COMMUNITY HEALTH SYSTEM

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

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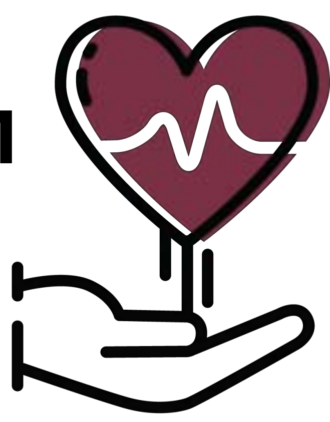
A NOTE FROM
COMMUNITY HEALTH SYSTEM



Community Health System strives to bring people and organizations together to improve community wellness. The community health needs assessment process is one way we can live out our mission. To fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. In 2021 and 2022, Community Health System conducted a comprehensive community health needs assessment (CHNA) to identify primary health issues, current health status and other health needs. The results from the assessment provide critical information to guide us in making a positive impact on the health of the region's residents. The results also enable Community Health System to measure impact and strategically establish priorities to develop interventions and align resources.

The 2022 CHNA is the third community health needs assessment conducted by Community Health System. Quantitative and qualitative data were collected to inform decisions on how to better meet the health needs of our community. We want to provide the best possible care for our residents, and we will use this report to help guide us in our strategic planning and decision-making concerning future programs and health resources.

The Community Health System CHNA would not have been possible without the help of numerous organizations, acknowledged on the following pages. It is vital that assessments such as this continue so that we know where to direct our resources to use them in the most advantageous ways.

Public health is a community job that brings together many people, including residents of the community, with the goal of promoting health and well-being in all aspects of our daily lives.

This report exists thanks to the involvement of individuals in our community and their participation in interviews, focus groups and completing surveys. We are grateful for those individuals who are committed to the health of the community, as we are, and take the time to share their health concerns, needs, praises and behaviors.

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ACKNOWLEDGEMENTS

This community health needs assessment was made possible thanks to the collaborative efforts of Hospital Council of Northern and Central California, Community Health System staff, eight regional hospital and public health department partners, local stakeholders, non-profit partners and community residents (listed below). Their contributions, expertise, time and resources played a critical part in the completion of this assessment.

COMMUNITY HEALTH SYSTEM WOULD LIKE TO RECOGNIZE THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

Binational of Central California
California State University, Fresno student volunteers
Central Valley Health Policy Institute
Cultiva La Salud
Every Neighborhood Partnership
Fresno County Department of Public Health
Fresno Interdenominational Refugee Ministries
Hospital Council of Northern and Central California
Kaweah Health Medical Center
Kings County Commission on Aging
Kings Partnership for Prosperity, Progress, and Prevention
Madera Coalition for Community Justice
Madera County Department of Public Health
Moxley Public Health
Saint Agnes Medical Center
Sierra View Medical Center
The Fresno Center
Tulare County Department of Public Health
Tule River Tribe Public Health Authority
United Way Fresno and Madera Counties
United Way of Tulare County
Valley Children's Healthcare

The 2022 Community Health Needs Assessment (CHNA) report was prepared by Moxley Public Health, LLC, (www.moxleypublichealth.com) an independent consulting firm that works with hospitals and other community-based nonprofit organizations both domestically and internationally.

INTRODUCTION
WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?

CHNA

- Healthcare Services Master Plan
- Public Health Accreditation
- Implementation Plan (or CHIP)
- Other Planning Processes
- Hospitals and Health Districts CHNA/CHA
- Hospitals Community Benefit Plans

A community health needs assessment (CHNA) is a tool that is used to guide community benefit activities and several other purposes. For hospitals, it is used to identify and address key health needs and supports the development of community benefit plans mandated by the state of California and the federal government. The data from a CHNA is furthermore used to inform community decision-making, the prioritization of health needs and the development, implementation and evaluation of an implementation plan or community health improvement plan (CHIP).

The CHNA is an important piece in the development of an implementation strategy/CHIP because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the region, Community Health System utilized the most current and reliable information from existing sources and then collected new data through interviews, focus groups and surveys with community residents and leaders.

OVERVIEW
OF THE PROCESS

In order to produce a comprehensive community health needs assessment, Community Health System followed a process that included the following steps:

STEP 1: Plan and prepare for the assessment.

STEP 2: Define the community.

STEP 3: Identify data that describes the health and needs of the community.

STEP 4: Understand and interpret the data.

STEP 5: Define and validate priorities.

STEP 6: Document and communicate results.

Secondary Data Collection → Primary Data Collection → Data Synthesis → Health Needs List → Prioritization → Report Writing

Affordable Care Act (Federal) Requirements
Enacted on March 23, 2010, the Affordable Care Act (ACA), formerly known as the Patient Protection and Affordable Care Act, provided guidance at a national level for CHNAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a community health needs assessment every three years.

California Requirements
The community needs assessment must be updated at least once every three years, Health and Safety Code Section 127350(b).

The community needs assessment is the process by which the hospital identifies, for its service area, unmet community needs for improvement and maintenance of health status of the community.
Health and Safety Code Section 127345(d)-(e)

THE 2022 COMMUNITY HEALTH SYSTEM CHNA MEETS ALL CALIFORNIA AND FEDERAL (IRS) REGULATIONS.

OVERVIEW
OF THE PROCESS

Equity Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.

Priorities Priorities identify health needs (both social determinants of health and health outcomes) that affect the overall health and well-being of children, families and adults of all ages.

What shapes our health and well-being?

Many factors, including improving social determinants of health (SDOH) such as:

Community conditions
- Housing and Homelessness
- Education/Student Success
- Adverse childhood experiences
- Economic stability (food, employment, transportation, etc.)
- Access to childcare
- Preventive care and practices
- Environmental conditions
- Crime/violence

Health behaviors
- Tobacco/nicotine use
- Nutrition
- Physical activity
- Substance use

Access to care
- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental health care

How will we know if health is improving in California?

Improve health outcomes such as:

Mental health and addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

Chronic disease
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead)
- HIV/AIDS and STIs

Maternal and Child Health
- Preterm births
- Infant mortality
- Maternal morbidity

All Californians achieve their full health potential
- Improved health status
- Reduced premature death

Vision
California is a model of health, well-being and economic vitality

Strategies Choose effective activities, policies and programs to improve California's performance on these priorities.

STEP 1

PLAN AND PREPARE FOR THE ASSESSMENT

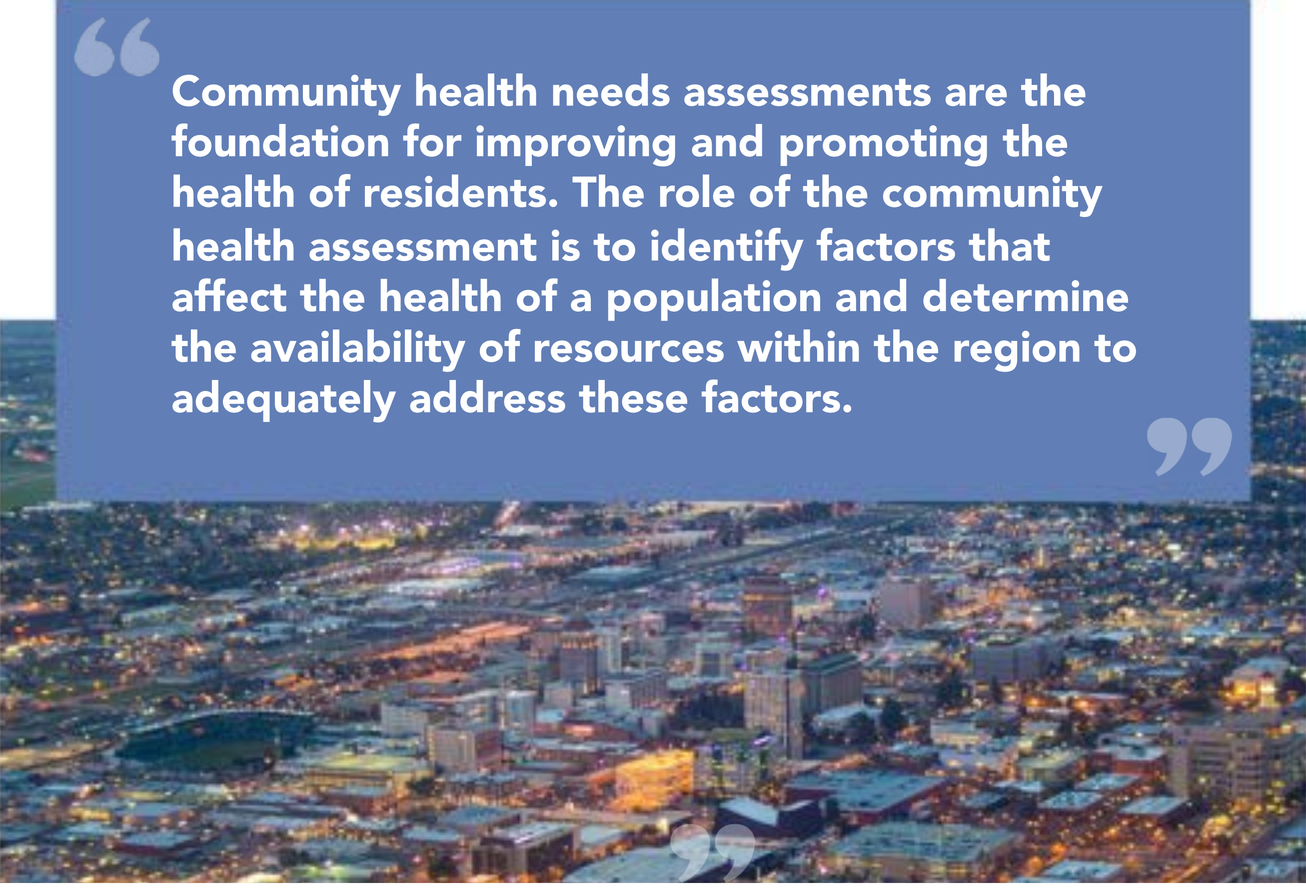
IN THIS STEP, COMMUNITY HEALTH SYSTEM:

- ✓ DETERMINED WHO IN THE REGION WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS
- ✓ PLANNED FOR COMMUNITY ENGAGEMENT
- ✓ ENGAGED LEADERSHIP
- ✓ DETERMINED HOW THE COMMUNITY HEALTH NEEDS ASSESSMENT WOULD BE CONDUCTED
- ✓ DEVELOPED A PRELIMINARY TIMELINE

PLAN AND PREPARE

Community Health System began planning for the 2022 Community Health Needs Assessment (CHNA) in 2021. Community Health System staff acted as the assessment leaders and formed an assessment team. The assessment team involved hospital and county leadership and kept the board informed of the assessment activities, allocated funds to the process and, most importantly, engaged the community through various established relationships with leaders of organizations and people populations. The assessment team ultimately engaged the services of Moxley Public Health, LLC in order to conduct the 2022 CHNA.

In early 2022, the assessment team (that now included Moxley Public Health) worked together to look at the previous 2019 CHNA report (discussed on the next page), collect secondary data (existing data on the region, state and nation) and to organize, analyze and synthesize the primary data that was collected in 2021 through interviews, focus groups and surveys with the community. The assessment team reviewed the IRS deadline and subsequently formed a timeline for the process.

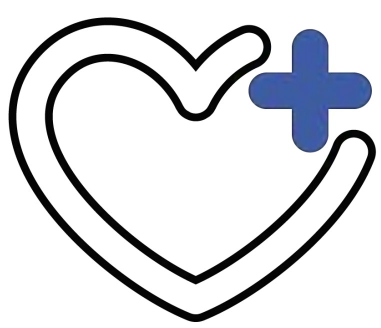


PREVIOUS CHNA & IMPLEMENTATION PLAN (CHIP)

2019-2021

BRIEF SUMMARY OF 2019 CHNA

In 2019, Community Health System conducted its previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The Implementation Strategy report associated with the 2019 CHNA addressed: Access to Care, Obesity/Healthy Eating & Active Living/Diabetes, Maternal & Infant Health, Mental Health and Economic Security. In addition to these five health needs of the community, Community Health System used resources to raise awareness of various other health issues. The impact of the actions Community Health System used to address these prioritized health needs can be found in Appendix A.



PREVIOUS CHNA AND IMPLEMENTATION PLAN AVAILABILITY TO PUBLIC AND PUBLIC COMMENT

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Plan (CHIP) are to be made widely available to the public and public comment is to be solicited. The 2019 Community Health Needs Assessment and Implementation Plan were made widely available to the public on the following website:
Community Health System: https://www.communitymedical.org/about-us/community-benefit

Written comments on this report were solicited on the system website where the report was posted:
https://www.communitymedical.org/about-us/contact-us
No comments were received.

COMMUNITY HEALTH SYSTEM'S 2019-2021 PRIORITY HEALTH NEEDS

A workgroup developed the 2019-2021 Implementation Plan by reviewing the 2019 CHNA. The workgroup reviewed and discussed the priority areas and the agreement through unanimous vote was that the following priority health issues could be positively impacted by strategies and activities conducted by Community Health System and the region:

- Access to Care
- Obesity/Healthy Eating & Active Living/Diabetes
- Maternal & Infant Health
- Mental Health
- Economic Security
- Various other health needs activities

IMPACT EVALUATION OF 2019-2021 IMPLEMENTED ACTIVITIES

Community Health System developed and approved an Implementation Plan report to address the significant health needs identified in the 2019 Community Health System CHNA. The system chose to address the above priority health needs. The IRS requires hospitals and health departments to report on the impact of their implementation activities. Appendix A describes the evaluation of community benefit interventions that were planned in the 2019-2021 Implementation Plan.

STEP 2

DEFINE COMMUNITY HEALTH SYSTEM'S SERVICE AREA

IN THIS STEP, COMMUNITY HEALTH SYSTEM:

- ✓ DESCRIBED THE COMMUNITY HEALTH SYSTEM SERVICE AREA
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT
- ✓ DEFINED THE GEOGRAPHIC AREA SERVED BY COMMUNITY HEALTH SYSTEM

COMMUNITY HEALTH SYSTEM

PRIMARY SERVICE AREA

Community Health System is comprised of four hospital facilities:

- Community Regional Medical Center - 2823 Fresno St., Fresno, CA 93721
- Clovis Community Medical Center - 2755 Herndon Ave., Clovis, CA 93611
- Fresno Heart & Surgical Hospital - 15 E. Audubon Dr., Fresno, CA 93720
- Community Behavioral Health Center - 7171 N. Cedar Ave., Fresno, CA 93723.

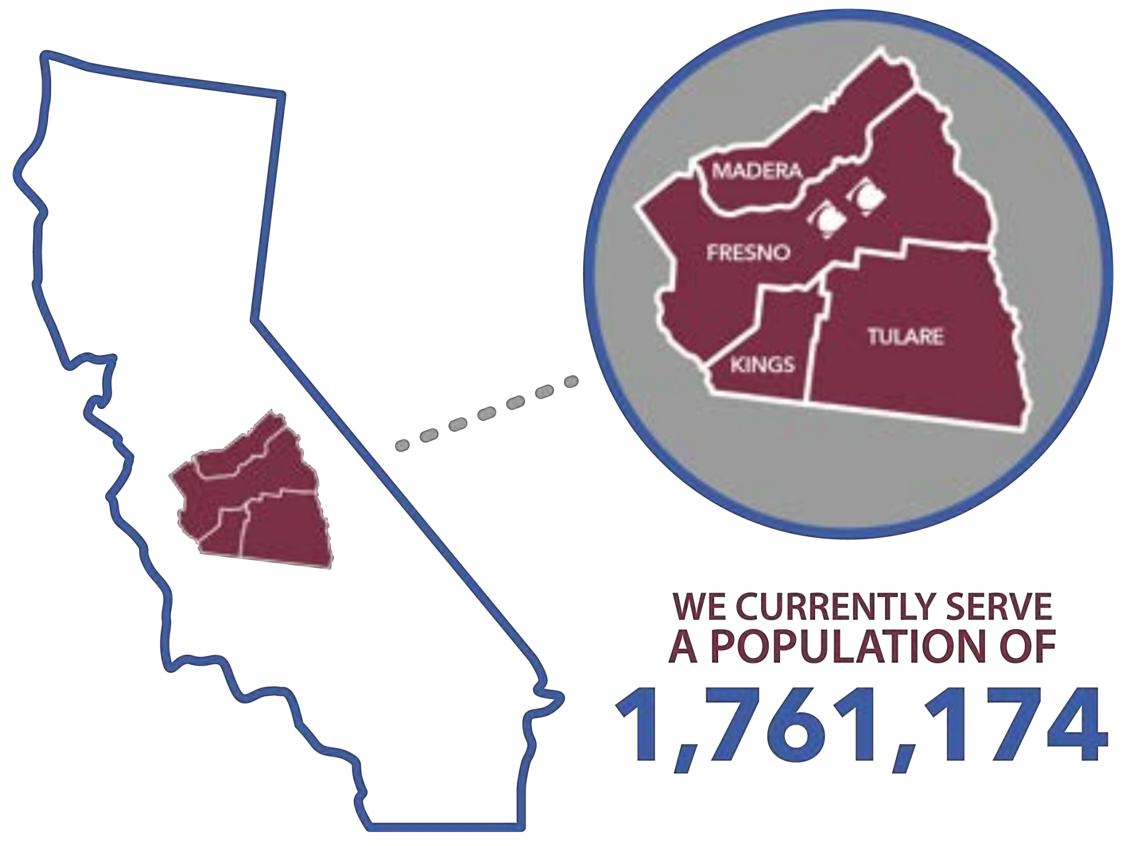
The hospitals track zip codes of origin for all patient admissions, including all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area as being made up of Fresno, Kings, Madera and Tulare Counties.

PURPOSE OF THE ASSESSMENT

The ultimate purpose of the community health needs assessment is to improve community health. This means it is much more than a report that fulfills state and federal requirements.

The Community Health System CHNA contains data that will be valuable to a variety of individuals and organizations. The CHNA will support community-based planning for not only Community Health System but also other community groups, healthcare organizations, public health officials and policy makers in the region. The system and others in the region will use the CHNA for communications, advocacy purposes and to secure grants.

COMMUNITY HEALTH SYSTEM
DEMOGRAPHICS



THE POPULATION IN EACH REGIONAL COUNTY IS INCREASING

	Total Population	Change in population, 2015-2020
Fresno County	990,204	3.5%
Kings County	151,090	0.1%
Madera County	155,925	1.8%
Tulare County	463,955	2.2%
Community Health System Service Area	1,761,174	2.7%
California	39,346,023	2.4%

Source: U.S. Census Bureau, 2011-2015 & 2016-2020 American Community Survey, Dp05. http://data.census.gov/

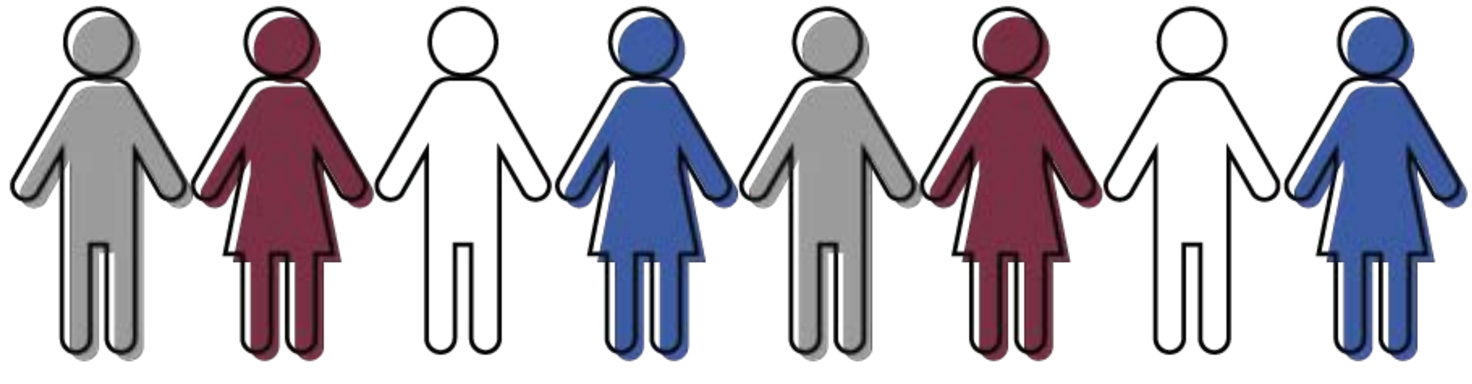
COMMUNITY HEALTH SYSTEM
DEMOGRAPHICS

RACE/ETHNICITY

	CHS SERVICE AREA	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CA
HISPANIC OR LATINO	57.0%	53.4%	54.9%	58.3%	65.1%	39.1%
WHITE	29.1%	28.7%	31.6%	33.4%	27.8%	36.5%
ASIAN	7.2%	10.4%	3.6%	2.0%	3.4%	14.6%
BLACK/AFRICAN AMERICAN	3.6%	4.4%	5.9%	3.1%	1.3%	5.4%
MULTIRACIAL	2.1%	2.4%	3.0%	1.9%	1.5%	3.4%
AMERICAN INDIAN/AK NATIVE	0.6%	0.5%	0.8%	0.9%	0.6%	0.3%
SOME OTHER RACE	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%
NATIVE HI/PACIFIC ISLANDER	0.1%	0.1%	0.1%	0.1%	0.1%	0.3%

Source: U.S. Census Bureau, 2016-2020 American Community Survey, Dp05. http://data.census.gov/

A MAJORITY OF THE REGION'S RESIDENTS IDENTIFY AS HISPANIC OR LATINO



57.0% HISPANIC OR LATINO

29.1% WHITE

7.2% ASIAN

3.6% BLACK/ AFRICAN AMERICAN

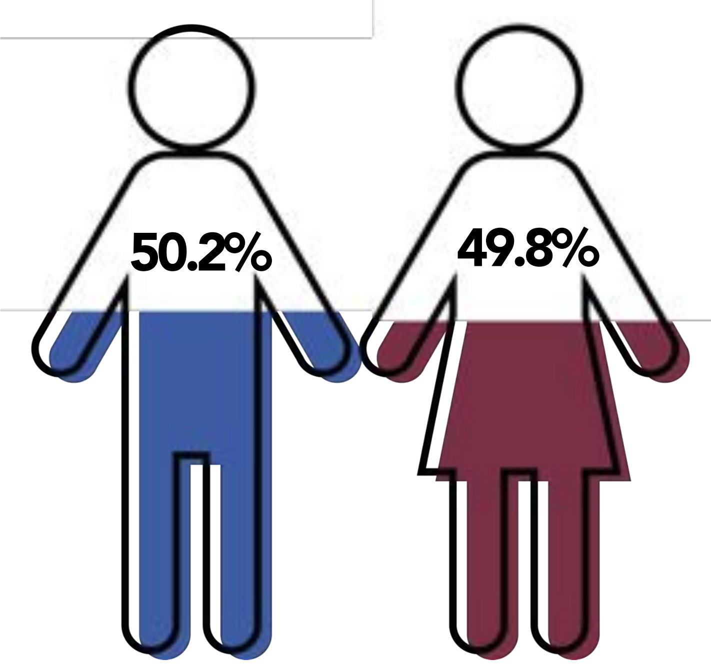
2.1% MULTIRACIAL

0.6% AMERICAN INDIAN/AK NATIVE

0.2% OTHER

0.1% NATIVE HI/PACIFIC ISLANDER

COMMUNITY HEALTH SYSTEM
DEMOGRAPHICS



POPULATION BY GENDER

	MALE	FEMALE
FRESNO COUNTY	49.9%	50.1%
KINGS COUNTY	55.1%	44.9%
MADERA COUNTY	48.3%	51.7%
TULARE COUNTY	50.0%	50.0%
CHS SERVICE AREA	50.2%	49.8%
CALIFORNIA	49.7%	50.3%

Source: U.S. Census Bureau, 2016-2020 American Community Survey, Dp05. http://data.census.gov

FOREIGN-BORN RESIDENTS AND CITIZENSHIP STATUS

NOTE: Non-citizenship status does not indicate an illegal resident status within the U.S.

	CHS SERVICE AREA	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CA
Foreign-born	20.6%	20.4%	19.5%	20.4%	21.5%	26.6%
Of the foreign-born, not a U.S. citizen	59.9%	56.4%	61.8%	65.0%	64.9%	47.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. http://data.census.gov

OVER HALF OF THE REGION'S RESIDENTS THAT ARE FOREIGN BORN ARE NOT U.S. CITIZENS

COMMUNITY HEALTH SYSTEM **DEMOGRAPHICS**

LANGUAGE SPOKEN AT HOME

5 YEARS AND OVER

LANGUAGE SPOKEN	CHS SERVICE AREA	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CA
Population, 5 years and older	1,625,023	913,840	139,629	144,541	427,013	36,936,941
English only	54.1%	55.8%	58.4%	54.8%	49.0%	56.1%
Spanish	38.5%	34.1%	37.1%	41.9%	47.2%	28.3%
Asian or Pacific Islander	4.3%	6.1%	2.5%	0.9%	2.1%	10.0%
Non-Spanish Indo-European	2.5%	3.3%	1.6%	1.7%	1.3%	4.5%
Other language	0.7%	0.8%	0.5%	0.7%	0.4%	1.1%

Source: U.S. Census Bureau, 2016-2020 American Community Survey, DP02. http://data.census.gov/

The California Department of Education publishes rates of "English Learners," defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In regional school districts, the percentage of students who were classified as English Learners ranged from 16.2% of students in Kings County to 24.2% of the students in Tulare County. Rates in Tulare and Madera Counties are above the statewide average.

ENGLISH LEARNER (EL) STUDENTS

	NUMBER	PERCENT
FRESNO COUNTY	37,237	17.9%
KINGS COUNTY	5,120	16.2%
MADERA COUNTY	7,120	22.2%
TULARE COUNTY	25,401	24.2%
CALIFORNIA	1,148,024	18.6%

Source: California Department of Education DataQuest, 2019-2020. http://dq.cde.ca.gov/dataquest/

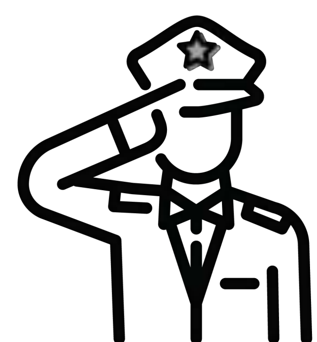
46% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME

IN THE COMMUNITY HEALTH SYSTEM SERVICE AREA

Source: U.S. Census Bureau, 2016-2020 American Community Survey, DP02. http://data.census.gov/

COMMUNITY HEALTH SYSTEM

DEMOGRAPHICS



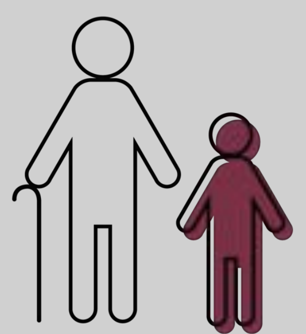
COMMUNITY HEALTH SYSTEM SERVICE AREA HAS

91,581 VETERANS

VETERAN STATUS

	PERCENT
FRESNO COUNTY	5.1%
KINGS COUNTY	8.2%
MADERA COUNTY	5.6%
TULARE COUNTY	4.4%
CHS SERVICE AREA	5.2%
CALIFORNIA	5.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, Dp02. http://data.census.gov



YOUTH AGES 0-17 AND SENIORS 65+ MAKE UP 41% OF THE POPULATION IN OUR REGION

POPULATION BY YOUNG AND OLD

YOUTH AGES 0 -17 AND SENIORS AGES 65+

LOCATION	TOTAL POPULATION	YOUTH AGES 0–17	SENIORS AGES 65+
CHS SERVICE AREA	1,761,174	28.8%	12.0%
FRESNO COUNTY	990,204	28.4%	12.2%
KINGS COUNTY	151,090	27.1%	10.3%
MADERA COUNTY	155,925	27.4%	14.0%
TULARE COUNTY	463,955	30.8%	11.4%
CA	39,346,023	22.8%	14.3%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. http://data.census.gov/

LIFE **EXPECTANCY**

MORE REGIONAL RESIDENTS DIE PREMATURELY (DEFINED AS BEFORE THE AGE OF 75) WHEN COMPARED TO CALIFORNIA

AGE-ADJUSTED*

	Life expectancy at birth in years	Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted
FRESNO COUNTY	78.9	350	7,000
KINGS COUNTY	79.7	350	6,600
MADERA COUNTY	79.7	330	6,800
TULARE COUNTY	78.7	360	7,000
CALIFORNIA	81.7	270	5,300

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2017-2019. http://www.countyhealthrankings.org*

MORTALITY **RATES**

ALL FOUR COUNTIES' RATES ARE HIGHER THAN CALIFORNIA'S RATE OF 630.7 AGE-ADJUSTED* DEATHS PER 100,000 PERSONS

PER 100,000 PERSONS, FIVE-YEAR AVERAGE, AGE-ADJUSTED*

LOCATION	DEATHS	CRUDE RATE	AGE-ADJUSTED RATE
Fresno County	7,338.8	739.3	765.1
Kings County	915.2	604.6	719.4
Madera County	1,153.4	735.3	720.0
Tulare County	3,266.4	702.3	788.4
California	277,777.2	704.2	630.7

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

** Age-adjustment is a way to make fairer comparisons between groups that have different age distributions. Computing age-adjusted rates=deaths in age group/estimated population of that age group x 100,000.*

SOCIAL DETERMINANTS **OF HEALTH**

County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support and others.

The four regional counties are ranked 48th (Kings County) to 57th (Tulare County) among ranked counties in California, placing all four in the bottom 20% of the state's counties. Fresno County rose three places from last year's rankings while Kings and Tulare fell one place and Madera County fell by two ranks. Only Imperial County ranks lower than Tulare, among California counties.

ACCORDING TO SOCIAL AND ECONOMIC FACTORS, ALL FOUR COUNTIES PLACE IN THE BOTTOM 20% OF THE STATE'S COUNTIES

SOCIAL AND ECONOMIC FACTORS RANKING

COUNTY	COUNTY RANKING (OUT OF 58)
Fresno County	52
Kings County	48
Madera County	51
Tulare County	57

Source: County Health Rankings. 2021. http://www.countyhealthrankings.org

SOCIAL DETERMINANTS ARE THE ROOT CAUSE OF HEALTH DISPARITIES.

GENERAL OPINIONS OF **THE REGION**

TOP 3 RESPONSES TO "GOOD THINGS ABOUT THE COMMUNITY"

FRESNO COUNTY	MADERA COUNTY	KINGS COUNTY	TULARE COUNTY
Close-knit community	Close-knit community (family, friends, neighbors)	Central/convenient location	Good patient services
Safe community	Community involvement	Community involvement	Provider listened to needs
Peaceful community	Central/convenient location & good patient services	Safe community	Peaceful community

TOP 3 RESPONSES TO "FIVE YEAR VISION FOR YOUR COMMUNITY"

FRESNO COUNTY	MADERA COUNTY	KINGS COUNTY	TULARE COUNTY
Improved healthcare system/standard of care	Better education	Better education	Improved air quality/less pollution
Safer community	Improved healthcare system/standard of care	More supportive community/social support	Improved healthcare system/standard of care
Better overall health of community; Better education: More supportive community/social support	Better overall health of community	Better use of available resources	Safer community

STEPS 3, 4 & 5

IDENTIFY, UNDERSTAND AND INTERPRET THE DATA FROM THE REGION AND PRIORITIZE HEALTH NEEDS

IN THIS STEP, COMMUNITY HEALTH SYSTEM:

- ✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS
- ✓ COLLECTED PRIMARY DATA THROUGH KEY INFORMANT INTERVIEWS, FOCUS GROUPS AND COMMUNITY SURVEYS
- ✓ COLLECTED COMMUNITY AND PUBLIC HEALTH INPUT AND FEEDBACK
- ✓ REVIEWED PRIOR ASSESSMENTS AND REPORTS
- ✓ ORGANIZED, ANALYZED AND INTERPRETED THE DATA
- ✓ IDENTIFIED DISPARITIES AND CURRENT ASSETS
- ✓ IDENTIFIED AND UNDERSTOOD CAUSAL FACTORS
- ✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES
- ✓ VALIDATED PRIORITIES
- ✓ IDENTIFIED AVAILABLE RESOURCES
- ✓ DETERMINED RESOURCE OPPORTUNITIES

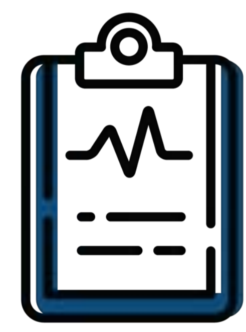
UNDERSTANDING
RANKING OF HEALTH NEEDS

SOCIAL DETERMINANTS OF HEALTH (SDOH) are components of someone's environment, policies, behaviors and healthcare that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to care, nutrition and access to healthy foods, economic stability, etc.)

HEALTH OUTCOMES are health results, diseases or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury and maternal/child health.

TO ALIGN WITH THE STATE OF CALIFORNIA, THIS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION PLAN (CHIP) TOOK INSPIRATION FROM THE STATE'S GUIDING PRINCIPLES AND STRATEGIC PRIORITIES TO CREATE A HEALTHY CALIFORNIA FOR ALL.

SECONDARY DATA
EXISTING DATA SOURCES



ASSESSMENT OF HEALTH NEEDS USING SECONDARY DATA

Initially, the health needs were assessed through a review of the secondary health data collected and analyzed prior to doing so with data from the interviews, focus groups and surveys. Significant health needs were identified from the secondary data using the following criteria.

Criteria for Identification of Initial Significant Health Needs:

1. The size of the problem (relative portion of population afflicted by the problem).
2. The seriousness of the problem (impact at individual, family and community levels).
3. To determine size or seriousness of the problem, the health need indicators of Community Health System service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates and/or Healthy People objectives that are released by the Department of Health and Human Services (HHS) every decade to identify nationwide health goals to monitor and improve. Read more about Healthy People objectives at www.health.gov/healthypeople. (Benchmark data can be seen in Appendix C). Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The analysis of secondary data yielded a preliminary list of significant health needs (seen in the list to the right), which then informed analysis of primary data. The primary data analysis process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, discover gaps in resources and gather the prioritization of these needs by the community.

REVIEW OF 2019 CHNA DATA

In order to build upon the work that was initiated previously, the prior 2019 CHNA was reviewed.

2022 HEALTH NEEDS **TO BE ASSESSED**

The health needs that were assessed by secondary data are listed below:

- Social determinants of health (housing/homelessness, food insecurity, education, economic stability, internet access, transportation, environmental conditions, crime/violence, access to childcare, adverse childhood experiences, etc.)
- Access to care (primary, dental and mental)
- Chronic diseases (asthma, cancer, COPD, diabetes, heart disease, stroke, etc.)
- COVID-19
- HIV/AIDS and STIs
- Maternal and child health
- Mental health
- Nutrition and physical activity
- Preventive care and practices (vaccines/immunizations, screenings, etc.)
- Substance use (alcohol and drugs)
- Tobacco and nicotine use
- Leading causes of death

DATA GAPS AND LIMITATIONS

While this report is quite comprehensive, it cannot measure and assess all the health needs and people groups in the community. Additionally, the primary data collection (surveys, focus groups and interviews) were not based on a representative sample but were the perspectives of members of the community who volunteered their time, expertise and input.

The information from both the secondary and primary data will ultimately inform the decisions on priority health needs that Community Health System will address in the 2022-2024 Implementation Plan (CHIP).

PRIMARY DATA
KEY INFORMANT INTERVIEWS

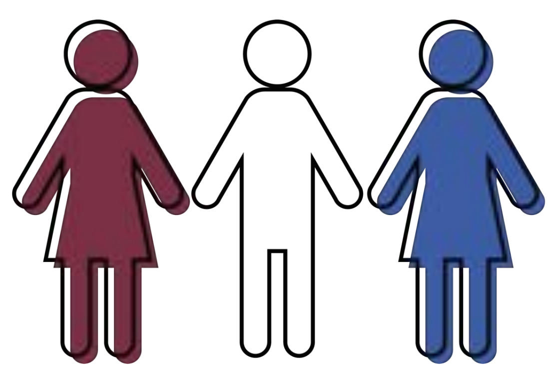
Key informants were identified as community leaders, local policymakers, business owners, religious leaders and healthcare staff from public and private healthcare services that serve medically underserved, low-income and minority populations. These individuals were asked questions about their organizations and the communities they serve.

Fifty (50) key informant interviews were held across the region via Zoom. Contracted organizations conducted the interviews.

Key informants represented various organizations. Interviewees who work with children and adolescents completed the Child/Youth Key Informant guide and the remainder completed the General Key Informant guide. An interview was conducted with a representative from each county's public health department.

PRIMARY DATA
FOCUS GROUPS

There were fifty-nine (59) focus groups held across the region. The focus group efforts were led by eight organizations. These organizations subcontracted with other groups to hold focus groups. The focus groups were held in-person or virtually on Zoom. Each focus group was led by a moderator and a recorder/notetaker. All focus groups were recorded, except for two. Community-based organizations aimed for 8-12 participants per focus group. If the focus group was too small, they tried to hold an additional group. There were a total of 473 community members in the 59 focus groups across the region.



