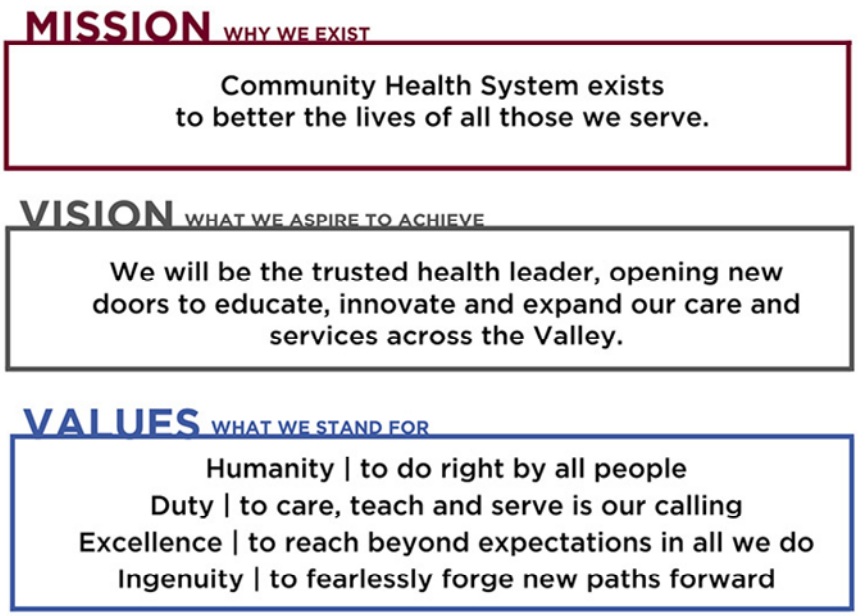
Clovis Community Medical Center has 352 licensed beds. It includes an emergency department and provides specialty care, including but not limited to comprehensive heart and lung care, women's services and labor and delivery. Clovis Community is home to the Community Cancer Institute and the Marjorie E. Radin Breast Care Center, part of Central California's premier comprehensive cancer care program, which offers multidisciplinary care teams, a clinic, screenings and diagnostics, as well as cancer treatments using the most advanced technology.

Service Area

Our hospital facilities are in the heart of California's San Joaquin Valley near major interstate highways and three popular national parks. The hospitals share a primary service area of Fresno, Kings, Madera and Tulare counties.

- Community Regional Medical Center is located at 2823 Fresno St., Fresno, CA 93721
- Clovis Community Medical Center is located at 2755 Herndon Ave., Clovis, CA 93611
- Fresno Heart & Surgical Hospital is located at 15 E. Audubon Dr., Fresno, CA 93720
- Community Behavioral Health Center is located at 7171 N. Cedar Ave., Fresno, CA 93720

Mission, Vision and Values



Commitment to the Community

We uphold our duty to provide services above and beyond healthcare. Community hospitals offer financial assistance to those in the community who cannot afford services or whose health insurance does not cover all services provided, and we invest in the community to increase access to healthcare services and improve health.

Commitment to Diversity

As a locally owned and operated healthcare network, CHS respects and celebrates the Central Valley's rich and diverse heritage. Our commitment to diversity and inclusion is a cornerstone of our patient care and work culture. All are welcome as valued members of our community whether employee, physician, student or visitor. We have mandatory education for all employees on respectful LGBTQ+ interactions and California laws against workplace bullying and discrimination.

CHS prides itself on being a diverse healthcare provider. This is reflected in our workforce with 40% of clinical and non-clinical staff identifying as Latino, 23% are Asian staff members and 4% are Black or African American staff members. 71% of our workforce represent diverse ethnic backgrounds and 75% of our workforce identifies as female. 58% of our leadership team are women and 31% of our leaders represent diverse ethnic backgrounds.

Acknowledgments

This Community Health Needs Assessment was a collective effort by the Hospital Council of Northern and Central California, seven regional hospital and public health department partners, residents, church and civic leaders, educators, healthcare professionals and community-serving organizations with a deep understanding of our residents' issues and needs.

We gratefully acknowledge this dedicated group for generously contributing their time and expertise to help guide this CHNA process.

For the 2025-2028 CHNA and Implementation Strategy cycle, Community Health System worked with Conduent Healthy Communities Institute, an external consultant, for professional assistance with strategic planning development and metrics tracking.

Review of the 2022-2025 Community Health Needs Assessment

An important part of the 2025-2028 CHNA is revisiting the progress made on priority topics from previous CHNAs. By reviewing the actions taken to address priority areas and evaluating their impact on the community, an organization can best focus its efforts on the next CHNA cycle. Below is an overview of some of the initiatives taken to address the priority health needs from the 2022 CHNA.

Priority Health Needs from the 2022 CHNA

Access to Healthcare

Program / Partner	Program Details and Activities
Program: Financial Assistance	**CHS hospitals provided financial assistance through free and discounted care for healthcare services, consistent with CHS' financial assistance policy.**
Program: Fresno Medical Respite Center **Partner: Fresno Mission**	**CHS is a founding partner in the Fresno Medical Respite Center, allowing for safe discharge for persons who are experiencing homelessness to continue their recovery. The center provides eight beds for men and four beds for women.**
Program: Graduate Medical Education **Partners: University of California, San Francisco; California Health Sciences University; Advanced Laparoscopic Surgical Associates**	**Community Regional Medical Center trains medical residents and Fellows in partnership with UCSF Fresno. In addition, third- and fourth-year medical students are trained on a rotating basis. Rotating medical students include those in UCSF's San Joaquin Valley Program in Medical Education (SJV PRIME). SJV PRIME trains local students to provide culturally competent, accessible care in the San Joaquin Valley and has resulted in over one-third of its graduating residents choose to stay in the Central Valley to practice medicine.** **Additionally, medical students from California Health Sciences University's College of Osteopathic Medicine rotate through CHS facilities as part of their training.** **Fresno Heart and Surgical Hospital supports the training of the Advanced GI MIS/Bariatrics Fellowship program, in partnership with Advanced Laparoscopic Surgical Associates.**
Program: Homeless Patient Discharge (SB 1152)	**In compliance with California Senate Bill (SB) 1152, as of January 2019, all state hospitals are tasked with tracking the number of unhoused patients served and implementing a comprehensive discharge plan. This plan requires that all discharged patients receive weather-appropriate clothing and shoes, medication and transportation to a safe destination within 30 miles of the hospital.**
Program: Hospital Presumptive Eligibility **Partner: Fresno County Department of Social Services**	**In partnership with the Fresno County Department of Social Services, CHS assists with enrolling uninsured individuals who presumptively qualify for Medi-Cal. The Hospital Presumptive Eligibility program provides patients with "real time" coverage for their visit and any healthcare appointments up to 90 days prior to their enrollment.**
Program: Precepted Hospital Clinical Rotations for Nursing Students	**Nursing staff at CHS' acute and sub-acute facilities provide hands-on teaching to local nursing students. These precepted hospital clinic rotations allow nursing students to experience real-life bedside situations across a variety of clinical units.**

Partners: 15+ universities, colleges and adult schools	
Program: Ryan White HIV/AIDS Program	**CHS operates a Ryan White HIV/AIDS clinic, providing healthcare and case management for patients with HIV/AIDS and their families.**
Program: Sexual Assault Forensic Exam Program	**Community Regional's emergency department provides Fresno County's only in-hospital testing and examinations for sexual assault and rape. Specially trained nurses collect, preserve and securely store evidence. Nurses also provide follow-up evaluations for child victims for sexual abuse and help connect victims and their families with counseling services.**
Program: Sonography Training Programs	**Two sonography programs are offered at Community Regional to help address the healthcare provider shortage in the region.** **The Diagnostic Medical Sonography program is one of California's few hospital-based sonography programs and is the Central Valley's only multidisciplinary Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited sonography program. The Advanced Cardiac Sonography program creates a career track for sonographers practicing at an advanced level in the echocardiography laboratory.**
Program: Trauma Prevention Program	**As the only Level I Trauma Center and comprehensive burn unit in the area, Community Regional has an injury prevention specialist to provide community outreach about safety. Outreach includes television segments, school-based education, car seat safety checks and education on topics like gun safety, fall prevention, the dangers of distracted driving and bicycle and pedestrian safety.**
Program: Community Support **Partners: Various**	**CHS provides cash donations to community organizations to increase access to healthcare and provide preventative care services. Some, but not all, of these investments include:** • **Back to school health screenings and events hosted throughout Fresno and Madera counties** • **Support to Marjaree Mason Center to build a health clinic in their new community center, providing obstetric care to domestic violence survivors** • **Support for health education initiatives for low-income children and families in Fresno, in partnership with Reading and Beyond**