FOCUS GROUP DEMOGRAPHICS BY COUNTY

DEMOGRAPHICS	FRESNO	KINGS	MADERA	TULARE
Child/Youth	8.4%	2.7%	15.6%	15.7%
Disabilities	5.8%	18.9%	0.0%	8.4%
General	23.0%	45.9%	27.9%	7.2%
Homeless	0.0%	0.0%	5.7%	12.0%
LGBTQ+	1.8%	16.2%	3.3%	2.4%
Parent/Caretaker	8.0%	8.1%	6.6%	13.3%
People of Color	53.1%	8.1%	41.0%	41.0%

GENDER MAKEUP OF FOCUS GROUP PARTICIPANTS

WOMEN 74.42%

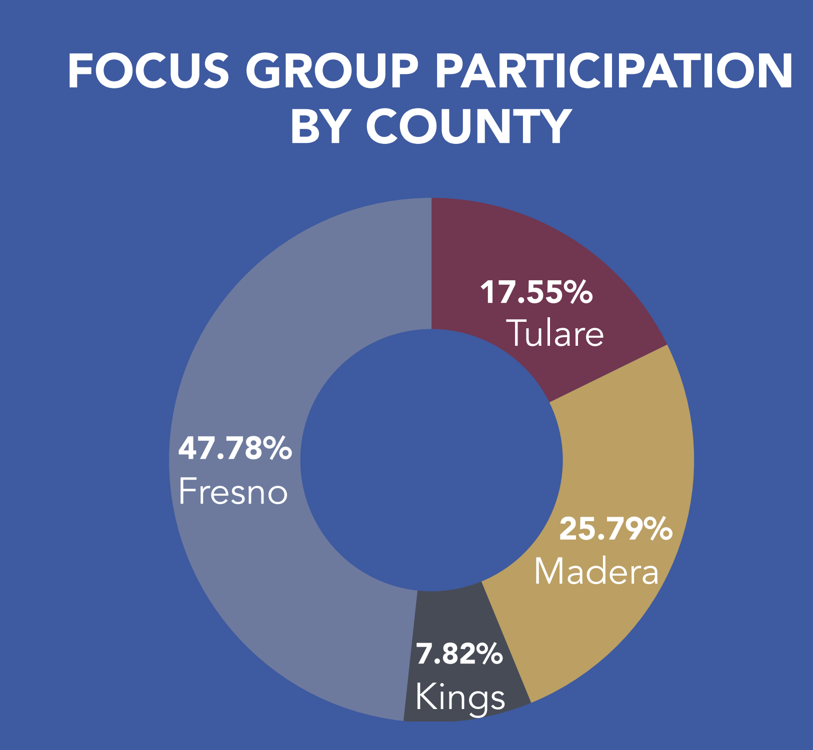
MEN 22.20%

NON-BINARY 1.27%

ETHNICITY OF FOCUS GROUP PARTICIPANTS

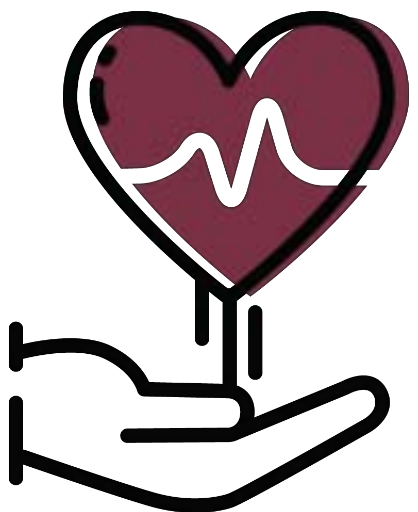
	WHITE	HISPANIC OR LATINX	BLACK OR AFRICAN AMERICAN	OTHER
	40.80%	21.99%	10.15%	27.06%

OF THE 473 GROUP PARTICIPANTS **THE AVERAGE AGE WAS 41.68**

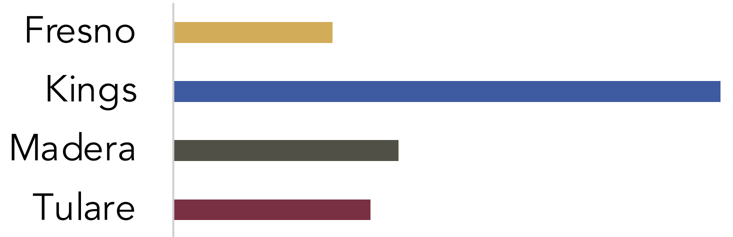


PRIMARY DATA COLLECTION
COMMUNITY SURVEY

Community-Based Organizations (CBOs) and other groups offered the community survey both online and as a paper survey (full list of those partners can be seen in Appendix B). They worked to get responses from all zip codes and focused on the medically underserved, low-income and minority populations in the community. After cleaning the data and removing duplicate responses, 4,856 completed surveys were included in the results.



SURVEY RESPONSES BY COUNTY



COMMUNITY SURVEY TOPICS:
Demographics
Economic Stability
Health and Health Behaviors
Healthcare Access and Quality
Neighborhood and Environment
Social and Community Context
General Opinions
Parent/Caretaker
COVID-19 Specific Questions

PRIMARY DATA COLLECTION

RANKING IN RESIDENT SURVEY, FOCUS GROUPS AND KEY INFORMANT INTERVIEWS

Data collected in the resident survey, focus groups and key informant interviews were compared to the results of the ranking survey. Residents were asked the top social determinants of health and health outcomes that are a priority for their region. The results were consistent with the ranking survey.

TOP CONCERNS FOR SOCIAL DETERMINANTS OF HEALTH (REPORTED IN FOCUS GROUPS)

FRESNO COUNTY	MADERA COUNTY	KINGS COUNTY	TULARE COUNTY
Economic Security/Poverty	Economic Security/Poverty	Economic Security/Poverty	Economic Security/Poverty
Environmental Conditions (air/water)	Access to Care/Unmet Mental Healthcare	Environmental Conditions (air/water)	Access to Care/Unmet Mental Healthcare
Homelessness	Transportation	Lack of Awareness of Community Resources	Poverty
Housing	Housing	Housing	Homelessness
Lack of Awareness of Community Resources	Economic Security	Economic Security	Housing
Housing	Education	Education	Education

PRIMARY DATA COLLECTION
RANKING IN RESIDENT SURVEY, FOCUS GROUPS AND KEY INFORMANT INTERVIEWS

TOP CONCERNS FOR HEALTH OUTCOMES
(REPORTED IN FOCUS GROUPS)

FRESNO COUNTY	MADERA COUNTY	KINGS COUNTY	TULARE COUNTY
Mental Health	Mental Health	Mental Health	Mental Health
Diabetes (Chronic Disease)	Maternal and Child Health	Diabetes (Chronic Disease)	Diabetes (Chronic Disease)
Substance Use	Diabetes (Chronic Disease)	Substance Use	Maternal and Child Health
Maternal and Child Health	Substance Use	Maternal and Child Health	Substance Use

THE GREATEST NEEDS OF THE REGION ARE MENTAL HEALTH/SUBSTANCE USE DISORDER, MATERNAL/CHILD HEALTH, DIABETES (PHYSICAL ACTIVITY/NUTRITION) AND CHRONIC DISEASE

Source: Question 34 of 2021 Community-Wide Survey

HEALTH NEEDS **RANKING**

Secondary data collection resulted in identifying community health needs that were further assessed in the primary data collection - key informant interviews, focus groups, a community-wide survey and finally, a survey to rank the health needs in the community. Respondents were asked to rank both the health outcomes and social determinants of health that contribute to disease in their region. The results of the responses from the ranking survey were compared to the secondary data collected for each health need and then the other primary data collected (community survey, focus groups and key informant interviews). The analysis found that the trends were consistent and were combined to form the table below. The information and data from both the secondary and primary data collection will ultimately inform the decisions on health needs that the region will address in the Implementation Strategy.

TOP 5 HEALTH NEEDS

(REPORTED IN FOCUS GROUPS AND KEY INFORMANT INTERVIEWS)

#1 MENTAL HEALTH

#2 MATERNAL AND CHILD HEALTH

#3 ACCESS TO CARE
(INCLUDES DENTAL AND MENTAL HEALTHCARE)

#4 CHRONIC DISEASES

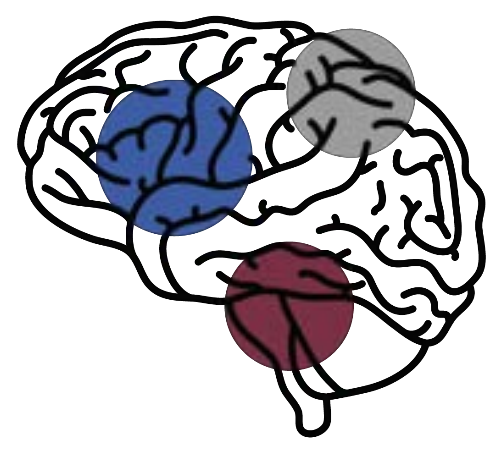
#5 NUTRITIONAL AND PHYSICAL HEALTH
(OVERWEIGHT AND OBESITY)

HEALTH NEEDS **RANKING**

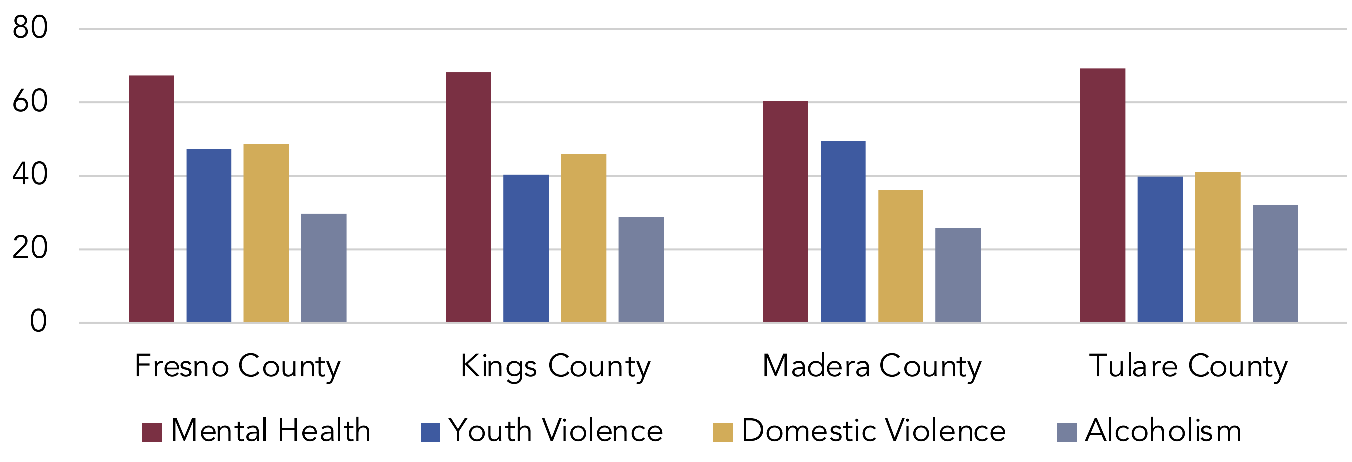
Finally, a ranking survey was sent to the stakeholders of the community in order to validate the findings of the interviews, focus groups and survey and to officially rank the health needs of the community. The ranking was found to be consistent with what the other sources showed. See below for the official comprehensive ranking of the health needs. (Additionally, scores have been generated for the secondary data in Appendix C by comparing the regional rates to the California and national rates to further assist in the final selection of priority health needs for the Implementation Plan.)

HEALTH NEEDS RANKED BY THE PUBLIC
#1 Mental Health
#2 Maternal and Child Health
#3 Access to Care (includes dental and mental healthcare)
#4 Chronic Diseases
#5 Nutrition and Physical Health (overweight and obesity)
#6 Access to Childcare
#7 Preventive Care and Practices (screenings, immunizations/vaccines, etc.)
#8 Substance Use (alcohol and drugs)
#9 COVID-19
#10 Adverse Childhood Experiences
#11 Housing and Homelessness
#12 Tobacco and Nicotine
#13 Economic Stability
#14 Education
#15 Environmental Conditions (water and air)
#16 Food Insecurity
#17 Transportation
#18 Internet Access
#19 Crime and Violence
#20 HIV/AIDS and STIs

In the pages that follow, the assessed health needs are listed in order of community ranking of concern and are validated by data collection.



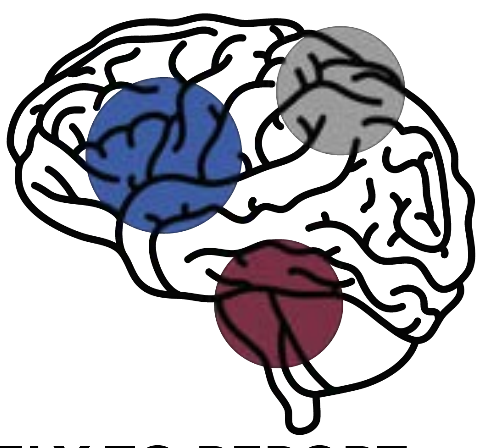
MENTAL HEALTH WAS RANKED AS THE #1 BEHAVIORAL HEALTH CONCERN OF EACH COUNTY IN THE REGION



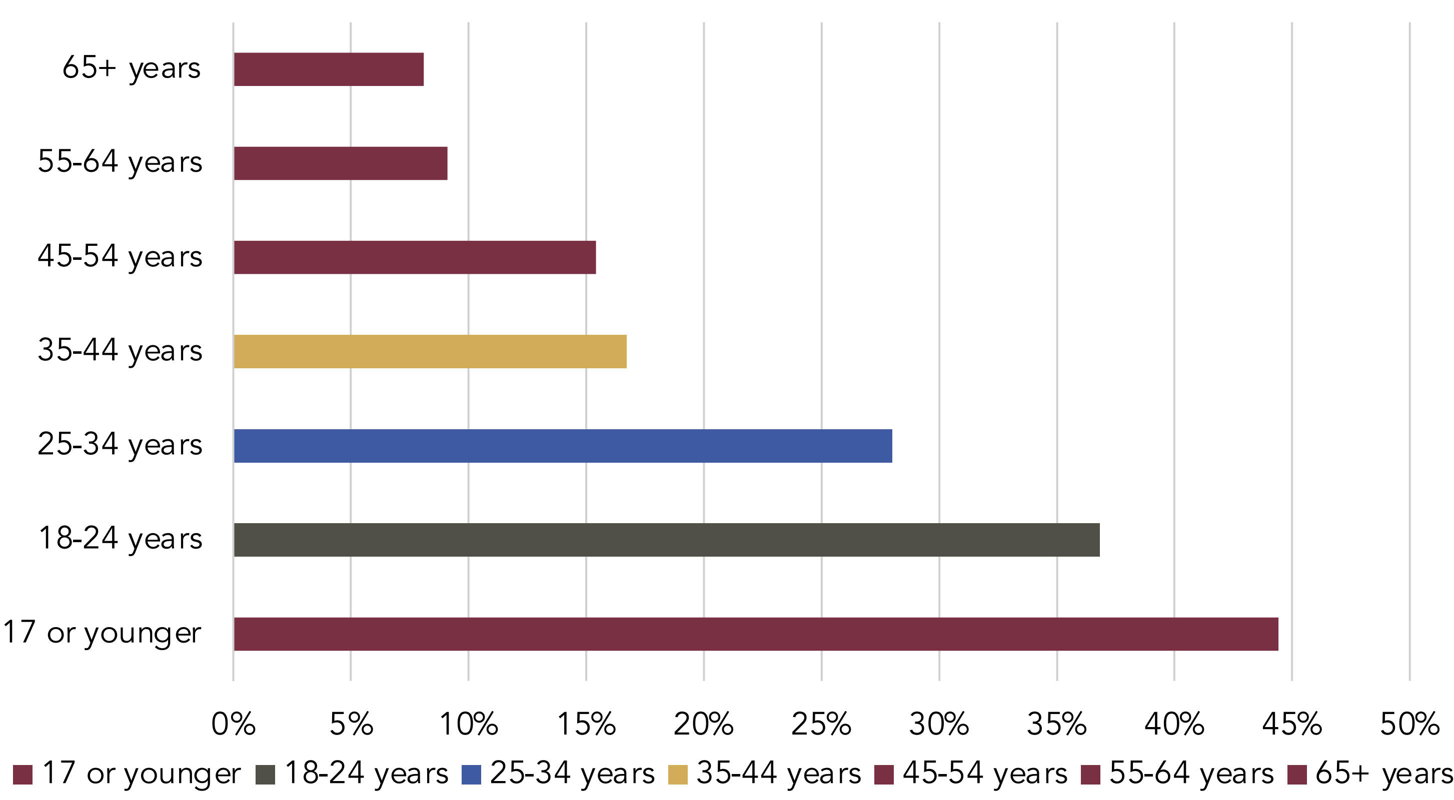
Source: Question 36 of 2021 Community-Wide Survey

AMERICAN INDIANS/NATIVE ALASKANS (26%) AND ASIANS (26.1%) DISPROPORTIONATELY REPORT MENTAL HEALTH AS THE BIGGEST CONCERN OF THE REGION.

Source: Question 48 of 2021 Community-Wide Survey



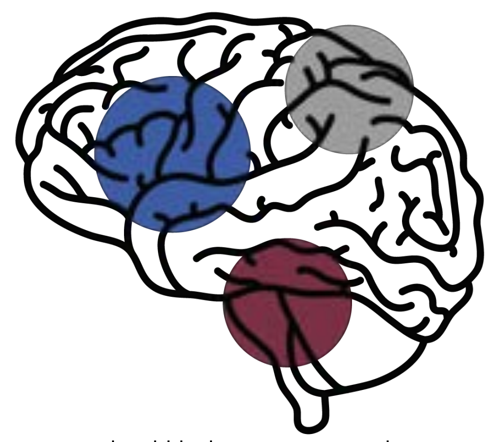
YOUNGER PEOPLE ARE MORE LIKELY TO REPORT MENTAL HEALTH CONCERNS THAN OTHERS



NON-BINARY INDIVIDUALS DISPROPORTIONATELY REPORT MENTAL HEALTH AS THE BIGGEST CONCERN OF THE REGION.

Source: Question 48 of 2021 Community-Wide Survey

#1 HEALTH NEED
MENTAL HEALTH



Prior to the COVID-19 Pandemic, 11.3% of adults surveyed in the CHS service area had likely experienced serious psychological distress in the past year, while 11.9% said they had taken a prescription medication for two or more weeks for an emotional or personal problem during the past year. This is a higher rate of psychological distress and medication usage than seen statewide. 17.4% of regional adults said that they experienced moderate or severe impairment in their family life in the past year, 17.1% said they experienced social life impairment, 16.5% experienced household chore impairment and 14.2% of adults had experienced moderate or severe work impairment in the prior year. Serious psychological distress was experienced in the past year by 12.7% of area teens, which was lower than the state level (14.9%).

MENTAL HEALTH INDICATORS

DURING PRIOR YEAR, 2015-2019, POOLED

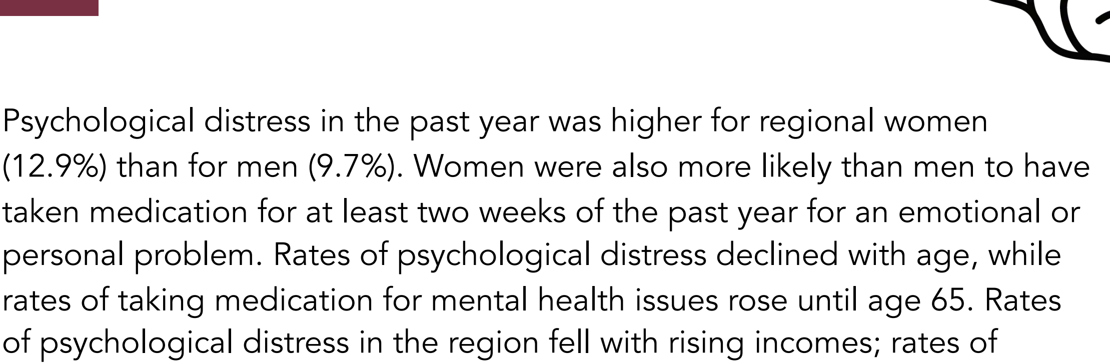
	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CHS SERVICE AREA	CA
Adults who had serious psychological distress	11.9%	12.3%	9.2%	10.6%	11.3%	10.1%
Adults taking prescription medicine at least 2 weeks for emotional/mental health issue	11.8%	12.1%	12.3%	12.2%	11.9%	11.1%
Adults: family life impairment	17.8%	20.7%	13.7%	16.5%	17.4%	16.3%
Adults: social life impairment	17.6%	18.0%	14.0%	16.5%	17.1%	16.6%
Adults: household chore impairment	17.1%	21.2%	12.2%	15.1%	16.5%	15.4%
Adults: work impairment	14.4%	14.6%	12.2%	14.3%	14.2%	14.5%
Teens who had serious psychological distress	*15.9%	*15.5%	*5.4%	*6.4%	*12.7%	14.9%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

“I think there's still stigma related to mental health. So not only is there a scarcity in mental health resources, but even when somebody really, really needs the help, it’s like you don’t dare walk over to Kings because somebody is going to think you're crazy, you know?

– Focus group”

#1 HEALTH NEED
MENTAL HEALTH



Psychological distress in the past year was higher for regional women (12.9%) than for men (9.7%). Women were also more likely than men to have taken medication for at least two weeks of the past year for an emotional or personal problem. Rates of psychological distress declined with age, while rates of taking medication for mental health issues rose until age 65. Rates of psychological distress in the region fell with rising incomes; rates of medication did not reliably correlate with household income.

Straight/Heterosexual adults in the region were less likely to have suffered serious psychological distress or to have taken medication for mental health in the past year than were residents identifying as lesbian/gay/homosexual. Celibate or non-sexual adults reported the lowest levels of distress and medication.

Multiracial residents suffered the most psychological distress (20.1%) among residents of the region. Asian residents appear to have had the lowest rates of serious psychological distress in the region (7%).

Frequent mental distress is defined as 14 or more bad mental health days in the past month. In the CHS service area, prior to the start of the COVID-19 pandemic, frequent mental distress was identified in 14.4% of adults surveyed, which is higher than the state rate (12.4%).

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2019 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of regional & California county rates.*

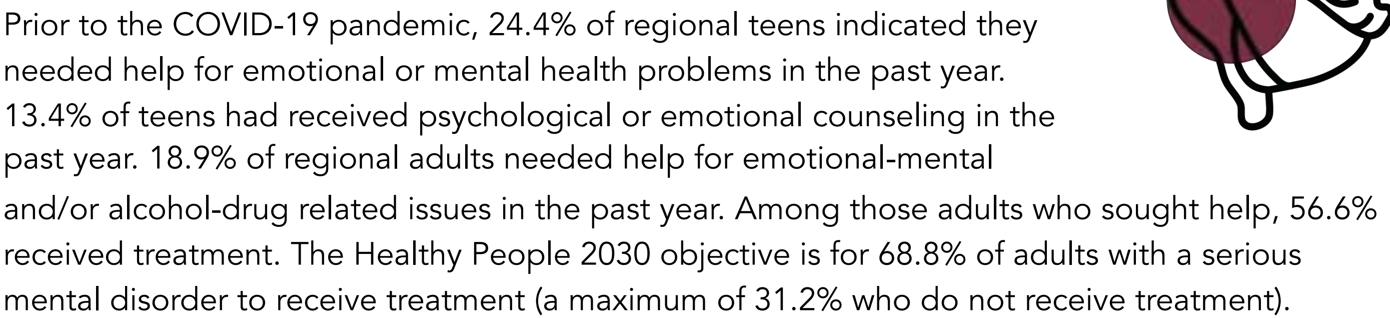
*** Age-adjustment is a way to make fairer comparisons between groups that have different age distributions. Computing age-adjusted rates=deaths in age group/estimated population of that age group x 100,000.*

FREQUENT MENTAL DISTRESS

ADULTS, POOR MENTAL HEALTH 14 DAYS OR MORE, PAST MONTH, AGE-ADJUSTED**

LOCATION	PERCENT
Fresno County	14.1%
Kings County	14.8%
Madera County	14.9%
Tulare County	14.2%
CHS Service Area*	14.4%
California*	12.4%

#1 HEALTH NEED
MENTAL HEALTH



Prior to the COVID-19 pandemic, 24.4% of regional teens indicated they needed help for emotional or mental health problems in the past year. 13.4% of teens had received psychological or emotional counseling in the past year. 18.9% of regional adults needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 56.6% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Of area counties, Madera County teens were the most likely to say that they needed help, while Madera County adults were the least likely to say that they did. Madera County teens and adults were the most likely to have received treatment or counseling.

ACCESSING MENTAL HEALTHCARE

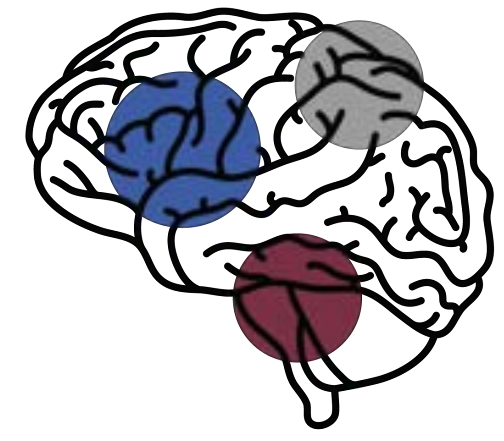
DURING PRIOR YEAR: 2015-2019 FOR ADULTS, 2013-2019 FOR TEENS

	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CHS SERVICE AREA	CA
Teens who needed help for emotional or mental health problems**	21.0%	*17.3%	*34.7%	*20.4%	24.4%	22.8%
Teens who received psychological or emotional counseling**	*12.5%	*16.0%	*28.4%	*10.1%	13.4%	14.3%
Adults who needed help for emotional-mental and/or alcohol-drug issues	19.2%	19.2%	14.9%	19.2%	18.9%	19.1%
Adults, sought/needed help and received treatment	56.8%	53.6%	60.5%	54.8%	56.6%	59.1%
Adults, sought/needed help but did not receive treatment	43.2%	46.4%	39.5%	45.2%	43.4%	40.9%

*Source: California Health Interview Survey, 2015-2019 & **2013-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

OVER 40% of the service area says that the region needs more mental health programs.

#1 HEALTH NEED
MENTAL HEALTH



There was a lower-than-state rate of completed suicides among youth ages 15 to 24: 8 per 100,000 Fresno County youth versus 8.9 per 100,000 youth at the state level.

YOUTH SUICIDES BY COUNTY

RATES PER 100,000 CHILDREN AND YOUTH	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CA
2017-2019 Youth suicides Ages 15 to 24	8.0	S	S	10.0	8.9

CA Dept of Public Health, Death Statistical Master Files (June 2021) and CDC WONDER Online Database, Underlying Cause of Death (June 2021). Both via http://www.kidsdata.org. S = Suppressed due to statistical validity and/or privacy issues.

“Well, as a teenager, I say that one of the biggest things is mental illness, because depression, anxiety is a very big thing for teenagers. Now that many don't even know that they have problems, they don't know that they need help or that there is help…because there are many children who also suffer a lot with problems at home or with bullying at school, which is one thing, a very much greater thing that can cause depression or anxiety or a lot of different diseases.
- Resident”

“Mental Health resources, especially for LGBTQ students and more resources in general in the community. Because there are not a lot of resources for children. For LGBTQ people it goes as much as in high school clubs but that’s it, beyond that there is nothing."
- Focus group”

In 2019, county rates ranged between 1.0 hospitalization admission due to mental health issues per 1,000 Tulare County residents, ages 5 to 14, and 3.4 hospitalization admissions (Fresno County). Among residents aged 15 to 19, there were between 5.7 hospitalizations per 1,000 residents of Tulare County and 10.1 hospitalizations in Fresno County. Tulare and Kings County rates were below the California average for hospitalizations due to mental health issues among those age groups, while Madera County rates were similar, and Fresno County rates were higher than the state.

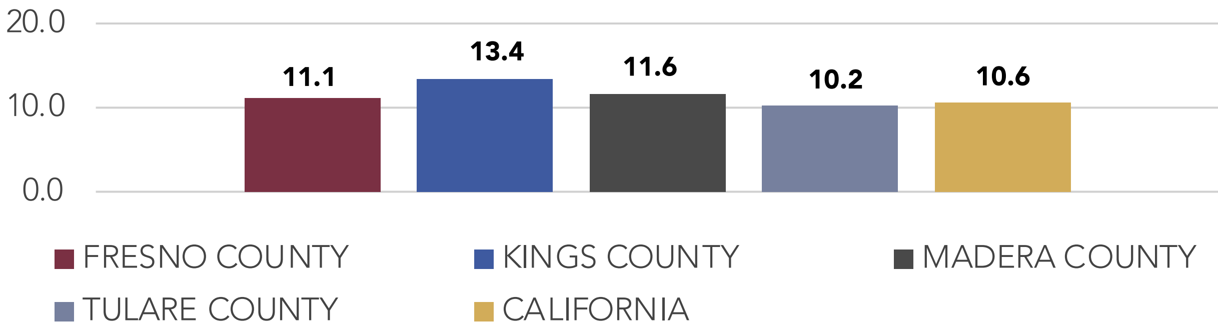
HOSPITAL DISCHARGES FOR MENTAL HEALTH ISSUES

2019, RATE PER 1,000 CHILDREN AND YOUTH

	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CALIFORNIA
AGES 5 TO 14	3.4	1.3	2.4	1.0	2.8
AGES 15 TO 19	10.1	7.0	9.8	5.7	9.8

Source: California Department of Health Care Access and Information custom tabulation (Feb. 2022), via http://www.kidsdata.org

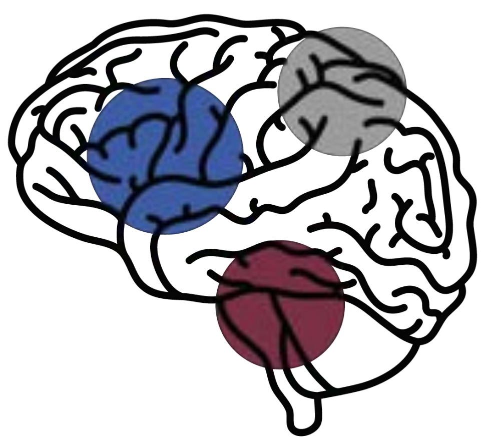
KINGS COUNTY DOES NOT YET MEET THE HEALTHY PEOPLE 2030 OBJECTIVE OF LESS THAN 12.8 SUICIDES PER 100,000 PERSONS



FRESNO COUNTY KINGS COUNTY MADERA COUNTY
TULARE COUNTY CALIFORNIA

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2014-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

#1 HEALTH NEED
MENTAL HEALTH



OVER 40% of the service area says that the region needs more mental health programs

I think there's still stigma related to mental health. So not only is there a scarcity in mental health resources, but even when somebody really, really needs the help, it's, you know, it's like, don't you dare walk, you know, go over to Kings because somebody is going to think you're crazy, you know?
– Focus group

"Mental Health resources, especially for LGBTQ students and more resources in general in the community. Because there are not a lot of resources for children. For LGBTQ people it goes as much as in high school clubs but that’s it, beyond that there is nothing."
- Focus group

"My family has gone through like mental health resources in the community, like psych wards or therapists or anything like that. We've had bad experiences with them and it's kind of left us with distrust for mental health professionals. I have a lot of faith in mental health services, just not the ones in our community. I think there needs to be more that are understanding of younger people."
– Focus group

"I think there's still stigma related to mental health. So not only is there a scarcity in mental health resources, but even when somebody really, really needs the help, it's, you know, it's like, don't you dare walk, you know, go over to Kings because somebody is going to think you're crazy, you know?"
– Focus group

#2

HEALTH NEED
MATERNAL & CHILD HEALTH

TOP 5 NEEDS OF PREGNANT WOMEN AND NEW MOTHERS

#1 MENTAL HEALTH NEEDS

#2 AFFORDABLE HEALTHCARE

#3 RESOURCE EDUCATION

#4 FOOD SECURITY

#5 CULTURALLY/LINGUISTICALLY COMPETENT CARE

The state of women's health: mental health, physical health, prenatal care, the high number of infant deaths that we have in minority races and ethnicities. It's particularly bad among the Black population.
- Focus group in Fresno

#2 HEALTH NEED
MATERNAL & CHILD HEALTH

IN 2020, THERE WERE 24,832 BIRTHS IN THE REGION. OVER THE PAST FIVE YEARS THE AVERAGE WAS 25,703 BIRTHS PER YEAR. BIRTH RATES, IN GENERAL, ARE FALLING.

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html

ON-TIME PRENATAL CARE (DURING THE FIRST TRIMESTER) IS LOW IN THE REGION – IT DOES NOT YET MEET THE HEALTHY PEOPLE 2030 GOAL (84.8% OF PREGNANT WOMEN) AND IS LOWER THAN THE OVERALL STATE RATE

FIVE-YEAR AVERAGES, 2016-2020

LOCATION	% OF BIRTHS THAT RECEIVED ON-TIME PRENATAL CARE
FRESNO COUNTY	86.4%
KINGS COUNTY	76.9%
MADERA COUNTY	77.9%
TULARE COUNTY	77.7%
CHS SERVICE AREA	82.5%
CALIFORNIA	85.5%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html

OVER 98% OF PREGNANT WOMEN IN THE REGION REPORT THAT THEY DO NOT SMOKE DURING PREGNANCY. THE CHS SERVICE AREA MEETS THE HEALTHY PEOPLE 2030 GOAL THAT SAYS "95.7% OF WOMEN WILL ABSTAIN FROM CIGARETTE SMOKING DURING PREGNANCY."

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html **Where smoking status is known.*

#2 HEALTH NEED
MATERNAL & CHILD HEALTH

THE RATES IN TULARE AND FRESNO COUNTIES DO NOT YET MEET THE HEALTHY PEOPLE 2030 OBJECTIVES OF NO MORE THAN 9.4% OF LIVE BIRTHS BEING PRETERM.

PRETERM BIRTHS*

BABIES BORN BEFORE 37 WEEKS OF GESTATION, FIVE-YEAR AVERAGES, 2016-2020

LOCATION	% OF BIRTHS
FRESNO COUNTY	9.5%
KINGS COUNTY	9.3%
MADERA COUNTY	8.1%
TULARE COUNTY	9.8%
CHS SERVICE AREA	9.4%
CALIFORNIA	8.7%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html *Where gestational age is known.

INFANT MORTALITY RATES IN THE REGION ARE HIGHER THAN THE OVERALL CALIFORNIA RATE AND DO NOT YET MEET THE HEALTHY PEOPLE 2030 OBJECTIVE OF 4.8 DEATHS PER 1,000 LIVE BIRTHS.

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2015-2019, on CDC WONDER. https://wonder.cdc.gov/lbd-current.html

#2 HEALTH NEED
MATERNAL & CHILD HEALTH

If I feel disrespected when I go into a doctor's office because [of] my race or my skin color, I will choose not to continue going to my prenatal care appointments. For example, if I go to the hospital and I'm treated as less than because I don't speak English and I have to try to figure out ways to communicate with the nurse about my pain or feelings then I will not go to any appointments until I absolutely have to because my experiences have been horrible.

– Resident interview

MULTI-RACIAL, ASIAN, AND AFRICAN-AMERICAN WOMEN ARE LESS LIKELY TO BREASTFEED THAN OTHER RACES.

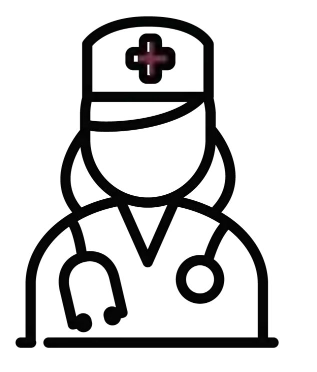
Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019. https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

TEEN PREGNANCY IN THE REGION IS ALMOST DOUBLE THE OVERALL STATE RATE

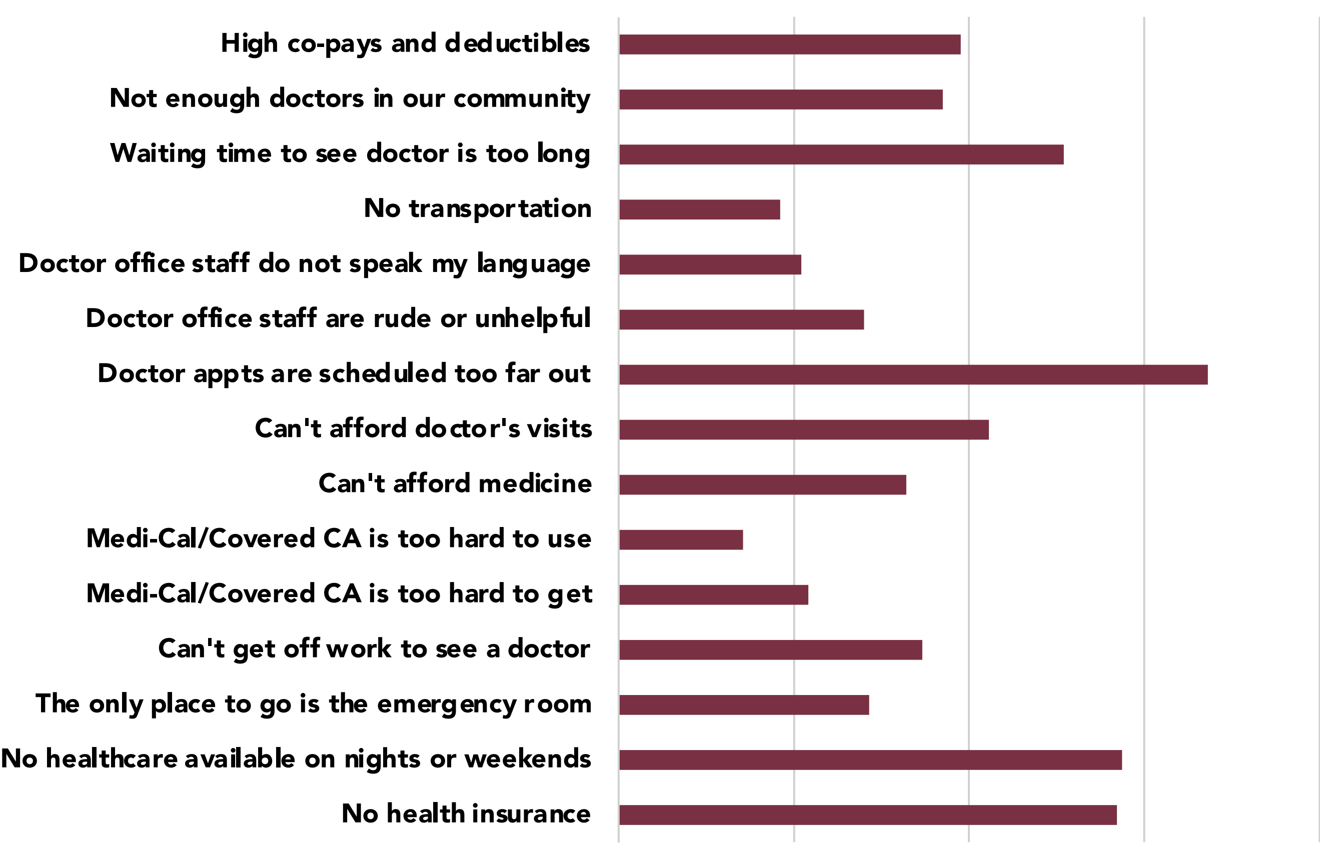
AGES 15-19 YEARS OLD, FIVE-YEAR AVERAGE

LOCATION	RATE PER 1,000 FEMALES
FRESNO COUNTY	24.6
KINGS COUNTY	29.0
MADERA COUNTY	25.4
TULARE COUNTY	27.4
CHS SERVICE AREA	25.8
CALIFORNIA	13.8

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html



THE TOP 3 REASONS THAT OUR REGION FINDS IT HARD TO GET HEALTHCARE ARE: NOT ENOUGH DOCTORS IN THE AREA, APPOINTMENTS ARE NOT AVAILABLE AT CONVENIENT TIMES AND HEALTHCARE IS NOT AFFORDABLE.

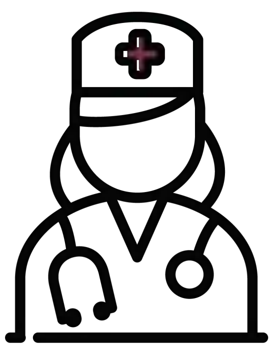


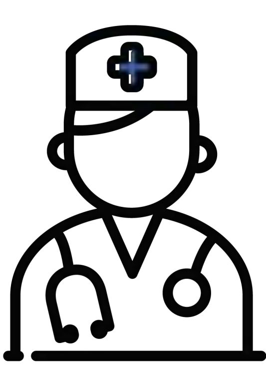
"I think people have access to healthcare, but it is how they can pay for it, or what they can afford to pay. I think often, when people don't take their children to the doctor, or they don't take themselves to the doctor, it is because of the cost element. I feel that it is the same scenario with prescription medications. If someone is not properly insured, then the medications they need are sometimes simply out of reach because of their cost."