Chronic Diseases

Program / Partner	Program Details and Activities
Program: Community Diabetes Education	**Community Diabetes Education provides care to those who are unable to otherwise receive diabetes self-management education, including bilingual services. The Diabetes Education Center is an accredited Sweet Success program affiliate, providing education to women diagnosed with diabetes during pregnancy.**
Program: HealthQuest Seminars	**HealthQuest provides live, online and in-person health education seminars discussing topics related to identified health needs, including nutrition and chronic disease awareness and treatment.**
Program: Pediatric Asthma Education	**Community Regional respiratory care practitioners provide asthma education at a south-central Fresno clinic. Parents receive two, hour-long sessions with additional education as needed. Education is provided in English and Spanish.**
Program: Support Groups and Education Classes	**Community Cancer Institute hosts support groups and classes for cancer survivors and their families. The year-round groups are offered in English and Spanish and are available to anyone impacted by cancer, regardless of where they received cancer care.**
Program: Community Support **Partners: Various**	**CHS provides cash donations to community organizations to prevent and manage chronic diseases. Some, but not all, of these investments include:** • **Funding to facilitate cancer patients' transportation to and from treatment and providing support through local patient financial assistance programs at the American Cancer Society and the Leukemia & Lymphoma Society** • **Purchasing and distributing self-monitored blood pressure kits to low-income families who were identified as being at risk of hypertension, in partnership with the American Heart Association** • **Community-based chronic disease outreach and education events to underserved populations in Fresno County, in partnership with The Fresno Center**

Economic Stability

Program / Partner	Program Details and Activities
Program: St. Rest + Food to Share HUB Program **Partner: St. Rest Baptist Church; Fresno Metro Ministry**	**The St. Rest + Food to Share HUB provides free food distribution to residents in Southwest Fresno, a "food desert" with limited access to healthy, affordable food. The HUB also offers free cooking classes to learn about nutrition and how to turn the food they receive into healthy meals for their families.**
Program: Transportation Services	**Transportation vouchers are made available to patients and families at CHS' acute care facilities who are having difficulty accessing care due to transportation challenges.**

Program: Yokomi Elementary School Backpack Program **Partner: Central California Food Bank**	**The Central California Food Bank's School Backpack program at Yokomi Elementary school in downtown Fresno provides 1,500 backpacks full of shelf-stable food to low-income students and their families every school year. Students and their families receiving a backpack full of food are at-risk or experiencing chronic hunger.**
Program: Community Support **Partners: Various**	**CHS provides cash donations to community organizations dedicated to improving economic stability. Some, but not all, of these investments include:** • **Support for food services for low-income and unhoused community members in Fresno, including support of Poverello House's Papa Mike's Café, which is a no-cost, full-service restaurant serving made-to-order meals for anyone in need** • **Providing laptops and education on internet safety to Spanish-speaking residents in Madera County through promotora (community health worker) outreach with Vision y Compromiso** • **Investing in Birney Elementary School's technology and reading program, providing students at the Title 1 school with Science, Technology, Engineering and Mathematics learning materials**

Maternal and Child Health

Program / Partner	Program Details and Activities
Program: Hospital-Based Doula Training Partnership **Partner: BLACK Wellness and Prosperity Center**	**Community Regional has partnered with the BLACK Wellness and Prosperity Center for a first-of-its-kind in the state collaboration to train Black, Indigenous and People of Color doulas within our facility.**
Program: Mother's Resource Center	**The Mother's Resource Center, located on Community Regional's campus, offers a variety of breastfeeding and parent education classes to new parents, regardless of where they delivered their babies. Classes are offered in English and Spanish and include preparation for childbirth, breastfeeding support and postpartum resources.**
Program: Community Support **Partners: Various**	**CHS provides cash donations to community organizations to support maternal and child health. Some, but not all, of these investments include:** • **Supporting the implementation of the Ages and Stages early childhood development screening for foster youth in Fresno County through a partnership with Court Appointed Special Advocates (CASA) Fresno and Madera Counties** • **The development and implementation of a digital maternal and child health education series with the BLACK Wellness and Prosperity Center** • **Community outreach and education on the impact of substance use during pregnancy and postpartum periods at the Fresno Council on Child Abuse Prevention's Substance Use Disorder event**

Mental Health

Program / Partner	Program Details and Activities
Program: Bridge Program	**CHS' Bridge program provides individuals with buprenorphine medication to suppress cravings and withdrawal symptoms from opioid use. The treatment provides patients with immediate attention in the hospital instead of being referred to a rehabilitation center, which may take weeks or months. The program also provides outreach and education about substance use to the broader community.**
Program: Students for Students **Partner: The Foundation for Fresno Unified Students**	**Students for Students is a youth-led mental health initiative focused on creating safe spaces for students to share their mental health concerns and challenges within Fresno Unified School District. Through roundtable discussions, school events and other engagement activities, the school district takes feedback on ways they can potentially better support their students' mental health and wellbeing.**
Program: Suicide Prevention Training and Emotional Wellness Initiatives **Partner: Foundation for Clovis Schools**	**CHS has contributed to the Foundation for Clovis Schools mental health programs for Clovis Unified K-12 students and families since 2018. These programs include expanding school-site personnel with Applied Suicide Intervention Skills Training (ASIST), focusing on providing support for at-risk youth, and providing school site-based emotional wellness grants to teachers and administrators to better support the emotional wellbeing of their students.**
Program: Community Support **Partners: Various**	**CHS provides cash donations to community organizations dedicated to addressing mental health. Some, but not all, of these investments include:** • **Partnering with First 5 Tulare County to provide Adverse Childhood Experiences (ACEs) indicator trainings to supportive services professionals in Tulare County** • **Supporting the Fresno Chaffee Zoo's Art in the Wild program, providing children experiencing homelessness or housing instability with mental health resources through nature and art therapy** • **Providing trauma and resilience education and mental health resources to women living in disadvantaged communities through Every Neighborhood Partnership's Women's Alliance program**

The 2023-2025 Community Health Needs Assessment Report and Implementation Strategies are available to the public via the website communitymedical.org/our-impact

No comments were received on the 2022 CHNA at the time this report was written. Please provide any feedback or questions regarding this CHNA cycle to Chelsea Aivazian, Project Manager of Community Benefit, at communications@communitymedical.org.

Section 2: Primary Service Area Demographics

For this report, Community Health System defines its primary service area as Fresno, Kings, Madera and Tulare counties. Understanding the demographic composition of these communities is critical, as it directly influences their overall health outcomes. These regions are increasingly diverse, encompassing a wide range of racial and ethnic backgrounds, gender identities, age groups and socioeconomic statuses. Each demographic segment presents distinct needs and requires tailored strategies to effectively support health improvement initiatives. Unless otherwise noted, all demographic data is derived from Claritas Pop-Facts© 2024 population estimates and the U.S. Census Bureau's American Community Survey (ACS) five-year estimates (2018–2022).

Fresno County

Fresno County is a critical hub for agricultural production and a region characterized by its diverse demographic composition. The county has an estimated population of 1.02 million[1], making it the tenth most populous in the state. Geographically, Fresno County is adjacent to significant natural areas, including Yosemite National Park to the north and Sequoia and Kings Canyon National Parks to the east, enhancing its environmental and recreational significance. The population is ethnically and racially diverse, comprising substantial Latino, White, Asian, African American and Native American communities[2]. This demographic diversity shapes the region's cultural, social and economic fabric, influencing public policy, resource allocation and community initiatives. Fresno County's strategic role in California's agricultural economy and diverse population makes it a focal point for regional development, public health and community planning studies.

Kings County

With a population of around 152,951, Kings County is known for its rich agricultural landscape. It spans approximately 1,391 square miles and includes a mix of rural areas and small towns, including Hanford, the county seat. It is also home to the U.S. Navy's most extensive master jet base, crucial in naval aviation training and operations. Its historical background, agriculture and culture contribute to its unique identity within California.

Madera County

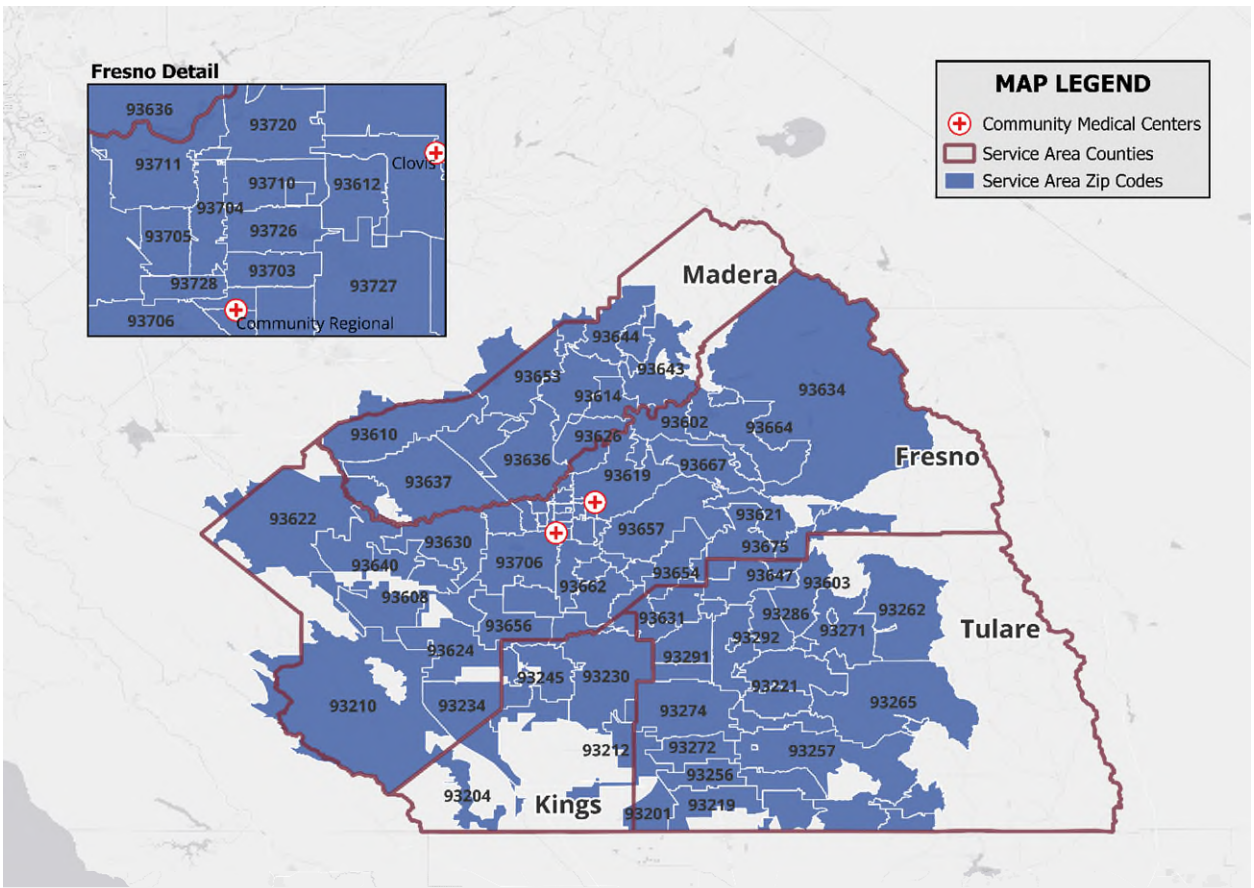
Madera County has a population of approximately 160,000, with about 60% identifying as Hispanic or Latino, reflecting the area's rich cultural diversity. Other ethnic groups include White, African American, Asian and Native American communities, contributing to a vibrant and inclusive population. The county's major city, Madera, serves as an urban center while surrounding rural areas are known for their extensive agricultural production. Fresno County borders Madera County to the south, Merced County to the northwest, and Mariposa County to the north, with the Sierra Nevada Mountains and Yosemite National Park forming its eastern boundary, offering natural landscapes and recreational opportunities.

[1]United States Census Bureau: https://www.census.gov/
[2]Fresno County Government: https://dof.ca.gov/

Tulare County

Tulare County is known for its rich agricultural landscape and is one of the nation's leading producers of crops, especially fruits, nuts and vegetables. It spans approximately 4,839 square miles, with a mix of rural areas, small towns and larger cities, including Tulare and Visalia, the county seat. With a population of around 480,000, a significant portion of the population is engaged in agriculture, with many migrant and seasonal workers. The county's residents are diverse, with a large Hispanic/Latino community and a growing Native American population.

FIGURE 2: PRIMARY SERVICE AREA



Demographics

The following section explores the demographic profile of Fresno, Kings, Madera and Tulare counties. All demographic estimates are sourced from Claritas Pop-Facts® (2024 population estimates) and American Community Survey or five-year (2018-2022) estimates unless otherwise indicated.

Population

Community Health System's hospitals primarily serve Fresno, Kings, Madera and Tulare counties. Fresno County is the most populous, with 1,022,707 residents, while Kings County is the least populous, with 153,158. Madera County has 160,140 residents, and Tulare County has 480,702. Figures 1-4 in Appendix A provides a population breakdown of the service areas by county and ZIP code.

Age and Sex

Overall, the age distribution in all four counties closely mirrors that of California. In Fresno, Kings, Madera and Tulare counties, most residents are between 25 and 64 years old. The overall sex distribution for all four counties reflects a slight male majority, largely influenced by the higher male percentage in Kings County. Figures 5-6 in Appendix A display the age group and sex breakdown for each county, alongside comparisons to the statewide population.

Race and Ethnicity

Understanding the racial and ethnic composition of a population is crucial for planning future community needs, especially in areas like education, business, healthcare, childcare and community services. Analyzing health and social determinants by race and ethnicity can also highlight disparities in housing, employment, income and poverty status.

Figure 7 in Appendix A shows individuals identifying as "Some Other Race" make up about one-third of the populations in Kings, Madera and Tulare counties. Additionally, all four counties have a significantly higher percentage of residents who identify as Hispanic or Latino compared to both the state (40.9%) and the nation (18.4%): Fresno at 55.9%, Kings at 60%, Madera at 62.3% and Tulare at 68.5%.

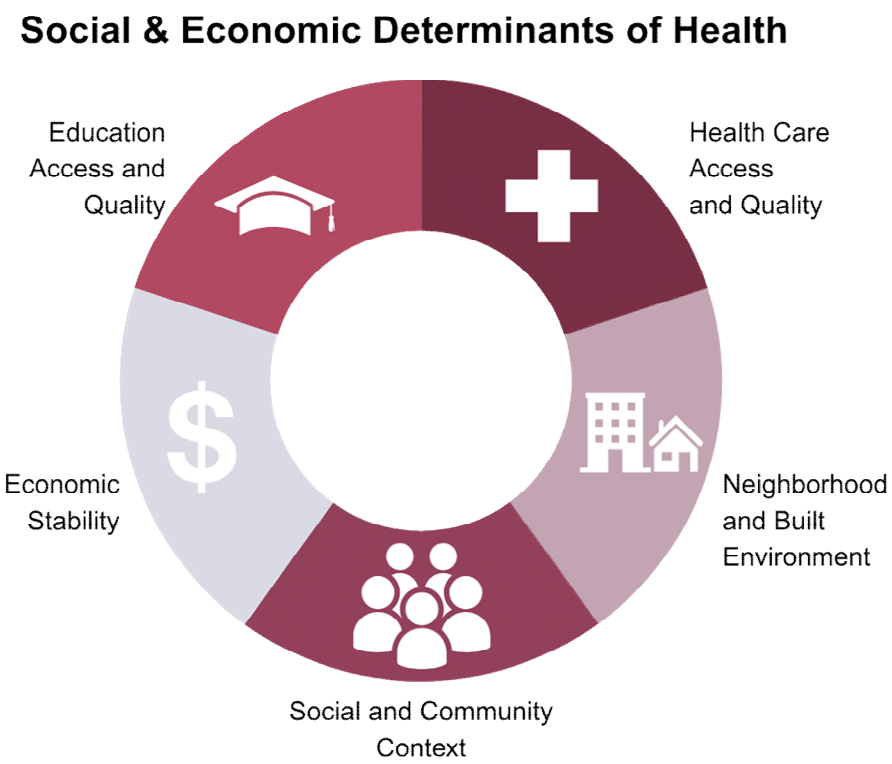
Language

More than a third of residents in Fresno County (34.8%), Kings County (37.1%) and Madera County (42%) speak Spanish at home, with nearly half of Tulare County residents (47.2%) doing the same, as shown in Appendix A, Figure 8. All four counties have a higher percentage of Spanish speakers at home compared to California (28.6%) and the nation (13.2%).

Social and Economic Determinants of Health

This section explores the economic, environmental and social determinants of health impacting Community Health System's service area. Social Determinants of Health (SDOH) are the conditions in which people are born, grow, work, live and age that share the conditions of daily life. The SDOH can be grouped into five domains. Figure 3 shows the Healthy People 2030 Social Determinants of Health domains (Healthy People 2030, 2022).