– Interview

#3

HEALTH NEED
ACCESS TO CARE





For a lot of the cultures here in Kings County, you don't question people of authority; you don't question your medical provider. So, as a medical provider, you need to take a step back and realize that your patient isn't going to tell you everything, so you need to ask questions in order to understand them.

- Kings County focus group (LGBTQ+)

BLACK/AFRICAN AMERICANS ARE MORE THAN TWICE AS LIKELY TO REPORT A BAD EXPERIENCE AT THE DOCTOR THAN WHITES.

EXPERIENCE	AMERICAN INDIAN/ ALASKA NATIVE	ASIAN	BLACK/ AFRICAN AMERICAN	NATIVE HAWAIIAN/ PACIFIC ISLANDER	HISPANIC WHITE	NON-HISPANIC WHITE	BI-/MULTI-RACIAL OR OTHER
Better Than	25.1%	17.7%	10.0%	14.8%	10.5%	6.8%	9.9%
The Same	35.3%	42.8%	44.8%	45.5%	53.8%	51.7%	57.9%
Worse Than	27.4%	24.8%	38.0%	31.8%	19.1%	17.0%	13.2%

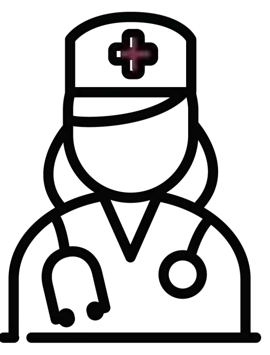
PEOPLE THAT ARE NON-BINARY REPORT A WORSE EXPERIENCE AT THE DOCTOR THAN MEN OR WOMEN.

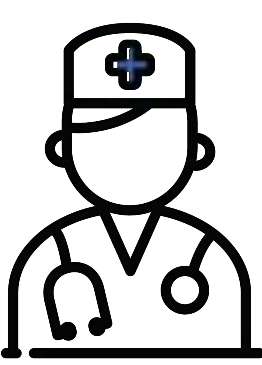
EXPERIENCE	MAN	WOMAN	NON-BINARY
Better Than	14.9%	9.0%	16.3%
The Same	46.6%	54.5%	32.6%
Worse Than	21.8%	16.7%	39.5%

Source: Question 18 of 2021 Community-Wide Survey

#3

HEALTH NEED
ACCESS TO CARE





I went to the hospital because my throat hurt and there was no doctor that could see me there. They just gave me Tylenol and sent me home. And then what do we do? So we go to a relative or a neighbor instead to get some pills from Mexico. Why are there no doctors to help us? Where are all those new doctors that we need right now?

- Resident

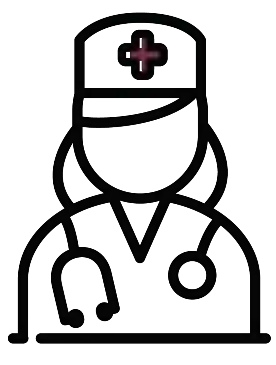
TOP 5 BARRIERS TO HEALTHCARE REPORTED IN FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WITH RESIDENTS BY COUNTY

FRESNO COUNTY	MADERA COUNTY	KINGS COUNTY	TULARE COUNTY
Not enough providers and/or treatment locations	Distance to medical care/transportation barriers	Not enough providers and/or treatment locations	Long wait times
Unable to get needed medical care (provider not able to handle the problem)	Lack of provider compassion/did not listen to needs	Distance to medical care and transportation barriers	Not enough providers and/or treatment locations
Expensive medical care	Not enough providers and/or treatment locations	Insurance barrier to getting needed medical care	Distrust in providers and healthcare
Insurance barrier to getting needed medical care	Unable to get needed medical care	Lack of provider communication and lack of culturally sensitive care	Lack of provider compassion and did not listen to needs
Long wait times	Bad provider communication	Lack of provider compassion and did not listen to needs	Insurance barrier to getting needed medical care

OVER 30% OF RESIDENTS FROM EACH COUNTY REPORTED THAT HEALTH INSURANCE IS A NEED FOR CHILDREN AND THEIR FAMILIES IN THEIR COMMUNITY.

#3

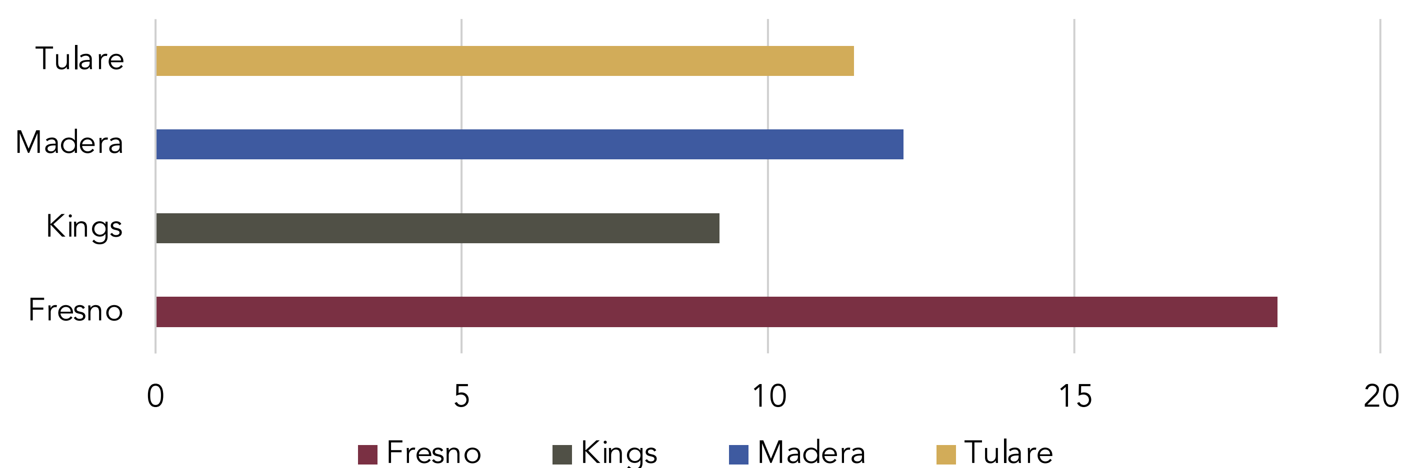
HEALTH NEED
ACCESS TO CARE



I almost feel like you need a degree on how to navigate the insurance system. Speaking for myself, as a medical provider, I feel like I have book knowledge and know the system. But when my husband and I both had recent surgeries, when the bills came, it was overwhelming and it's stressful. You really need to get a patient advocate or have someone who can help you navigate the insurance system; it's so complex. And I think that is the bigger issue. For the community I serve, they don't understand that they need a referral to see a specialist if you have an HMO. If someone could simplify the health insurance system in our community, so you don't need a degree to navigate it, that would be great.

- Medical provider in the region

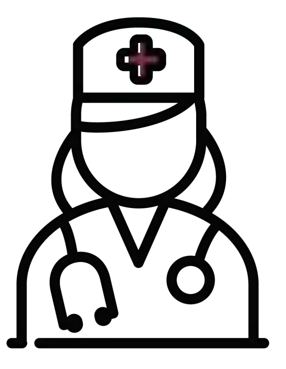
RESIDENTS THAT HAVE TROUBLE PAYING FOR MEDICATION



OVER 13% OF THE SERVICE AREA HAS TROUBLE PAYING FOR MEDICATION AND THIS IS AN EVEN BIGGER PROBLEM FOR SPECIFIC COUNTIES IN THE REGION.

#3

HEALTH NEED
ACCESS TO CARE



POPULATION TO PRIMARY CARE PHYSICIANS

Area	Ratio
CALIFORNIA	1,250:1
FRESNO COUNTY	1,490:1
MADERA COUNTY	2,220:1
KINGS COUNTY	2,700:1
TULARE COUNTY	2,350:1

Source: County Health Rankings, 2018. http://www.countyhealthrankings.org

THE CHS SERVICE AREA MET THE HEALTHY PEOPLE 2030 GOAL OF 92.1% INSURANCE COVERAGE FOR ALL CHILDREN. HOWEVER, THE SERVICE AREA (88.2%) DID NOT MEET THE SAME GOAL FOR ADULT INSURANCE COVERAGE.

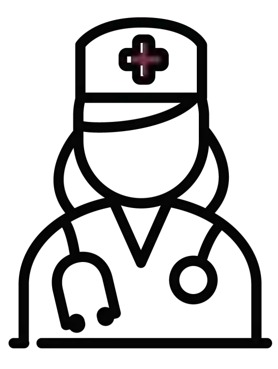
Source: U.S. Census Bureau, 2016-2020 American Community Survey, DP03. http://data.census.gov/

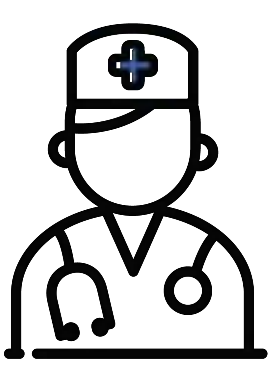
"There is fear around our immigration system and seeing needed support. I think that fear is bigger than getting needed care. People will not seek any support. I will not even engage in learning about any program or service that might be available because I am fearful that someone will come knocking on my door one or two years in the future. We have a lot of families that worry if they access any support, it will impact their ability to get social security and a legal permanent resident card in my wallet."

- Resident

"I think a number of families and parents don't have access to good healthcare because they are unaware that there are resources in our community."

- Resident





INSURANCE COVERAGE BY TYPE

2016-2020, ALL AGES

LOCATION	CHS SERVICE AREA	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CA
Medi-Cal	40.6%	39.9%	36.7%	45.1%	41.7%	24.2%
Medicare only	1.5%	1.3%	*2.0%	*1.5%	*1.7%	1.6%
Medi-Cal/Medicare	4.2%	3.6%	4.4%	3.7%	5.4%	3.9%
Medicare and others	7.4%	7.8%	6.5%	10.0%	6.0%	9.8%
Other public	1.5%	*1.1%	*6.5%	*0.7%	*1.0%	1.2%
Employment-based	33.7%	34.9%	33.6%	30.5%	32.2%	46.6%
Private purchase	4.5%	5.2%	3.5%	3.5%	*3.9%	5.6%
No insurance	6.5%	6.0%	6.8%	5.1%	8.0%	7.0%

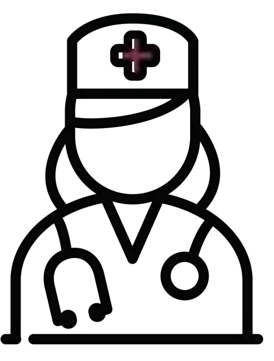
*Source: California Health Interview Survey, 2016-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

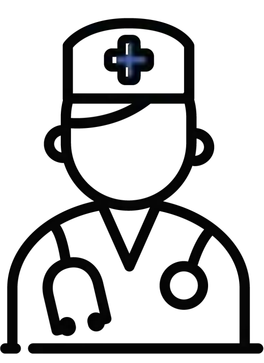
7.7% OF THE REGION'S RESIDENTS HAD TO FORGO NEEDED MEDICAL CARE IN THE PAST 12 MONTHS. THIS IS MORE THAN TWICE THE HEALTHY PEOPLE 2030 OBJECTIVE (3.3%) AND HIGHER THAN THE OVERALL STATE RATE (7.2%).

Source: California Health Interview Survey, 2017-2019. http://ask.chis.ucla.edu/

#3

HEALTH NEED
ACCESS TO CARE





Even with Section 330 federally-funded health centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. There remain 201,949 low-income residents (24.5% of the population at or below 200% federal poverty) not served by a Federally Qualified Health Center (FQHCs and FQHC Look-Alikes).

LOW-INCOME PATIENTS SERVED AND NOT SERVED BY FQHCs

2020

LOW-INCOME POPULATION	PATIENTS SERVED BY SECTION 330 GRANTEES IN THE SERVICE AREA	PENETRATION AMONG LOW-INCOME PATIENTS	PENETRATION OF TOTAL POPULATION	LOW-INCOME NOT SERVED	
				#	%
825,689	623,740	75.5%	33.8%	201,949	24.5%

Source: UDS Mapper, 2020, 2015-2019 population numbers. http://www.udsmapper.org

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 13.9% of residents in the CHS service area do not have a usual primary care provider. This is similar to the California average of 13.8%. Residents of Fresno County are the least likely in the region to have a regular source of care (15.1%).

NO USUAL PRIMARY CARE PROVIDER

2018-2020, ALL AGES

LOCATION	PERCENT
CHS SERVICE AREA	13.9%
FRESNO COUNTY	15.1%
KINGS COUNTY	10.7%
MADERA COUNTY	9.2%
TULARE COUNTY	13.8%
CALIFORNIA	13.8%

Source: California Health Interview Survey, 2018-2020. http://ask.chis.ucla.edu/

#3 HEALTH NEED
ACCESS TO CARE

POPULATION TO MENTAL HEALTH PROVIDERS

Area	Ratio
CALIFORNIA	270:1
FRESNO COUNTY	270:1
MADERA COUNTY	610:1
KINGS COUNTY	490:1
TULARE COUNTY	350:1

Source: County Health Rankings, 2020. http://www.countyhealthrankings.org

POPULATION TO DENTISTS

Area	Ratio
CALIFORNIA	1,150:1
FRESNO COUNTY	1,610:1
MADERA COUNTY	2,310:1
KINGS COUNTY	1,720:1
TULARE COUNTY	1,850:1

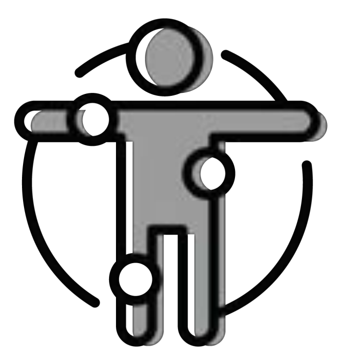
Source: County Health Rankings, 2019 http://www.countyhealthrankings.org

When data for having a usual source of care are examined by race/ethnicity, the region's Asian population was the least likely to have a usual source of care (21% did not), followed by Latino residents (18.3%). This is compared to Whites, who are much less likely to report not having a primary care provider (10.2%).

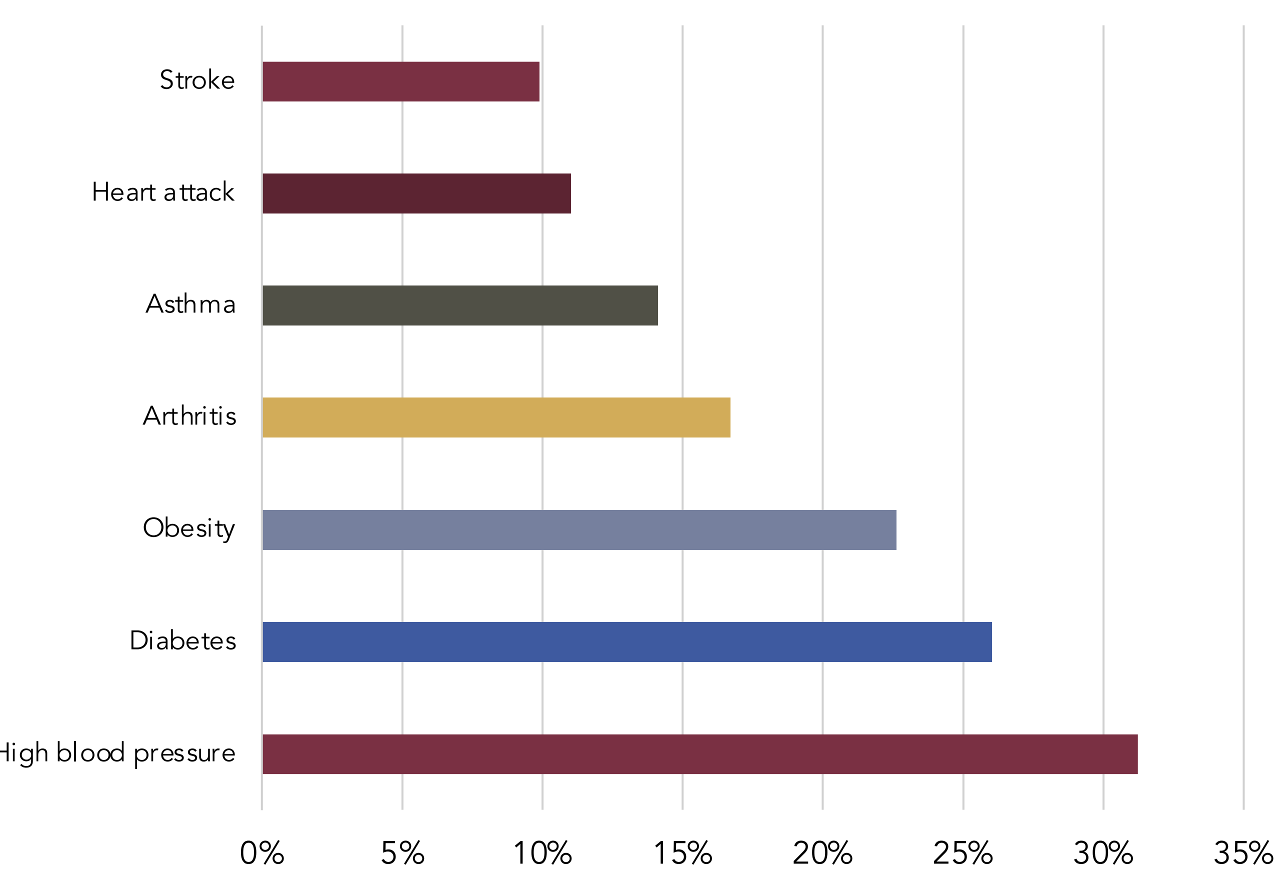
*Source: California Health Interview Survey, 2011-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. N/A = Not available due to small sample size.*

Adult dental care in the region is poorer than statewide rates. 31.8% of CHS service area adults described the condition of their teeth as 'fair' or 'poor,' while 2.8% had no natural teeth left. 2.6% had never been to a dentist, and another 11.8% had not been to a dentist in at least five years. These rates are worse than overall state rates.

Source: California Health Interview Survey, 2017-2019 pooled. http://ask.chis.ucla.edu



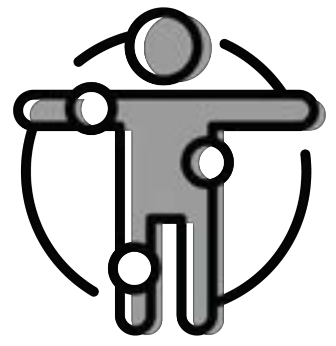
RANKING OF CHRONIC DISEASES THAT ARE ISSUES IN THE REGION



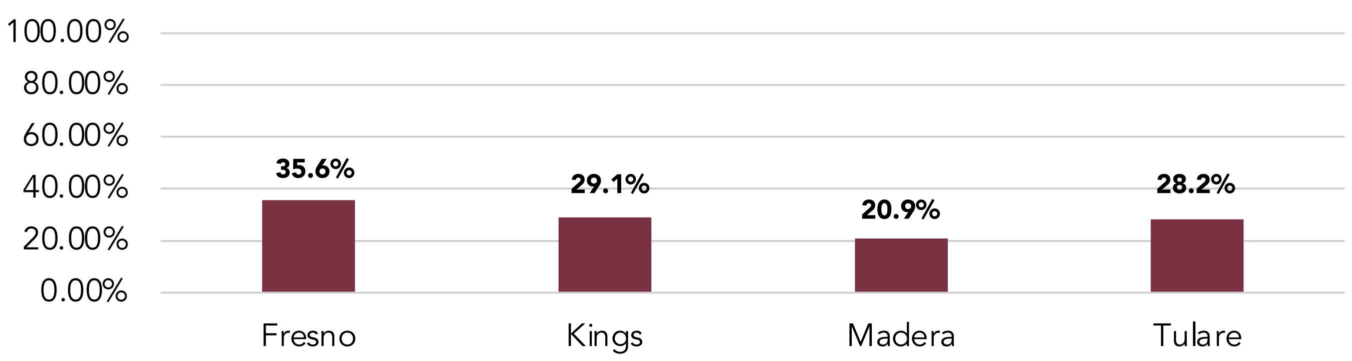
Source: Question 41 of 2021 Community-Wide Survey

AMONG ALL RACES/ETHNICITIES, HIGH BLOOD PRESSURE REMAINS THE HIGHEST FOR CHRONIC DISEASE RISK AND PREVALANCE, FOLLOWED BY DIABETES AND OBESITY.

HEALTH NEED
CHRONIC DISEASES

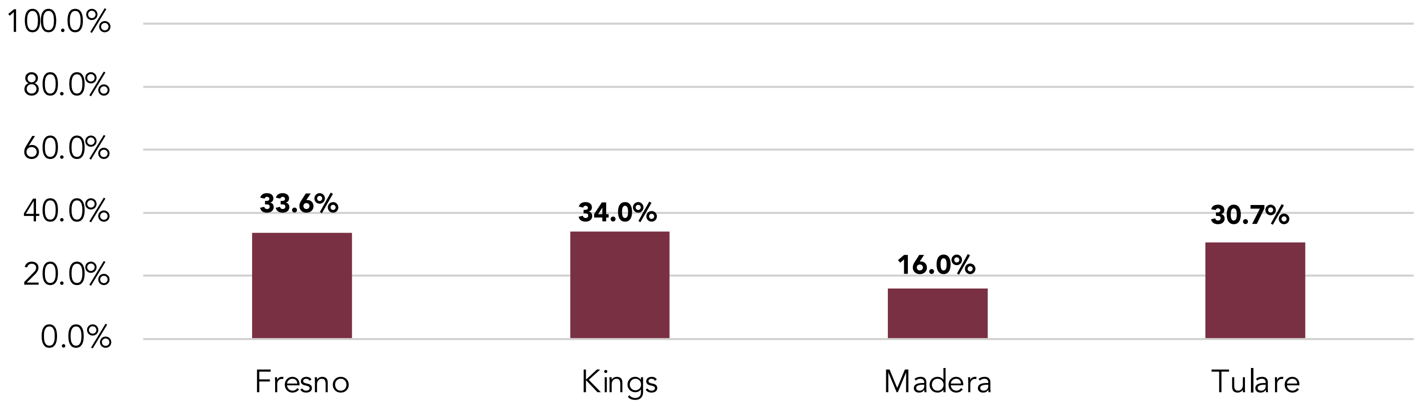


PERCENT OF RESIDENTS IN EACH COUNTY THAT CARE FOR A CHILD UNDER 18 WITH A LIFETIME ILLNESS OR DISABILITY



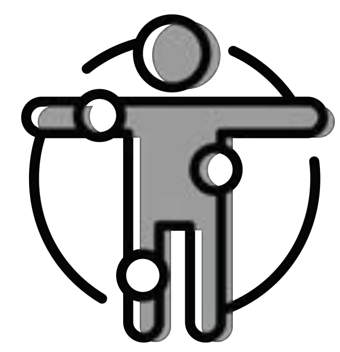
Source: Question 31 of 2021 Community-Wide Survey

PERCENT OF RESIDENTS IN EACH COUNTY THAT CARE FOR A PERSON OVER 18 WHO IS ELDERLY, HAS A LIFETIME ILLNESS OR HAS A PHYSICAL OR MENTAL DISABILITY



Source: Question 40 of 2021 Community-Wide Survey

#4 HEALTH NEED
CHRONIC DISEASES



Poverty, lack of community resources and low educational attainment all contribute to what are the majority of the chronic health conditions that we see. You know, I wouldn't say that we're unique in that diabetes and hypertension and high cholesterol are the top three.
- Key informant interview

REGION RESIDENTS ARE MORE LIKELY TO HAVE ASTHMA THAN THE OVERALL STATE

2015-2019

	CHS SERVICE AREA	CALIFORNIA
Diagnosed with asthma, total population	18.2%	15.3%
Diagnosed with asthma, 0-17 years old	18.2%	14.2%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Emergency_Department

RESIDENTS IN THE SERVICE AREA REPORTED HAVING "FREQUENT POOR HEALTH" AT A HIGHER RATE THAN THE REST OF THE STATE

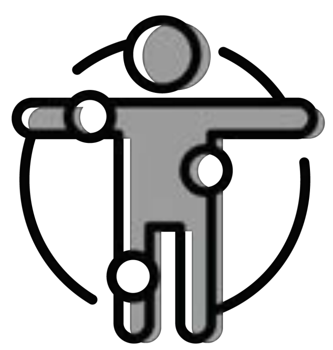
ADULTS, POOR PHYSICAL HEALTH 14 DAYS OR MORE, PAST MONTH, AGE-ADJUSTED*

LOCATION	PERCENT
Fresno County	14.7%
Kings County	15.3%
Madera County	16.0%
Tulare County	14.0%
CHS Service Area*	14.9%
California*	11.8%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2019 data year.
https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb

** Age-adjustment is a way to make fairer comparisons between groups that have different age distributions. Computing age-adjusted rates=deaths in age group/estimated population of that age group x 100,000.*

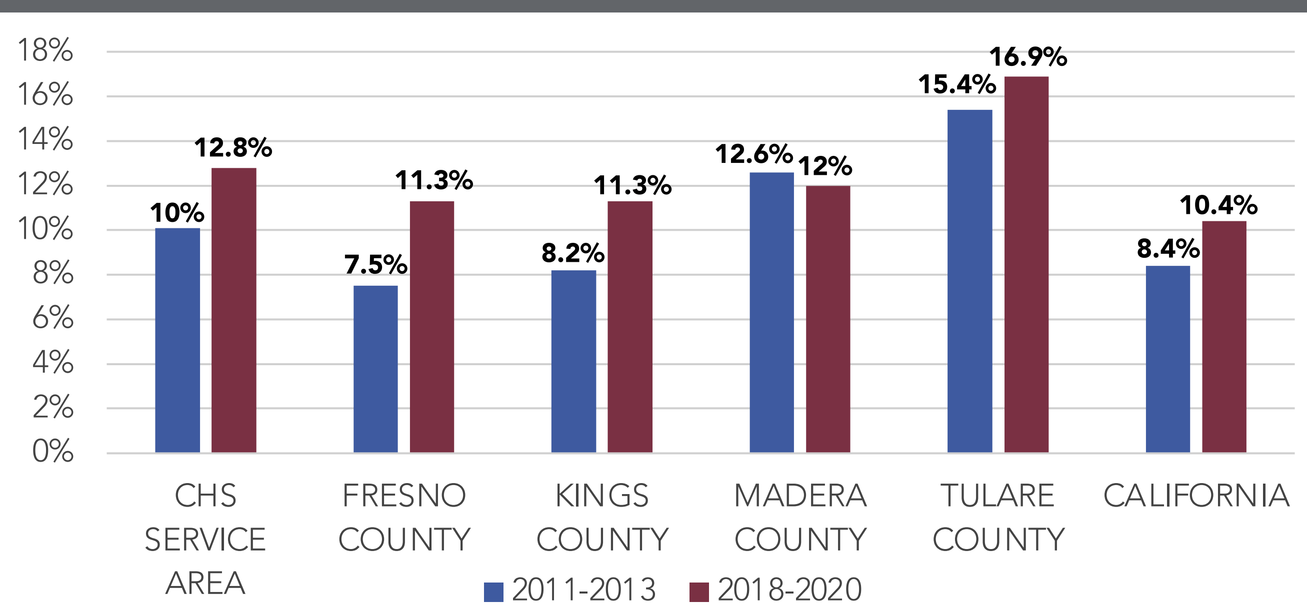
#4 HEALTH NEED
CHRONIC DISEASES



When asked if a health professional had ever diagnosed them with diabetes (outside of a pregnancy), 12.8% of adults in the region answered 'yes,' which is higher than the state rate of 10.4%, and has been increasing over time in most counties and the state (Madera County appears to be an exception).

ADULT DIABETES DIAGNOSIS

PERCENTAGES



Source: California Health Interview Survey, 2011-2013, pooled, and 2018-2020, pooled. http://ask.chis.ucla.edu/

DIABETES MORTALITY RATES ARE HIGHER IN REGIONAL COUNTIES (OTHER THAN KINGS) THAN THE OVERALL STATE RATE

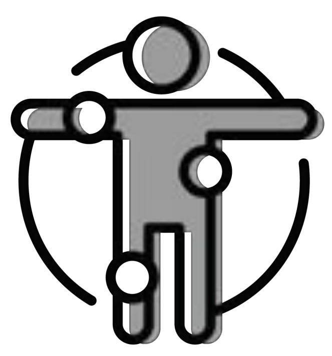
FIVE-YEAR AVERAGE, AND RATE PER 100,000 PERSONS, AGE-ADJUSTED*

	FRESNO COUNTY		KINGS COUNTY		MADERA COUNTY		TULARE COUNTY		CA
	#	RATE	#	RATE	#	RATE	#	RATE	RATE
Diabetes death rate	254	27.1	26	21.3	34	21.8	101	24.6	21.6

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

** Age-adjustment is a way to make fairer comparisons between groups that have different age distributions. Computing age-adjusted rates=deaths in age group/estimated population of that age group x 100,000.*

#4 HEALTH NEED
CHRONIC DISEASES



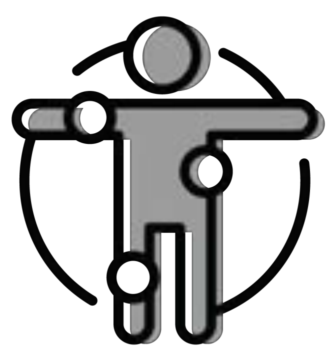
DISABILITY RATES ARE HIGHER IN THE REGION THAN STATE RATES

FIVE-YEAR AVERAGE, 2016-2020

LOCATION	TOTAL POPULATION	CHILDREN AGED 0 TO 17	ADULTS AGED 18 TO 64	SENIOR ADULTS AGED 65+
Fresno County	13.0%	4.2%	11.5%	41.6%
Kings County	11.9%	3.7%	10.7%	40.8%
Madera County	13.4%	4.1%	11.5%	39.8%
Tulare County	11.7%	4.7%	9.8%	41.0%
CHS Service Area	12.6%	4.3%	11.0%	41.2%
California	10.7%	3.4%	8.0%	34.2%

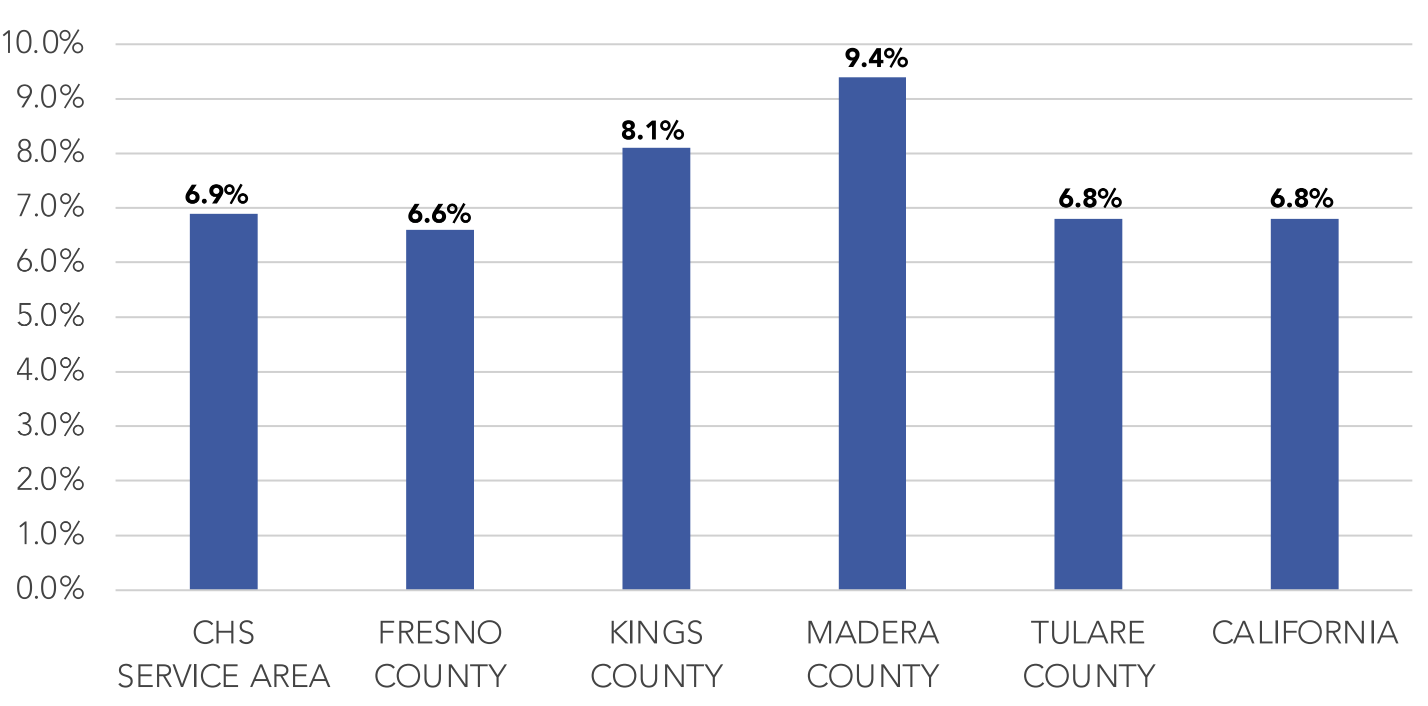
Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. http://data.census.gov

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2019 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of regional & California county rates.*



ADULT HEART DISEASE DIAGNOSES

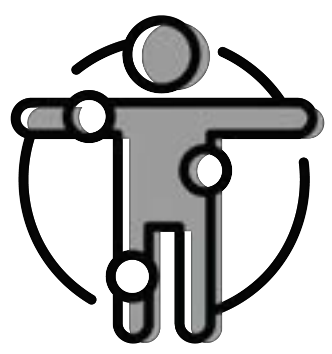
2017-2020



Source: California Health Interview Survey, 2017-2020, pooled. http://ask.chis.ucla.edu/

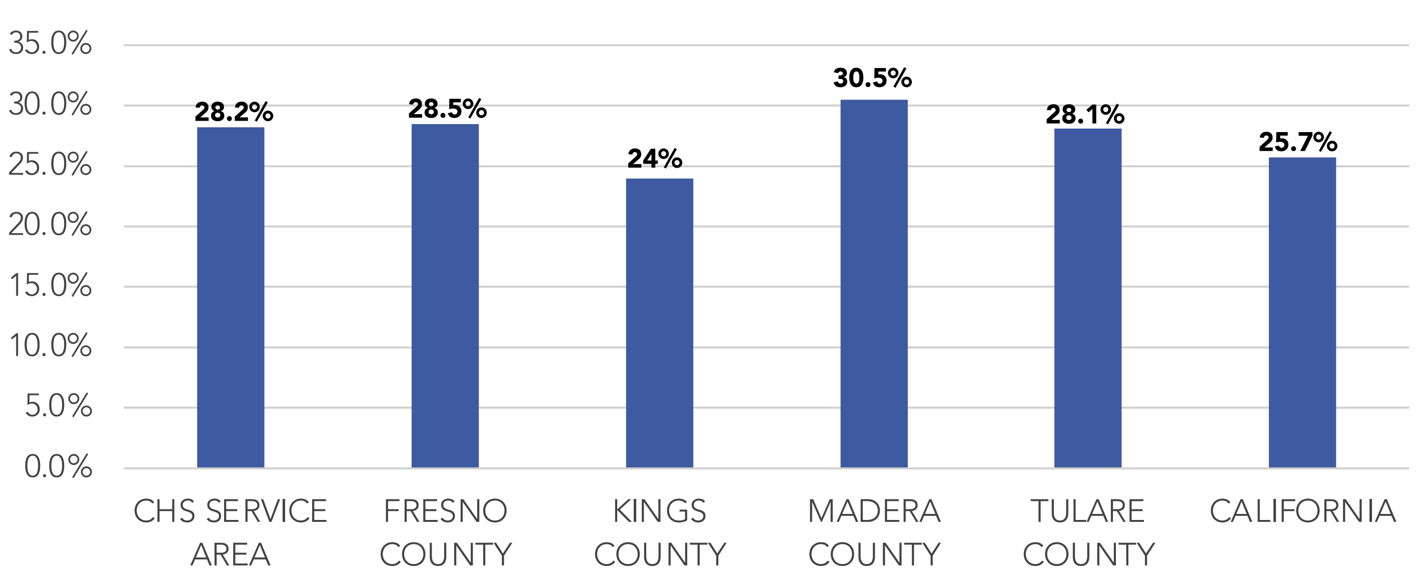
HEART DISEASE AND STROKE MORTALITY RATES ARE HIGHER THAN THE HEALTHY PEOPLE 2030 OBJECTIVES (71.1 HEART DISEASE DEATHS AND 33.4 STROKE DEATHS PER 100,000 PERSONS).

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html



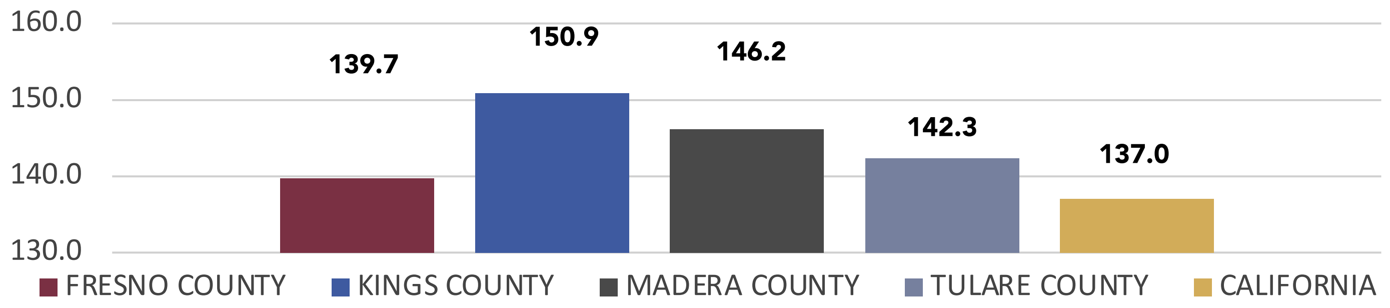
HIGH BLOOD PRESSURE DIAGNOSES

2019-2020

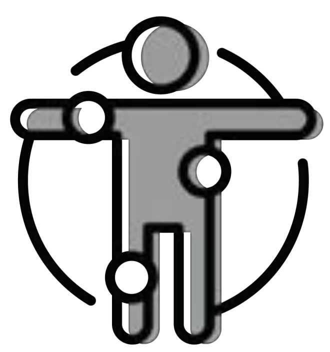


Source: California Health Interview Survey, 2019-2020, pooled. http://ask.chis.ucla.edu/

CANCER MORTALITY RATES ARE HIGHER THAN THE HEALTHY PEOPLE 2030 OBJECTIVE (122.7 DEATHS PER 100,000 PERSONS).



Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html



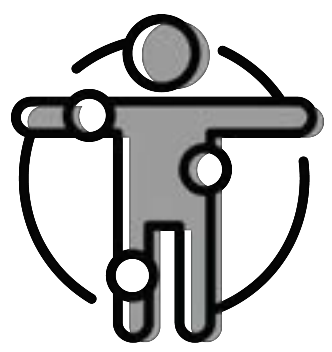
CANCER INCIDENCE RATES

RATE PER 100,000 PERSONS, AGE ADJUSTED*, 2014-2018 AVERAGED

CANCER SITES	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CA
All sites	389.1	368.3	388.9	365.3	394.5
Breast (females)	109.2	104.2	103.6	102.8	122.2
Prostate (males)	79.8	82.8	78.2	87.1	91.7
Lung and bronchus	41.3	41.8	42.5	36.2	40.0
Colon and rectum	33.8	31.7	34.5	35.3	34.8
Corpus Uteri (females)	22.1	26.1	20.0	23.1	26.6
Melanoma of the skin	18.2	14.7	23.7	15.4	23.1
Non-Hodgkin lymphoma	18.4	13.7	17.6	16.6	18.3
Kidney and renal pelvis	18.7	18.5	18.1	16.8	14.7
Thyroid	14.2	16.6	13.7	13.3	13.1
Leukemia	13.3	13.5	13.8	12.9	12.4
Pancreas	13.0	11.9	11.3	9.6	11.9
Ovary (females)	11.0	12.4	9.5	10.5	11.1
Liver and intrahepatic bile duct	13.3	10.9	10.7	9.6	9.7
Urinary bladder	9.5	6.4	9.3	8.2	8.7
Cervix Uteri (females)	9.2	10.2	8.2	10.9	7.4
Stomach	8.0	6.1	5.8	6.7	7.3
Testis (males)	6.0	6.5	5.6	5.2	6.2
Brain and other nervous system	5.4	5.2	6.3	5.1	5.9

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018* https://explorer.ccrcal.org/application.html

** Age-adjustment is a way to make fairer comparisons between groups that have different age distributions. Computing age-adjusted rates=deaths in age group/estimated population of that age group x 100,000.*



Early diagnosis of cancer focuses on detecting symptomatic patients as early as possible so that they have the best chance for successful treatment. When care is delayed, there is a lower chance of survival and higher costs of care.

CANCER MORTALITY RATES

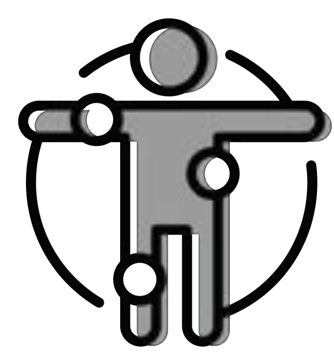
RATE PER 100,000 PERSONS, AGE ADJUSTED*, 2014-2018 AVERAGED

CANCER SITES	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CA
All sites	141.8	155.2	148.3	140.6	140.0
Lung and bronchus	29.7	35.8	31.0	30.2	28.0
Prostate (males)	17.1	19.2	20.4	19.2	19.8
Breast (females)	18.5	17.0	19.8	18.5	19.3
Colon and rectum	12.2	13.8	12.2	13.6	12.5
Pancreas	10.3	10.2	9.6	9.2	10.3
Liver and intrahepatic bile duct	9.7	7.4	8.8	7.9	7.7
Ovary (females)	7.7	7.8	6.1	7.6	6.9
Leukemia	6.3	6.6	7.4	6.3	5.8
Non-Hodgkin lymphoma	5.0	9.4	4.8	5.2	5.2
Corpus Uteri (female)	4.2	N/A	4.7	3.8	5.0
Brain and other nervous system	3.9	4.1	3.6	3.5	4.3
Stomach	3.6	3.	3.8	3.8	3.9
Urinary bladder	3.8	4.1	3.2	2.6	3.8
Kidney and renal pelvis	3.7	5.3	4.7	4.0	3.3
Esophagus	2.9	3.3	3.5	3.6	3.1
Myeloma	2.8	2.5	3.4	2.5	2.9
Cervix Uteri (females)	2.5	N/A	N/A	3.2	2.2

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 https://explorer.ccrcal.org/application.html N/A = suppressed due to fewer than 15 deaths.*

** Age-adjustment is a way to make fairer comparisons between groups that have different age distributions. Computing age-adjusted rates=deaths in age group/estimated population of that age group x 100,000.*

#4 HEALTH NEED
CHRONIC DISEASES



CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATES ARE HIGHER THAN THE OVERALL STATE RATE

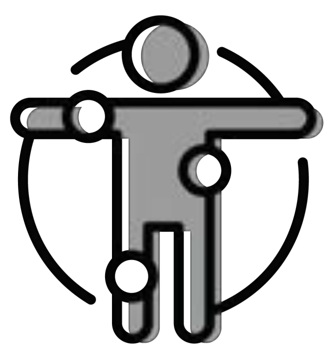
FIVE-YEAR AVERAGE, AND RATE PER 100,000 PERSONS, AGE-ADJUSTED*

	FRESNO COUNTY		KINGS COUNTY		MADERA COUNTY		TULARE COUNTY		CALIFORNIA
	#	RATE	#	RATE	#	RATE	#	RATE	RATE
Chronic Lower Respiratory Disease death rate	318	34.5	45	38.5	66	41.2	168	41.9	31.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

** Age-adjustment is a way to make fairer comparisons between groups that have different age distributions. Computing age-adjusted rates=deaths in age group/estimated population of that age group x 100,000.*

#4 HEALTH NEED
CHRONIC DISEASES



ALZHEIMER'S DISEASE MORTALITY RATES ARE HIGHER THAN THE OVERALL STATE RATE

FIVE-YEAR AVERAGE, AND RATE PER 100,000 PERSONS, AGE-ADJUSTED*

	FRESNO COUNTY		KINGS COUNTY		MADERA COUNTY		TULARE COUNTY		CA
	#	RATE	#	RATE	#	RATE	#	RATE	RATE
Alzheimer's disease death rate	365	39.0	37	32.7	65	44.0	151	39.4	36.6

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

ESSENTIAL HYPERTENSION & HYPERTENSIVE RENAL DISEASE MORTALITY RATES ARE HIGHER THAN THE OVERALL STATE RATE

FIVE-YEAR AVERAGE, AND RATE PER 100,000 PERSONS, AGE-ADJUSTED*

	FRESNO COUNTY		KINGS COUNTY		MADERA COUNTY		TULARE COUNTY		CA
	#	RATE	#	RATE	#	RATE	#	RATE	RATE
Essential hypertension & hypertensive renal disease death rates	210	22.1	12	10.3	32	20.4	90	22.6	12.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

LIVER DISEASE & CIRRHOSIS MORTALITY RATES ARE HIGHER THAN THE OVERALL STATE RATE

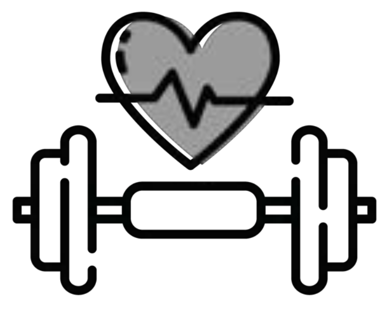
FIVE-YEAR AVERAGE, AND RATE PER 100,000 PERSONS, AGE-ADJUSTED*

	FRESNO COUNTY		KINGS COUNTY		MADERA COUNTY		TULARE COUNTY		CA
	#	RATE	#	RATE	#	RATE	#	RATE	RATE
Liver disease & cirrhosis death rates	160	16.6	22	16.0	31	18.8	92	21.4	12.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

** Age-adjustment is a way to make fairer comparisons between groups that have different age distributions. Computing age-adjusted rates=deaths in age group/estimated population of that age group x 100,000.*

HEALTH NEED
NUTRITION & PHYSICAL HEALTH



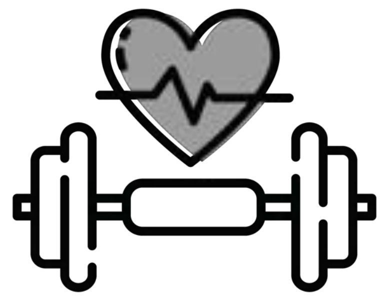
LACK OF EXERCISE AND POOR EATING ARE AMONG THE TOP HEALTH BEHAVIORS OF CONCERN IN THE REGION

Behavior	Percent
Alcohol abuse	38.6%
Driving while drunk/on drugs, drug abuse	44.6%
Lack of exercise	35.6%
Poor eating habits	43.1%
Unsafe sex	8.6%
Not getting 'shots' to prevent disease	17.3%
Teenage sex	7.4%
Not using a mask/using a mask incorrectly	24.0%
Smoking/tobacco use	19.4%
Not getting regular checkups by doctor	20.5%
Using weapons/guns	16.6%
Life stress/not able to deal with life stresses	29.6%
Talk/texting and driving	15.1%
Other	4.7%

Source: Question 51 of 2021 Community-Wide Survey

I think obesity for all the members of society, you know, for all the ethnicities, is a major challenge. And I think a lot has to do with our lifestyles.
- Resident

#5 HEALTH NEED
NUTRITION & PHYSICAL HEALTH



The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections and others. A ranking of 40 puts Fresno County in the bottom third of California counties for healthy behaviors, while Madera, Kings and Tulare Counties rank in the bottom 10% of California counties. Fresno County dropped 1 ranking from their 2020 standing and Tulare County dropped 2 rankings, while Kings and Madera Counties maintained their position in the Health and Behaviors ranking from 2020.

HEALTH BEHAVIORS RANKING

2021

LOCATION	COUNTY RANKING (OUT OF 88)
Fresno County	40
Kings County	54
Madera County	52
Tulare County	55

Source: County Health Rankings, 2021. http://www.countyhealthrankings.org

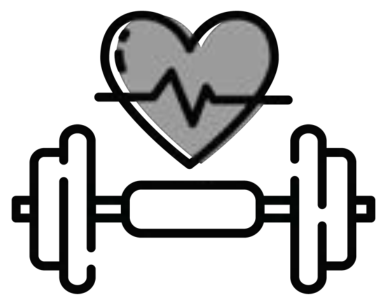
When the physical environment doesn't lend itself to being out in the community, like having safe parks, having basketball courts that are kept up-to-date versus thing being run down, where you don't have a physical environment in place for healthy activities to occur, then unhealthy activities are going to take place.
– Resident

THE TOP 3 THINGS TO MAKE THE ENVIRONMENT BETTER AND ALLOW FOR HEALTHIER PHYSICAL ACTIVITY IS CLEAN AIR, WATER QUALITY AND CLEAN STREETS/SIDEWALKS.

Source: Question 50 of 2021 Community-Wide Survey

#5 HEALTH NEED

NUTRITION & PHYSICAL HEALTH



ADULTS IN ALL AREA COUNTIES HAD HIGHER RATES OF BEING SEDENTARY IN THEIR LEISURE TIME THAN THE STATEWIDE AVERAGE (18%).

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2017. For All Adults, accessed via County Health Rankings, 2021. http://www.countyhealthrankings.org

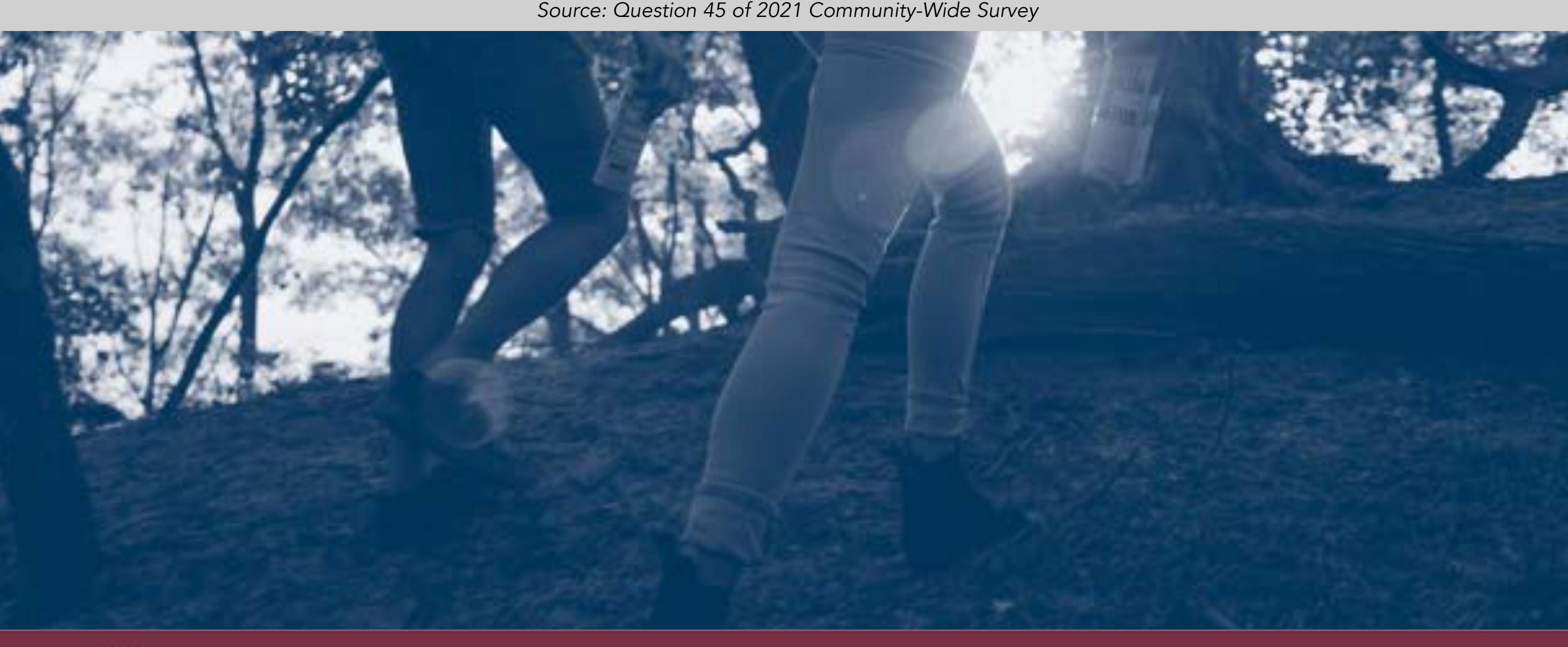
THE REGION REPORTED THAT THE #1 NEED OF CHILDREN AND FAMILIES ARE SAFE SPACES FOR PHYSICAL ACTIVITY.

Source: Question 34 of 2021 Community-Wide Survey

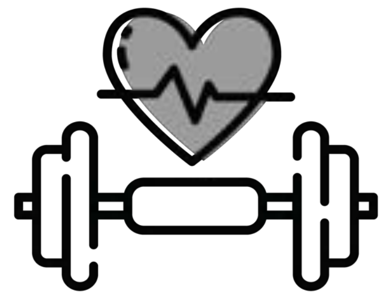
AMONG ALL RACES/ETHNICITIES ASIANS, AMERICAN INDIANS/ALASKA NATIVES, AND NATIVE HAWAIIAN/PACIFIC ISLANDERS ARE THE MOST LIKELY TO REPORT BEING "PHYSICALLY INACTIVE"

NON-BINARY INDIVIDUALS ARE ALMOST 2X MORE LIKELY TO REPORT BEING "PHYSICALLY INACTIVE" THAN MEN OR WOMEN.

Source: Question 45 of 2021 Community-Wide Survey



HEALTH NEED
NUTRITION & PHYSICAL HEALTH



Over a third of adults in the region (34.6%) are overweight and another 39.6% are obese. **The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, age 20 and older, which only Madera County meets.**

ADULT OVERWEIGHT (BMI 25-29.9) & OBESITY (BMI 30+)

AGED 20+ YEARS, 2016-2020

LOCATION	OVERWEIGHT	OBESE	COMBINED
FRESNO COUNTY	35.8%	38.4%	74.2%
KINGS COUNTY	32.4%	41.4%	73.8%
MADERA COUNTY	40.8%	32.8%	73.6%
TULARE COUNTY	30.8%	44.1%	74.9%
CHS SERVICE AREA	34.6%	39.6%	74.2%
CALIFORNIA	34.2%	28.0%	62.2%

Source: California Health Interview Survey, 2016-2020. http://ask.chis.ucla.edu/

ADEQUATE ACCESS TO EXERCISE IS MUCH LOWER IN THE REGION THAN THE STATE

2010 AND 2019 COMBINED

LOCATION	PERCENT
Fresno County	78%
Kings County	44%
Madera County	70%
Tulare County	60%
California	93%

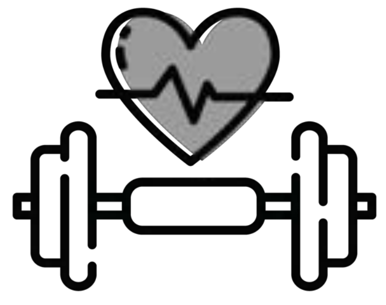
Source: County Health Rankings, 2021 ranking, utilizing 2010 and 2019 combined data. http://www.countyhealthrankings.org

You'll have liquor stores, or like fast food, and stuff like that. And everybody's always going to those places. And there's never a place where you could have access to food like fresh vegetables.

- Resident

#5 HEALTH NEED

NUTRITION & PHYSICAL HEALTH



IN THE REGION, 18.2% OF CHILDREN ARE OVERWEIGHT AND 26.8% OF TEENS ARE OBESE. THE RATES OF OVERWEIGHT CHILDREN AND OBESE TEENS ARE ABOVE THE STATE RATES. THIS DOES NOT YET MEET THE HEALTHY PEOPLE 2030 OBJECTIVE FOR OBESITY IN CHILDREN AND TEENS AS A MAXIMUM OF 15.5%.

OVERWEIGHT CHILDREN / OVERWEIGHT & OBESE TEENS

CHILDREN, UNDER 12 YEARS, AND TEENS AGED 12 - 17

	Children, Overweight for age (does not factor height)
FRESNO COUNTY	17.7%
KINGS COUNTY	17.0%
MADERA COUNTY	*13.4%
TULARE COUNTY	20.6%
CHS SERVICE AREA	18.2%
CALIFORNIA	14.4%

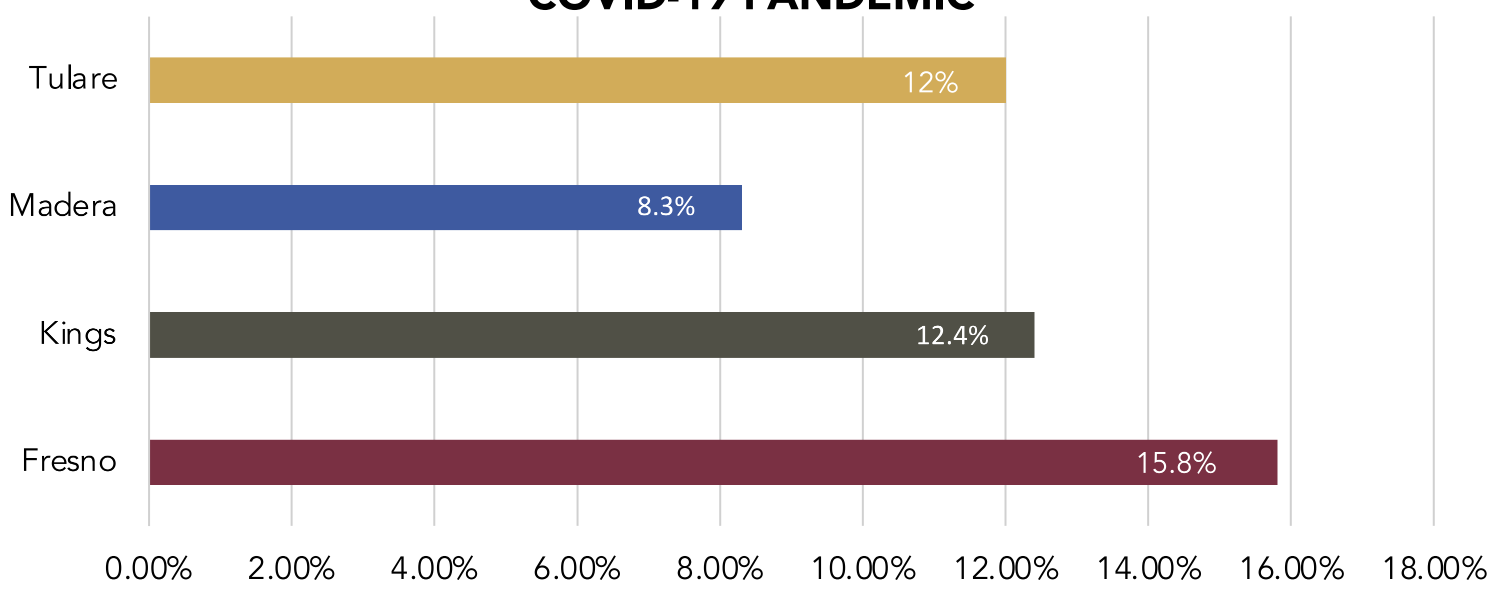
*Source: California Health Interview Survey, 2015-2020, **2011-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

IN THE REGION, CONSUMPTION OF SODA OR SUGAR-SWEETENED BEVERAGES ARE HIGHEST AMONG BLACK AND MULTIRACIAL CHILDREN AND LOWEST AMONG WHITES.

*Source: California Health Interview Survey, 2013-2017 & 2019-2020, combined, **2013-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size. N/A = Suppressed due to sample size.*

#6 HEALTH NEED
ACCESS TO CHILDCARE

PERCENTAGE OF RESPONDENTS BY COUNTY THAT HAD TROUBLE PAYING FOR CHILDCARE IN THE PAST 12 MONTHS DURING THE COVID-19 PANDEMIC



Source: Question 21 of 2021 Community-Wide Survey

ASIAN (27%) & BLACK/AFRICAN AMERICAN (30.1%) RESPONDENTS WERE THE MOST IMPACTED BY THE COST OF CHILDCARE.

"But I have sometimes seen that parents have a lot of problems, because when they work there is no place where they can trust and can leave their children. I don't know, but I've never heard that we have a place where children can stay while parents work in this community."

- Resident

"Not just parks for the kids, but like programs, like afterschool programs. Like you just do your work on a computer. And there's no like Big Brother/Big Sister program, or anything. A lot of kids need guidance here. You know a role model."

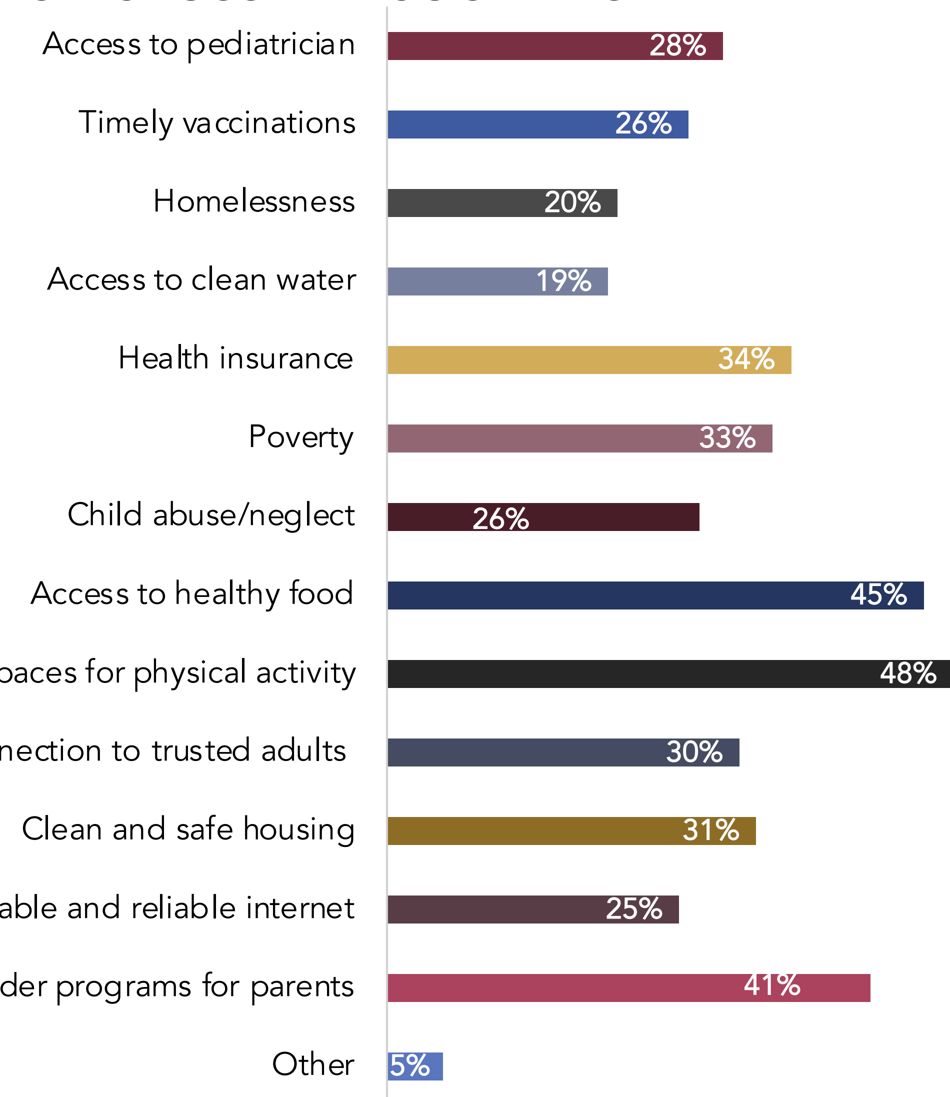
- Resident

#7 HEALTH NEED

PREVENTIVE CARE & PRACTICES

One of the top health outcome needs in the community is chronic disease. Preventive health screenings and primary care have been found to significantly decrease chronic diseases and increase life expectancy.

GREATEST NEEDS OF CHILDREN AND FAMILIES ACROSS ALL COUNTIES



Source: Question 34 of 2021 Community-Wide Survey

> I mean, it takes like months to actually see a doctor in the first place or make an appointment. I can't get in with my primary care doctor to get care so I have to go to a walk-in clinic if I want to be seen or get an appointment. And sometimes I just don't go to the doctor then unless I absolutely need to go.
>
> **- Resident**

HEALTH NEED
PREVENTIVE CARE & PRACTICES

THE HEALTHY PEOPLE 2030 OBJECTIVE FOR MAMMOGRAMS IS FOR 77.1% OF WOMEN BETWEEN THE AGES OF 50 AND 74, TO HAVE HAD A MAMMOGRAM DURING THE PAST TWO YEARS. IN THE CHS SERVICE AREA, 75.7% OF WOMEN REPORTED HAVING HAD A MAMMOGRAM IN THE PRIOR TWO YEARS, WHICH WAS LOWER THAN THE STATE AVERAGE (76.4%) AND DOES NOT YET MEET THE HEALTHY PEOPLE GOAL.

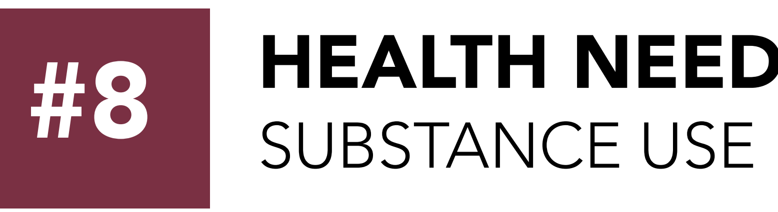
Source: California Health Interview Survey, 2015-2016.http://ask.chis.ucla.edu

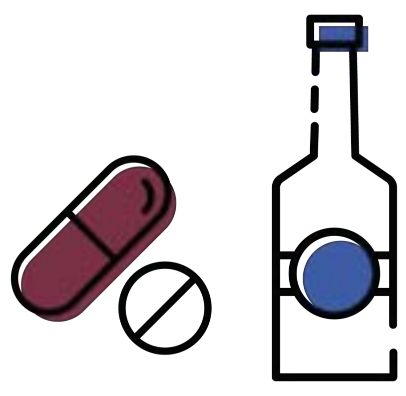
THE HEALTHY PEOPLE 2030 OBJECTIVE IS THAT 74.4% OF ADULTS, AGES 50 TO 75, HAVE A COLORECTAL CANCER SCREENING. ALL COUNTIES IN THE REGION ARE LOWER THAN THE STATE AVERAGE (66.5%) AND DOES NOT YET MEET THE HEALTHY PEOPLE 2030 GOAL.

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2019 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of regional & California county rates.*

THE HEALTHY PEOPLE 2030 OBJECTIVE IS FOR 84.3% OF WOMEN, AGES 21 TO 65, TO HAVE HAD A PAP SMEAR IN THE PAST THREE YEARS. 80.2% OF WOMEN, AGES 21 TO 65, REPORTED HAVING HAD THIS CERVICAL CANCER SCREENING DURING THE PRIOR THREE YEARS AND DOES NOT YET MEET THIS GOAL.

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2019 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb

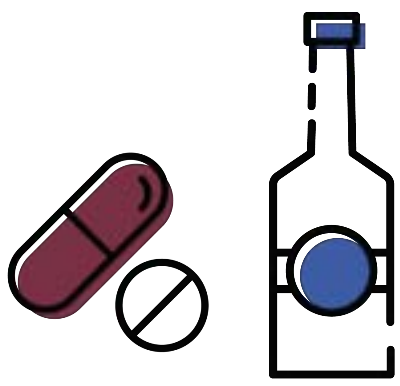




THE TOP BEHAVIORS OF CONCERN IN THE REGION ARE DRUG ABUSE AND ALCOHOL ABUSE

Behavior	Percent
Alcohol abuse	38.6%
Driving while drunk/on drugs, drug abuse	44.6%
Lack of exercise	35.6%
Poor eating habits	43.1%
Unsafe sex	8.6%
Not getting 'shots' to prevent disease	17.3%
Teenage sex	7.4%
Not using a mask/using a mask incorrectly	24.0%
Smoking/tobacco use	19.4%
Not getting regular checkups by doctor	20.5%
Using weapons/guns	16.6%
Life stress/not able to deal with life stresses	29.6%
Talk/texting and driving	15.1%
Other	4.7%

Source: Question 51 of 2021 Community-Wide Survey



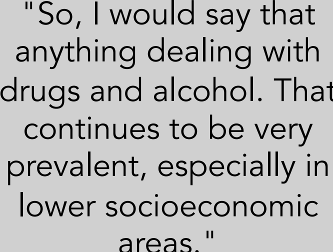
ALCOHOL MISUSE: BINGE DRINKING

PAST 30 DAYS, ADULTS, 2019

LOCATION	PERCENT
FRESNO COUNTY	15.3%
KINGS COUNTY	19.9%
MADERA COUNTY	16.4%
TULARE COUNTY	15.5%
CHS SERVICE AREA*	15.8%
CALIFORNIA*	17.3%

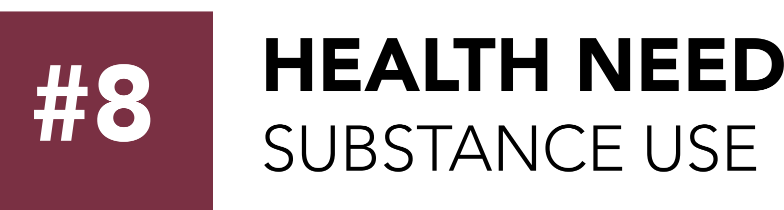
Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2019 data year.
https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of regional & California county rates.*

> Mistreatment of drugs in our youth. Yeah, because there's a lot of that.
> **- Resident**

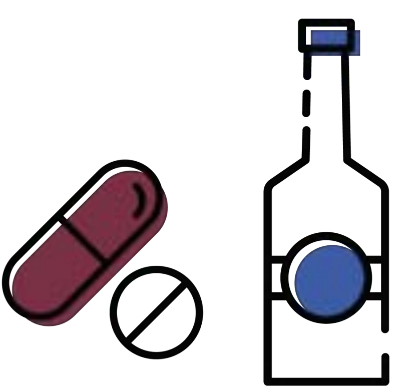


"I guess a concerning health problem, I would say that there is like a small or medium drug problem here because especially in the school. Sometimes kids do get caught with some sort of substance."
- Resident

"The biggest, the greatest need of our community. Well, a lot of them are facing alcohol and drug addiction issues, alcoholism, drug abuse, depression, anxiety."
- Resident



#8 HEALTH NEED
SUBSTANCE USE



ALL REGIONAL COUNTIES MEET THE HEALTHY PEOPLE 2030 GOAL THAT THERE WILL BE A MAXIMUM OF 13.1 OVERDOSE DEATHS INVOLVING OPIOIDS, PER 100,000 PERSONS.

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Multiple Cause Mortality public-use data 2015-2019, on CDC WONDER. https://wonder.cdc.gov/mcd-icd10.html

EVERY REGIONAL COUNTY CURRENTLY MEETS THE HEALTHY PEOPLE 2030 OBJECTIVE OF 20.7 DRUG OVERDOSE DEATHS PER 100,000 PERSONS.

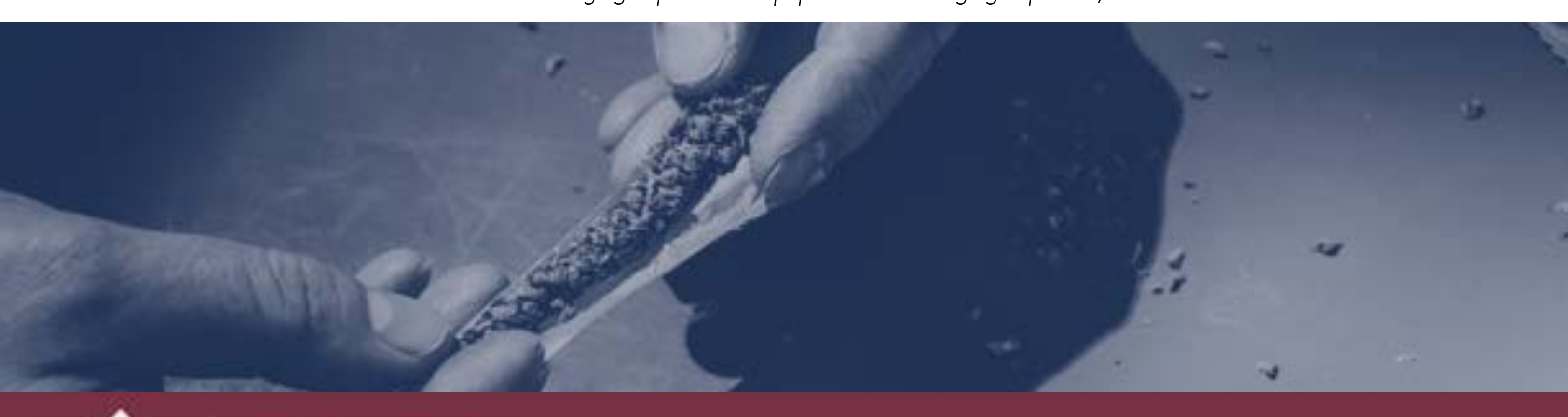
UNINTENTIONAL OVERDOSE MORTALITY RATES

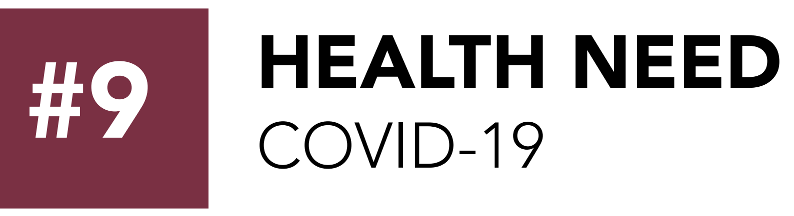
FIVE-YEAR AVERAGE, AND RATE PER 100,000 PERSONS, AGE-ADJUSTED*

	FRESNO COUNTY		KINGS COUNTY		MADERA COUNTY		TULARE COUNTY		CA
	#	RATE	#	RATE	#	RATE	#	RATE	RATE
Unintentional drug overdose death rates	124	12.9	17	11.8	18	12.0	47	10.7	13.1

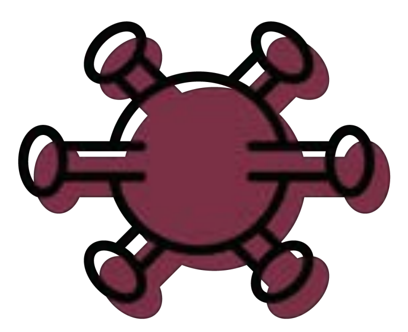
Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

** Age-adjustment is a way to make fairer comparisons between groups that have different age distributions. Computing age-adjusted rates=deaths in age group/estimated population of that age group x 100,000.*

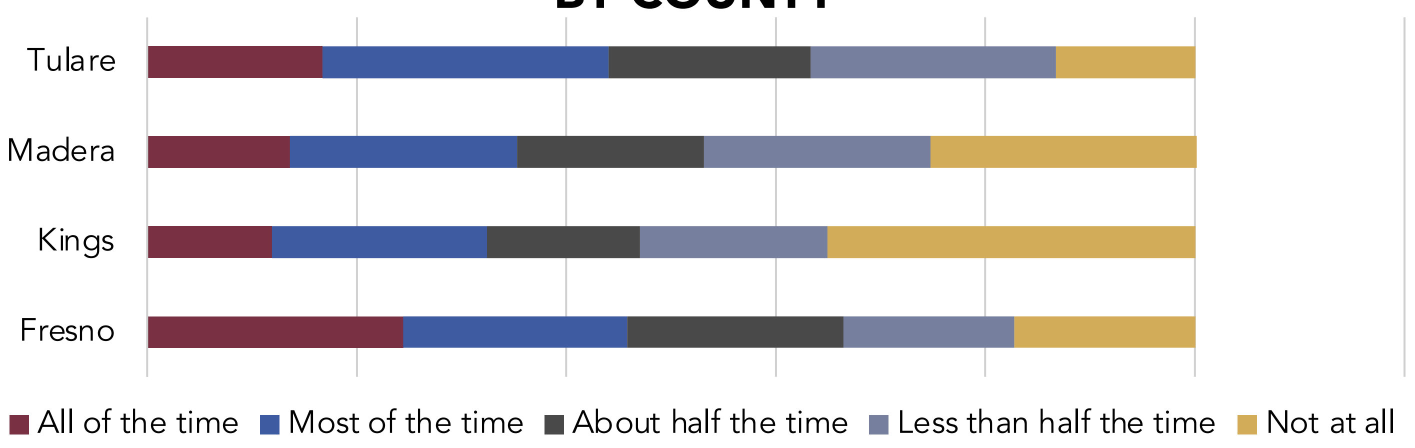




#9 HEALTH NEED
COVID-19



FREQUENCY OF MENTAL HEALTH ISSUES DURING THE PANDEMIC BY COUNTY



Source: Question 66 of 2021 Community-Wide Survey

COVID-19 VACCINATION WAS LOWER IN THE REGION THAN THE OVERALL STATE

NUMBER & PERCENT, POPULATION AGED 5+, AND SENIORS, AS OF APRIL 25, 2022

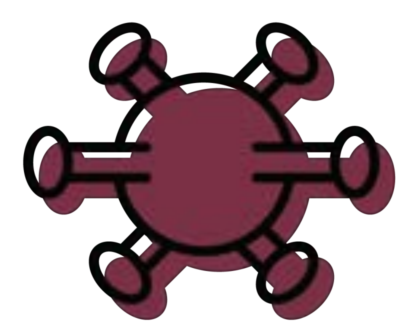
	POPULATION 5+				POPULATION 65+			
	PARTIALLY VACCINATED		COMPLETED		PARTIALLY VACCINATED		COMPLETED	
	#	%	#	%	#	%	#	%
FRESNO COUNTY	63,847	6.7%	610,370	64.4%	9,695	7.1%	112,554	82.3%
KINGS COUNTY	8,860	6.2%	68,876	48.0%	1,267	7.4%	12,337	71.7%
MADERA COUNTY	10,145	6.7%	85,555	56.9%	1,627	6.5%	18,546	74.5%
TULARE COUNTY	30,244	6.8%	253,631	56.8%	4,779	7.8%	46,002	75.5%
CALIFORNIA	3,370,164	8.9%	28,382,603	75.3%	566,957	8.7%	5,490,345	84.1%

Source: California State Health Department, COVID19 Vaccination Dashboard, Updated April 26, 2022.
https://covid19.ca.gov/vaccination-progress-data/

#9

HEALTH NEED

COVID-19



The CHS service area has experienced devastating effects due to the impact of COVID-19. The rates of infection in the region's counties are all above the state rate of infection (217.2 cases per 1,000 persons). Despite having the lowest infection rate in the region, Tulare County has the highest mortality rate.