FIGURE 3: HEALTHY PEOPLE 2030 SOCIAL DETERMINANTS OF HEALTH



Income

Significant disparities in median household income exist among racial and ethnic groups within the four primary service area counties. Figure 9 in Appendix A shows that the median income for each of these counties is below the state median of $89,624, with Fresno and Tulare counties reporting the lowest at $64,168 and $64,118, respectively. Figure 10 in Appendix A shows that Fresno, Kings and Tulare county residents identifying as Native Hawaiian/Pacific Islander, American Indian/Alaska Native or Black/African American all earn less than the median income for their respective counties. In Madera County, both American Indian/Alaska Native and Black/African American residents fall below the county's median income.

Poverty

Overall, 19.5% of families in Fresno County, 16.2% in Kings County, 20.1% in Madera County and 18.5% in Tulare County live below the poverty level. These rates are higher than both the state average of 12.1% and the national average of 12.6%. Figures 11-14 in Appendix A illustrate the percentage of families living below the poverty level by county and ZIP code, with darker green areas indicating a higher concentration of families in poverty.

Employment

The unemployment rates in each county within the CHS service area exceed both the state rate (5.7%) and the national rate (4.3%). Tulare County has the highest unemployment rate at 18.5%, followed by Madera County at 12.6%, Kings County at 10.9% and Fresno County at 8.8%. Figure 15 in Appendix A shows the population ages 16 and over who are unemployed.

Education

While the majority of each county's population holds a high school diploma or higher, all four counties have a lower percentage of high school graduates compared to the state (84.3%) and national averages (88.9%). Additionally, the percentage of residents aged 25 and older with a bachelor's degree or higher is notably lower in these counties than in California (35.7%) and the nation (33.7%). Among the four counties, Fresno County has the highest percentage of high school graduates (78.3%) and bachelor's degree holders (23.5%), while Kings County has the lowest percentage of bachelor's degree holders (13%), and Madera County has the lowest percentage of high school graduates (71.8%). Figure 16 in Appendix A provides a detailed breakdown of educational attainment for individuals aged 25 and older in each county.

Housing

Safe, stable and affordable housing provides a critical foundation for health and well-being. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.[3]

As shown in Figure 17 in Appendix A, 26% of households in Fresno County, 20.6% in Kings County, 24.5% in Madera County and 26.1% in Tulare County experience severe housing problems. These issues include overcrowding, high housing costs and the lack of basic amenities like a kitchen or plumbing. Fresno and Tulare counties have higher rates of severe housing problems than the state average (25.7%).

When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy food or healthcare. This is linked to increased stress, mental health problems and an increased risk of disease.[4]

Figure 18 in Appendix A shows the percentage of renters spending 30% or more of their household income on rent. Kings County (45.8%), Madera County (51.1%) and Tulare County (50.3%) all have lower rates than the state average (54.4%), while Fresno County (54.4%) has the highest percentage of renters facing this burden.

[3] County Health Rankings, Housing and Transit. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit

[4] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

Neighborhood and Built Environment

Internet access is essential for healthcare access, including making appointments with providers, getting test results and accessing medical records. Access to the internet also helps expand access to care through home-based telemedicine services, which has been particularly critical in Health Professional Shortage Areas (HPSAs), rural communities and during the COVID-19 pandemic. Internet access may also help individuals seek employment opportunities, conduct remote work and participate in online educational activities.[5]

Figure 19 in Appendix A shows the percentage of households with an internet subscription. The rates in Fresno County (87.3%), Kings County (87.9%), Madera County (90.3%) and Tulare County (87.9%) are all slightly lower than the state average of 92.6%.

[5] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05

Section 3: Data Collection and Analysis

The 2025-2028 Community Health Needs Assessment combined primary and secondary data to identify current health-related issues in Fresno, Kings, Madera and Tulare counties.

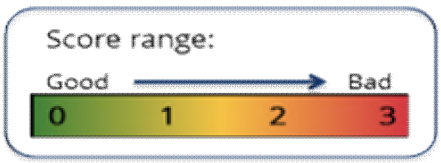
Primary data was collected directly from the community through in-person and virtual outreach. The data collection was conducted in multiple languages and consisted of a community-wide survey campaign, focus groups, listening sessions and key informant interviews. Secondary health indicator data was collected from public sources such as federal, state and local health departments.

Secondary Data Sources

Secondary data for this assessment was collected and analyzed with the Healthy Communities Institute (HCI) Community Dashboard — a web-based community health platform developed by Conduent Healthy Communities Institute. The Community Dashboard includes over 150 community and behavioral health indicators covering more than 25 topics in health, determinants of health and quality of life. The data is primarily derived from secondary sources such as state and national sites. The value for each of these indicators is compared to other communities, nationally or locally set targets and to previous CHNA periods.

Secondary Data Scoring

HCI's Data Scoring Tool® was used to systematically summarize multiple comparisons across the Community Dashboard to rank health indicators based on the highest need. For each indicator, CHS' service area value was compared to a distribution of state and national values, Healthy People 2030 and significant public health trends. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 the worst.



The availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

Table 1 shows the secondary data topics' scoring results at a system level. For further details on the quantitative data scoring methodology, please see Appendix A.

Health and Quality of Life Topics	Score
Physical Activity	1.99
Weight Status	1.97
Education	1.88
Sexually Transmitted Infections	1.84
Maternal, Fetal & Infant Health	1.83
Economy	1.82
Diabetes	1.80
Immunizations & Infectious Diseases	1.77
Wellness & Lifestyle	1.74
Community	1.72
Older Adults	1.69
Environmental Health	1.68
Heart Disease & Stroke	1.67
Oral Health	1.66
Women's Health	1.66
Adolescent Health	1.62
Children's Health	1.61
Healthcare Access & Quality	1.60
Other Conditions	1.58
Mental Health & Mental Disorders	1.55
Respiratory Diseases	1.44
Prevention & Safety	1.42
Medications & Prescriptions	1.35
Cancer	1.34
Alcohol & Drug Use	1.29
Tobacco Use	1.29

Race, Ethnicity and Sex Disparities: Secondary Data

Community Health System's disparities were assessed using the Index of Disparity[6] analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or sex) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix A.

The service area's index of disparity analysis illustrated multiple differences in health outcomes by race/ethnicity and sex. Based on the county-level data available for this analysis, the service area's Black/African American population experienced the most elevated health risks. Black/African American populations were more likely than the general population to experience death due to opioid overdose, emergency department visits due to heroin overdose and lung/bronchus cancer incidence. Additionally, Black/African American newborns were more likely to be preterm and have low birthweight, and the Black/African American Medicare population was more likely to have diabetes. In terms of sex, male populations experienced several elevated health risks involving opioid and heroin overdose, motor vehicle collisions, kidney disease, heart attack and oral/pharynx cancer. Although males were more likely to experience emergency department visits due to heroin overdose, females were more likely to experience emergency department visits due to overdose from other opioids, excluding heroin.

TABLE 1: INDICATORS WITH SIGNIFICANT RACIAL/ETHNIC/SEX DISPARITIES: SERVICE AREA

Health Indicator	Populations Negatively Impacted
Adults Who Ever Thought Seriously About Committing Suicide[7]	American Indian/Alaska Native
Adults with Likely Serious Psychological Distress[7,8]	Females
Age-Adjusted Death Rate due to All Opioid Overdose[7,8]	Black/African American, White, Males
Age-Adjusted Death Rate due to Kidney Disease[7]	Males
Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions[7,8]	Males
Age-Adjusted Emergency Department Visit Rate due to Heroin Overdose	Black/African American[9], White[10], Males[9,10]
Age-Adjusted Emergency Department Visit Rate due to Opioid Overdose (Excluding Heroin)[10]	White, Females

[6] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.
[7] Based on data from Tulare County. See Appendix A for more details.
[8] Based on data from Fresno County. See Appendix A for more details.
[9] Based on data from Kings County. See Appendix A for more details.
[10] Based on data from Madera County. See Appendix A for more details.

Age-Adjusted Hospitalization Rate due to Heart Attack[7,8]	Males
Babies with Low Birthweight[10]	Black/African American, Asian
Child Mortality Rate: Under 20[8]	Black/African American
Diabetes: Medicare Population[9]	Black/African American, American Indian/Alaska Native, Asian/Pacific Islander, Hispanic/Latino
Lung and Bronchus Cancer Incidence Rate[10]	Black/African American
Oral Cavity and Pharynx Cancer Incidence Rate	White[7], Males[7,8]
Overcrowded Households	American Indian/Alaska Native[8], Asian[7,8], Hispanic/Latino[7,8,10]
People Delayed or had Difficulty Obtaining Care[7,8]	American Indian/Alaska Native
Preterm Births[9]	Black/African American

Geographic Disparities

This assessment identified specific ZIP codes with differences in health and social determinants of health outcomes. Geographic disparities were identified using the SocioNeeds Index® Suite[11]. This suite includes the Community Health Index, Food Insecurity Index and Mental Health Index. Each of these indices summarizes multiple socioeconomic indicators into a composite score correlated with preventable hospitalization and premature death, food insecurity or poorer mental health outcomes. For each of these three indices, counties, ZIP codes and census tracts with a population over 300 persons are assigned an index value ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher needs is critical to targeting prevention and outreach activities.

[11] For further detailed methodology: https://help.healthycities.org/hc/en-us/articles/4635438561943-SocioNeeds-Index-Suite

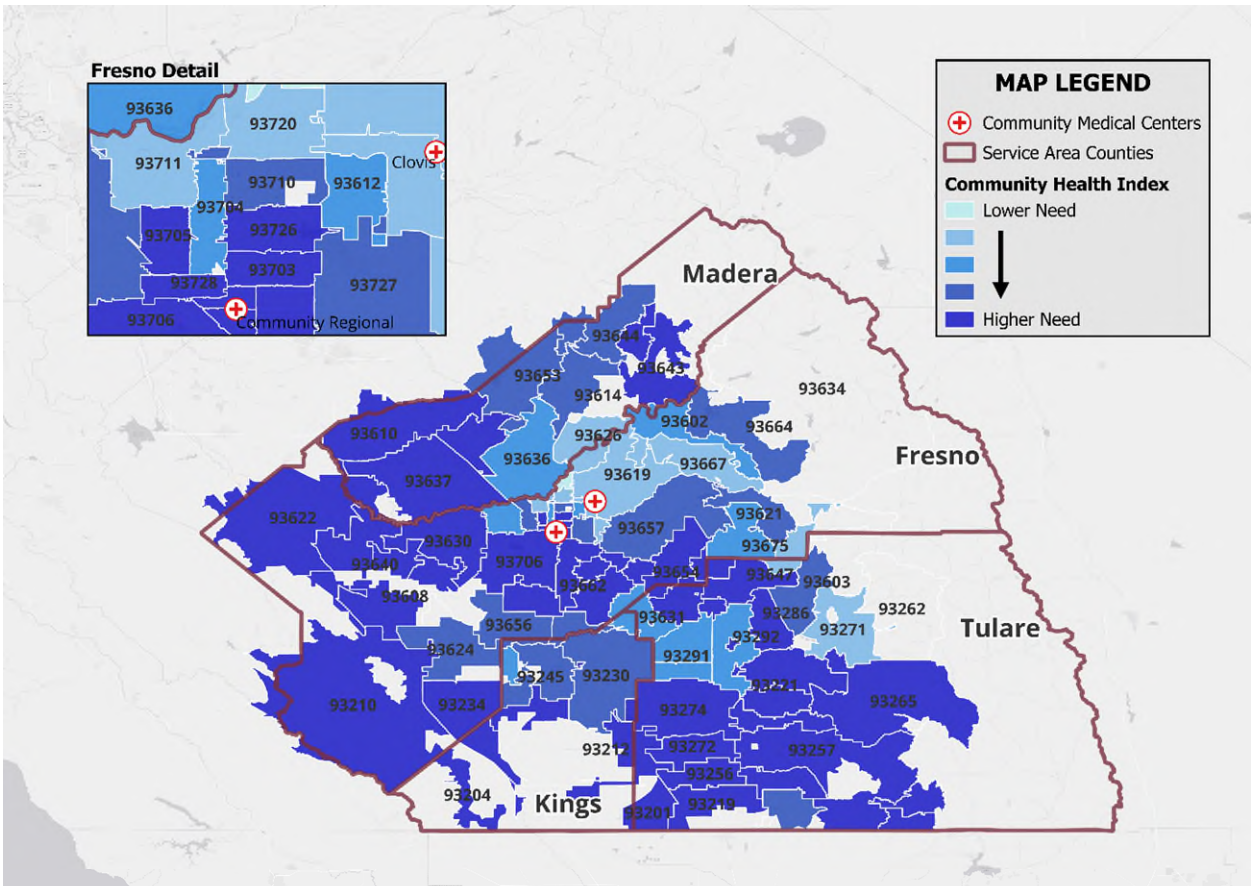
Community Health Index

Conduent's Community Health Index estimates areas of high socioeconomic need, which are correlated with poor health outcomes. ZIP codes are ranked based on their index value to identify relative levels of need. Amongst the population, the map displays ZIP codes that show the highest need.

What high index values mean: Communities with the highest values are estimated to have the highest socioeconomic needs correlated with:

- preventable hospitalizations
- premature death
- self-reported poor health and well-being

FIGURE 4. COMMUNITY HEALTH INDEX: CHS PRIMARY SERVICE AREA

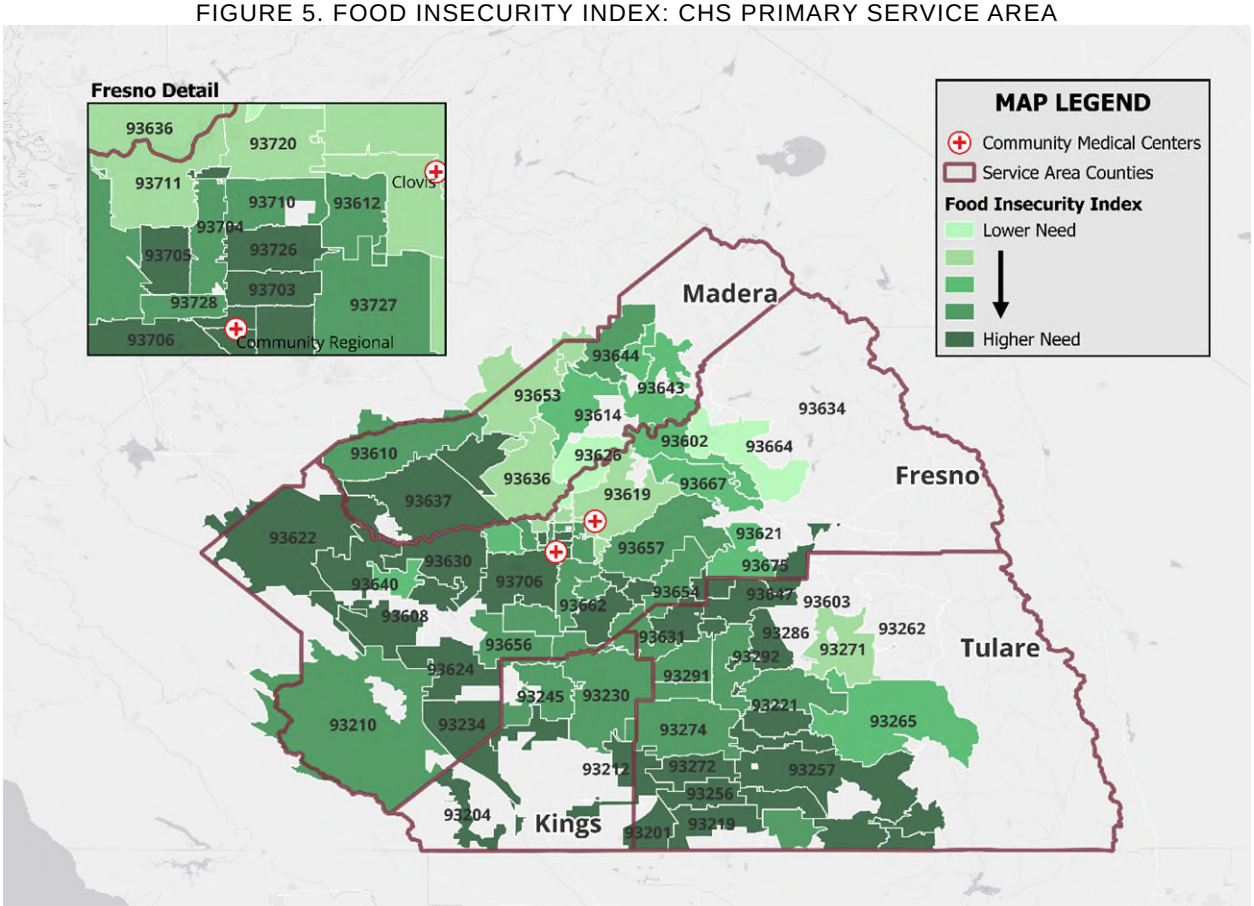


Food Insecurity Index

Conduent's Food Insecurity Index measures economic and household hardship correlated with food access. ZIP codes are ranked based on their index value to identify relative levels of need. Amongst the population, the map displays ZIP codes that show the highest need.