COVID-19 CASES AND CRUDE DEATH RATES PER 1,000 PERSONS

AS OF APRIL 25, 2022

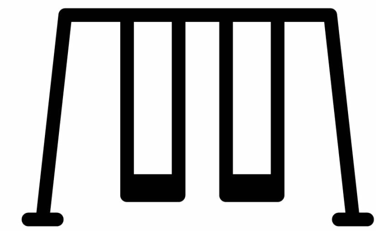
	CASES		DEATHS	
	#	RATE	#	RATE
FRESNO COUNTY	231,951	230.0	2,744	2.72
KINGS COUNTY	51,617	338.5	444	2.91
MADERA COUNTY	37,339	239.0	354	2.27
TULARE COUNTY	106,580	225.3	1,453	3.07
CALIFORNIA	8,587,792	217.2	89,391	2.26

Source: California State Health Department, COVID19 Dashboard, Updated April 25, 2022.
https://covid19.ca.gov/state-dashboard **Rates calculated using 2020 U.S. Census population data.*

"Well, what people are experiencing right now is the wake of the pandemic, which is the uncertainty of not being able to have a place to live, the fear of not having the potential to cover all their needs such as food, rent and everything that goes with that."

- Resident

#10 HEALTH NEED
ADVERSE CHILDHOOD EXPERIENCES



Reports of abuse and neglect decreased sharply in 2020, compared to 2019, statewide, due to various effects from the COVID-19 Pandemic. This reduction might have been affected by lower rates of reporting during the pandemic.

CHILD ABUSE RATES

PER 1,000 CHILDREN

LOCATION	2018		2019		2020	
	REPORTED	SUBSTANTIATED	REPORTED	SUBSTANTIATED	REPORTED	SUBSTANTIATED
FRESNO COUNTY	68.2	8.0	68.6	8.9	61.3	9.2
KINGS COUNTY	60.1	6.3	56.9	7.1	46.5	6.0
MADERA COUNTY	98.5	8.5	95.8	8.1	77.1	7.4
TULARE COUNTY	77.2	8.7	71.4	6.7	58.9	5.7
CALIFORNIA	53.2	7.6	52.6	7.7	43.5	6.8

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, July 2019 to October 2021. Accessed from KidsData.org at http://kidsdata.org

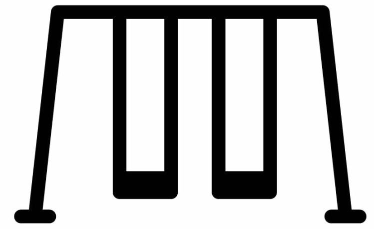
"The greatest need a lot of kids are facing is alcohol and drug addiction issues, depression, and anxiety. Post-Traumatic stress disorders, trauma due to child abuse, child neglect, or being witnesses of domestic violence. All that trauma affects our kids, having to be placed in the foster care system and jumping from one home to the other. We call it attachment disorders in our field of work. And those become very, very difficult to help repair due to the impact on these children."

- Resident

ACROSS ALL COUNTIES, MORE THAN 60% of RESPONDENTS SAID THAT MENTAL HEALTH WAS THE GREATEST CONCERN FOR CHILDREN AND ADOLESCENTS

Source: Question 37 of 2021 Community-Wide Survey

#10 HEALTH NEED
ADVERSE CHILDHOOD EXPERIENCES



GREATEST DEVELOPMENT NEEDS OF CHILDREN (AS REPORTED BY SURVEY RESPONDENTS)

DEVELOPMENTAL NEEDS	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	SERVICE AREA TOTAL
Access to pediatrician	32.5%	26.2%	26.8%%	28.2%	28.4%
Timely vaccinations	30.0%	31.7%	22.7%	22.9%	25.5%
Homelessness	18.9%	18.6%	19.2%	20.8%	19.5%
Access to clean water	23.3%	14.5%	18.2%	16.8%	18.7%
Health insurance	32.3%	35.2%	36.7%	33.3%	34.2%
Poverty	33.2%	26.9%	33.7%	33.4%	32.6%
Childhood abuse/neglect	24.6%	29.0%	22.9%	31.4%	26.4%
Access to healthy food	45.2%	42.1%	44.1%	47.2%	45.4%
Safe spaces for physical activity	50.3%	47.6%	51.1%	44.0%	47.9%
Connection to trusted adults	34.0%	27.6%	29.0%	28.6%	29.8%
Clean and safe housing	33.8%	28.3%	32.5%	28.6%	31.2%
Affordable and reliable internet	26.3%	20.7%	28.0%	21.9%	24.7%
Mental health and substance use disorder programs for parents	39.0%	40.0%	40.0%	44.7%	40.9%

Source: Question 34 of 2021 Community-Wide Survey

RESEARCH SHOWS THAT YOUTH WITH THE MOST ASSETS (NEEDS THAT INFLUENCE DEVELOPMENT) ARE *MORE* LIKELY TO:

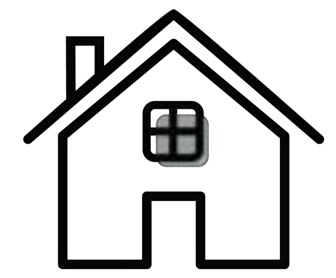
- **Do Well In School**
- **Be Civically Engaged**
- **Value Diversity**

RESEARCH SHOWS THAT YOUTH WITH THE MOST ASSETS ARE *LEAST* LIKELY TO HAVE PROBLEMS WITH:

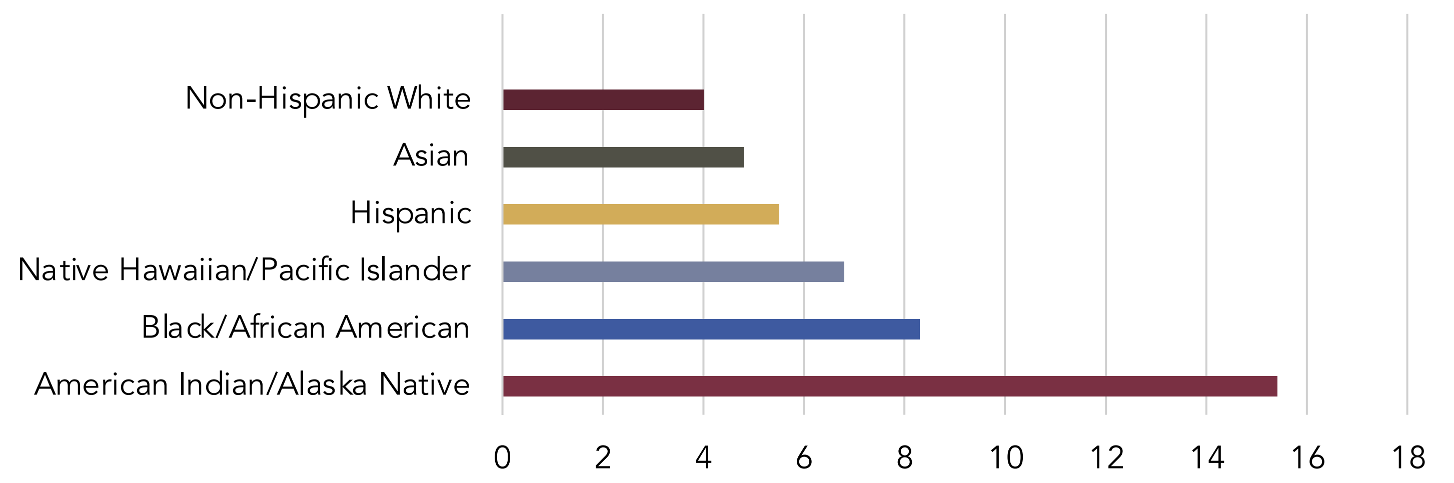
- **Alcohol Use**
- **Violence**
- **Sexual Activity**

Source: Search Institute: https://page.search-institute.org/40-developmental-assets

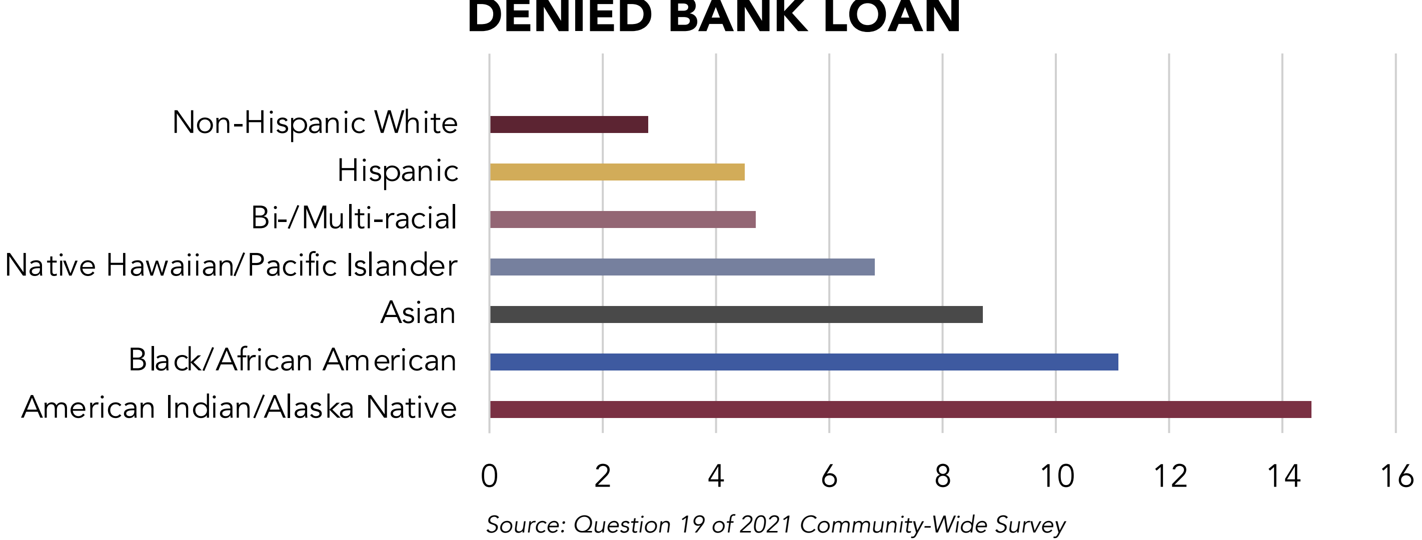
HEALTH NEED
HOUSING AND HOMELESSNESS



DENIED BEING ABLE TO BUY/RENT IN DESIRED NEIGHBORHOOD



DENIED BANK LOAN



Source: Question 19 of 2021 Community-Wide Survey

THERE IS A SIGNIFICANT RACIAL DISPARITY FOR RESIDENTS IN THE REGION WHEN TRYING TO RENT/BUY HOUSING IN A DESIRED NEIGHBORHOOD OR GET A BANK LOAN.

HEALTH NEED
HOUSING AND HOMELESSNESS

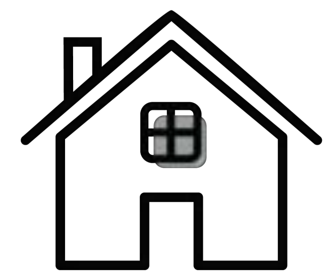
GREATEST ISSUES WITH CURRENT LIVING ARRANGEMENT (AS REPORTED BY SURVEY RESPONDENTS)

ISSUES	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY
Bugs	21.8%	13.5%	13.2%	15.9%
General Cleanliness	15.7%	9.2%	7.9%	15.0%
Landlord Disputes	7.7%	5.1%	4.1%	6.8%
Lead Paint	5.8%	2.4%	1.8%	6.4%
Unsafe Drinking Water	8.7%	4.9%	4.8%	9.2%
Nonfunctioning Appliances	7.2%	5.7%	6.7%	6.4%
Leaks	5.5%	1.9%	3.0%	4.2%
Unreliable Utilities	10.3%	4.9%	6.2%	6.9%
Mold or Dampness	11.7%	5.9%	6.1%	6.2%
Medical Condition	6.7%	4.3%	2.7%	2.4%
Overcrowding	4.1%	2.2%	1.7%	1.9%
Threat of Eviction	4.0%	2.4%	1.8%	1.2%
Violence/ Safety Concern	9.0%	1.9%	1.6%	3.5%

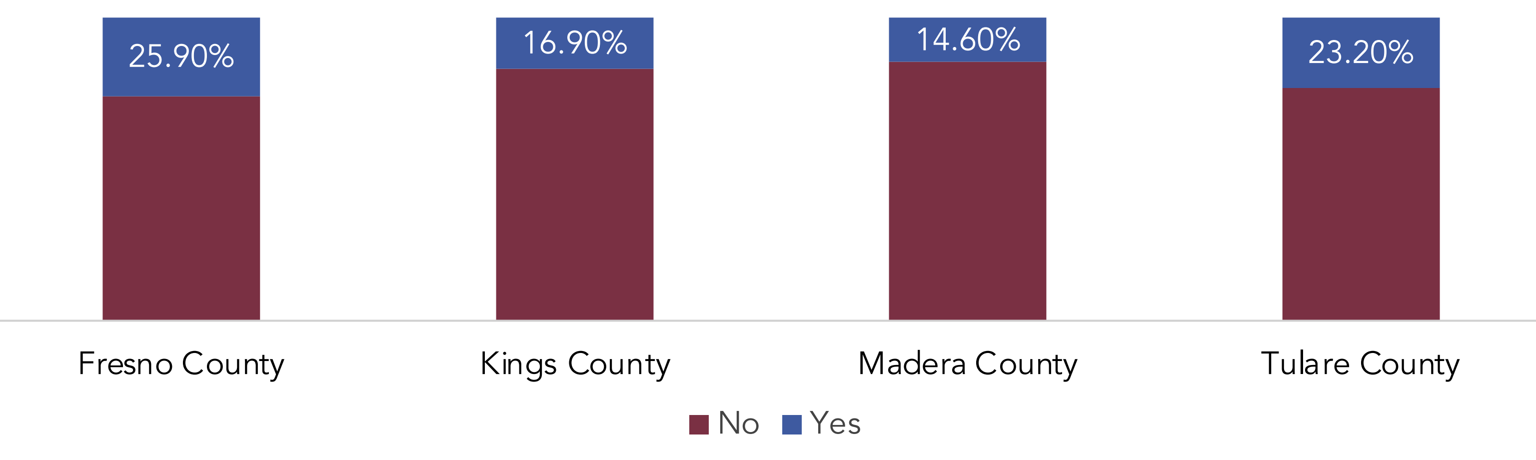
Source: Question 24 of 2021 Community-Wide Survey

BUGS, GENERAL CLEANLINESS, MOLD/DAMPNESS, UNRELIABLE UTILITIES AND UNSAFE DRINKING WATER ARE THE MAIN ISSUES THAT THE RESPONDENTS ARE HAVING WITH THEIR CURRENT LIVING SITUATIONS.

HEALTH NEED
HOUSING AND HOMELESSNESS



WORRIED ABOUT STABLE HOUSING



Source: Question 25 of 2021 Community-Wide Survey

OVER 30% OF AREA RESIDENTS, ON AVERAGE, FEEL THAT CLEAN AND SAFE HOUSING IS A NEED FOR FAMILIES IN THE REGION.

Source: Question 34 of 2021 Community-Wide Survey

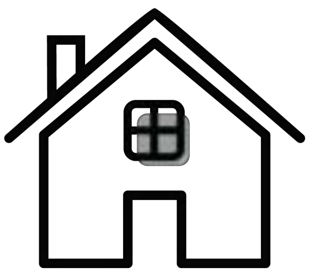
"I think low-income housing needs to be more of a priority right now. I remember, it took us over a year to actually find somewhere to live and that we could afford. And then now that we are finally in a place, like you said, with the raising rent prices, we've had to fight tooth and nail to make sure we don't end up homeless again."

- Resident

NON-BINARY INDIVIDUALS FEAR NOT HAVING STABLE HOUSING AT A MUCH HIGHER RATE THAN THOSE THAT IDENTIFY AS A MAN OR WOMAN.

Source: Question 25 of 2021 Community-Wide Survey

#11 HEALTH NEED
HOUSING AND HOMELESSNESS



WORRIED ABOUT STABLE HOUSING

Legend: Yes / No

	American Indian/Alaska Native	Asian	Black or African American	Native Hawaiian/Pacific Islander	Hispanic White	Non-Hispanic White	Bi-/Multi-Racial or Other
Yes	40%	38%	40%	25%	23%	10%	10%

Source: Question 25 of 2021 Community-Wide Survey

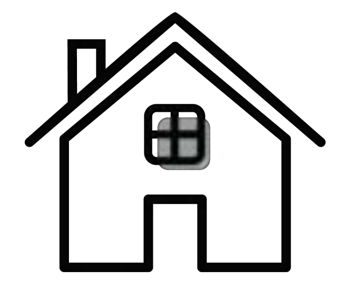
HOMELESSNESS BY RACE/ETHNICITY

Bi-/Multi-Racial
White
Hispanic
Nat Hawaiian/Pac Islander
Black
Asian
Amer Indian/AK Native

Source: Question 23 of 2021 Community-Wide Survey

THERE IS A SIGNIFICANT RACIAL DISPARITY IN THE REGION WHEN WORRIED ABOUT HAVING STABLE HOUSING OR BEING HOMELESS. BLACKS (21.8%) ARE MORE THAN 5X AS LIKELY TO BE HOMELESS THAN WHITES (4.1%). THE NEXT HIGHEST AT-RISK POPULATIONS FOR HOMELESSNESS ARE ASIANS AND AMERICAN INDIAN/ALASKA NATIVES.

HEALTH NEED
HOUSING AND HOMELESSNESS



THOSE WHO SPEND MORE THAN 30% OF THEIR INCOME ON HOUSING ARE SAID TO BE "COST BURDENED." THE PERCENTAGE OF HOUSEHOLDS SPENDING 30% OR MORE OF THEIR INCOME IS HIGHEST IN TULARE AND FRESNO COUNTIES (BOTH 39.2%), AND LOWEST IN KINGS (32.8%).

HOUSEHOLDS THAT SPEND 30% OR MORE OF INCOME ON HOUSING

2016-2020

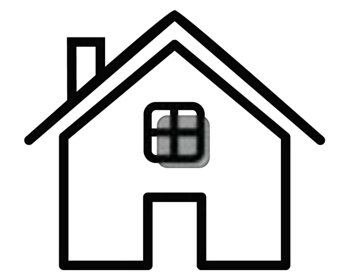
LOCATION	PERCENT
Community Health System Service Area	38.4%
Fresno County	39.2%
Kings County	32.8%
Madera County	35.8%
Tulare County	39.2%
California	41.2%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates DP04. http://data.census.gov/

"I think it [lack of affordable housing] is taking a big toll on people's mental health and even physical health due to the stress it causes. And so, when I am working with families who are going through evictions, people get so physically sick from the stress of that because oftentimes they aren't able to find anywhere else to live."

- Resident

HEALTH NEED
HOUSING AND HOMELESSNESS



7.4% OF HOUSEHOLDS IN THE COMMUNITY HEALTH SYSTEM SERVICE AREA ARE FEMALE HEADS-OF-HOUSEHOLD WITH NO SPOUSE OR PARTNER PRESENT AND WITH CHILDREN UNDER THE AGE OF 18. THIS IS HIGHER THAN THE 4.8% STATEWIDE RATE.

HOUSEHOLDS BY TYPE

2015-2019

LOCATION	TOTAL HOUSEHOLDS	FAMILY HOUSEHOLDS* WITH CHILDREN UNDER AGE 18	FEMALE HoH WITH CHILDREN UNDER AGE 18	SENIORS, 65+, LIVING ALONE
	#	%	%	%
Community Health System Service Area	534,477	28.3%	7.4%	8.9%
Fresno County	307,906	26.3%	7.6%	9.6%
Kings County	43,452	32.2%	7.6%	6.9%
Madera County	44,881	29.3%	6.1%	8.5%
Tulare County	138,238	31.1%	7.3%	8.3%
California	13,044,266	24.0%	4.8%	9.5%

*Source: U.S. Census Bureau, 2015-2019 (this data not yet available for 2016-2020) American Community Survey, DP02. http://data.census.gov/ *Family Households refers to married or cohabiting couples with householder's children under 18.*

#12 HEALTH NEED

TOBACCO AND NICOTINE USE

THE HEALTHY PEOPLE 2030 OBJECTIVE FOR CIGARETTE SMOKING AMONG ADULTS IS 5%. IN THE CHS SERVICE AREA, 9.9% OF ADULTS ARE CURRENT CIGARETTE SMOKERS, WHICH IS HIGHER THAN THE 8% STATE RATE.

IN THE CHS SERVICE AREA, 14.5% OF ADULTS REPORT BEING CURRENT SMOKERS. THE RATE IS MUCH HIGHER AMONG AMERICAN INDIAN/ALASKA NATIVE RESIDENTS (37.9%), FOLLOWED BY BLACKS (25.8%) AND LOWEST AMONG LATINOS (11.9%) AND ASIANS (10.3%).

*Source: California Health Interview Survey, 2011-2020, **2017-2020, and ***2011-2015. http://ask.chis.ucla.edu *Statistically unstable due to sample size. N/A = Not available due to insufficient sample size.*

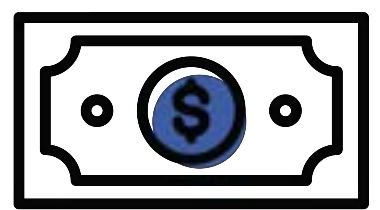
SMOKING IS HIGHER IN THE REGION THAN IN THE STATE

ADULTS, 2018-2020

TOBACCO USE	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CHS SERVICE AREA	CA
Current smoker	10.2%	12.5%	10.3%	8.6%	9.9%	8.0%
Former smoker	18.6%	18.1%	22.8%	19.8%	19.2%	20.4%
Never smoked	71.2%	69.4%	66.9%	71.6%	70.9%	71.6%
Thinking about quitting in the next 6 months	*75.6%	70.5%	53.1%	59.4%	69.7%	67.4%
Ever smoked an e-cigarette (all adults 18-65)	20.4%	27.5%	16.6%	11.6%	18.4%	19.6%

*Source: California Health Interview Survey, 2018-2020. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

#13 HEALTH NEED
ECONOMIC STABILITY



TOP 3 FACTORS THAT WOULD MOST IMPROVE RESPONDENTS' LIVES

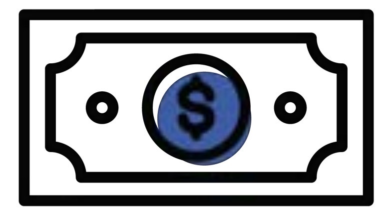
FACTORS	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CHS SERVICE AREA
Higher Living Wage	64.8%	66.9%	60.6%	63.2%	63.2%
Affordable Housing	51.7%	56.0%	49.7%	49.4%	50.5%
Jobs	41.5%	39.5%	45.5%	34.1%	40.3%

Source: Question 49 of 2021 Community-Wide Survey

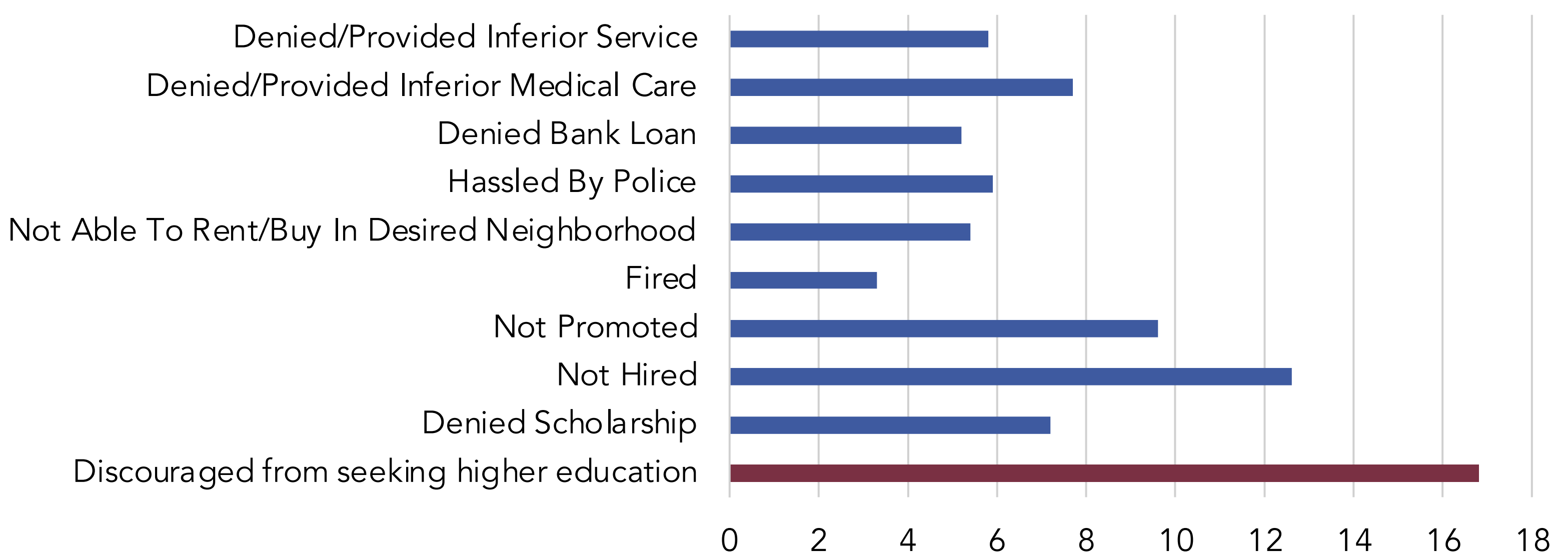
"Poverty relates to people having less access to healthcare, less access to good-paying jobs. Less access to housing options. Less access to transportation and childcare. Those are all barriers to having a productive and healthy life and they relate to poverty."
– Resident

Poverty is the underlying factor to everything. Everything ultimately comes down to poverty.
– Madera County interview

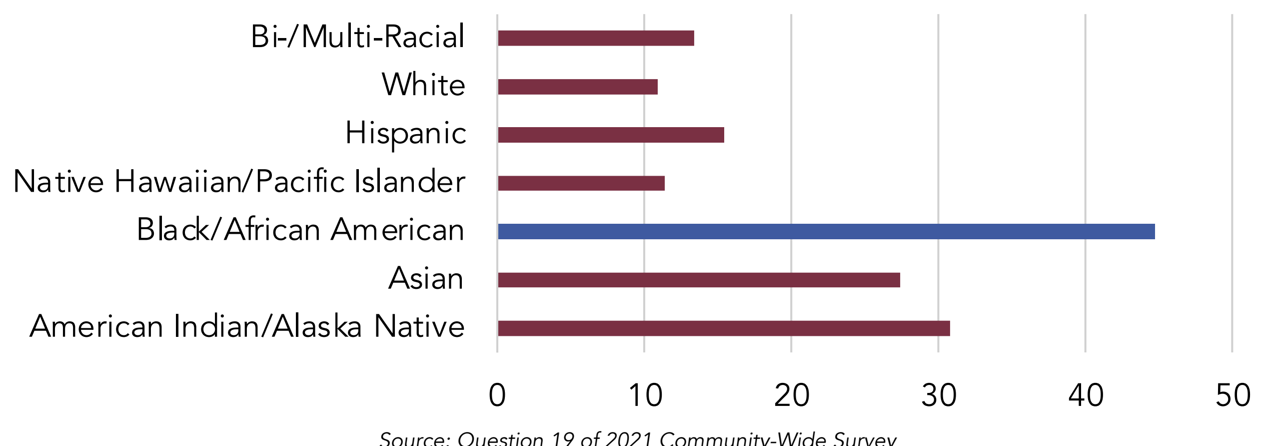
#13 HEALTH NEED
ECONOMIC STABILITY



WAYS PEOPLE IN THE REGION HAVE FELT DISCRIMINATED AGAINST



DISCOURAGED FROM SEEKING HIGHER EDUCATION DUE TO RACE

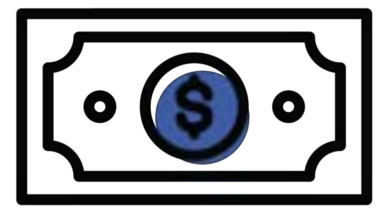


Source: Question 19 of 2021 Community-Wide Survey

THE #1 WAY PEOPLE FROM EACH COUNTY EXPERIENCED DISCRIMINATION WAS BEING DISCOURAGED FROM SEEKING HIGHER EDUCATION.

#13

HEALTH NEED
ECONOMIC STABILITY



AVERAGE HOUSEHOLD INCOME IS LOWER IN THE SERVICE AREA THAN THE STATE

2016-2020

LOCATION	HOUSEHOLDS	MEDIAN HOUSEHOLD INCOME
CHS SERVICE AREA	537,224	*$ 56,684
FRESNO COUNTY	310,097	$ 57,109
KINGS COUNTY	43,604	$ 61,556
MADERA COUNTY	44,479	$ 61,924
TULARE COUNTY	139,044	$ 52,534
CALIFORNIA	13,103,114	$ 78,672

*Source: U.S. Census Bureau, 2016-2020 American Community Survey, DP03. http://data.census.gov/ *Weighted average of the medians.*

THE COMMUNITY HEALTH SYSTEM SERVICE AREA HAS MUCH HIGHER RATES OF POVERTY AMONG ALL LISTED GROUPS THAN THE STATE DOES.

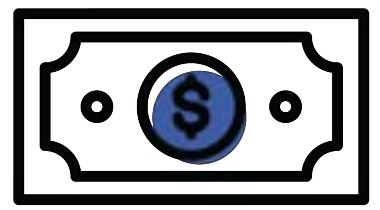
Source: U.S. Census Bureau, 2016-2020 American Community Survey, DP03. http://data.census.gov/

UNEMPLOYMENT IN THE SERVICE AREA IS HIGHER THAN THE STATE

AGES 16 AND OLDER, IN CIVILIAN LABOR FORCE

LOCATION	UNEMPLOYMENT RATE
FRESNO COUNTY	8.9%
KINGS COUNTY	8.4%
MADERA COUNTY	9.6%
TULARE COUNTY	9.9%
CHS SERVICE AREA	9.2%
CALIFORNIA	6.2%

#13 HEALTH NEED
ECONOMIC STABILITY



POVERTY LEVEL OF CHILDREN, SENIORS AND FEMALE HoH

UNDER AGE 18; SENIORS AGES 65+; AND FEMALE HoH WITH CHILDREN UNDER AGE 18

LOCATION	CHILDREN	SENIORS	*FEMALE HoH** WITH CHILDREN UNDER 18
CHS SERVICE AREA	28.8%	13.1%	43.5%
FRESNO COUNTY	29.5%	13.5%	44.3%
KINGS COUNTY	23.0%	12.7%	35.1%
MADERA COUNTY	27.7%	10.6%	41.8%
TULARE COUNTY	29.3%	13.5%	44.9%
CALIFORNIA	16.8%	10.3%	31.0%

*Source: U.S. Census Bureau, 2016-2020 American Community Survey, S1701 & *S1702. http://data.census.gov/*
***HoH – Head of Household*

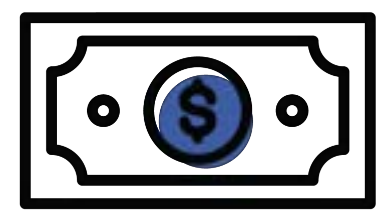
RATES OF POVERTY ARE MUCH HIGHER IN THE REGION THAN THE STATE

(<100% Federal Poverty Level (FPL) AND <200% FPL)

LOCATION	<100% FPL	<200% FPL
CHS SERVICE AREA	20.5%	44.2%
FRESNO COUNTY	20.8%	43.4%
KINGS COUNTY	16.0%	41.0%
MADERA COUNTY	19.0%	42.5%
TULARE COUNTY	21.8%	47.3%
CALIFORNIA	12.6%	29.4%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1701. http://data.census.gov/

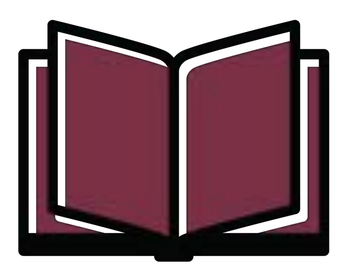
#13 HEALTH NEED
ECONOMIC STABILITY



HOUSEHOLD SUPPORTIVE BENEFITS ARE MUCH HIGHER IN THE REGION THAN THE OVERALL STATE RATES

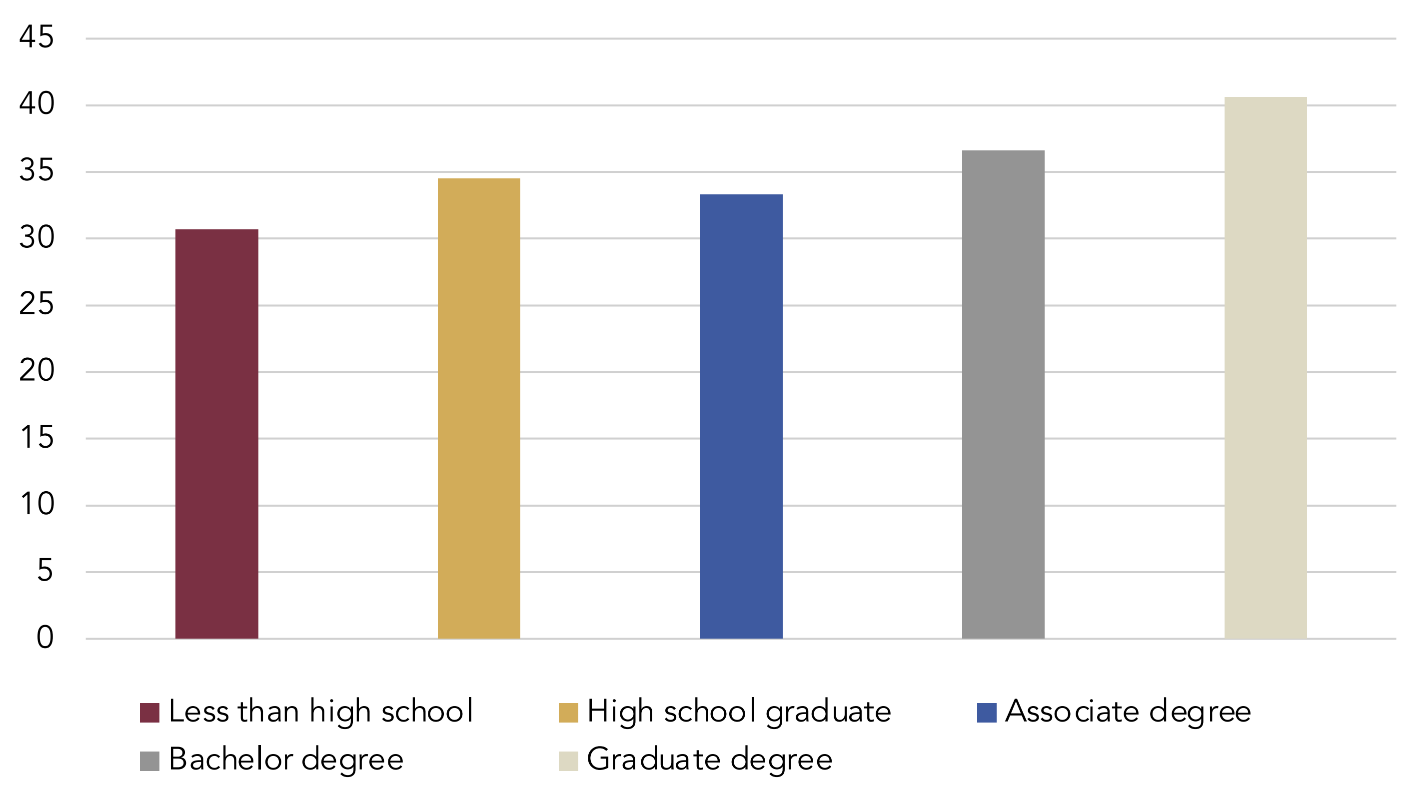
	TOTAL HOUSEHOLDS	SUPPLEMENTAL SECURITY INCOME (SSI)	PUBLIC ASSISTANCE	FOOD STAMPS/SNAP
CHS SERVICE AREA	537,224	7.9%	7.0%	19.4%
FRESNO COUNTY	310,097	8.5%	6.9%	18.8%
KINGS COUNTY	43,604	7.2%	5.5%	15.9%
MADERA COUNTY	44,479	7.6%	5.7%	18.1%
TULARE COUNTY	139,044	7.1%	8.2%	22.1%
CALIFORNIA	13,103,114	6.1%	3.3%	9.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP03. http://data.census.gov



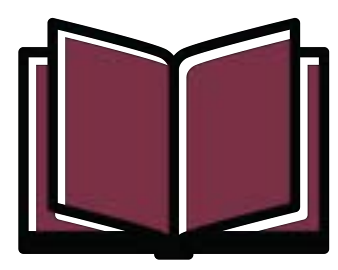
EDUCATIONAL ATTAINMENT IS A KEY DRIVER TO HEALTH

THE HEALTH RATING OF SURVEY RESPONDENTS INCREASED AS EDUCATIONAL ATTAINMENT INCREASED



Source: Question 47 of 2021 Community-Wide Survey

#14 HEALTH NEED
EDUCATION



Teens aged 16 to 19 who are not in school or working are at high risk of experiencing negative outcomes as they transition to adulthood. Limited skills and work history, combined with few financial resources to invest in developing the necessary skills or qualifications, restrict access to good jobs, as well as future higher wages.