What high index values mean: Communities with the highest index values are estimated to have the highest food insecurity correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

FIGURE 5. FOOD INSECURITY INDEX: CHS PRIMARY SERVICE AREA

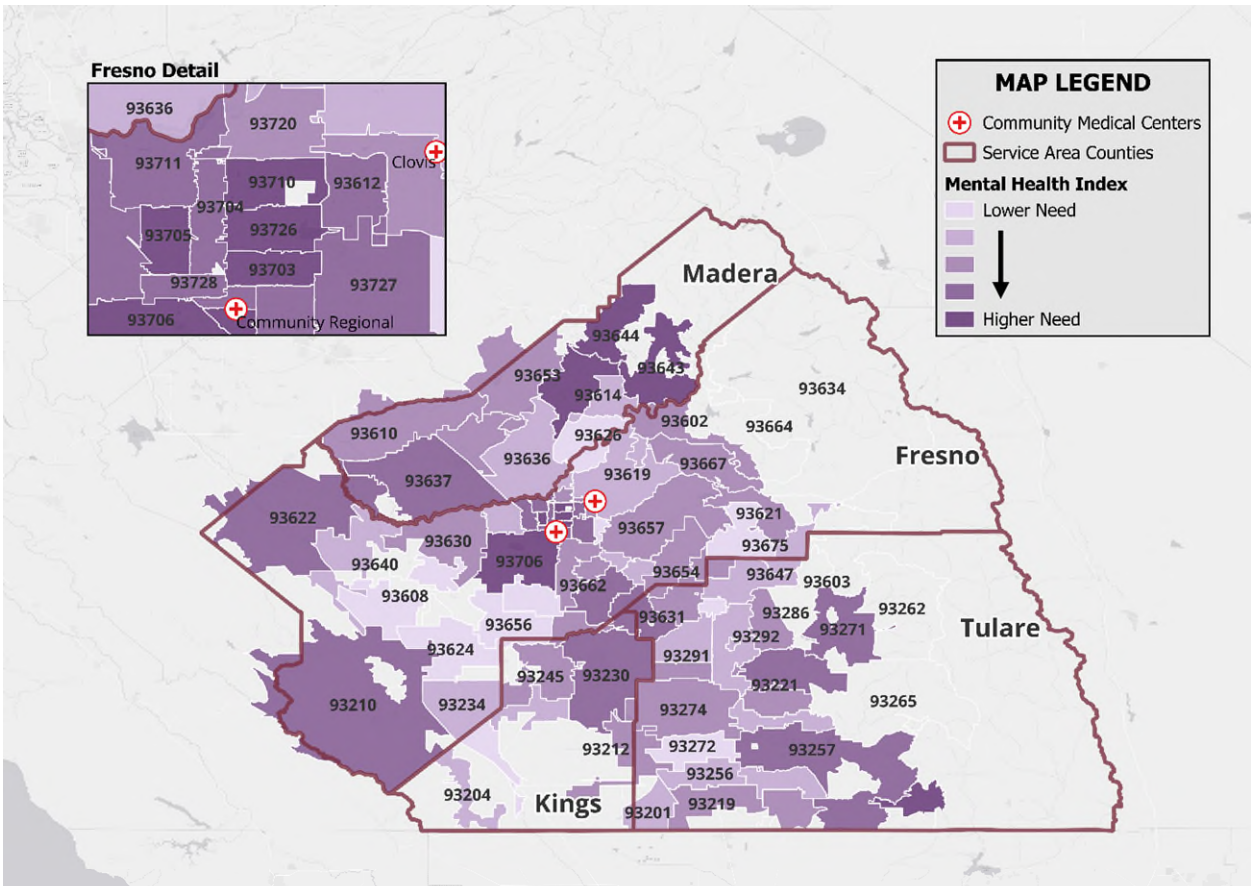


Mental Health Index

Conduent's Mental Health Index uses socioeconomic data to estimate which ZIP codes are at greatest risk for poor mental health. ZIP codes are ranked based on their index value to identify relative levels of need. Amongst the population, the map displays ZIP codes that show the highest need.

What high index values mean: Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

FIGURE 6. MENTAL HEALTH INDEX: CHS PRIMARY SERVICE AREA



Community Input Collection and Analysis

The Community Health Needs Assessment aims to determine what Central Valley residents believe are the most critical health issues facing them and their families. To ensure the perspectives of community members were included, several opportunities were offered to gather input. The primary data used in this assessment consisted of an online survey, listening sessions, key informant interviews and focus groups. Combined with the secondary data analysis, these findings provided the Community Health System team with the key health needs for the 2025-2028 Community Health Needs Assessment.

Community Survey

Community input was collected through an online community survey available in English, Spanish, Hmong and Punjabi from August 19, 2024, through October 18, 2024. The survey consisted of seventy-one questions related to the community's most pressing health challenges and perceptions of overall health, access to healthcare services and social and economic determinants of health. The survey was promoted through press releases, social media and email blasts to internal and external teams and organizations. A total of 1,227 responses were collected, 442 from Fresno County, 296 from Madera County, 276 from Tulare County and 176 from Kings County. Response rates for the service area were just below the target rate of collecting 1,537 surveys. For survey results, see Appendix B.

Focus Groups

Focus groups were conducted to gain a deeper understanding of community members' perceptions, attitudes, experiences and beliefs regarding their health. It is important to recognize that the insights gathered from each focus group are specific to that group and should not be generalized to others.

Between October and November 2024, a total of 40 focus groups were held across Fresno, Kings, Madera and Tulare counties. These included 23 English-language groups, 12 Spanish-language groups, one bilingual (English/Spanish) group, three Punjabi-language groups, and one group conducted with Afghan community members. Sessions were held both in-person and virtually to accommodate participants from all four counties.

In total, 323 individuals participated in the focus groups. Participants were selected based on their residence or employment within the counties. Each session lasted approximately 60 minutes. Table 2 provides a breakdown of the focus groups by county.

Participants shared their perspectives in response to a series of 11 guided questions designed to spark discussion around key community health concerns. Topics included major health issues, barriers to care, challenges affecting children and pregnant women and the impacts of COVID-19, wildfires, evacuations and flooding.

Facilitators recorded each session and documented responses, which were then uploaded to Qualtrics, a web-based qualitative data analysis platform. Transcripts from the focus groups were coded using a pre-established codebook, organized by thematic categories and analyzed

to identify significant patterns and insights. The relative importance of each health or social issue was assessed in part by how frequently it was mentioned across all focus groups.

Table 3 presents the overarching themes identified across the four counties, while additional county-specific findings are detailed in Appendix D.

TABLE 2: FOCUS GROUPS COMPLETED BY COUNTY

County	Number of Sessions	Number of Participants
Fresno County	22	158
Madera County	8	83
Tulare County	7	58
Kings County	3	24
Total	40	323

TABLE 3: OVERARCHING FOCUS GROUP THEMES

Top Health Concerns	Barriers to Accessing Services	Most Affected Populations
• Mental Health • Access to Healthcare/Access to Healthcare Services • Air and Water Quality • Chronic Diseases (Diabetes, Hypertension) • Respiratory Diseases (Asthma, Allergies)	• Transportation • Long wait times • Language barriers • Cost of services/High cost of healthcare • Shortage of healthcare/mental health providers	• Seniors/Older Adults • Children/Youth • Low-income Families • Homeless • LGBTQ+

Listening Session and Key Informant Interviews

For the listening session, Conduent HCI conducted an online survey targeting key community stakeholders to gather quantitative data on health-related factors in Fresno, Kings, Madera and Tulare counties. Following the survey, HCI facilitated a virtual discussion to collect qualitative insights and feedback from participants. CHS identified and invited a diverse group of community partners to take part in this listening session.

The primary objective of the listening session was to explore community health needs, challenges and opportunities for strengthening collaboration across the region. A total of 50 partners participated in the virtual session.

Participants represented a broad range of sectors, including education, non-profit organizations, philanthropy, state and local government, for-profit businesses, healthcare and justice/law enforcement. During the recorded session, facilitators engaged attendees in a dialogue about the survey findings, top health concerns, barriers to care, community strengths and available resources. Participants also shared perspectives based on their professional roles and organizational experiences.

Table 4 presents the overarching themes identified during the listening session and key informant interviews.

TABLE 4: LISTENING SESSION AND KEY INFORMANT INTERVIEW THEMES

Top Health Concerns	Barriers to Accessing Services/Resources	Most Affected Populations
• Access to quality or affordable healthcare services • Mental Health • Chronic Diseases (Diabetes, Hypertension) • Food Insecurity	• Lack of transportation • Language barriers • Lack of specialty care • Cost of health services • Fear and mistrust (when seeking healthcare)	• Rural Residents • Farmworkers/Seasonal Workers • Seniors/Older Adults • Children • Low-income • Immigrants

Data Considerations

When reviewing the findings in this report, it is important to consider several limitations of the data. While the topics covered span a broad range of health and related areas, the depth and scope of both secondary and primary data vary within each topic.

For **secondary data**, some health areas are supported by a robust set of indicators, while others have limited available data. The use of the *Index of Disparity* to analyze this data is also constrained by availability—some indicators lack subpopulation data entirely, and others include data for only a few racial or ethnic groups.

For **primary data**, the range of insights depends on the individuals selected as key informants or listening session participants. Additionally, the community survey used a convenience sampling method, which may introduce selection bias and limit the generalizability of the results. However, the survey sample was found to be demographically representative of Central Valley.

Across all data sources, efforts were made to include a diverse set of secondary indicators and to draw on a wide range of community expertise.

Section 4: Identification of Significant Health Needs

Findings from both primary and secondary data sources were analyzed and combined to identify the significant health needs for Community Health System's primary service area.

Criteria for Significant Health Needs

Health needs were considered significant if they met at least one of the following criteria across the three data sources summarized in Table 5.

TABLE 5. CRITERIA FOR SIGNIFICANT HEALTH NEEDS

	**Secondary Data**	Topic score of 1.50 or higher
	**Key Informant Interviews, Focus Groups and Listening Sessions**	Frequency topics were discussed within interviews and sessions
	**Community Survey**	Selected by 20% or more of respondents as a priority health issue

Significant Health Needs

Based on the criteria shown in Table 5, ten needs emerged as significant. The final ten significant health needs are listed in alphabetical order, which were included for prioritization based on the findings of all forms of data collected for Community Health System's 2025-2028 CHNA.

1. Access to Affordable Healthcare
2. Chronic Diseases (Diabetes, Hypertension)
3. Economy
4. Environmental Health (Air & Water Quality)
5. Food Insecurity/Access to Healthy Foods
6. Lack of Affordable Housing
7. Mental Health and Mental Disorders
8. Substance Misuse
9. Transportation
10. Weight Status

Section 5: Data Synthesis

To develop a comprehensive understanding of the most significant health needs, findings from all four data sources were analyzed for areas of convergence. Table 6 presents the results of this analysis.

TABLE 6: OVERLAPPING EVIDENCE OF NEED

Health/Quality of Life Category	*Data Source(s)*
Access to Healthcare	*Secondary, Listening Session, Survey, Focus Groups*
Chronic Diseases (Diabetes, Hypertension)	*Secondary, Survey, Focus groups*
Economy (Job scarcity, low wages)	*Secondary, Listening Session, Focus Groups*
Environmental Health (Air & Water Quality)	*Secondary, Focus Groups, Listening Session*
Food Insecurity/Access to Healthy Foods	*Secondary, Listening Session, Survey, Focus Groups*
Lack of Affordable Housing	*Secondary, Listening Session, Survey, Focus Groups*
Mental Health and Mental Disorders	*Listening Session, Survey, Focus Groups*
Substance Misuse	*Secondary, Survey*
Transportation	*Listening Session, Focus Groups*
Weight Status (Individuals who are underweight, overweight or obese)	*Secondary, Listening Session, Focus Groups*

Significant Needs Identified for Community Health System

Access to healthcare, food insecurity/access to healthy foods and lack of affordable housing were identified as significant issues across all four data sources. In addition, five other topics — chronic diseases (such as diabetes and hypertension), economic challenges (including job scarcity and low wages), environmental health (specifically air and water quality), mental health/mental disorders and weight status — were considered significant across three data sources. Two additional topics, substance misuse and transportation, were found to be significant in two data sources.

Prioritization

To address and prioritize the most pressing health needs in the community, CHS convened a group of hospital leaders on May 14, 2025 to participate in a virtual presentation of data. Following the presentation, participants completed a scoring exercise where the significant health needs were ranked based on a set of criteria.

For each health need, participants rated a set of criteria on a scale from 1 to 3, with higher scores indicating a greater need for prioritization. In making these assessments, participants considered the data presented by HCI and were encouraged to apply their knowledge and understanding of the community. The completion of this exercise generated numerical scores for each topic and criterion. The resulting rankings are illustrated below.

TABLE 7. PRIORITIZATION RANKING RESULTS

Rank	Health Topic
1	Access to Healthcare
2	Chronic Diseases
3	Mental Health & Mental Disorders
4	Substance Misuse
5	Weight Status
6	Economy (job scarcity, low wages)
7	Food Insecurity / Access to Healthy Foods
8	Lack of Affordable Housing
9	Transportation
10	Environmental Health (Air & Water Quality)

Community Health System's planning team reviewed the results and identified four priority health needs, including sub-health needs, that will be addressed during the 2025-2028 CHNA cycle. The approved health needs are:

- Access to Healthcare, including maternal healthcare
- Chronic Diseases, including weight status
- Economic Stability, focusing on food insecurity and homelessness
- Mental Health & Disorders, including substance use disorder

Section 6: Key Health Needs

The following section provides a deeper look into each health need to understand how secondary and primary data findings led to the health topic becoming a significant need. The five primary health needs are presented in alphabetical order below. Unless otherwise specified, the secondary data presented below can be found in the Community Health System Indicator Scores by County in the Appendix.

1. Access to Healthcare

Key Themes

- Identified as the most important health problem in the community
- 21% disagree or strongly disagree that there are affordable healthcare services in their community
- 19% disagree or strongly disagree that there are good quality healthcare services in their community
- 32% indicated that in the past 12 months they did not get the healthcare services they needed. Some of the top reasons they did not receive services were: hours of operation did not fit their schedule, the wait was too long and the cost was too high.
- 17% of survey respondents did not receive a wellness visit or check-up in the past 12 months

Secondary Data

Inadequate access to healthcare is a significant contributor to poor health outcomes. The percentage of adults without health insurance exceeds the national average (10.8%) in all four counties:

- Fresno County: 12.0%
- Kings County: 15.9%
- Madera County: 17.8%
- Tulare County: 19.3%

Secondary Data Score: 1.60

Maternal Healthcare

Key Themes

- Lack of prenatal and postnatal care
- Lack of access to maternal mental health services
- Lack of local healthcare providers specialized in obstetrics, forcing women to travel long distances
- Lack of education and resources to help new mothers manage health issues during and after pregnancy
- Limited childcare

Secondary Data:

Fresno, Kings and Tulare counties all report a higher percentage of preterm births than the state and national averages.

Additionally, congenital syphilis cases in these three counties exceed the state rate. Kings County has a notably high incidence rate of 268.5 cases per 100,000 live births, more than double the state rate of 114.9 cases per 100,000 live births.

Teen birth rates are also elevated across all four counties — Fresno, Kings, Madera and Tulare — exceeding both state and national averages.

Secondary Data Score: 1.83

2. Chronic Diseases

Key Themes

- Diabetes and high blood pressure were identified by respondents as significant health concerns within the community
- 28% of respondents reported being told by a doctor, nurse or other health professional that they had, or were at risk for, high blood pressure; 27% reported the same for diabetes and 23% for obesity
- Chronic diseases were a top concern in the listening sessions, key informant interviews and focus groups (diabetes, hypertension, heart disease)

Secondary Data:

Diabetes disproportionately affects the Medicare population in all four counties, with each reporting higher percentages than both the state and national averages.

Hypertension among the Medicare population is similarly elevated and each county exceeds the state and national Medicare averages. The percentages in each county are as follows:

- Fresno County: 68%
- Kings County: 68%
- Madera County: 66%
- Tulare County: 68%
- California: 58%
- United States: 65%

These figures highlight significant regional disparities and underscore the need for targeted public health interventions.

Secondary Data Score: 1.80 (diabetes), 1.67 (heart disease, stroke, hypertension)

Weight Status

Key Themes

- Weight status and poor eating habits were identified as important health problems in the community
- 42% of survey respondents rated their personal health as somewhat unhealthy and 18% as unhealthy or very unhealthy
- 28% of survey respondents get less than 30 minutes of exercise per week
- Obesity was a top concern in the listening sessions and key informant interviews

Secondary Data:

In each of the four counties, weight status was commonly identified as a significant health concern. Tulare County had the most alarming statistics, with 53% of adults classified as obese — over 20% higher than California's average. In all counties, the proportion of adults who are overweight or obese exceeds both the state and national averages.