PEOPLE WITHOUT A HIGH SCHOOL DEGREE ARE MORE LIKELY TO BE UNEMPLOYED

AGES 16 to 19

LOCATION	#	%	OF THAT %, THOSE THAT ARE NOT A HS GRADUATE
CHS SERVICE AREA	10,056	9.7%	31.3%
FRESNO COUNTY	5,479	9.6%	38.4%
KINGS COUNTY	990	12.2%	17.5%
MADERA COUNTY	618	6.7%	18.1%
TULARE COUNTY	2,969	10.0%	25.5%
CALIFORNIA	133,460	6.5%	28.8%

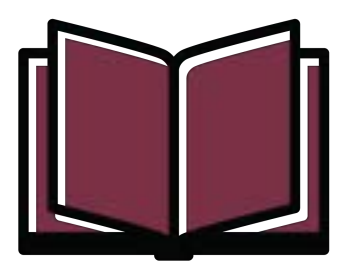
Source: U.S. Census Bureau, American Community Survey, 2016-2020, B14005. http://data.census.gov/

NONE OF THE COUNTIES IN THE REGION MEET NATIONAL GOALS (90.7%) FOR HIGH SCHOOL GRADUATION RATES

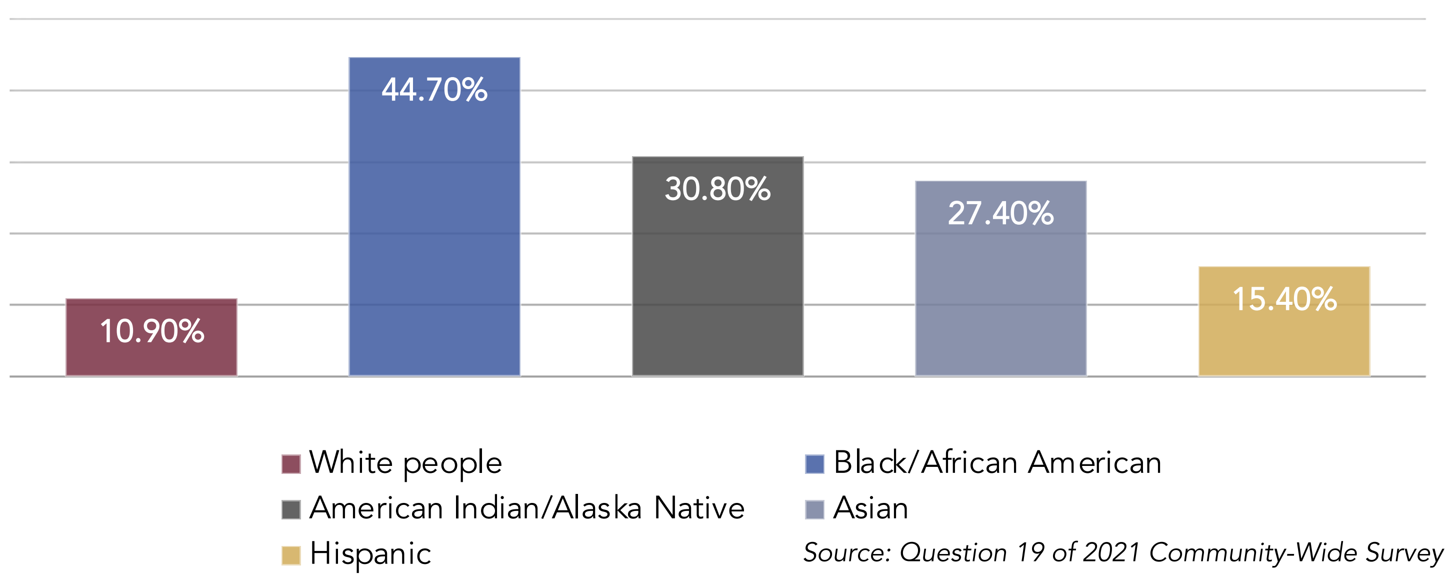
4-YEAR COHORT GRADUATION RATES

LOCATION	2018-2019	2019-2020	2020-2021
FRESNO COUNTY	81.7%	80.3%	81.1%
KINGS COUNTY	79.8%	78.4%	78.0%
MADERA COUNTY	83.6%	85.8%	83.6%
TULARE COUNTY	87.5%	87.9%	86.6%
CALIFORNIA	84.5%	84.2%	83.6%

HEALTH NEED
EDUCATION



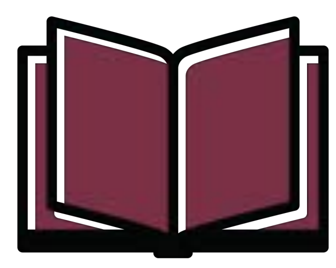
DISCOURAGED FROM SEEKING HIGHER EDUCATION



Source: Question 19 of 2021 Community-Wide Survey

WHITE PEOPLE (10.9%) ARE MORE THAN 4X LESS LIKELY THAN BLACK/AFRICAN-AMERICAN PEOPLE (44.7%) TO BE DISCOURAGED FROM ATTAINING HIGHER EDUCATION.

I think poverty has a lot to do with the lack of education. Lack of education relates to people having less access to healthcare, less access to good paying jobs, less access to transportation, less access to housing options, and less access to childcare.
- Resident



PRESCHOOL ENROLLMENT RATES ARE SIGNIFICANTLY LOWER THAN STATEWIDE RATES

CHILDREN AGES 3 AND 4 YEARS OLD

LOCATION	POPULATION (AGES 3 AND 4)	PERCENT
CHS SERVICE AREA	58,305	36.8%
FRESNO COUNTY	33,213	39.1%
KINGS COUNTY	4,836	31.5%
MADERA COUNTY	4,373	39.0%
TULARE COUNTY	15,883	32.9%
CALIFORNIA	1,018,577	48.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1401. http://data.census.gov/

#15 HEALTH NEED
ENVIRONMENTAL CONDITIONS

THE TOP 3 THINGS RESPONDENTS SAY WILL MAKE THE ENVIRONMENT BETTER IN THEIR AREA ARE

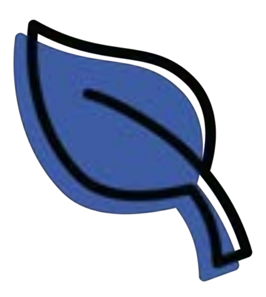
#1 CLEAN AIR

#2 WATER QUALITY

#3 CLEAN STREETS/SIDEWALKS

Source: Question 50 of 2021 Community-Wide Survey

#15 HEALTH NEED
ENVIRONMENTAL CONDITIONS



Children are more vulnerable to air pollution than adults and younger children are more vulnerable than older children. Long-term effects can extend beyond physical health to deficits in cognitive and behavioral development.

THE REGION HAD MORE DAYS WITH BAD AIR QUALITY THAN THE OVERALL STATE

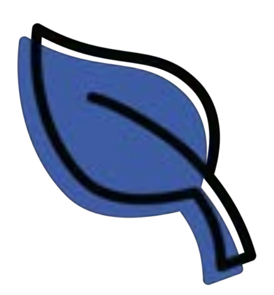
	2019	
	Annual average micrograms of particulate matter per cubic meter of air	Ozone levels above standards, in days
FRESNO COUNTY	11.2	39
KINGS COUNTY	12.2	13
MADERA COUNTY	N/A	10
TULARE COUNTY	12.9	59
CALIFORNIA	8.1	11

Source: California Air Resources Board, Air Quality Data Statistics, 2019 data, from Dec. 2020 via http://www.kidsdata.org N/A= Not available.

"Since we have so many factories all around us, the pollution and chemicals come to us. And here, in our town, the school is close to the factories.

– Fresno County resident (Spanish)"

#15 HEALTH NEED
ENVIRONMENTAL CONDITIONS



Maximum Contaminant Level (MCL) violations occur when contaminant levels in drinking water supplies exceed limits set by the California Department of Public Health. Monitoring and reporting violations occur when a public water system fails to have its water tested as required or fails to report test results correctly. With 58 counties, if violations were spread evenly among California's counties, each would have 1.7% of the total statewide violations. Instead, in 2019, Fresno County had 14.5% of the total MCL violations and 7.5% of the total monitoring and reporting violations for the state and Tulare County had 16.7% of the MCL violations and 6.2% of the monitoring and reporting ones. Madera County also had above-average MCL violations.

WATER QUALITY VIOLATIONS, ANNUAL

2019

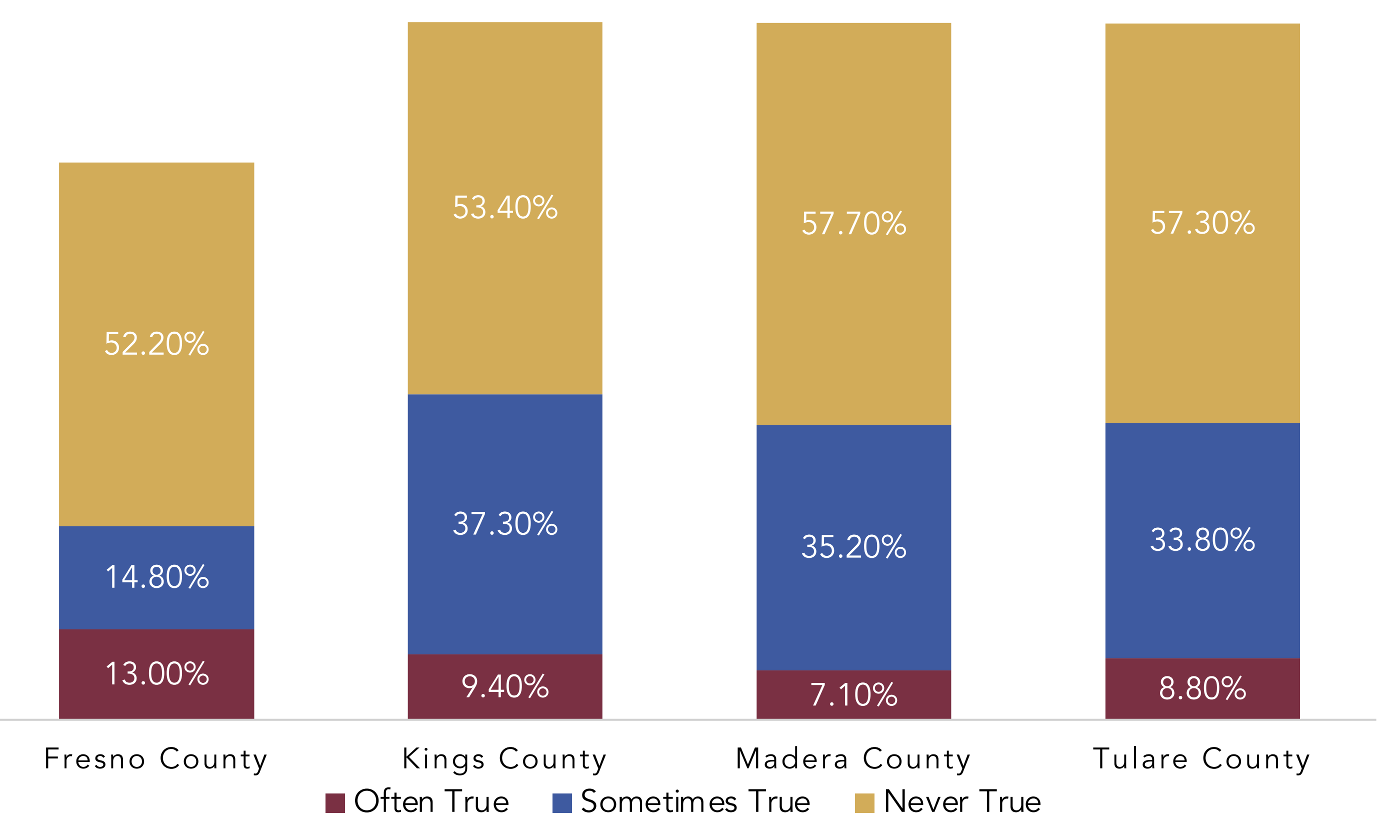
	Maximum Contaminant Level (MCL) Violations		Monitoring and Reporting Violations	
	#	% of statewide total	#	% of statewide total
FRESNO COUNTY	223	14.5%	128	7.5%
KINGS COUNTY	22	1.4%	0	0%
MADERA COUNTY	83	5.4%	7	0.4%
TULARE COUNTY	256	16.7%	106	6.2%
CALIFORNIA	1,739	100%	1,321	100%

Source: State Water Resources Control Board, Annual Compliance Report Dataset, 2019
https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Publications.html

“If we turn on our water from a restroom like our showers or our sinks, it literally smells like Clorox, like you can smell it. So, I feel like it's a big issue. I know before they tried to fix that, and they would bring us our own water and stuff. But I feel like it's still an ongoing issue, even though they keep saying it's best.”

- Resident

HOW OFTEN FOOD WAS BOUGHT THAT DIDN'T LAST AND DID NOT HAVE ENOUGH MONEY TO BUY MORE



Source: Question 22 of 2021 Community-Wide Survey

FRESNO COUNTY REPORTED HIGHER RATES OF FOOD INSECURITY THAN THE OTHER COUNTIES.

THINGS RESPONDENTS HAD TROUBLE PAYING FOR IN THE LAST 12 MONTHS

None of these
Utilities
Medication
Housing
Food
Transportation
Childcare

0.00% 10.00% 20.00% 30.00% 40.00% 50.00% 60.00%

Childcare | Transportation | Food | Housing | Medication | Utilities | None of these

Source: Question 21 of 2021 Community-Wide Survey

MORE THAN 23% OF RESIDENTS REPORT HAVING TROUBLE PAYING FOR FOOD IN THE LAST 12 MONTHS.

Source: Question 21 of 2021 Community-Wide Survey

#16 HEALTH NEED
FOOD INSECURITY

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Regional eligibility rates were all much higher than the statewide eligibility average of 59.3%. Eligibility is determined and reported for the beginning of the school year so rates were unaffected by the COVID-19 Pandemic.

FREE AND REDUCED MEALS ELIGIBILITY

2019-2020 SCHOOL YEAR

LOCATION	% ELIGIBLE STUDENTS
Fresno County	74.2%
Kings County	70.4%
Madera County	79.7%
Tulare County	76.5%
California	59.3%

Source: California Department of Education, 2019-2020. http://data1.cde.ca.gov/dataquest/

BLACKS, AMERICAN INDIANS/ALASKA NATIVES, AND ASIANS ARE ALL AT LEAST 2X MORE LIKELY THAN WHITES TO EXPERIENCE FOOD INSECURITY IN THE REGION.

Source: Question 22 of 2021 Community-Wide Survey

"The main thing to make sure children are getting fed if they're not getting fed at home, have free lunches for the children at school and not make them feel like they are different. You know make it available for everyone. Yeah, and the ones that are hungry can go and eat."

- Resident

#16 HEALTH NEED
FOOD INSECURITY

The Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budgets of needy families so that they can purchase healthy food. **19.4% of Community Health System's service area households access SNAP benefits, which is more than double the 9% state rate. For female Heads-of-Household with children under 18 living in the home, the rate rises to 52.2%, much higher than the state rate of 32.9%.**

RESIDENTS OF THE REGION UTILIZE SNAP BENEFITS MORE THAN THE OVERALL STATE

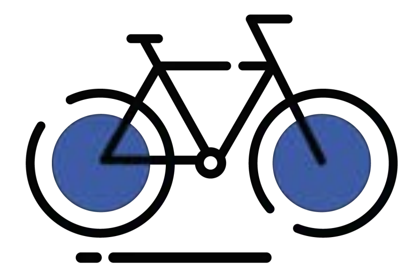
2016-2020

LOCATION	ALL HOUSE-HOLDS	% ACCESSING SNAP	HOUSEHOLD WITH 1 OR MORE PERSON 60+	% ACCESSING SNAP	FEMALE HoH WITH CHILDREN UNDER 18	% ACCESSING SNAP
CHS SERVICE AREA	537,224	19.4%	198,435	12.7%	62,549	52.2%
FRESNO COUNTY	310,097	18.8%	114,377	12.2%	36,325	53.5%
KINGS COUNTY	43,604	15.9%	14,755	12.5%	5,126	44.0%
MADERA COUNTY	44,479	18.1%	19,177	10.6%	4,315	48.2%
TULARE COUNTY	139,044	22.1%	50,126	14.5%	16,783	53.0%
CALIFORNIA	13,103,114	9.0%	5,230,943	7.5%	974,232	32.9%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S2201. http://data.census.gov

Well, for example, food. Everything is very expensive right now. Everything went up and when you go to the store, you grab one thing and grab another and then it racks up to $500 or sometimes even more.

- Resident



THERE IS A SIGNIFICANT RACIAL DISPARITY WITH HAVING RELIABLE TRANSPORTATION TO GET TO IMPORTANT PLACES

30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%

Medical Appointments | Work/Meetings | Daily Living

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- Hispanic White
- Non-Hispanic White
- Bi/Multi-Racial or Other

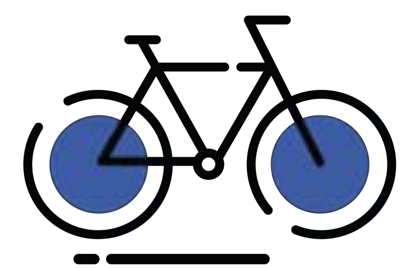
Source: Question 28 of 2021 Community-Wide Survey

“

I’m from the Avenal area. I’m working with a family who had an appointment at Children’s Hospital. They didn’t have transportation, so they spent the entire day on public transportation to get there. They didn’t get back to Avenal until 7pm. And that is the kind of stuff that families have to go through here in town.

- Resident

#17 HEALTH NEED
TRANSPORTATION



WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WALKSCORE.COM HAS ESTABLISHED THE RANGE OF SCORES AS FOLLOWS:

0-24: Car Dependent (Almost all errands require a car)
25-49: Car Dependent (A few amenities within walking distance)
50-69: Somewhat Walkable (Some amenities within walking distance)
70-89: Very Walkable (Most errands can be accomplished on foot)
90-100: Walker's Paradise (Daily errands do not require a car)

WALKABILITY

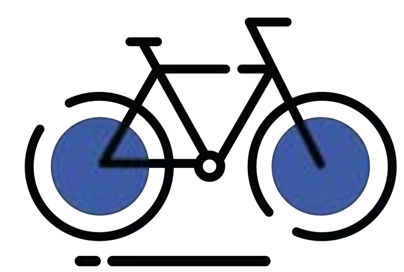
2022

CITY	WALK SCORE
Clovis	37
Fresno	47
Hanford	36
Madera	42
Porterville	40
Tulare	40
Visalia	39

Source: WalkScore.com, 2022

BASED ON THIS SCORING METHOD, ALL LISTED CITIES ARE CLASSIFIED AS "CAR DEPENDENT," WITH HANFORD BEING THE LEAST WALKABLE, AT 36, AND FRESNO SCORING THE HIGHEST OF THE AREA'S LARGE CITIES, WITH A SCORE OF 47.

#17 HEALTH NEED
TRANSPORTATION

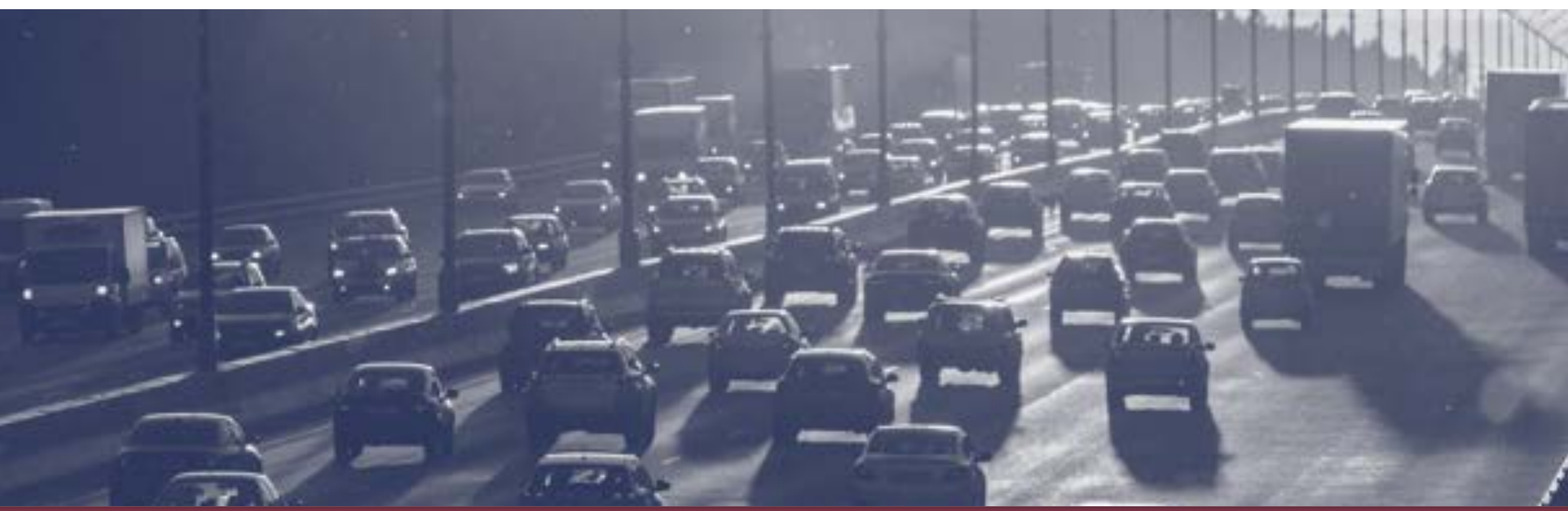


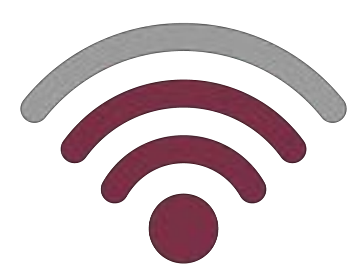
Regional workers spend, on average, 23.4 minutes a day commuting to work. 78.1% of all workers drive alone to work and 26.5% of solo drivers have a commute of 30 minutes or more. Few workers commute by public transportation (0.7%) or walk or ride a bicycle to work (1.9%). Workers in Madera County have the longest commutes in the region and Tulare County has the shortest.

TRANSPORTATION / COMMUTE TO WORK

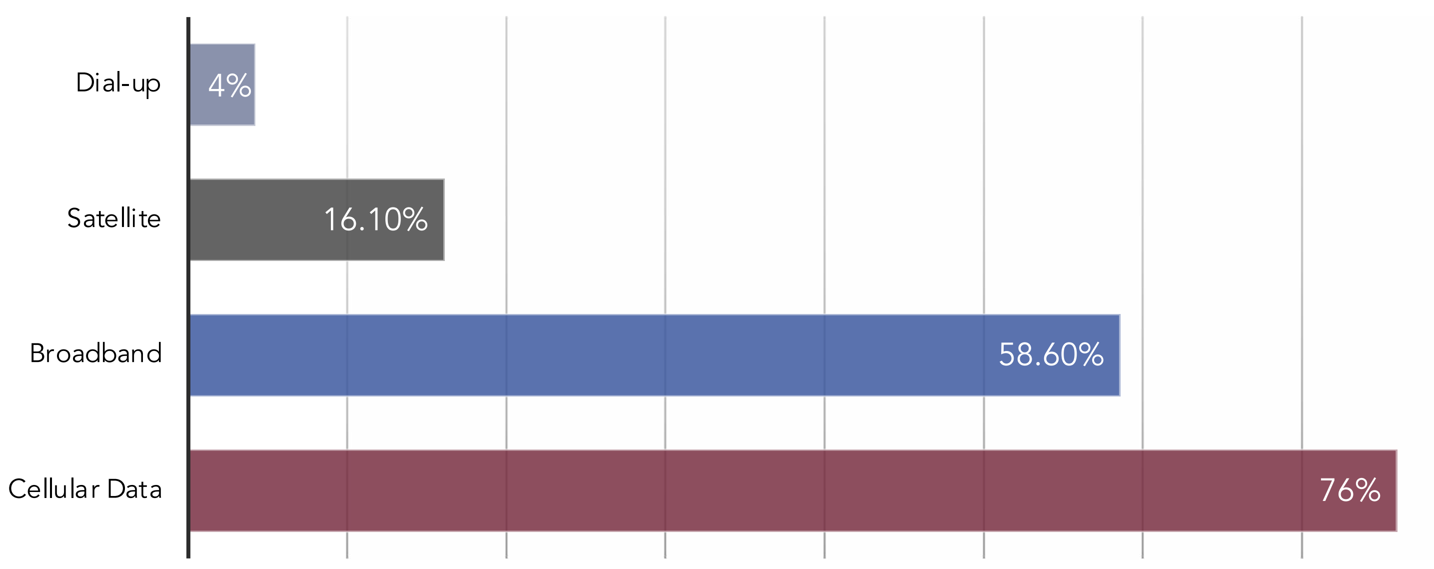
	CHS SERVICE AREA*	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CA
Mean travel time to work (in minutes)	23.4	23.3	23.2	28.5	22.0	29.8
Workers who drive alone	78.1%	78.3%	77.4%	74.7%	78.8%	72.1%
Solo drivers with a long (> 30 min.) commute**	26.5%	25.1%	29.5%	39.4%	24.5%	42.3%
Workers commuting by public transport	0.7%	0.9%	0.3%	0.4%	0.6%	4.6%
Workers who walked or biked to work	1.9%	1.9%	2.3%	2.1%	1.6%	3.3%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S0801 & **S0802. http://data.census.gov/*
** Weighted average of area means*





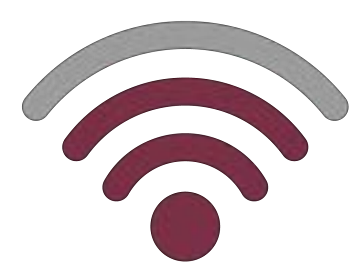
TYPE OF INTERNET CONNECTION



Source: Question 27 of 2021 Community-Wide Survey

RESIDENTS WITH HIGHER INCOME LEVELS HAVE A GREATER LIKELIHOOD OF HAVING INTERNET ACCESS.

#18 HEALTH NEED
INTERNET ACCESS



Households without a computer and communities with zero, or limited, access to highspeed internet are at a competitive, educational and healthcare disadvantage, creating what has become known as a Digital Divide between those who have access and those who do not. This Digital Divide is of particular concern to healthcare because of the ability to provide telehealth to residents so that gaps are closed in access to care. Households with speeds of less than 25 Megabits-per-second (Mbps) download and 3 Mbps upload are considered 'unserved' by Broadband internet. California ranks 13th out of the 50 U.S. states in terms of Broadband coverage.

Per the Public Policy Institute of California (PPIC), quoting 2019 ACS data, Latino and African-American households in California are less likely to have Broadband subscriptions, as are rural, low-income and less-educated households, as well as senior adults, aged 65 and older. (Source: PPIC https://www.ppic.org/publication/californias-digital-divide/).

OLDER RESIDENTS (65+) ARE LESS LIKELY TO HAVE INTERNET ACCESS THAN YOUNGER RESIDENTS.

Source: Question 28 of 2021 Community-Wide Survey

COMPUTER AND BROADBAND INTERNET ACCESS

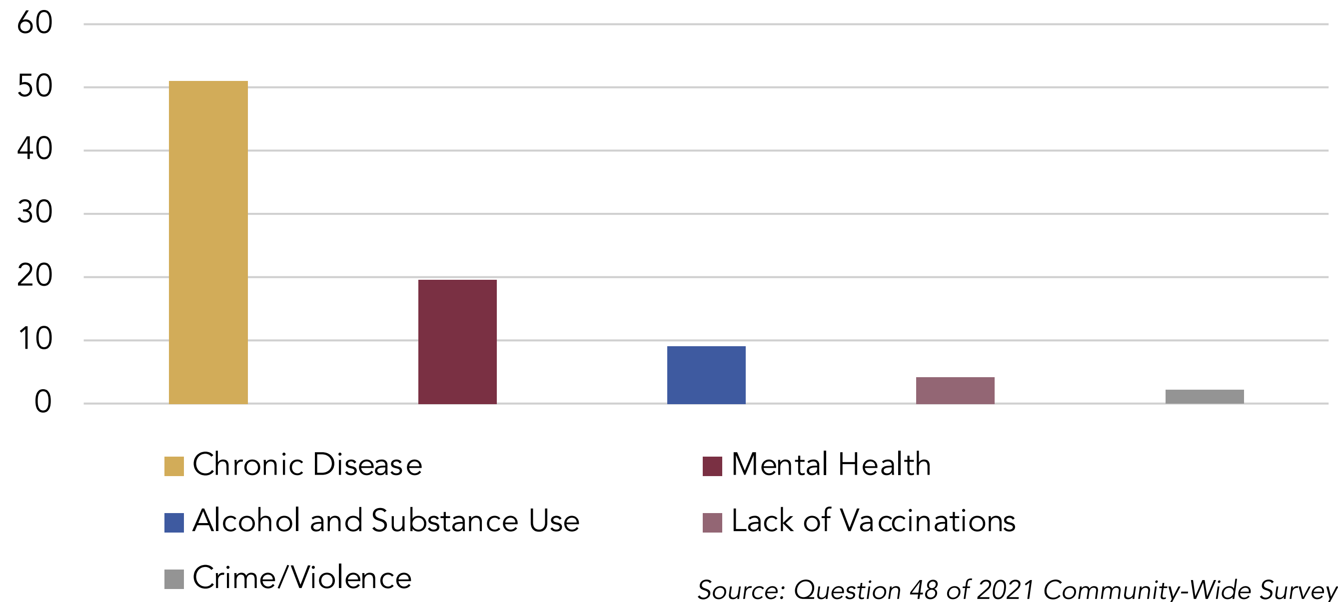
2016-2020

	TYPE OF COMPUTER		TYPE OF INTERNET SUBSCRIPTION			PERCENT BROADBAND COVERAGE*
	NO COMPUTING DEVICE	ONLY SMARTPHONE	NO INTERNET SUBSCRIPTION	DIAL-UP ONLY	CELLULAR DATA PLAN ONLY	
CHS SERVICE AREA	8.8%	13.0%	17.1%	0.2%	14.6%	N/A
FRESNO COUNTY	8.9%	11.8%	17.1%	0.3%	13.0%	91.8%
KINGS COUNTY	7.7%	13.6%	16.5%	0.1%	9.7%	83.7%
MADERA COUNTY	7.9%	12.9%	15.1%	0.3%	18.1%	86.7%
TULARE COUNTY	9.2%	15.6%	18.0%	0.2%	18.6%	77.0%
CALIFORNIA	5.7%	6.9%	10.9%	0.2%	10.1%	94.1%

*Source: U.S. Census Bureau, American Community Survey, 2016-2020, S2801. http://data.census.gov/ AND *Source: BroadbandNow. https://broadbandnow.com/California*

#19 HEALTH NEED
CRIME AND VIOLENCE

IN COMPARISON WITH OTHER COMMUNITY SOCIAL DETERMINANTS OF HEALTH, CRIME AND VIOLENCE IS A LOW CONCERN FOR THE REGION



Source: Question 48 of 2021 Community-Wide Survey

"Gangs are a challenge that our children are facing."
- Resident

"They also don't feel safe to go out to the parks on their own sometimes. So, they stay at home, locked up, watching the TV."
- Resident

"I wanted to tell you that here where I live, in these areas, it is a bit difficult because if you look at things that happen, then it is dangerous. Actually, I can't leave my children out alone. No, because it is dangerous and there are so many people that you never know how the person acts, right?"
- Resident

#19 HEALTH NEED
CRIME AND VIOLENCE

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. For 2019, property crime rates in the region were generally similar to, or lower than, the state, with the exception of the cities of Fresno and Visalia. Violent crime in 2019 was higher than the state rate for every county but Tulare.

VIOLENT CRIME AND PROPERTY CRIME RATES

RATES PER 100,000 PERSONS, 2015 AND 2019

	PROPERTY CRIMES				VIOLENT CRIMES			
	NUMBER		RATE*		NUMBER		RATE*	
	2015	2019	2015	2019	2015	2019	2015	2019
Fresno County	33,447	23,195	3,364.8	2,333.4	5,228	4,737	525.9	476.5
Kings County	3,901	2,466	2,601.3	1,644.4	694	757	462.8	504.8
Madera County	3,703	2,693	2,355.7	1,713.2	858	830	545.8	528.0
Tulare County	11,783	10,625	2,534.8	2,285.7	1,815	1,692	390.5	364.0
California	1,023,828	915,197	2,591.8	2,317.9	166,588	173,205	421.7	438.7

*Source: California Department of Justice, Office of the Attorney General, 2019. https://oag.ca.gov/crime *All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO; as such, 2015 rates are estimates. Care should be used when interpreting rates calculated on small populations or small numbers, such as violent crimes.*

#19

HEALTH NEED
CRIME AND VIOLENCE

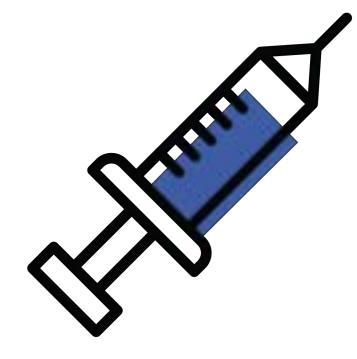
Domestic violence calls are categorized as occurring with or without a weapon; fists or other body parts may be categorized as weapons when inflicting great bodily harm. With the possible exception of Madera County, domestic violence calls in area counties involve weapons at a lower rate than the statewide average of 46.6%.

DOMESTIC VIOLENCE

RATES PER 1,000 PERSONS, 2019

	Total	Rate*	Without Weapon	With Weapon
Fresno County	6,557	6.60	70.8%	29.2%
Kings County	692	4.61	71.4%	28.6%
Madera County	554	3.52	23.6%	76.4%
Tulare County	2,301	4.95	72.8%	27.2%
California	161,123	4.08	53.4%	46.6%

*Source: California Department of Justice, Office of the Attorney General, 2019. https://oag.ca.gov/crime *All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO. Care should also be used when interpreting rates calculated on a small number.*



BEHAVIORS OF CONCERN IN THE REGION

Behavior	Percent
Teenage Sex	7.40%
Unsafe Sex	8.60%
Talk and Text While Driving	15%
Crime/Violence	16.60%
Tobacco and Nicotine Use	19.40%
Preventative Care	20.50%
Mask Wearing	24%
Mental Health/Stress	29.60%
Alcohol Use	38.60%
Lack of Nutrition	43.10%
DUI/Substance Use	45%

Source: Question 51 of 2021 Community-Wide Survey

UNSAFE SEX AND TEEN SEX ARE THE LEAST BEHAVIORS OF CONCERN IN THE REGION (AS REPORTED BY RESIDENTS IN THE SURVEYS AND INTERVIEWS)

#20 HEALTH NEED

HIV AND STIs

It is possible that part of the reason for the higher rate of newly-diagnosed HIV cases in Fresno County than the state, despite the lower overall rate of HIV in the community, is due to less testing by adults who live there. Only 37.6% of adults in Fresno County, and 37.1% in the region, said that they had ever been tested, as compared to 45.9% statewide.

HIV TESTING IN THE REGION IS LOWER THAN IN THE STATE

Adults, 2017-2020, pooled

	CHS SERVICE AREA	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CA
Ever tested for HIV	37.1%	37.6%	40.9%	38.0%	34.8%	45.9%

Source: California Health Interview Survey, 2017-2020, pooled. http://ask.chis.ucla.edu/

HIV / AIDS DIAGNOSES AND DEATHS WERE HIGHEST IN FRESNO COUNTY

2019, RATES PER 100,000 PERSONS

	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CA
Newly diagnosed cases	116	8	7	33	4,396
Rate of new diagnoses	11.4	5.2	4.4	6.9	11.0
Living cases	2,105	205	189	496	137,785
Rate of HIV	206.0	132.7	118.9	103.3	344.8
Percent in care	80.3%	62.9%	73.0%	76.0%	75.0%
Percent virally suppressed	68.7%	56.1%	66.7%	59.1%	65.3%
Deaths per 100k HIV+ persons, in 2019	3.1	1.3	0.6	2.1	4.8

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

#20 HEALTH NEED
HIV AND STIs

Regional rates of sexually transmitted infections (STIs) are lower than the state rate and are much higher among men than women. Statewide, rates are highest in each gender among those aged 25-34, followed by those 20-24.

SEXUALLY TRANSMITTED INFECTION CASES

RATE PER 100,000 PERSONS, FIVE-YEAR AVERAGE

STI	FRESNO COUNTY		KINGS COUNTY		CALIFORNIA
	CASES	RATE	CASES	RATE	RATE
Chlamydia	7,269	711.3	1,204	779.6	594.7
Gonorrhea	2,407	235.5	315	204.0	201.7
Primary and secondary syphilis	187	18.3	26	16.8	20.6
Early latent syphilis	138	13.5	15	9.7	20.8

STI	MADERA COUNTY		TULARE COUNTY	
	CASES	RATE	CASES	RATE
Chlamydia	969	609.7	3,476	724.3
Gonorrhea	257	161.7	880	183.4
Primary and secondary syphilis	25	15.7	57	14.0
Early latent syphilis	7	4.4	19	4.0

Source: California Department of Public Health, STD Control Branch, 2019 STD Surveillance Report, 2019 data.
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2019-STD-Data-All-STDs-Tables.pdf

Rates of STIs in Fresno County youth (aged 10 to 19) are higher than state rates. Among teens 15 to 19 in Kings County, the rate of chlamydia is higher than the state rate, while the rate of gonorrhea is comparable. Rates in Madera and Tulare Counties are lower.

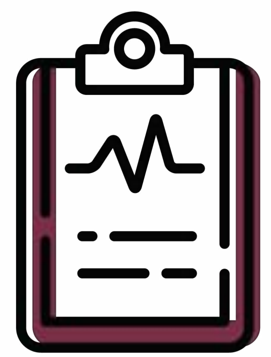
SEXUALLY TRANSMITTED INFECTIONS IN YOUTH

2018, RATES PER 100,000 INDIVIDUALS OF THAT AGE GROUP

	FRESNO COUNTY	KINGS COUNTY	MADERA COUNTY	TULARE COUNTY	CA
Chlamydia, ages 10 to 14	29.1	S	S	26.3	28.5
Chlamydia, ages 15 to 19	1,861.7	1,792.9	1,385.6	1,466.7	1,504.6
Gonorrhea, ages 10 to 14	12.7	0.0	S	0.0	6.5
Gonorrhea, ages 15 to 19	306.4	249.2	209.9	164.1	252.2

Source: California Dept. of Public Health, Sexually Transmitted Diseases Control Branch, custom tabulation, Jan. 2020, of 2018 data, via http://www.kidsdata.org *S= Suppressed due to privacy concerns.*

LEADING CAUSES
OF DEATH



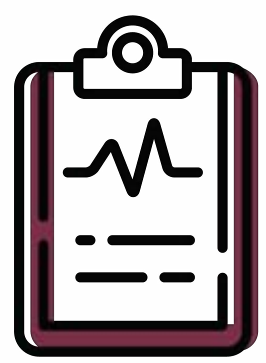
The leading cause of death in the CHS service area is heart disease, followed by cancer. The heart disease mortality rate in the region ranges from 149.1 deaths per 100,000 persons in Madera County to 187.2 deaths in Tulare County, all of which are higher than the state rate (141.5 deaths per 100,000 persons). The Healthy People 2030 objective is specific to ischemic heart disease only: 71.1 deaths per 100,000 persons. **The counties rates range from 87.2 deaths from ischemic heart disease per 100,000 residents of Madera County to 116.5 deaths in Tulare County, all of which are higher than the state rate (85.8 per 100,000 persons) and none of which are yet to meet the Healthy People 2030 goal.** The cancer death rate in the region ranges from 139.7 deaths per 100,000 persons in Fresno County to 150.9 deaths in Kings County, all of which are higher than the state rate (137 deaths per 100,000 persons). These rates do not yet meet the Healthy People 2030 objective for cancer mortality of 122.7 deaths per 100,000 persons.

In addition to heart disease and cancer, unintentional injury, stroke, Chronic Lower Respiratory Disease (CLRD) and Alzheimer's disease are in the top six causes of death in every regional county. In addition to overall death rates and rates of heart disease and cancer, mortality due to stroke, accidents (unintentional injury), CLRD, liver disease and cirrhosis and essential hypertension/hypertensive rental disease (high blood pressure) tend to have higher rates regionally than statewide.

NOTE: Differences in rates between counties, or as compared to the state, may or may not be significant, particularly for causes of death with relatively fewer deaths per year, so care should be taken when drawing conclusions.

THE TOP TWO LEADING CAUSES OF DEATH IN THE CHS REGION ARE HEART DISEASE AND CANCER.

LEADING CAUSES
OF DEATH



MORTALITY RATES

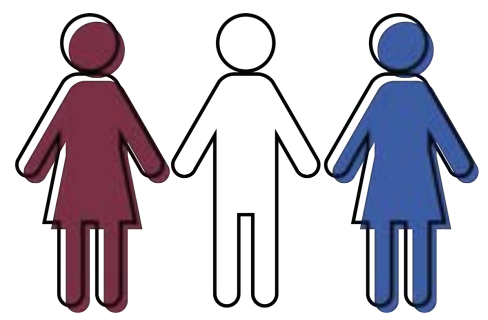
FIVE-YEAR AVERAGE, AND RATE PER 100,000 PERSONS, AGE-ADJUSTED*

CAUSES OF DEATH	FRESNO COUNTY		KINGS COUNTY		MADERA COUNTY		TULARE COUNTY		CA
	#	RATE	#	RATE	#	RATE	#	RATE	RATE
All causes	6,906	730.5	857	690.3	1,107	702.1	3,102	759.4	613.4
Heart disease	1,589	168.2	201	165.6	235	149.1	751	187.2	141.5
Ischemic heart disease	1,006	106.3	125	102.8	138	87.2	468	116.5	85.8
All cancers	1,324	139.7	188	150.9	238	146.2	591	142.3	137.0
Stroke	407	43.6	45	38.1	61	39.4	176	44.3	37.0
Alzheimer's disease	365	39.0	37	32.7	65	44.0	151	39.4	36.6
Unintentional injury	425	44.6	56	39.6	77	49.9	186	42.8	33.1
Chronic lower respiratory disease	318	34.5	45	38.5	66	41.2	168	41.9	31.5
Diabetes	254	27.1	26	21.3	34	21.8	101	24.6	21.6
Pneumonia and flu	155	16.3	16	13.4	21	13.7	86	21.6	14.3
Liver disease & cirrhosis	160	16.6	22	16.0	31	18.8	92	21.4	12.3
Essential hypertension / hypertensive renal disease	210	22.1	12	10.3	32	20.4	90	22.6	12.3
Suicide	105	11.1	19	13.4	17	11.6	44	10.2	10.6
Kidney disease	87	9.3	16	12.8	14	9.3	28	7.0	8.7
Parkinson's disease	70	7.8	5	4.8	9	6.4	25	6.6	8.0
Homicide	70	7.2	9	5.9	8	5.7	36	8.0	5.0
Pneumonitis due to liquids and solids	70	7.5	5	4.3	8	5.1	27	6.8	3.8
Septicemia	99	10.4	9	7.6	18	10.9	40	9.5	3.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

** Age-adjustment is a way to make fairer comparisons between groups that have different age distributions. Computing age-adjusted rates=deaths in age group/estimated population of that age group x 100,000.*

IDEAS FOR CHANGE
FROM THE PUBLIC



FRESNO

- Increase number of healthcare provider treatment locations
- Increase advocacy
- Increase awareness of resources available
- More community involvement from hospitals
- Repurpose community spaces to be more usable
- Improve scheduling (more appointments available and reducing waiting time when at appointments)
- Research more ways to attract and hire more providers
- Make healthcare more affordable and attainable
- Provide better translation/interpretation services
- Improve local transportation
- Increase quality and affordable childcare
- Increase access to healthy foods
- Better access to mental health support

KINGS

- Increase awareness of resources available
- More community involvement from hospitals
- Repurpose community spaces to be more usable
- Train providers and healthcare workers to improve resident quality of care. Topic suggestions included discrimination in healthcare, LGBTQ+ needs, interpersonal training and cultural sensitivity.
- Provide more support in navigating the healthcare system
- Research more ways to attract and hire more providers
- Improve local transportation
- Increase quality and affordable childcare
- Increase access to healthy foods
- Better access to mental health support
- Improve access to healthcare
- Increase health education on how to stay healthy

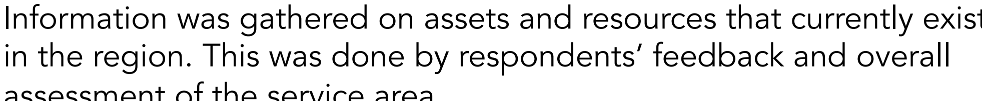
MADERA

- Increase awareness of resources available
- Increases community advocacy
- More community involvement from hospitals
- Repurpose community spaces to be more usable
- Create more community gardens and farmers markets
- Have more integrated healthcare teams that share information
- Research more ways to attract and hire more providers
- Improve scheduling (more appointments available and reducing waiting time when at appointments)
- Improve local transportation
- Improve employment support for pregnant women and new mothers
- Improve mental health support

TULARE

- Increase awareness of resources available
- Increases community advocacy
- More community involvement from hospitals
- Repurpose community spaces to be more usable
- Create more community gardens and farmers markets
- Make better choices for the environment
- Provide better translation/interpretation services
- Research more ways to attract and hire more providers
- Improve scheduling (more appointments available and reducing waiting time when at appointments)
- Increase outreach from hospitals to community
- Improve local transportation
- Increase after-school programs
- Improve mental health support

CURRENT RESOURCES ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the region. This was done by respondents' feedback and overall assessment of the service area.

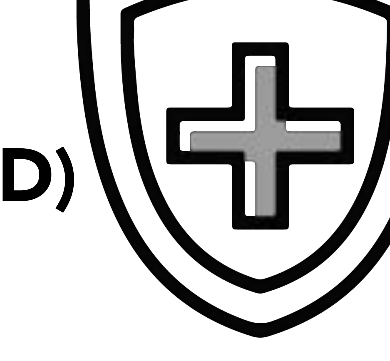
CHILD/YOUTH SUPPORT
Boys & Girls Clubs of Fresno County
Boys & Girls Clubs of the Sequoias
Exceptional Parents Unlimited
First 5 Fresno County
First 5 Kings County
First 5 Madera County
First 5 Tulare County
Help Me Grow Fresno County
Lighthouse for Children
ProYouth
Safe Kids Kings County
Safe Kids Central California
Teen Parent Support Program – First 5 Fresno
Tulare County Early Childhood Education Program
Valley Teen Ranch

DEVELOPMENTAL & PHYSICAL DISABILITIES/SENIOR CITIZENS
Central Valley Regional Center
Fresno-Madera Agency on Aging
Kings County Commission on Aging Council
Kings/Tulare Area Agency on Aging
Valley Caregiver Resources Center

DOMESTIC/CHILD ABUSE & VIOLENCE, SEXUAL ASSAULT
CASA of Fresno and Madera Counties
CASA of Kings County
CASA of Tulare County
Family Services Supporting Tulare County
Madera County Child Abuse Prevention Council
Marjaree Mason Center
Resource Center for Survivors, Fresno County Rape Crisis Services
Suspected Child Abuse & Neglect (SCAN) Teams for Fresno and Madera Counties

ECONOMIC STABILITY
American Red Cross Central California Region
Central California Food Bank
Central California Hispanic Chamber of Commerce
Central Valley Asian-American Chamber of Commerce
Clovis Chamber of Commerce
Every Neighborhood Partnership
Fresno Chamber of Commerce
Fresno Economic Opportunities Coalition
Fresno Interdenominational Refugee Ministries
Fresno Madera Continuum of Care
Fresno Metro Black Chamber of Commerce
Fresno Metro Ministry
Fresno State Project Management Institute
Greater Kings County Chamber of Commerce
Hands in the Community
Kings Community Action Organization
Kings Partnership for Prosperity, Progress and Prevention
Kings Tulare Homeless Alliance (CoC)
Kings United Way
Kiwanis Club of Madera
Rotary Club of Madera
Madera Chamber of Commerce
Madera County Economic Development Commission
Quinto Sol De America
Self-Help Enterprises
Soroptimist Club of Madera
The Fresno Center
Tulare Chamber of Commerce
Turning Point of Central California Inc
United Way Fresno and Madera Counties
United Way of Tulare County
Valley Alliance for Latina Leadership Excellence
Visalia Chamber of Commerce
Visalia Emergency Aid Council
Visalia Family Resource Center
West Fresno Family Resource Center

CURRENT RESOURCES ADDRESSING PRIORITY HEALTH NEEDS (CONTINUED)



Information was gathered on assets and resources that currently exist in the region. This was done by respondents' feedback and overall assessment of the service area.

EDUCATION
California State University, Fresno
Central Unified School District
Clovis Unified School District
Fresno County Office of Education
Fresno Unified School District
Madera County Office of Education
Hanford Joint Union High School District
Kings County Office of Education
Maddy Institute, California State University, Fresno
Madera Unified School District
San Joaquin Valley College
State Center Community College District
Tulare County Office of Education
Visalia Unified School District

HEALTHCARE
Adventist Health
American Cancer Society
American Heart Association
BLACK Wellness & Prosperity Center
CalViva Health
Camarena Health
Central Valley Health Network
Clinica Sierra Vista
Community Medical Centers
Cultiva la Salud
Fresno County Department of Public Health
Fresno County Preterm Birth Initiative
Fresno Diabetes Collaborative
Fresno State Nursing Student Program
Health Net
Healthy Communities Access Program (HCAP)
Hinds Hospice
Kaiser Permanente Fresno Medical Center
Kaweah Health Medical Center
Kings County Department of Public Health
Leukemia & Lymphoma Society
Madera County Breastfeeding Coalition
Madera County Department of Public Health
March of Dimes Central Valley Division
OMNI Health Centers
Optimal Hospice

HEALTHCARE (CONTINUED)
Saint Agnes Medical Center
San Joaquin Valley Public Health Consortium
Sierra View Medical Center
Tulare County Department of Public Health
UCSF Fresno
United Health Centers of the San Joaquin Valley
Valley Children's Healthcare
Ventanilla de Salud Program, Mexican Consulate Fresno

HEALTHY FOOD, PHYSICAL ACTIVITY & NUTRITION
Central California Regional Obesity Prevention Program
Live Well Madera County Obesity and Diabetes Workgroup
University of California Cooperative Extension
Visalia Farmers' Market Association

MENTAL HEALTH & SUBSTANCE USE
Fresno County Department of Behavioral Health
Kings County Department of Behavioral Health
Kings County Wellness Bridge
Kings View
Local Outreach to Suicide Survivors – Fresno County
Madera County Department of Behavioral Health
Madera Unified School District Wellness Committee
National Alliance on Mental Illness – Fresno County
Tulare County Department of Behavioral Health
WestCare

SOCIAL SERVICES
Fresno Rescue Mission
Kings Gospel Mission
Lighthouse Rescue Mission
Madera Rescue Mission
Poverello House
Roman Catholic Diocese of Fresno

CONCLUSION AND NEXT STEPS

CONCLUSION:

- ✓ WROTE AN EASILY UNDERSTANDABLE CHNA REPORT
- ✓ ADOPTED AND APPROVED CHNA REPORT
- ✓ DISSEMINATED THE RESULTS SO THAT IT WAS WIDELY AVAILABLE TO THE PUBLIC

NEXT STEPS WILL BE:

- ✓ DEVELOP IMPLEMENTATION PLAN FOR 2022-2024
- ✓ DECIDE ON INDICATORS FOR PRIORITY HEALTH NEEDS
- ✓ OBJECTIVES FOR IMPLEMENTATION PLAN
- ✓ EVIDENCE-BASED STRATEGIES TO ADDRESS HEALTH NEEDS

DOCUMENT, ADOPT/POST
AND COMMUNICATE RESULTS

Community Health System worked with Moxley Public Health to pool expertise and resources to conduct the 2022 Community Health Needs Assessment. By gathering and analyzing secondary and primary data as a team, the stakeholders will be able to understand the community's perception of health needs, as well as prioritize health needs, with an understanding of how each compares against benchmarks and is ranked in importance in the Community Health System service area.

Report Adoption
This CHNA report was adopted by Community Health System leadership in August 2022.

This report is widely available to the public on the health system website:
Community Health System: https://www.communitymedical.org/about-us/community-benefit

Written comments on this report can be made to:
Chelsea Aivazian at CAivazian@communitymedical.org

NEXT **STEPS**

- Monitor public comments on the CHNA report (ongoing) to the provided contact.
- Select a final list of priority health needs to address using a set of criteria that is determined by Community Health System. (The identification process to decide the health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will be public knowledge. The Community Benefit Group will convene in September 2022 to thoroughly review this report's findings and use its results to make decisions on community benefit work for the next cycle. This will include choosing priority health needs and strategies and activities to address those health needs.
- Develop strategies to address priority health needs. (We will use but not be limited by information from the public and stakeholders, evidence-based strategies and other strategic sources.)
- Strategies will be adopted by the CHS Board of Trustees and publicly posted in the Implementation Plan/CHIP report by January 2022.

APPENDIX A
IMPACT EVALUATION AND REPORT OF PROGRESS

IMPACT EVALUATION

The following tables indicate the priority health needs selected from the 2019 CHNA and the community benefit strategies/activities that followed to address and impact those needs. The tables that follow are not exhaustive of the hospital's community benefit activities but highlight achievements that were conducted to address the health needs based on the 2019 CHNA. The priority health needs selected by Community Health System were: **Access to Care, Obesity/Healthy Eating & Active Living/Diabetes, Maternal & Infant Health, Mental Health, Economic Security, and a catch-all category of various other health needs activities.**

APPENDIX A:
IMPACT EVALUATION

IMPACT: INCREASE ACCESS TO CARE	
Program/Partner	**Program Details & Activities**
Program: Graduate Medical Education **Partner: University of California, San Francisco Fresno**	**The Graduate Medical Education program helps address the regional need for physicians and increases access to care and specialists. CHS has over 200 residents training in eight different specialties, a dental oral maxillofacial surgery resident and more than 50 fellows training in 18 subspecialties. More than 300 third- and fourth-year medical students are being trained annually on a rotating basis in the hospital. UCSF Fresno also provides training in three physician assistant residency programs, including acute care/trauma surgery, emergency medicine and orthopedic surgery. Nearly 50% of graduating residents stay in the Central Valley to practice medicine, making this program critical to addressing regional access to care issues. CHS has invested nearly $540 million in total medical education operating expenses over the last 10 years. CHS also invests over $40 million annually in this education program, of which only about $14.6 million is reimbursed annually through federal GME funding.** **In addition, this comprehensive medical education program conducted 320 research studies at CHS facilities and in the community during the 2019-2021 implementation cycle.**
Program: Nursing In-Service Education **Partner: 20 + universities, colleges and adult schools**	**In the Nursing In-Service Education program, nursing staff at CHS sub-acute and acute care facilities provide hands-on teaching in a wide variety of medical disciplines. As part of the education, there are over 100 students working toward professional licensure who round alongside our nurses daily. These nursing students are also enrolled in programs such as RN, Bachelor's or Masters programs.** **In Fiscal Years 2019-2021, nurses from this program provided close to 220,000 hours of hands-on, in-service education to nursing students in CHS facilities.**
Program: Fresno Medical Respite Center	**The Respite Center was established in July 2011 and provides 12 beds for homeless men and women at the Fresno Rescue Mission in downtown Fresno. The center offers a 'safe discharge' place for homeless patients to continue their recovery. The center provides a safe alternative, reducing a patient's hospital length of stay. Respite beds are available to patients from all local area hospitals.** **In Fiscal Years 2019-2021, each year CRMC contributed $102,000 to the Fresno Medical Respite Center and provided care to nearly 400 patients—saving over 5,300 in-patient days. Since the program's launch, CHS has contributed more than $730,000 in funding.**
Program: Homeless Patient Discharge (SB 1152)	**In compliance with California Senate Bill 1152, as of January 2019, all state hospitals are tasked with tracking the number of homeless people served and implementing a comprehensive discharge plan. The plan requires all discharged patients receive weather-appropriate clothing and shoes, transportation, medication and connections to a safe destination within 30 miles of the hospital.** **CHS has served more than 4,200 homeless patients in over 9,200 encounters, providing each one with a safe and dignified discharge. Throughout the year, CHS staff donated new shoes and gently used clothing for homeless patients who needed weather-appropriate attire before being discharged.**
Program: Hospital Presumptive Eligibility **Partner: Fresno County's Department of Social Services (DSS)**	**CHS continues to provide in-hospital enrollment for uninsured patients who "presumptively" qualify for Medi-Cal. Through the Hospital Presumptive Eligibility (HPE) program, CRMC admitting staff enroll patients in Medi-Cal coverage who likely qualify for the program based on their current enrollment in other social and public assistance programs. HPE enrollment provides uninsured patients "real time" coverage for their visits and any care appointments up to 90 days prior.** **In Fiscal Years 2019-2021, CRMC and CCMC admitting staff enrolled nearly 3,200 uninsured persons in Medi-Cal through the HPE program.**

APPENDIX A:
IMPACT EVALUATION

IMPACT: REDUCE OBESITY & DIABETES AND INCREASE HEALTHY EATING & ACTIVE LIVING	
Program/Partner	**Program Details & Activities**
Program: Community Diabetes Education (CDE)	**CHS' Community Diabetes Education (CDE) serves patients from Fresno and five area counties. The center is the only American Diabetes Association-recognized education program in Fresno County. The program is staffed by registered nurses and registered dietitians. It provides care to a high percentage of patients who are otherwise unable to receive diabetes self-management education, including bilingual services to a high concentration of Spanish-speaking patients. CDE is also one of the California Public Health Department-accredited *Sweet Success a*ffiliates. The *Sweet Success* program targets women diagnosed with diabetes during pregnancy and staff provide education to women and their families on healthy eating habits and controlling diabetes during pregnancy. In Fiscal Years 2010-2021, CDE provided diabetes management education and services to more than 3,250 patients, with over 11,000 visits - 75% of these patients were covered by Medi-Cal.**
Program: Bariatric Support Groups	**To support patients and families of individuals who have undergone or are considering bariatric surgery, CHS hosts a series of no-cost, virtual support groups. Topics include exercise and nutrition, wellbeing, chair yoga and general support.** **In Fiscal Years 2019-2021, CHS hosted over 98 virtual support groups that were either 30 minutes or 1 hour in duration.**
Program: Know Your Numbers Community Health Fair **Partner: Centro La Familia's Latino Health Workgroup**	**In November 2019, a workgroup hosted a no-cost Know Your Numbers or Conozca sus Números bilingual screening and resource health fair on CRMC's campus. At this free event, CRMC Community Diabetes Education staff provided on-site blood sugar testing. The event partners also offered blood pressure, A1c, retinal eye exams and body mass index screenings, as well as health information booths. More than 50 families participated in the event.**
Program: Fresno Diabetes Collaborative **Partner: Fresno Community Health Improvement Partnership (FCHIP)**	**This program works to provide local resources and awareness on diabetes self-management and prevention. Since December 2016, CHS has led monthly Diabetes Collaborative workgroups that engage a broad group of community partners including healthcare providers, public health, clinics, health educators and health plans in southeast and southwest metropolitan Fresno. The program educates trusted neighborhood community leaders (community health workers called "promotoras") from Latino, Hmong and African American communities that are at risk of developing diabetes and chronic disease conditions on the health promotion model with a focus on access to care and chronic disease management. The program has provided health education and community resource information to 3,400 low-income families from Fresno's neediest neighborhoods** **In Fiscal Year 2020, CHS helped Every Neighborhood Partnership (ENP) write a grant proposal that resulted in a $75,000 award in to hire 8 promotoras or community health workers to support the Fresno Diabetes Collaborative's efforts.** **In 2021, ENP's promotora program trained four leaders on diabetes and chronic disease self-management education, and managed Medi-Cal coverage, as well as CPR and first aid. The program has provided health education and community resource information to 3,400 low-income families from Fresno's neediest neighborhoods**

APPENDIX A:
IMPACT EVALUATION

IMPACT: REDUCE OBESITY & DIABETES AND INCREASE HEALTHY EATING & ACTIVE LIVING (continued from previous page)	
Program/Partner	**Program Details & Activities**
Program: Neighborhood Dance Partner: Every Neighborhood Partnership (ENP)	The Neighborhood Dance program was created in July 2018 after a series of community meetings with southeast and southwest Fresno neighborhood parents, local non-profit organizations and healthcare providers. Participants expressed the need to exercise in safe spaces with consistent class schedules. CHS provided ENP $8,500 for its Neighborhood Dance Fitness Program. Program funding helped pay for an instructor to teach neighborhood leaders Latin dance fitness routines and purchase sound systems for 12 sites. In Fiscal Year 2019-2020, the program continued classes in 14 sites including Fresno Unified elementary and high schools, community centers and a local playground. All Neighborhood Dance classes are held in southeast and southwest Fresno and are free and open to the public. During the year, Neighborhood Dance instructors led 164 in-person classes, attended by more than 1,200 participants. At the time, instructors provided up to 10 classes per week. Since the program's launch, more than 50 neighborhood leaders have been trained to lead dance fitness classes. In 2021, in response to COVID-19, instructors continued to use Facebook Live to host free, live-streamed classes. ENP launched outdoor, in-person classes in June 2021, once public health directives allowed safe gatherings with social distancing. ENP's neighborhood dance fitness online group grew from 60 to 625 group members. Classes were hosted by 25 community leaders who are ENP-trained as certified dance instructors. A total of 1,440 live, online dance fitness classes were hosted by ENP trainers. As a result of outdoor classes, ENP had close to 1,700 community members participate in the socially distanced classes hosted by the organization's trained dance fitness instructors. Since the program's launch, more than 75 neighborhood leaders have been trained to lead dance fitness classes. CHS helped jumpstart this program with an $11,000 initial investment; to date, CHS' program contributions total $37,500.
Program: Yokomi Elementary Physical Activity Equipment	CHS contributed $2,500 to provide physical activity equipment to Yokomi Elementary students and families. In order to offer additional opportunities for physical fitness, besides the on-campus activities, Yokomi school officials offer fitness equipment for students to exercise at home. This investment is part of CHS' commitment to ensure that diverse, low-income neighborhoods have equitable access to active lifestyle opportunities.

APPENDIX A:
IMPACT EVALUATION

IMPACT: IMPROVE MATERNAL AND INFANT HEALTH	
Program/Partner	**Program Details & Activities**
Program: Mother's Resource Center	CHS provides breastfeeding education for mothers-to-be and support services for new mothers throughout the Central Valley. Services range from prenatal breastfeeding education to outpatient consultations following delivery. In Fiscal Years 2019-2021, the Center's 3M Club (Mommies Making Milk) had more than 1,370 participant moms whose babies were in the NICU. The Center also offered support and education in an outpatient group setting to nearly 130 new parents who were either returning to work, have special needs babies or are parents to twins. The Center hosts breastfeeding classes in both English and Spanish. During each fiscal year in the 2019-2021 implementation cycle, the Mother's Resource Center provided more than 10,000 inpatient breastfeeding consultations by international board-certified lactation consultants. Additionally, during the 2019-2021 implementation cycle, CHS annually invested $160,000 in outreach and education for new mothers and their families.
Program: Additional Support for Families of Children 0 to 3 Partner: Central California Food Bank	During Fiscal Years 2019-2021, CHS contributed $7,500 to Central California Food Bank's programs assisting families with young children. CHS' funding helped augment an existing diaper supply program by also providing food for these families. In addition to diapers, the families of over 6,000 children ages 0 to 3 also received shelf-stable and fresh food items. During the COVID-19 pandemic, CHS home health nurses also helped deliver boxes of food to homebound patients with injuries or health conditions that put them at greater risk for COVID-19. As part of targeted support serving low-income families of young children, in April 2021, CHS contributed $2,500 to the Central California Food Bank. These funds paid for food access efforts aiding families affected by the COVID-19 pandemic. CHS' contribution provided 17,500 meals to families in need through the organization's comprehensive feeding program.

APPENDIX A:
IMPACT EVALUATION

IMPACT: IMPROVE MENTAL HEALTH	
Program/Partner	**Program Details & Activities**
Program: Involuntary Mental Health Holds	**CRMC and CCMC Emergency Departments continue offering crisis intervention and provide 5150/1799 "involuntary hold" protocols in conjunction with Fresno County Department of Behavioral Health. Case managers coordinate patient care with CHS' Behavioral Health Center and Fresno County's Behavioral Health services. Case managers connect patients to social and community support services.** **During Fiscal Years 2019-2021, CRMC's Emergency Department received nearly 8,300 patients placed under involuntary holds requiring case management services—755 of these were pediatric patients.** **During Fiscal Years 2019-2021, CCMC's Emergency Department received nearly 2,883 patients under involuntary mental health holds— 359 of these were pediatric patients.**
Program: Community Conversations on Mental Health	**The cross-sector collaborative, consisting of behavioral health, healthcare, mental health providers, nonprofit organizations and law enforcement seeks effective service delivery to families and individuals suffering from mental health illnesses. The collaborative developed a county behavioral health screening that identifies vulnerable families and individuals needing appropriate community resources. Fresno County's Multi-Agency Access Program (MAP) screening tool helps link those in need to a variety of social and health services. The MAP collaborative assisted over 3,600 individuals with more than 10,000 client contacts.**
Program: Mental Wellness and Resiliency Programs **Partner: Clovis Unified School District (CUSD)**	**CHS has contributed over $200,000 since 2018 to the Foundation for Clovis Schools for mental health programs aimed at Clovis Unified K-12 students and families. Efforts to address social and emotional issues among the district's youth are in response to incidents of suicide, anxiety over racial issues and increased mental health involuntary holds among the area's youth. The mental health center provided resources and tools to help students identify and manage their emotional well-being with evidence-based curriculum. On average, psychologists make 280 daily connections with students needing mental or emotional support. These services were increased and modified with COVID-19.** **In an effort to prevent student self-harm, CUSD has focused efforts providing teachers and school-site personnel with the Applied Suicide Intervention Skills Training (ASIST). Since the center's opening, more than 70 students received direct assistance from the center.** **In 2020, CUSD was able to train 25 staffers with ASIST and the district has provided the training to 230 employees.** **During Fiscal Year 2021-2022, CHS contributed an additional $50,000 to CUSD mental health programs.**
Program: Support to Caregivers **Partner: Valley Caregiver Resource Center (VCRC)**	**During the 2019-2021 implementation cycle, CHS provided $2,500 to support Valley Caregiver Resource Center's (VCRC) efforts to provide respite to low-income caregivers who otherwise would be unable to take a break. Caregivers served by VCRC provide healthcare, grooming, medication assistance and feedings to their adult patient loved ones who have suffered traumatic brain injuries. The funding that CHS provided VCRC helped alleviate stress and granted a mental health reprieve to families and loved ones supporting medically fragile adults.**

APPENDIX A:
IMPACT EVALUATION

IMPACT: IMPROVE MENTAL HEALTH (continued from previous page)	
Program/Partner	**Program Details & Activities**
Program: Spiritual and Mental Health Resiliency Targeting Hard-to-Reach Populations Partner: Clinical Pastoral Education of Central California (CPECC)	CHS provided $45,000 to the Clinical Pastoral Education of Central California (CPECC) to provide spiritual and social support services to rural isolated groups such as farm and construction workers throughout the Central Valley and the state. As a result of COVID-19, CPECC's chaplains adjusted farm worker outreach strategies to ensure safe connections with workers needing mental wellness and spiritual support. CPECC chaplains established phone and texting as a primary contact method. For workers with links to social media, CPECC chaplains opened a private Facebook group. During the 2019-2021 implementation cycle, CPECC chaplains provided spiritual and resiliency support to 1,000 farm labor support staff and nearly 9,500 temporary migrant laborers employed under H-2A visas. They also made over 11,500 in-person and phone connections with farm workers struggling with isolation and depression. Currently, the private Facebook group has 3,500 active Spanish-language farmworkers.
Program: Youth Mental Health and Resiliency Connections Partner: Care Fresno	During each fiscal year during the 2019-2021 implementation cycle, CHS provided $5,000 to Care Fresno's childhood resiliency efforts. Care Fresno's staff live and work in socio-disadvantaged neighborhoods and apartment complexes in southwest Fresno. Staff work closely with children and families providing academic, social and emotional assistance. Due to COVID-19 gathering restrictions, Care Fresno modified its in-person outreach to children, teens and families served in southeast and southwest Fresno during the 2019-2021 implementation cycle. During Fiscal Years 2019-2021, Care Fresno staff were in constant communication with the families of 600 children providing emotional support and linkages to utility and food assistance. In total, Care Fresno has made over 1,400 connections with parents and children. Care Fresno serves Latino, African-American and Southeast Asian families.
Program: Resiliency and Reading Program Partner: Birney Elementary	In 2021, CHS contributed nearly $16,000 and then at the beginning of 2022 (Fiscal Year 2021-2022), the system contributed an additional $22,747 to Birney Elementary to fund the school's mental health, resiliency and reading programs. Through the school's activity and resource classroom, students can earn mental wellness prizes and books for positive character, citizenship or academic achievements. Ninety percent of Birney students receive free or reduced prices on meals, an indication of poverty.
Program: Boys and Young Men of Color Initiative Partner: Youth Leadership Institutes (YLI)	During the implementation cycle of Fiscal Years 2019-2021, CHS provided $1,500 to Youth Leadership Institute's (YLI) mental health and resiliency programs targeting at-risk boys and young men of color in southwest Fresno. As a result of COVID-19 in-person gathering restrictions, YLI's Healing Circles are conducted online. The "safe space" and confidential gatherings host between 5 and 10 young men who connect virtually to discuss personal hardships. The YLI "gatherings" provided weekly mentorship, life skills development and intergenerational group healing through its Healing Circles to nearly 40 young men. Participants included youth who identified as Latino, African American and Asian Pacific Islanders living in southwest Fresno.

APPENDIX A:
IMPACT EVALUATION

IMPACT: IMPROVE ECONOMIC SECURITY	
Program/Partner	**Program Details & Activities**
Program: Fresno Metro Ministry Food to Share Partner: Fresno Metro Ministry	In Fiscal Years 2019-2021, CHS contributed $265,000 to Fresno Metro Ministry's Food to Share program. The program operates a fleet of trucks that collect excess food from local farmers, grocers, food processors and school districts. The collected food is redistributed to low-income neighborhoods classified as "food deserts" due to lack of accessible grocery stores. CHS' contribution will assist the program in adding a significant increase in food collection sites to address the community's pressing need. As part of CHS' funding to Fresno Metro Ministry's nutrition access programs, the organization expanded the Cooking Matters program. Cooking Matters teaches area residents to cook healthy and affordable dishes. In 2021, Food to Share food distribution efforts reached over 22,100 residents needing food assistance. Due to COVID-19, 'Cooking Matters' classes were held online via Zoom and made available to 30 low-income residents. Each class consisted of six educational modules and was available to participants free of charge. In Fiscal Year 2021-2022, CHS contributed an additional $100,000 to Fresno Metro Ministry's Food to Share program.
Program: Project SEARCH Partner: Best Buddies	Project SEARCH participants receive the experience necessary to find and maintain employment. The program allows participants to learn and work alongside CHS staff in several clinical and non-clinical areas including: NICU, antepartum, postpartum, environmental services, materials management, kitchen and plant operations. In Fiscal year 2019-2020, CHS hosted 12 Project SEARCH participants. Nine Best Buddy participants gained employment as a result of their experience at CHS and five currently work at CHS facilities. In Fiscal Year 2020-2021, CHS hosted an additional 12 Project SEARCH participants and five job coaches. Nine Best Buddy participants gained employment as a result of their experience at CHS and seven currently work at CHS facilities.
Program: Patient Financial Navigator Program Partner: Community Cancer Institute (CCI)	In May 2019, Community Cancer Institute (CCI) hired a Financial Counselor to help cancer patients and families needing support to navigate the costs of care. The Financial Counselor met with patients, reviewed their treatment plan and provided a guide to help patients ensure they could receive the care they needed without worrying about finances. In Fiscal Year 2019-2021, CCI's Financial Counselor provided assistance to nearly 900 patients; more than 50% of those receiving aid were covered by Medi-Cal. Financial assistance is provided in both English and Spanish.
Program: Food Express Bus Partner: Fresno Economic Opportunities Commission	In August 2018, CHS provided $25,000 to Fresno Economic Opportunity Commission for its Food Express Bus which serves healthy meals to low-income children during school breaks. The bus provides meals to children up to the age of 18, who may otherwise go hungry. During the COVID-19 shutdown, the Food Express Bus served nearly 100,000 meals to children in southeast and southwest Fresno neighborhoods.
Program: Food Distribution at Yokomi Elementary Partner: Central CA Food Bank	In Fiscal Year 2021-2022, CHS contributed $36,504 to Central CA Food Bank to open a food distribution site at Yokomi Elementary. This investment is part of CHS' commitment to ensuring that diverse, low-income neighborhoods have equitable access to healthy and nutritious food options.