Weight status and lack of physical activity contribute to an increased risk of chronic diseases. In each county, the age-adjusted death rates due to diabetes are higher than the California state average. Specifically, the age-adjusted diabetes death rates are:

- Fresno County: 31.2%
- Tulare County: 24.4%
- Kings County: 25.6%
- California: 23.6%

Secondary Data Score: 1.97

3. Economic Stability

Food Insecurity

Key Themes

- 46% of survey respondents reported that in the past 12 months, they worried about their food running out before they had money to buy more
- 41% of survey respondents said that in the past 12 months, the food they bought sometimes or often didn't last, and they didn't have money to get more
- 24% of survey respondents disagreed or strongly disagreed that affordable, healthy food options were easy to purchase at nearby corner stores, grocery stores or farmers markets
- 34% of survey respondents disagreed or strongly disagreed that it is easy to grow, harvest and eat fresh food from a home garden in their neighborhood
- 26% disagreed or strongly disagreed that local restaurants serve healthy food

Secondary Data:

Food insecurity is a significant issue. Fresno County has a food insecurity rate of 16.2% and a child food insecurity rate of 22.8%, both higher than state (12.6%, 16.9%) and national (13.5%, 18.5%) rates. Kings County follows with rates of 15.1% overall and 21.9% for children. Tulare County reports 13.6% overall and 18.7% child food insecurity, while Madera County's overall rate is 12.4%. All four counties exceed state and national averages in overall food insecurity, and three exceed child food insecurity benchmarks.

Secondary Data Score: 1.82 (Economy)

Homelessness/Housing

Key Themes

- Homelessness and housing were the top issues or concerns brought up in focus groups and the listening session
- 20% of survey respondents said their mortgage is too expensive
- 15% reported that rent or facility costs are too high
- 9% reported that their current housing is temporary and they need permanent housing — a direct indicator of housing insecurity
- 5% needed assisted living or long-term care, suggesting a gap in supportive housing options for aging or disabled populations
- 4% expressed concerns about eviction, which could lead to homelessness if not addressed

Secondary Data:

In Fresno, Madera and Tulare counties, 25% or more of the population has severe housing problems, indicating at least one of the following problems: overcrowding, high housing costs, lack of kitchen or plumbing facilities. In Kings County, 20% of the population has severe housing problems, which is lower than the state of California at 25.7%.

A closer look at housing in the Central Valley reveals that Fresno County has both the highest percentage of severe housing problems and the greatest number of households spending 30% or more of their income on rent, compared to other counties and the state overall.

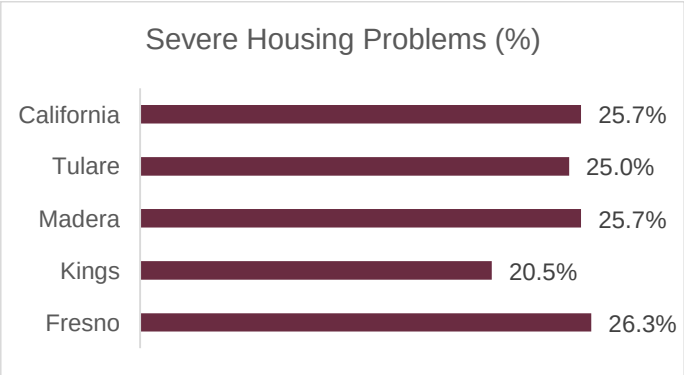
According to the U.S. Department of Housing and Urban Development, California had a total of 187,084 unhoused individuals in 2024. Of these, 40,547 were in emergency shelters, 7,755 in transitional housing and 112,482 were unsheltered. More than 25,000 homeless families include children. The unhoused population includes 59,703 individuals who identify as White, 43,203 as Hispanic/Latino and 41,696 as Black or African American.[12]

[12] CoC_PopSub_State_CA_2024.pdf

Secondary Data Indicators: County, State, and National Comparisons

Figure 7 measures the percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of a kitchen or plumbing facilities.

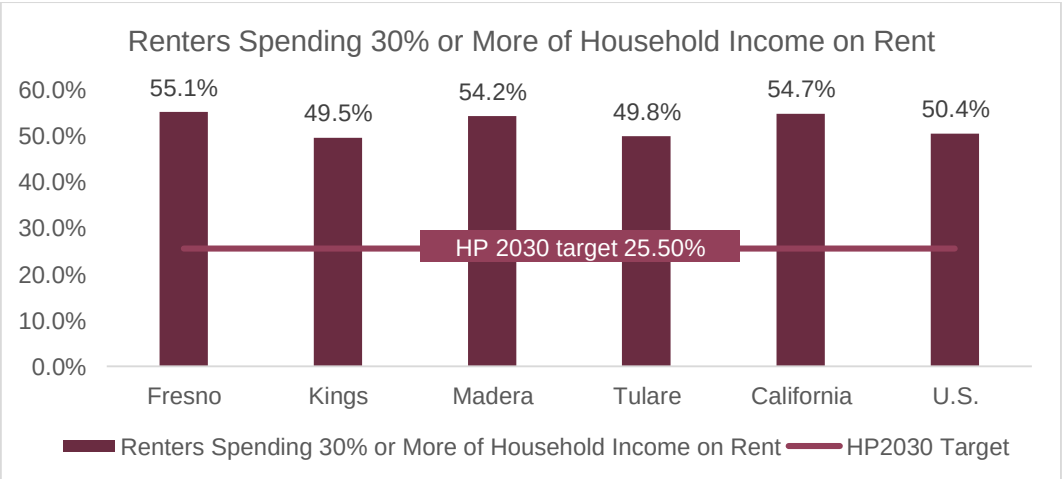
FIGURE 7: SEVERE HOUSING PROBLEMS BY STATE AND COUNTY



Source: County Health Rankings 2017-2021

Figure 8 shows the percentage of renters who are spending 30% or more of their household income on rent compared to the Healthy People (HP) 2030 target. Rental costs include rent and utilities (electricity, gas, other fuels, water and sewer).

FIGURE 8: RENTERS SPENDING BY COUNTY, STATE, AND NATIONAL



Source: American Community Survey 5-Year, 2019-2023

4. Mental Health & Disorders

Key Themes

- Mental health and mental disorders were identified as one of the most important health concerns in the community
- 21% of survey respondents indicated concern for addressing access to mental health services in the community
- Mental health was an overall top concern in the listening sessions, key informant interviews and focus groups
- 21% of survey respondents reported needing or seeking mental health services but did not receive them, primarily due to high costs and long waiting times

Secondary Data

The percentage of adults needing or receiving behavioral health services is concerning and correlates with poor mental health outcomes. All four counties report a higher percentage of poor mental health days compared to the national average.

Secondary Data Score: 1.55

Substance Use Disorders

Key Themes

- 8% of respondents reported they needed or considered alcohol/substance use treatment but did not receive services
- The main barriers to receiving services included: high cost, transportation challenges, such as inconvenient bus schedules or drop-off locations, and scheduling conflicts, as clinic hours did not align with work or family responsibilities
- 30% said they did not need services and therefore did not seek them
- While a majority of survey respondents did not face substance use treatment needs, a notable portion of the population (over 8%) experienced unmet treatment needs, which may point to barriers in access, stigma or lack of available services

Secondary Data:

- In Madera County, opioid use is a more significant concern than alcohol
- In Fresno County, the age-adjusted hospitalization rate due to all drug overdoses is alarmingly high at 483 per 100,000, compared to the California state rate of 70.4 per 100,000

- In Kings County, multiple alcohol-related indicators exceed state and national averages, including:
    - Adults who binge drink
    - Alcohol-impaired driving deaths
    - Adults who drink excessively
- Age-adjusted emergency department visits due to heroin overdose in Kings County are more than 10 times higher than the California rate (13.9 versus 3.6 per 100,000 residents)
- In Tulare County, alcohol-impaired driving deaths are the top substance use concern, exceeding both state and national percentages

Secondary Data Score: 1.29 (Alcohol and Drug Use)

Section 7: Non-prioritized Health Needs

During the review of both primary and secondary data, environmental health concerns — specifically air and water quality, as well as transportation — emerged as significant community health needs. While these issues are not the central focus of the 2025–2028 Community Health Needs Assessment, they remain closely linked to the identified health priorities due to their strong connection with the social determinants of health.

Section 8: Conclusion

This Community Health Needs Assessment (CHNA) conducted for the Community Health System used a comprehensive set of secondary and primary data to determine the ten significant health needs in Fresno, Kings, Madera and Tulare counties. The prioritization process identified five top health needs, with an additional 4 subtopics: Access to Healthcare, including Maternal Health, Chronic Diseases, including weight status, Economic Stability, including food insecurity and homelessness and Mental Health and Disorders, including substance use disorders.

The findings of this report will be used to guide the development of Community Health System's Implementation Strategy, which will outline goals and strategies to address priorities and improve the health of the community.

For comprehensive data on each county, please consult the individual reports provided in Appendix D.