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IMPACT EVALUATION

IMPACT: IMPROVE ORAL HEALTH	
Program/Partner	**Program Details & Activities**
Program: UCSF Fresno Dental Residents **Partner: University of California San Francisco School of Dentistry**	**UCSF Fresno Dental Residents is a shared partnership with the University of California San Francisco School of Dentistry. The Oral & Maxillofacial Surgery (OMFS) residency program trains 16 residents (4 per year) utilizing the CRMC and CCMC locations.** **The CHS investment funds 14.2 of the 16 full time employees through a $2.8 million-dollar commitment. The Dental General Practice Residency (GPR) program trains 11 residents a year with a $1.1-million-dollar commitment. During the 12-month program, residents participate in General Dentistry Clinic, Full Mouth Dental Rehabilitation (FMDR) in the operating room, Oral and Maxillofacial Surgery, Dermatology, Internal Medicine and Anesthesia rotations. Also, the dental residents take care of the CRMC Emergency Department dental visits, Veterans Administration Central California Health Care System and select skilled nursing facilities.**

IMPACT: DECREASE SUBSTANCE & TOBACCO USE	
Program/Partner	**Program Details & Activities**
Program: Bridge Opioid Treatment Program	**The Bridge program provides individuals with Buprenorphine medication to suppress cravings and withdrawal symptoms. The treatment provides patients with immediate attention in the emergency room setting, rather than being referred to a rehabilitation center, which in many cases can take weeks or months.** **In 2021, the program provided treatment to 20 patients a month. Since the program's launch, more than 540 patients have received treatment.** **During the implementation cycle, CHS also helped fund the "Assessing the Needs of Opioid Seeking Patients," a symposium for physicians and allied healthcare professionals. The educational sessions addressed physician preparedness and biases, patients with high healthcare utilization and how to take efficient control of a patient visit. The symposium, open to all Central Valley clinicians, provided continuing medical education credits to nearly 250 professionals.**

APPENDIX A:
IMPACT EVALUATION

IMPACT: INCREASE VIOLENCE AND INJURY PREVENTION	
Program/Partner	**Program Details & Activities**
Program: Trauma Prevention Program	**Since 2015, CRMC has employed a full-time injury prevention specialist. The prevention specialist identifies the most common causes of injury and death seen at the trauma center by using the hospital's trauma registry. The injury specialist identifies the top injury causes and provides community-wide prevention information and support. Through education and environmental modification, the specialist works to reduce the incidence of injury, disability and death due to trauma.** **In 2020, CRMC's trauma program led the following outreach and education programs:** • **School Outreach - Through a variety of curriculum and programs including Impact Teen Drivers and Reality Tour, the trauma prevention specialist provided education to nearly 150 middle and high school students from Fresno area schools.** • **Car Seat Safety Checks - CRMC's trauma prevention team held a public event and distributed nearly a dozen car seats to low-income families.** • **Older Adult Driving Safety - CRMC hosted AARP's free Smart Driving class in October 2019. Nearly 20 older adults and their caregivers attended.** **In 2021, CRMC's trauma program led the following outreach and education programs:** • **School Outreach - Through a partnership with Sunnyside High School's Doctors Academy, CRMC's trauma provided all 11th grade students with education on preventing distracted driving and driving while under the influence of drugs or alcohol.** • **Car Seat Safety Checks - CRMC's trauma prevention team held a public event and distributed nearly a dozen car seats to low-income families.** • **Older Adult Driving Safety - The no-cost event held in May 2021 served over 150 seniors.**
Program: Sexual Assault Forensic Examiners (SAFE) Program **Partner: CRMC Emergency Department**	**SAFE provides round-the-clock, in-hospital testing and examinations for sexual assault and rape victims. Specially-trained nurses collect, preserve and securely store evidence obtained from adult and pediatric victims and suspects. CRMC nurses also serve as expert court witnesses.** **In Fiscal Year 2019-2020, CRMC SAFE nurses provided assistance to 109 patients.** **In Fiscal Year 2020-2021, CRMC SAFE nurses provided assistance to 173 patients.**
Program: Maintenance Investment for a Violence Victim Safe House **Partner: Marjaree Mason Center**	**In May 2021, CHS provided a $5,000 investment to help fund maintenance and upkeep for Marjaree Mason Center's Safe House. The community refuge provides safe lodging for adults and children fleeing domestic violence. CHS' funding allowed for the remodeling of the Safe House's on-site maintenance. CHS' contribution also helped provide emergency shelter to 12 adults and children from three separate households. Marjaree Mason Center witnessed a substantial rise in cases of domestic violence during "stay-in-place" orders as a result of the COVID-19 pandemic.** **In Fiscal Year 2021-2022, CHS provided an additional $5,000 investment to Marjaree Mason Center to support their ongoing efforts to combat and prevent domestic violence.**

APPENDIX A:
IMPACT EVALUATION

IMPACT: IMPROVE CLIMATE AND HEALTH	
Program/Partner	**Program Details & Activities**
Program: In-Hospital Green Initiative	**CHS' sustainability team continuously seeks innovative ways to reduce and recycle clinical and non-clinical waste—including paper, sharps, disposable lead wires and cloth towels from operating rooms. The sustainability team is made up of CHS employees who volunteer their time to research and set up programs to make the hospital greener. Participating members come from clinical, quality, materials management, nutrition and other CHS departments. In Fiscal Year 2019-2020, CHS' green efforts diverted nearly 452,000 pounds of waste from local landfills through its recycling program. In Fiscal Year 2020-2021, CHS' green efforts diverted nearly 450,000 pounds of waste from local landfills through its recycling program. Reclaimed water is also utilized at CCMC for all its landscaping irrigation – recycling an average of 36 million gallons of water each month through a collaboration with the City of Clovis. CHS has also increased the number of rechargeable car stations at its facilities by installing 59 new charging stations at CRMC, CCMC and corporate administrative office building parking lots. In total, CHS has 134 clean vehicle charging stations available to the public, employees and physicians, free of charge. CHS' clean energy efforts are in response to California's 50% renewable energy mandate by 2045.**
Program: Personal Protective Equipment (PPE)	**CHS' green hospital efforts during the COVID-19 public health emergency targeted increased hospital waste, specifically increased use of one-time personal protective equipment (PPE). CHS' waste reduction efforts diverted over 95,000 pounds of PPE from local landfills. The diverted waste was collected from CHS facilities in just four months, from May to August 2020.**
Program: Hospital Recognized for Energy Use and Emissions Reductions	**In July 2021, CRMC's efforts to convert exterior lighting and upgrade cooling systems for the trauma and critical care building to more energy-efficient systems were recognized with a 2021 Environment + Energy Leader Award. The distinction honors exemplary work in energy and environmental management. All exterior lighting at CRMC was switched out to LED lights across the 58-acre campus. The hospital cooling systems were also converted from constant-flow to variable flow cooling, increasing efficiency and resulting in a 10% reduction in electricity use. This efficiency improvement reduced carbon emissions, which contribute to the region's bad air quality. (According to the American Lung Association, the Fresno metropolitan area is rated F for air quality with the fourth worst air pollution in the country.)**

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IMPACT: DECREASE CARDIOVASCULAR DISEASE & STROKE	
Program/Partner	**Program Details & Activities**
Program: Women's Heart Health Fair	**During the implementation cycle, CHS donated $5,000 to the UCSF Women's Heart Fair. The annual heart fair offers free health screenings, lectures and prizes and is open to the public. Due to COVID-19 restrictions on public gatherings, the fair scheduled for late February 2020 was postponed to Spring 2021.**
Program: Blood Pressure Cuffs for Low-Income Patients **Partner: Family Health Care Network (FHCN)**	**During Fiscal Years 2019-2021, CHS donated $10,000 to the American Heart Association. CHS' investment ensured the purchase of 200 blood pressure cuffs to assist low-income patients with cardiac conditions being seen at Family Health Care Network. Along with learning how to use blood pressure cuffs and tracking their blood pressure, patients received heart health information. The program was available to patients who would otherwise be unable to purchase a blood pressure monitoring device and who could also benefit from ongoing health prevention information. This investment demonstrates CHS' commitment to provide equitable opportunities for at-risk, vulnerable communities to achieve improved heart health**

IMPACT: DECREASE ASTHMA	
Program/Partner	**Program Details & Activities**
Program: Pediatric Asthma Program	**CHS' Pulmonary Rehabilitation program provides disease management education and support for parents. A respiratory care practitioner assists parents at a southcentral Fresno clinic, one of the city's most underserved areas. Parents receive two, one-hour sessions with additional education as needed. Patients receive an individualized "Asthma Action Plan," addressing lung physiology, asthma attack symptoms and triggers, effective management strategies and proper medication and inhaler use. In each Fiscal Year during the 2019-2021 implementation cycle, the program served 139 patients in either Spanish or English.** **In March 2020, the program adopted social distancing and masking protocols in response to COVID-19. Since July 2020, the program offers telehealth visits to patients and families.**

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IMPACT: DECREASE HIV/AIDS & OTHER SEXUALLY TRANSMITTED INFECTIONS	
Program/Partner	**Program Details & Activities**
Program: Special Services Clinic **Partner: Family Health Care Network's (FHCN) Special Services Clinic**	**CHS serves as grant administrator for the federal Ryan White HIV/AIDS Program providing lifesaving care for Central Valley HIV/AIDS patients. CHS partners with Family Health Care Network's (FHCN) Special Services Clinic to provide vital and timely healthcare and case management services for patients and families. FHCN's clinical staff and physicians provide patients with direct medical care and case management while CHS serves as the fiscal and reporting entity.** **During Fiscal Years 2019-2021, the Special Services Clinic provided care to nearly 3,000 patients under the federal Ryan White grant.**

IMPACT: IMPROVE CANCER TREATMENT	
Program/Partner	**Program Details & Activities**
Program: Cancer Support Groups	**Community Cancer Institute (CCI) hosts several support groups for cancer survivors and their families. The support groups, held in both English and Spanish, are open to all persons touched by cancer, regardless of where they receive cancer care. CCI support groups host cohort cancer and wellbeing support sessions including women for unity, mindfulness meditation, prostate, brain tumor, breast and head and neck cancer. CCI held 44 in-person support groups. Each support group session runs between one and two hours. As a result of COVID-19 hospital restrictions, CCI's cancer support groups were moved to a virtual platform.** **From June to August 2020, CCI hosted 49 support groups both in-person and virtually.** **In Fiscal Year 2021, due to the continuing COVID-19 public health emergency, CCI held 27 virtual support groups.**

APPENDIX A:
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OTHER HEALTH NEEDS	
Program/Partner	**Program Details & Activities**
Program: Steering committee to provide guidance and direction to five workgroups that include the Diabetes Collaborative, Fresno Food Security Network, Fresno County Trauma-Informed Network of Care and the Equity, Diversity and Inclusion Initiative **Partner: Fresno Community Health Improvement Partnership (FCHIP)**	**In May 2020, CHS contributed $5,000 to support the collaborative work that FCHIP leads in Fresno County, with particular focus on the area's top identified health needs. In addressing those needs, FCHIP's Diabetes Collaborative, Food Security and Trauma and Resilience workgroups have made meaningful advances toward improving the health of vulnerable populations in the county, with particular emphasis in southeast and southwest metropolitan Fresno.** • ***FCHIP Food Security Workgroup*: The FCHIP Food Security Workgroup expands access to healthy food through direct community food distributions to a network of 49 non-profit organizations serving low-income residents. These food deliveries are made to metropolitan Fresno areas classified as "food deserts."** • ***FCHIP Trauma and resilience Workgroup*: FCHIP's Trauma and Resilience Workgroup works to create a trauma-informed community to support vulnerable residents who have experienced Adverse Childhood Experiences (ACEs). TRN hosted a virtual conference and bimonthly mini-conferences focused on being "trauma-informed," or recognizing that the prevalence of adverse childhood experiences influences negative behaviors and experiences.** • ***FCHIP Fresno County Trauma-Informed Network of Care* received a $2.6 million grant that allows 50 partners to develop a system that prevents, treats and heals toxic stress.**
Program: Fresno Madera Continuum of Care (FMCoC) **Partner: Continuum of Care partners**	**FMCoC is a two-county, cross-sector collaborative that identifies and petitions state and federal funding for housing assistance and resources for homeless individuals. CHS participates as an FMCoC voting member helping guide program funding for rapid rehousing efforts, emergency shelters and the annual Point In Time count – an annual census of homeless individuals.** **During the COVID-19 pandemic, the FMCoC collaborative secured $2.5 million from the CARES Act's Emergency Solutions grants. These funds will help local agencies serving homeless individuals and families with rapid rehousing, infection prevention and mitigation efforts, emergency shelter and quarantine lodging assistance.**
Program: Collaborative Equity, Diversity and Inclusion Work	**A CHS representative helped guide, plan and facilitate community-wide conversations with cross-sector leaders. The workshop's goals were to establish the group's collaborative health efforts to reflect equitable outreach, engagement and service to community members.**
Program: Fresno Madera Continuum of Care (FMCoC)	**Created in 2002, Continuum of Care partners meet monthly and include county social service agencies, Native American, veteran and senior-serving organizations, healthcare providers, the Hospital Council, corrections and mental health service providers. The collaborative effort has overseen the local distribution of millions of dollars to assist in emergency and long-term housing for vulnerable individuals, families and veterans.**
Program: Scholarships for Farmworker Children Seeking Medical Careers	**CHS provided a $5,000 contribution to the California Farmworker Foundation's Central Valley Dream Scholarship Program. This investment is part of CHS' commitment to provide equitable opportunities for communities to achieve their full potential. This program aims to provide scholarships to promising students, sons and daughters of farmworker parents, and helps students with a demonstrated financial need for those with above-average grade point averages.**
Program: Support for Medical Missions Abroad	**Over the past six years, CHS has proudly provided more than $1 million in financial and in-kind medical support to Armenia, a country that has seen significant social turmoil. CHS' investment secured doctors, medical equipment and supplies to mainly rural areas that experience significant barriers to care.**

APPENDIX B
DATA COLLECTION METHODS AND RESPONDENTS

COMMUNITY LEADERS, REPRESENTATIVES, AND MEMBERS:

Listed on the following pages are the names of leaders, representatives and residents of the Community Health System region who were consulted for their expertise on the needs of the community.

APPENDIX B:
RESIDENT SURVEY

4,856 surveys were completed and collected using the following data collection partners in the service area.

RESIDENT SURVEY
NAME/ORGANIZATION
Binational of Central California (BOCC)
Community Medical Centers
Cultiva la Salud
Every Neighborhood Partnership (ENP)
Fresno Interdenominational Refugee Ministries (FIRM)
Fresno County Department of Public Health (FCDPH)
Kaweah Health Medical Center
Kings County Commission on Aging (KCCOA)
Kings Partnership for Prosperity (KPFP)
Laura Luna (Student)
Liliana G. Ortega (Student)
Madera County Department of Public Health (MCDPH)
Madera Coalition for Community Justice (MCCJ)
Olivia Alvarez (Student)
Pushpinder Kaur (Student)
Saint Agnes Medical Center (SAMC)
Sierra View Medical Center
The Fresno Center
Tulare County Department of Public Health (TCDPH)
United Way Tulare
United Way Fresno and Madera Counties (UWFM)
Zulema Garcia (Student)

APPENDIX B:
RESIDENT SURVEY

FOCUS GROUPS

COUNTY	GROUP(S) REPRESENTED	LANGUAGE	FORMAT	DATE INPUT GATHERED
Fresno County	Refugee and Immigrant Communities	Hmong	Zoom	10/26/2021
Fresno County	African American/Black	English	Zoom	10/26/2021
Fresno County	Southeast Asian, Pacific Islander	Laos	Zoom	10/28/2021
Fresno County	Parents of disabled children	English	Zoom	11/01/2021
Fresno County	Urban Hispanic/Latino	Spanish	Zoom	11/02/2021
Fresno County	Young Men of Color	English	In-person	11/19/2021
Fresno County	Urban Hispanic/Latino	Spanish	Zoom	11/05/2021
Fresno County	LGBTQ+	English	Zoom	11/06/2021
Fresno County	Low-income Housing	English	In-person	11/15/2021
Fresno County	Urban Hispanic/Latino	English	Zoom	12/01/2021
Fresno County	Punjabi	English	Zoom	12/07/2021
Fresno County	Rural Latino – Orange Cove	Spanish	In-person	11/23/2021
Fresno County	Urban Hispanic/Latino	Spanish	In-person	10/20/2021
Fresno County	Low-income Housing	Spanish	In-person	10/27/2021
Fresno County	Urban Hispanic/Latino	Spanish	In-person	11/01/2021
Fresno County	Moms/Pregnant women	Spanish	Zoom	11/03/2021
Fresno County	Urban Latino or Hispanic/Latino	Spanish	In-person	11/04/2021
Fresno County	Rural Hispanic/Latino - Parlier	Spanish	In-person	11/08/2021
Fresno County	Rural Hispanic/Latino - Reedley	Spanish	In-person	11/09/2021
Fresno County	African American/Black	English	In-person	11/09/2021
Fresno County	Teens/Young Adult	English	In-person	11/12/2021
Fresno County	Farmworkers	Spanish	In-person	12/03/2021
Fresno County	African American/Black “Community Conversation”	English	In-person	11/16/2021
Fresno County	Rural Hispanic/Latino – Del Rey/Sanger	Spanish	In-person	11/16/2021
Fresno County	Young Men of Color (18-30)	English	Zoom	11/10/2021
Fresno County	Teens/Young Adults	English	Zoom	11/08/2021
Fresno County	Asian/Pacific Islander	English	Zoom	11/22/2021
Fresno County	Senior/Disabled	English	Zoom	10/24/2021
Kings County	Teens/Young Adults (Tribal)	English	In-person	11/02/2021
Kings County	African American/Black	English	Zoom	11/20/2021
Kings County	Caretakers of Disabled Children	English	Zoom	11/19/2021
Kings County	Low-income	Spanish	In-person	10/22/2021
Kings County	Low-income	Spanish	In-person	10/28/2021
Kings County	LGBTQ+	English	In-person	10/14/2021
Kings County	Latinos	Spanish	Zoom	10/22/2021

APPENDIX B:
RESIDENT SURVEY

FOCUS GROUPS

COUNTY	GROUP(S) REPRESENTED	LANGUAGE	FORMAT	DATE INPUT GATHERED
Madera County	Teens/Young Adults	English	In-person	11/12/2021
Madera County	Moms/Pregnant Women	English	Zoom	11/22/2021
Madera County	Geography – Chowchilla	English	In-person	11/17/2021
Madera County	Geography – Mountain Areas	English	Zoom	11/19/2021
Madera County	Senior/Disabled	English	In-person	11/18/2021
Madera County	African American/Black	English	In-person	10/25/2021
Madera County	Latino or Hispanic/Latino - Monolingual	Spanish	In-person	11/08/2021
Madera County	Homeless	English	In-person	11/10/2021
Madera County	Latino or Hispanic/Latino – Bilingual	Spanish	In-person	11/13/2021
Madera County	Latino or Hispanic/Latino – Indigenous	Mixteco	In-person	11/13/2021
Madera County	LGBTQ+	English	In-person	11/16/2021
Tulare County	Hispanic/Latino	Spanish	In-person	10/22/2021
Tulare County	African American - Black	English	Zoom	10/28/2021
Tulare County	Southeast Asian, Pacific Islander	English	Zoom	11/12/2021
Tulare County	Seniors/Disabled	English	In-person	11/06/2021
Tulare County	Homeless	English	In-person	11/06/2021
Tulare County	Teens/Young Adults	English	Zoom	11/08/2021
Tulare County	Low-income	English	Zoom	11/09/2021
Tulare County	LGBTQ+	English	Zoom	11/10/2021
Tulare County	Rural Hispanic/Latino	Spanish	Zoom	11/12/2021
Tulare County	Rural Hispanic/Latino	Spanish	In-person	11/13/2021

APPENDIX B:
RESIDENT SURVEY

KEY INFORMANT INTERVIEWS

COUNTY	NAME	ORGANIZATION	FORMAT	DATE INPUT GATHERED
Fresno	Sagrario Diaz	Parent Institution for Quality Education	Zoom	10/20/2021
Fresno	Sarait Martinez	Centro Binacional Para el Desarrollo Indigena Oaxaqueno	Zoom	10/22/2021
Fresno	Shantay Davies-Balch	Black Wellness and Prosperity Center	Zoom	10/20/2021
Fresno	Alma McHenry	Fresno County Superintendent of Schools	Zoom	10/25/2021
Fresno	Dawan Utecht	Fresno County Dept. Behavioral Health	Zoom	10/28/2021
Fresno	Lei Vang	PACE for Seniors Fresno	Zoom	12/03/2021
Fresno	Darlene Franco	Fresno American Indian Health Project	Zoom	11/18/2021
Fresno	Lowell Enns	Exceptional Parents Unlimited	Zoom	11/10/2021
Fresno	Pastor Rob Cravy	Fresno Mission	Zoom	11/30/2021
Fresno	Fabiola Gonzalez	First 5	Zoom	12/02/2021
Kings	Andrew Cromwell	Executive Pastor	Zoom	11/09/2021
Kings	Aniesha Kleinhammer	Lemoore Naval Station Health Clinic	Zoom	12/06/2021
Kings	Clarissa Ravelo	First 5 Kings County	Zoom	10/11/2021
Kings	Codi Pennington	Public Guardian Veterans Affair	Zoom	10/04/2021
Kings	Jeff Nkansah	CalViva Health Net	Zoom	11/10/2021
Kings	Lisa Lewis	Kings County Department of Behavioral Health	Zoom	10/21/2021
Kings	Michele Bieber	Kings County WIC	Zoom	10/27/2021
Kings	Nanette Villareal	Kings United Way	Zoom	10/14/2021
Kings	Sheriff Robinson	Hanford Sheriff Department	Zoom	11/15/2021
Kings	Todd Barlow	Kings County Office of Education	Zoom	10/18/2021
Madera	Aftab Naz, MD	Madera Family Medical Group	Zoom	11/02/2021
Madera	Arnoldo Rodriquez	City of Madera	Zoom	10/25/2021
Madera	Caitlin Pendley	Madera Unified	Zoom	11/10/2021
Madera	Cecilia Massetti	Madera County Superintendent	Zoom	10/11/2021
Madera	Chris Childers	Madera County Probation	Zoom	11/19/2021
Madera	Connie Moreno-Peraza	Madera County Dept. of Behavioral Health	Zoom	11/09/2021
Madera	Debi Bray	Madera Chamber of Commerce	Zoom	11/16/2021

APPENDIX B:

KEY INFORMANT INTERVIEWS

KEY INFORMANT INTERVIEWS

COUNTY	NAME	ORGANIZATION	FORMAT	DATE INPUT GATHERED
Madera County	Deborah Martinez (Ramirez)	Madera County Dept. of Social Services	Zoom	10/18/2021
Madera County	Diane Palmer	Mayor/Business Owner	Zoom	11/19/2021
Madera County	Dr. Angel Reyna (Dr. Cascade)	Madera Community College	Zoom	11/01/2021
Madera County	Joel Ramirez, MD	Camarena Health	Zoom	11/15/2021
Madera County	Kimberly Hernandez (Padilla)	Madera Moms	Zoom	11/02/2021
Madera County	Leticia Gonzalez	Board of Supervisors	Zoom	11/08/2021
Madera County	Madaline Harris	Leadership Council for Justice & Accountability	Zoom	10/22/2021
Madera County	Mattie Mendez	Community Action Partnership Agency of Madera County	Zoom	10/18/2021
Madera County	Monica Ramirez	First 5 Madera	Zoom	10/12/2021
Madera County	Sara Bosse	Madera County Department of Public Health	Zoom	10/20/2021
Madera County	Simran Kaur	Valley Children's Center for Community Health	Zoom	11/08/2021
Madera County	Tom Wheeler	Board of Supervisor District 5	Zoom	11/02/2021
Madera County	Tommy McDonald	Project Manager Picayune Tribe	Zoom	11/23/2021
Madera County	Mayor Diana Palmer	Mayor of Chowchilla	Zoom	11/19/2021
Tulare County	Eechai Seechan	Mien Next Generation Worship Group (Hmong)	Zoom	10/14/2021
Tulare County	Karen Haught	Tulare Community Dept. of Public Health	Zoom	10/22/2021
Tulare County	Kerry Hydash	Family Health Care Network	Zoom	10/19/2021
Tulare County	Linda Ledesma	Lindsay Health Start Family Resource Center	Zoom	10/08/2021
Tulare County	Michelle Eaton	First 5 Tulare County	Zoom	10/26/2021
Tulare County	Nicole Celaya	FoodLink	Zoom	10/19/2021
Tulare County	Phoebe Seaton	Leadership Council for Justice and Accountability	Zoom	10/13/2021
Tulare County	Ryan Gates	Kaweah Delta Health Care District	Zoom	10/26/2021
Tulare County	Brian Poth	The Source LGBTQ+	Zoom	11/19/2021
Tulare County	Tim Hire	Tulare County	Zoom	10/11/2021

APPENDIX C
BENCHMARK COMPARISONS

BENCHMARK COMPARISONS

The following table compares county, state and regional rates of the identified health needs. It also provides national goals for some health needs. These benchmarks show how the counties and service area/region compares to other geographical areas in the same health need.

APPENDIX C:

Healthy People Objectives Benchmark Comparisons

Where data were available, the Community Health System region health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives. Healthy People Objectives are released by the U.S. Department of Health and Human Services (HHS) every decade to identify science-based objectives with targets to monitor progress, motivate and focus action. (Read more about Healthy People objectives at www.health.gov/healthypeople)

BENCHMARK COMPARISONS

INDICATORS	CHS SERVICE AREA	HEALTHY PEOPLE 2030 OBJECTIVES
High school graduation rate	**78.0% - 86.6%**	**90.7%**
Child health insurance rate	97.1%	92.1%
Adult health insurance rate	**88.2%**	**92.1%**
Unable to obtain medical care	**7.7%**	**3.3%**
Ischemic heart disease deaths	**87.2 - 116.5**	**71.1 per 100,000 persons**
Cancer deaths	**139.7 - 150.9**	**122.7 per 100,000 persons**
Colon/rectum cancer deaths	**12.2 - 13.8**	**8.9 per 100,000 persons**
Lung cancer deaths	**29.7 - 35.8**	**25.1 per 100,000 persons**
Female breast cancer deaths	**17.0 - 19.8**	**15.3 per 100,000 persons**
Prostate cancer deaths	**17.1 - 20.4**	**16.9 per 100,000 persons**
Stroke deaths	**38.1 - 44.3**	**33.4 per 100,000 persons**
Unintentional injury deaths	39.6 - **49.9**	**43.2 per 100,000 persons**
Suicides	10.2 - **13.4**	**12.8 per 100,000 persons**
Liver disease (cirrhosis) deaths	**16.0 - 21.4**	**10.9 per 100,000 persons**
Drug-overdose deaths	10.7 - 12.9	20.7 per 100,000 persons
Overdose deaths involving opioids	3.8 - 5.4	13.1 per 100,000 persons
On-time prenatal care (HP2020 Goal)	**82.5%**	**84.8% (HP2020 Goal)**
Infant death rate	**5.8 - 6.5**	**5.0 per 1,000 live births**
Adult obese, ages 20+	**39.6%**	**36.0%, adults ages 20+**
Students, grades 7th to 12th obese	**19.7%-26.6%**	**15.5%, children & youth, 2 to 19**
Adults engaging in binge drinking	15.8%	25.4%
Cigarette smoking by adults	**9.9%**	**5.0%**
Pap smears, ages 21-65, screened in the past 3 years	**80.2%**	**84.3%**
Mammogram, ages 50-74, screened in the past 2 years	**75.7%**	**77.1%**
Colorectal cancer screenings, ages 50-75, screened per guidelines	**60.7%**	**74.4%**

APPENDIX C:
MENTAL HEALTH

MENTAL HEALTH

INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE
Psychological distress (Adults, during prior year)	11.9%	12.3%	9.2%	10.6%	11.3%	10.1%	↓	1.2%
Frequent Mental Distress (Adults, poor MH > 14 days	14.1%	14.8%	14.9%	14.2%	14.4%	12.4%	↓	2%
Adults, sought/needed help but did not receive	21.0%	17.3%	34.7%	20.4%	24.4%	22.8%	↓	1.6%
Hospital discharges from mental health issues (rate per 1,000 children) Age 5-14	3.4	1.3	2.4	1.0	2.0*	2.8	↓	-0.8
Hospital discharges from mental health issues (rate per 1,000 children) Age 15-19	10.1	7.0	9.8	5.7	8.2*	9.8	↓	-1.6
Self-injury discharge (rate per 100,000 children) Age 5-20	32.5	S	S	24.3	28.4*	36.5	↓	-8.1
Youth suicides (rate per 100,000 youth) Age 15-24	8.0	S	S	10.0	9.0*	8.9	↓	0.1

***No CHS service area data available. Averages are calculated using county data**

APPENDIX C:
MATERNAL AND CHILD HEALTH

MATERNAL AND CHILD HEALTH									
INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE	HEALTH PEOPLE OBJECTIVE
First trimester prenatal care received	86.4%	76.9%	77.9%	77.7%	82.5%	85.5%	⬆	3%	84.8% (HP2020 Goal)
No smoking during pregnancy	98.9%	99.2%	98.4%	98.9%	98.9%	98.7%	⬆	-0.2%	
Preterm births	9.5%	9.3%	8.1%	9.8%	9.4%	8.7%	⬇	0.7%	
Infant mortality (deaths per 1,000 births)	6.5			5.8	6.2*	4.3	⬇	1.9	5.0 per 1,000 live births
In-hospital breastfeeding (Any)	88.4%	86.7%	83.6%	90.8%	87.4*	93.7%	⬆	6.3%	
In-hospital breastfeeding (Exclusive)	69.1%	53.6%	50.5%	55.7%	57.2*	70.0%	⬆	12.8%	

***No CHS service area data available. Averages are calculated using county data**

APPENDIX C:
ACCESS TO CARE

ACCESS TO CARE									
INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE	HEALTH PEOPLE OBJECTIVE
Health insurance (Adult 19-64)	88.3%	88.9%	88.0%	88.0%	88.2%	89.0%	⬆	0.8%	92.1%
Health insurance (Children 0-18)	97.1%	96.7%	97.2%	97.3%	97.1%	96.7%	⬆	-0.4%	92.1%
Forgone or delayed care due to cost or lack of insurance (Ages 0-17)					1.3%	1.5%	⬆	0.2%	3.3%

APPENDIX C:
CHRONIC DISEASES

Asthma hospitalization rates for prevention quality indicators is calculated in annual rates per 100,000 persons

CHRONIC DISEASES								
INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE
Frequent poor health (Adults, 14 days or more in poor health)	14.7%	15.3%	16.0%	14.0%	14.9%	11.8%	↓	3.1%
Asthma hospitalization rates (COPD or asthma in older adults, 40+)	222.7	249.8	156.9	190.3	205.0	222.7	↓	-17.7
Asthma hospitalization rates (COPD or asthma in younger adults, ages 18 to 39)	19.8	6.3	11.6	14.5	13.1*	19.8	↓	-6.7
Diabetes diagnosis	11.3%	11.3%	12%	16.9%	12.8%	10.4%	↓	2.4%
Heart disease diagnosis	6.6%	8.1%	9.4%	6.8%	6.9%	6.8%	↓	0.1%
High blood pressure diagnosis	28.5%	24%	30.5%	28.1%	28.2%	25.7%	↓	2.5%

***No CHS service area data available. Averages are calculated using county data**

APPENDIX C:

NUTRITION AND PHYSICAL ACTIVITY

NUTRITION AND PHYSICAL ACTIVITY

INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE	HEALTH PEOPLE OBJECTIVE
Sedentary adults	23%	24%	30%	26%	26%*	18%	↓	8	
Physically active (Children 5-11)	38.2%	34.6%	43.5%	44.4%	37.9%	30.8%	↑	-7.1%	
Physically active (Teens)	10.6%	10.4%	27.9%	11.4%	11.7%	13.5%	↑	1.8%	
Adequate access to exercise opportunities	78%	44%	70%	60%	63%*	93%	↑	30%	
Overweight & Obese adults (Age 20+)	74.2%	73.8%	73.6%	74.9%	74.2%	62.2%	↓	12%	36%
Overweight Children (Under 12 years)	17.7%	17%	13.4%	20.6%	18.2%	14.4%	↓	3.8%	15.5%, children & youth, 2-19
Sugar-sweetened soda consumption, Adults, > 7/week	19.8%	18.2%	15.2%	22.8%	20.1%	10.3%	↓	9.8%	

***No CHS service area data available. Averages are calculated using county data**

APPENDIX C:
ACCESS TO CHILDCARE

ACCESS TO CHILDCARE								
INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE
Childcare for working families (Spaces available)	18.2%	21.4%	17.5%	16.2%	18.3%*	24.5%	⬆	6.2%

***No CHS service area data available. Averages are calculated using county data**

COMMUNITY HEALTH SYSTEM

APPENDIX C:
PREVENTATIVE CARE AND PRACTICES

PREVENTATIVE CARE AND PRACTICES									
INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE	HEALTH PEOPLE OBJECTIVE
Up-to-date immunization rates of children entering kindergarten	95.9%	96.8%	95.6%	96%	96.1%*	94%	⬆	-2.1	
Mammogram in the past two years (Ages 50-74)	74.7%	70.3%	78.7%	78.6%	75.7%	76.4%	⬆	0.7%	77.1%
PAP test past 3 years (Ages 21-65)	80.1%	81.2%	81.5%	79.7%	80.2%	81.9%	⬆	1.7%	84.3%
Screening for colorectal cancer (Ages 50-74)	60.9%	61.8%	61.6%	59.7%	60.7%	66.5%	⬆	5.8%	74.4%

***No CHS service area data available. Averages are calculated using county data**

APPENDIX C:
SUBSTANCE USE

SUBSTANCE USE									
INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE	HEALTH PEOPLE OBJECTIVE
Alcohol misuse: binge drinking, Adults	15.3%	19.9%	16.4%	15.5%	15.8%	17.3%	↓	-1.5%	25.4%
Marijuana use within past month, Adults	32.6%	25.2%	25.4%	27.7%	30.4%	32.3%	↓	-1.9%	
Illicit drug use other than Marijuana, within past month, Age 18-25	5.8%	5.5%	5.5%	6.8%	5.9%*	6.7%	↓	-0.8	
ER visits for opioid overdose (excludes heroin)	12.6	15.2	9.7	21.4	14.7*	31.1	↓	-16.4	
Opioid prescriptions, per 1,000 persons	494.2	446.2	391.5	486.9	454.7*	333.3	↓	121.4	

***No CHS service area data available. Averages are calculated using county data**

APPENDIX C:
COVID-19

COVID-19								
INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE
COVID-19 death rate (As of April 25, 2020)	2.72	2.91	2.27	3.07	2.74*	2.26	↓	0.48
Completed vaccination (Age 5+)	64.4%	48.0%	56.9%	56.8%	56,5%*	75.3%	↑	18.8%
Completed vaccination (Age 65+)	82.3%	71.7%	74.5%	75.5%	76%*	84.1%	↑	8.1%

***No CHS service area data available. Averages are calculated using county data**

APPENDIX C:
ADVERSE CHILDHOOD EXPERIENCES

ADVERSE CHILDHOOD EXPERIENCE									
INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE	HEALTH PEOPLE OBJECTIVE
Child abuse rate per 1,000 children	61.3	46.5	77.1	58.9	61.0*	43.5	⬇	17.5	

***No CHS service area data available. Averages are calculated using county data**

APPENDIX C:
HOUSING AND HOMELESSNESS

HOUSING AND HOMELESSNESS

INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE
Homeless and unsheltered	73.6%	72.2%	73.6%	72.2%	72.9%		↓	
Homeless in emergency Shelter	22.4%	15.8%	22.4%	15.8%	19.1%		↓	
Homeless in transitional shelter	4.0%	12.0%	4.0%	12.0%	8%		↓	
Chronically homeless persons	17.7%	40.8%	17.7%	40.8%	29.25%		↓	
Severely mentally ill and homeless	31.2%	38.9%	31.2%	38.9%	35.05%		↓	
Homeless with chronic substance abuse	11.5%	28.2%	11.5%	28.2%	19.85%		↓	
Homeless veterans	10.4%	5.8%	10.4%	5.8%	8.1%		↓	
Homeless person with HIV/AIDS	1.2%	0.8%	1.2%	0.8%	1%		↓	
Homeless & survivor of domestic violence	13.2%	9.5%	13.2%	9.5%	11.35%		↓	
Homeless unaccompanied youth (under 18)	0.1%	0.1%	0.1%	0.1%	0.1%		↓	
Homeless unaccompanied youth (18-24)	3.5%	4.8%	3.5%	4.8%	4.15%		↓	
Homeless parenting youth (18-24)	0.5%	0.2%	0.5%	0.2%	.35%		↓	
Homeless & children of parenting youth	0.6%	0.4%	0.6%	0.4%	0.5%		↓	
Households that spend 30% or more of income on housing	39.2%	32.8%	35.8%	39.2%	38.4%	41.2%	↓	-2.8%

***No CHS service area data available. Averages are calculated using county data**
*** No CA data available**

APPENDIX C:
TOBACCO AND NICOTINE

TOBACCO AND NICOTINE									
INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE	HEALTH PEOPLE OBJECTIVE
Current smoker, Adults	10.2%	12.5%	10.3%	8.6%	9.9%	8.0%	↓	1.9%	5.0%
Current smoker, Teens, Age 12-17	0.4%	1.1%	0.0%	1.4%	0.7%	1.0%	↓	-0.3%	
Ever smoked an e-cigarette, Teens, Age 12-17	6.2%	23.6%	21.9%	7.1%	10.6%	8.6%	↓	2%	

APPENDIX C:
ECONOMIC STABILITY

ECONOMIC STABILITY								
INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE
Unemployment rate (total population)	8.9%	8.4%	9.6%	9.9%	9.2%	6.2%	↓	3%
Ratio of income to poverty level <100% FPL	20.8%	16.0%	19.0%	21.8%	20.5%	12.6%	↑	-7.9%
Ratio of income to poverty level <200% FPL	43.4%	41.0%	42.5%	47.3%	44.2%	29.4%	↓	14.8%
Poverty level for children	29.5%	23.0%	27.7%	29.3%	28.8%	16.8%	↓	12
Unemployed (Ages 16 – 19)	9.6%	12.2%	6.7%	10.0%	9.7%	6.5%	↓	3,2%
Median household income	$57,109	$61,556	$61,924	$52,534	$56,684	$78,672	↑	$21,988

APPENDIX C:
EDUCATION & ENVIRONMENTAL CONDITIONS

EDUCATION

INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE	HEALTH PEOPLE OBJECTIVE
High school graduation rates	81.1%	78.0%	83.6%	86.6%	82.3%*	83.6%	↑	1.3%	90.7%
Preschool enrollment	39.1%	31.5%	39.0%	32.9%	36.8%	48.0%	↑	11,2%	

***No CHS service area data available. Averages are calculated using county data**

ENVIRONMENTAL CONDITIONS

INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE
Annual average micrograms of particulate matter per cubic meter of air	11.2	12.2	N/A	12.9	12.1*	8.1	↓	4
Ozone levels above standards, in days	39	13	10	59	32*	11	↓	21

***No CHS service area data available. Averages are calculated using county data**

APPENDIX C:
FOOD INSECURITY

FOOD INSECURITY

INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE
Food Security, VLFS* children	6.6%	5.5%	5.6%	6.3%	12%	*	⬆	
Free and reduced meals eligibility	74.2%	70.4%	79.7%	76.5%	75.2%*	59.3%	⬆	-15.9%
Not being able to afford enough food (asked to adults living in households earning <200% FPL)	56%	43.8%	63.0%	70.2%	60.3%	61.2%	⬇	-0.9%

***No CHS service area data available. Averages are calculated using county data**
***No CA data available**
*****VLFS = Very Low Food Security***

APPENDIX C:
INTERNET ACCESS

INTERNET ACCESS								
INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE
Computer and broadband internet access (No computing device)	8.9%	7.7%	7.9%	9.2%	8.8%	5.7%	⬆	-3.1%

APPENDIX C:
CRIME AND VIOLENCE & HIV/AIDS and STIs

CRIME AND VIOLENCE

INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE
Property crime rate per 100,000 persons	2,333.4	1,644.4	1,713.2	2,285.7	1994.2*	2,317.9	↓	-323.7
Violent crime rate per 100,000 persons	476.5	504.8	528.0	364.0	468.3*	438.7	↓	29.6
Domestic violence without weapon rates per 1,000 persons	70.8%	71.4%	23.6%	72.8%	59.7%*	53.4%	↓	6.3%
Domestic violence with weapon rates per 1,000 persons	29.2%	28.6%	76.4%	27.2%	40.4%*	46.6%	↓	-6.2

***No CHS service area data available. Averages are calculated using county data**

HIV/AIDS and STIs

INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE
Ever been tested for HIV (Adults)	37.6%	40.9%	38.0%	34.8%	37.1%	45.9%	↑	8.8%

APPENDIX C:
MORTALITY RATES

Five-year average, and rate per 100,000 persons, age-adjusted**.

MORTALITY RATES

INDICATOR	FRESNO	KINGS	MADERA	TULARE	CHS SERVICE AREA	CALIFORNIA	DESIRED DIRECTION	DIFFERENCE BETWEEN STATE AND REGION VALUE	HEALTHY PEOPLE OBJECTIVE
All causes	730.5	690.3	702.1	759.4	720.6*	613.4	⬇	107.2	
Heart disease	168.2	165.6	149.1	187.2	167.5*	141.5	⬇	26	
Ischemic heart disease	106.3	102.8	87.2	116.5	103.2*	85.8	⬇	17.4	71.1
All cancers	139.7	150.9	146.2	142.3	144.8*	137.0	⬇	7.8	122.7
Stroke	43.6	38.1	39.4	44.3	41.4*	37	⬇	4.4	33.4
Alzheimer's disease	39.0	32.7	44.0	39.4	38.8*	36.6	⬇	2.2	
Unintentional injury	44.6	39.6	49.9	42.8	44.2*	33.1	⬇	11.1	43.2
Chronic lower respiratory disease	34.5	38.5	41.2	41.9	39.0*	31.5	⬇	7.5	
Diabetes	27.1	21.3	21.8	24.6	23.7*	21.6	⬇	2.1	66.6**
Pneumonia and flu	16.3	13.4	13.7	21.6	16.3*	14.3	⬇	1.9	
Liver disease & cirrhosis	16.6	16.0	18.8	21.4	18.2*	12.3	⬇	5.9	10.9
Essential hypertension hypertensive renal disease	22.1	10.3	20.4	22.6	18.9*	12.3	⬇	6.6	
Suicide	11.1	13.4	11.6	10.2	11.6*	10.6	⬇	0.9	12.8
Kidney disease	9.3	12.8	9.3	7.0	9.6*	8.7	⬇	0.9	
Parkinson's disease	7.8	4.8	6.4	6.6	6.4*	8.0	⬇	-1.6	
Homicide	7.2	5.9	5.7	8.0	6.7*	5.0	⬇	1.7	
Pneumonitis due to liquids and solids	7.5	4.3	5.1	6.8	5.9*	3.8	⬇	2.1	
Septicemia	10.4	7.6	10.9	9.5	9.6*	3.5	⬇	6.1	

**No CHS service area data available. Averages are calculated using county data, ** Used HP2020 data*

** Age-adjustment is a way to make fairer comparisons between groups that have different age distributions. Computing age-adjusted rates=deaths in age group/estimated population of that age group x 100,000.*

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